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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Teacher manual

for the development of simulation-based learning scenarios

2025

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Introduction

The simulation-based learning in occupational therapy (SIMBA) project (2022-1-BE02-KA220-HED-000088974) developed a scenario template to support the creation of simulation-based learning scenarios in occupational therapy education.

> *If you are not yet familiar with simulation-based learning, we recommend reviewing the **'Competency Framework and Implementation Guidelines for Simulation-Based Learning in Occupational Therapy Education'** (Sangster Jokić, C., Magerat, L., Bartolac, A. & Klepo, I. (2025)), developed by the SIMBA partnership. These documents provide the necessary theoretical foundation for teachers to get started with simulation-based learning and support the development and implementation of high-quality simulation learning environments. The Competency Framework and Implementation Guidelines are available as an e-book at: https://simba.turkuamk.fi/.*

This manual is a step-by-step guide designed to guide teachers in using the template to develop their own scenarios or to implement existing SIMBA-developed scenarios, specifically for occupational therapy study programmes. In addition, it provides support for implementing both the scenarios developed by the SIMBA partnership and those created by individual teachers, with the aim of fostering high-quality simulation-based learning environments and enriching student learning experiences.

This guide provides a detailed explanation of each section of the template and aims to help you create structured, meaningful simulation scenarios that enhance learning in occupational therapy education. There are also fully developed scenarios available for teachers seeking to implement simulation-based learning in occupational therapy. These scenarios are accessible in the five languages represented within the SIMBA partnership: English, Croatian, Dutch, Finnish, German, and Turkish.

You may choose to:

- Adopt one or more of the existing SIMBA scenarios for immediate use in your curriculum, or
- Use this manual and the included examples to guide the development of your own custom scenarios, aligned with your local context, curriculum, and specific occupational therapy practices.

You can find the fully developed SIMBA scenarios on the project web platform: https://simba.turkuamk.fi/. In this manual, we have chosen to provide general guidelines rather than reference a single example, as the scenarios developed within the SIMBA project reflect cultural and contextual differences. Although all scenarios are based on the same template, variation is inevitable due to these differences. We therefore emphasize the importance of tailoring your own scenarios to align with your intended learning outcomes and objectives, your professional context, and the competencies you aim to address.

Please keep the following in mind while working with the template:

- **Not every section needs to be completed.** A scenario can still be of high quality and educational value even if some fields are left blank.
- **Apply your expert judgment.** Determine which elements are essential based on your learning objectives, the teaching context, and the needs of your students. Expand on areas where detail is needed, and feel free to omit content that does not add value to your scenario.
- **Adapt the template as needed.** If the structure does not fully support your scenario, you are welcome to add additional sections or boxes. The template is designed to be flexible and customizable.

Additional information before getting started

The SIMBA partnership has developed two scenario templates to support diverse learning needs:

- Scenario template
- Scenario template_other simulant

Both templates are similar in structure but differ slightly in **Section 4: Case description** and **Section 5: Additional information for the occupational therapist** and **Section 6: Additional information for the participant**.

Why two templates?

During development, we recognized that not all expected student competencies are tied to direct client contact. In addition to client-centred competencies, students also need to build skills in areas such as inter- and intraprofessional communication, collaboration with colleagues, advocacy for the profession, and other broader professional roles.

For these types of scenarios, a detailed client case description is not always necessary. To support the design of such learning experiences, Section 4 of the Scenario template was adapted, with corresponding minor adjustments in Sections 5 and 6. These adjustments resulted in the *Scenario template_other simulant*.

How to choose the right template?

When developing your own scenarios, please:

1. Reflect carefully on your intended learning outcomes and objectives before selecting a template.
2. Review and compare Section 4: Case description in both scenario templates.
3. Choose the template that best aligns with your goals.

A more detailed explanation of the differences between both templates is provided in the **manual, starting in Section 4**.

Terminology

Occupational therapist (OT) refers to the student playing the role of the occupational therapist.

Other simulant refers to scenarios that do not directly involve a client receiving occupational therapy services. If a scenario includes a family member, caregiver, another health professional or other participant, but not a client, please use the "*other simulant"* template.

Simulated participant refers to a person acting in the role of a client receiving occupational therapy services, or another individual involved in the scenario, such as a family member or caregiver. *Exclusion:* This term does not apply to a student playing the role of the occupational therapist or student observer.

Teacher / Instructor all refer to the person responsible for developing or implementing the scenario (e.g., designing the case, guiding the learning activity, or leading the debrief).

Step-by-step guide for using the SIMBA scenario template

Section 1: Introduction

The introduction of the template is intended to inform instructors about the content of the scenario. When working with scenarios developed by others, it is important to quickly assess whether a particular scenario aligns with your selected learning goals and fits within your curriculum, possibly with some adaptations, without needing to read through the entire scenario.

A concise introduction that clearly outlines the goal of the scenario, along with details about the simulation setup, estimated timing, learning outcomes and objectives, and any prerequisites, enables instructors to make this decision efficiently.

On the other hand, delivering a high-quality simulation experience requires careful consideration of the learning outcomes and objectives of your teaching moment. A scenario will only lead to a meaningful learning experience for students if it is aligned with your selected learning outcomes and objectives. Therefore, it is essential that the simulation setup is designed to match these goals, and that the learning outcomes and objectives are truly achievable and assessable through simulation-based learning. This requires a thoughtful and deliberate design process.

The following section of the manual provides guidance on how to complete these items clearly and effectively, both for your own use and for others who may work with your scenario.

General information

Title

At the beginning of the scenario template, you will be asked to provide a title for your scenario. Try to keep it short and focused, clearly indicating what the scenario is about and which competence(s) (knowledge, attitudes, or skills) are being addressed. This allows other instructors to quickly assess whether the scenario aligns with the competencies they aim to practice.

Keywords

You can provide further clarification about the scenario's content by adding a few keywords. These might include: the core competence(s) being practiced, the phase of the professional reasoning or intervention process, the occupational therapy question or need of the simulated participant, the simulated participant's condition or diagnosis, etc.

Brief description

Write a short description of the scenario, including key information such as:

- Is it a hands-on or digital scenario?
- Who is the simulated participant (target group)?
- What is the main aim of the scenario, i.e., which competencies (knowledge, attitudes, skills) are being practiced?
- Where does the simulation take place, e.g., in the simulated participant's home, in a rehabilitation hospital or centre, at a school, etc.?

Provide as much relevant information as possible to help interested instructors quickly determine whether the scenario fits their curriculum, either as-is or with minor adjustments to suit their own educational context.

Simulation setup

Simulation modality

A simulation can be delivered using various modalities, each offering different levels of fidelity and authenticity. A more detailed explanation of the different simulation modalities, including their advantages and disadvantages, can be found in the *Guidelines for the implementation of simulation-based learning in occupational therapy education, page 81, Determining modality* (Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025).

Description of simulation modalities	
Case Studies or Case Scenarios	Paper or video-based scenarios outlining a person's current situation, including health conditions, occupations, social/family context, assessment results, and therapist notes.
High or Low Authenticity Mannequin **Part-Task Trainer**	A human-like healthcare simulator portraying a person's full body, or a part-task trainer representing specific body parts in simulations.
Role Play	Students immerse themselves in various roles (therapists, simulated participants, caregivers) within a simulation.
Simulated participant	Individuals (trained or with lived experience) with specific conditions, representing OT clients in simulated or actual interactions.
Standardized participant	Individuals trained to portray a person with a specific condition in a realistic, standardized, and repeatable way.
Computer-Based Simulation	Students are involved in activities such as virtual person tasks, immersive virtual reality experiences, or performing tasks using part-task trainers.

Adapted from Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025 (Table 1, Modalities used in SimOT)

When designing a simulation experience, it is important to take into account the learning outcomes and objectives, the students' level, the desired level fidelity and authenticity, and your available facilities and resources in order to select the most appropriate simulation modality.

In the scenario templates, you can select the simulation modality using a drop-down menu. If your chosen modality is not listed, you can select the "Other" option and specify the details under the *Context* section.

Context

Context may refer to a **short statement** about the environment you are creating, but it can also describe the **overall simulation setup** for all students participating in the learning experience. In this broader sense, it includes not only the simulation setting itself but also a detailed overview of the entire process, from prebriefing to debriefing.

In this section, provide a clear description of how the learning activity is organized, including:

- whether the simulation takes place on campus (hands-on) or digitally,
- details of the chosen simulation modality, and
- any preparatory actions or prebriefing elements.

The *Context* section should orient instructors by providing enough information to clarify the setting of the scenario and may give a general idea of how it will be carried out. While this section offers an overview of the learning activity, a more detailed description of the entire simulation is presented in the sections that follow.

Environment

In contrast to the *Context* section, the *Environment* refers specifically to the simulation setting itself. Here, you indicate whether the simulation takes place in a physical environment (on campus), a digital or virtual environment, or a combination of both. A scenario does not necessarily have to be implemented exclusively as hands-on or digital/virtual; it can occur simultaneously in both formats or offer different options depending on available resources.

Description

Provide a detailed description of the simulation environment so that it can be accurately replicated by others and to enhance authenticity. Describe the layout and required materials in a structured way, specifying details for each room and each simulation.

If you are using a virtual environment, please also describe what the environment looks like, e.g., is it a digital representation of a hospital room, a participant's home, a school setting, etc.? What features are visible or interactive? Include platform or software details if relevant.

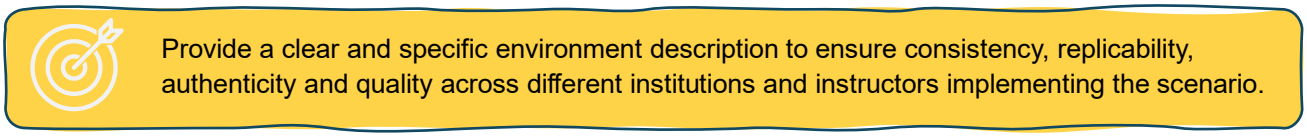
Materials

For physical settings, list all materials needed for the room setup, including furniture, assistive devices, props, clothing or accessories for the simulated participant and relevant documentation such as client files. Be as precise as possible to ensure a consistent learning environment.

For digital simulations, list the necessary equipment (e.g., VR headsets, computers), software or platforms used (e.g., MS Teams, Zoom, VR simulation tools), and any digital resources or files students or instructors will need.

If you plan to run multiple simulations simultaneously, specify:

- what is needed for one simulation setup (e.g., one room or one digital instance),
- how many rooms or digital environments are needed in total.



Student roles

Please specify the number of students required per simulation group, broken down per role. It is recommended that students work individually, in pairs, or in small groups (up to six).

Indicate how many students will take on the roles of:

- occupational therapist
- simulated participant*
- other simulated participant*
- observer

***Note:** *The primary (simulated) participant in the scenario is not necessarily a person receiving occupational therapy services. This role may also be filled by other individuals relevant to the scenario, such as a healthcare professional receiving information about occupational therapy services (e.g., a general practitioner), or someone indirectly involved in the delivery or coordination of occupational therapy care. Depending on your intended learning outcomes and objectives, you can choose one of both available templates. Carefully review both templates to determine which one best suits your needs:*

- *Scenario template (with detailed description of client receiving OT services)*
- *Scenario template_other simulant (without detailed description of client receiving OT services)*

If you wish to include additional roles (e.g. (in)formal caregiver, another healthcare professional, family member), list these under the "other simulated participant" section.

Briefly describe the tasks, responsibilities and purpose of each role in the "Extra information" box. You can specify expectations for each role during the different phases of the simulation: before (prebriefing), during (simulation activity), and after (debriefing). This box can also be used to reference supporting documents, such as role descriptions or background materials, to assist students in their preparation.

A clear role distribution supports active student engagement and contributes to a meaningful learning experience for all students.

Timing

Defining clear time frames is essential for structuring the simulation experience in line with learning outcomes and objectives. A simulation typically consists of three main phases:

1. **Prebriefing**

   1.1. *Orientation towards simulation*
   In this phase, students are introduced to the simulation setup. The instructor explains the learning outcomes and objectives, the simulation modality and procedure, and assigns student roles and preparation tasks. This step ensures that all students understand the purpose and structure of the learning activity.

   1.2. *Student preparation*
   Students prepare individually or in groups for the simulation, based on the role they have been assigned. This may include reviewing background materials, familiarising themselves with the scenario, or practicing specific competencies required for the simulation activity. Instructors support students in this process by ensuring that the simulation setting and all necessary materials, whether hands-on or digital/virtual, are prepared and available.

2. **Simulation activity**
   This is the active simulation phase where students perform their roles in the designed scenario. The length of this phase depends on the complexity of the scenario, the selected learning objectives, and the number of roles involved.

3. **Debriefing**
   The debriefing is the most critical phase for learning. Students reflect on their experience and link their actions to the selected learning objectives. As most of the learning occurs during this phase, it should receive the largest portion of the allocated time (see: *Fig. 1. Simulation Delivery*, Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025).

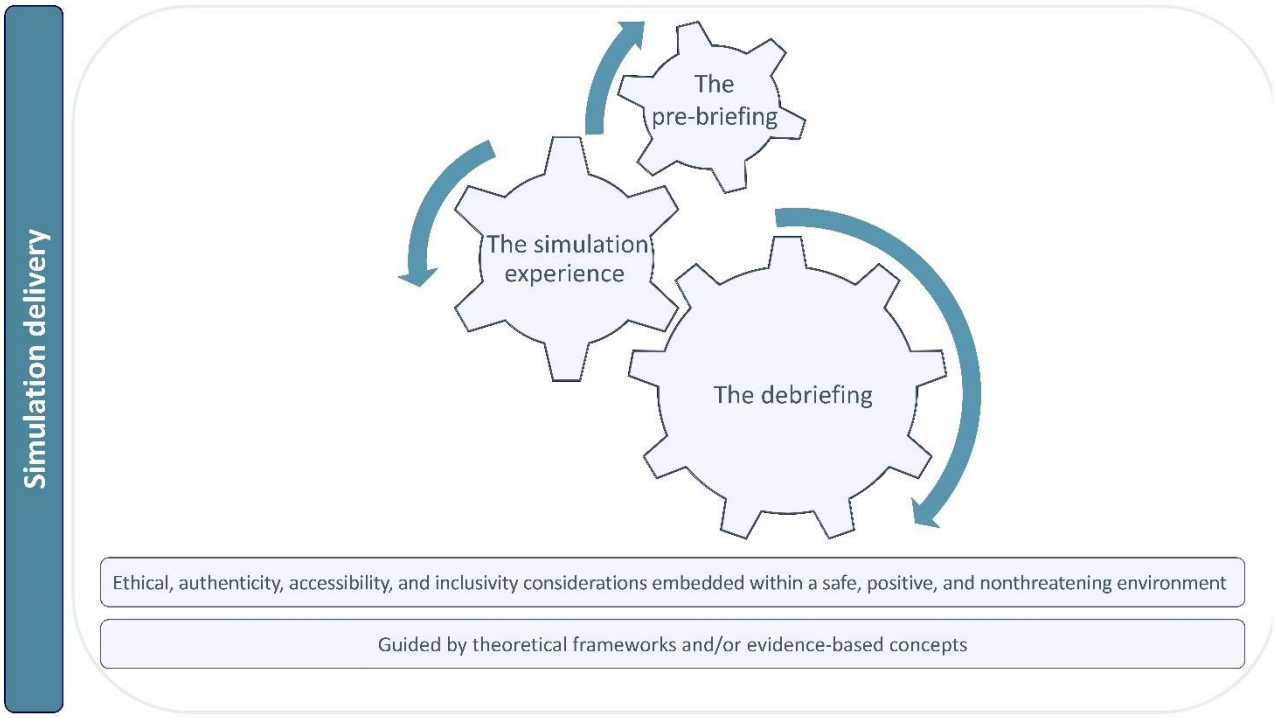


Figure 1: Simulation delivery (Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025)

Please specify the estimated time in minutes (or hours) for each phase of the simulation-based learning experience. This will support effective planning and help ensure a well-balanced simulation. The timing may vary depending on the selected learning outcomes and objectives and should also align with the structure of your organisation's educational programme and the specific course in which the scenario will be implemented.

The **10-20-30 rule** for the timing of simulation-based learning is recommended, meaning that time is distributed proportionally across phases:

- the prebriefing takes up **x1** of the time,
- the simulation activity itself takes up **x2**, and
- the debriefing phase should be allocated **x3**, as this is where most of the learning and reflection occurs.

This proportional approach supports a balanced learning experience, while allowing flexibility based on total available time and learning objectives.

When scheduling simulation activities, consider factors such as duration (e.g., 20 minutes), frequency (e.g., 3 × 20 minutes), and intensity (e.g., 3 × 20 minutes in one day versus 3 × 20 minutes spread over a semester). Providing opportunities for repetition promotes trial-and-error learning, feedback, and competency consolidation in a safe environment.

We encourage you to carefully (re)consider the time allocation for each phase, taking into account the total time available. If needed, you can restructure certain phases to maintain the quality of the learning experience while adapting to time constraints. Keep in mind that the debriefing phase is crucial for student learning and should generally receive the largest share of the allocated time.

Learning outcomes and Learning objectives

Learning outcomes and learning objectives are central to scenario design. They:

- guide your scenario, ensuring activities align with intended competencies;
- inform students about competencies being practiced and mastered during the simulation;
- support assessment of learning, by providing a clear framework against which performance can be evaluated.

Both learning outcomes and objectives are necessary for meaningful assessment. For example, they are directly linked to the *SimOT Compass*, the assessment instrument developed by the SIMBA partnership, which supports self- and peer evaluation, as well as formative and summative evaluation by instructors in simulation-based learning

When developing a new scenario, or selecting or adapting an existing one, it is important to first consider the outcomes you want to achieve. Clear and precise formulation of outcomes and objectives ensures that the simulation is purposeful, person-centred, occupation-based, and aligned with occupational therapy practice. *The Competency Framework and Implementation Guidelines for Simulation-Based Learning in Occupational Therapy Education* (Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025) should be used as a reference throughout this process. The competency domains outlined in the *Competency Framework*, developed by the SIMBA partnership, are embedded within the SIMBA scenario template and the SimOT Compass. This supports the identification, description, and measurement of learning outcomes based on core occupational therapy competencies.

Step 1: Define learning outcomes

Learning outcomes describe what students are expected to achieve in general terms. They express broad professional competencies that students should acquire across domains.

Example:

Domain B – Proposing practical adaptations
The student suggests safe and realistic bathroom adaptations to support dressing and showering, ensuring safe occupational performance.

Tips:

- Select competencies from the Framework.
- Consider student level, scenario context, and client needs.

Keep outcomes broad, practice-oriented, and aligned with occupational therapy competencies.

Step 2: Define learning objectives

Learning objectives break down learning outcomes into concrete, observable actions that students should demonstrate within the scenario. They translate broad outcomes into **measurable behaviours**. Ensure that all actions are listed in the objectives, and all objectives are reflected in the scenario flow.

Examples (Domain B):

- The student demonstrates correct use of a non-slip mat when advising on bathroom safety.
- The student explains at least two alternative dressing techniques that reduce fall risk.
- The student engages the client in testing adaptations, checking safety and comfort.

Tips:

- Limit the number of objectives: focus on core competencies.
- Be concrete and measurable (SMART): describe what students do and how (e.g., interacting with clients, caregivers, colleagues, using strategies or tools).
- Ensure objectives are achievable within the simulation.
- Align objectives with the Framework domains.

Key differences

The following table provides a quick overview of the differences between learning outcomes and learning objectives.

	Learning outcomes	Learning objectives
Definition	Broad, general competencies students are expected to achieve.	Specific, observable actions that demonstrate achievement of outcomes.
Focus	*What* students should learn in general.	*How* students demonstrate their learning in practice.
Scope	Broad, profession-oriented, aligned with competency domains.	Narrow, scenario-specific, measurable behaviours.
Example	***Domain B*** *Student proposes practical bathroom adaptations.*	***Domain B*** • *Student demonstrates correct use of a non-slip mat.* • *Student explains two safe dressing techniques.* • *Student involves client in testing adaptations.*
Tips	• Select from competency framework. • Keep broad and practice-oriented. Adapt to student level and context.	• Limit to core actions. • Concrete, measurable, achievable (SMART). Align with competency domains.

Prerequisites

Once you have selected the learning outcomes and objectives for your scenario, please define the prerequisites, that is, the competencies students should have already mastered prior to participating in the simulation experience. These are typically mastered through previous courses or learning activities. These are not competencies addressed during the prebriefing, but rather foundational knowledge, skills, or attitudes that are necessary for students to engage safely and meaningfully in the simulation.

In the first column, list a general category or keyword for the prerequisite (e.g., basic communication skills, person-centred thinking, safe physical handling techniques). In the second column, provide a clear description of what the student must be able to do or understand in order to participate effectively in the simulation. You can use the Domains of *A framework of occupational therapy competencies for simulation-based learning* (Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025) to help identify and structure your prerequisites.

Attention

If students lack these prerequisites, they may experience uncertainty or anxiety during the simulation, which can negatively impact both the quality of the learning experience and their confidence in future simulation-based learning.

For that reason, it is crucial to thoughtfully identify and articulate the required competencies students should bring with them into the simulation activity.

Section 2: Instructor orientation and planning

2.a. Instructor preparation

This section contains all essential information instructors need to effectively prepare for the simulation.

Preparation, actions and materials

Describe the actions the instructor must take to prepare for the simulation across the different phases: prebriefing, simulation activity, and debriefing. A clear and structured overview of these actions reduces the risk of overlooking essential steps and increases the likelihood of a smooth and successful learning experience.

These actions may include, but are not limited to:

- Preparation for the prebriefing: Ensure that all necessary documents (such as scenario information, role descriptions, assessment forms, etc.) are available to students, either printed or accessible via an online learning platform.
- Preparing the simulation environment: For on-campus simulation activities, this includes setting up the room(s), arranging furniture and equipment, positioning assistive devices, and checking whether all required materials, such as role-specific clothing, client dossiers, and other resources, are present, functional and support the authenticity of the environment.
- Technical preparation for digital simulations: This involves verifying that all digital tools and platforms are working correctly, for example, VR headsets, breakout rooms in MS Teams or Zoom, access to digital resources, or ensuring all students have functioning accounts and devices.
- Debriefing preparation: Prepare debriefing tools that will guide the reflection process. Ensure that instructors are familiar with the debriefing structure and learning objectives and have access to student performance notes or observation tools if used. *A debriefing template (based on PEARLS Framework (Debrief2Learn, n.d.)) can be found in the* ***Starters' guide to debriefing*** *(page 41).*

Staff

Describe the roles and number of staff members required to deliver the simulation scenario effectively. While it may seem self-evident that one or preferably two instructors will facilitate the simulation activity, it is important to consider the broader range of support that may be needed.

For example, you may require:

- technical support staff, such as IT personnel, to assist with the setup and troubleshooting of digital tools (e.g., VR headsets, online platforms).
- subject-matter experts, such as OT practitioners and persons with lived experience, who can support the development or delivery of content related to the specific knowledge, attitudes, or skills addressed in the simulation.
- simulation instructors, who guide students through the simulation and lead the debriefing process.
- observers or assessors, if the simulation includes structured feedback or evaluation.

These roles do not necessarily need to be filled by the same individual. For instance, one teacher may take the lead in teaching theoretical content, while another may facilitate the actual simulation and debriefing. Clearly outlining the responsibilities and number of staff required helps ensure smooth coordination and optimizes the quality of the simulation experience.

Section 2: Instructor orientation and planning

2.b. Student preparation

This section includes all information for instructors to prepare students for the simulation.

Knowledge, attitudes and skills

Describe which knowledge, attitudes, and skills students need to acquire prior to performing the simulation activity, but within the course in which the simulation is implemented and/or through learning tasks directly associated with simulation preparation. This section differs from the *prerequisites*, which refer to competencies acquired at other timepoints in previous or separate courses.

In the first column, provide a general description of the required knowledge, attitude, or skill (e.g., basic communication skills, person-centred thinking, safe physical handling techniques, etc.).

In the second column, specify which learning materials will be used to support the development of these competencies. This could include, for example, a PowerPoint presentation, book chapter, instructional video, academic article, or in-class exercise.

Clearly linking required competencies to specific learning materials ensures transparent alignment between course content and the simulation-based learning experience, helping to ensure that students are adequately prepared and able to fully benefit from the simulation.

Assignment

If desired, you can add an assignment that you would like to link to the simulation activity.

This can be a pre-SBL assignment, such as researching and summarizing information about a skill that will be used during the simulation or exploring the condition or diagnosis of the simulated participant.

Alternatively, it may be a post-SBL assignment, such as writing a reflective report on the simulation experience.

If you would like to incorporate such an assignment, you can check the "pre-SBL assignment" box and/or "post-SBL assignment" box and include a specific explanation of the assignment in the “description” column.

Including such assignments can help students better prepare for the simulation or further deepen their learning afterwards.

References

In this section, you can include any references used during the development of the scenario, as well as references to documents or resources that students should review beforehand.

Meeting ethical and professional practice standards

As part of scenario development, it is essential to define the ethical and professional practice standards relevant to the specific simulation. This includes identifying any critical safety expectations and professional behaviours that must be demonstrated by the student in the role of the occupational therapist. You should also determine in advance whether there are any "red flags", i.e., specific actions or omissions that would indicate the student has failed to meet essential professional standards. These might include:

- compromising the physical, psychological, or emotional safety of the simulated participant;
- failing to uphold appropriate hygiene protocols;
- disregarding professional boundaries or ethical conduct.

Failing to meet these core standards would suggest that the student is not performing at the level expected of an occupational therapy professional in real practice.



A dedicated section is included in the scenario template to explicitly highlight these ethical and professional standards. This ensures that students, observers, and instructors understand that, even if a student performs well in other aspects of the scenario, failure to uphold basic ethical and professional standards constitutes a serious breach of professional conduct in real practice and may cause harm to the person, which must be avoided at all costs. Including this section reinforces the fundamental importance of safety, ethics, and professionalism in occupational therapy practice.



The established ethical and professional practice standards can be applied directly within the SimOT Compass assessment tool, developed by the SIMBA partnership, to support both formative and summative evaluation of student performance in simulation-based learning.

Facilitation tips

As an instructor of simulation in occupational therapy, your role extends beyond scenario design; you actively shape the learning environment. One of the most powerful tools at your disposal to facilitate learning during a simulation is *real-time* scaffolding: providing responsive support to students without disrupting the simulation flow.

To support students effectively, it is essential to anticipate opportunities and challenges in advance. The following guidance will help you prepare to scaffold *in the moment*, while maintaining the flow, realism, and educational value of the simulation.

Real-time scaffolding allows you to:

- sustain students' engagement without breaking their immersion in the simulation;
- support problem-solving and critical thinking as challenges emerge,
- adjust the level of difficulty based on group needs;
- foster student confidence, reflection, and autonomy in real-time.

Preferred facilitation techniques may vary depending on the instructor and the context. **Annex 1** *(page 33)* describes a number of facilitation strategies, however these are only suggestions. You are encouraged to explore these suggestions and seek out facilitation methods that best align with your educational approach and individual style.

Tone and timing of scaffolding

Ensure that your scaffolding is supportive rather than directive. The goal is to prompt and guide the student's thinking process, rather than providing a specific path to follow. Simulations are designed to support students in applying their knowledge, attitudes, and skills to solve problems, rather than teaching them the 'right' or 'wrong' way to act.

Scenario flow

The scenario flow outlines the expected development of the simulation in clearly defined phases. Each phase includes key details to support:

A. **role consistency:** the scenario flow guides instructors and simulated participants to present consistent behaviours across multiple sessions.
B. **student assessment:** the scenario flow highlights expected learner actions aligned with learning objectives.
C. **achievement of learning objectives:** the scenario flow maps key learning points to each phase and supports structured debriefing.

The following elements are described for each phase: simulated participant state and action, expected student action, key learning points, trigger for next action.

⚠ *The scenario flow is generally not shared with students. It outlines the expected progression of the scenario and serves as a guide for instructors and role-players (e.g., simulated participants or supporting staff).*

💡 *The simulation flow is a valuable tool for the simulated participant. It helps them understand expectations, act consistently, and supports reproducible learning experiences aligned with learning objectives.*

Phase of scenario flow

Please select the correct phase in the scenario flow, following the chronological order of actions. Choose ‘Start’ for the simulated participant's or occupational therapist's first action, then label subsequent steps as ‘Action 1’, ‘Action 2’, and so on. Use ‘End’ to indicate the final action in the simulation activity.

You can delete actions from the scenario flow if there are too many or add additional actions by copying the table.

Participant state and action

Participant state refers to the current condition or status of a simulated participant.

Describe the simulated participant’s current state as clearly and concisely as possible. The description should allow others in the simulation (e.g., student in the role of OT, observers, care providers, role-players) to accurately assess the simulated participant’s emotional, physical, and cognitive condition in order to adapt their actions appropriately.

Focus on observable or reportable characteristics such as:

- Emotional state (e.g., anxious, angry, calm)
- Physical condition (e.g., in pain, short of breath, weak)
- Cognitive status (e.g., confused, alert, disoriented)
- Behavioural cues (e.g., cooperative, resistant, non-verbal)

Use short, specific phrases that paint a clear picture without interpretation or judgment.

✗ Do not write: *Feels disrespected*

✓ Write: *Crosses arms and avoids eye contact*

Also indicate how the simulated participant's state changes between phases to maintain consistency and realism.

Participant action refers to the observable behaviour or responses of the simulated participant.

Describe the simulated participant's actions in a brief but specific way that clearly indicates how they are behaving or responding during the simulation. The description should help others in the scenario understand what the simulated participant is doing and are designed to challenge the student, prompt decisions, and reflect realistic participant responses to interventions. They should help students understand what is happening in the scenario and how to respond effectively.

Focus on observable behaviours, such as:

- verbal responses (e.g., shouting, asking repetitive questions, refusing to speak)
- physical actions (e.g., pacing, crying, collapsing, pushing away help)
- interactions with others (e.g., ignoring staff, seeking reassurance, being aggressive)

Use clear, action-based language that avoids interpretation or emotional bias.

Expected student action

Expected student action describes the appropriate or intended response from students based on the scenario objectives. Describe what you expect students to do in response to the scenario at this stage. These are the actions that demonstrate they are applying the target knowledge or skills.

Tips:

- Be specific: what should the student notice, say, or do?
- Link each action to one or more learning objectives.
- Include both technical/practical and communication/behavioural actions.

Key learning points

Key learning points identify the main educational objectives or competencies that the scenario phase targets. List the main knowledge, attitudes or skills this phase is designed to teach or reinforce. These will guide your debriefing and help in the assessment of learning outcomes.

Tips:

- Align directly with your curriculum or simulation goals.
- Use clear, outcome-focused language (e.g., 'Students are able to…').
- Include technical and soft skills as relevant.

Trigger for next action

Trigger for next action defines the event, student behaviour or intervention that moves the scenario into the next phase. This helps instructors manage the flow and ensures the scenario adapts to student responses.

Tips:

- Be realistic and flexible.
- Consider including time-based or instructor-triggered transitions (fallback), if needed.



Fallback trigger
This is a backup condition that allows the scenario to continue even if the ideal student action does not occur. Example: 'After 5 minutes, the simulated participant mentions that […].' → extra cue given by simulated participant.

Section 3: Student orientation and preparation

Rules of the simulation

In this section, you can include a set of ground rules to be shared with students before the simulation begins. These rules help students feel psychologically secure, encourage professional behaviour, and promote focused, active participation. They also support open reflection during the debriefing phase.

You can find commonly used ground rules in **Annex 2** *(page 39)*.
Feel free to adapt or develop your own set of rules, depending on the simulation's purpose, setting (e.g., on-campus, virtual), and student group.

Prebriefing thought-provoking questions

In this section, you can include open-ended questions to be presented to students before the scenario begins. These questions serve to mentally engage students, activate relevant prior knowledge, and prepare them to approach the simulation with critical awareness.

When completing this section:

- Choose questions that relate directly to the learning objectives or core challenges of the scenario.
- Design questions that encourage critical thinking or self-reflection.
- Avoid revealing specific expected actions or solutions. Questions should provoke thought, not guide performance.

Examples of effective prebriefing questions:

- ‘What strategies do you use to build a professional relationship quickly in challenging situations?’
- ‘How would you respond if a person does not want to follow your advice?’
- ‘What signs might indicate a person is overwhelmed, even if they say they are fine?’

These questions help students shift from passive preparation to active mental engagement and support meaningful participation in the scenario.

Section 4: Case information

Depending on the learning outcomes and objectives of your scenario, you can choose one of the two scenario templates developed by the SIMBA partnership:

- Scenario template
- Scenario template_other simulant

The main difference between the two templates is found in **Section 4: Case information**. In the scenario template involving client contact, the case description is presented within the structure of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). In the '*other simulant'* template, a detailed description of the simulated participant according to the ICF is not included. Instead, the following subsections are provided:

- 4.1.1 Personal information of the simulated participant
- 4.1.2 General information of the simulated participant

This approach is also carried through to **sections 5 and 6**, where additional background information for the student in the role of occupational therapist or simulated participant is also not structured according to the ICF.

The *Scenario template_other simulant* offers greater flexibility for scenarios that do not involve direct client contact but instead focus on broader professional competencies, such as: inter- and intraprofessional communication, advocacy of the profession and professional roles beyond direct client care. This manual focuses on explaining the scenario template involving client contact, as it is the more comprehensive of the two templates.

4.1 Participant description

4.1.1 Personal information of person receiving OT services

This section provides background information about either the person receiving occupational therapy services or another individual acting as the primary simulated participant in the scenario. It offers students a foundation for understanding the person's occupational needs, context, and potential challenges. The information should be realistic, relevant, and support the goals of the simulation.

When completing this section, include the following elements:

Name

Provide a realistic name or pseudonym to humanize the simulated participant and support professional, respectful communication during the simulation. Using a name helps students practice using person-centred language.

- You may choose to include a full name, first name only, or last name only, depending on the scenario and context.
- If appropriate, you can also use the actual name of the student playing the role or the simulated participant (actor).
- Be consistent with how the name is used throughout the scenario documentation and instructions.

Age

If relevant, indicate the simulated participant's age, as it informs developmental expectations, life stage, and role-related occupations.

Sex

If relevant, specify the simulated participant's sex as relevant to their personal identity and possible health-related factors.

Personal factors

Include relevant individual characteristics that are not part of a health condition but can influence functioning, occupational performance and participation in daily life. According to the ICF framework, these factors help provide a holistic understanding of the person and their unique context. These include, but are not limited to, personality traits, education, lifestyle and habits, coping styles, values and beliefs, motivation and interests and family role. Focus on factors that impact how the person engages in daily activities.

Including personal factors ensures students understand the person in a holistic, person-centred way. It also supports realistic professional reasoning and therapeutic decision-making during the simulation.

Ethnicity and cultural context

Describe the simulated participant's cultural background, language preferences, traditions and beliefs that may influence occupational choices, values, or therapeutic approaches. Be respectful, specific, and avoid stereotypes.

This information fosters cultural awareness and sensitivity, helping students develop therapeutic interactions that are respectful, person-centred, and tailored to diverse needs. It supports students in recognizing and addressing cultural factors that impact occupational performance and participation.

Reason for seeking OT services and occupational concerns

Clearly describe the main issue(s) that led the simulated participant to seek occupational therapy services. Focus on challenges related to occupational engagement, such as difficulties with self-care and domestic life, productivity or leisure and play. This helps students connect the scenario to occupational therapy practice models and person-centred care.

Providing a well-rounded, respectful description of the simulated participant enhances students' ability to practice empathy, professional reasoning, and culturally responsive care. It also supports realistic role-play and professional communication during the simulation.

4.1.2 Personal information of other simulated participant

In some scenarios, the main simulated participant may not be the person receiving occupational therapy services but someone connected to them, such as a family member, caregiver, or another professional involved in the person's care. This person may also be an extra participant to support the simulation environment.

When completing this section, provide relevant personal information for these other simulated participants, including:

- name or pseudonym
- age and sex
- relationship to the main simulated participant
- relevant personal factors such as occupation, cultural background, or key characteristics affecting their interaction with the person or student
- role in the scenario

Describe their involvement and purpose within the simulation to help students understand their perspective and influence on the situation.

Including this information helps students appreciate the broader social and professional context surrounding the person receiving OT services. It supports realistic role-play, interprofessional collaboration, and understanding of family or support dynamics in occupational therapy practice.

4.1.3 General affect and behaviour

Describe the observable emotional expression, mood, and typical behaviour of the person(s) involved in the scenario. Use objective, specific language focusing on what can be seen or heard, avoiding assumptions about feelings.

When filling out this section, consider:

- facial expressions, gestures, and body language (e.g., calm, restless, withdrawn)
- tone of voice and speech patterns (e.g., hesitant, confident, monotone)
- interaction style (e.g., cooperative, defensive, avoidant)
- changes in behaviour relevant to the scenario (e.g., agitation when stressed)

Place the description of the person receiving OT services in the designated box labelled for the main simulated participant's affect and behaviour.

Place descriptions of other simulated participants in their respective boxes to avoid confusion. This information helps students accurately interpret participant cues and adapt their communication and intervention strategies accordingly.

4.1.4 Occupational history

This section summarizes the simulated participant's past and current involvement in meaningful occupations across different life areas such as self-care and domestic life, productivity, leisure and play.

When completing this section, include:

- key occupations and roles the simulated participant engaged in before the current condition or situation;
- changes in occupational engagement due to health issues or life circumstances;
- previous experiences with therapy or support services related to occupational performance;
- any barriers or facilitators affecting participation in meaningful activities.

Providing a clear occupational history helps students understand the simulated participant's typical lifestyle and how it has been impacted, enabling person-centred goal setting and intervention planning.

> **Note:** *If your scenario (also) includes a participant who is not the individual receiving occupational therapy services, you may include relevant details about their occupational history, if applicable. Be sure to provide this information in the appropriate section, either under "Person receiving OT services" or "Other simulated participant." Include only information that is necessary and directly relevant to the goals of the simulation.*

4.1.5 Priorities and targeted outcomes

This section outlines the simulated participant's main priorities regarding their occupational engagement and the desired outcomes that occupational therapy aims to achieve.

Note:

Only complete this item if it is not part of the learning objectives.
If one of the learning objectives is for the student to define the simulated participant's priorities and targeted outcomes, please include this information only in Section 6: "Additional information for the participant."

Priorities:

- Identify the occupations or roles most important to the simulated participant.
- Highlight what the simulated participant wants to improve, maintain, or regain.
- Reflect the simulated participant's personal goals and values to ensure person-centred care.

Targeted outcomes:

- Define specific, measurable, acceptable, realistic goals based on the simulated participant's priorities (SMART).
- Outcomes should be measurable and time-bound where possible.
  e.g., *Independently remove and put on a button shirt and jacket within 4 weeks*
- Include functional improvements, enhanced participation, skill development, or quality-of-life gains.
- Align with both the participant's wishes and the educational objectives of the simulation.

Clearly stating priorities and outcomes guides students in planning meaningful interventions and evaluating progress during the simulation.

Note: *If your scenario (also) includes* a simulated p*articipant who is not the individual receiving occupational therapy services, you may include their perspective on priorities and targeted outcomes, if applicable. Be sure to provide this information in the appropriate section, either under "Person receiving OT services" or "Other simulated participant." Include only information that is necessary and directly relevant to the goals of the simulation.*

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

The International Classification of Functioning, Disability and Health (ICF; WHO, 2001) provides a comprehensive framework for describing a participant's health and functioning in a holistic way. When completing the simulated participant information section of a simulation scenario, use the ICF framework* to organize relevant details clearly and consistently. **The template incorporates ICF items most relevant to occupational therapy practice, but you are encouraged to adapt the table according to the specific needs of your scenario.*

Follow these steps to complete the ICF-based participant description:

1. Body functions
   - Describe relevant functions affected by the simulated participant's health condition.
   - Include mental functions, sensory functions and pain, neuromusculoskeletal and movement-related functions, voice and speech functions and/or others if relevant.
   - Keep descriptions objective and specific.

2. Activities and participation
    - Detail the simulated participant's ability to perform tasks, especially those relevant to occupational therapy.
    - Note any difficulties or limitations in carrying out these activities.
    - Describe the participant's involvement in life situations, such as self-care and domestic life, productivity, leisure and play.
    - Include any restrictions or barriers to participation experienced by the participant.
3. Environmental factors
    - Describe the physical and social environment and services, systems and policies in the participant's environment that affect functioning.
    - Specify facilitators and barriers.

Tips:

- Use concise, clear language.
- Focus on information essential to the scenario's learning goals, not every detail is necessary.
- Align the simulated participant description with the learning objectives to guide students' professional reasoning and decision-making.
- Use consistent terminology to help students become familiar with the ICF framework.

Using the ICF framework helps create realistic, person-centred scenarios that address all dimensions of functioning. It supports students in understanding the complex interplay between health conditions, personal and environmental factors, and occupational performance.

4.2.2 Assessment results of the person receiving OT services

Provide a concise summary of the relevant assessment findings related to the individual receiving occupational therapy services. Include only results that are essential for understanding the person's occupational performance, limitations and therapy needs within the context of the simulation.

> *Example: Standardized and non-standardized assessment results (e.g., Canadian Occupational Performance Measure (COPM; Law et al., 2019) scores)*

Avoid including excessive detail that does not inform professional reasoning or decision-making within the scenario.

Section 5: Additional information for the occupational therapist

The student in the role of the occupational therapist may receive a summary or additional background information about the simulated participant. This reflects realistic professional practice, where therapists often have access to details from referral reports, previous sessions, interdisciplinary notes, or conversations with family members or caregivers.

This information may include:

- notes from prior OT sessions (e.g., past goals, progress, or challenges)
- relevant medical or psychosocial history
- observations made during earlier interactions
- feedback from team members or caregivers

Providing this type of information:

- helps ground the scenario in professional reality;
- encourages students to integrate and apply prior knowledge into current decision-making;
- supports development of professional reasoning based on longitudinal care;
- promotes continuity of care thinking.

Note:
While additional background information can support the student in the role of the occupational therapist, enhancing their professional reasoning, decision-making, and engagement with the scenario, too much detail can overwhelm or confuse them, potentially making it more difficult to meet the intended learning objectives.



To ensure the information provided is effective and purposeful:

- *Include only information that is essential and directly relevant to the learning objectives.*
- *Avoid unnecessary complexity that may distract from the student's ability to think critically and make informed decisions.*
- *Ensure all cues and background details are aligned with both the goals of the scenario and the student's level of experience and competence.*

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Note: *Please consult Section 4: Case Description (4.2.1 International Classification of Functioning, Disability and Health (ICF)) for guidance on how to accurately complete the ICF framework. This section provides detailed instructions and examples to help you describe the simulated participant's functioning and environmental factors in a structured and consistent manner.*

5.2 Other relevant details

Note: *Additional information that does not fit within the ICF framework can be included in the "Other relevant details" box. When listing this information, please ensure that related items are grouped together to maintain clarity and coherence. This helps both instructors and simulated participants quickly understand how different elements connect and support the overall scenario.*

Section 6: Additional information for the participant

To create a realistic and dynamic learning experience, you may introduce unexpected challenges during the scenario (e.g., resistance to therapy, unexpected questions, emotional responses). These elements reflect real-life situations and support the development of adaptability and critical thinking in professional practice.

You may also include information that the student in the role of occupational therapist is expected to uncover during the simulation (e.g., through assessment, interview, or observation). Since this information is not provided to the student beforehand, it should only be documented in this section.

In such cases, it is appropriate to provide the simulated participant with additional information that is not accessible to the student in the role of the OT. This information may be included using the ICF framework or described more generally in the "Other relevant details" box of this section.

This hidden information is intended to:

- help simulated participants prepare for and embody their assigned role realistically;
- prompt students to respond flexibly in real time;
- challenge students' professional reasoning, communication, and problem-solving skills;
- encourage students to reflect on their professional reasoning and behaviours.

Note:
While additional background can support the simulated participant in performing their role convincingly, too much detail can overwhelm or confuse them, potentially making it harder to maintain consistency and focus during the scenario. Therefore, it is important to:



- *Include only information that is essential and directly relevant to the intended learning objectives.*
- *Avoid unnecessary complexity that may detract from the simulated participant's ability to deliver a clear and coherent performance.*
- *Ensure all cues and responses align with the goals of the scenario and the level of the student.*

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Note: *Please consult Section 4: Case Description (4.2.1 International Classification of Functioning, Disability and Health (ICF)) for guidance on how to accurately complete the ICF framework. This section provides detailed instructions and examples to help you describe the simulated participant's functioning and environmental factors in a structured and consistent manner.*

6.2 Other relevant details

Note: *Additional information that does not fit within the ICF framework can be included in the "Other relevant details" box. When listing this information, please ensure that related items are grouped together to maintain clarity and coherence. This helps both instructors and simulated participants quickly understand how different elements connect and support the overall scenario.*

Section 7: Additional information for the observer

Even though observers may not take on a direct (performance-oriented) role during the simulation activity, they are actively involved in the learning process. This section of the template provides guidance to help observers engage meaningfully with the scenario and adopt an active role throughout the simulation experience.

By guiding their attention and encouraging reflection, observers can:

- critically analyse interactions between the occupational therapist and simulated participant;
- identify key moments of professional reasoning and decision-making;
- recognize effective strategies as well as areas for improvement;
- contribute valuable insights during the debriefing process.

When effectively guided, the role of the observer is just as meaningful as the role of the occupational therapist within a simulation. Observers do not have a passive role; they actively develop critical thinking and professional reasoning. This structured engagement makes their learning experience equally rich and impactful.

Providing clear focus areas and thought-provoking reflective questions ensures observers remain purposeful in their observation and are well-prepared to contribute thoughtfully during debriefing, ultimately enhancing their own professional development.

Thought-provoking questions for the observers

Thought-provoking questions are designed to engage observers actively and critically during a simulation. Rather than passively watching, observers are guided to reflect on key aspects of the scenario, such as professional reasoning, communication, person-centred care and ethical practice. These questions help bridge the gap between observation and deeper learning, encouraging analysis and constructive discussion during the debrief.

Effective thought-provoking questions promote intentional, purposeful observation and are:

- open-ended (not yes/no)
- relevant to the learning objectives of the simulation from an alternative perspective
- reflective, encouraging personal insight or judgment and the application of the observers' theoretical knowledge
- challenging, without being overly complex or abstract for the student's level



Depending on the students' level of training and experience, it may be beneficial to divide observation topics among observers. This strategy ensures that each observer can concentrate on a specific area of focus, such as general versus specific communication strategies, professional reasoning, person-centred practice or ethical behaviour, rather than trying to observe everything at once. Dividing focus areas:

- *Helps prevent observers from feeling overwhelmed by the complexity of the scenario*
- *Encourages deeper, more meaningful observation in a specific domain*
- *Promotes collaborative learning when observers share their insights during the debrief*

This approach supports both individual engagement and group learning, especially in more complex scenarios or with novice students.

Examples of (general) thought-provoking questions:

- What strategies does the occupational therapist use to build a therapeutic relationship with the simulated participant?
- How does the therapist adapt their communication to meet the needs of the simulated participant?
- What challenges emerge during the interaction and how are they addressed or managed?
- How does the therapist demonstrate professional reasoning in their choice of questions or interventions?
- In what ways does the therapist address the simulated participant's priorities and targeted outcomes?
- How are the simulated participant's mental, physical, or cognitive limitations considered in the therapist's intervention approach?
- How do contextual or environmental factors influence the therapeutic process and how might barriers be removed or facilitators introduced?

It is understood that the nature and content of these questions will vary depending on the learning objectives and the specific content of the scenario. Instructors are encouraged to tailor questions to align with students' levels and the focus of the simulation. Use these questions to structure debrief conversations and deepen learning for all participants, not just for those in the practitioner (OT) role.

SimOT Compass

Assessment tools play a crucial role in the evaluation of simulation-based learning, providing both instructors and students with valuable insight into the development and demonstration of professional competencies. Depending on the learning phase and objectives, evaluation can be either formative, supporting learning and growth, or summative, confirming mastery of competencies required for professional practice.

The SIMBA partnership has developed the SimOT Compass, a flexible assessment tool for simulation-based learning in occupational therapy education. It can be used by students for self- and peer-evaluation, and by instructors for both formative and summative evaluation. It is designed to align with:

- the competency domains of the SIMBA Competency Framework (Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I., 2025) defined in Section 1: Introduction of the SIMBA Scenario template.
- the learning objectives defined in Section 1: Introduction of the SIMBA Scenario Template.

This alignment ensures consistency across scenario design, student performance, and evaluation.

In this box, you can describe how the SimOT Compass will be used **by observers and during debriefing**. It is not necessary to paste the fully completed SimOT Compass here; instead, focus on explaining the intended use within the scenario. By referencing the use of the SimOT Compass in your simulation template, you show that the debriefing and evaluation process has been thoughtfully planned in advance, an essential element of effective simulation-based learning.

This section of the manual explains how to use the SimOT Compass as a formative assessment tool by all roles (i.e., student in the role of OT, student observers, instructor) during the debriefing phase of simulation-based learning. When used in this way, the tool supports student learning, reflection, and professional growth by linking observed performance to the intended learning objectives and competency domains.



Note:
Although reference to the SimOT Compass is included in the observer section for student observers (peer evaluation), it can also be used to support self-evaluation by students in the role of OT, and formative and summative evaluation by the instructor. For a more detailed explanation of the SimOT Compass, its structure, and its broader applications, both formative and summative; please refer to the dedicated teacher manual for the SimOT Compass.

Debriefing with the SimOT Compass (formative assessment)

Formative assessment is used throughout the learning process to support students in developing and strengthening their professional competencies. Within simulation-based learning, a formative assessment tool is especially valuable for creating a supportive, low-stakes environment in which students can practice, reflect, and grow. These tools help to:

- identify strengths and areas for improvement;
- encourage reflective practice and self-assessment;
- provide timely and constructive feedback to guide students toward their next steps;
- align learning with clearly defined objectives;
- develop the skill of giving and receiving peer feedback, promoting collaborative learning and professional communication.

Step 1: Meeting ethical and professional practice standards

As part of scenario development, it is essential to define the ethical and professional practice standards relevant to the specific simulation. This includes identifying any critical safety expectations and professional behaviours that must be demonstrated by the student in the role of the occupational therapist. These standards should be clearly outlined in Section 2: Instructor Preparation and Planning under 2.c: scenario flow. You should also determine in advance whether there are any “red flags”, i.e., specific actions or omissions that would indicate the student has failed to meet essential professional standards. These might include:

- compromising the physical, psychological, or emotional safety of the participant;
- failing to uphold appropriate hygiene protocols;
- disregarding professional boundaries or ethical conduct.

Failing to meet these core standards would suggest that the student is not performing at the level expected of an occupational therapy professional in real practice.

To ensure consistency and clarity in both observation and assessment, the expected ethical and professional standards, along with the defined red flags, can be directly transferred (copy-pasted) from the scenario template into the SimOT Compass. This alignment supports objective evaluation, while reinforcing the critical importance of ethical and professional conduct in occupational therapy education.

⚠ *A dedicated section is included in the SimOT Compass to explicitly highlight these ethical and professional standards. This ensures that students, observers, and instructors understand that, even if a student performs well in other aspects of the scenario, failure to uphold basic ethical and professional standards constitutes a serious breach of professional conduct in real practice and may cause harm to the person, which must be avoided at all costs. Including this section reinforces the fundamental importance of safety, ethics, and professionalism in occupational therapy practice.*

Step 2: Domains of competence, learning outcomes and learning objectives

When using the SimOT Compass during the debriefing phase, it is essential to ensure that the learning outcomes and learning objectives, along with their corresponding domains of competence (which are prefilled in the SimOT Compass), are completed accurately. These elements should be clearly defined in advance in Section 1: Introduction of the scenario template.

To ensure consistency and alignment, you can directly transfer (copy-paste) the learning outcomes and objectives from the scenario template into the SimOT Compass. This approach offers several important benefits:

- It ensures that observation and evaluation during the simulation and debriefing are focused on the intended competencies.

- It maintains strong alignment between what is trained and what is assessed.
- It simplifies preparation and reduces workload for instructors.
- It increases transparency and clarity for students regarding what they are expected to learn and how they will be evaluated.

By carefully selecting and clearly defining the learning outcomes and objectives at the start of scenario development, you not only enhance the educational value of the simulation but also ensure that the SimOT Compass functions effectively as a tool for structured observation, reflection, feedback, and evaluation.

Step 3: Rating and feedback

In order for students to effectively rate their own performance or that of their peers using the SimOT Compass, they may need to participate in a train-the-trainer session. The advantage of this approach is that students only need to complete this training once, after which the SimOT Compass can be used repeatedly across multiple scenarios. This small upfront time investment ensures the quality and effective use of the SimOT Compass, helping to guide student learning and support their ongoing professional growth throughout their education and development as occupational therapists.

Students' performance during the simulation activity is scored for each competency domain using a 4-point scale:

- 1: Not yet sufficient
- 2: Sufficient performance
- 3: Good performance
- 4: Excellent performance

The train-the-trainer session focuses especially on how to distinguish between sufficient, good and excellent performance levels, as well as on how to provide effective peer feedback. Feedback should be objective, clear, and supportive, clearly communicating expectations and outlining the next steps the student can take to achieve the required performance level. Growth is only achieved when there is a deep understanding of one's own performance alongside the expected performance level. By rating a student's performance on the 4-point scale, growth becomes tangible, as students can track and compare their progress across the domains of competence over time.

Debriefing

During the debriefing phase, the SimOT Compass serves as a structured guide to help students reflect on performance and link observations to specific learning objectives and competency domains. Prior to the simulation, students receive a prefilled version of the assessment tool, either digitally or in print.

A. Student observers
While observing the simulation, student observers use the tool to:

- note objective observations, specific strengths and areas for improvement;
- rate their peer's performance on each competency domain using the 4-point scale.

B: Students in the role of OT
After finishing the simulation, students in the role of OT use the tool to:

- reflect on and rate their own performance;
- monitor and track their progress across different competency domains, particularly when participating in multiple simulations over time.

During debriefing, particularly in the analysis phase (following the PEARLS Model (Debrief2Learn, n.d.)), these observations and ratings are used as a basis for group discussion. The tool supports a focused, objective conversation about what was observed, how professional competencies were demonstrated, and what can be

improved. More detailed information on debriefing, including guidance on integrating the PEARLS Model with the SimOT Compass, is available in the ***Starters' guide to debriefing*** *(page 41)* (attached to this manual).

A key strength of the SimOT Compass is its flexibility: it can be used as a formative learning tool, but also, if desired, as a summative assessment tool for evaluating student performance within a course or module.



If students use the tool regularly throughout their education, they develop a clear understanding of how they will be assessed and can adequately prepare for evaluation moments. This transparency supports their learning, self-reflection, and professional growth.

It is essential to emphasize that summative simulation-based assessments should only evaluate competencies that students have had the opportunity to practice thoroughly and repeatedly during training. Without adequate preparation, student safety cannot be guaranteed, and students are not given a fair chance to demonstrate or develop their skills. Ensuring sufficient practice is critical to maintaining a safe, supportive, and didactically sound learning environment.

Section 8: Materials list

Scenario materials list

If your scenario includes supplementary materials, such as photographs of the environment, completed assessment instruments, or supporting documents like presentation handouts, these should be listed in the scenario materials list. Use consistent naming conventions to make it easier to locate relevant materials at each phase of the scenario.

References

Bajaj, K., Meguerdichian, M., Thoma, B., Huang, S., Eppich, W., & Cheng, A. (2018). The PEARLS healthcare debriefing tool. Academic Medicine, 93(2), 336. https://doi.org/10.1097/ACM.0000000000002035

Debrief2Learn. (n.d.). Home – Debrief2Learn. https://debrief2learn.org/

Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2019). Canadian Occupational Performance Measure (5th ed., revised). COPM Inc.

Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I. (2025). Competency framework and implementation guidelines for simulation-based learning in occupational therapy education. Zdravstveno veleučilište. https://simba.turkuamk.fi/

Annexes

Annex 1: Examples of facilitation techniques and scaffolding template

Annex 2: Examples of ground rules for simulation

Annex 3: Simulation-based learning – Instructor readiness checklist

Annex 1: Examples of facilitation techniques and scaffolding template

Selecting the appropriate scaffolding technique during a simulation is critical because it affects multiple dimensions of the learning experience:

- **Psychological safety:** The right cue maintains student immersion and reduces anxiety, ensuring that students feel supported when they need help.
- **Quality of learning:** Effective scaffolding supports student autonomy while guiding them toward the intended learning objectives without taking over or solving the problem for them.
- **Simulation integrity:** Well-timed and realistic cues preserve the flow and authenticity of the scenario, allowing students to stay engaged in their roles.

To maximize the effectiveness of scaffolding:

- **Script cues in advance:** Plan and document potential cues as part of the scenario development process. Include both verbal and non-verbal options.
- **Test cues in a dry run:** Run a rehearsal of the scenario to confirm that cues are delivered smoothly and are interpreted as intended.
- **Differentiate cue types:**
    - **Primary cues** are built into the simulation and offered to all participants, such as standardized participant responses.
    - **Secondary cues** are only provided if students demonstrate evidence of professional reasoning, such as asking relevant questions or seeking clarification. These act as reinforcements and rewards for active engagement.

As mentioned, it is important to plan your scaffolding in advance by thoughtfully preparing preferred actions aligned with the scenario flow. This careful preparation helps maintain immersion and psychological safety for students, creating an environment where they feel supported yet challenged.

Below, we describe common scaffolding techniques along with examples of how to implement them effectively during simulation-based learning.

Instructor-led scaffolding (Outside the simulation room or discreetly embedded)	
Coloured cue cards (silent prompts)	Coloured cue cards provide a visual, non-verbal method for supporting students during simulations. This silent signalling system allows instructors to discretely guide student decision-making and pacing without interrupting the flow or realism of the scenario. Green = ‘Continue, you're doing well.’ Yellow = ‘Pause and think before proceeding.’ Red = ‘Reconsider your current action or approach.’ Cards can be discreetly flashed from a clipboard, tablet, or screen to maintain immersion. Use these cues to provide immediate feedback or to nudge students toward reflection when verbal interruption might disrupt the simulation. Explain the colour code clearly before the simulation begins so students understand the signals.
Voice of God	Instructions or hints are broadcast into the simulation room via intercom or speaker system. Used to steer the scenario without physically entering the space. Examples:

	• '*You receive a call from the partner about the person's rehabilitation process.'* • *'The physician has updated the discharge plan, check the latest notes in the file.'* Advantage: No in-person intrusion. Limitation: May reduce immersion or feel artificial; not suitable for one-on-one guidance.
Subtle prompts via participant	Subtle prompts delivered by the simulated participant are carefully crafted cues embedded in the participant's dialogue, designed to gently guide the student toward key areas of assessment or discussion without explicitly stating what to do. Examples: • *'I'm not sure I can manage those stairs anymore...' (Prompts safety assessment)* • *'Do you need to see my bathroom?' (Hints at environmental evaluation)* • *'I used to love knitting, but now I just sit all day.' (Triggers occupational goal discussion)*
In-character hints	In-character hints are prompts provided naturally through dialogue by the instructor or simulated participant. These hints support students by gently guiding them during the interaction, helping clarify expectations, and encouraging students to explore or verbalize their next steps without breaking the flow of the simulation. These hints can be reviewed and discussed with the participant before the simulation begins. This preparation helps the participant understand when and how to incorporate prompts naturally during the scenario. Another effective method is for instructors to provide real-time cues to the participant via discreet communication devices such as earbuds, enabling timely and seamless delivery of prompts. Examples: • *'Is there anything else you need before you go?'* • *'I'm confused, what am I supposed to do next?'* In-character hints can also reinforce student thinking by echoing or reflecting their tentative plans, which validates their reasoning and encourages further elaboration. Example: • Student: *"I think I want to check her energy levels..."* • Participant: *"Oh, you want to see how I've been feeling today?"*
Instructor-led scaffolding (Inside the room or In-character)	
Pause-and-Coach (planned time-outs)	The instructor briefly interrupts the simulation at a pre-agreed cue (between instructor and student in the role of OT), such as a hand signal or keyword, to provide targeted support. During this planned time-out, the instructor steps in to ask reflective, open-ended questions that prompt the student to think critically about their approach before resuming the scenario. Examples: • *'What's your main goal in this moment?'* • *'What else might need to be considered here?'*

'If-Then' support via human interaction	'If-Then' support involves having a human resource, such as a peer or expert, available nearby to provide assistance only when the student requests help or demonstrates the need for support. This just-in-time guidance encourages student autonomy while ensuring timely intervention to prevent frustration or stalled progress. The 'If-Then' approach simulates real-world collaborative environments where students can seek input or consultation as needed, promoting problem-solving and communication skills. The student initiates contact or the peer/instructor steps in based on cues, offering help or prompting reflective discussion. Support is provided through natural dialogue that aligns with simulation situation (e.g., drop-in visit from OT colleague), thus reinforcing learning without taking over the task. Examples: • *'Can we talk through the bathroom modifications?'* • *'What's our plan for the ADL assessment?'*
Character interventions	The instructor temporarily steps into a character role (e.g., family member, caregiver) to provide subtle cues or prompt reasoning, using a visible prop to signal the switch between roles (e.g., hat, vest, badge). Wearing a prop = you're in character (e.g., family member, supervisor). No prop = you're the instructor. Example: • *'I'm her husband, and I'm worried about her falling.'* • *'As her mother, I'm concerned she's pushing herself too hard during her leisure time. Do you think that's safe?'*
Environmental cues	Environmental cues involve strategically placing physical items or realistic stimuli within the simulation setting to prompt student action or professional reasoning. These tangible prompts encourage students to notice and incorporate relevant information into their assessment or intervention planning, fostering observational skills and situational awareness. In addition to visual or written cues, realistic distractions, such as a ringing phone or background noise, can be introduced to challenge students' prioritization and multitasking abilities, while still allowing space for self-correction and reflection. Examples: • A note from the doctor that updates or changes the care plan • A brochure about home modifications that nudges discussion about environmental adaptations • A note from the teacher regarding school performance, prompting educational considerations
Student-led scaffolding	
Pre-agreed 'time-out' signal	To support students who may feel overwhelmed or uncertain during a simulation, a pre-agreed time-out signal allows them to pause the scenario briefly. This empowers students to manage their stress, reflect on their approach, and seek guidance without disrupting the flow or authenticity of the simulation. Students agree in advance on a phrase or signal to indicate they need a pause. Upon signalling, the simulation temporarily stops, allowing the student to gather their thoughts or receive brief coaching. The simulation then resumes once the student feels ready.

	Examples: • *'Can I take a moment to check something?'* • *'I'd like to stop and think. Can I pause for guidance?'*
Call on a colleague (peer support)	Encouraging students to call on a peer during a simulation fosters teamwork and models real-world occupational therapy collaboration. This strategy helps students share responsibility, gain diverse perspectives, and practice effective communication within a team-based approach. Students are informed that they may ask a prepared peer for assistance when needed. Peer support can be called on naturally during the simulation to discuss assessment findings or intervention plans. Examples: • *'Can I ask my colleague to help with this evaluation?'* • *'I'm going to ask my teammate to join me for this part of the assessment.'*

Scaffolding planning template for instructors

This template helps instructors plan scaffolding strategies aligned with key moments in the simulation. Thoughtful preparation ensures timely, supportive interventions that maintain student immersion and promote student confidence and critical thinking. To assist instructors, the template is pre-filled with examples relevant to typical intake conversation scenarios. Instructors are encouraged to customize prompts, roles, and modes of support to best fit their specific learning objectives, participant needs and teaching preferences.

Anticipated student challenges			
Simulation phase & Scenario moment	**Possible student difficulty**	**Planned scaffolding technique**	**Prompt or action**
Start: greeting and building a therapeutic relationship	*Student is unsure how to initiate a therapeutic relationship*	*Subtle prompt via participant*	*Participant starts small talk: 'Thank you so much for making your way over here.'*
Action 1: Clarifying person's main concerns	*Student is hesitant to ask open-ended questions*	*In-character hint*	*Participant says: 'Lately, I've been having more trouble with things I used to do easily…'*

Planned 'If-Then' or 'Character' interventions			
Simulation phase & Scenario moment	**Who will support?**	**Mode of support**	**Prompt or action**
Action 1: Student overlooks psychosocial factors	*Instructor (playing partner)*	*Character intervention (instructor 'wears the hat' of partner)*	*Instructor as partner: 'My wife used to be really active, she was hardly ever home. But lately, she doesn't want to go out at all'.*
Action 3: Student struggles to initiate goal-setting	*Nurse (fellow student)*	*drop-in visit*	*Nurse enters and says: 'Hi [participant's name], have you had a chance to talk to [OT's name] about what you'd like to work on in therapy?'*

Environmental cues			
Simulation phase & Scenario moment	**Cue**	**Purpose**	**Placement**

Action 2: Exploring daily routines	*Handwritten to-do list with several incomplete tasks*	*Encourage reflection on energy levels, motivation, or executive function*	*Clearly visible on the table in front of the participant*
Action 3: Goal setting	*Brochure about leisure activities with certain options marked*	*Prompt discussion about meaningful activities and personal priorities*	*On table where the intake conversation occurs*

Pre-agreed time-out signal		
Signal (keyword, phrase or gesture)	**When to use?**	**Instructor action**
Raised hand & 'Can I take a moment to check something?'	*Student feels overwhelmed or unsure of next steps*	*Briefly pause simulation; ask: 'What are you thinking about right now?'*

Annex 2: Examples of ground rules for simulation

Establishing clear ground rules before a simulation session fosters a psychologically safe, respectful, and constructive learning environment. These ground rules help students understand expectations, reduce anxiety, and promote meaningful engagement in both the simulation and debriefing phases.

Confidentiality and psychological safety

- All participants (instructor, observers, participants) agree not to discuss specific behaviours or performances outside the group. *What happens in the simulation stays in the simulation.*
- Mistakes are expected and embraced as valuable learning opportunities.
- The simulation space is a judgment-free zone where vulnerability is respected.
- No video or audio recording is allowed during the simulation unless all participants have given explicit consent.
- If you feel overwhelmed or need to step out for any reason, please use a pre-agreed signal or inform the instructor discreetly.
- You are welcome to share emotional reactions during the debriefing. It's natural to feel challenged or uncertain, this is part of learning in simulation.

Respectful communication and behaviour

- Speak respectfully and constructively.at all times. Avoid blaming or shaming during feedback or debriefing
- Focus on behaviours and actions, not personal characteristics.
- Every participant's perspective is valid and should be treated with respect. Diverse perspectives enrich the learning experience.
- Avoid jokes, private conversations, or behaviour that could distract from the simulation experience.

Active Participation

- All students are required to engage actively during the simulation activity, whether acting in the OT role, as a participant, or as an observer.
- Everyone should contribute to discussion and learning after the scenario activity (debriefing).

Respect for the learning environment

- Treat the simulation as realistically as possible, behave as you would in a professional setting.
- Accept that some elements may not be perfectly realistic; focus on achieving the intended learning objectives.
- Treat the simulation as a learning opportunity, not a test.
- Remain in your assigned role throughout the simulation unless instructed otherwise.

Professional attitude

- Arrive prepared, having completed any pre-simulation activities or reading.
- If you're unclear about your role (OT, participant, observer), ask questions during prebriefing. Knowing your responsibilities supports engagement and effective learning.
- Be open to feedback and willing to reflect, especially during debriefing.
- Observers should observe silently and respectfully unless instructed to engage.
- Everyone agrees that active engagement in all simulation phases is necessary for learning.
- Arrive on time and adhere to the schedule for simulation and debriefing.
- Respect time limits to ensure everyone has an equal opportunity to participate and reflect.

Informed consent

- All participants should consent to the simulation and be informed about its purpose and structure.
- Participation is expected, but opting out should be respected without negative consequences.

Annex 3: Simulation-based learning – Instructor readiness checklist

This section serves as a one-stop checklist for (novice) instructors aiming to develop and implement simulation-based learning (SBL) in their curriculum. It provides a structured way to review and consider all key components, while also helping to monitor progress throughout the planning and development phases using SIMBA resources and materials.

Preparation and planning

Scenario template

☐ All relevant fields of the SIMBA scenario template are completed for the specific simulation.
Scenario content aligns with learning outcomes and objectives defined in programme curriculum.

Learning objectives

☐ Clear, measurable learning objectives are defined.
Objectives are observable during the simulation and suitable for debriefing or assessment.

Observation / Assessment tool

☐ An appropriate observation or assessment tool (e.g., SimOT Compass) is prepared and adapted to the scenario.
The tool is ready for real-time use during the simulation.

Scenario rehearsal

☐ You and any co-instructors or simulated participants have rehearsed or walked through the entire scenario.
Timing, flow, and cues have been confirmed and rehearsed.

Learning materials

Preparation of materials

☐ All learning materials (case summaries, handouts, etc.) are prepared and reviewed.

Accessibility of materials

☐ Materials are accessible to learners, digitally (via a learning platform) or in print.
Supplementary resources (videos, readings, etc.) are available.

Simulation environment

Room preparation

☐
- Physical space is set up with the required equipment (furniture correctly placed, assistive devices present, required props and equipment in position).
- All technology (e.g., cameras, monitors, microphones) is functioning properly.

Digital preparation

☐
- Digital simulation environment (if applicable) is configured and ready.
- All digital materials are tested for accessibility and functionality.

Facilitator readiness

Role division and clarity

☐ Everyone involved (learners not included) knows their roles, tasks, and timing.

Scaffolding

☐ A clear scaffolding plan is developed to support learners during the simulation.

Backup plan

A backup plan is in place for managing:

☐
- technical difficulties
- participant no-shows or disruptions
- difficulties with the scenario flow (e.g., learners going off track, timing issues)

Debriefing

☐ The debriefing guide/template is ready for structured reflection after the simulation.

Psychological safety

Ethical considerations

☐
- Students and learners are fully informed about participation details, including any video or audio recording.
- Informed consent (or ethics approval) of all participants is secured if required.

Assessment transparency

☐
- Learners are clearly informed whether the simulation involves formative or summative assessment.
- The simulation setup and communication promote psychological safety, trust, and openness.

Starters' guide to debriefing (based on PEARLS framework)

Note: *This starter's guide is not part of the core scenario template developed by the SIMBA partnership. Debriefing is the final phase of the simulation, taking place after the scenario has been conducted. This guide provides strategies for planning and facilitating debriefing.* ***Annex 1*** *(page 54) of this starter's guide includes a template to help structure your debriefing.*

> *If you are not yet familiar with the use of debriefing in simulation-based learning, we recommend reviewing the 'Guidelines for the implementation of simulation-based learning in occupational therapy education' (Sangster Jokić, C., Magerat, L., Bartolac, A. & Klepo, I. (2025)), developed by the SIMBA partnership.*

In this guide, we explain how the PEARLS framework, developed by Eppich and Cheng (2015) (Debrief2Learn, n.d.), can be used in combination with the SimOT Compass developed by the SIMBA partnership. It is important to note that the PEARLS framework is only one of many available debriefing approaches. We do not imply that other models are less valuable, nor that PEARLS is required to implement simulation-based learning in occupational therapy or when using the SimOT Compass. Our aim is simply to support instructors who are new to simulation-based learning by providing structured guidance for the debriefing process. As you gain experience, you may choose to continue using PEARLS or explore other approaches that best suit your needs.

Introduction to the PEARLS framework

The PEARLS framework (Promoting Excellence and Reflective Learning in Simulation), developed by Eppich and Cheng (2015) (Debrief2Learn, n.d.), is a structured debriefing framework that integrates commonly used strategies during the debriefing phase of simulation. It was designed to support both novice and experienced simulation instructors in effectively guiding meaningful reflective conversations between students after simulation experiences, thereby promoting deeper learning from these experiences. It is particularly well-suited to occupational therapy education, where complex professional reasoning and behaviour, interprofessional communication, and ethical practice are central competencies.

Debriefing is a critical phase in simulation-based learning, often described as 'where the real learning happens'. The PEARLS framework supports the development of professional reasoning, behaviour and communication skills by helping students reflect meaningfully on their decisions, actions, and assumptions. In occupational therapy education, PEARLS allows students to connect their simulated experiences with professional competencies. A tool like the SimOT Compass helps guide the process and can be easily integrated into the PEARLS framework.

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The following sections - "Starters' guide to debriefing" and "Annex 1: Debriefing template" - include adapted content from the PEARLS Healthcare Debriefing Tool, originally published by Debrief2Learn under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0).
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Core components of the PEARLS framework

The PEARLS framework combines multiple debriefing strategies into a structured conversation carried out over the following four phases:

1. Reactions: *Explore feelings*
2. Description: *Clarify facts*
3. Analysis: *Explore a variety of performance domains*
4. Application/Summary: *Identify take-aways*

Each phase of the PEARLS debriefing framework will be explained separately to provide you with a clear understanding of its purpose, structure, and facilitation strategies. This step-by-step approach supports consistent and effective implementation of the framework in simulation-based learning.



Note: *Before initiating the Reactions phase, it is essential to first 'set the scene' by establishing a safe, respectful, and structured environment for the debriefing. This initial step ensures that all participants share a common understanding of the purpose, process, and expectations of the debriefing session. By thoughtfully setting the scene, instructors create the psychological safety necessary for open dialogue, honest reflection, and meaningful learning.*

Setting the scene

The **Setting the scene** phase is the critical first step in the PEARLS debriefing framework. Its primary purpose is to establish a psychologically safe, structured environment where students feel respected, supported, and prepared to engage in honest reflection and discussion. By outlining the process and goals from the outset, you foster an atmosphere of trust and openness that is essential for effective learning and improvement.

You can also use **The Basic Assumption**, developed by the Center for Medical Simulation, that states: “We believe that everyone participating in activities at [insert organization name] is intelligent, capable, cares about doing their best, and wants to improve.© (Center for Medical Simulation, 2004-2024, https://harvardmedsim.org/resources/the-basic-assumption/).

The Basic Assumption is most often used:

- During prebriefing: to set the tone for simulation as a safe learning experience.
- During debriefing: to reinforce the psychological safety established earlier and to keep the discussion focused on the agreed learning objectives and participants’ shared goal of improvement.

You may also choose to display The Basic Assumption in the simulation environment as a visible reminder for students.

Objectives



- Create a safe and respectful learning space.
- Clarify the purpose and structure of the debriefing.
- Reinforce a learning-focused mindset rather than a performance-based evaluation.

Do’s



- Begin by thanking participants for their engagement in the simulation.
- Explain the goals of the debriefing (e.g., to reflect, identify learning points, and improve competencies).
- Outline the debriefing structure (e.g., what to expect, timing, and phases).
- Emphasize the rules of the debriefing, such as confidentiality, mutual respect, and the shared learning goal.

Examples

Example 1:
See PEARLS framework (Debrief2Learn, n.d.)

Example 2:
"Thank you for your participation today. I would like to spend [X] minutes debriefing this case with you. This debriefing is a chance for us to reflect together on what happened during the scenario, explore your thought processes, and identify key learning moments. The goal here is learning, not judgment. Everything discussed stays in this room, and everyone's perspectives are valued. Let's begin by checking in; how are you feeling after that scenario?"

Note: *You are, of course, encouraged to develop your own introductory wording for the debriefing session. As students become more familiar with the debriefing process and if your educational team uses a consistent debriefing approach, you may choose to shorten this introduction accordingly. The length and style of the introduction may vary depending on your personal debriefing style and the specific needs of your students.*

Reactions

The **Reactions** phase is the first phase in the PEARLS debriefing framework and provides students with an opportunity to express their initial emotional and cognitive responses to the simulation experience. The reactions phase begins with open-ended questions to allow the free sharing of what students are feeling and thinking.

Objectives

- Acknowledge and normalize emotional reactions.
- Allow students to decompress and transition into reflective learning.
- Identify any strong emotions or unresolved concerns that may impact participation in the rest of the debriefing.

Do's and don'ts

- Allow time and space for students to respond without interruption.
  Ensure all participants have the chance to share their emotions using open-ended questions, silence, and pauses.
- Listen actively and validate responses.
  Pay attention to key themes shared by students, acknowledge issues as they arise, and commit to exploring them further in the analysis phase.

- Avoid premature analysis, do not dive into detailed discussion or feedback at this stage.
  Acknowledge emotions without overprocessing them; the goal is to allow expression, not in-depth exploration.

Examples

Short questions

- *How are you feeling?*
- *What's going through your mind right now?*
- *What are your first reactions to what just happened?*

More detailed introduction

Let's start by checking in—how are you all feeling after that simulation? It's completely normal to have a range of reactions. Take a moment to share whatever's on your mind before we begin looking at what happened in more detail.

Follow-up questions *(if participation is limited)*

- *Any other reactions?*
- *How are the rest of you feeling? (Pause to allow space)*

Description

The **Description** phase is the second step of the PEARLS framework and provides students with the opportunity to objectively reconstruct and reach a shared understanding of what occurred during the simulation. This step helps align participants' perceptions with the intended learning objectives and creates a factual foundation for deeper analysis and reflection in subsequent phases.

Rather than attempting a detailed recall of every event, instructors should guide students to focus on the main health, occupational or other issues that arose and key actions relevant to the scenario's learning objectives. This keeps the discussion concise and ensures that time and attention are directed toward the most impactful aspects of the simulation.

Objectives



- Establish a shared understanding: Ensure that all students have a common, factual account of what occurred during the simulation.
- Clarify the sequence of key issues and actions: Reconstruct the main actions, decisions, and outcomes in chronological order.
- Differentiate facts from emotions and interpretations by focusing on what happened, not why it happened (which is addressed in the Analysis phase).
- Align key issues and actions with the learning objectives.
- Set the stage for deeper reflection: Lay a neutral, objective foundation that allows for effective analysis and discussion in the next phase.

Do's and don'ts



- Ask students to briefly walk through the key events or actions.
- Prompt clarification of any misunderstandings without judgment.
- Keep the focus on what happened, not why. Save analysis for the next phase.
- Reinforce the connection between the scenario and the learning objectives.



- Don't share your instructor perspective too early.
  If you speak first, students may feel less inclined to share their own views, or their differing perspectives may go unvoiced.
- Don't dive into analysis or feedback too early.
  Avoid discussing *why* something happened, this belongs in the Analysis Phase.

Examples



- *What was the goal/purpose of this simulated OT practice situation?*
- *Let's walk through what happened during the simulation. What was your plan at the start?*
- *Can someone summarize what happened during the scenario?*
- *What were the key events or decisions made?*
- *What health, occupational or other problems were evident?*
- *What did you do first, and what happened as a result?*
- *Are there any other events or actions related to the case or situation?*

Analysis

The **Analysis** phase is the core component of the PEARLS debriefing framework. It is where the deepest learning takes place, as students explore why events unfolded the way they did. The goal of this phase is to help students make sense of their actions and decisions by connecting them to professional reasoning, behaviour, decision-making, and communication.

Connection of SimOT Compass to Analysis phase

The SimOT Compass is designed to support structured reflection and feedback around key occupational therapy competencies. It complements the PEARLS framework by making learning objectives and performance criteria transparent. It can be used by:

- **observers**, to guide their note taking according to the learning objectives and structure feedback.
- **instructors**, to support focused facilitation during the Analysis phase.
- **students**, for self-assessment and peer feedback.

Suggested use during debriefing



- Distribute the SimOT Compass (digital or paper format) to all students prior to the simulation. This ensures students and observers are familiar with the learning objectives and evaluation criteria from the outset.
- **Peer feedback:** Student observers use the tool to document feedback related to each learning objective. You may choose to divide learning objectives among student observers to promote focused and deeper observation, particularly in more complex scenarios or with less advanced-level students.
- **Self-assessment:** Students in the role of OT complete a self-reflection using the SimOT Compass before the start of the debriefing. This encourages early engagement with their own performance and fosters reflective thinking.
- During the Analysis phase of the PEARLS framework, refer to the SimOT Compass to guide discussion around specific learning objectives and domains of competence (e.g., professional reasoning, communication).
- Use both ratings and written feedback from the tool to identify and discuss observed strengths and areas for improvement. This creates a more focused and constructive debriefing process.
- Link student performance to the SimOT Compass's 4-point scale (Not yet sufficient → Excellent) and encourage group discussion about what distinguishes different levels of performance. This supports shared understanding and calibration of expectations across the learning group.

The Analysis phase encourages critical reflection and bridges the gap between simulated experience and real-world practice. To achieve this, instructors can use various methods, incorporated into three broad categories in the PEARLS framework:

1. student self-assessment
2. focused facilitation
3. directive feedback and teaching *(only when necessary)*

Each strategy serves a different purpose and can be applied flexibly, depending on:

- available time
- specific learning objectives of the simulation
- experience level of the participants
- instructor's judgment and preferred teaching style
- whether the performance gap is related to knowledge, professional reasoning, a technical skill or behavioural issue.

Effectively navigating between these strategies allows the instructor to guide reflection, uncover performance gaps, and reinforce or teach new knowledge and skills.

We will now discuss the objectives, do's and don'ts and examples for each strategy.

1. Student self-assessment

Student self-assessment is a reflective strategy that invites students to evaluate their own performance during a simulation. The goal is to encourage self-awareness, critical thinking, and ownership of the learning process before receiving feedback from the instructor or peers (externals).

One of its main advantages is that it is easy for instructors to implement, making it particularly useful when debriefing time is limited. It is also highly adaptable to students at different levels of experience and can serve as a gentle entry point into deeper discussion.

However, student self-assessment also has limitations. It does not always uncover the underlying reasoning behind a student's actions, and without further facilitation, reflections may remain surface-level. To achieve deeper insight, instructors may need to build on self-assessment by incorporating other debriefing methods.

Objectives



- Promote self-reflection and personal insight.
- Encourage students to identify their own strengths and areas for improvement.
- Increase responsibility and ownership of the learning process.

Do's and don'ts



- Ask open-ended questions to invite reflection.
  - Use techniques like 'plus/delta': *"What went well?" (+) and "What would you do differently next time?" (∆)*
  - Follow-up with *'And why'* after plus/delta
  - Ask: *"What did you find easy?"* and *"What was most challenging?"*
- Give students time to articulate their reasoning behind decisions and actions.
- Allow the reflection to unfold completely before stepping in:
  - Continue prompting gently until the student has finished sharing their experience.
  - Once the reflection is complete, invite the group to help identify which areas deserve deeper analysis, keeping the learning objectives and available time in mind.



- Self-assessment does not necessarily lead to the rationale behind the student's actions.
  - Don't interrupt or redirect too early. Let the student finish their thought process before adding your input.
  - Don't judge or correct the responses during reflection. Reflection is about exploring thinking, not evaluating performance (yet).
  - Don't assume students know what went wrong. They may not be aware of performance gaps without guided questioning.

Examples



- *What went well during the simulation? (+)*
- *What would you do differently if you could do it again? (∆)*
- *Why do you think that approach worked well?*
- *What were you trying to achieve at that moment?*
- *What were the cues that helped you decide on your intervention?*
- *What skills or knowledge helped you in that situation?*
- *What did you feel confident about?*
- *What part of the scenario was most challenging for you?*
- *If you were advising someone else in the same situation, what would you tell them?*

2. Focused facilitation

Focused facilitation is a debriefing strategy where the instructor uses targeted, open-ended questioning to help students explore their thought processes, decision-making, actions and behaviours in more depth. The aim is to stimulate critical thinking, uncover underlying assumptions, and promote peer learning through guided group dialogue. Rather than providing answers, the instructor helps students analyse their performance together and gain insight into the 'why' behind actions and outcomes. This strategy is the most student-focused, as it promotes reflective learning, helps deepen the understanding of the students' rationale, and enables the instructor to provide accurately targeted feedback based on what the students reveal through discussion.

Commonly used techniques:

1. **Frame discovery**
   Helps uncover the mental model or assumption that influenced a student's decision.
   e.g., 'What were you basing that decision on?'
2. **Advocacy-inquiry**
   Combines a clear observation from the instructor with a curious question to explore the student's rationale.
   e.g., 'I noticed [observation]... I'm wondering what was going through your mind at that moment?'
3. **Comparison or Contrast questions**
   Encourages students to evaluate different approaches to highlight alternative reasoning or strategies.
   e.g., 'How might things have turned out if you had done Y instead of X?'
4. **Rewind and replay**
   Asks the student to mentally revisit a specific moment in the scenario to clarify their thinking and reactions.
   e.g., 'Let's go back to when you made that decision. What did you see, think, and feel?'
5. **Scaling questions**
   Uses a numerical scale to assess confidence, performance, or difficulty, followed by discussion of improvement strategies.
   e.g., 'On a scale from 1 to 10, how confident were you? What would help raise that score?'
6. **Perspective-taking**
   Prompts students to reflect on the experience from another's viewpoint, client, colleague, or caregiver, to enhance empathy and team awareness.
   e.g., 'How do you think the client experienced that interaction?'

Objectives



- Explore the rationale behind students' decisions and actions.
- Uncover reasoning processes, habits, and assumptions that influenced behaviour.
- Enhance group dialogue and shared learning through guided questioning.
- Promote deeper reflection without immediately correcting or instructing.

Do's and don'ts



- Start with a clear, neutral observation. *(advocacy)*
- Be curious in understanding the rationale behind student's actions. *(inquiry)*
- Ask open-ended questions to deepen the discussion.
- Redirect vague or surface-level answers toward a deeper reflection.
- Encourage peer responses, asking other students to add perspectives or challenge assumptions.
- Actively listen and follow up based on students' responses.
- Keep the conversation focused on the relevant learning objectives.

- Don't provide the 'correct answer' too quickly, let students do the reasoning.
- Don't lecture or shift into teaching mode prematurely.
- Don't focus solely on the individual, include the group where appropriate.
- Don't disregard signs of confusion, help clarify without taking over the analysis.

Examples

Frame discovery

- *Can you walk me through what you were thinking at that point?*
- *What influenced your decision to act that way?*
- *What other options did you consider in that moment?*
- *What would you do differently next time, and why?*
- *Can you think of another way to handle that challenge?*
- *How did communication play a role in how the situation unfolded?*
- *What assumptions might have shaped your interpretation of the situation?*
- *How did your understanding of the persons' health and occupational issues evolve during the simulation?*
- *Why do you think the person reacted that way during the session?*
- *How did you prioritize the person's priorities and targeted outcomes during the interaction?*

Advocacy-inquiry

- *I saw that you focused mainly on the bathroom environment. (advocacy) I'm curious, how did you prioritize that over the kitchen? (inquiry)*
- *During care team briefing, I noticed you didn't mention the person's fatigue level to the nurse. (advocacy) How did you decide what was most important to communicate? (inquiry)*
- *You suggested using a wheelchair straight away. (advocacy) I'm wondering what made you go with that option rather than exploring the person's own mobility goals first? (inquiry)*
- *When the person appeared overwhelmed, you continued with the cognitive test. (advocacy) I'm wondering what your goal was at that moment? (inquiry)*
- *You seemed to take over the task rather than guiding the person to try it themselves. (advocacy) Can you tell me what led you to that decision? (inquiry)*

Comparison or Contrast questions

- *What do you think would have happened if you had chosen a different assistive device?*
- *How would it have looked if you'd involved the caregiver earlier?*
- *What might have been the outcome if you had taken more time to explain the intervention?*
- *How would you respond if the person had refused that intervention?*
- *What are the pros and cons of the approach you took compared to an alternative?*

3. Directive feedback and teaching

Directive feedback and teaching is a instructor-led strategy used to correct performance gaps, clarify concepts, and introduce or reinforce knowledge that is important for safe and effective occupational therapy practice. It is more instructor-driven than the other strategies and is typically used when students are unaware of what went wrong, when time is limited, or when essential learning objectives need to be explicitly addressed.

This approach allows instructors to directly connect the simulation experience to evidence-based practices, professional reasoning and standards or protocols, such as clinical pathways and (occupational) guidelines. While it is more instructor-centred, it should still be delivered in a respectful, interactive manner that maintains psychological safety and supports student development.

Objectives



- Address critical knowledge or performance gaps that were not recognized by students.
- Clarify misunderstandings and ensure accurate knowledge is reinforced.
- Link performance to standards of care, evidence, or protocols.
- Support students' professional development through constructive, actionable feedback.
- Maximize teaching impact in situations where reflection alone is insufficient.

Do's and don'ts



- Provide clear, specific, and actionable feedback based on observed performance.
- Use a respectful and nonjudgmental, supportive tone.
- Link feedback to learning objectives and best practices (standards of care, evidence, protocols).
- Invite students to reflect or respond after giving feedback to keep it interactive.
- Teach essential concepts that are missing or misunderstood, using brief, focused explanations.



- Don't overwhelm students with too much information at once, keep it concise.
- Don't use this strategy as a first step if students can reach the insight themselves through reflection or facilitation.
- Don't deliver feedback in a judgmental, blaming, or corrective tone.
- Don't ignore student emotions, acknowledge their efforts and challenges.
- Don't lecture, engage students even when providing instruction.

Examples



- *I noticed you focused mostly on physical function, but the person's occupational profile suggested significant issues with role participation at home. This is where using the Canadian Occupational Performance Measure (COPM; Law et al., 2019) can help guide goal-setting. Let's walk through how that could be applied here.*
- *In your assessment, it wasn't clear how you prioritized the person's meaningful occupations. In OT, we often start by identifying roles, routines, and interests. Would you like a quick overview of how to structure that using the COPM (Law et al., 2019)?*
- *The person expressed anxiety about returning to work, but that wasn't explored further. In OT, addressing psychosocial factors is key to holistic practice. Let's talk briefly about how we might integrate a cognitive-behavioural approach to support them.*
- *You did a great job building a therapeutic relationship, but you took over many of the tasks rather than enabling the person's participation. Let's go over the concept of 'just-right challenge' and how to grade activity demands.*
- *I noticed that during the task-based activity, you primarily relied on the person's unaffected side. While that helped complete the task efficiently, in neurorehabilitation we often aim to engage the affected limb to support motor recovery. This aligns with principles of motor learning, neuroplasticity, and task-oriented training. Let's take a moment to review how approaches like constraint-induced movement therapy (CIMT) can help promote functional use of the affected arm in meaningful daily activities.*

Ending the Analysis phase

It is important to end the Analysis phase in a clear and structured way to ensure that students consolidate what was discussed and are prepared to move into the final Summary phase. Without a clear ending, discussions can become unfocused, time can run over, or students may leave with unresolved questions. A thoughtful closing also reinforces key learning and brings the group back to the original learning objectives.

Here are suggested steps and example sentences you can use to effectively close the analysis phase:

1. Summarize the key learning points
   e.g., 'Let's take a moment to summarize what we've explored. We discussed how prioritizing the person's fatigue management impacted the overall intervention plan and how clearer team communication could have supported the outcome.'
2. Check for any remaining reflections or questions
   e.g., 'Is there anything else someone feels we should address before we move on? Any final thoughts or questions about what happened or why?'
3. Reconnect with the learning objectives
   e.g., 'These reflections tie closely to our objective today: [repeat learning objectives]'
4. Signal the transition to the summary phase
   e.g., 'Let's now take a moment to step back and think about what you're taking away from this experience.'

Overview of the advantages and disadvantages of the three aforementioned categories of debriefing methods

	Categories of debriefing methods		
	Student self-assessment *(e.g. plus/delta)*	**Focused facilitation** *(e.g. advocacy-inquiry)*	**Directive feedback and teaching**
✓	• Generates a broad list of desired/undesired actions and possible alternative strategies • Allows multiple issues to be identified in a short period (especially with plus/delta) • Well-suited for cognitive (knowledge) and psychomotor-based learning objectives; can be adapted to behavioural learning with skilled instructors • May lead to peer discussion. • Easier to master, especially for novice debriefers	• Uncovers the rationale behind actions, linked to professional reasoning and team behaviour. • Encourages exploration of issues raised by students themselves. • Promotes deep student reflection and ownership. • Can lead to rich, meaningful group dialogue. • Often reveals new issues not immediately apparent to the instructor. • Students may help answer each other's questions through peer interaction.	• Highly direct and time-efficient for closing knowledge or performance gaps • Instructor offers practical, actionable solutions • Ideal for addressing essential knowledge or psychomotor issues quickly. • Easy for students to understand and apply • Comparable to professional "just-in-time" teaching at the bedside
✗	• Students may be overly critical and identify many areas of improvement and few areas of strength • Difficult to uncover underlying rationale for action • Uncovers issues at a superficial level only and may limit deeper reflection • Instructor needs to recognize the importance of closing performance gaps once they are identified • Inaccurate assumptions made by instructor may lead to performance gaps that aren't closed properly	• Can be time consuming • Students' rationale for action may be difficult to elicit if they are not engaged or lack insight • More difficult to master	• Overuse of this approach may lead to the instructor doing all the talking • Not suited to uncover underlying rationale for action • Instructor may make an incorrect assumption about the underlying rationale for action and provide feedback and/or teaching that does not meet the students' needs or improve future performance • Direct feedback may be viewed as harsh if delivered ineffectively or prematurely without sufficient exploration • Limits discussion • May de-emphasizes student involvement • Does not promote self-reflection

Summary

The **Summary** phase is the final step of the debriefing and serves to consolidate key insights and reinforce the main learning points from the simulation. It helps students integrate feedback and reflection into their professional reasoning and future practice. This phase provides closure and gives instructors an opportunity to highlight core takeaways and connect them to occupational therapy practice and learning objectives.

Objectives



- Reinforce the key learning objectives of the simulation experience.
- Highlight both strengths and areas for improvement identified during the debriefing.
- Support transfer of learning to future occupational therapy contexts (e.g., practice placement).
- Provide emotional and cognitive closure to the session.

Do's and don'ts



- Ask students to summarize what they are taking away from the session.
- Emphasize how specific observations or decisions relate to OT reasoning or frameworks (e.g., MOHO (Kielhofner, 2008), PEO model (Law et al., 1996)).
- Highlight personal and professional growth opportunities.
- Provide affirmation of participation and efforts.
- End on a constructive and forward-looking note.



- Avoid introducing new feedback or critical insights at this stage, stick to consolidating previously discussed points.
- Don't overwhelm students with too many final thoughts; keep the summary focused and clear.
- Avoid making the summary instructor-centred only, invite student voices.

Examples



- *What is one thing you learned today that you'll take into your next interaction?*
- *How will this experience influence how you approach occupational therapy interventions?*
- *What was one strength and one growth area you identified in your practice today?*
- *How did this simulation help you think differently about person-centred care?*
- *What frameworks or models came to mind during this scenario?*

Conclusion

By using the PEARLS model in combination with the SimOT Compass, instructors create a structured, reflective, and competency-based debriefing process that promotes deep learning and professional growth. This approach ensures that simulation in occupational therapy education is not only realistic and engaging but also developmentally meaningful and directly tied to real-world practice.

General tips for effective debriefing using PEARLS framework:

- Establish trust and psychological safety at the start.
- Balance reflection and direction: Let students explore their reasoning before giving feedback.
- Be student-centred: Encourage self-assessment and shared problem-solving.
- Use specific examples from the simulation.
- Connect learning back to practice: Always link feedback to real-life occupational therapy contexts.

References

Bajaj, K., Meguerdichian, M., Thoma, B., Huang, S., Eppich, W., & Cheng, A. (2018). The PEARLS healthcare debriefing tool. Academic Medicine, 93(2), 336. https://doi.org/10.1097/ACM.0000000000002035

Debrief2Learn. (n.d.). Home – Debrief2Learn. https://debrief2learn.org/

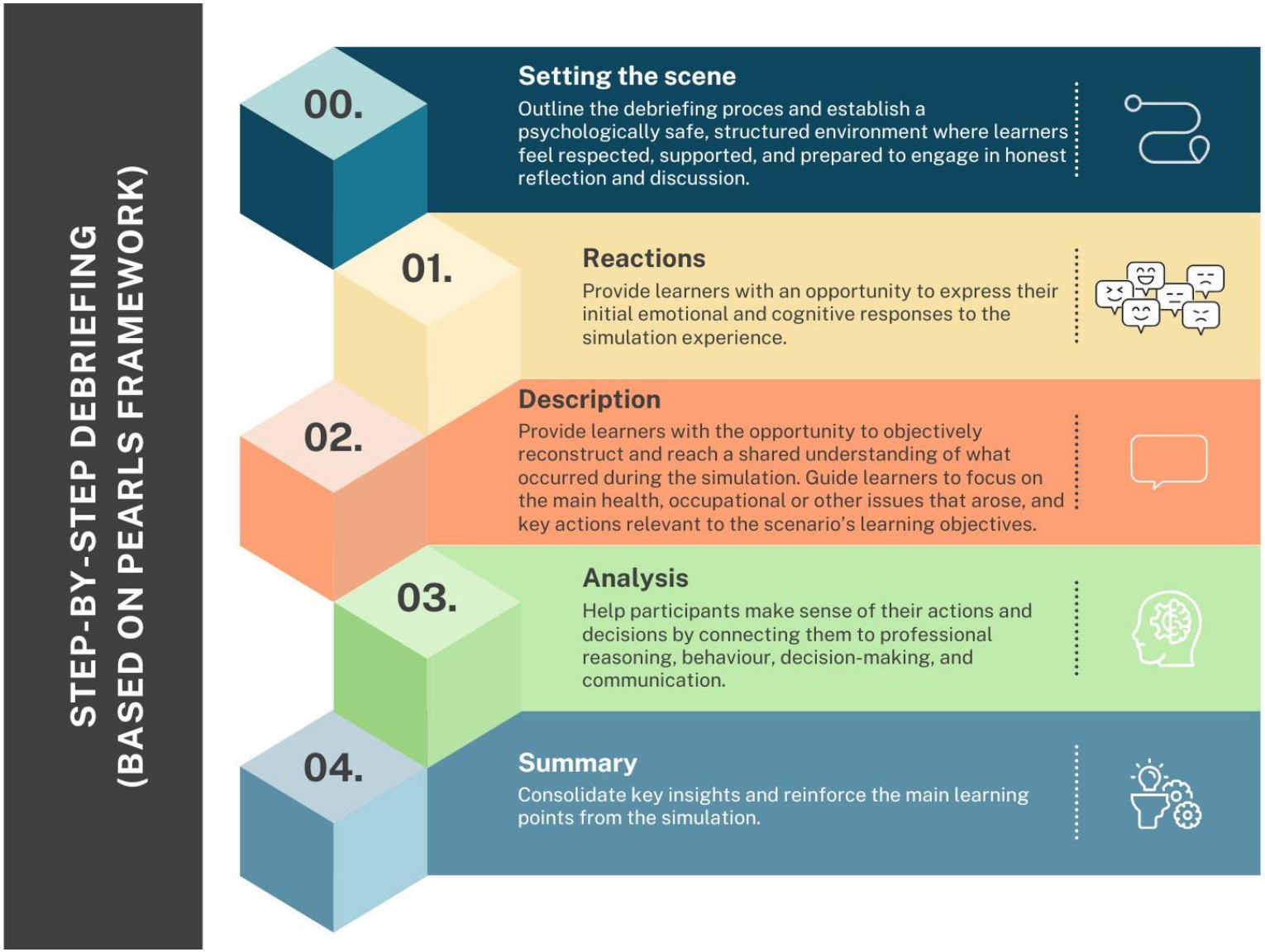
Kielhofner, G. (2008). Model of human occupation: Theory and application (4th ed.). Lippincott Williams & Wilkins.

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person–environment–occupation model: A transactive approach to occupational performance. Canadian Journal of Occupational Therapy, 63(1), 9–23. https://doi.org/10.1177/000841749606300103

Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H., & Pollock, N. (2019). Canadian Occupational Performance Measure (5th ed., revised). COPM Inc.

Sangster Jokić, C., Magerat, L., Bartolac, A., & Klepo, I. (2025). Competency framework and implementation guidelines for simulation-based learning in occupational therapy education. Zdravstveno veleučilište. https://simba.turkuamk.fi/

Annex 1: Debriefing template (based on PEARLS framework)

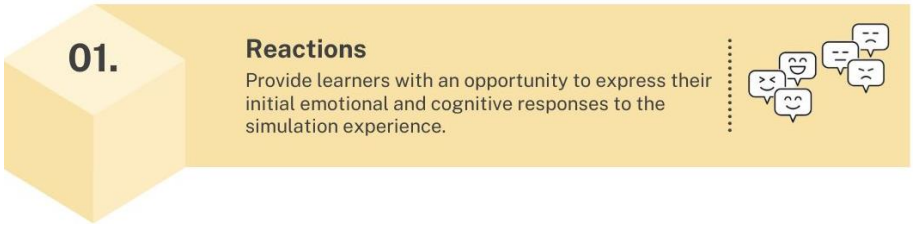


Setting the scene



Example sentences	
Role as instructor	'Welcome everyone. Before we start, I want to create a safe and supportive space for our discussion. My role here is to guide us through an open and honest conversation where you can reflect on your experience without any judgment. I won't be giving grades or points, this is about learning and growth through feedback.'
Expectations of participants	'I encourage each of you to share your thoughts and feelings openly, listen respectfully to your peers, and engage fully in the discussion. This will help us all learn more from the experience.'
Instructions for instructor	'We will begin by briefly going over the purpose and structure of this debrief. 1. First, I would like to hear how everyone is feeling now that the simulation is over. 2. Next, we will work together to describe the case to make sure we all have a shared understanding of what happened. 3. After that, we will discuss what went well during the simulation and what you might do differently next time. I am especially interested in what was going through your minds at different points. 4. Finally, we'll wrap up by summarizing the key takeaways and exploring how you can apply them in your future practice.'
Duration	'This whole debrief will take about […] minutes.'

Reactions

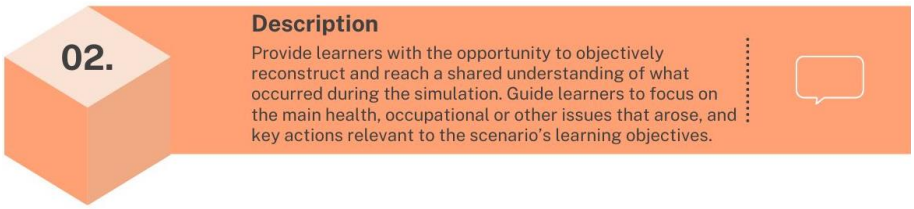


	Instructor question	For whom? *(OT, simulated participant, observer(s), …)*
Question 1		
Question 2		
Question 3		
Question 4		
Question 5		
Question 6		
Question 7		
Question 8		
Question 9		
Question 10		

Tips for the instructor

Focus area	Do	Example sentences/responses	Pitfall to avoid
Emotional expression	Give participants the space to express their emotions and reactions.	• 'How did it feel to...?' • 'What were you thinking when...?'	Ignoring or rushing past emotional responses
Recapping without analysing	Focus on gathering initial emotional and cognitive reactions without diving into analysis.	• 'What stood out to you right after the scenario?' • 'What were your first thoughts when it ended?'	Jumping into evaluation or problem-solving too early
Active listening	Reflect back on what participants say; ask clarifying or deepening questions.	• 'It sounds like you felt... Is that right?' • 'Can you explain that a bit more?'	Minimizing or overlooking what was shared
Involvement of everyone	Invite all students into the conversation, especially those who've been quiet.	• 'I'd like to hear from someone we haven't heard from yet. What was your impression?' • 'What did you observe?'	Letting only a few students dominate the discussion
Time management	Acknowledge time without creating pressure.	'We have about five minutes left for this part. What else would you like to share before we move on?'	Cutting emotional expression short or rushing the group

Description



	Instructor question	For whom?
Question 1		
Question 2		
Question 3		
Question 4		
Question 5		
Question 6		
Question 7		
Question 8		
Question 9		
Question 10		

Tips for the instructor

Focus area	Do	Example sentences/responses	Pitfall to avoid
Establish common understanding	Ensure all participants share a clear, unified understanding of the case.	'Can someone summarize the key events?'	Skipping the description phase or assuming shared understanding without verification.
Confirm multiple perspectives	Encourage several participants to share their insights to confirm consensus.	'What do you see as the core issues in this case?'	Failing to confirm or integrate different viewpoints.
Encourage participant-led sharing	Invite participants to voice their interpretations before instructor input.	'What was your interpretation of the situation?'	Instructor dominating the conversation by sharing their views too early.
Focus on key issues	Guide the discussion to concentrate on the most relevant points without analysis of performance for clarity and efficiency.	'Let's focus on the main issues that emerged.'	Focusing too much on every single event, getting caught up in too many details or skipping forward to analysis.
Record and acknowledge concerns	Note important concerns raised for deeper exploration during analysis.	'I hear that this point is important to you; we'll revisit it later.'	Ignoring or dismissing participant concerns, losing valuable insights.

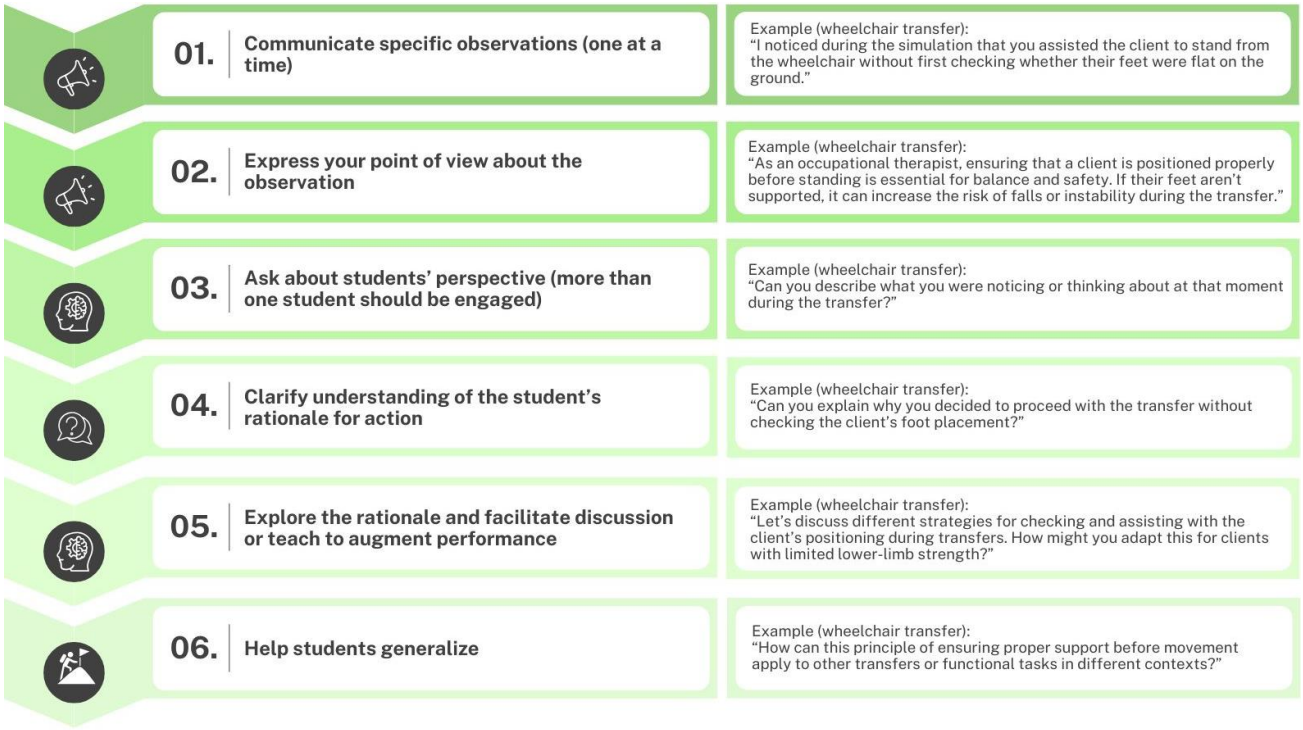
Analysis



Student self-assessment

plus/delta	Question
+	*Example: What went well during the simulation? (+)*
Δ	*Example: What would you do differently if you could do it again? (Δ)*
+	
Δ	
+	
Δ	
+	
Δ	
+	
Δ	

Focused facilitation

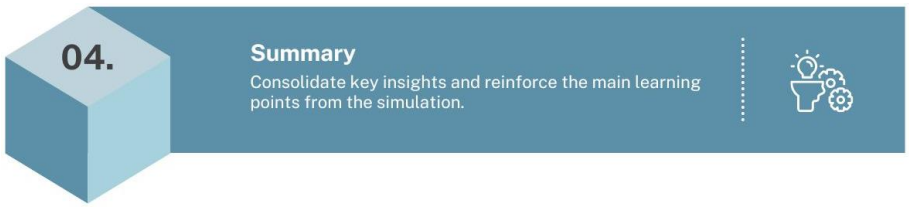


01. Observations *(or SimOT Compass)*	**02. Instructor's point of view**	**03. Clarifying students' perspective and rationale**
Example (communication): "You explained the therapy plan to the parents but I noticed that you used mostly technical jargon, and the parents looked confused at times."	Example (communication): "As an occupational therapist, it's important to communicate in language that is clear and understandable to parents or caregivers. Using too much technical terminology can create confusion and reduce engagement in the therapy process."	Example (communication): "Can you describe what you were focusing on during your explanation to the parents?" "Can you explain why you chose to use that terminology when speaking with the parents?"

Directive feedback and teaching

01. Observations *(or SimOT Compass)*	02. Provide relevant knowledge or tips

Summary



Aspect to address	Instructor prompts
Repeating learning points	'Today we discussed several key points. What stood out to you the most?'
Highlighting important insights	'Can each of you name one key takeaway you'd like to carry into your work?' 'How do you see it impacting your approach to fieldwork or practice?'
Application to practice	'Do you already see ways to use this in your own context or during fieldwork practice?'
Discussing action points	'What concrete actions will you take based on what we discussed?' 'What will be your first step in applying what you learned here?'
Reinforcing knowledge	'Are there any remaining questions or uncertainties about the strategies or techniques? […] Let's clarify those before we end.'

Tips for the instructor

Focus area	Do	Example sentences/responses	Pitfall to avoid
Manage time	Allocate enough time for a proper summary; signal clearly when it begins.	'We have 5 minutes left for the summary. Let's get started.'	Poor time management or rushing through the summary.
Engage participants	Invite participants to share their personal takeaways.	'What are you taking away from this session?'	Only the instructor speaks; participants are not involved.
Summarize clearly	Provide a concise summary based on what students shared.	'Can I summarize this as…?'	Instructor takes over without incorporating input.
Ensure shared understanding	Confirm that all key points are captured and understood.	'Does this reflect what we discussed?'	No check for understanding; important points may be missed.
Encourage application	Ask participants how they will apply what they've learned.	'How will you use these insights in your future fieldwork or practice?'	No link made between learning and real-world application.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario template for the development of SBL scenarios

AP UNIVERSITY OF APPLIED SCIENCES AND ARTS ANTWERP

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	
Key words	
Brief description	

Simulation setup

Simulation modality	Choose an item.		
Context			
Environment	☐ **Physical**	**Description**	
		Materials	
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		
Observer		

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*		
Prebriefing *Student preparation*		

Simulation activity		
Debriefing		

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials

Staff

Role	*Description*	Number

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation



WP4 A3 Scenario

Description	Learning materials

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	

References

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT-Tool)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour

Facilitation tips

Scenario flow

Start	
Participant state and action	
	Description
Expected learner action	

Key learning points	
Trigger for next action	

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Choose an action.	
Participant state and action	
	Description

Expected learner action	
Key learning points	
Trigger for next action	

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Choose an action.
Participant state and action

	Description
Expected learner action	
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Prebriefing thought-provoking questions

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	
Age	
Sex	
Personal factors	
Ethnicity and cultural context	
Reason the participant is seeking OT service and concerns related to engagement in occupations	

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
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Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
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Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

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Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

7.2 SimOT-Tool

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

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Other simulated participant *Please specify in extra information*		
Observer		

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Prebriefing *Student preparation*		

Simulation activity		
Debriefing		

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Domain B	
Domain C	
Domain D	
Domain E	
Domain F	

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Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials

Staff

Role	*Description*	Number

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	

References

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

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Choose an action.	
Participant state and action	
	Description

Expected learner action	
Key learning points	
Trigger for next action	

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Choose an action.
Participant state and action

	Description
Expected learner action	
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Prebriefing thought-provoking questions

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of simulated participant

Name	
Sex	
Personal factors	
Reason of contact between OT and simulated participant	

4.1.2 General information of simulated participant

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

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Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 1: First contact: Using the AOTA Occupational Profile with a low-vision geriatric client

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**First contact: Using the AOTA Occupational Profile with a low-vision geriatric client**
Key words	First contact, geriatric client interview, low-vision, diabetic retinopathy, DM type 2
Brief description	The simulation offers the opportunity to learn, practice and perform a structured occupational therapy interview while using the AOTA occupational profile in a safe and simulated environment. The client who is being interviewed has been diagnosed with visual impairment (diabetic retinopathy) as well as DM type 2. The aim of this simulation is to gather all information throughout the AOTA occupational profile and set an occupation-based goal with the client.

Simulation setup

Simulation modality	Role play		
Context	Freelance practice: This scenario was created to be conducted fully digitally via MS Teams, in the sense of a "teletherapy setting". *NOTE: There is also the possibility of doing the simulation in presence while using the SimStation for a digital component:*		
Environment	**☒ Physical**	**Description**	• printed case study • instructions for simulated client and student in the role of OT • AOTA occupational profile
		Materials	• 1 table • 2 chairs • 1 pen • glasses to simulate low-vision (diabetic retinopathy) • walking stick • three rooms required, containing the following description of the digital/virtual column
	☒ Digital/Virtual	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

		Materials	**1. Simulation Room (Scenario Room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation system components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations
			• Network connections to synchronize rooms
			• Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	The occupational therapist conducting the occupational therapy interview is being performed by the student.
Participant	1	In this scenario, the client attending the occupational therapy interview is being simulated by a student. (actor is possible)
Other simulated participant *Please specify in extra information*		
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor student's application of communication skills and interview protocol, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	Short client description and medical background information for everyone, followed by the role-division: • **OT** • **Client** • **Students observers**
Prebriefing *Student preparation*	45 minutes	**Plenum** Go to 2.b. student preparation
	10 minutes	**OT + Client (break-out rooms)** • The client is provided with equipment to help them get into role (Glasses to simulate low-vision and walking stick) and with the OT, they are also wired and fitted with headsets. **Students observers** • The group is given questions about what they should observe during the simulation and then give feedback (SimOT Compass).
Simulation activity	20 minutes	Conducting of the simulated learning scenario
Debriefing	40 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SimOT Compass.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	• Prepare for conducting an interview while reading the case scenario as well as the AOTA occupational profile • Conduct an interview with the client while using the AOTA occupational profile • Set a client-centred goal while using the AOTA occupational profile

Domain C: Developing and maintaining professional relationships and partnerships	Initiate, conduct and conclude the first occupational therapy interview with the geriatric client
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	Knowledge of the importance of activities for a person's health, knowledge of the occupational profile
Domain B	• Control the course of the conversation and the flow of the conversation (e.g., switch between topics, deal with silence or digressions from the topic, etc.). • Ask for relevant information for the occupational profile and maintain an activity-oriented focus during the interview. • Summary of the most important conclusions. • Ensuring that the client plays an active role and is taken seriously (e.g., obtaining confirmation of conclusions, agreeing on future steps with the client).
Domain C	• Beginning to build a professional relationship with a client using communication skills, including showing empathy. • Actively listening to the client and responding to their needs.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A.1.	Knowledge about occupation and meaningful activities throughout everyday living
Domain A.2.	Theoretical foundations of the OT profession
Domain B.1.	Knowledge about the AOTA occupational profile
Domain C.1.	General communication skills throughout the occupational therapy process

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Case study (Short client description, general information about the simulation and decision-making about the roles) • Blank occupational profile sheet (AOTA occupational profile) • Printed SimOT Compass with learning objectives (observable behaviour) for each student
Preparing the environment *(if the scenario is conducted in presence while using the SimStation)*	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Decision-making about the roles	One student is needed to play the occupational therapist and one student to simulate a client. The simulation is carried out as part of a role play. The occupational therapist must be played by a student, the client is also played by one student but can also be played by actors.

Staff

Role	*Description*	Number
OT educator/Instructors	In a typical simulation session, two instructors work together to guide, observe, and support the students. Their roles are complementary and help ensure a smooth, effective learning experience. *NOTE: If the scenario is conducted digitally, there is a need of only one teacher.*	2

Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides students to analyze their performance, identify strengths and weaknesses, and extract lessons learned. • Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	• Acts as the **technical operator and support instructor**.
	• Controls the simulation equipment and environment:
	  ○ Operates the simulated participant.
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, client documentation, and any environmental changes.
	• Observes participant behavior from a technical or clinical perspective and takes notes for the debriefing.
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	  ○ Highlights technical aspects or subtle details the students might have missed
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Students are informed about the client's diagnosis (diabetic retinopathy, DM Type 2) through PowerPoint slides during a lecture. It can be also only a short revision of the content.	• Students get (medical) information about visual impairments in general (or if more detailed is possible, the diagnosis of the client with diabetic retinopathy, DM Type 2). • Summaries of research articles and other visual materials throughout a PowerPoint presentation are followed by a short multiple choice - test (with no grading).
Students self-experience low-vision on oneself while using a low-vision glasses while conducting various ADL/IADLs to get a better understanding before meeting the client.	Low-vision glasses and necessary utensils so that one can carry out the activities of daily life like filling a glass with water, reading the newspaper.

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	

References

Cate, Y., Baker, S. S., & Gilbert, M. P. (1995). Occupational therapy and the person with diabetes and vision impairment. *The American Journal of Occupational Therapy*, 49(9), 905-911.

Finger, R. P., Fenwick, E., Marella, M., Dirani, M., Holz, F. G., Chiang, P. P. C., & Lamoureux, E. L. (2011). The impact of vision impairment on vision-specific quality of life in Germany. *Investigative ophthalmology & visual science*, 52(6), 3613-3619.

Hansell, C., Bissett, M., & Caine, A. M. (2023). The use of the term 'occupational profile' in occupational therapy and occupational science literature: A scoping review. *British Journal of Occupational Therapy*, 86(1), 5-19.

Kaldenberg, J., & Smallfield, S. (2020). Occupational therapy practice guidelines for older adults with low vision. *The American Journal of Occupational Therapy*, 74(2), 7402397010p1-7402397010p23.

Stitt, A. W., Curtis, T. M., Chen, M., Medina, R. J., McKay, G. J., Jenkins, A., ... & Lois, N. (2016). The progress in understanding and treatment of diabetic retinopathy. *Progress in retinal and eye research*, 51, 156-186.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Importance of client-centeredness demonstrates respect and creates a safe environment so that the person can openly express their needs.
Pay attention to physical safety and avoid fall risks.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.

Conduct a safety check of the environment
Look for potential hazards such as loose rugs, poor lighting, or unstable furniture, and address them before starting the session.

Adapt the space to the client's needs
Ensure accessibility (e.g., use of assistive devices, appropriate seating) and check regularly if the client feels physically secure.

Empower the client
Involve them in decision-making processes about their care and activities to promote autonomy and confidence.

Scenario flow

Start	
Participant state and action	
The client comes into the therapy room, where there is a table and two chairs.	
	Description
Expected learner action	• The therapist welcomes the client and greets her (*assists with seating if needed because of low vision if conducted in presence*). • Therapist introduces themselves (name, role, explains topic of the interview/occupational therapy approach to the interview, explains what occupational therapy is) and asks about the client's needs *(water, other assistance if needed because of low vision if conducted in presence).* • After the client has settled down, the therapist explains the purpose of the interview, what they will (in general) discuss, state the duration of the interview, confidentiality, and asks for permission to write information.

Key learning points	• Importance of client-centred care, showing respect and establishing a safe environment. • Orienting the client to the occupational therapy as profession, interview process, obtaining consent. • Starting to develop a professional relationship with a client using communication skills
Trigger for next action	• Completing the introduction. Posing the first open question of the interview while using the AOTA occupational profile about client's perspective of her own situation.

Action 1	
Participant state and action	
• Therapist conducts the interview in accordance with the AOTA occupational profile • Client answers questions in alignment with information received about the 'case study' to perform as authentically as possible.	
	Description
Expected learner action	Therapist leads the client through the interview process (e.g. goes through AOTA occupational profile regarding reasons the client is seeking service and concerns related to engagement in occupations, occupations in which the client is successful, personal interests and values, occupational history, performance patterns, physical environment, social environment, cultural context, personal context, temporal context, virtual context as well as the client's priorities and desired targeted outcomes; Writing down received information (verbal, observation).
Key learning points	• Managing the interview process and discussion flow (e.g. transitioning between topics, managing silence or digression from topic…). • Developing communication skills for posing questions and active listening. • Showing empathy (if relevant). • Taking notes. • Maintaining an occupational focus. • Offering client opportunities to add information that was not covered previously but is important to the client.
Trigger for next action	Performing the last step in the interview protocol (e.g. phrase an occupational based client goal). Announcing the final phase of the interview to the client.

Action 2	
Participant state and action	
Managing the last phase of the interview (appropriately concluding the interview)	
	Description
Expected learner action	• Announcing the conclusion of the interview *(e.g. We're coming to the end of our conversation.)* • Summarizing the information discussed during the interview, with a focus on occupational problems/outcomes and her client-centred goal for the OT. • Checking with the client whether there is anything else they would like to mention that hasn't been previously discussed. • Briefly announcing the plan for the next sessions
Key learning points	• Summarizing the most important conclusions. • Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps with the client).

Trigger for next action	Thanking the client for the cooperation.

End	
Participant state and action	
Discharge the client.	
	Description
Expected learner action	• Thanking the client for cooperation and saying goodbye. • Assisting the client to get up from the chair and accompany to the door
Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview. Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (simulated participant, student in the role of occupational therapist, student observers with their observation tasks). Facilitator leads discussion, provides feedback, and poses questions to prompt reflection on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:
• The content and procedures of the simulations, including any personal data shared.
• Observations and feedback received from or given to other students or instructors.

The students will not share or discuss any of this course-related information outside of the class.

2. Mutual respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:
• Open and constructive communication.
• Refraining from discriminatory or disrespectful remarks or actions.
• Acknowledging the individual learning processes and challenges of all students.
• Respecting the instructions and framework provided by the instructors.

3. Responsibility for the learning process
The students take responsibility for their own learning process and:
• Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
• Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

Why is it important to use a structured occupational profile when interviewing a client in occupational therapy?
How might a visual impairment such as diabetic retinopathy impact a person's ability to engage in daily activities?
In what ways can type 2 diabetes influence a client’s occupational performance and routines?
What strategies can you use to build rapport and trust during an initial interview?
How do you ensure client-centeredness when identifying meaningful goals during the occupational profile process?
Which aspects of the AOTA Occupational Profile are most relevant when working with a client with visual impairment and chronic illness?
How do your own biases or assumptions potentially affect the interview process?
What would you do if the client has difficulty expressing their goals or daily challenges?
How can you adapt your communication or interviewing techniques to accommodate the client's visual impairment?
Why is it important to link the information from the occupational profile to the development of an occupation-based intervention plan?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Liselotte Müller
Age	10.08.1947
Sex	female
Personal factors	She is married to a loving husband who, despite his own mobility issues, remains a steadfast partner. Her husband is 82 years old with low impairment. Together, they have two adult children; one lives nearby and frequently visits to help out, while the other lives abroad but stays in close contact through calls and video chats. Their three grandchildren bring immense joy to your life, and you cherish every moment spent with them, whether near or far.
Ethnicity and cultural context	Austrian, Native Language: German
Reason the participant is seeking OT service and concerns related to engagement in occupations	Low vision in ADLs, IADLs Reason for Referral: Assessment of problems in daily occupations, OT intervention focussing low vision

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitively intact, motivated, socially engaged. Occasionally worried about loss of independence.
Sensory functions and pain	Reduced visual acuity due to diabetic retinopathy, balance issues due to sensorimotor dysfunction. No reported chronic pain.
Neuromusculoskeletal and movement-related functions	Uses a walking stick; mild unsteadiness when walking.
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	Increasing difficulty with household tasks, e.g., cooking and cleaning, especially when reading labels or navigating cluttered spaces.
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.

Leisure and play	Enjoys cooking, storytelling, playing with grandchildren, hosting guests, and participating in book clubs

Environmental factors	
Physical environment	Lives in a 4th-floor apartment with elevator; 10-minute walk to public transport.
Social environment	Close relationship with husband, children, grandchildren, and friends.
Services, systems and policies	First OT referral; unsure about the role of occupational therapy. Previously received physical therapy.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitively intact, motivated, socially engaged. Occasionally worried about loss of independence.
Sensory functions and pain	As above in general information, with attention to vision loss.
Neuromusculoskeletal and movement-related functions	As above in general information, with balance concerns, and mild mobility issues
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	Increasing difficulty with household tasks, e.g., cooking and cleaning, especially when reading labels or navigating cluttered spaces.
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.
Leisure and play	Enjoys cooking, storytelling, playing with grandchildren, hosting guests, and participating in book clubs.

Environmental factors	
Physical environment	Lives in a 4th-floor apartment with elevator; 10-minute walk to public transport.
Social environment	Close relationship with husband, children, grandchildren, and friends.
Services, systems and policies	First OT referral; unsure about the role of occupational therapy. Previously received physical therapy.

5.2 Other relevant details

- Liselotte is kind, sociable, and motivated, but confused about the purpose of OT.
- This is her first OT session; she needs clear structure and reassurance.
- Important to explain what OT is and how it can support her specific goals.
- Strengths: resilience, supportive social network, meaningful roles in family and community.
- Challenges: adapting to visual changes, safely engaging in valued daily and leisure activities.

Therapist should:

- Build rapport and explain the OT role
- Use the AOTA profile to structure the interview

- Identify meaningful occupations and current difficulties
- Set a shared, occupation-based goal
- Be attentive to verbal and non-verbal cues indicating confusion, fatigue, or emotional stress

Materials provided:

- AOTA Occupational Profile (blank)
- Pen
- Completed IVI Questionnaire

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	No known cognitive impairments.
Sensory functions and pain	Reduced visual acuity due to diabetic retinopathy, balance issues due to sensorimotor dysfunction. No reported chronic pain.
Neuromusculoskeletal and movement-related functions	Walks with cane; vision affected by diabetic retinopathy; balance also reduced due to diabetic complications.
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	Increasing difficulty with household tasks, e.g., cooking and cleaning, especially when reading labels or navigating cluttered spaces.
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.
Leisure and play	Enjoys cooking, storytelling, playing with grandchildren, hosting guests, and participating in book clubs.

Environmental factors	
Physical environment	Lives in a 4th-floor apartment with elevator; 10-minute walk to public transport.
Social environment	Close relationship with husband, children, grandchildren, and friends.
Services, systems and policies	First OT referral; unsure about the role of occupational therapy. Previously received physical therapy.

6.2 Other relevant details

- You are a warm, welcoming person who is socially active and deeply values your role in the family.
- You enjoy storytelling, cooking, and spending time with grandchildren.
- You are unsure about the purpose of occupational therapy and are attending this appointment out of obligation.
- You sometimes feel frustrated about your declining vision, especially when cooking or reading.
- You support your husband, who also has some mobility restrictions.

Attitude:

Curious but hesitant. You may question the therapist's role or methods and compare it to previous experiences with physical therapy.

Materials for simulant:

- Glasses
- Walking stick

Scaffolding (Prompts/Lines):
You may say:

"What is occupational therapy?"

"How can you help me?"

"I've had therapy before, and it didn't help."

"I'd love to cook with my grandchildren more, but it's hard to read from the recipe books."

"What are you writing down?"

"Why do we need to set a goal? What does that mean?"

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How did the student establish rapport with Liselotte during the interview?
Was the purpose of occupational therapy explained clearly and understandably?
How did the student address the client's confusion or misconceptions about therapy?
In what ways did the student adapt the interview process to accommodate Liselotte's visual and balance impairments?
Did the student use the AOTA Occupational Profile effectively to identify strengths, challenges, and meaningful goals?
How well did the student support client-centred goal setting?
Were there missed opportunities to explore or deepen understanding of Liselotte's occupational needs or values?
How did the student conclude the session and support closure?

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The **SimOT Compass** is completed in advance by the teaching staff and **printed copies are provided to the observing participants** prior to the simulation.
- During the simulation, the observing participants use the SimOT **Compass** to **assess whether the observable learning objectives are being met**.
  They are instructed to **make written notes** about their observations in relation to each learning objective.
- As part of the **PEARLS debriefing process**, during **Phase 3: Analysis**, the observing participants use their notes and assessments from the SimOT Compass to **give structured feedback** to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT **Compass** as well and is asked to **complete a self-assessment** based on the same learning objectives. This allows for **reflection on their own performance and evaluation of learning goal achievement** from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed documents: • Printed case study • Instructions for client and OT • AOTA occupational profile
Physical environment (*if conducted in presence):* • 1 table • 2 chairs • 1 working T-shirt • 1 pen • 1 glasses to simulate low vision (diabetic retinopathy) • 1 walking stick
Three rooms (*if conducted in presence):* • SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system
Technical requirements (*if conducted in presence, otherwise only MS Teams):* • High-definition cameras (fixed and mobile) • High-quality microphones (room and lavalier if needed) • SimStation server and software suite (recording, playback, annotation) • Touchscreen controls or PC workstations • Network connections to synchronize room • Backup storage for session recordings

SIMBA

Simulation-based learning in occupational therapy education

First Contact: Using the AOTA Occupational Profile with a Low-Vision Geriatric Client

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Co-funded by the European Union

Definition of visual impairment

- Visual impairment is defined as a visual impairment that cannot be corrected by glasses, contact lenses, medication or surgery. Due to visual impairment, those affected have problems carrying out the activities of daily life (Definition of Low Vision, 2012).

- Visual acuity less than 20/60 despite the best possible correction
- Or a visual field restricted on both sides

Occupational Therapy Practice Guidelines for Older Adults with Low Vision (AOTA, 2020)

- On the basis of available findings, occupational therapy practitioners are encouraged to routinely use
- the following interventions with older adults with low vision:

✓ **Multicomponent low vision rehabilitation** to facilitate ADL and IADL performance, reading for occupational performance, and leisure and social participation

✓ **Eccentric viewing** with a restricted central visual field to improve reading performance using a technique that involves looking around the blind spot to see the desired object

- Use of the following interventions may be effective on a case-by-case basis:

✓ **Problem-solving training** to improve ADL and IADL performance, reading skills, and leisure and social participation

✓ Mainstream and **vision-specific technology** to enhance reading performance

✓ **Visual skills training** for clients with hemianopsia to improve reading skills.

Diabetic retinopathy

(as an example of a disease that leads to visual disorders)

- Diabetic retinopathy is one of the most common causes of blindness between the ages of 20 and 65 in Central Europe and North America (Hahn, 2012, p. 112).
- “In type 1 diabetics, retinopathy is present in up to 90% of patients after 15 to 20 years of diabetes. However, in type 2 diabetics, retinopathy is already present in one third of patients at the time of diagnosis of diabetes” (Diabetische Netzhauterkrankung, n.d.).

- Diabetic retinopathy primarily affects the retina. High blood sugar levels cause changes in the small blood vessels, resulting in insufficient blood supply to the retina (Diabetische Netzhauterkrankung, n.d.)
- Symptoms of diabetic retinopathy include an uncorrectable reduction in visual acuity and increased sensitivity to glare (Hahn, 2012, p. 112).
- Leads to blurred vision or scotomas in the entire visual field.

Diabetic retinopathy and OT

- **Challenges in self-management** of diabetes include a variety of daily living skills such as…

! controlling pharmaceutical regimens

! frequent blood glucose monitoring, meal planning and preparation

! caring for the skin and nails, and appropriate exercise.

- **Diligent adherence to daily routines** in each of these areas is essential to decrease the occurrence of additional complications arising from diabetes!

Diabetic retinopathy and OT

Focusing on diabetes management

- ✓ Incorporate the use of available adaptive equipment for the person who is visually impaired and has diabetes such as adaptive equipment to monitor blood glucose and to draw insulin.
- ✓ Adapt the task of checking blood glucose, or the equipment itself, around the individual parts of the activity that are difficult for the person to complete.
- ✓ Address limitations in activities of daily living, such as preparing meals, accessing recipes and food labels, weighing foods, and shopping for groceries. These tasks are important to maintain adequate dietary control needed for achieving targeted blood glucose levels.
- ✓ Evaluate the person's need to maintain an exercise regimen and an adequate balance of leisure activities, because of the importance these two tasks play in diabetes management.
- ✓ Note that nephropathy (kidney disease, another diabetes complication) might be present, which would require the person to self-manage peritoneal dialysis procedures. Adapting self-management techniques and equipment might be appropriate.
- ✓ Pay particular attention to upper and lower extremity sensory evaluation results reflecting sensory loss, another complication from diabetes called sensory neuropathy. Educate the person and emphasize safety precautions.

Diabetic retinopathy and OT

- Consider that the person **with diabetes will also be dealing with common problems** shared by other persons with **visual impairments**. Other tasks that may need to be addressed are…

! time telling

! Telephoning

! caring for clothing (setting laundry appliances, identifying clothes, completing minor sewing repairs, ironing)

! grooming and hygiene (identifying personal care items, applying makeup, shaving, taking care of nails)

! Housekeeping

! eating tasks (selecting utensils, serving and seasoning foods, pouring liquids, cutting foods)

! financial management

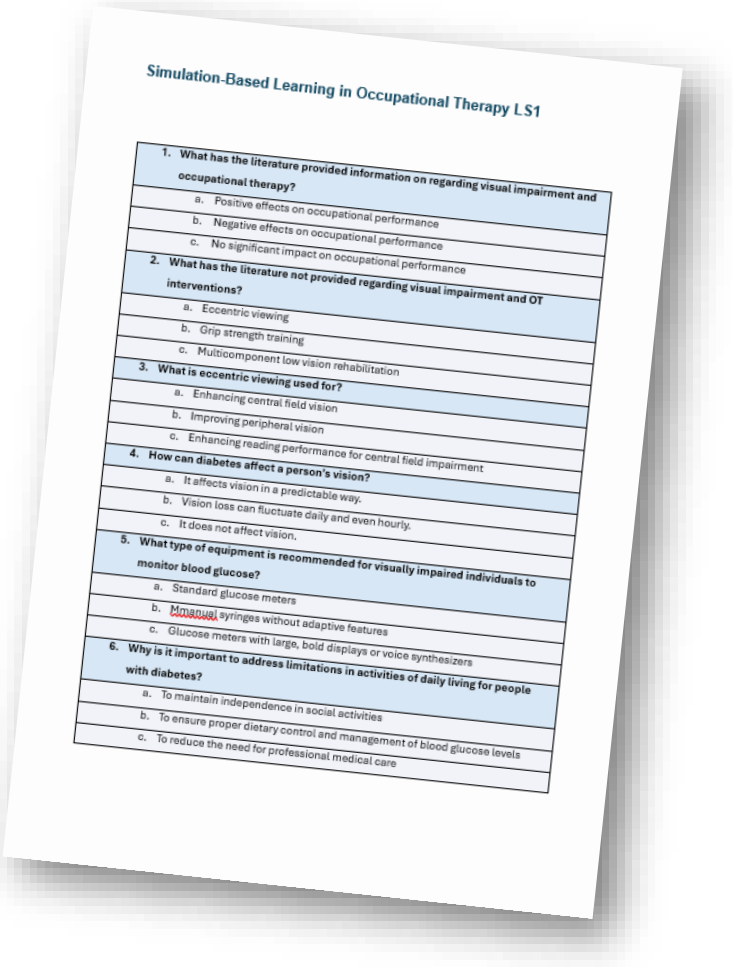
! Community integration

! functional mobility

Diabetic retinopathy and OT

Focusing on low vision

- ✓ Manipulate light sources as needed. This can be accomplished by increasing, decreasing, or changing light sources, as well as by using filters to reduce glare. Increase contrast through the use of colored tape or paint in the environment (such as steps), and equipment (such as pots and utensils) to increase visibility.
- ✓ Facilitate use of residual vision whenever possible. Use magnifiers and large print material as needed. These materials can include enlarged daily schedules, telephone numbers, and names. Information on use of remaining vision may be provided by a low vision specialist.
- ✓ Provide instructional materials and all types of information in an accessible medium when residual vision is not functional and when working with a person who is totally blind. Instruction in tactual methods of communication such as braille can be provided by rehabilitation teachers and other specialists working with persons who are totally blind.
- ✓ Allow extra time when teaching the use of adaptive equipment. Detailed descriptive verbal directions as well as hands-on demonstrations are often required for the visually impaired person to assimilate the information. Organize the environment and keep it consistent.
- ✓ Incorporate the use of other senses when appropriate, such as touch, proprioception, hearing, and smell. For example, use an insulin-drawing device that incorporates clicks that can be heard and felt, and represent one or two unit increments of insulin to be measured in the syringe.



Simulation-Based Learning in Occupational Therapy LS1

1. **What has the literature provided information on regarding visual impairment and occupational therapy?**
   a. Positive effects on occupational performance
   b. Negative effects on occupational performance
   c. No significant impact on occupational performance
2. **What has the literature not provided regarding visual impairment and OT interventions?**
   a. Eccentric viewing
   b. Grip strength training
   c. Multicomponent low vision rehabilitation
3. **What is eccentric viewing used for?**
   a. Enhancing central field vision
   b. Improving peripheral vision
   c. Enhancing reading performance for central field impairment
4. **How can diabetes affect a person's vision?**
   a. It affects vision in a predictable way.
   b. Vision loss can fluctuate daily and even hourly.
   c. It does not affect vision.
5. **What type of equipment is recommended for visually impaired individuals to monitor blood glucose?**
   a. Standard glucose meters
   b. Mmanual syringes without adaptive features
   c. Glucose meters with large, bold displays or voice synthesizers
6. **Why is it important to address limitations in activities of daily living for people with diabetes?**
   a. To maintain independence in social activities
   b. To ensure proper dietary control and management of blood glucose levels
   c. To reduce the need for professional medical care

MULTIPLE CHOICE

Containing questions of low vision and diabetes







SELF-EXPERIENCE
of impaired/low-vision while conducting various activities of daily living









Case presentation



- **Name**: Lieselotte Müller
- **Date of birth**: 10.08.1947
- **Diagnoses:**
- Diabetes mellitus type 2 (E11.3†)
- Diabetic retinopathy (H36.0*)
- **Medical history:**
- Mrs. Müller just got home from her physician, from whom she got a prescription for occupational therapy since her vision has degraded the last few months due to her diagnosis diabetic retinopathy. Since she also had fallen quite a few times already, her physician wants to have a look from an OT.

15 MINUTE BREAK

PREBRIEFING

Client

The student, who is in the role of the client, knows that the upcoming situation is a first contact with his/her OT. Based on the case study and the provided material, the student can briefly prepare herself/himself for the situation.

Observer group and OT

The OT together with the group gets all the information of the full case study about the client. The student, who is in the role of the OT, knows that the upcoming situation is a first contact with a geriatric client with low-vision. Based on the case study and the provided material, he/she can briefly prepare herself for the situation with the group.

Occupational profile (AOTA, 2020)

OCCUPATIONAL PROFILE		
Client Report	**Reason the client is seeking service and concerns related to engagement in occupations (p. 16)**	Why is the client seeking services, and what are the client's current concerns relative to engaging in occupations and in daily life activities? (This may include the client's general health status.)
	Occupations in which the client is successful and barriers impacting success (p. 16)	In what occupations does the client feel successful, and what barriers are affecting their success in desired occupations?
	Occupational history (p. 16)	What is the client's occupational history (i.e., life experiences)?
	Personal interests and values (p. 16)	What are the client's values and interests?

SAMPLE

Occupational profile (AOTA, 2020)

		What aspects of their contexts (environmental and personal factors) does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement?	
Contexts	Environment (p. 36) (e.g., natural environment and human-made changes, products and technology, support and relationships, attitudes, services, systems and policies, etc.)	Supporting Engagement	Inhibiting Engagement
	Personal (p. 40) (e.g., age, sexual orientation, gender identity, race and ethnicity, cultural identification, social background, upbringing, psychological assets, education, lifestyle, etc.)	Supporting Engagement	Inhibiting Engagement
Performance Patterns	Performance patterns (p. 41) (e.g., habits, routines, roles, rituals)	What are the client's patterns of engagement in occupations, and how have they changed over time? What are the client's daily life roles? (Patterns can support or hinder occupational performance.)	

		What client factors does the client see as supporting engagement in desired occupations, and what aspects are inhibiting engagement (e.g., pain, active symptoms)?	
Client Factors	Values, beliefs, spirituality (p. 51)	Supporting Engagement	Inhibiting Engagement
	Body functions (p. 51) (e.g., mental, sensory, neuromusculosketal and movement related, cardiovascular functions, etc.)	Supporting Engagement	Inhibiting Engagement
	Body structures (p. 54) (e.g., structures of the nervous system, eyes and ears, related to movement, etc.)	Supporting Engagement	Inhibiting Engagement
Client Goals	Client's priorities and desired targeted outcomes (p. 65)	What are the client's priorities and desired targeted outcomes related to the items below?	
		Occupational Performance	
		Prevention	
		Health and Wellness	
		Quality of Life	
		Participation	
		Role Competence	
		Well-Being	
		Occupational Justice	

SAMPLE

PREPARATION

OT + Client

The OT is provided with equipment to help him/her get into role (working t-shirt as an OT) and is also wired and fitted with a headset. Based on the case study and the provided material, the student can briefly prepare herself/himself for the situation.

The client is provided with equipment to help them get into role (glasses, walking stick) and is also wired and fitted with headsets.

Group

The group is given questions about what they should observe during the simulation and then give feedback.

SIMULATION

DEBRIEFING

Literatur

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy, 74*(Suppl. 2), 7412410010. https://doi.org/10.5014/ajot.2020.74S2001.
- Bronstein, A. & Lempert, T. (2017). Schwindel: Praktischer Leitfaden zur Diagnose und Therapie. 2. Auflage, Schattauer.
- bfu. (2015). Checkliste Wohnraumabklärung - Checkliste für den Einsatz in Privathaushalten. Download am 06. Mai 2024, von https://www.ergotherapie.ch/download.php?cat=6JLvL2DYoAPKasSNvUf3Dw%3D%3D&id=333
- Cate, Y., Baker, S. S., & Gilbert, M. P. (1995). Occupational therapy and the person with diabetes and vision impairment. *The American Journal of Occupational Therapy*, 49(9), 905-911.
- Cory, P. (2020). *Mit Sehbeeinträchtigungen im Alltag klarkommen: Förderung lebenspraktischer Fähigkeiten.* München: Ernst Reinhardt Verlag.
- *Diabetische Netzhauterkrankung.* (o.J.). Download vom 20. September 2016, von http://www.augen.at/patienteninformation/diabetische_retinopathie.php
- Hahn, G-A. (2012). *Kurzlehrbuch Augenheilkunde.* 1. Auflage, Stuttgart: Thieme Verlag.
- Kaldenberg, J., & Smallfield, S. (2019). Ältere Menschen mit Sehbeeinträchtigungen (M. le Granse, B. Dehnhardt, & U. Roentgen, Übers.; 1. Auflage, deutschsprachige Ausgabe). Hogrefe.
- Kaldenberg, J., & Smallfield, S. (2020). Occupational therapy practice guidelines for older adults with low vision. *The American Journal of Occupational Therapy*, 74(2), 7402397010p1-7402397010p23.
- Schädler, S. (2016). Gleichgewicht und Schwindel: Grundlagen, Untersuchung und Therapie. 1. Auflage, Elsevier GmbH München, Urban & Fischer.
- Schädler, S. (2019). Ratgeber Schwindel: Grundlagen, Tipps und Übungen für Betroffene. 1. Auflage, Elsevier GmbH München, Urban & Fischer.
- Videbis. (2024). *Simulation von Sehbeeinträchtigungen*. Videbis GmbH

Simulation-Based Learning in Occupational Therapy LS1

1. What has the literature provided information on regarding visual impairment and occupational therapy?
a. Positive effects on occupational performance
b. Negative effects on occupational performance
c. No significant impact on occupational performance
2. How can diabetes affect a person's vision?
a. It affects vision in a predictable way.
b. Vision loss can fluctuate daily and even hourly.
c. It does not affect vision.
3. What type of equipment is recommended for visually impaired individuals to monitor blood glucose?
a. Standard glucose meters
b. Mmanual syringes without adaptive features
c. Glucose meters with large, bold displays or voice synthesizers
4. Why is it important to address limitations in activities of daily living for people with diabetes?
a. To maintain independence in social activities
b. To ensure proper dietary control and management of blood glucose levels
c. To reduce the need for professional medical care

5. What precautions should be taken when incorporating an exercise program for a person with diabetes?
a. Avoidance of any physical activity
b. Special considerations for eye conditions, vision loss, and other diabetes complications
c. Only engage in high-intensity exercises
6. How can light sources be manipulated to assist individuals with visual impairments?
a. By only using natural light
b. By increasing, decreasing, changing light sources and using filters to reduce glare
c. By avoiding the use of any light sources
7. When teaching visually impaired individuals, which senses can be incorporated to enhance learning and adaptation?
a. Touch, proprioception, hearing, and smell
b. Only visual and auditory senses
c. Taste and visual senses only

Solutions: 1a, 2b, 3c, 4b, 5b,

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Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 2 : Making breakfast work: ADL observation and assistive advice after a wrist fracture

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Making breakfast work: ADL observation and assistive advice after a wrist fracture**
Key words	Second contact, geriatric client, consultation of devices for the independent preparation of breakfast, diabetic retinopathy, DM type 2, Adaptive techniques and suggestions for adaptive/assistive devices equipment to prepare breakfast independently
Brief description	The simulation offers the opportunity to learn, practice and perform a structured observing situation and giving feedback on the activity in a safe and simulated environment. The client who is being observed has been diagnosed with diabetic retinopathy as well as DM type 2 and has restrictions on movement and strength of the dominant hand because of a radius fracture after falling on the ground. The aim of this simulation is to observe the everyday situation "preparing breakfast" and identify relevant restrictions based on the diagnoses. The aim of the therapy session is to provide advice counselling so that the client can prepare breakfast on her own. The therapist should consider pain and movement restrictions and suggest useful devices.

Simulation setup

Simulation modality	Role play		
Context	Freelance practice		
Environment	☒ **Physical**	**Description**	• Three rooms required, containing the following description of the digital/virtual column • Materials for carrying out the ADL task “Preparing breakfast” • Provide devices for trying out
		Materials	• Three rooms required; Simulation room should be equipped with: 2 Table, 2 Armchairs • Materials for ADL task: Bread, jam jars, butter and butter dish, chopping board, various knives (for example knives with an angled handle), plates • Devices: Tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc.
	☒ **Digital/Virtual**	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

			NOTE: This scenario can be also conducted fully digitally via MS Teams, in the sense of a "teletherapy setting".

		Materials	**1. Simulation room (Scenario room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation system components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations
			• Network connections to synchronize rooms

			• Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	The occupational therapist conducting assistive device consultations is being performed by the student.
Participant	1	In this scenario, the client attending assistive device consultations is being simulated by a student. (actor is possible)
Other simulated participant *Please specify in extra information*	-	
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor student's application of communication skills and assistive device consultations, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	Short client description and medical background information for everyone, followed by the role-division: • **OT** • **Client** • **Student observers**
Prebriefing *Student preparation*	45 minutes	**Plenum** Go to 2.b. student preparation
	10 minutes	**Observers** • The group is given questions about what they should observe during the simulation and then give feedback. **OT + client (separate room)** • The client is provided with equipment to help them get into role (glasses, right hand bandage) and with the OT they are also wired and fitted with headsets.
Simulation activity	20 minutes	Conducting of the simulated learning scenario
Debriefing	30-45 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SimOT Compass.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	• Experience low-vision on oneself while using a low-vision glasses while conducting various ADL/IADLs. • Identify relevant occupational therapy information from existing findings to support the client's autonomy in breakfast preparation. • Evaluate the effects of the injury on the client's ability to engage in breakfast-related activities and address environmental factors affecting independence.

Domain B: Managing and conducting OT process	• Demonstrate adaptive techniques and suggest appropriate adaptive/assistive devices for the client to independently prepare breakfast following a distal radius fracture post-status after 8 weeks. • Implement therapies based on professional knowledge and experience, focusing on enabling the client to independently perform breakfast-related activities. • Conduct educational discussions with the client, establishing trust and providing guidance on adaptive techniques and assistive devices for breakfast preparation • Consider cultural and religious factors when recommending adaptive techniques and assistive devices for breakfast preparation. • Apply the occupational therapy process, including assistive device consultations, to facilitate the client's autonomy in breakfast preparation specifically tailored to their radius fracture. • Provide practical guidance on adaptive techniques and assistive devices for breakfast preparation, ensuring they align with the client's activity goals.
Domain C: Developing and maintaining professional relationships and partnerships	• Actively listening to the client and responding to their needs
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• The student will demonstrate at least one adaptive techniques together with the client during the practical preparation of breakfast, addressing functional limitations caused by the distal radius fracture. • The student will actively guide the client in using at least one appropriate assistive device (e.g., one-handed cutting board, jar opener) during breakfast preparation, providing clear and supportive instructions. • The student will observe the client’s movements and difficulties during the task and adjust the choice or use of assistive devices based on the client’s needs in real-time.
Domain C	• Actively listening to the client and responding to their needs. • The student explains the purpose and safe handling of the assistive devices in a respectful and trust-building manner.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A.1.	Knowledge about occupation (preparing breakfast) itself
Domain A.2.	Knowledge of current treatment for a distal radius fracture
Domain A.5.	Knowledge of background info about distal radius fractures (drf)
Domain C.1.	General communication skills throughout the occupational therapy process

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Case study (Short client description, general information about the simulation and decision-making about the roles) • Materials for ADL Task: Bread, jam jars, butter and butter dish, chopping board, various knives (for example knives with an angled handle), plates • Devices: Tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc • Printed SimOT Compass with learning objectives (observable behaviour) for each student
Preparing the environment	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Prepare Simulation Room	Ensure that all materials are available on site (pictures, devices...) and that all documents needed for the students are printed out. • There is a therapy room that is equipped like an occupational therapy practice. In the room there is a table, two chairs and various devices (Tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc.) or pictures of them. • In addition, a separate table should be prepared: Material for carrying out the ADL task: Making jam sandwiches
Decision-making about the roles	• One student is needed to play the occupational therapist and one student to simulate a client. • The simulation is carried out as part of a role play. The occupational therapist must be played by a student, the client is also played by one student, but can also be played by actors.

Staff

Role	*Description*	Number
OT educator/Instructors	In a typical simulation session, two instructors work together to guide, observe, and support the students. Their roles are complementary and help ensure a smooth, effective learning experience.	2
Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides students to analyze their performance, identify strengths and weaknesses, and extract lessons learned. • Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	• Acts as the **technical operator and support instructor**.
	• Controls the simulation equipment and environment:
	  ○ Operates the patient manikin or guides the standardized patient.
	  ○ Adjusts vital signs, sounds, or scenario cues in real-time to reflect participant actions.
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, patient documentation, and any environmental changes.
	• Observes participant behavior from a technical or clinical perspective and takes notes for the debriefing.
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	  ○ Highlights technical aspects or subtle details the students might have missed.
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Students get information about the diagnosis of the client (diabetic retinopathy, DM Type 2, radius fracture) through PowerPoint slides during a lecture.	PDF of PowerPoint slides on diagnosis of diabetic retinopathy, radius fracture and dizziness/vertigo
Students self-experience low-vision on oneself while using a low-vision glasses while conducting various ADL/IADLs to get a better understanding before meeting the client.	Low-vision glasses
Students should be able to: demonstrate adaptive techniques and suggest appropriate adaptive/assistive devices for the client to independently prepare breakfast following a distal radius fracture post-status after 8 weeks. The students have an overview of devices that can be helpful in preparing breakfast (tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc.).	Experimenting with various devices that can aid in breakfast preparation (tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc.) and understanding the advantages and disadvantages of each assistive tool.
OT: The student, who is in the role of the OT, knows that the upcoming situation is a assistive device consultations and is shown all the material for carrying out the ADL task: Making jam sandwiches and prepared devices. Based on the case study and the provided material, she/he can briefly prepare herself/himself for the situation. She/He is also given a headset.	• material for carrying out the ADL task • devices • Written case study • headset
Client: The student, who is in the role of the client, is provided with equipment to help them get into role (glasses, right hand bandage) and with the OT they are also wired and fitted with headsets.	• The client is provided with equipment to help them get into role (glasses, right hand bandage) and with the OT they are also wired and fitted with headsets. • Instructions for client
The group is given questions about what they should observe during the simulation and then give feedback.	• Pictures of devices and adaptation options • Written case study • Questions

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	45 minutes: individually/group, required before starting the simulation
☐ **Post-SBL assignment**	

References

Corn, A. L., & Erin, J. N. (2010). Foundations of low vision: Clinical and functional perspectives. American Foundation for the Blind.

Fong, D. S., Aiello, L., Gardner, T. W., King, G. L., Blankenship, G., Cavallerano, J. D., ... & American Diabetes Association. (2003). Diabetic retinopathy. Diabetes care, 26(suppl_1), s99-s102.

Hansell, C., Bissett, M., & Caine, A. M. (2023). The use of the term 'occupational profile' in occupational therapy and occupational science literature: A scoping review. British Journal of Occupational Therapy, 86(1), 5-19.

Stitt, A. W., Curtis, T. M., Chen, M., Medina, R. J., McKay, G. J., Jenkins, A., ... & Lois, N. (2016). The progress in understanding and treatment of diabetic retinopathy. Progress in retinal and eye research, 51, 156-186.

Thomas, H. (2022). Occupational and activity analysis. Slack Incorporated

German references:

- Koesling, C.& Bollinger Herzka, T. (2008). Ergotherapie in der Orthopädie, Traumatologie und Rheumatologie. Thieme Verlag
- Kromer, T. (2013) Rehabilitation der oberen Extremität. Springer Verlag
- Kaldenberg, J., & Smallfield, S. (2019). Ältere Menschen mit Sehbeeinträchtigungen (M. le Granse, Hrsg.; B. Dehnhardt & U. Roentgen, Übers.; 1. Auflage, deutschsprachige Ausgabe). Hogrefe.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Importance of client-centeredness demonstrates respect and creates a safe environment so that the person can openly express their needs.
Pay attention to physical safety and avoid fall risks.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.

Conduct a safety check of the environment
Look for potential hazards such as loose rugs, poor lighting, or unstable furniture, and address them before starting the session.

Adapt the space to the client's needs
Ensure accessibility (e.g., use of assistive devices, appropriate seating) and check regularly if the client feels physically secure.

Empower the client
Involve them in decision-making processes about their care and activities to promote autonomy and confidence.

Scenario flow

Start	
Participant state and action	
Client sits on a chair.	
	Description

Expected learner action	The therapist welcomes the client, greets her, and invites her to sit on a chair (assists with seating if needed because of low vision). Therapist introduces themselves (name, role, explains topic of the interview/occupational therapy approach to the interview, explains what occupational therapy is) and asks about the patient's needs (water, other assistance). After the client has settled down, the therapist explains the purpose of the therapy session, what they will (in general) discuss, states the duration of the interview, confidentiality, and asks for permission to write information.
Key learning points	Importance of patient-centred care, showing respect and establishing a safe environment. Orienting the client to the occupational therapy as profession, interview process, obtaining consent. Starting to develop a professional relationship with a client using communication skills
Trigger for next action	Completing the introduction. The therapist explains the course of the therapy session and explains that this is an aid assessment so that the client can achieve the desired goal. The aim is to prepare breakfast independently (cut bread, open jam jar, spread butter on bread).

Action 1

Participant state and action

The therapist asks the client to perform the ADL-tasks once (spreading jam bread with prepared material)

Client performs the ADL task and has movement restrictions, particularly in supination/pronation, when unscrewing the lid of the jam jar, when cutting with a 'normal bread knife' and also reports slight pain in some cases.

The visual impairment also means that the activity cannot be carried out at a normal pace but is slowed down.

	Description
Expected learner action	• Managing the observing situation and discussion flow (e.g. transitioning between topics, managing silence or digression from topic…). • Therapist prepares all the materials required to perform the ADL task • Developing communication skills for posing questions and active listening. • Showing empathy (if relevant). • Taking notes. • Therapist observes the situation. Maintaining an occupational focus. • Offering client opportunities to add information that could not be observed (e.g. pain) but is important to the client.
Key learning points	• Managing the interview process and discussion flow (e.g. transitioning between topics, managing silence or digression from topic…). • Developing communication skills for posing questions and active listening. • Showing empathy (if relevant). • Taking notes. • Maintaining an occupational focus. • Offering client opportunities to add information that was not covered previously but is important to the client.
Trigger for next action	After the activity has been carried out, the therapist moves on to device counselling (e.g. phrase an occupational based client goal).

Action 2	
Participant state and action	
• After the activity has been carried out, the therapist shows assistive devices that make it easier to prepare breakfast, cause less pain and compensate for movement restrictions. • Therapist shows various devices (Tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc.) or pictures of them. • The therapist has the client use aids and asks whether they are helpful.	
	Description
Expected learner action	• Therapist writes down which devices are helpful. • Therapist summarises which devices support the preparation of breakfast and agrees with the client which ones he wants to buy with a focus on occupational problems/outcomes. • Checking with the client whether there is anything else they would like to mention that hasn't been previously discussed. • Announcing the conclusion of the interview (e.g. We're coming to the end of our conversation.) • Briefly announcing the plan for the next sessions (for example: Therapist explains that there are also action strategies that can be practised during the next therapy sessions.)
Key learning points	Summarizing the most important conclusions. Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps **with** the client).
Trigger for next action	Thanking the client for the cooperation.

End	
Participant state and action	
Discharge the patient.	
	Description
Expected learner action	Thanking the client for cooperation and saying goodbye. Assisting the client to get up from the chair and accompany to the door
Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview. (Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (role player/simulant, OT/student, student observer with their observation tasks). Facilitator leads discussion, provides feedback, and poses questions to prompt reflect on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:
• The content and procedures of the simulations, including any personal data shared.
• Observations and feedback received from or given to other students or instructors.

The students will not share or discuss any of this course-related information outside of the class.

2. Mutual Respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:
• Open and constructive communication.
• Refraining from discriminatory or disrespectful remarks or actions.
• Acknowledging the individual learning processes and challenges of all students.
• Respecting the instructions and framework provided by the instructors.

3. Responsibility for the Learning Process
The students take responsibility for their own learning process and:
• Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
• Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

What physical challenges might a person face when preparing breakfast independently after a distal radius fracture — especially if the dominant hand is affected?
How might pain, limited grip strength, or reduced range of motion influence common breakfast-related tasks such as opening containers, using cutlery, or pouring liquids?
What visual limitations are associated with diabetic retinopathy, and how might these impair the ability to safely and effectively prepare breakfast?
What are potential safety risks during breakfast preparation for someone with a visual impairment and a high fall risk? What environmental adaptations could help?
What assistive devices or adaptive strategies could support independence during breakfast preparation for this specific client?
What fine motor and visual-perceptual skills are needed to prepare a simple breakfast? How might these be compromised in this case?
How does breakfast typically look in your cultural context? What foods, tools, and routines are common?
Could cultural or religious practices influence how breakfast is prepared or what is eaten? How can you remain respectful and responsive to those needs as a therapist?
How can you create a respectful, client-centred environment that encourages the client to express their preferences and needs during the session?
What role does the therapist take in balancing support and independence during this activity?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Liselotte Müller
Age	10.08.1947
Sex	female
Personal factors	She is married to a loving husband who, despite his own mobility issues, remains a steadfast partner. Her husband is 82 years old with low impairment. Together, they have two adult children; one lives nearby and frequently visits to help out, while the other lives abroad but stays in close contact through calls and video chats. Their three grandchildren bring immense joy to your life, and you cherish every moment spent with them, whether near or far.
Ethnicity and cultural context	Austrian, Native Language: German
Reason the participant is seeking OT service and concerns related to engagement in occupations	Mrs. Müller has been referred to occupational therapy for the assessment of difficulties in performing daily activities due to low vision and a recent distal radius fracture. She experiences pain in her dominant wrist and reports challenges in preparing her breakfast independently. Her main concern is to regain independence in this meaningful daily task. She hopes to receive support through the introduction and training of helpful assistive devices, as well as the opportunity to try them out with the occupational therapist.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitively intact, motivated, socially engaged. Occasionally worried about loss of independence.
Sensory functions and pain	Visual impairment due to diabetic retinopathy; pain level VAS 5 on exertion in the affected (right) hand.
Neuromusculoskeletal and movement-related functions	Limited extension and flexion (up to 30°), significantly reduced supination, limited pronation; reduced hand/finger strength after immobilization.
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	Difficulty performing breakfast tasks such as cutting bread, opening jars, and spreading butter/jam due to wrist limitations and visual impairment.

Productivity *(including (paid) work and education)*	Retired; no current paid work.
Leisure and play	Enjoys cooking, socializing with friends, and playing with grandchildren.

Environmental factors	
Physical environment	Lives with husband in a flat (1st floor with elevator); access to public transport within 10 minutes' walking distance
Social environment	Married, two adult children (living away), three grandchildren, active social life.
Services, systems and policies	Second OT referral; unsure about the role of occupational therapy.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Observations	Observed limitations in grasping, cutting, spreading, and opening jars due to limited wrist motion and reduced grip. Safety risks identified due to reduced balance and impaired vision.	

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cooperative, clear communication, motivated.
Sensory functions and pain	Diabetic retinopathy (reduced contrast sensitivity, blurred vision); pain during activity (VAS 5).
Neuromusculoskeletal and movement-related functions	Reduced range of motion and grip strength due to 8-week post-fracture healing.
Voice and speech functions	No limitations.
Other	
Activities and participation	
Self-care and domestic life	Needs support and device-based adaptations to regain independence in food-related tasks.
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.
Leisure and play	Still active; meaningful roles include caregiver, cook, social host.

Environmental factors	
Physical environment	Lives in a 1st-floor apartment with elevator; 10-minute walk to public transport. Stable home environment, minor architectural barriers.
Social environment	Lives with husband (also mobility impaired), engaged family and friend network.
Services, systems and policies	Second OT referral; unsure about the role of occupational therapy. Previously received physical therapy.

5.2 Other relevant details

Assessment and results:

- Thomas's activity analysis reveals difficulty with cutting and spreading due to limited pro-/supination and grip strength.
- Vision-related challenges include identifying food textures, pouring liquids, and handling utensils safely.

Other relevant details:

- Highly values autonomy and her role in the household.
- Therapist should balance encouragement with safety considerations.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	No known cognitive impairments.
Sensory functions and pain	• You have pain in your right hand when using it (VAS 5). • You find it hard to twist or move your wrist, and you feel weak when using your hand. • Your vision is blurry and you may have trouble seeing fine details.
Neuromusculoskeletal and movement-related functions	Walks with cane; vision affected by diabetic retinopathy; balance also reduced due to diabetic complications.
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	You currently need help preparing breakfast. You have trouble spreading butter and jam, cutting pastries, and lifting or pouring items.
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.
Leisure and play	You love cooking, spending time with your grandchildren, and having guests at home.

Environmental factors	
Physical environment	Lives in a 1st-floor apartment with elevator; 10-minute walk to public transport.
Social environment	Close relationship with husband, children, grandchildren, and friends.
Services, systems and policies	Second OT referral; unsure about the role of occupational therapy. Previously received physical therapy. You are now seeing an occupational therapist to help you prepare breakfast on your own again.

6.2 Other relevant details

She is determined to cut her own bread and spread jam on it again, despite experiencing pain, reduced hand strength, and difficulties with supination and pronation of the wrist. She is open to using assistive devices such as jar openers, non-slip mats, or handle adaptations for knives. However, she would like to understand the advantages and disadvantages of each aid and is eager to try them out. She expects the occupational therapist to teach her how to use these tools effectively.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What specific movement limitations do a distal radius fracture cause, and how do they affect breakfast preparation (e.g., pro-/supination, grip strength)?
What challenges might arise when preparing breakfast with a visual impairment like diabetic retinopathy?
Which fine motor and sensory skills are essential to cut, spread, and pour during breakfast?
What assistive devices could support one-handed use and compensate for lack of grip or coordination?
How can you ensure a client-centred approach when advising on aids?
What cultural assumptions do we make about breakfast routines? How might Mrs. Müller's cultural background influence her needs and preferences?
How do environmental and social factors (e.g., living with an elderly spouse, kitchen design) affect the feasibility of proposed solutions?
What communication techniques help build trust and encourage open feedback in a simulated session?
How can you prioritize safety without compromising the client's desire for autonomy?
In what ways does the simulation setting support or limit real-world occupational therapy practice?

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The **SimOT Compass** is completed in advance by the teaching staff and **printed copies are provided to the observing participants** prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to **assess whether the observable learning objectives are being met**.
  They are instructed to **make written notes** about their observations in relation to each learning objective.
- As part of the **PEARLS debriefing process**, during **Phase 3: Analysis**, the observing participants use their notes and assessments from the SimOT Compass to **give structured feedback** to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to **complete a self-assessment** based on the same learning objectives. This allows for **reflection on their own performance and evaluation of learning goal achievement** from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed documents:
- Printed case study
- Instructions for client and OT

Physical environment:
- Three rooms:
  - SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system
- **Requirements for the simulation room:** 2 Table, 2 Armchairs

- **Materials for ADL Task**: Bread, jam jars, butter and butter dish, chopping board, various knives (for example knives with an angled handle), plates
- **Devices:** Tools for opening jam jars, non-slip mats, suitable knives, grip aids, etc. (or pictures of devices)
- **Low vision glasses for client**

Technical requirements:
- High-definition cameras (fixed and mobile)
- High-quality microphones (room and lavalier if needed)
- SimStation server and software suite (recording, playback, annotation)
- Touchscreen controls or PC workstations
- Network connections to synchronize room
- Backup storage for session recordings

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

More Information

Learnscenario 2: Making Breakfast Work: ADL Observation and Assistive Advice After a Wrist Fracture

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Case study

Client

Name: Mrs. Lieselotte Müller
Age: 77 years

Gender: Female

Current Diagnosis: Distal radius fracture after a fall 8 weeks ago, diabetic retinopathy, diabetes mellitus type

Further information: Married, lives with husband (82 years old) in a flat on the first floor with lift, two children who live away from home, three grandchildren

Main problem in everyday life: Restricted movement in the wrist (extension, flexion), pro- and supination, resulting in restrictions in everyday life, especially when preparing meals, moderate pain in the hand, reduced strength in the affected hand

Reason for referral: Distal radius fracture after a fall, problems in everyday life, especially when preparing breakfast: spreading butter and jam on bread, occupational therapy intervention: advice on aids for this activity

Functional status: Mrs Müller has limited mobility in her right hand. Extension and flexion are possible up to 30°, supination is greatly reduced and pronation is also limited. She also complains of pain on exertion (VAS5). Hand and finger strength is severely reduced, mainly due to the long period of immobilisation. The client can walk independently but has balance problems and impaired vision due to her illnesses.

Social history: The client is active, together with her husband she loves to play with her grandchildren indoors and outdoors. She is an excellent cook and enjoys catering for the whole family. She is very sociable and enjoys inviting friends round to her home. Her husband has limited mobility, uses a walking stick and can therefore only partially participate in activities.

Psychosocial background & support: married (spouse: 82 years old), two adult children (both live away from home), three grandchildren; regular meetings with friends

Environmental and contextual considerations: Client and spouse live in a flat on the first floor with a lift. It is a 10-minute walk to the nearest public transport station.

The client would like to prepare breakfast independently again (cutting pastries, spreading butter and jam on a piece of bread). To this end, occupational therapy is to provide advice on aids.

Client instructions

Important during the simulation:

- Speak out loud
- Turn towards the camera
- Let the other person finish

Aim of today's simulation: Advice on aids for the activity of preparing breakfast
Extension and flexion are possible up to 30°, supination is greatly reduced, pronation is also limited. You also have pain on exertion (VAS5). Hand and finger strength is greatly reduced, especially due to the long period of immobilisation. You can walk independently, but have balance problems and impaired vision due to the illness.
You are currently unable to prepare breakfast independently. You have problems cutting pastries, opening jam jars, putting butter down and spreading it, pouring coffee and lifting cups.
Together with your spouse, you enjoy playing with your grandchildren both indoors and outdoors. You are a passionate cook and always spoil the whole family. Social life is very important to you, you enjoy receiving visits from your family and friends.
You are married (spouse 82 years old), you have two grown-up children (both live away from home), three grandchildren, you meet up with friends regularly. You live in a flat on the first floor.
You would like to prepare breakfast yourself again. Due to the limitations of the underlying illness (vision) and the limitations of the radius fracture after the fall, you are currently unable to do this on your own.

Instructions occupational therapist

Important during the simulation:

- *Speak out loud*
- *Turn towards the camera*
- *Let the other person finish*

Aim of today's simulation: Advice on aids for the activity of preparing breakfast
In order to provide appropriate advice on aids, you would first like to observe the activity. To do this, you use Thomas' activity analysis. You then carry out a device counselling for this activity with the aim of performing the activity independently again with regard to movement restrictions and lack of strength.
Aids that would be suitable for this are
- Suitable knives
- Grip aids
- Tools for opening the jam jar
- Non-slip mat,...

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 3: Bathroom safety in OT: simulation with family dynamics

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Bathroom safety in OT: Simulation with family dynamics**
Key words	geriatric patient, diabetic retinopathy, adiposity, DM type 2, right radius fracture, dizziness, bathroom consultation, challenging conversation with client's husband
Brief description	The simulation provides an opportunity to learn, practice and perform a structured observation situation and give feedback on the activity of showering and dressing in the bathroom in a safe and simulated environment. The client to be observed has been diagnosed with both diabetic retinopathy and type 2 DM, is overweight, at risk of falling due to dizziness and has a history of a radius fracture due to a fall in the bathroom on the way to the shower. The aim of the therapy session is to provide advice on how to avoid falls in the future, taking into account diabetic retinopathy and the risk of falling due to symptoms of frailty. Possible adaptations should be discussed. The occupational therapist should also convince the husband of the need for adaptations in the bathroom, as he does not want to install any devices (e.g. grab rails / curtains) in the bathroom for aesthetic reasons.

Simulation setup

Simulation modality	Role play		
Context	Freelance practice		
Environment	☒ **Physical**	**Description**	• Three rooms required, containing the following description of the digital/virtual column • Devices
		Materials	• Three rooms required; Simulation room should be equipped with: 2 Tables, 3 Armchairs • Devices: Rubberised bath mats, Anti-slip mat/anti-slip strips, Handholds, stable seating, Shower stool, Raised toilet seat • Pictures of the bathroom and pens to draw in possible adaptations (where shower stool could be placed? where a curtain could be fitted to prevent glare? Where grab rails could be fitted?) • Home modification protocol und Assessment
	☒ **Digital/Virtual**	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

			NOTE: This scenario can be also conducted fully digitally via MS Teams, in the sense of a "teletherapy setting".

		Materials	**1. Simulation room (Scenario room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation system components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations

			• Network connections to synchronize rooms Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	The occupational therapist conducting the occupational therapy consultation is being performed by the student.
Participant/Client	1	In this scenario, the client attending the occupational therapy consultation is being simulated by a student. (Actor is possible)
Other simulated participant *Please specify in extra information*	1	In this scenario, the husband who accompanies the client to occupational therapy is being simulated by a student. (Actor is possible)
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor student's application of communication skills and interview protocol, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	Short client description and medical background information for everyone, followed by the role-division: • **OT** • **Client** • **Client's partner (husband):** • **Student observers**
Prebriefing *Student preparation*	45 minutes	**Plenum** Go to 2.b. student preparation
	10 minutes	**Observers** • The group is given questions about what they should observe during the simulation and then give feedback. **OT + client + Client's partner/husband (separate room)** The client and her husband are provided with equipment to help them get into role (glasses, walking stick, right hand bandage) and with the OT they are also wired and fitted with headsets.
Simulation activity	20 minutes	Conducting of the simulated learning scenario
Debriefing	30 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SimOT Compass.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	**Recognizing and understanding challenges in daily activities:** Students identify and name the challenges related to dressing and showering in relation to the diagnoses (visual impairment and dizziness) of the affected person, including glare and the risk of falling.
Domain B: Managing and conducting OT process	• Students will be able to educate the patient and caregiver on home modification recommendations specific to bathroom adaptations, including suggestions for installing grab bars, non-slip flooring, and accessible shower options. • Students will be proficient in educating the patient and caregiver on the use and installation of adaptive equipment such as shower seats, raised toilet seats, and handrails, tailored to the bathroom environment. • Students will be able to instruct patients and caregivers on recommended modifications for the bathroom environment, emphasizing safety and accessibility • Students demonstrate proficiency in educating patients and caregivers on the selection, usage, and installation of adaptive equipment suitable for the bathroom. • Students cultivate an environment that encourages active participation, questions, and discussions from both patients and caregivers regarding bathroom modifications • Students respond promptly and effectively to questions and concerns raised by patients and caregivers regarding bathroom modifications, ensuring clarity and understanding.
Domain C: Developing and maintaining professional relationships and partnerships	• Actively listening to the client and responding to their needs • Cultivate an environment that encourages active participation, questions, and discussions from both patients and caregivers regarding bathroom modifications. • Respond promptly and effectively to questions and concerns raised by patients and caregivers regarding bathroom modifications, ensuring clarity and understanding.
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	The student identifies and names the challenges related to dressing and showering in relation to the diagnoses (visual impairment and dizziness) of the affected person, including glare and the risk of falling.
Domain B	• The student suggests adequate and practical adaptations for the bathroom that facilitate activities such as dressing and showering for the affected person, ensuring safe occupational performance. • The student actively addresses the concerns of the family members during the conversation and offers alternative adaptation suggestions that meet both the needs of the affected person and the reservations of the family members.
Domain C	• The student places the affected person at the center of the consultation while simultaneously and meaningfully involving the family members to ensure a balanced consultation. • The student involves the family members in the consultation while maintaining the focus on the primary needs of the affected person and sustaining effective communication. • The student demonstrates empathetic communication by considering and integrating both the needs of the affected person and the concerns of the family members.

Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A.1.	Knowledge about occupation itself
Domain C.1.	General communication skills throughout the occupational therapy process Creative problem-solving strategies in communication in challenging situations

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Assessment protocol und Checklist • (Pictures of) devices that can be used in the bathroom • Pictures of the bathroom that can also be coloured in with pens • Instructions for client and husband • Printed case study • Printed SimOT Compass with learning objectives (observable behaviour) for each student
Preparing the environment	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Prepare Simulation Room	There is a therapy room that is equipped like an occupational therapy practice. In the room there is a table, three chairs and various devices or pictures of them.
Decision-making about the roles	One student is needed to play the occupational therapist, one student to simulate a client and one student simulates the partner of the client. The simulation is carried out as part of a role play. The occupational therapist must be played by a student, the client is also played by one student, but can also be played by actors.

Staff

Role	*Description*	Number
OT educator/Instructors	In a typical simulation session, two instructors work together to guide, observe, and support the students. Their roles are complementary and help ensure a smooth, effective learning experience.	2

Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides students to analyse their performance, identify strengths and weaknesses, and extract lessons learned. • Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	• Acts as the **technical operator and support instructor**.
	• Controls the simulation equipment and environment:
	  ○ Operates the patient manikin or guides the standardized patient.
	  ○ Adjusts vital signs, sounds, or scenario cues in real-time to reflect participant actions.
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, patient documentation, and any environmental changes.
	• Observes participant behaviour from a technical or clinical perspective and takes notes for the debriefing.
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	
	Highlights technical aspects or subtle details the students might have missed.
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Students are informed about the client's diagnoses, such as diabetic retinopathy and dizziness/vertigo, through PowerPoint slides during a lecture.	PDF of PowerPoint slides on diagnosis of diabetic retinopathy and dizziness/vertigo
Students self-experience low vision using low vision glasses while performing various ADLs in the bathroom to gain a better understanding before meeting the client.	Low-vision glasses and necessary utensils so that one can carry out the activities of daily life in the bathroom.
Students should be able to: conduct a home environment consultation with a focus on the bathroom and understand what specific considerations are necessary for bathroom adaptations when dealing with visual impairments. Students are provided with a home modification assessment and protocol to complete. Students receive an overview of devices and potential adaptations in bathrooms.	PDF/PowerPoint slides detailing the process of a home environment consultation. • Checklist for Home Environment Consultations. • Home modification assessment and protocol to fill out. • Pictures of devices and/or devices in real and pictures of adaptation options for bathrooms
OT: The student, who is in the role of the OT, knows that the upcoming situation is a consultation for bathroom adaptations and is shown pictures of the bathroom and a video. Based on the case study and the provided material, the student can briefly prepare herself/himself for the situation. She/he is also given a headset.	• Home modification assessment and protocol to fill out. • Pictures of devices and adaptation options for bathrooms • Written case study • Headset
Client and husband/relative: The client and her husband are provided with equipment to help them get into role (glasses, walking stick, right hand bandage) and with the OT they are also wired and fitted with headsets.	• The client and her husband are provided with equipment to help them get into role (glasses, walking stick, right hand bandage) and with the OT they are also wired and fitted with headsets. • Instructions for client and husband
The group is given questions about what they should observe during the simulation and then give feedback.	• Home modification assessment and protocol to fill out. • Pictures of devices and adaptation options for bathrooms • Written case study

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	45 minutes: individually/group, required before starting the simulation
☐ **Post-SBL assignment**	

References

bfu. (2015). Checkliste Wohnraumabklärung - Checkliste für den Einsatz in Privathaushalten. Download am 06. Mai 2024, von https://www.ergotherapie.ch/download.php?cat=6JLvL2DYoAPKasSNvUf3Dw%3D%3D&id=333

Corn, A. L., & Erin, J. N. (2010). Foundations of low vision: Clinical and functional perspectives. American Foundation for the Blind.

Fong, D. S., Aiello, L., Gardner, T. W., King, G. L., Blankenship, G., Cavallerano, J. D., ... & American Diabetes Association. (2003). Diabetic retinopathy. Diabetes care, 26(suppl_1), s99-s102.

Gitlin, L. N., Corcoran, M., & Chee, Y. K. (2005). Occupational therapy and dementia care: The Home Environmental Skill-Building Program for individuals and families. American Occupational Therapy Association.

Hansell, C., Bissett, M., & Caine, A. M. (2023). The use of the term 'occupational profile'in occupational therapy and occupational science literature: A scoping review. British Journal of Occupational Therapy, 86(1), 5-19.

Stitt, A. W., Curtis, T. M., Chen, M., Medina, R. J., McKay, G. J., Jenkins, A., ... & Lois, N. (2016). The progress in understanding and treatment of diabetic retinopathy. Progress in retinal and eye research, 51, 156-186.

German references:

- Kaldenberg, J., & Smallfield, S. (2019). Ältere Menschen mit Sehbeeinträchtigungen (M. le Granse, Hrsg.; B. Dehnhardt & U. Roentgen, Übers.; 1. Auflage, deutschsprachige Ausgabe). Hogrefe.
- Pfenninger, B., Walter, W., Frankhauser, P., Zindel, B., Weber-Zeller, R. & Biedermann, A. (2015). Wohnraumabklärung zur Sturzprävention in Privathaushalten. Bern: bfu- Beratungsstelle für Unfallverhütung.
- Siebert, C., Smallfield, S., & Stark, S. (2018). Wohnraumanpassung (M. le Granse, Hrsg.; C. Mosimann & B. Denhardt, Übers.; 1. Auflage). Hogrefe.

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Pay attention to physical safety and avoid fall risks.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.

Conduct a safety check of the environment
Look for potential hazards such as loose rugs, poor lighting, or unstable furniture, and address them before starting the session.

Adapt the space to the client's needs
Ensure accessibility (e.g., use of assistive devices, appropriate seating) and check regularly if the client feels physically secure.

Empower the client
Involve them in decision-making processes about their care and activities to promote autonomy and confidence.

Scenario flow

Start

Participant state and action

The client comes into the therapy room with the husband, where there is a table and chairs.

	Description
Expected learner action	The therapist welcomes the client, greets her, and invites her to sit on a chair (assists with seating if needed because of low-vision) and asks about the patient's needs (water, other assistance). After the client and her husband has settled down, the therapist explains the need for home modifications, especially in the bathroom.

Key learning points	Importance of patient-centred care, showing respect and establishing a safe environment. Orienting the client to occupational therapy as profession and need for home modification. Starting to develop a professional relationship with a client and her husband using communication skills
Trigger for next action	Completing the introduction and explanation of the procedure.

Action 1	
Participant state and action	
The therapist conducts the interview in accordance with a home modification assessment and protocol. There are photos of the bathroom. Assess the patient's thoughts and perceptions on home adaptations. Partner with the patient and caregiver to conduct a home bathroom safety assessment.	
	Description
Expected learner action	Based on the photos, the bathroom is analysed using the assessment and protocol for adapting the living space, and the patient and her husband are interviewed if any information is missing or visible in the photos. Writing down received information (verbal, observation). • Student (OT Role) makes specific bathroom modification recommendations based on the patient's needs and comfort: • Advise the patient to have grab bars as needed distance of 43 and 48.5 cm (17 and 19 inches) from the floor.1 • Advise the patient to secure all mats and to place nonskid backing under small rugs. • Advise the patient to place a nonskid mat in the shower. • Advise the patient to have a handheld or adjustable showerhead installed as needed. • Advise the client to install curtains to switch on anti-glare and indirect light.
Key learning points	• Managing the interview process and discussion flow (e.g. transitioning between topics, managing silence or digression from topic…). • Developing communication skills for posing questions and active listening. • Showing empathy (if relevant). • Taking notes. • Maintaining an occupational focus. • Offering client and husband opportunities to add information that was not covered previously but is important to the client. • Make specific bathroom modification recommendations based on the patient's needs and comfort.
Trigger for next action	Performing the assessment for home modification based on the photos. The challenge is to ask the patient and husband for missing information about the bathroom situation in order to be able to suggest suitable interventions and adaptations.

Action 2	
Participant state and action	
Managing the last phase of the interview (appropriately concluding the interview)	
	Description

Expected learner action	• After the therapist suggests suitable interventions, the client's husband is not satisfied with the adaptations. He does not want them and interrupts the conversation several times to express his displeasure. • The client does not get a chance to speak. • The therapist is required to react appropriately in this situation and bring the conversation to a good end. • At the end of the therapy, the therapist should discuss the next steps and bring the therapy to a successful conclusion.
Key learning points	Summarizing the most important conclusions. Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps **with** the client).
Trigger for next action	Bringing the situation to a conclusion, applying communication strategies, considering the work of relatives.

End	
Participant state and action	
Discharge the patient.	
	Description
Expected learner action	• Thanking the client for cooperation, involve the husband well and discuss the next steps with everyone involved and saying goodbye. • Assisting the client to get up from the chair and accompany to the door
Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview. (Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (role player/simulant, OT/learner, student observer with their observation tasks). Facilitator leads discussion, provides feedback, and poses questions to prompt reflection on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:
• The content and procedures of the simulations, including any personal data shared.
• Observations and feedback received from or given to other students or instructors.

The students will not share or discuss any of this course-related information outside of the class.

2. Mutual respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:
• Open and constructive communication.
• Refraining from discriminatory or disrespectful remarks or actions.
• Acknowledging the individual learning processes and challenges of all students.
• Respecting the instructions and framework provided by the instructors.

3. Responsibility for the earning process
The students take responsibility for their own learning process and:
• Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
• Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

What challenges might a person with diabetic retinopathy face when showering and dressing in a bathroom environment?
How do you think the client's fear of falling might influence their performance of daily activities like showering or dressing?
Which specific risks related to diabetic retinopathy and dizziness should be considered when assessing the safety of a bathroom environment?
Can you think of real-life scenarios where poor lighting or bathroom design could directly lead to a fall?
What types of bathroom adaptations or assistive devices might support independence and safety for someone with visual impairment and a fall history?
How would you assess which adaptations are appropriate and acceptable for this client’s needs and context?
How would you approach a conversation with a family member who is reluctant to accept necessary changes due to aesthetic concerns?
How would you balance the client’s wish for independence with the need for safety and possible resistance from the partner?
To what extent should aesthetic preferences outweigh health and safety concerns in shared spaces?
What strategies can you use to advocate effectively for the client’s safety while maintaining a respectful relationship with both client and caregiver?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Liselotte Müller
Age	10.08.1947
Sex	female
Personal factors	• Diabetic retinopathy, DM type 2, Post status Radius fracture of the dominant hand, Dizziness, • General appearance, behaviour, affect: Overweight, Groomed appearance, friendly Other information: Married, partner was an architect, two children She is married and recently moved into a new apartment on the first floor, which is accessible by elevator. Her partner, a retired architect aged 82, also experiences mobility challenges and uses a walking cane. While supportive in many aspects, he is emotionally attached to the aesthetic design of their bathroom and strongly resists any adaptations that might alter its appearance. The client walks without the use of assistive devices, although she has gait instability due to dizziness and resulting balance problems. She has limited range of motion and strength in the dominant hand following a radius fracture as a result of a fall. She states that she has had frequent dizziness and balance problems recently. She also mentions black spots in her field of vision and reports that she is irritated by glare when performing everyday activities, especially when showering and getting dressed in the morning.
Ethnicity and cultural context	Austrian, Native Language: German
Reason the participant is seeking OT service and concerns related to engagement in occupations	Mrs. Müller has been referred to occupational therapy for a comprehensive home safety assessment focusing on her morning routine of showering and dressing. This referral followed a fall in the bathroom, where she fractured her dominant wrist. She now experiences: • Fear of falling due to visual disturbances and dizziness • Difficulties with physical mobility in the bathroom, including reaching, balance, and handling slippery surfaces • Impaired grip and range of motion, making dressing more difficult • A strong desire to remain independent in her personal care and avoid caregiver dependence Her goal is to perform her morning routine safely and independently, without relying on family or risking injury.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Wife of Mr. Maier, Liselotte Müller is receiving OT services and her husband is with her, supporting her during the OT
Other simulated participant *Please specify*	Name: Mr. Maier Age: 82 years **General affect and behaviour:** Retired architect, proud of his achievements and the design of his home, particularly the bathroom. Uses a walking cane for stability when walking. Married, with a close relationship to his wife, two adult children, and three grandchildren. Maintains regular contact with friends. Displays resistance to changes in the bathroom due to strong emotional attachment to its aesthetic value. Mr. Maier is friendly but firm in expressing his opinion against permanent bathroom adaptations, stating: *"The bathroom was featured in an architecture magazine."*

4.1.4 Occupational history

Person receiving OT services	Wife of Mr. Maier, Liselotte Müller is receiving OT services and her husband is with her, supporting her during the OT
Other simulated participant *Please specify*	Mr. Maier: **Occupation:** Retired, formerly an architect. Designed and decorated the current apartment, including the bathroom. Previously lived in a detached house with his wife before downsizing to a barrier-free city apartment. Mr. Maier takes pride in his professional background and the aesthetic choices he made for their current home, which he considers part of his identity.

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Wife of Mr. Maier, Liselotte Müller is receiving OT services and her husband is with her, supporting her during the OT
Other simulated participant *Please specify*	Mr. Maier: **Priorities:** Wishes to maintain the current look and feel of the bathroom without permanent fixtures. **Desired targeted outcomes:** Accepts only minimal, removable aids (e.g., a shower stool) and requests that the therapist focus on exercises for his wife and assist her to shower safely without altering the bathroom's design. Mr. Maier expects the therapist to focus on functional training rather than home modifications, as he associates adaptations with aging and loss of dignity.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitively intact, motivated, socially engaged. Occasionally worried about loss of independence.
Sensory functions and pain	Visual impairment due to diabetic retinopathy; vision loss from diabetic retinopathy (central vision, contrast/glare sensitivity), decreased proprioception, pain level VAS 3 on exertion in the affected (right) hand.

Neuromusculoskeletal and movement-related functions	Limited wrist extension/flexion (~30°), reduced supination/pronation, weak grip strength (dominant hand affected)
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	Needs help with tasks such as showering, dressing, and preparing breakfast due to visual and hand limitations Struggles with balancing while standing for extended periods (e.g. in the shower)
Productivity *(including (paid) work and education)*	Retired; no current paid work.
Leisure and play	Enjoys cooking, socializing with friends, and playing with grandchildren.

Environmental factors	
Physical environment	• Lives in a modern apartment with elevator • Bathroom is stylish but not adapted (slippery floors, glare, no grab bars, no shower seat)
Social environment	• Lives with spouse (82, uses a cane), two adult children (one local, one abroad), three grandchildren • Active social life
Services, systems and policies	• Access to private occupational therapy, general health insurance • Home adaptation possible but resisted by spouse

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Observations	• Showering and dressing routines are unsafe and challenging due to visual and musculoskeletal impairments • Client expresses fear of falling and seeks practical support to regain independence	

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cooperative, clear communication, motivated.
Sensory functions and pain	• Diabetic retinopathy (reduced contrast sensitivity, blurred vision); pain during activity (VAS 3). • Emphasis on impaired wrist mobility and strength in dominant hand; increased risk of overuse pain • Central vision loss and glare sensitivity affect depth perception and hazard awareness • Reports dizziness when standing, increasing fall risk
Neuromusculoskeletal and movement-related functions	Reduced range of motion and grip strength due to 8-week post-fracture healing.
Voice and speech functions	No limitations.
Other	
Activities and participation	
Self-care and domestic life	Bathroom routine is challenging due to: • Difficulty detecting shower controls (no contrast/marking) • Glare on tile floors • No grab bars or anti-slip mats • Cold, hard floor with unsecured rugs • No seating options
Productivity *(including (paid) work and education)*	Retired, but formerly very active in caregiving and homemaking roles.
Leisure and play	Still active; meaningful roles include caregiver, cook, social host.

Environmental factors	
Physical environment	• Lives in a 1st-floor apartment with elevator; • Stylish but impractical bathroom design; designed by spouse who resists modifications The client and her husband live in a block of flats on the first floor with a lift. They only moved into this flat a year ago, which was decorated according to their taste. Before that they lived in a detached house. This was too big for them, so they moved to the barrier-free city apartment, which is ten minutes' walk from public transport. The client says that she is irritated by glare on the bathroom floor when she enters. The bathroom floor is also slippery and she finds it difficult to set the water temperature correctly due to her visual impairment. In addition, she often feels dizzy if she has to stand for a long time. The client would like comprehensive home consultation and assistive devices to enable her to perform her daily activities of showering and dressing in the morning independently and safely in the bathroom.
Social environment	• Spouse is cooperative but aesthetically opposed to adaptations • Family visits frequently; emotional and cultural connection to family roles
Services, systems and policies	Occupational therapy referral for home assessment and safety consultation

5.2 Other relevant details

Assessment and Results:
- Observation confirms need for:
- Visual adaptations (colour contrast, glare reduction)
- Physical safety features (grab bars, shower chair, slip-resistant flooring)
- Behavioural education (safer movement strategies)

OT will observe morning routine and suggest improvements
- Aim: regain independence in morning hygiene routine

Other Relevant Details:
- May ask questions about:
- Placement and type of grab bars
- Bathroom glare and lighting
- Suitable seating options
- Behavioural strategies to reduce fall risk
- Client values quick, visual learning strategies
- Prefers non-intrusive aids, open to temporary or stylish solutions

Diabetic retinopathy mainly affects the retina. High blood glucose levels cause changes in the small blood vessels, resulting in insufficient blood flow to the retina. Symptoms of diabetic retinopathy are an uncorrectable reduction in visual acuity and increased sensitivity to blending. Causes blurred vision or scotomas across the entire field of vision.

Keep in mind when assessing the bathroom:

- Good lighting should be sufficiently bright, glare-free, uniform and flicker-free.
- Luminaires with fluorescent lamps are well suited to illuminating areas that require constant lighting, such as corridors.
- Avoid disturbing shadows when using indirect lighting.
- Lighting in cupboards makes it easier to find items.
- Mark light switches clearly and visibly
- Motion detectors can be helpful

The following could be recommended:

- Curtains

- Non-slip carpets
- Removal of trip hazards (e.g. scales)
- Grab rails
- Bath stools
- Coloured markings on taps
- Non-slip film
- Materials sorted by activity
- Toilet Seat Raisers

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	No known cognitive impairments.
Sensory functions and pain	• Wrist pain with use (VAS) • Limited mobility and weak grip in dominant hand • Vision impairment causing problems with depth, glare, and fine detail • Dizziness with prolonged standing
Neuromusculoskeletal and movement-related functions	vision affected by diabetic retinopathy; balance also reduced due to diabetic complications.
Voice and speech functions	Clear, calm, and steady voice. No speech impairments.
Other	
Activities and participation	
Self-care and domestic life	• Independent in entering the bathroom and switching on lights • Glare on tiles makes her feel disoriented • Cold, slippery floor; no grab bars • Difficulty adjusting water temperature • Struggles to dress independently while feeling dizzy • Uses laundry basket to place clothing on before dressing
Productivity *(including (paid) work and education)*	• Wants to resume her morning routine independently • Feels frustrated by current limitations
Leisure and play	She loves cooking, spending time with your grandchildren, and having guests at home.

Environmental factors	
Physical environment	• Lives in a 1st-floor apartment with elevator; • Lives in recently designed, stylish bathroom with no safety features • Environment not adapted for sensory or mobility needs The client and her husband live in a block of flats on the first floor with a lift. They only moved into this flat a year ago, which was decorated according to their taste. Before that they lived in a detached house. This was too big for them, so they moved to the barrier-free city apartment, which is ten minutes' walk from public transport. The client says that she is irritated by glare on the bathroom floor when she enters. The bathroom floor is also slippery and she finds it difficult to set the water temperature correctly due to her visual impairment. In addition, she often feels dizzy if she has to stand for a long time. The client would like comprehensive home consultation and assistive devices to enable her to perform her daily activities of showering and dressing in the morning independently and safely in the bathroom.

Social environment	• Married to a spouse with mild mobility limitations • Regular contact with family and friends • Spouse designed bathroom and is proud of its aesthetic
Services, systems and policies	Has been referred to OT for bathroom safety assessment

6.2 Other relevant details

Instructions Client

Description of client's morning routine:

In the morning the client goes to the bathroom. The door is opened automatically and safely. The light switches are easy to reach and operate.

Daylight coming through the large window in the bathroom causes glare on the tiled floor and on the surfaces of the bathroom cupboards, which irritates the client. The tiled floor is cold in the morning, and the two carpets are not fixed in a non-slip manner. There are no grab rails or seating in the bathroom.

There are no grab rails in the shower cubicle. It is difficult to adjust the temperature on the shower tap as there is no label. The floor in the shower cubicle is often slippery and the client gets dizzy when standing for a long time. Putting on clothes is also a challenge. The client always puts her clothes on the laundry basket.

Possible questions for the occupational therapist:

- Where can the handles be placed? And at what height? Vertical or horizontal?
- What colour should the grab rails be?
- Are there ways to reduce glare in the bathroom?
- What types of seating are suitable for the bathroom?
- What can I pay attention to in my behaviour/showering/when putting on clothes, so that I have less risk of stumbling?

Instructions Spouse

Name: Mr. Maier

Age: 82 years

Occupation: retired, formerly architect

Motor limitations: You feel a little insecure when walking and therefore use a walking stick. This gives you security when walking.

Psychosocial background & support: Married, two adult children (one lives nearby, one abroad), three grandchildren; regular meetings with friends.

Environmental and contextual considerations:
Patient and spouse: live in a block of flats on the first floor with a lift. They only moved into this flat a year ago, which was designed to be barrier-free and furnished according to their (= spouse's) wishes and taste. Before that, they both lived in a detached house that was neither accessible nor modern. Due to their age and the fact that their house was too large, they both decided to move into a city apartment. Their apartment is ten minutes' walk from public transport.

Problems with adapting the home: You designed and furnished the bathroom. It has been featured in an architecture magazine and rated as particularly beautiful.

The partner is against any fixtures (except a shower chair, if it is removable and not permanently fixed). For aesthetic reasons and because he/she does not want to feel old, he/she does not like any adaptations in the bathroom (no grab rails, shower mats, etc.).

Wishes to the therapist: He/she asks the therapist simply to do muscle exercises with the client and to take a shower with her without falling, if "that is what she is there for".

Description bathroom:

The bathroom has no essential safety features such as grab rails near the toilet or bath. There is no seating either in the bathroom or in the shower. The floor is tiled and becomes slippery when wet, creating a risk of falling. There are only two small rugs, which are not securely attached and are not slip-resistant. There is one large window. The lack of curtains causes glare, which reduces the patient's visibility. There is no seating area in the shower, no non-slip floor and no handles. There is also no temperature control on the tap. The bathroom is mostly tiled in white and black with little contrast, which can be a challenge for people with visual impairments. The toilet is too low, making it difficult for the patient to get up after using it.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What movement limitations are typical after a distal radius fracture and how do they affect tasks like dressing or washing hair?
How might glare, contrast sensitivity, and reduced depth perception impact safety in a white-tiled bathroom?
What psychosocial factors may influence the client's motivation or resistance to change?
How can you communicate effectively with a caregiver who resists adaptation for aesthetic reasons?
What are the consequences of prioritizing design over safety in shared spaces?
Which assistive devices or design changes might support both function and aesthetic preferences?
How does dizziness and fear of falling impact occupational performance and confidence?
How can you use observation to identify both explicit and subtle risks during ADLs?
How do you ensure client-centred recommendations, especially when the client and their partner have different priorities?
How can you document and justify adaptation needs clearly and professionally, especially when there is resistance?

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The **SimOT Compass** is completed in advance by the teaching staff and **printed copies are provided to the observing participants** prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to **assess whether the observable learning objectives are being met**.
  They are instructed to **make written notes** about their observations in relation to each learning objective.
- As part of the **PEARLS debriefing process**, during **Phase 3: Analysis**, the observing participants use their notes and assessments from the SimOT Compass to **give structured feedback** to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to **complete a self-assessment** based on the same learning objectives.
  This allows for **reflection on their own performance and evaluation of learning goal achievement** from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed documents:
- Printed case study
- Instructions for client and OT
- Home modification protocol/Assessment (HEAP)
- Pictures of the bathroom
- Pictures of devices or devices in real that can be shown

Devices:
- Rubberised bathmats
- Anti-slip mat/anti-slip strips
- Handholds
- Stable seating
- Shower stool
- Raised toilet seat

Pictures of the bathroom and pens to draw in possible adaptations (where shower stool could be placed? where a curtain could be fitted to prevent glare? Where grab rails could be fitted?)

Physical environment:
- Three rooms:
  - SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system
  - **Requirements for the simulation room:** 2 Tables (one for the devices), 3 (Arm)chairs

- **Low vision glasses for client**
- Walking cane for the client's partner

Technical requirements:
- High-definition cameras (fixed and mobile)
- High-quality microphones (room and lavalier if needed)
- SimStation server and software suite (recording, playback, annotation)
- Touchscreen controls or PC workstations
- Network connections to synchronize room
- Backup storage for session recordings

SIMBA

Simulation-based learning in occupational therapy education

Bathroom Safety in OT: Simulation with Family Dynamics

AP UNIVERSITY OF APPLIED SCIENCES AND ARTS ANTWERP

FH JOANNEUM University of Applied Sciences

TURKU AMK TURKU UNIVERSITY OF APPLIED SCIENCES

Co-funded by the European Union

Client (female)



- 80 years old
- **Diagnoses:**
  - Diabetic retinopathy (H36.0*)
  - Diabetes mellitus type 2 (E11.3†)
  - Obesity (E66.01)Vertigo (R42)
  - Status after radius fracture of the dominant hand (S52.50)
- **Married Partner is 82 years old:**
  - Former architect
  - Has a walking impairment -> uses a walking stick

Restrictions

- Walks without aids → but is unsafe when doing so
- Sensory disorder → Restriction of vision and balance
- Restricted movement and strength in the dominant hand after a radius fracture due to a fall
- Frequent feelings of dizziness Problems with balance

Diabetic retinopathy

- Diabetic retinopathy is one of the most common causes of blindness between the ages of 20 and 65 in Central Europe and North America (Hahn, 2012, p. 112).
- “In type 1 diabetics, retinopathy is present in up to 90% of patients after 15 to 20 years of diabetes. However, in type 2 diabetics, retinopathy is already present in one third of patients at the time of diagnosis of diabetes” (Diabetische Netzhauterkrankung, n.d.).

- Diabetic retinopathy primarily affects the retina. High blood sugar levels cause changes in the small blood vessels, resulting in insufficient blood supply to the retina (Diabetische Netzhauterkrankung, n.d.)
- Symptoms of diabetic retinopathy include an uncorrectable reduction in visual acuity and increased sensitivity to glare (Hahn, 2012, p. 112).
- Leads to blurred vision or scotomas in the entire visual field.



Tips

- Good lighting should be sufficiently bright, glare-free, uniform and flicker-free
- Light sources with fluorescent lamps are well suited for illuminating areas that require constant lighting, such as passageways
- Facilitate orientation in corridors → Install luminaires in a straight line of light. Avoid disturbing shadows if indirect lighting is used.
- Lighting in cupboards makes it easier to find objects.
- Mark light switches clearly and visibly
- Motion detectors can be helpful
- Flashlights make it easier to find your way in the dark



Video of bathroom







Literatur

- Bronstein, A. & Lempert, T. (2017). Schwindel: Praktischer Leitfaden zur Diagnose und Therapie. 2. Auflage, Schattauer.
- bfu. (2015). Checkliste Wohnraumabklärung - Checkliste für den Einsatz in Privathaushalten. Download am 06. Mai 2024, von https://www.ergotherapie.ch/download.php?cat=6JLvL2DYoAPKasSNvUf3Dw%3D%3D&id=333
- Cory, P. (2020). *Mit Sehbeeinträchtigungen im Alltag klarkommen: Förderung lebenspraktischer Fähigkeiten.* München: Ernst Reinhardt Verlag.
- *Diabetische Netzhauterkrankung.* (o.J.). Download vom 20. September 2016, von http://www.augen.at/patienteninformation/diabetische_retinopathie.php
- Hahn, G-A. (2012). *Kurzlehrbuch Augenheilkunde.* 1. Auflage, Stuttgart: Thieme Verlag.
- Kaldenberg, J., & Smallfield, S. (2019). Ältere Menschen mit Sehbeeinträchtigungen (M. le Granse, B. Dehnhardt, & U. Roentgen, Übers.; 1. Auflage, deutschsprachige Ausgabe). Hogrefe.
- Schädler, S. (2016). Gleichgewicht und Schwindel: Grundlagen, Untersuchung und Therapie. 1. Auflage, Elsevier GmbH München, Urban & Fischer.
- Schädler, S. (2019). Ratgeber Schwindel: Grundlagen, Tipps und Übungen für Betroffene. 1. Auflage, Elsevier GmbH München, Urban & Fischer.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Home Environmental Protocol

Learnscenario 3: Bathroom Safety in OT: Simulation with Family Dynamics

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For the bathroom:

1. General points

The general points should be checked for each room used within the flat/house. Each point should be answered with YES/NO. Action is required for the points that were answered with NO.

Doors to the rooms

- Can the person open the doors even if they use a walking aid?
- Are they wide enough for the person to pass through safely and unhindered even with a walking aid?
- Thresholds
- Does the door to the room have a threshold?
- Can the person pass through it independently?
- Is the threshold overcome with a door ramp?

Lighting

- Can the person easily operate the light switch when/before entering the room?
- Are all the main rooms brightly lit enough for the person carrying out the test to read a newspaper, for example?
- If the light intensity has been measured with a luxmeter: Does the illumination of the main rooms reach at least 500 lx?
- Passages/movement areas
- Can the person cross the room with a walking aid without being hindered by obstructions (decorations, furniture or floor vases)? Floor coverings
- Is there a risk of tripping or slipping due to carpets (fitted carpets, runners), parquet or tiled floors? Are carpets and runners secured with carpet tape or a non-slip carpet pad?

Furniture

- Is the furniture (tables, chairs, armchairs, shelves, etc.) stable so that the person could safely lean on it? Can furniture on wheels be locked in place?
- Are the seats of chairs/armchairs high and firm enough for the person to stand up independently?
- Is there a seat with armrests?

Cables

- Are electrical cables tied together and run along the walls?
- Is there a power socket in the room that can be reached in an upright position and is freely accessible?

Additional questions:

- Can the door be unlocked from the outside and can it be opened towards the outside?
- Is there a non-slip surface in front of the shower/bathtub?
- Are the shower/bathtub fitted with anti-slip strips or mats?
- Are there grab rails in good condition in the shower/bathtub to help you get in and out?
- Is there a seat in the shower and by the washbasin?
- Can the person get in and out of the shower/bathtub safely?
- Can the person easily reach the bath towel from the shower/bathtub?
- Are there grab rails in good condition by the WC to help the person sit down and stand up?

- Can the person sit on the toilet and get up again without help or with the existing grab rails/booster seat?
- Can the person easily reach the toilet paper and the flush button?

2. Important points for visual impairments and visual cues:

	YES	NO	Comments
Are any objects (door, washbasin, toilet, bathtub, towels) labeled with drawings, signs or written information?			
Is color or color contrast used to highlight an object (e.g. colored toilet seat)?			
Are items sorted by activity or kept together in containers? (Where are items that the client uses stored?)			
Are there any other visual clues, adaptations or other observations			
Does unfavorable lighting create glare? If yes, please indicate ways to avoid glare under comments.			

Literatur

Pfenninger, B., Walter, W., Frankhauser, P., Zindel, B., Weber-Zeller, R. & Biedermann, A. (2015). Wohnraumabklärung zur Sturzprävention in Privathaushalten. Bern: bfu- Beratungsstelle für Unfallverhütung.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 5: Conducting the DASH assessment with a rheumatological client

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Conducting the DASH assessment with a rheumatological client**
Key words	rheumatological client, DASH assessment, evaluation
Brief description	The simulation offers the opportunity to learn, practise and conduct a structured assessment interview in a safe and simulated environment. The client being assessed has a rheumatological disease and mainly has limitations in his/her fingers. This causes many problems in coping with his/her everyday life. The aim of simulation is to carry out a diagnostic interview with the DASH assessment in order to gain a detailed insight into the impairments in everyday life. The simulation's goal is to fill out the DASH while asking the client verbally since the client can't fill out the assessment by himself/herself due to limitations of the hand. Calculating the final scoring as well as interpretating the outcome (documentation for e.g. follow-up OT session with the client) is not included in the simulation itself, though it might be used in a post SBL-assignment.

Simulation setup

Simulation modality	Role play		
Context	Occupational therapy practice: This scenario was created to be conducted fully digitally via MS Teams, in the sense of a "teletherapy setting". *NOTE: There is also the possibility of doing the simulation in presence while using the SimStation for a digital component:*		
Environment	☒ **Physical**	**Description**	• Printed case study • Instructions for OT (+ completed COPM sheet), client and student observers • DASH assessment sheet
		Materials	• Table • two armchairs • Paper and pencil • Three rooms required, containing the following description of the digital/virtual column:
	☒ **Digital/Virtual**	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

		Materials	**1. Simulation room (Scenario room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation System Components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations
			• Network connections to synchronize rooms
			• Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	In this scenario, the participant (client) who is interviewed as part of the occupational therapy process is being simulated by a student – though an actor would be possible for this scenario.
Other simulated participant *Please specify in extra information*		
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor learner's application of communication skills and conducting an interview, pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 minutes	Aim of the scenario and case study for everyone, followed by the role-division and specific instructions: • **OT** • **Client** • **Student observers**
Prebriefing *Student preparation*	45 minutes	**Plenum** Go to 2.b. student preparation
	10 minutes	**OT + Client (break-out room)** • The client and the OT are wired and fitted with headsets. **Group** • The group is given questions about what they should observe during the simulation and then give feedback (SimOT Compass).
Simulation activity	20 minutes	Conducting of the simulated learning scenario
Debriefing	45 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SIMBA Assessment.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	• A.1: Students possess knowledge about occupation and humans as occupational beings. • A.2: Students possess knowledge about OT. • A.5: Students possess general medical and professional knowledge about human anatomy and function of the human body.
Domain B: Managing and conducting OT process	• B.2. Students demonstrate competencies in managing and conducting the occupational therapy process. • B.2.1. Students assess occupational participation in all areas of human occupation (e.g. personal care, daily living, work/study/school, play, leisure and rest).

Domain C: Developing and maintaining professional relationships and partnerships	• C.1. Students demonstrate competencies in engaging in effective professional communication. • C.2.1 Students establish and maintain relationships and partnerships with clients.
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	• F.1. Students demonstrate general professional competencies important for fulfilling responsibilities.

Learning objectives *(observable behaviour)*

Domain A	The student knows the individual items of the DASH.
Domain B	The student conducts the DASH according to the manual and uses the DASH to assess factors that influence the client's participation and/or activity performance.
Domain C	The student communicates with the client in a respectful, appropriate and effective manner and listens actively.
Domain D	
Domain E	
Domain F	The student solves any problems that arise when carrying out the DASH.

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge about occupations and theoretical model(s) for understanding occupation (A.1.) and client-centred and occupation-based OT practice (A.2.)	• Knowledge of the current evidence-based treatment of rheumatological diseases • Knowledge of the DASH implementation
A5: possess general medical and professional knowledge about human anatomy and function of the human body	Knowledge of background information about rheumatological diseases

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Case study (short client description, general information about the simulation and specific information for the different roles) (prebriefing) • DASH blank sheet, filled-out COPM sheet • SimOT Compass (prebriefing)
Preparing the environment of the simulation *(if the scenario is conducted in presence while using the SimStation)*	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system:** • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Decision-making about the roles	• The simulation is carried out as part of a role play. • The occupational therapist must be played by a student, the client is also played by one student but can also be played by actors. • The student observers do get specific observation tasks for the simulation itself.
Prepare the client/OT	The teacher prepares the students carrying out the simulation for the upcoming situation, gives them the necessary materials and wires them up. The teacher also instruct the role-playing students about how to communicate and gives instructions on communication rules so that they are well understood when transmitted via SimStation. The students should not sit with their backs to the camera, speak clearly and try not to interrupt each other. *IMPORTANT NOTE: Since Question 21 of the DASH is concerning sexual activity, the teacher must make sure that the students don't feel overwhelmed/triggered with this question – address the question beforehand!*

Staff

Role	*Description*	Number
OT educator/instructors	In a typical simulation session, two instructors work together to guide, observe, and support the learners. Their roles are complementary and help ensure a smooth, effective learning experience. *NOTE: If the scenario is conducted digitally, there is a need of only one teacher.*	2
Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides learners to analyze their performance, identify strengths and weaknesses, and extract lessons learned. • Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	Acts as the **technical operator and support instructor**.
	
	• Controls the simulation equipment and environment:
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, patient documentation, and any environmental changes.
	• Observes participant behavior from a technical or clinical perspective and takes notes for the debriefing.
	
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	  ○ Highlights technical aspects or subtle details the learners might have missed.
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Students receive knowledge/repetition about the clinical pictures of rhizarthrosis and polyarthrosis of the fingers through PowerPoint slides during a lecture.	PDF of PowerPoint slides about clinical pictures of rhizarthrosis and polyarthrosis of the fingers
The students receive the DASH, as well as a completed COPM findings form and deal with the case study and the documents required for it.	• case study • DASH Assessment (blank) • a completed COPM sheet

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Calculating the final scoring as well as interpretating the outcome (documentation for e.g. follow-up OT session with the client)

References

Gruber, A. & Donhauser-Gruber, U. (2013). Rheuma: Untersuchen und Behandeln entzündlich rheumatischer Erkrankungen. Thieme Verlag

Institute for Work & Health (o.D.) *DASH.* Abgerufen am 21.05.2024 von DASH | Welcome to our website where you will find up-to-date information about the DASH Outcome Measure, the QuickDASH and related DASH (iwh.on.ca).

Koesling, C.& Bollinger Herzka, T. (2008). Ergotherapie in der Orthopädie, Traumatologie und Rheumatologie. Thieme Verlag

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
The OT guides the client into the therapy room and offers the client a seat.
The OT is making sure that the client feels safe during the OT interview.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness, especially for OT diagnostics.

Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.

Adapt the space to the client's needs
Ensure accessibility (e.g., use of assistive devices, appropriate seating) and check regularly if the client feels physically secure.

Scenario flow

Start	
Participant state and action	
Client sits on a chair.	
	Description
Expected learner action	The therapist welcomes the client, greets her, and invites her to sit on a chair (*assists with seating if needed because of low vision if conducted in presence*). Therapist introduces themselves (name, role, explains topic of the interview/occupational therapy approach to the interview, explains what occupational therapy is) and asks about the client's needs (water, other assistance). After the client has settled down, the therapist explains the purpose of the therapy session, what they will (in general) discuss, states the duration of the interview, confidentiality, and asks for permission to write information.
Key learning points	• Importance of patient-centered care, showing respect and establishing a safe environment. • Orienting the client to the occupational therapy as profession, interview process, obtaining consent. • Starting to develop a professional relationship with a client using communication skills

Trigger for next action	Completing the introduction. The therapist explains the course of the therapy session and explains that this is an assessment interview to find out the impairments in everyday life. The therapy should start after this assessment interview.

Action 1	
Participant state and action	
The therapist starts with the DASH assessment and the questions. The therapist asks the client to carry out an activity (item 2: writing) to observe it. The occupational therapist asks all 30 questions of the DASH verbally and fills out the scoring since the client can't use the pen properly and without pain.	
	Description
Expected learner action	The client answers the therapist's questions and assesses his/her abilities according to the movement restrictions in everyday life. The client reacts with surprise and incomprehension to the question 21 about sexual activity.
Key learning points	• Developing communication skills for posing questions and active listening. • Showing empathy (if relevant). • Taking notes. • Therapist observes the situation. Maintaining an occupational focus.
Trigger for next action	Completing the 30 questions of the DASH. The occupational therapist asks if there are any unanswered questions

Action 2	
Participant state and action	
The occupational therapist thanks him/her for him/her work and gives an outlook on the upcoming sessions.	
	Description
Expected learner action	Announcing the conclusion of the interview *(e.g. We're coming to the end of our conversation.)* Briefly announcing the plan for the next sessions.
Key learning points	• Summarizing the most important conclusions. • Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps with the client).
Trigger for next action	Thanking the client for their cooperation.

End	
Participant state and action	
See the client off.	
	Description
Expected learner action	Thanking the client for cooperation and saying goodbye.
Key learning points	Demonstrating client-centered care, showing respect, and providing assistance if needed.

Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview. (Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (role player/simulant, OT/learner, student observer with their observation tasks). Facilitator leads discussion, provides feedback, and poses question to prompt reflection on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:

- The content and procedures of the simulations, including any personal data shared.
- Observations and feedback received from or given to other students or instructors.
- The students will not share or discuss any of this course-related information outside of the class.

2. Mutual respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:

- Open and constructive communication.
- Refraining from discriminatory or disrespectful remarks or actions.
- Acknowledging the individual learning processes and challenges of all students.
- Respecting the instructions and framework provided by the instructors.

3. Responsibility for the learning process
The students take responsibility for their own learning process and:

- Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
- Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

Which kind of information about the DASH could you give?
Which information about interview process is important? (e.g. consent)
What kind of explanation can you give in terms of Question 21, sexual activity? Why is it mentioned?
How can you finish this OT interview?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Mr./Mrs. Christiner
Age	63 years old
Sex	Male/female (gender can be modified)
Personal factors	Married, two children who live away from home, four grandchildren
Ethnicity and cultural context	Austrian
Reason the participant is seeking OT service and concerns related to engagement in occupations	High-grade activated finger polyarthritis on both sides (Heberden/Bouchard), rhizarthrosis on both sides, restrictions in the performance of everyday activities

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The 63-year-old client sits with a slight forward lean, moving cautiously to avoid pain. Their hands show clear signs of advanced arthritis — swollen finger joints with visible nodules and stiff, inflamed thumbs. Every movement is slow and deliberate, and they often pause before using their hands, as if bracing for discomfort. Their expression is tired, with eyes that occasionally avoid contact, especially when discussing daily routines or lost activities. Speech is quiet and thoughtful, often tinged with frustration or sadness. While neatly dressed, they admit needing more time and effort to manage self-care. The client appears emotionally withdrawn, showing signs of low mood and irritability, yet still tries to maintain a sense of control and independence.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	The client saw a rheumatologist in private practice who referred her for occupational therapy.

Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Improving daily activities like putting on shoes, preparing food, closing and opening buttons, ironing and writing.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Increased emotional withdrawal and frustration, particularly after losing independence in some ADLs; reduced social participation
Sensory functions and pain	The client has pain (VAS 6) in their long fingers and thumb saddle joints on both sides.
Neuromusculoskeletal and movement-related functions	Their finger joints, especially the DIP and PIP, are oedematous. Fist closure is not fully possible, especially the two index fingers are severely restricted in flexion. A thumb-long finger position is possible but causes her pain (VAS 5).
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Restrictions when getting dressed (opening and closing fasteners, putting on shoes)
Productivity *(including (paid) work and education)*	Restrictions when preparing food (cutting, handling)
Leisure and play	The client enjoys walking and working in the garden a lot.

Environmental factors	
Physical environment	The client lives with their partner in a house in the country
Social environment	Together with their partner, the client enjoys playing with their grandchildren (aged 2 and 5) both indoors and outdoors. The client is a passionate cook and always spoils the whole family. Social life is very important.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
COPM	Putting on shoes (importance:10, satisfaction: 3), preparing food (importance:9, satisfaction:3), closing and opening buttons (importance: 8, satisfaction:3), ironing (importance; 7, satisfaction: 4), writing (importance: 5, satisfaction: 4);	See COPM sheet (attachment)

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Increased emotional withdrawal and frustration, particularly after losing independence in some ADLs; reduced social participation
Sensory functions and pain	The client has pain (VAS 6) in their long fingers and thumb saddle joints on both sides.
Neuromusculoskeletal and movement-related functions	Their finger joints, especially the DIP and PIP, are oedematous. Fist closure is not fully possible, especially the two index fingers are severely restricted in flexion. A thumb-long finger position is possible but causes her pain (VAS 5).
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Restrictions when getting dressed (opening and closing fasteners, putting on shoes)
Productivity *(including (paid) work and education)*	Restrictions when preparing food (cutting, handling)
Leisure and play	The client enjoys walking and working in her garden a lot.

Environmental factors	
Physical environment	The client lives with their partner in a house in the country
Social environment	Together with their partner, the client enjoys playing with their grandchildren (aged 2 and 5) both indoors and outdoors. The client is a passionate cook and always spoils the whole family. Social life is very important.
Services, systems and policies	

5.2 Other relevant details

- The client contacts you with a request for a series of occupational therapy sessions at your occupational therapy practice. You arrange an initial appointment with them. During the telephone conversation, you ask in advance about the diagnosis of high-grade activated finger polyarthritis on both sides (Heberden/Bouchard), rhizarthrosis on both sides.
- After your clinical reasoning process, you select the COPM as an assessment to determine the limitations and, above all, the importance of the activities. To gain a more detailed insight into their impairments in everyday life, you select the DASH as an assessment. Now administer it in today's unit in order to define the main problems and plan the therapy based on the evaluation. Have the client show you an activity from the DASH (writing) and observe how he/she carries out this activity (referring to COPM results).

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Lately, you've been withdrawing more emotionally, especially after situations where you've lost some independence — like getting dressed or preparing meals. These moments leave you feeling frustrated and discouraged. You sometimes react with irritation or prefer to withdraw rather than ask for help.
Sensory functions and pain	You have pain (VAS 6) in your long fingers and thumb saddle joints on both hands.
Neuromusculoskeletal and movement-related functions	Your finger joints, especially the DIP and PIP joints, are swollen. You can't fully close your fists — flexion in both index fingers is particularly limited. You're able to bring your thumb toward your fingers, but it causes pain (VAS 5).
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	You have noticeable difficulties when getting dressed. Opening and closing fasteners, like buttons or zippers, is challenging and often frustrating. Putting on shoes also takes more time and effort, especially when you need to bend down or use your hands for fine movements.
Productivity *(including (paid) work and education)*	You experience difficulties when preparing food. Cutting ingredients or handling kitchen tools is challenging and often painful. You find it hard to grip utensils firmly, and tasks like peeling, chopping, or opening containers take much longer or are sometimes not possible without help.
Leisure and play	You've started to take part less in social activities and meet-ups with friends. Things that used to bring you joy now often feel too exhausting or no longer accessible

Environmental factors	
Physical environment	You live in a house in the country, have a large garden where you grow vegetables/fruit and also many flowers.
Social environment	You are married (partner: 65 years old), you have two grown-up children (both live nearby), four grandchildren, you regularly meet up with friends.
Services, systems and policies	/

6.2 Other relevant details

- The occupational therapist would like you to complete the questionnaire on your own during the session. Based on your condition today and your underlying condition, you state that you have too much pain and restrictions in your fingers today and ask her to complete the questionnaire for you.
- Question 21 of the DASH deals with sexual activity: After the occupational therapist's question, you react very surprised, embarrassed and ask what this has to do with the illness for which you are being treated by her.
- You would like to undergo a series of occupational therapy sessions to improve the pain and restricted movement in your hand and make your everyday life easier and pain-free again.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

“Were clear instructions given for the OT interview?"
“Did the client have enough information about the DASH assessment?"
“How did the OT/client react on the Question 21 in terms of sexual activity? How was the situation being handled?"
“How was the communication in general?"
“How was the therapy ended? Was there a clear end and a future perspective for the client?"

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The SimOT Compass is completed in advance by the teaching staff and printed copies are provided to the observing participants prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to assess whether the observable learning objectives are being met.
  They are instructed to make written notes about their observations in relation to each learning objective.
- As part of the PEARLS debriefing process, during Phase 3: Analysis, the observing participants use their notes and assessments from the SimOT Compass to give structured feedback to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to complete a self-assessment based on the same learning objectives. This allows for reflection on their own performance and evaluation of learning goal achievement from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed case study [incl. instructions for OT, client (+ completed COPM sheet), and student observers]
Physical environment: • Blank DASH sheet • 1 table • 2 armchairs • Paper, pencil
Three rooms (*if conducted in presence):* SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system
Technical requirements (*if conducted in presence, otherwise only MS Teams)*: • High-definition cameras (fixed and mobile) • High-quality microphones (room and lavalier if needed) • SimStation server and software suite (recording, playback, annotation) • Touchscreen controls or PC workstations • Network connections to synchronize room • Backup storage for session recordings

SIMBA

Simulation-based learning in occupational therapy education

Conducting the DASH assessment with a rheumatological client

AP UNIVERSITY OF APPLIED SCIENCES AND ARTS ANTWERP
FH JOANNEUM University of Applied Sciences
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Rhizarthrosis

- Degenerative disease, chronic wear of the carpometacarpal joint I, often also on both sides
- The articular cartilage between Os trapezium and Os metacarpale I is affected

Symptoms

- Loss of strength when gripping
- Fatigue and exertion pain
- Continuous pain, night pain only later
- Muscle pain in the ball of the thumb, thumb saddle, pressure pain CM joint I
- Radiation into the radial forearm
- Muscle atrophy in the ball of the thumb
- Crepitations, subluxations Os metacarp.I, secondary ligament instabilities

Polyarthrosis of the finger

- Generally degenerative disease from the rheumatic spectrum
- In this case study ‘activated arthrosis’ □current inflammation in the small joints DIP and PIP

Symptoms

- Pain
- Oedema
- Restriction of movement
- Loss of strength when gripping

DASH – Disabilities of Arm, Shoulder and Hand

- Questionnaire to record functional limitations of the entire upper extremity
- Consists of 30 questions, optional sports and music module
- Patient should assess their own abilities and symptoms in relation to the past week
- Scale 1-5:
  - 1 = no difficulties to 5 = not possible
  - 1 = no symptoms to 5 = extreme discomfort

References

- Gruber, A. & Donhauser-Gruber, U. (2013). Rheuma: Untersuchen und Behandeln entzündlich rheumatischer Erkrankungen. Thieme Verlag
- Koesling, C.& Bollinger Herzka, T. (2008). Ergotherapie in der Orthopädie, Traumatologie und Rheumatologie. Thieme Verlag
- Institute for Work & Health (o.D.) *DASH.* Abgerufen am 21.05.2024 von DASH | Welcome to our website where you will find up-to-date information about the DASH Outcome Measure, the QuickDASHand related DASH (iwh.on.ca)

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Case study

Learnscenario 4: Conducting the DASH assessment with a rheumatological client

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Case study

Name: Mrs Christiner

Ager: 63 years

Gender: female

Current diagnoses: High-grade activated finger polyarthritis on both sides (Heberden/Bouchard), rhizarthrosis on both sides

Further information: Married, lives with spouse in a house in the country, two children who live away from home, four grandchildren

Main problem in everyday life: Pain and restricted movement in the long fingers and thumbs, resulting in restrictions when getting dressed (opening and closing fasteners, putting on shoes) and preparing food (cutting, handling).

Reason for referral: To carry out an initial assessment using the DASH assessment so that occupational therapy can then be started.

Functional status: The client has pain (VAS 6) in her long fingers and thumb saddle joints on both sides. Her finger joints, especially the DIP and PIP, are oedematous. Fist closure is not fully possible, especially the two index fingers are severely restricted in flexion. Thumb-long finger opposition is possible, but causes pain (VAS 5).

Social history: The client enjoys walking/walking and likes to work a lot in her garden. Together with her spouse, she enjoys playing with her grandchildren (aged 2 and 5) both indoors and outdoors. She is a passionate cook and always spoils the whole family. Social life is very important to her, she enjoys going on outings/visits with her spouse***.***

Psychosocial background & support: married (spouse: 65 years old), two adult children (both live nearby), four grandchildren; regular meetings with friends

Environmental and contextual considerations: Client and spouse live in a house in the countryside. They have a large garden where the client has vegetables/fruit and also many flowers to look after.

The client would like to carry out a series of occupational therapy sessions to improve the pain and restricted movement in her hand and thus make her everyday life less painful and easier to cope with.

Client instructions

Important during the simulation:

- Speak out loud

- Turn towards the camera

- Let the other person finish

Aim of today's simulation: Carry out a DASH assessment with the client

Your occupational therapist has already carried out the COPM with you to assess the limitations and, above all, the importance of the activities. In order to gain a more detailed insight into your impairments in everyday life, she now selects another assessment, the DASH.

The occupational therapist would like you to complete the questionnaire on your own during the session. Based on your condition today and your underlying illness, you indicate that you are experiencing too much pain and restrictions in your fingers today and ask her to complete the questionnaire for you.

Due to your rhizarthrosis on both sides and your activated finger polyarthritis, you currently have severe pain in these joints (VAS 6). Your finger joints, especially the DIP and PIP, are oedematous. Fist closure is not fully possible, especially the two index fingers are severely restricted in flexion. A thumb-long finger position is possible, but causes you pain (VAS 5).

You enjoy walking/walking and work a lot in your garden. Together with your spouse, you enjoy playing with your grandchildren (aged 2 and 5) both indoors and outdoors. You are a passionate cook and always spoil the whole family. Social life is very important to you and you enjoy going on outings/visits with your spouse.

You are married (spouse:in: 65 years old), you have two grown-up children (both live nearby), four grandchildren, you meet up with friends regularly. You live in a house in the country, have a large garden where you grow vegetables/fruit and also many flowers.

Question 21 of the DASH deals with sexual activity: After the occupational therapist's question, you react very surprised, embarrassed and ask what this has to do with the illness for which you are being treated by her.

You would like to undergo a series of occupational therapy sessions to improve the pain and restricted movement in your hand and make your everyday life easier and pain-free again.

Instructions for occupational therapist

Important during the simulation:

- Speak out loud

- Turn towards the camera

- Let the other person finish

Aim of today's simulation: Carry out a DASH assessment with the client

The client contacts you with a request for a series of occupational therapy sessions at your outpatient practice. You arrange an initial appointment with her. During the telephone conversation, you ask in advance about the diagnosis of high-grade activated finger polyarthritis on both sides (Heberden/Bouchard), rhizarthrosis on both sides.

After your clinical reasoning process, you select the COPM as an assessment to determine the limitations and, above all, the importance of the activities. To gain a more detailed insight into their impairments in everyday life, you select the DASH as an assessment. Now administer it in today's unit in order to define the main problems and plan the therapy based on the evaluation. Have her show you an activity from the DASH (writing) and observe how she carries out this activity. The writing activity because she has already indicated this as a problem area in the COPM.

SCORING

PERFORMANCE (How would you rate the way you do this activity now?)

1 = not able to do it at all ⟷ **10 = able to do it extremely well**

SATISFACTION (How satisfied are you with the way you do this activity now?)

1 = not satisfied at all ⟷ **10 = extremely satisfied**

TIME 1: ____/____/____ TIME 2: ____/____/____

OP Problems	Impt	Performance T_1	Satisfaction T_1	Performance T_2	Satisfaction T_2
1. Putting on shoes	10	7	3		
2. Prepare a meal	9	8	3		
3. Closing and opening fasteners	8	7	3		
4. Ironing	7	6	4		
5. Paperwork	5	6	4		
		Total Performance T_1	Total Satisfaction T_1	Total Performance T_2	Total Satisfaction T_2
TOTAL SCORES		34	17		
		Average Performance T_1	Average Satisfaction T_1	Average Performance T_2	Average Satisfaction T_2
AVERAGE SCORES (Total score / number of problems)		6,8	3,4		
				Change in Performance	Change in Satisfaction
CHANGE SCORES (T2 – T1)					

NOTES AND OBSERVATIONS

Initial Assessment _____

Re-assessment _____

COPM

Canadian Occupational Performance Measure

The **Canadian Occupational Performance Measure (COPM)** supports high-quality, client-centred, occupation-based practice. The COPM is an individualized measure designed to detect change in a client's self-perception of occupational performance over time. The COPM is intended for use as an outcome measure. As such, it should be administered at the beginning of service to establish intervention goals, and again at an appropriate interval thereafter to determine progress and outcome.

The COPM is used to:

- identify problem areas in occupational performance;
- provide a rating of the client's priorities in occupational performance;
- evaluate performance and satisfaction relative to those problem areas;
- provide the basis for goal-setting; and,
- measure changes in a client's perception of his/her occupational performance over the course of occupational therapy intervention.

CLIENT INFORMATION

Client name: Mrs. C.

Client date of birth: 25/05/1961

Initial assessment: ____/____/____ **Re-assessment:** ____/____/____

Therapist name: _____

COPM
Canadian Occupational Performance Measure

The COPM is completed in 5 steps:

1. Identify occupational performance problems.
   The definition of a problem is:
   An occupation that a person WANTS TO DO, NEEDS TO DO or IS EXPECTED TO DO, BUT CAN'T DO, DOESN'T DO or ISN'T SATISFIED WITH THE WAY THEY DO.
2. Once specific *occupational performance* problems have been identified, the client is asked to rate each one in terms of its IMPORTANCE in his or her life. Importance is rated on a ten-point scale.
   1= not important at all **10 = extremely important**
3. Ask the client to choose up to five problems that seem most pressing or important, using the ratings just done.
4. Rate: PERFORMANCE (How would you rate the way you do this activity now?) and SATISFACTION (How satisfied are you with the way you do this activity now?)
5. Establish date for re-assessment.

SELF CARE

Self care includes occupations aimed at getting ready for the day and getting around. In the COPM, we measure three aspects of self-care: personal care, functional mobility, and community management.

	IMPORTANCE
Personal care	
Putting on shoes	10
Closing and opening fasteners	8
Functional mobility	
Community management	
Paperwork (accounting)	

PRODUCTIVITY

Productivity includes occupations aimed at earning a living, maintaining home and family, providing service to others and/or developing one's capabilities. The COPM measures three types of productive activity: paid or unpaid work, household management, and school/play.

	IMPORTANCE
Paid or unpaid work	
Household management	
Prepare a meal	9
Ironing	7
Kneel on the floor and clean	5
School and/or play	

LEISURE

Leisure includes the occupations performed by an individual when freed from the obligation to be productive. The COPM includes quiet recreation, active recreation, and socialization.

	IMPORTANCE
Quiet recreation	
Sew in buttons	5
Active recreation	
Walking	2
Socialization	

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 5: ADL-training with a neurological client: dressing the upper body

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	ADL-training with a neurological client: dressing the upper body
Key words	rehabilitation clinic, neurological client, brachial plexus injury, ADL intervention, dressing the upper extremity
Brief description	The simulation provides an opportunity to learn, practice and perform a structured observation situation and give verbal instructions on the activity of dressing (putting on a t-shirt and jacket) in a safe and simulated environment of a therapy room in a rehabilitation clinic. The client to be observed has been diagnosed with a brachial plexus injury after a heavy motorbike accident. He also shows cognitive deficits in short-term memory and memorizing ability throughout the rehabilitation stay (which the therapist is not informed yet). The aim of the therapy session is to provide instructions on how to put on a t-shirt and a jacket with one functional hand as well as to provide advice regarding strategies to close the jacket.

Simulation setup

Simulation modality	Role play		
Context	Rehabilitation clinic		
Environment	☒ **Physical**	**Description**	• printed case study • instructions for OT, client and student observers
		Materials	• 1 table • 2 chairs • 1 t-shirt • 1 jacket with zipper • (Pictures of) devices that can be used for dressing ○ gripping pliers, Key rings, buttonhole aid, shoehorn, anti-slip foil • 1 therapy bed (optional) • 1-2 bandages (client) • Paper, pen, post-its • Three rooms required, containing the following description of the digital/virtual column:
	☒ **Digital/Virtual**	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

		Materials	**1. Simulation room (Scenario room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation system components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations
			• Network connections to synchronize rooms
			• Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	In this scenario, the participant (client) attending the occupational therapy consultation is being simulated by a student.
Other simulated participant *Please specify in extra information*		
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor learner's application of communication skills and interview protocol, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	Short client description and medical background information for everyone, followed by the role-division: • **OT** • **Client** • **Student observers**
Prebriefing *Student preparation*	45 minutes	**Plenum** Go to 2.b. student preparation
	10 minutes	**OT + Client (separate room)** • The client is provided with equipment to help them get into role (left-handed weight bandage) and with the OT, they are also wired and fitted with headsets. **Group** • The group is given questions about what they should observe during the simulation and then give feedback (SimOT Compass).
Simulation activity	25 minutes	Conducting of the simulated learning scenario
Debriefing	45 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SIMBA Assessment.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	Planning and conducting the occupational therapy intervention of dressing the upper extremity and giving advice in terms of further strategies • B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process. • B.2. Occupational therapists demonstrate competencies in managing and conducting the occupational therapy process. • B.2.3. Occupational therapists demonstrate competencies for implementing, monitoring, evaluating, adjusting, and concluding occupational therapy interventions.
Domain C: Developing and maintaining professional relationships and partnerships	Verbal communication skills, client counselling, showing understanding, support and compassion to the client • C.1. Occupational therapists demonstrate competencies in engaging in effective professional communication. • C.2.1. Occupational therapists establish and maintain relationships and partnerships with clients.
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• Students will be able to instruct the client verbally or tactilely in putting on a t-shirt with one hand. • Students will be able to give advice to the client on strategies or modifications for putting on the jacket with one hand. • Students will be able to pass on for memorising strategies for dressing the upper extremity while using visual, physical or written reminders.
Domain C	• Students will be able to give clear instruction of how-to put on clothing for the upper extremity. • Students show understanding of the unknown situation of undressing oneself in front of a therapist. • Students respond promptly and effectively to questions and concerns raised by the client about how to dress up at home all by himself.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1. Occupational therapists possess knowledge about occupation and humans as occupational beings	Knowledge about occupation itself
A.5. Occupational therapists possess general medical and professional knowledge about:	Knowledge about neurological diseases or symptoms like peripheral nerve disorders
B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process.	Creative problem-solving strategies in communication in challenging situations
C.1. Occupational therapists demonstrate competencies in engaging in effective professional communication.	Communication skills throughout the occupational therapy process and handling challenging situations

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Case study (short client description, general information about the simulation and specific information for the different roles) (prebriefing) • SimOT Compass (prebriefing) • Devices and adaptation options for dressing a t-shirt and jacket in the simulation room • bandages for client in the simulation room
Preparing the environment of the simulation	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system:** • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Decision-making about the roles	• The simulation is carried out as part of a role play. • The occupational therapist must be played by a student, the client is also played by one student but can also be played by actors. • The student observers do get specific observation tasks for the simulation itself.
Prepare the client/OT	• The OT is provided with equipment to help him/her get into the role and is also wired and fitted with a headset. • The client is provided with equipment to help him/her get into role (weighted bandage on the left arm) and is also wired and fitted with a headset.

Staff

Role	*Description*	Number
OT educator/instructors	In a typical simulation session, two instructors work together to guide, observe, and support the students. Their roles are complementary and help ensure a smooth, effective learning experience.	2
Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides students to analyse their performance, identify strengths and weaknesses, and extract lessons learned. • Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	Acts as the **technical operator and support instructor**.
	
	• Controls the simulation equipment and environment:
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, patient documentation, and any environmental changes.
	• Observes participant behavior from a technical or clinical perspective and takes notes for the debriefing.
	
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	  ○ Highlights technical aspects or subtle details the students might have missed.
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Students are informed about the client's diagnosis (brachial plexus injury) through PowerPoint slides during a lecture. It can be also only a short revision of the content.	PowerPoint slides on diagnosis of brachial plexus injury.
Students are provided with an article and a video about one-handed training regarding various ADLs to gain a better understanding for the client beforehand. It can be also only a short revision of the content.	• Article about one-handed training • Video about one-handed strategies
Students self-experience the instructions of how to use one-handed knot for one shoe, dress-up one shoe, put on and off one t-shirt to gain a better understanding before meeting the client. It can be also only a short revision of the content.	Basis of • Article about one-handed training • Video about one-handed strategies

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	45 minutes required before starting the simulation
☐ **Post-SBL assignment**	

References

Antoniadis, G., Harhaus, L., & Assmus, H. (2021). *Chirurgie peripherer Nerven kompakt*. Springer Berlin/Heidelberg.

Ebert, J., & Hamilton, L. (2015). Im Ein-Hand-Modus–Einhändertraining in der Selbstversorgung. *ergopraxis*, *8*(04), 28-31.

ILCTas. (2014). *A Handy Guide to managing everyday activities with one hand.* Community Support Levy. https://ilct.com.au/uploads/general/Info-Sheets/20170327_Handy-Guide-one-hand.pdf

Koesling, C., & Herzka, T. B. (Eds.). (2018). *Ergotherapie in Orthopädie, Traumatologie und Rheumatologie*. Georg Thieme Verlag.

Li, H., Chen, J., Wang, J., Zhang, T., & Chen, Z. (2023). Review of rehabilitation protocols for brachial plexus injury. *Frontiers in Neurology*, *14*, 1084223.

Strobl, W. M., Abel, C., Pitz, E., & Schikora, N. (2021). *Therapeutisches Arbeiten in der Neuroorthopädie: Multiprofessionelle Teamarbeit und transdisziplinäres Denken*. Springer.

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour
The OT guides the client into the therapy room and offers the client a seat.
The OT is making sure that the client feels safe during the OT intervention (especially while being lightly dressed).

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness, especially for putting on/off clothing.

Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.

Adapt the space to the client's needs
Ensure accessibility (e.g., use of assistive devices, appropriate seating) and check regularly if the client feels physically secure.

Empower the client
Involve them in decision-making processes while dressing themselves to promote autonomy and confidence.

Scenario flow

Start

Participant state and action

The client is to be greeted in the waiting room and accompanied to the individual therapy room, where there is a table, two chairs and one therapy bed.

	Description
Expected learner action	The therapist welcomes the client, greets him, and invites him to sit on a chair (assists with seating if needed) and asks about the client's needs (water, other assistance). After the client has settled down, the therapist explains the need for the ADL training focusing on the upper extremity which they have discussed last therapy session.

Key learning points	• Importance of patient-centred care, showing respect and establishing a safe environment. • Orienting the client to the occupational therapy as profession and need for strategies for (un)dressing the upper extremity. • Starting to develop a professional relationship with a client using communication skills.
Trigger for next action	Completing the introduction and explanation of the procedure.

Action 1	
Participant state and action	
Therapist asks client to show him how he would put on a t-shirt. It seems that the client struggles with his impaired left arm and gets stuck in the t-shirt. After that, the therapist shows the client how he could put on the t-shirt with just one hand by showing him the strategy first on him/herself and instruct the client verbally and/or tactically.	
	Description
Expected learner action	Based on the quick activity analysis of putting on the t-shirt, the therapist shows a one-handed strategy to put on the t-shirt called the “nest technique”. The client watches quite closely. After that, the therapist instructs the client to do it by himself while the therapist realizes, that though he has just watched the strategy on the therapist, he has forgotten the way of how to do it. The therapist has to do the following: • verbally instruct the client in a short, very clear way • If needed, the OT has to work “hands-on” with the client and tactilely instruct the client while preparing the t-shirt. • If needed, a revision of putting on the t-shirt would be helpful for the client to remember the steps. • In addition, the OT realizes that he/she should use some reminders for the one-handed t-shirt strategy like using the client’s phone to make pictures or write it down on paper.
Key learning points	• Managing the intervention process flow (e.g. structure the intervention of analysis, showing the strategy and do it by the client himself). • Showing empathy (while putting off clothes, making the client feel comfortable). • Maintaining an occupational focus. • Offering client opportunities to add own ideas and thoughts about the new one-handed strategy. • Instruct very clearly based on the patient's needs and comfort.
Trigger for next action	The client is able to wear his t-shirt and is ready for putting on the jacket.

Action 2	
Participant state and action	
Continue the intervention for putting on clothes on the upper extremity by asking the client to put on his jackets by himself (at that time, the jacket is open). The jacket should be closed at the end.	
	Description

Expected learner action	Followed by another quick activity analysis of putting on the jacket and the trial-error of closing the jacket, the therapist consults the client with different strategies of putting on the jacket: • Leaving the jacket open and first put the impaired arm in the jacket, followed by the right arm. After that, the therapist should also have a look on how the client would close the jacket if he would use the second variant. Again, the OT has to revise the strategy again to help the client remember the steps. OR • Using the same technique for the jacket as with the t-shirt If needed, the therapist can show the client different helping tools for putting on clothes of the upper extremity like the keyring. Depending on the strategy which works, the OT should take notes to support the client.
Key learning points	• Instruct very clearly based on the patient's needs and comfort. • Advising the client on strategies or modifications for putting on the jacket with one hand • Offering client opportunities to add own ideas and thoughts about the new one-handed strategy. • Ensuring that the client has the role of collaborator (e.g. while showing the different tools like a key ring to support the closing of the jacket). • Showing empathy (while putting off clothes, might making the client feel uncomfortable).
Trigger for next action	Bringing the intervention to an end while taking notes for a helping tool/the useful strategy of putting on the jacket and closing it.

End	
Participant state and action	
See the client off.	
	Description
Expected learner action	Thanking the client for cooperation with the learned strategies and discuss the next steps with him regarding some needed revisions in the following therapy sessions and saying goodbye. Also, let the client taking the notes for training with him. Assisting the client to get up from the chair and accompany to the door.
Key learning points	• Summarizing the most important conclusions. • Handing out memorising strategies for dressing the upper extremity while using visual, physical or written reminders. • Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps with the client). • Demonstrating client-centered care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview. (Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (role player/simulant, OT/learner, student observer with their observation tasks). Facilitator leads discussion, provides feedback, and poses questions to prompt reflection on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:

- The content and procedures of the simulations, including any personal data shared.
- Observations and feedback received from or given to other students or instructors.
- The students will not share or discuss any of this course-related information outside of the class.

2. Mutual respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:

- Open and constructive communication.
- Refraining from discriminatory or disrespectful remarks or actions.
- Acknowledging the individual learning processes and challenges of all students.
- Respecting the instructions and framework provided by the instructors.

3. Responsibility for the learning process
The students take responsibility for their own learning process and:

- Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
- Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

How could you help the client to get a better understanding of the strategy?
Which kind of instruction could you give?
Is there anything you could support the client to remember the steps?
Which other strategy could be helpful for the client, if he struggles with the “nest-technique”.
Which helping tools would support the client while closing the jacket?
Is there anything you could support the client to remember the steps?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Maximilian Huber
Age	39 years *(age can be modified, also possible for paediatrics, e.g. a teenager who just had a moped accident)*
Sex	male
Personal factors	The client is an IT specialist working for a mid-sized company. Before the accident, he worked full-time and had built a solid reputation within the company due to his expertise and dedication.
Ethnicity and cultural context	Austrian
Reason the participant is seeking OT service and concerns related to engagement in occupations	OT intervention focussing enhancing self-independence in ADLs like getting (un)dressed by himself after a brachial plexus injury after a heavy motorbike accident

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client appears physically fit, indicating his previously active lifestyle. The left arm is notably impaired due to the brachial plexus injury. There is reduced muscle mass and atrophy, particularly in the shoulder and upper arm areas, reflecting the loss of function and limited use of the arm. The skin on the left arm shows some discoloration and scars from the surgical procedures. The client moves cautiously to avoid pain, often holding the left arm in a protective posture.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	The 39-year-old client suffered a severe motorcycle accident two months ago, resulting in a significant injury to the brachial plexus on his left side. This injury led to a substantial loss of motor and sensory function in his left arm. As a left-handed individual, the client is greatly impacted in his daily activities. Following the accident, he was initially treated in the emergency department and subsequently admitted to a trauma hospital, where comprehensive diagnostics, including MRI and EMG, were conducted to determine the extent of nerve damage. Multiple surgical interventions were performed to reconstruct the damaged nerves and promote blood circulation and tissue regeneration. After his condition stabilized, the client was transferred to the rehabilitation center to receive targeted occupational and physical therapy.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Increased use of the left upper extremity in ADLs, IADLs
Other simulated participant *Please specify*	/

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	/
Sensory functions and pain	• Sensory perception: The client has diminished sensation in his left arm and hand, which affects his ability to detect temperature, texture, and pressure accurately. • Shoulder and neck pain
Neuromusculoskeletal and movement-related functions	• Left arm mobility: The client has severely restricted mobility in his left shoulder, elbow, and wrist. The arm shows signs of hemiparesis, resulting in very limited movement and control. Movements such as lifting, reaching, and rotating the arm are extremely restricted. • Coordination: The client's ability to coordinate movements between both hands is compromised, impacting activities that require bilateral hand use.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	• Dressing independently: The client struggles with tasks such as putting on clothes of the upper extremity in general, buttoning shirts, tying shoelaces, and putting on socks. • Personal hygiene: Activities like showering and brushing teeth are challenging. He finds it difficult to reach certain areas of his body with his right hand.
Productivity *(including (paid) work and education)*	

Leisure and play	

Environmental factors	
Physical environment	The client lives with his family in a single-family home that offers ample space and comfort. The house is well-equipped and accessible, which is helpful in his current situation. His partner currently takes on many of the daily tasks that the client is unable to perform due to his injury, such as cooking, shopping, and childcare.
Social environment	The client lives in a small town and is well-integrated into his community. He has a close circle of friends with whom he regularly spends time, engaging in outdoor activities or meeting up at cafés and restaurants. His family plays a crucial role in his life; he has a supportive partner and one school-aged children. The client is active in various local clubs, including a motorcycle club and a sports club, where he regularly trained and competed before the accident.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	• Sensory perception: The client has diminished sensation in his left arm and hand, which affects his ability to detect temperature, texture, and pressure accurately. • Shoulder and neck pain
Neuromusculoskeletal and movement-related functions	• Left arm mobility: The client has severely restricted mobility in his left shoulder, elbow, and wrist. The arm shows signs of hemiparesis, resulting in very limited movement and control. Movements such as lifting, reaching, and rotating the arm are extremely restricted. • Coordination: The client's ability to coordinate movements between both hands is compromised, impacting activities that require bilateral hand use.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	• Dressing Independently: The client struggles with tasks such as putting on clothes of the upper extremity in general, buttoning shirts, tying shoelaces, and putting on socks. • Personal Hygiene: Activities like showering and brushing teeth are challenging. He finds it difficult to reach certain areas of his body with his right hand.
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	The client lives with his family in a single-family home that offers ample space and comfort. The house is well-equipped and accessible, which is helpful in his current situation. His partner currently takes on many of the daily tasks that the client is unable to perform due to his injury, such as cooking, shopping, and childcare.
Social environment	The client lives in a small town and is well-integrated into his community. He has a close circle of friends with whom he regularly spends time, engaging in outdoor activities or meeting up at cafés and restaurants. His family plays a crucial role in his life; he has a supportive partner and one school-aged children. The client is active in various local clubs, including a motorcycle club and a sports club, where he regularly trained and competed before the accident.
Services, systems and policies	

5.2 Other relevant details

Your colleague asked to take over her client since she has the week off and has given you the task to focus on the ADL training with the client. The nurse also told you that the client struggles to get ready in the morning with putting on the t-shirt and his jacket. You have met the client yesterday for the first time in a robotic-assisted therapy session. In this session, you shortly addressed the ADL problem with him and decided to work on this ADL task today which he agreed on. Today you will meet your client and will work in an individual therapy room to provide privacy.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	There are cognitive deficits in short-term memory and memorising ability throughout the rehabilitation stay.
Sensory functions and pain	Sensation in the left arm and hand is also diminished, affecting the ability to accurately detect temperature, texture, and pressure.
Neuromusculoskeletal and movement-related functions	Due to a brachial plexus injury on the left side, there are significant limitations in various physical functions, particularly involving the left arm. Mobility in the left shoulder, elbow, and wrist is severely restricted. The arm shows signs of hemiparesis, resulting in very limited movement and control. At present, the client is unable to use the left arm and must rely entirely on the right arm, which poses an additional challenge, as one is normally left-handed. More time than usual is needed to complete everyday tasks, which can cause nervousness or frustration. There are no significant limitations in your legs, allowing to move around, climb stairs, and perform lower-body exercises without assistance.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	There may be difficulties with upper-body dressing in general, including tasks such as buttoning shirts, tying shoelaces, and putting on socks. Personal hygiene tasks like showering and brushing teeth can also be challenging. It may be difficult to reach certain areas of the body with only the right hand.
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	Life takes place in a single-family home shared with family members. The house offers sufficient space and is well-equipped and accessible, which is helpful under current circumstances. The partner may currently take over many daily responsibilities such as cooking, shopping, and childcare. Despite this support, there is a strong desire to regain independence and take over these tasks again. This urgency and sense of responsibility can lead to increased nervousness as time progresses.
Social environment	The client lives in a small town and be well-integrated into the community. A close circle of friends may regularly meet for outdoor activities or at cafés and restaurants. Family often plays a crucial role, with a supportive partner and a school-aged child. Parents may live nearby and provide additional help, especially since the injury. Being active in local clubs—such as a motorcycle club or a sports club—might have been an important part of life before the accident, offering not only physical activity but also strong social bonds. These social connections are often central to emotional well-being and serve as motivation during rehabilitation.

Services, systems and policies	

6.2 Other relevant details

You (the client) like your OT very much, since she was very helpful since you started rehab 2 weeks ago. She has told you that she will be on holidays and there is going to be an OT change, but you have forgotten it over the weekend. Your wish is to improve your self-independence like getting (un)dressed by yourself in the morning. Since you just can work with the right hand this has been really challenging for you and you don't have any strategy yet. When it comes to put on the jacket and closing it, you get nervous. As you forget a lot of things throughout the day, it is key that you get some notes of any kind with you. The following challenges could arise during the intervention:

- wondering if they have talked about the therapy plan containing dressing the upper extremity already
- forgetting the steps of putting on the t-shirt, even though the OT has shown it before
- opening the jacket before putting it on and struggles while starting with the right arm and is not using the same strategy
- getting confused with the helping tools such as the key ring

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

"How was the client verbally or tactilely guided to put on a T-shirt using one hand?"
"What strategies or modifications were suggested to the client for putting on a jacket with one hand?"
"How was the client informed about the use of adaptive aids, such as zipper pulls with keyrings, to support dressing?"
"What types of verbal, visual, or written cues were used to support the client in remembering the steps for upper body dressing?"
“Were clear instructions given for dressing the upper body garments?"
“Did the OT demonstrate understanding of the unfamiliar or potentially uncomfortable situation of undressing in front of a therapist?"
"Did the OT respond promptly and effectively to the client’s questions or concerns about dressing independently at home?"

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The SimOT Compass is completed in advance by the teaching staff and printed copies are provided to the observing participants prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to assess whether the observable learning objectives are being met.
  They are instructed to make written notes about their observations in relation to each learning objective.
- As part of the PEARLS debriefing process, during Phase 3: Analysis, the observing participants use their notes and assessments from the SimOT Compass to give structured feedback to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to complete a self-assessment based on the same learning objectives. This allows for reflection on their own performance and evaluation of learning goal achievement from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed case study (incl. instructions for OT, client and student observers)

Physical environment:
- 1 table
- 2 chairs
- 1 t-shirt
- 1 jacket with zipper
- Devices that can be used for dressing (gripping pliers, key rings, buttonhole aid, shoehorn, anti-slip foil)
- 1 therapy bed (optional)
- 1-2 bandages (client)
- Paper, pen, post-its

Three rooms:
- SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system

Technical requirements:
- High-definition cameras (fixed and mobile)
- High-quality microphones (room and lavalier if needed)
- SimStation server and software suite (recording, playback, annotation)
- Touchscreen controls or PC workstations
- Network connections to synchronize room
- Backup storage for session recordings

SIMBA

Simulation-based learning in occupational therapy education

ADL-training with a neurological client: dressing the upper body

AP UNIVERSITY OF APPLIED SCIENCES AND ARTS ANTWERP

ZDRAVSTVENO VELEUČILIŠTE ZV MCMLXVI

FH JOANNEUM University of Applied Sciences

ISTANBUL MEDİPOL UNIVERSITY

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Co-funded by the European Union

Simulation content

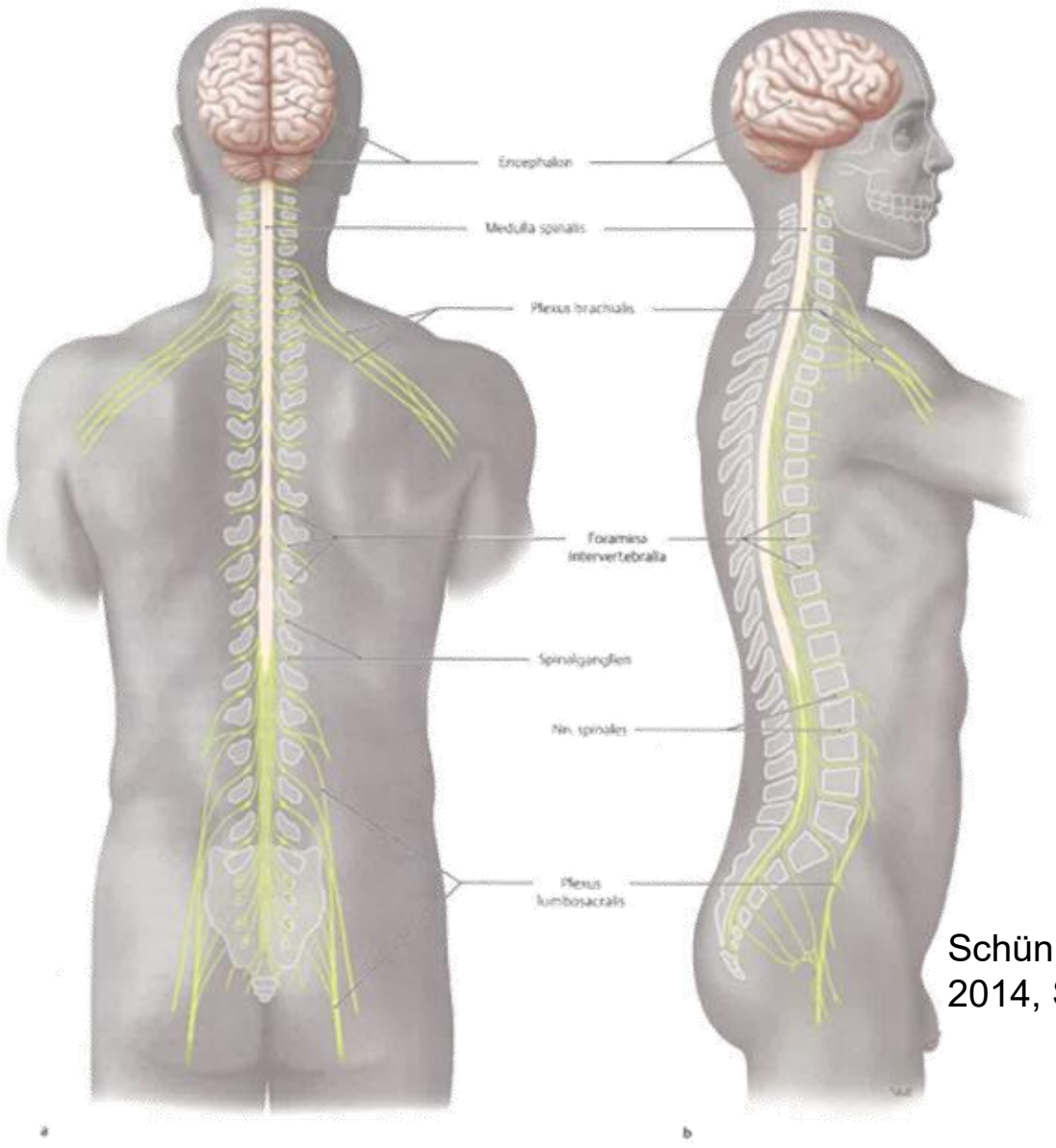
The simulation provides an opportunity to learn, practice and perform a structured observation situation and **give verbal instructions on the activity of dressing** (putting on a t-shirt and jacket) in a safe and simulated environment of a therapy room in a rehabilitation clinic. The client to be observed has been diagnosed with a **brachial plexus injury after a heavy motorbike accident.** The aim of the therapy session is to provide instructions on **how to put on a t-shirt and a jacket with one functional hand** as well as to **provide advice regarding strategies to close the jacket**. Possible adaptions/helping tools should be discussed.

The Field of Neurology

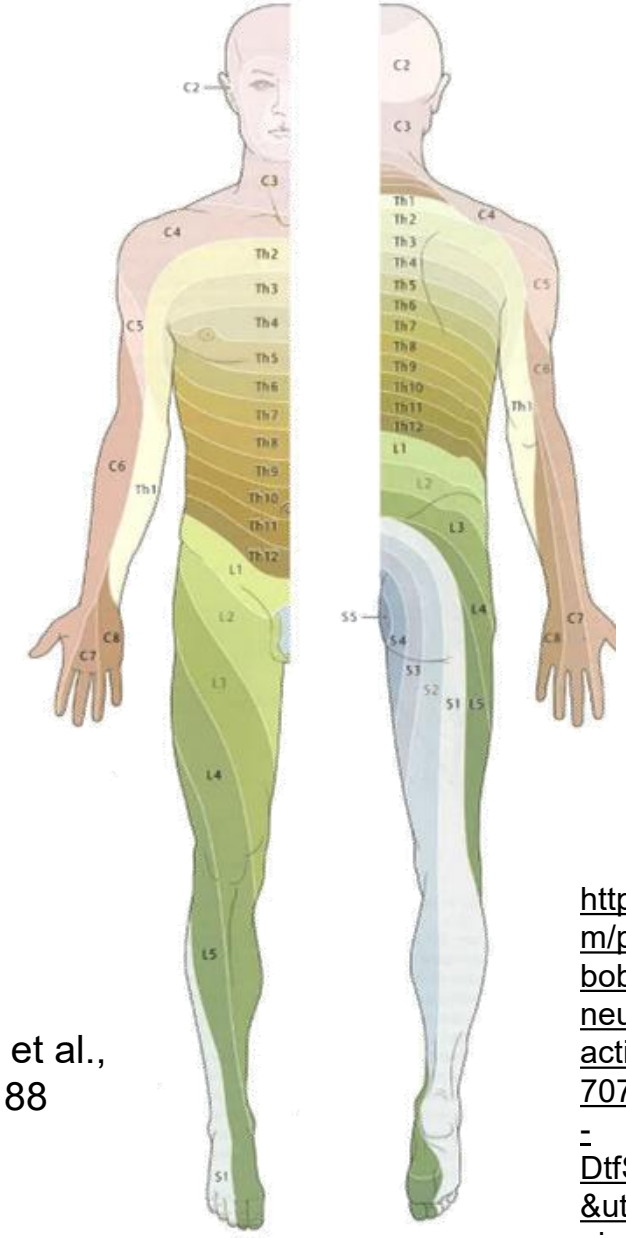
- ...deals with diagnostics, non-surgical therapy, prevention, and rehabilitation of brain, spinal cord, nerve, and muscle diseases

→ Close relation to psychiatry and internal medicine

→ Neurology also appears in other medical sub-disciplines (neuro-oncology, neuro-orthopedics, neuropediatrics...)



Schünke, M. et al., 2014, S. 78, 88



https://www.linkedin.com/posts/slava-bobrov_biology-neuroscience-medicine-activity-7075442009175449600-DtfS?utm_source=share&utm_medium=member_ios

Peripheral Nerve Injuries

- From the point where they exit the spinal cord...

→ **Peripheral motor nerve pathways** and/or

→ **peripheral sensory nerve pathways** can be damaged along their path to the muscle

Etiology

- Mechanical causes and trauma
- Inflammatory and immunological processes
- Thermal, chemical, or radiation damage
- Ischemia, occurring e.g. in compartment syndromes

Clinical Picture

- Damage varies in extent due to different factors:
- Motor, sensory, or mixed nerve?
- At what level was the nerve damaged?
- Which muscles or skin areas are supplied by the affected nerve fro the level of injury?

Motor Deficits

- Incomplete or no supply to the corresponding muscles
- Weakening or loss of muscle reflexes, resulting in muscle weakne or atrophy

Sensory Disturbances

- Hyposensitivity
- Paresthesia
- Complete loss of sensitivity
- Intolerance to cold stimuli

Secondary Consequences

- Muscle atrophy with predominance of antagonists
- Reduced strength due to non-use
- Contractures
- Deformities
- Increased risk of injury due to e.g., reduced temperature and pain perception

Medical Treatment

- *Primary surgical therapy:*
- Tension-free nerve suture in open injuries
- Nerve transplant in extensive injuries

- *Secondary surgical therapy:*
- Neurolysis
- Muscle transposition (relocation)
- ...

Postoperative Treatment principles such as immobilisation, mobilisation depending on the operation,damage,... may vary

Lesions of the Brachial Plexus

Divided into

- Upper plexus lesion (C5 - C6)
- lower plexus lesion(C8 -Th1)

C5: M. biceps brachii
C6: M. extensor carpi radialis
C8/Th1: short hand muscles, (Mm. interossei, Mm. Lumbricali,…), thumb (M. flexor pollicis brevis, longis; M. adductor pollicis)

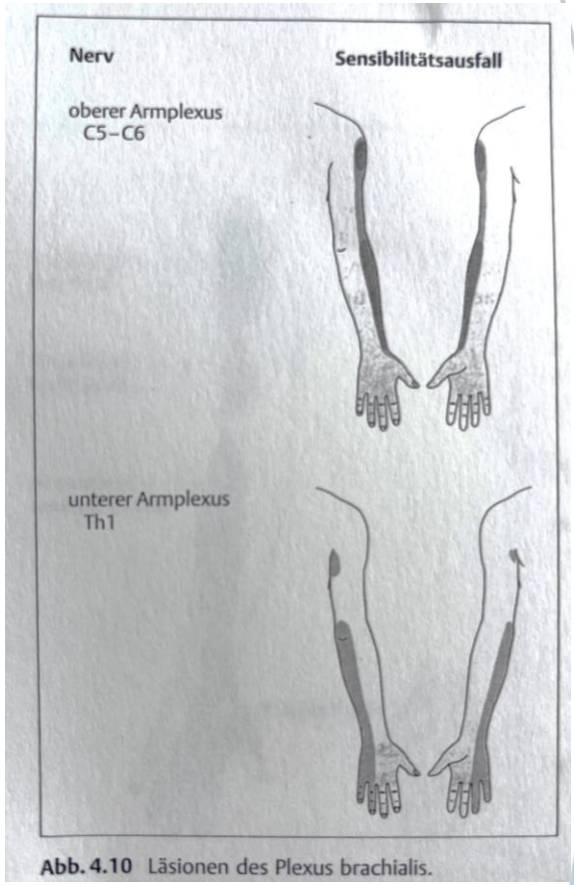


Abb. 4.10 Läsionen des Plexus brachialis.

Koesling & Herzka, 2018, S. 215

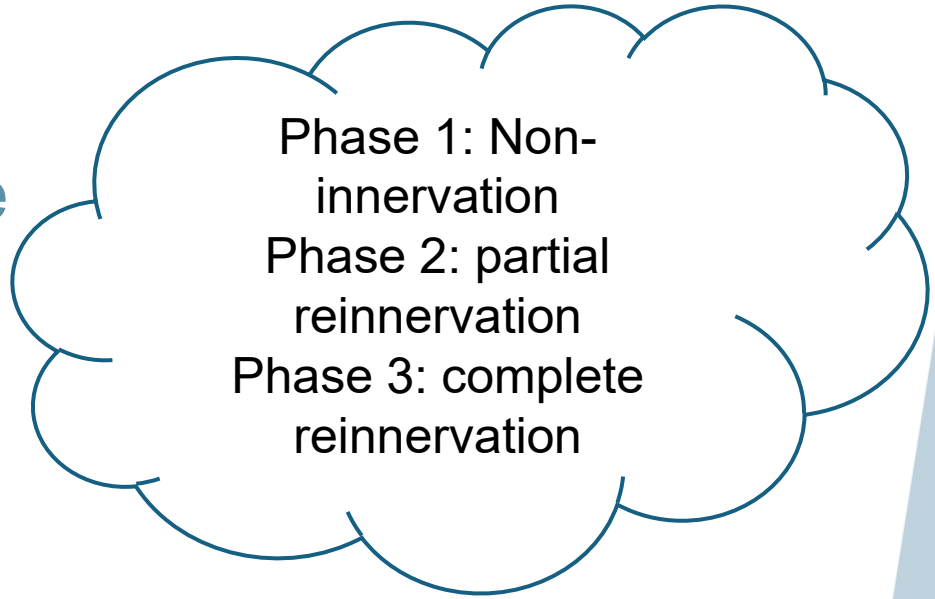
Etiology

- The most common cause is trauma, mostly motorcycle accidents (traction and/or compression leading to complete avulsion)
- Anatomical bottlenecks (e.g., scalene gap: thoracic outlet syndrome; space-occupying: backpack, tumors)

Functional Deficits

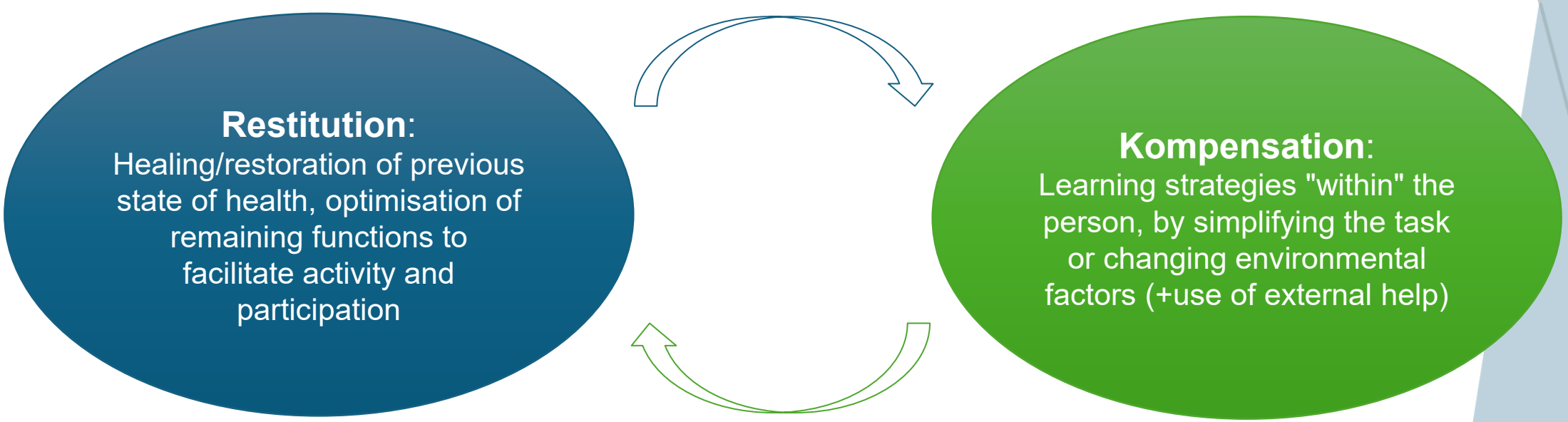
- Damage to the entire plexus: complete motor paralysis and sensory loss
- Partial lesion: varied damage patterns

→ Long regeneration time with permanent residual deficits: severe psychological stress



Peripheral nerve injuries
Fundamental Considerations at the Beginning

- Goal: Achieve Maximum Independence in Each Rehabilitation Phase
- Therapy planning focused on **restitution** and **compensation**



Specific treatment measures- functional level

- Positioning using abduction splint (within the first 3-4 weeks); splin treatment
- Contracture prophylaxis (passive mobilization)
- Development of compensation strategies regarding sensitivity
- Use of remaining function in everyday life
- Central initiation of motor and sensory reinnervation
- Promotion of sensitivity (OS+TS)
- ...

Specific treatment measures activity level

- **ADL Training: One-Handed Training for an (Un)Specified Time**
- Testing aids and adaptations
- Testing and practicing altered behaviors in everyday life
- Professional (re)orientation
- Reorientation in the leisure sector
- ….

Dressing Training
Preliminary Considerations

- General condition: circulatory stable, break necessary?
- Neuropsychological condition: sequence of complex strategies, concentration performance...
- One-handed techniques as compensation vs. restitution
- Use of aids yes/no?
- Preparatory measures (independently with occupational therapist* under supervision):
  - Adapt/adjust environment (bathroom adequate for client?)
  - Prepare necessary items such as towel, washcloth, clothing, incontinence pads... and keep them within reach

Dressing Training Execution

- **Undressing upper body:**

✓ Undressing upper body:

✓ Neck grip technique: pull the T-shirt collar over the head, lean the upper body slightly forward, pull the affected arm out of the T-shirt first, then the unaffected arm with thigh assistance

✓ Bra: Lower straps, push forward and open; undress like a T-shirt

✓ Button aid if needed

✓ ...

- **Undressing lower body:**

✓ Pants: slide pants down, unaffected leg first so the pants can be fixed when pulling out the affected leg or cross leg, or use a stool

✓ Socks and shoes: cross legs, use an undressing aid "boot jack" or shoehorn or grabber

✓ ...

Dressing Training Execution

- **Dressing upper body:**

✓ Always dress the affected side first (!)

✓ T-shirt: nest technique (roll up T-shirt sleeve to the armhole, place on thigh) place the affected arm in the nest, push far as possible toward the armpit, other sleeve as usual, and pull over the head

✓ Bra: close before dressing, push bra closures forward and then close, sports bra or sew closures together

✓ Jackets: close beforehand like a sweater; for zipper, use ring or closure aid (clipper)

...

- **Dressing lower body:**

✓ Always dress the affected side first (!)

✓ Pants: cross legs or use a stool; for closure: pants closure aid (clipper), insert rubber band, suspenders

✓ Socks: cross legs, spread hands over foot, or use towel technique/sock aid

✓ Shoes: shoehorn, one-handed technique for tying; alternatively, Velcro,

Dressing training aids





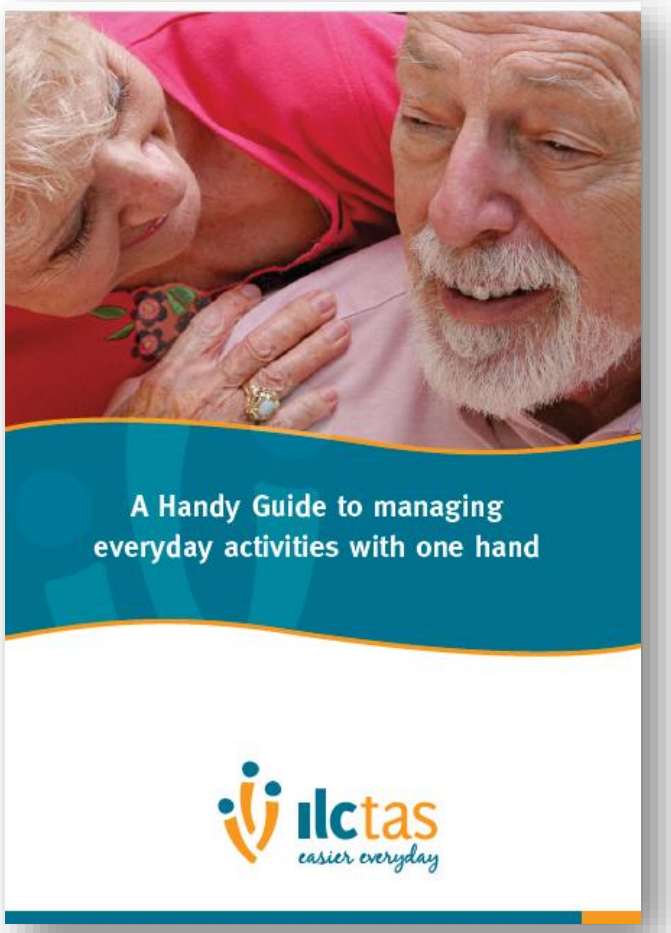
Abb.: Pflegebedarf, 2021; Thomashilfen, 2021







https://shop.thomashilfen.de/schlafzimmer-bad/
https://www.pflegebedarf24.de/katalog/german/Katalog.pdf



READING ORDER:
Page 9-19 with subsequent self-experience

References

- Antoniadis, G., Harhaus, L., & Assmus, H. (2021). Chirurgie peripherer Nerven kompakt. Springer Berlin/Heidelberg.
- BFARM. (o. D.). *ICD-11 in Deutsch - Entwurfsfassung*. https://www.bfarm.de/DE/Kodiersysteme/Klassifikationen/ICD/ICD-11/uebersetzung/_node.html;jsessionid=4871DBAD3ACB4C7C5922C64BDEBE022F.intranet662
- Diener, H. C., Weimar, C., Berlit, P. et al. (2012). *Leitlinien für Diagnostik und Therapie in der Neurologie. Herausgegeben von der Kommission „Leitlinien" der Deutschen Gesellschaft für Neurologie (DGN) (5.Auflage).* Thieme.
- Ebert, J., & Hamilton, L. (2015). Im Ein-Hand-Modus–Einhändertraining in der Selbstversorgung. *ergopraxis*, *8*(04), 28-31.
- Ergotherapie Austria. (2012). *Wieder zu Hause und alles anders* (2.Auflage).
- Gartung, A. (2021, 31.8.2024). *Einhandblog*. http://www.leben-mit-einer-hand.de/
- Götsch, K.. (2011). *Allgemeine und spezielle Krankheitslehre* (2.Aufllage). Thieme.
- Habermann, C. & Kolster, F. (2020). *Ergotherapie im Arbeitsfeld Neurologie* (3. Auflage). Georg Thieme Verlag.
- Haus, K. M. (2022). *Neurophysiologische Behandlung bei Erwachsenen und Kindern: Zentralneurologische Störungen verstehen und behandeln (*4.Auflage*)*. Springer-Verlag.
- Huber, M., Janssen, C., Lüscher, F. E., & Steck, G. A. C. (2022). *Motorisches Lernen in der Neuroreha*. Georg Thieme Verlag.
- ILCTas. (2014). A Handy Guide to managing everyday activities with one hand. Community Support Levy. https://ilct.com.au/uploads/general/Info-Sheets/20170327_Handy-Guide-one-hand.pdf
- Koesling, C., & Herzka, T. B. (Eds.). (2018). Ergotherapie in Orthopädie, Traumatologie und Rheumatologie. Georg Thieme Verlag.
- Kolster, F. & Schnee, S. (2020). Seminarunterlagen HoDT Grundkurs. Institut für HoDT Berlin.
- Schünke, M., Schulte, E., Schumacher, U., Voll, M., & Wesker, K. (2014). *LernAtlas der Anatomie. Allgemeine Anatomie und Bewegungssystem* (4. Auflage). Thieme
- Strobl, W. M., Abel, C., Pitz, E., & Schikora, N. (2021). Therapeutisches Arbeiten in der Neuroorthopädie: Multiprofessionelle Teamarbeit und transdisziplinäres Denken. Springer.
- Thomashilfen. (2021, 02.09.). *Home*. https://shop.thomashilfen.de/

References of images

- Ergotherapeutisches-Assessment-Schulungsteam. (2021, 12.8.2021). *Ergotherapeutisches Assessment.* http://www.ergoas.de/assets/ea_boegen_wasserzeichen.pdf
- Habermann, C. & Kolster, F. (2009). *Ergotherapie im Arbeitsfeld Neurologie* (2. Auflage). Georg Thieme Verlag.
- ILCTas. (2014). A Handy Guide to managing everyday activities with one hand. Community Support Levy. https://ilct.com.au/uploads/general/Info-Sheets/20170327_Handy-Guide-one-hand.pdf
- Thomashilfen. (2021, 02.09.). *Home*. https://shop.thomashilfen.de/

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 6: Interprofessional communication in an acute clinic: Consultation with the nursing staff

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Interprofessional communication in an acute clinic: Consultation with the nursing staff (regarding a room adaptation)**
Key words	acute care clinic, stroke patient, room adaption, interprofessional communication
Brief description	The simulation provides an opportunity to learn, practise and perform a structured consultation for room adaptation in an inpatient environment, while providing verbal instructions to the responsible nurse on how to adapt the room of a patient who suffered a stroke two days ago and is currently experiencing motor and visual neglect, as well as severe left-sided hemiplegia. This consultation will take place in the safe, simulated environment of a station meeting room. The therapy session aims to provide the ward nurse with strategies on how to support your client to become as independent as possible in her room, bearing in mind her physical and neuropsychological deficits on the left side of her body. The occupational therapist will find that communicating with the ward nurse is surprisingly challenging, as she has a limited amount of time to work with patients, as well as doing additional work for them.

Simulation setup

Simulation modality	Role play		
Context	Acute care clinic: This scenario was created to be conducted fully digitally via MS Teams. *NOTE: There is also the possibility of doing the simulation in presence while using the SimStation for a digital component:*		
Environment	☒ **Physical**	**Description**	• printed case study • instructions for OT, nurse and student observers
		Materials	• table • two armchairs • paper and pencil • three rooms required, containing the following description of the digital/virtual column:
	☒ **Digital/Virtual**	**Description**	**Simulation-based training session flow with SimStation:** A SimStation is a professional audiovisual and debriefing system designed specifically for simulation-based training in healthcare and similar fields. It is typically installed in a dedicated simulation center, which is divided into functional areas with specialized equipment. In summary, a SimStation setup includes three main rooms (simulation room, control room, and debriefing room) with a coordinated audiovisual system that records and facilitates structured debriefing, making simulation training highly effective and immersive.

		Materials	**1. Simulation room (Scenario room)**
			
			• This is the main training space where the simulation takes place.
			• It is designed to resemble a freelance practice
			• Equipped with:
			  ○ Medical equipment, furniture, and consumables appropriate for the scenario
			  ○ Microphones and cameras integrated into the room for discreet, high-quality recording
			  ○ Ceiling or wall-mounted microphones to capture clear audio
			  ○ Room microphones may include push-to-talk options for facilitators
			  ○ Hidden or visible cameras providing wide-angle and close-up views
			
			2. Control room
			
			• This room is adjacent to the simulation room and serves as the **facilitator's and technician's base**.
			• Features:
			  ○ SimStation control console with computers, monitors, and software
			  ○ Audio and video monitoring and recording system
			  ○ Ability to control cameras (pan, tilt, zoom) and switch between views
			  ○ Microphones and speakers to communicate with participants if needed
			  ○ Option to observe in real-time and mark important moments for debriefing
			
			3. Debriefing room
			
			• A separate room designed for group reflection and learning after the scenario.
			• Equipped with:
			  ○ Large display screen or projector to replay recorded video
			  ○ Comfortable seating for participants and facilitators
			  ○ Whiteboards or flipcharts for discussion
			  ○ Audio speakers for clear playback
			  ○ Sometimes connected directly to the control room system for seamless transition
			
			SimStation system components:
			
			• High-definition cameras (fixed and mobile)
			• High-quality microphones (room and lavalier if needed)
			• SimStation server and software suite (recording, playback, annotation)
			• Touchscreen controls or PC workstations
			• Network connections to synchronize rooms
			• Backup storage for session recordings

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	In this scenario, the participant (nurse) is being simulated by a student – though an actor would be possible for this scenario.
Other simulated participant *Please specify in extra information*		
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor student's application of communication skills and conducting an interview, pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	Aim of the scenario and case study for everyone, followed by the role-division and specific instructions: • **OT** • **Nurse** • **Student observers**
Prebriefing *Student preparation*	30 minutes	**Plenum** Go to 2.b. student preparation
	20 minutes	**Group and OT in break-out room** • Full case study • Brainstorm about possible devices and adaptation options for adapting the patient's room **Nurse in break-out room** • further instructions on how to behave and what questions to ask during counselling
	15 minutes	**OT + nurse (break-out room)** • The nurse and the OT are wired and fitted with headsets. **Group** • The group is given questions about what they should observe during the simulation and then give feedback (SimOT Compass).
Simulation activity	20 minutes	Conducting of the simulated learning scenario *NOTE: Simulation could focus on adaptation of patient room, bathroom or both (depending on used video materials).*
Debriefing	40 minutes	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SIMBA Assessment.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	Conducting the occupational therapy consultation regarding a stroke patients' room and giving advice in terms of further room adapting -strategies • B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process. • B.2.3. Occupational therapists demonstrate competencies for implementing, monitoring, evaluating, adjusting, and concluding occupational therapy interventions.
Domain C: Developing and maintaining professional relationships and partnerships	Verbal communication skills, showing understanding, support and compassion to the nurse; • C.1. Occupational therapists demonstrate competencies in engaging in effective professional communication. • C.2. 2. Occupational therapists establish and maintain relationships and partnerships with colleagues.
Domain D: Professional autonomy and continuous professional development	D.2. Occupational therapists demonstrate competencies in the management of oneself and one's practice, service, and workplace.
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain B	1. Students will be able to consult the ward nurse while giving concrete suggestions of changing the patient's room to support her self-independence. 2. Students will be proficient in educating the ward nurse about occupational therapy interventions and its importance to support the patient's self-independence.
Domain C	1. Students will be able to give clear instructions of how to adapt a patient's room in an acute care clinic. 2. Students show empathy regarding the lack of time and further resources the ward nurse is facing. 3. Students respond promptly and effectively to questions and concerns raised by the ward nurse about how to adapt and conduct the strategies to support the patient's self-independence.
Domain D	1. Students will be able to offer support to the colleague with the patient's room adaption while e.g. managing a free timeslot with the responsible ward nurse on the same time.

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1. Occupational therapists possess knowledge about occupation and humans as occupational beings	Knowledge about occupation itself and its importance
A.5. Occupational therapists possess general medical and professional knowledge about:	Knowledge about neurological diseases or symptoms like insult, neglect and hemiplegia

B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process.	Creative problem-solving strategies in communication in challenging situations (e.g. willingness to compromise in terms of work division)
C.1. Occupational therapists demonstrate competencies in engaging in effective professional communication.	Communication skills throughout the occupational therapy process and handling challenging situations

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Printing and preparing all materials	• Printed case study for OT, group and nurse • Instructions for OT and nurse (further details) • Questions for student observers
Preparing the environment of the simulation *(if the scenario is conducted in presence while using the SimStation)*	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system:** • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion.
Decision-making about the roles	• The simulation is carried out as part of a role play. • The occupational therapist must be played by a student, the nurse is also played by one student but can also be played by actors. • The student observers do get specific observation tasks for the simulation itself.
Prepare the nurse/OT	The teacher prepares the students carrying out the simulation for the upcoming situation, gives them the necessary materials and wires them up. The teacher also instruct the role-playing students about how to communicate interprofessional and gives instructions on communication rules so that they are well understood when transmitted via SimStation. The students should not sit with their backs to the camera, speak clearly and try not to interrupt each other.

Staff

Role	*Description*	Number
OT educator/instructors	In a typical simulation session, two instructors work together to guide, observe, and support the students. Their roles are complementary and help ensure a smooth, effective learning experience. *NOTE: If the scenario is conducted digitally, there is a need of only one teacher.*	2

Instructor 1: Lead Facilitator	Acts as the **primary facilitator** of the session. Welcomes participants and leads the **pre-briefing**: • Explains objectives, ground rules, and scenario context. • Establishes psychological safety and confidentiality. Oversees the simulation scenario as it unfolds: • Observes participant actions and decisions. • Notes key moments for later discussion. • Does *not* interfere with the scenario unless absolutely necessary (to maintain realism). Leads the **debriefing**: • Facilitates reflective discussion using a structured debriefing model. • Guides students to analyse their performance, identify strengths and weaknesses, and extract lessons learned. Ensures all participants (including student observers) are involved in the discussion.	1

Instructor 2: Simulation Operator / Co-Facilitator	Acts as the **technical operator and support instructor**.
	
	• Controls the simulation equipment and environment:
	  ○ Manages SimStation software: recording, camera angles, marking key moments.
	• Supports the scenario by managing props, patient documentation, and any environmental changes.
	• Observes participant behaviour from a technical or clinical perspective and takes notes for the debriefing.
	
	• Assists the lead facilitator during debriefing:
	  ○ Contributes additional observations.
	
	Highlights technical aspects or subtle details the students might have missed.
		1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Students are informed about the client's diagnosis (stroke, resulting into motoric and neuropsychological deficits on the left side of the body) through PowerPoint slides during a lecture.	PowerPoint slides on diagnosis of the acute-care patient
Students are provided with a one pager about room adaptions specific for stroke and a video about the patient's room to gain a better understanding before meeting the nurse to consult her.	• One pager about room adaption with stroke patients • Video about the patient's room and bathroom *NOTE: Simulation could focus on adaptation of patient room, bathroom or both (depending on used video materials).*

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Reading about interprofessional communication on: The importance of interprofessional communication in healthcare settings - CAREFUL

References

Careful. (2023, 13. August). *The importance of interprofessional communication in healthcare settings*.The importance of interprofessional communication in healthcare settings - CAREFUL (retrieved 22.07.2025)

Ergotherapie Austria. (2012). *Wieder zu Hause und alles anders* (2.Auflage).

Habermann, C. & Kolster, F. (2009). *Ergotherapie im Arbeitsfeld Neurologie* (2. Auflage). Georg Thieme Verlag.

Siebert, C, Smallfield, S. & Stark, S., Le Granse, M., Mosimann, C. (2018). *Wohnraumanpassung*. Hogrefe.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

The OT welcomes the nurse and offers her a seat *(if conducted in presence).*

Facilitation tips

Use respectful and inclusive language
Always address the nurse using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Encourage open communication
Ask open-ended questions and use affirming body language to help the nurse feel heard and understood.

Scenario flow

Start

Participant state and action

The nurse is to be greeted in the meeting room of the acute care clinic, where there is a table and some chairs (*if the simulation is in presence).*

	Description
Expected learner action	The therapist welcomes the nurse, greets her, and invites her to sit next to him/her and asks about how long they can talk about their patient. After the nurse has settled down, the therapist explains the current focus of the OT interventions for the patient, her needs throughout the next days at the acute care station.
Key learning points	• Importance of patient-centred care, showing respect and establishing a safe environment. • Orienting the nurse to the occupational therapy as profession and need for OT interventions like home modification. • Starting to develop a professional relationship with the nurse using communication skills
Trigger for next action	Completing the introduction and explanation of the room adaption.

Action 1	
Participant state and action	
Therapist explains the need for a room adaption for their patient as she is suffering from motoric and visual deficits of the left side of the body. At the moment, the patient is very depending on the nurses regarding getting some water, while eating or call her relatives. It seems that the nurse does not yet understand of the importance of the adaption in the room itself, she is struggling with time and staff shortage, too.	
	Description
Expected learner action	Based on the quick overview of OT interventions which are conducted on the patient, the therapist explains the need for a room adaption to the responsible nurse. After that, the therapist instructs the nurse how to adapt concrete parts of the room such as bed position itself, the position of glasses, the emergency bell,. The therapist has to do the following: • verbally explain the nurse in a short, very clear way • If needed, the OT has to write down or draw it on paper how to adapt the patient's room • Ask the nurse if the room adaption can be worked out and if she needs support from the OT
Key learning points	• Managing the intervention process flow (e.g. structure the consultation, showing some strategies while writing it on paper). • Showing empathy for stressful working conditions. • Maintaining an occupational focus. • Offering opportunities to add own ideas and thoughts about the room adaption • Share very clear thoughts based on the patient's needs and comfort.
Trigger for next action	Finalising the consultation of the patient's room and ask questions regarding the implementation of the room modification itself. The challenge is to show the nurse the importance of this adaption while still recognizing concerns from the nurse regarding time and lack of staff.

Action 2	
Participant state and action	
Continue the consultation for room adaption while asking the nurse how they could work together as a team to provide the patient with a better and more suitable environment for her. At first, the nurse is hesitating due to the working conditions but still understands the OT's perspective and is cooperating.	
	Description
Expected learner action	Followed by the consultation, the therapist asks the nurse of how to implement the strategies and adaptions the best: • Asking the nurse of manageable adaptions for the patient for today. • Asking the nurse of manageable adaptions for the patient for the next days. • If needed, asking the nurse if the OT him/herself should rearrange the room if the nursery has no time or staff to conduct the room adaption for the patient's room. • If needed, the therapist can explain the nurse different helping tools for their patient. Depending on the adaption they agreed on, the OT should take notes to support the nurse.

Key learning points	• Managing the intervention process flow (e.g. structure the consultation, showing some strategies while writing it on paper). • Showing empathy for stressful working conditions. • Maintaining an occupational focus. • Offering opportunities to add own ideas and thoughts about the room adaption. • Share very clear thoughts based on the patient's needs and comfort.
Trigger for next action	Bringing the consultation to an end while deciding on specific room adaptions for the patient together with the nurse.

End	
Participant state and action	
Saying goodbye to the nurse as you have to leave for the next client.	
	Description
Expected learner action	Thanking the nurse for cooperation with the room adaption and discuss the next steps with her regarding some further (intern) training throughout the team regarding room adaption in general for other patients.
Key learning points	• Summarizing the most important conclusions and the to-do's for every party. • Handing out important strategies for adapting the room for your patient. • Ensuring that the nurse has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps with the nurse). • Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the intervention even when unforeseen and difficult communication situations arise. (Debriefing immediately follows scenario: Discussion with all students participating in simulation experience (role player/simulant, OT/learner, student observers with their observation tasks). Facilitator leads discussion, provides feedback, and poses question to prompt reflection on aspects of the scenario that were performed well, points for ongoing development, issues that arose during the scenario. All students are prompted to offer suggestions for addressing identified issues or challenges.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

1. Confidentiality
The students commit to treating all information obtained during simulation-based learning as confidential. This includes:

- The content and procedures of the simulations, including any personal data shared.
- Observations and feedback received from or given to other students or instructors.
- The students will not share or discuss any of this course-related information outside of the class.

2. Mutual respect
The students commit to respectful and appreciative behaviour towards all other students and instructors, including:

- Open and constructive communication.
- Refraining from discriminatory or disrespectful remarks or actions.
- Acknowledging the individual learning processes and challenges of all students.
- Respecting the instructions and framework provided by the instructors.

3. Responsibility for the learning process
The students take responsibility for their own learning process and:

- Participate actively and with full attention in the prebriefing, simulation, and debriefing phases.
- Reflect thoroughly on their own behaviour and learning outcomes.

Prebriefing thought-provoking questions

How can we communicate with other professions?
What is essential for interprofessional communication?
What main information should the OT give to the nurse?
How will they open the meeting?
What questions or information should the OT offer first?
How should the OT establish good working relationship?
What does the OT hope to achieve with the nurse?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of simulated participant

Name	Sarah Johnson
Sex	Female *(gender can be adapted)*
Personal factors	Sarah is a registered nurse with over 15 years of experience in acute care settings. Sarah is in her early 40s and is known for her dedication, compassion, and expertise in handling complex medical cases. She holds a Bachelor of Science in Nursing (BSN) and has undergone specialized training in stroke care and rehabilitation. Sarah's primary responsibility is to provide comprehensive care to patients admitted to the acute care unit, ensuring their medical, physical, and emotional needs are met.
Reason of contact between OT and simulated participant	She is the responsible nurse for their shared acute-care patient, who is currently bed-ridden after a massive stroke.

4.1.2 General information of simulated participant

Sarah's specific duties include:

- **Patient assessment:** Conducting thorough assessments of patients' health status, including monitoring vital signs, neurological status, and overall well-being.
- **Care coordination:** Collaborating with the interdisciplinary team, including physicians, occupational therapists, physical therapists, and social workers, to develop and implement individualized care plans.
- **Medication administration:** Administering medications as prescribed, monitoring for adverse reactions, and ensuring patients receive the correct dosages at the right times.
- **Patient education:** Educating patients and their families about the patient's condition, treatment plans, and self-care strategies to promote recovery and prevent complications.
- **Documentation:** Maintaining accurate and detailed patient records, including observations, interventions, and progress notes.
- **Support and comfort:** Providing emotional support and comfort to patients and their families, addressing their concerns, and offering reassurance during difficult times.

Current working circumstances:

Sarah is currently working under quite stressful conditions due to a high patient load and limited resources in the acute care unit. The hospital is experiencing an influx of patients, which has increased the demand for acute care services and stretched the staff thin. Specific challenges include:

- **High patient-to-nurse ratio:** The nurse-to-patient ratio is higher than optimal, meaning Sarah is responsible for more patients than usual, leading to increased workload and time pressure.
- **Limited resources:** The unit is facing shortages of essential supplies and equipment, requiring nurses to be resourceful and prioritize care based on urgency and availability.
- **Increased complexity of cases:** Many patients in the unit have complex medical conditions, requiring intensive monitoring and multifaceted care approaches, adding to the stress and workload.
- **Emotional strain:** The emotional toll of caring for critically ill patients, coupled with the pressure to maintain high standards of care, contributes to overall stress levels among the nursing staff.
- **Staff shortages:** Occasional staff shortages due to illness or burnout mean that Sarah and her colleagues often have to cover extra shifts or work longer hours to ensure continuous patient care.

Despite these challenging circumstances, Sarah remains committed to providing the best possible care to her patients. Her experience, resilience, and strong teamwork skills are crucial in navigating the demands of the acute care environment and ensuring her patients receive the attention and support they need.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

With your colleague, you have been assigned to a patient two days ago, who has suffered a massive media insult on the right hemisphere of the brain, resulting in motor and visual neglect on her left side, along with left-sided hemiplegia. The patient Claudia Maier, 50 years old, is currently bedridden and heavily dependent on medical support. Her appearance is frail, and she often shows signs of distress and frustration due to her condition. She does not respond or acknowledge presence on her left side, indicating significant neglect. Her posture is skewed to the right, and she may exhibit spasticity on her unaffected side. Speech is slow and slurred, and she might struggle with aphasia. Her behaviour includes confusion and agitation as she tries to understand her surroundings and communicate her needs. The inpatient care plan includes physical therapy to improve mobility, OT to enhance daily living skills, and speech therapy to address communication difficulties. Regular monitoring and assessments are conducted to track her progress and adjust the care plan as needed, aiming for gradual recovery and improvement in her quality of life.

5.2 Other relevant details

The patient's function condition includes:

- **Motor and visual neglect:** She does not respond to stimuli on her left side and often ignores objects or people on that side.
- **Left-sided hemiplegia:** Complete paralysis of the left side, leading to a significant loss of function and independence.
- **Speech and language difficulties:** Exhibits slurred speech and possible aphasia, making communication challenging.
- **Emotional and cognitive Impact:** Displays signs of confusion, agitation, and frustration, reflecting her struggle to adapt to her new physical limitations.

In the acute care setting, the patient's activities that could have been impacted due to her severe stroke include:

- **Walking and transferring:** The patient is bedridden and unable to walk or transfer independently due to left-sided hemiplegia.
- **Sitting up and maintaining posture:** Difficulty in sitting up or maintaining a stable posture without assistance.
- **Bed mobility:** Challenges in turning or repositioning herself in bed, requiring frequent assistance from healthcare staff.
- **Dressing and grooming:** Inability to dress or groom herself due to motor deficits and lack of coordination on her left side.
- **Bathing and hygiene:** Dependence on caregivers for bathing, toileting, and maintaining personal hygiene.
- **Feeding and eating:** Difficulty in feeding herself, potentially requiring assistance or adaptive devices to eat safely.
- **Speaking and expressing needs:** Struggles with slurred speech and possible aphasia, making it hard to express her needs and communicate effectively with healthcare providers and family.
- **Understanding language:** Challenges in comprehending spoken language or written instructions due to cognitive deficits from the stroke.
- **Orientation and awareness:** Issues with spatial awareness and recognizing her left side, leading to confusion and disorientation.
- **Emotional regulation:** Increased agitation, frustration, and emotional distress, affecting her ability to engage positively in therapy and rehabilitation.

As an **occupational therapist** working in the acute care clinic, your task is to collaborate with the nursing staff to adapt the room of a 50-year-old female patient who has suffered a severe stroke. The primary objective is to modify her environment to promote greater self-independence and safety. To achieve this, you will work closely with the nursing team to ensure the patient's bed is centrally positioned, allowing access from both sides and adjustable for easy transfers. The ultimate goals are to enhance the patient's ability to perform daily activities independently within her room, reduce the risk of falls and injuries, and improve her overall comfort, well-being, and sense of autonomy

during her stay in the acute care clinic. Today you will meet the nurse in the acute care station meeting room and will give a consultation about the room adaption for your patient.

Keep in mind when working with the nurse:

- Give good structure throughout the whole intervention starting with the summary of your current interventions, followed by the explaining the importance of the room adaption and the needed team-work with the nursery
- Show empathy while talking with the nurse since she has limited time and staff to work out the room adaption. You can also offer to help them and work together.
- Enhance the patient's ability to perform daily activities independently within her room while recommending e.g.:
    - Adequate positioning of the bed
    - Adequate positioning of important items (call button, water, tissues) within the patient's visual field on the right side.
    - Using contrasting colours to highlight essential objects and areas, making them more visible and easier to locate.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

With your colleague, you have been assigned to a patient two days ago, who has suffered a massive media insult on the right hemisphere of the brain, resulting in motor and visual neglect on her left side, along with left-sided hemiplegia. The patient Claudia Maier, 50 years old, is currently bedridden and heavily dependent on medical support. Her appearance is frail, and she often shows signs of distress and frustration due to her condition. She does not respond or acknowledge presence on her left side, indicating significant neglect. Her posture is skewed to the right, and she may exhibit spasticity on her unaffected side. Speech is slow and slurred, and she might struggle with aphasia. Her behaviour includes confusion and agitation as she tries to understand her surroundings and communicate her needs. The inpatient care plan includes physical therapy to improve mobility, OT to enhance daily living skills, and speech therapy to address communication difficulties. Regular monitoring and assessments are conducted to track her progress and adjust the care plan as needed, aiming for gradual recovery and improvement in her quality of life.

6.2 Other relevant details

The patient's function condition includes:

- **Motor and visual neglect:** She does not respond to stimuli on her left side and often ignores objects or people on that side.
- **Left-sided hemiplegia:** Complete paralysis of the left side, leading to a significant loss of function and independence.
- **Speech and language difficulties:** Exhibits slurred speech and possible aphasia, making communication challenging.
- **Emotional and cognitive impact:** Displays signs of confusion, agitation, and frustration, reflecting her struggle to adapt to her new physical limitations.

In the acute care setting, the patient's activities that could have been impacted due to her severe stroke include:

- **Walking and transferring:** The patient is bedridden and unable to walk or transfer independently due to left-sided hemiplegia.
- **Sitting up and maintaining posture:** Difficulty in sitting up or maintaining a stable posture without assistance.
- **Bed mobility:** Challenges in turning or repositioning herself in bed, requiring frequent assistance from healthcare staff.
- **Dressing and grooming:** Inability to dress or groom herself due to motor deficits and lack of coordination on her left side.
- **Bathing and hygiene:** Dependence on caregivers for bathing, toileting, and maintaining personal hygiene.
- **Feeding and eating:** Difficulty in feeding herself, potentially requiring assistance or adaptive devices to eat safely.
- **Speaking and expressing needs:** Struggles with slurred speech and possible aphasia, making it hard to express her needs and communicate effectively with healthcare providers and family.
- **Understanding language:** Challenges in comprehending spoken language or written instructions due to cognitive deficits from the stroke.
- **Orientation and awareness:** Issues with spatial awareness and recognizing her left side, leading to confusion and disorientation.
- **Emotional regulation:** Increased agitation, frustration, and emotional distress, affecting her ability to engage positively in therapy and rehabilitation.

Thoughts about the occupational therapist: In general, Sarah has a positive opinion of her colleagues in the therapy departments, including the occupational therapists. She recognizes their expertise and the vital role they play in patient recovery and rehabilitation. However, given the current stressful working conditions, Sarah often feels underappreciated and overwhelmed when therapists request additional favours or tasks from her. While she understands the necessity of their requests for the patient's benefit, the added responsibilities sometimes exacerbate her stress and contribute to feelings of burnout. Sarah wishes for better communication and understanding between the nursing and therapy teams to help balance the workload and ensure mutual support.

Sarah might ask these questions during the meeting with the OT:

- Is the room adaption that important for the patient, you know I have limited time to so!
- I am not sure if I can do it myself, I think I am going to need some help.
- Why don't you do it by yourself, why do I have to know about the room adaption?
- Could we share the work?

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How did interprofessional communication work out? Was the student able to establish a professional, constructive relationship with the nurse?
How did the nurse react?
Which strategies and adaptations have been mentioned? Did the student make specific suggestions for adapting the patient's room to support independence?
Was the student able to give clear instructions on how to adapt a patient's room in an acute care clinic?
Did the student show empathy for the nurse in dealing with time and resource constraints?

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The SimOT Compass is completed in advance by the teaching staff and printed copies are provided to the observing participants prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to assess whether the observable learning objectives are being met.
  They are instructed to make written notes about their observations in relation to each learning objective.
- As part of the PEARLS debriefing process, during Phase 3: Analysis, the observing participants use their notes and assessments from the SimOT Compass to give structured feedback to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to complete a self-assessment based on the same learning objectives. This allows for reflection on their own performance and evaluation of learning goal achievement from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Printed case study (incl. instructions for OT, nurse and student observers)
Physical environment: • 1 table • 2 armchairs • Paper, pencil
Three rooms *(if conducted in presence):* SimStation setup includes three main spaces (simulation room, control room, and debriefing room) with a coordinated audiovisual system
Technical requirements (*if conducted in presence, otherwise only MS Teams)*: • High-definition cameras (fixed and mobile) • High-quality microphones (room and lavalier if needed) • SimStation server and software suite (recording, playback, annotation) • Touchscreen controls or PC workstations • Network connections to synchronize room • Backup storage for session recordings

SIMBA

Simulation-based learning in occupational therapy education

Interprofessional communication: Occupational therapy consultation with a ward nurse regarding a room adaptation in an acute care clinic

AP UNIVERSITY OF APPLIED SCIENCES AND ARTS ANTWERP

ZDRAVSTVENO VELEUČILIŠTE MCMLXVI

FH JOANNEUM University of Applied Sciences

MEDIPOL ISTANBUL MEDIPOL UNIVERSITY

TURKU AMK TURKU UNIVERSITY OF APPLIED SCIENCES

Co-funded by the European Union

Simulation content

The simulation provides you with the **opportunity to learn, practice, and carry out a structured consultation for room adaptation in an acute hospital setting**. The person in the role of the occupational therapist will give verbal instructions to the responsible nurse on how to adapt the room for your patient who suffered a stroke two days ago. The communication takes **place in a safe, simulated environment of a nursing station**. The goal of the therapy session is to advise the nurse and provide her with strategies to support your patient in being as independent as possible in her room while considering her deficits.

Refresher on the topic of “stroke" using a case presentation:

8B00-8B25.Z Cerebrovascular diseases

8B25 Late effects of a cerebrovascular disease

2A00-2A0Z Neoplasms of the brain or central nervous system

Presentation of the patient (not participant)



- **Name**: Claudia Maier
- **Date of Birth**: 10.08.1974
- **Sex**: female
- **Language**: German
- **Diagnosis**: Middle cerebral artery infarct on the right hemisphere of the brain
- **Reason for Referral:** OT intervention focused on acquiring self-independence in basic ADLs

Case Presentation

- **General appearance,** behavior, affect: The patient currently has severe mobility impairments and is unable to get up and out of her bed without assistance. Her appearance is frail, and she often shows signs of distress and frustration due to her condition. She does not respond or acknowledge presence of objects, persons, body parts on her left side, indicating significant neglect. Her posture is skewed to the right, and she may exhibit spasticity on her unaffected side. Speech is slow and slurred, and she might struggle with aphasia. Her behavior includes confusion and agitation as she tries to understand her surroundings and communicate her needs.
- **Medical history:** The patient, a 50-year-old woman, experienced a severe ischemic stroke two weeks ago, which primarily affected the right hemisphere of her brain. This has resulted in significant motor and visual neglect on her left side, along with left-sided hemiplegia. Prior to the stroke, she had a history of hypertension and hyperlipidemia, both of which are known risk factors for cerebrovascular events. She was also a smoker and had a sedentary lifestyle, further increasing her stroke risk. The patient is currently admitted to an acute care hospital. She requires comprehensive nursing care. The inpatient care plan includes physical therapy to improve mobility, OT to enhance daily living skills, and speech therapy to address communication difficulties. Regular monitoring and assessments are conducted to track her progress and adjust the care plan as needed, aiming for gradual recovery and improvement in her quality of life.

Hemiplegia

…refers to paralysis of one side of the body following central neurological damage.

→ **Plegia** = Complete paralysis

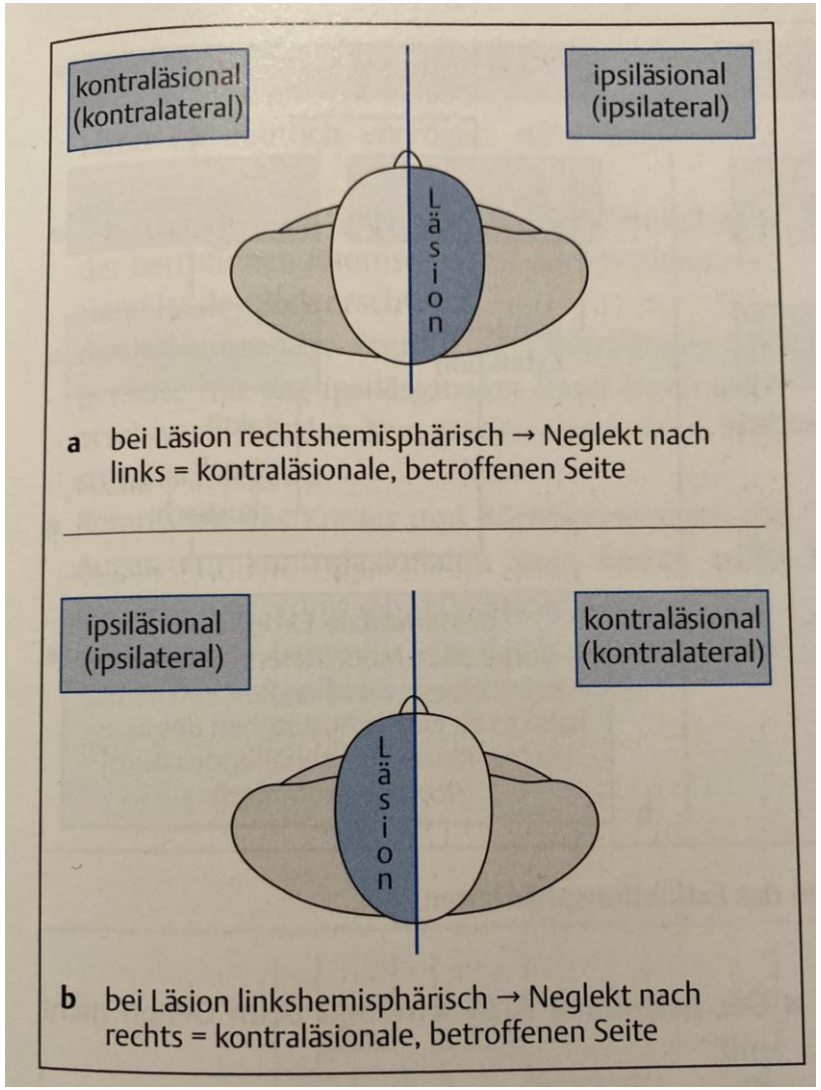
→ **Paresis** = Incomplete paralysis where motor functions are still partially preserved

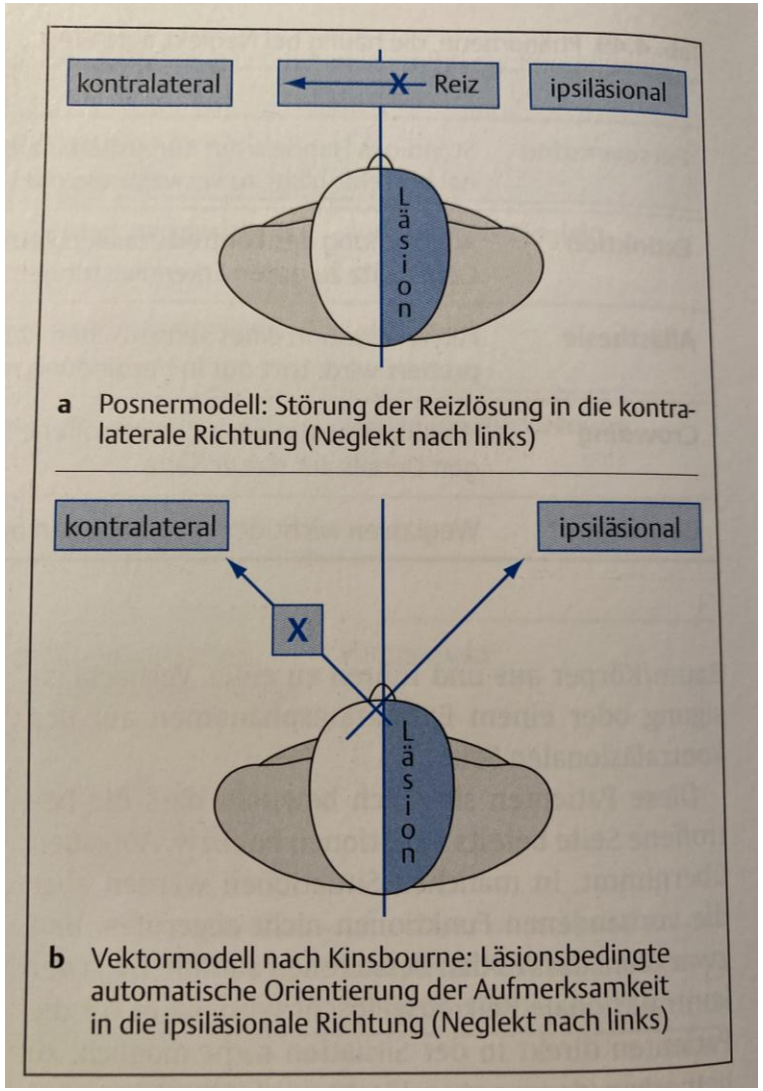
Hemiplegia
Classification/Etiology:

- Brain damage due to circulatory disorders:
  - Reduced blood flow (infarction, ischemia, stroke, apoplexy, brain stroke): 85% o all brain injuries;
    common cause: atherosclerotic changes, emboli
  - Massive bleeding (hemorrhagic infarction, vascular brain bleeding): rupture of a vessel, increased pressure on brain tissue;
    common cause: bleeding from vascular malformations, atherosclerotic changes
- Brain damage due to **brain tumors**: space-occupying processes displacing brain tissue through their growth; tumor-related brain hemorrhages possible
- **Traumatically** induced brain damage

Hemiplegia
Factors Influencing the Rehab Process:

- Genetic differences → plasticity!
- Handedness
- Age
- Speed of onset, location, and extent of the lesion
- Degree of functional impairment within the first 2 weeks
- Pre-existing comorbidities
- **Environmental factors**
- Personal factors (motivation)





Habermann, C. & Koster, F. , 2006, S. 457, 464

Accompanying Symptoms of Brain Injury

Sensomotoric Effects:

- Changes in muscle function (strength, tone, motor reflexes, control of voluntary movements) → flaccid, spastic, or ataxic paralysis
- Contractures (restricted joint mobility)
- Dysfunctions of the digestive, metabolic, and endocrine systems
- Restricted sensory functions (proprioceptive, tactile, vestibular) → dizziness, body perception disorder, surface sensitivity...
- Voice and speech disorders

Accompanying Symptoms of Brain Injury

Neuropsychological-Cognitive Effects:

- Aphasia, dysarthria (speech disorder)
- Apraxia (disturbance of action planning)
- Neglect
- Restricted sensory functions (visual, proprioceptive) → visual field defects, body perception disorder
- Reduced consciousness, reduced attention, short-term/long-term memory disorders, disturbance of higher cognitive functions
- Spatial perception disorders

Neglect
General:

- → Processing Disorder of Stimuli from One Half of the Body/Space
- → Unconscious neglect or lack of attention to the side of the space or body opposite to the damaged side of the brain ("contralesional" side).
- → Orientation to the "ipsilesional" side.

- → Most common cause: damage to the left or right non-dominant hemisphere, particulally the lower parietal lobe.

Neglect
Forms/Clinical Picture:

I. Severe neglect: stimuli can only be received from the ipsilesional side; the affected half-space seems not to exist
II. Neglect in regression: reduced attention to one half of the space and/or body; improved awareness of the disease (informal awareness); partial compensation strategies possible
III. Residual neglect: mostly problem awareness present; in complex situations, however, residual symptoms show up

Neglect
Forms:

- Disturbed exploration (neglect) can occur selectively or multimodally (several modalities simultaneously):
    - Motor
    - Somatosensory/tactile (pressure, touch...)
    - Visual
    - Acoustic
    - Olfactory
    - Representational (neglect in imagination)

Neglect
Disruptive and supporting factors:

- Use of a mirror (video!)
- Trial and error in everyday activities

+ Awareness training in all phases
+ Repetitions in successful everyday activities
+ Early adapted room design
+ Involve relatives from the beginning

Accompanying Symptoms of Brain Injury:

- **Psychosocial Effects:**
- Reduced affect control
- Changes in personality
- Reduced resonance ability
- Apparent lack of motivation

Hemiplegia

- **Possible Observations in Daily Activities for Physical Self-Care and Independent Living:**

- Touches in the hand area during washing are not felt
- Hand in flexion position, elbow flexed (hypertonus) while lying in bed
- Hyperactivity of the unaffected side of the body while eating
- Severely restricted communication with relatives
- Rapid exhaustion in the transverse bed
- Restricted movement sequence when walking
- Dressing not possible due to lack of motor skills, body perception, and motor planning
- Contralateral side not perceived (e.g., drinking cup not recognized)

Hemiplegia

Considerations for Room Design:

- ✓ Bed should ideally be accessible from both sides (initially on the less affected side, then later on the more affected side)
- ✓ Room door should be in view
- ✓ Input on the affected side (visitor, visual input, etc.)
- ✓ Call bell within reach
- ✓ Position of the nightstand (over the more/less affected side)
- ✓ Is a side barrier necessary at the bed? (perception of fall risk...)
- ✓ Is the use of a trapeze bar sensible? (tone situation vs. independence...)

Home Adaption Considerations (general)

- What type of flooring is present?
- Are the doors wide enough for a wheelchair?
- Can door thresholds be removed by the landlord if necessary?
- Can a ramp be installed for steps?
- How high are the windows placed?
- Are furniture pieces easily reachable and firmly mounted?
- Are the lighting conditions sufficient (especially at night)?
- Is the living space suitable if the disability worsens?

Bathroom setting

- What type of flooring was chosen?
- Are there transfer seating options?
- Can aids be mounted to the bathtub (lifter, grab bars, bath board)?
- Are cabinets, care items, and the faucet accessible?
- Is the mirror height adjusted?
- Is the toilet freestanding?









THE BATHROOM

"The bathroom is the only place where I've fallen since my stroke. However, after talking to my occupational therapist about how to most safely get into and out of the shower, I feel a lot better about taking showers on my own."

The bathroom is the most dangerous part of the house for anyone with physical disabilities. It is difficult to move about on small, slippery surfaces, and falls onto hard tile can cause significant injury. Stroke survivors may need considerable personal assistance to complete the most basic activities of daily living.

Fortunately, there are many approaches that make it easier and safer to use the bath, sink or toilet. Your occupational and physical therapists can provide training in personal care techniques. Some home modifications and devices are described below. Many simple items, such as non-slip flooring and scrub brushes, are easy to purchase and install. Important safety devices like tub benches and toilet chairs are available from medical supply stores and home health services by prescription, and may be covered by your insurance. Professional installation will be required for major bathroom modifications, such as sturdy handrails and replacement fixtures. Please be sure to discuss bathroom safety with your stroke care team before moving to any new home environment.

Bathing

Balance and Stability

- When getting into a shower or tub, the use of a cane, walker, wheelchair, or scooter can be supplemented by grab bars secured to the walls. Grab bars assist with stability when one is getting into or out of the bathtub or shower as well as balance while standing in a bathtub or shower. A person with good upper body strength can hold on to the grab bars while moving or standing to provide more support to the body.



- A bathmat or non-skid bath decals on the floor of a shower or tub can help a person feel more stable while getting into and out of wet and often slick area. Flooring outside the bathtub or shower should be a non-buckling and non-slick surface, which can be obtained by the use of rugs with non-slip backing.



- The transfer tub bench is a seating device in the tub that extends beyond the side of the tub. The extended part of the bench is used for sitting and sliding across into the tub without having to step into the tub. The person must lift their legs over the side of the tub instead. This device is often used with a hand-held shower, since the person remains seated while showering. A shower chair provides a place to sit in either a shower or bathtub. This bath device usually has rubber tips on the legs to prevent sliding. A shower chair can provide stability for someone with difficulty balancing and a place to rest for those who have difficulty standing for long periods of time. When used with an adjustable showerhead, the person can remain seated for bathing.





THE BEDROOM

"After the stroke, like everything else, dressing myself takes a lot longer -- especially when my clothes have buttons."

Of all the rooms in the house, it seems most important that your bedroom be a place where you can feel comfortable and safe. Because this is a private area of the home for you, it should be catered to meet your needs.

To increase your independence in your bedroom, you may need to reorganize your clothing and personal items so that they are accessible by you, the stroke survivor. To increase your safety, you need to be sure that help is within reach if needed. It is also important to consider the room from a nighttime perspective: adequate lighting, clear pathways, and access to a toilet are essential in order to avoid accidents in the dark.

Storing and Accessing Clothes

- When a stroke survivor returns home, he may find himself unable to access his clothes due to where or how they are stored. By changing the type of handle from one that requires fine finger movements to open the door or drawer to one such as a cabinet handle or d-loop, which can be opened with a fist, the person may again be able to access his clothing with little or no assistance.



- The height of clothes in a closet or drawers in a dresser may also be a problem for stroke survivors. This problem can often be solved or lessened by lowering the closet bar or organizing the dresser so that frequently used clothes are in the most easily accessible drawers.

Dressing

- To eliminate the difficulties in getting dressed, stroke survivors can avoid clothing that may be difficult to put on. The National Stroke Association suggests to "avoid tight-fitting sleeves, armholes, pant legs and waistlines; as well as clothes which must be put on over the head." Clothes should have fastens in the front. To make fastening clothes easier, Velcro fasteners or elastic can be used in place of buttons, zippers and shoe laces.



- Dressing aids are also available. A reacher, button hook, dressing stick (for putting on clothing and socks and reaching items from a closet), mirror that hangs around the neck, sock aid (which is used to put on socks when someone has difficulty reaching his feet), long handled shoe horn, and elastic shoe strings can all be used in this process. See web links section for Internet sites at which you can purchase such items.



READING ORDER :
Page 5-11

Video recording of the patient's room



References

- Bundesministerium für Arbeit, Soziales und Konsumentenschutz. (2011). *Barriere: Frei! Handbuch für barrierefreies Wohnen.* BMAESK.
- Ergotherapie Austria. (2012). *Wieder zu Hause und alles anders* (2.Auflage).
- Goldenberg, G. (2016). *Neuropsychologie: Grundlagen, Klinik, Rehabilitation* (5. Auflage). Urban & Fischer Verlag.
- Götze, R. (2015). *Neuropsychologisches Befundsystem für die Ergotherapie (5.Auflage)*. Springer-Verlag./
- Grey Bruce District Stroke Centre. (2005). *Modifying the Home After Stroke*. https://www.strokenetworkseo.ca/sites/default/files/files/modifying_home_after_stroke_july_2005.pdf
- Grant, T. (2017). *Creating bathrooms that aid stroke rehabilitation*. https://www.bpindex.co.uk/res/pdfs/b659d157b75700.pdf
- Habermann, C. & Kolster, F. (2009). *Ergotherapie im Arbeitsfeld Neurologie* (2. Auflage). Georg Thieme Verlag.
- Karnath, H. O., Goldenberg, G., & Ziegler, W. (Eds.). (2014). *Klinische Neuropsychologie-Kognitive Neurologie*. Georg Thieme Verlag.
- Kolster, F. & Schnee, S. (2020). Seminarunterlagen HoDT Grundkurs. Institut für HoDT Berlin.
- Koch-Schmuckerschlag, C. & Kalamida, O. (2005). *Barrierefreies Bauen für Menschen.* Stadtbaudirektion Graz, Referat Barrierefreies Bauen.
- Matuschek, K. (2017). Wohnraumberatung–Wenn das alte Bad nicht mehr passt. *ergopraxis*, *10*(09), 32-35.
- Siebert, C, Smallfield, S. & Stark, S., Le Granse, M., Mosimann, C. (2018). *Wohnraumanpassung*. Hogrefe.
- Thomashilfen. (2021, 02.09.). *Home*. https://shop.thomashilfen.de/

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 7: Assessing handwriting readiness with the WRITIC assessment

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Handwriting readiness: WRITIC.
Key words	Children, handwriting, WRITIC
Brief description	The Writing Readiness Inventory Tool In Context (WRITIC) assessment is an occupation-based tool designed to evaluate handwriting readiness in 5- to 6-year-old kindergarten children. It is intended for use during the pre-writing phase, particularly with children for whom teachers have concerns about handwriting development. It is recommended to administer the WRITIC assessment approximately 5 to 6 months before the start of formal handwriting instruction. This scenario includes three video recordings of the assessment being administered to three different children. Students are required to observe one of the videos and complete the scoring based on their observations. The results and analysis are then discussed during the debriefing session.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	Three separate video recordings capture individual WRITIC handwriting assessments conducted by an occupational therapist with three different children in a typical classroom environment		
Environment	☒ **Physical**	**Description**	During the simulation, drawing books from three different children are used as part of the WRITIC handwriting assessments. In addition, the WRITIC manual, score book, and score form are required throughout the simulation to guide the assessment process and support accurate interpretation of each child's performance
		Materials	Drawing books from three children, WRITIC manual, score book, and score form
	☒ **Digital/Virtual**	**Description**	The digital environment includes both a standard video and a 360° video recording, offering a comprehensive view of the classroom setting and the therapist-child interaction, accessible via computer or VR glasses. The 360° video does not work via Teams, but it does work via Panopto. Provide instructions about which child is being observed. In the 360° video, the camera may be focused on the wrong child.
		Materials	Standard video recordings, 360° video recordings, computer or VR glasses for viewing, and secure digital storage for the recordings.

Student roles	Number of students	Extra information

Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		
Observer	4	Participants divide into groups of four and watch the simulation together.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10	Hands-on
Prebriefing *Student preparation*		
Simulation activity	60	Digital
Debriefing	20	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	B.2. Occupational therapists demonstrate competencies in managing and conducting the occupational therapy process B.2.1. Occupational therapists assess occupational participation in all areas of human occupation (e.g. personal care, daily living, work/study/school, play, leisure and rest). They: Analyse, interpret, and clearly communicate assessment findings
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• Student can describe the protocol for conducting the WRITIC assessment. • Student can describe the protocol for scoring the WRITIC assessment. • Student observes and analyses child's performance during assessment. • Student records observations and scores in the scoring booklet. • Student makes general conclusions about the child's readiness for writing based on observation and assessment results.
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
DOMAIN A. Knowledge and attitudes supporting occupational therapy competence A.2. Occupational therapists possess knowledge about occupational therapy: Process of occupational therapy (occupational therapy assessments; goal-setting approaches; intervention strategies, methods and equipment targeting person, occupation and/or environment; outcome evaluation; documentation) A.5. Occupational therapists possess general medical and professional knowledge about: Human anatomy and function of the human body Human development (physical, psychological, social)	Knowledge and skill for observing and analyzing performance during standardized test administration. Knowledge of protocol and scoring procedure for administration of the WRITIC

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Upload video recordings to the digital learning platform or VR system	(360°) video files, video files, VR-compatible content
Make drawing books from the three children available online	Scanned drawing books
Ensure access to WRITIC materials for students	WRITIC manual, score book, score form
Test technical setup for video/VR playback	Computer, VR glasses, internet connection

Staff

Role	*Description*	Number

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Ensure all WRITIC documents are available for reference during the simulation	WRITIC manual, score book, score form (already studied)
Check access to the drawing book and video of your assigned child	Digital version of the assigned child's drawing book (optionally printed)
Set up access to the assigned video	Computer or VR glasses, video platform login (if applicable)
Prepare for note-taking during the simulation	Pen and paper or digital note-taking tool

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Students are expected to review all components of the WRITIC assessment at home prior to the simulation. This includes studying the theoretical background, understanding the protocol, and becoming familiar with the scoring procedure. All relevant documents (manual, score book, and score form) should be read and kept available for reference during the simulation. During preparation, students will also receive: • a video of the child completing tasks in their score book, • a digital version of the child's writing booklet, • a video recording to support an initial scoring attempt. Students are expected to watch the video, review the writing booklet, and complete a first individual scoring of the WRITIC assessment before the simulation session. During the simulation, the same video will be shown again, this time in small groups. Students will then work together to discuss and complete the scoring collaboratively, allowing them to compare observations and refine them.

☒ **Post-SBL assignment**	After the simulation, students are required to complete a written report based on their observations. This report should include the completed WRITIC score form and a brief interpretation of the results, reflecting on the child's handwriting readiness as observed in the video. At the end of the lesson, students will formulate an answer to the question addressed to the parents or the multidisciplinary team. Students will answer the question about "readiness for writing and participation." They will be asked to use clear and understandable language for all involved. Example: The WRITIC assessment consists of a short questionnaire in which your child is asked about their interest in paper-and-pencil tasks. After that, your child is asked to complete several paper-and-pencil tasks in a workbook (such as writing their name, coloring part of a picture, drawing pre-writing shapes, and copying some letters and numbers). Based on the score from the WRITIC assessment, we can determine whether the child is ready to begin formal writing instruction. What we know after this structured observation is that... (summarize the key findings) There is a limitation in activity for... It is likely that the underlying issue is related to... What we do not yet know is... For this reason, we would like to further investigate...

References

https://www.amsterdamuas.com/study/writic (English)

https://www.hva.nl/studeren/writic (Dutch)

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour

Facilitation tips

Students may ask the instructor questions if they get stuck, but only after they have consulted the manual. Students are allowed to pause and rewind the video to review parts of the assessment as needed.

Scenario flow

Start	
Participant state and action	
The instructor initiates the session by engaging with the students. They ask questions to assess the students' understanding of the WRITIC protocol and clarify any uncertainties. The instructor also checks whether students have everything they need to conduct the assessment.	
	Description
Expected learner action	• Student can describe the protocol for conducting the WRITIC assessment. • Student can describe the protocol for scoring the WRITIC assessment.

Key learning points	• Understanding the structure and purpose of the WRITIC assessment. • Recognizing the importance of preparation before conducting an assessment. • Being able to articulate the steps involved in both conducting and scoring the WRITIC.
Trigger for next action	Once students have demonstrated sufficient understanding and readiness, the instructor transitions to the next phase: observing the video of the WRITIC assessment.

Action 1	
Participant state and action	
The student watches video or 360° of a WRITIC assessment being conducted. They focus on identifying and analyzing the different components of the assessment.	
	Description
Expected learner action	• Student observes and analyses child's performance during assessment. • Student records observations and scores in the scoring booklet.
Key learning points	• Applying theoretical knowledge of the WRITIC protocol to real-life observation. • Recognizing the structure and flow of the assessment in practice. • Developing observational skills critical for accurate scoring
Trigger for next action	Once students have completed their observation and note-taking, they proceed to complete the WRITIC scoring sheet based on their observations.

End	
Participant state and action	
After observing the WRITIC assessment, the student works independently to analyze the results and formulate conclusions about the child’s readiness for handwriting.	
	Description

Expected learner action	• Student makes general conclusions about the child's readiness for writing based on observation and assessment results • Student writes a brief analysis summarizing the child's strengths and challenges related to writing readiness. • Student uses both observational notes and scoring results to support conclusions. • Student prepares questions or points for discussion to bring to the group debriefing.
Key learning points	• Interpreting the WRITIC scoring results in relation to observed behavior. • Supporting conclusions with concrete examples from the video observation. • Demonstrating the ability to translate assessment findings into a coherent summary of the child's writing readiness.
Trigger for next action	Once the written analysis is complete, students move into group debriefing sessions to discuss their findings and exchange feedback.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students must be familiar with the WRITIC protocol before participating in the simulation.
Students must actively engage in all parts of the simulation, including the debriefing session.
During debriefing, students are expected to provide constructive feedback that is respectful of the learning styles and individual needs of their peers.
The student treats video recordings and drawing books of the children as confidential materials and does not share or distribute them outside the learning environment.
The student participates respectfully in the debriefing session, offering and receiving feedback in a constructive and professional manner.
The student demonstrates awareness of the child's dignity and privacy when discussing observations and results.

Prebriefing thought-provoking questions

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of simulated participant

Name	N.A.
Sex	N.A.
Personal factors	5 year old child
Reason of contact between OT and simulated participant	Does the child have sufficient pre-writing skills?

4.1.2 General information of simulated participant

Personal information
The child is a 5-year-old in the final (third) year of kindergarten.

Classroom information (from the teacher)
The child has been doing pre-writing exercises since the entry-level class at the age of 2.5 years.
At our school, we start with large motor movements and gradually move to smaller, more refined movements.
The child has attended school regularly.

Currently, pre-writing skills are practiced throughout the day: finger rhymes, sticking patterns, drawing loops. The child is always motivated to participate in these activities.
In addition, we follow the “Krullenbol” method at the class level.
Next year, in first grade, formal writing instruction will begin.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What are your observations, assessment results, conclusions?
What factors (person, task or environment) influenced child's performance on assessment tasks?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

(360°) video files of WRITIC assessment for observation, VR-compatible content (if possible)
Scanned drawing books
WRITIC manual, score book, score form
Computer, VR glasses, internet connection

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 8: Observation and analysis of occupational performance during a cooking activity in a client with Korsakoff's Syndrome

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Observation, analysis and reporting of occupational performance during cooking activity
Key words	Observation, analysis and reporting of occupational performance, psychiatric rehabilitation
Brief description	Students observe a client with Korsakoff syndrome performing a daily activity: preparing soup. Prior to the observation, students review the ICF model and formulate a clear observation goal based on the provided case information. They complete the ICF with the available data and practice the task (soup preparation) at home, breaking it down into sub-steps through a pre-execution task analysis. During the simulation, students observe the client carrying out each step of the cooking process, documenting both objective behaviors and their own interpretations. After the observation, they update the ICF with their findings, clearly distinguishing between what was observed and how it was interpreted. Finally, they compile a report for the multidisciplinary team, which is discussed during a classroom debriefing session.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The client is preparing soup in the kitchen together with the occupational therapist. No other clients are present in the room.		
Environment	☐ **Physical**	**Description**	
		Materials	
	☒ **Digital/Virtual**	**Description**	A video in which the client must complete several sub-steps to prepare soup. During the observation, students fill in their ICF on their laptops. Additionally, they can look up the different components of the ICF online.
		Materials	• Video • Computer • Link to the ICF framework (online reference) • Pre-filled ICF form based on the case preparation

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		

Observer	28	Students observe the cooking activity in groups of four in the classroom.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15	Hands- on
Prebriefing *Student preparation*		
Simulation activity	40	Digital
Debriefing	15	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.1. Occupational therapists have knowledge of functioning and human as a functional being: Theories, concepts and approaches to understand human activity A.2. Occupational therapists have information about occupational therapy: Occupational therapy process (occupational therapy assessments; goal setting approaches; intervention strategies, methods and tools targeting the person, activity and/or environment; evaluation of results; documentation).
Domain B: Managing and conducting OT process	B.2. Occupational therapists demonstrate their competence in the management and execution of the occupational therapy process. B.2.1. Occupational therapists assess functional participation in all areas of human activity (e.g. Self-care, daily life, work/study/school, play, leisure and rest). Those: • Subjective personal factors (e.g. client beliefs about activities, operational goals, strengths, skills, limitations; satisfaction with participation) that influence functional performance or participation are assessed. • Analyze, interpret and report clearly the evaluation results • Prepare an action-oriented report based on evaluation. B.2.1. Occupational therapists assess functional participation in all aspects of human activity (e.g. self-care, daily life, work/study/school, play, leisure and rest).
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	Students are able to place their observations in the ICF framework.
Domain B	• Students set a clear observation goal based on the research question. • Students report on a daily activity, clearly distinguishing between observation and interpretation, and link their findings back to the observation goal as well as the client's abilities and limitations. • Students are able to break down a daily activity into sub-steps (task-analysis).
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Breaking down daily activities into sub-steps	Students have previously practiced analyzing and structuring daily tasks into logical, sequential sub-steps.
Understanding and applying the ICF framework	Students are familiar with the components of the ICF framework and have used it to describe functioning, limitations, and context.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Preparation	• Written case description (Mr. De Vries) • Link to the ICF framework • Worksheet for breaking down the activity into sub-steps • Blank ICF document (digital or printable)
Check and test the video used for observation	Video file or streaming link
Provide empty templates for observation and reporting	Template for observing (task analysis) Template for reporting

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Task analysis of the cooking activity (soup preparation)	Template for breaking down the activity into sub-steps
ICF based on the case information	Pre-filled ICF document (based on the Mr. De Vries case)

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	1. Students research the clinical picture of Korsakoff syndrome to better understand the client's condition and its impact on functioning. 2. Students place relevant information from the case into the appropriate components of the ICF. 3. Students perform the task of making soup and break it down into sub-steps (pre-execution task analysis). 4. Students formulate an observation goal based on the occupational therapy question.
☒ **Post-SBL assignment**	Students individually write a report on the observed activity, addressed to the multidisciplinary team. The report includes objective observations, interpretations, and a link to the observation goal and ICF findings.

References

Information on the Korsakoff Syndrome Reliable overview of symptoms, causes, and treatment of Korsakoff syndrome from the Alzheimer's Association: https://www.alz.org/alzheimers-dementia/what-is-dementia/types-of-dementia/korsakoff-syndrome
ICF Online Browser World Health Organization's official ICF browser for exploring the framework: https://apps.who.int/classifications/icfbrowser/

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Facilitation tips

- Students may ask the instructor questions if they get stuck, but only after they have discussed the issue within their group.
- Students are allowed to pause and rewind the video to review parts of the assessment as needed.

Scenario flow

Start

Participant state and action

Students come together in groups of four to discuss their individual findings. They compare:

- Their ICF analyses
- The sub-steps of the soup-making task
- Their formulated observation goals
- What they expect to observe in the upcoming video of the soup-making task.

	Description
Expected learner action	• Actively participate in group discussion • Reflect on their individual analyses • Collaboratively synthesize a ICF model, task breakdown, and observation goal • Identify specific aspects they aim to observe in the video to complete or refine their analysis
Key learning points	• Developing shared clinical reasoning through peer dialogue • Preparing for focused observation by identifying what still needs to be clarified
Trigger for next action	Once the group has finalized and documented their shared ICF analysis, task breakdown, and observation goal, they may proceed to the next phase of the simulation.

Action 1	
Participant state and action	
In groups of four, students watch the video of the client making soup. While observing, they take structured notes, identifying key points relevant to: • The ICF framework (body functions, activities, participation, environmental and personal factors) • The observation goal • The sub-steps of the task and how they are executed	
	Description
Expected learner action	• Take structured notes using keywords and short phrases • Identify and categorize observations within the ICF framework • Relate observations to the predefined observation goal and task analysis • Discuss and clarify observations within the group
Key learning points	• Developing a broader understanding of the client's functioning through observation • Applying the ICF framework to real-life behavior • Practicing the distinction between observation and interpretation • Strengthening task analysis skills through real-time observation
Trigger for next action	Once the group has completed the observation and documented their findings, each student proceeds to write an individual reflection report.

End	
Participant state and action	
Students have completed the group observation and have access to the group's notes and shared document. They now individually reflect on the observation process and outcomes. Each student writes an individual reflection report	
	Description
Expected learner action	• Write a structured reflection report • Use professional language and critical thinking • Integrate theoretical knowledge with practical observation
Key learning points	• Reporting clearly and concisely, distinguishing between observation and interpretation • Identifying and linking the client's abilities and limitations to observed behavior • Translating observation outcomes into future therapeutic goals
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Listen actively and respectfully to all group members.
Bring your completed ICF analysis, task breakdown, and observation goal.
Everyone contributes equally to the discussion and group work.
The student treats video recordings as confidential materials and does not share or distribute them outside the learning environment.
The student participates respectfully in the debriefing session, offering and receiving feedback in a constructive and professional manner.
The student demonstrates awareness of the clients dignity and privacy when discussing observations and results.

Prebriefing thought-provoking questions

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of simulated participant

Name	Mr. De Vries
Sex	male
Personal factors	40 years, single
Reason of contact between OT and simulated participant	The OT is asked to assess Mr. De Vries' ability to cook independently. His support staff has raised concerns about his safety and organization while cooking. They have observed that his cooking activities are often disorganized and potentially unsafe. The purpose of the assessment is to evaluate his functional performance in cooking tasks and determine whether he can continue cooking independently or requires additional support or adaptations.

4.1.2 General information of simulated participant

Client: Mr. De Vries, 40 years old, single, living in a supported housing project.
Diagnosis: Korsakoff syndrome, caused by prolonged alcohol abuse.
Cognitive impairments: Severe short- and long-term memory problems, reduced awareness of deficits, confirmed by neuropsychological testing.
Personality & strengths: Friendly, sociable, enjoys chatting with staff and residents. Functions best within a clear, predictable daily routine. Values independence strongly.
Daily activities: Shops for groceries, keeps his room tidy, and cooks his own meals daily. Cooking gives him a strong sense of self-worth and autonomy.

Concerns of staff:

- Cooking sessions are often disorganized.
- Kitchen left messy.
- Ingredients frequently forgotten.
- Pots left on the stove too long.
- Illogical sequencing of cooking actions.
- Excessive use of kitchenware for simple meals (planning difficulties).

Client's perspective: Acknowledges that things "sometimes go wrong," but firmly insists he does not need help. Strongly wishes to continue cooking independently.

Team's request: Assessment of functional cooking ability to determine whether Mr. De Vries can continue to cook independently, and what level of support or adaptations might be necessary.

Note: Korsakoff syndrome is a neurological disorder caused by a prolonged deficiency of vitamin B1 (thiamine), often due to chronic alcohol abuse. This leads to brain damage and cognitive decline. The main symptom is memory impairment, including difficulty retaining new information and forgetting past memories. Other symptoms may include disorientation in time and place, problems with planning and organizing, difficulty initiating tasks, behavioral changes, and issues with balance and walking.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Link to WHO ICF browser: https://apps.who.int/classifications/icfbrowser/
Video observation of the client preparing a meal (please provide your own video – GDPR compliance required)
Blank ICF template
Template for task analysis and observation

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 9: Designing home modification plans through case analysis and 360-degree video observation

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Home modification and 360-degree video
Key words	Home modifications, 360-degree video
Brief description	In this scenario, students prepare by reviewing the ICF framework and the theory behind reimbursement for home modifications. In previous lessons, they have learned about existing home adaptations, relevant websites, and the structure of an advisory conversation. During the class, students work in groups of four to analyze a case, identify the occupational therapy question, and examine 360-degree videos and a floor plan to collaboratively develop a plan. In the second phase, each group presents their plan to the others. As a final assignment, students write a professional report to the team with the necessary home modifications and therapy goals.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The context is a home in Belgium. Students are expected to assess the home environment and propose suitable modifications based on the client's needs.		
Environment	☒ **Physical**	**Description**	Students receive a printed floor plan of the house.
		Materials	Floor plan with measurements, printed case description.
	☒ **Digital/Virtual**	**Description**	Students access 360° photos of the home environment to explore the space virtually. They also use online resources such as the Belgian assistive devices database to support their recommendations.
		Materials	360° images of the home, access to the assistive devices database website, digital case file.

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		
Observer	28	Students observe the home in groups of four in the classroom.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	20 min.	Hands- on
Prebriefing *Student preparation*		
Simulation activity	40 min.	Digital
Debriefing	15 min.	Hands -on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.2. Occupational therapists possess knowledge about occupational therapy: • Process of occupational therapy (occupational therapy assessments; goal-setting approaches; intervention strategies, methods and equipment targeting person, occupation and/or environment; outcome evaluation; documentation)
Domain B: Managing and conducting OT process	B.2. Occupational therapists demonstrate competencies in managing and conducting the occupational therapy process. B.2.1. Occupational therapists assess functional participation in all areas of human activity (e.g. Self-care, daily life, work/study/school, play, leisure and rest). Those: • Subjective personal factors (e.g. client beliefs about activities, operational goals, strengths, skills, limitations; satisfaction with participation) that influence functional performance or participation are assessed. • Analyze, interpret and report clearly the evaluation results • Prepare an action-oriented report based on evaluation. B.2.2. Occupational therapists jointly set goals and intervention plans with the client. They: • Jointly negotiate and set objective, achievable and reasonable (SMART) goals with the client • Develop occupation-focused intervention plans (timeline, outcomes, resources, contingency plans, and responsibilities) based on assessment findings, client goals, best available evidence, and professional reasoning
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	Formulate short- and long-term goals for a client based on a case study
Domain B	• Identify and justify appropriate home modifications (short- and long-term) that support the client's occupational performance and participation in daily life. • Search for and select relevant assistive devices and environmental adaptations using professional resources such as the Belgian assistive devices database. • Collaboratively analyze and interpret environmental and personal factors that influence the client's functional participation, using 360° visual materials and floor plans. • Prepare a clear, action-oriented report for the interprofessional team, including proposed goals and recommended home modifications.
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Reimbursement knowledge	Students understand the basic principles of reimbursement systems for home modifications in Belgium.
Resource navigation	Students know where to find and how to use relevant databases and websites (e.g. hulpmiddeleninfo.be) to search for assistive devices and home adaptations.
OT process	Students are familiar with the general steps of the occupational therapy process, including assessment, goal setting, and intervention planning.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Print floor plan and ICF client	Copy of the house layout with dimensions for each student group and the ICF of the client
360° images online	Online access to 360° photos of the home environment
Report template	A structured digital template for students to complete their final report to the team.

Staff

Role	*Description*	Number

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Laptop	Students must bring a personal laptop or tablet with internet access.
Resources	Students are expected to briefly explore the assistive devices database and reimbursement information website prior to the session.

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	

References

Website (Dutch): https://www.hulpmiddeleninfo.be/
Website (Dutch): https://www.vaph.be/hulpmiddelen/databank

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
The student treats video recordings as confidential materials and does not share or distribute them outside the learning environment.
The student participates respectfully in the debriefing session, offering and receiving feedback in a constructive and professional manner.

Facilitation tips

- Clearly instruct students that they can look around in the space by clicking and dragging within the 360° photos. Encourage them to explore different angles and perspectives to better understand the spatial layout and potential barriers.
- Remind students to carefully note the photo numbers or labels and match them with the corresponding rooms or areas on the printed floor plan. This helps them maintain a clear spatial overview and supports accurate reasoning when proposing adaptations.
- Ensure students are actively using the assistive devices database and not relying solely on prior knowledge. Prompt them to justify their choices based on available products and reimbursement options.

Scenario flow

Start	
Participant state and action	
Students are divided into groups of four. Each group receives the ICF-based case description and begins by reading and discussing it together.	
	Description
Expected learner action	• Read and interpret the ICF case description. • Identify and describe expected short- and long-term difficulties related to mobility and functioning in the home environment. • Discuss all relevant transfers (e.g. bed, toilet, shower, chair, stairs) and determine what is needed for the client to live safely and independently in the short and long term.

Key learning points	• Identification of environmental barriers and personal limitations. • Differentiation between short-term and long-term needs in home adaptation. • Collaborative clinical reasoning within a team.
Trigger for next action	Once all relevant transfers and mobility challenges have been discussed and the group has a clear understanding of what is needed for the client to live at home in both the short and long term, they may proceed to the next step.

Action 1	
Participant state and action	
Students use the 360° images and floor plan to analyze the home environment. They link this to the previously identified transfers and mobility challenges to develop a concrete plan for home modifications.	
	Description
Expected learner action	• Use the floor plan and the 360° images to locate and contextualize each space and transfer situation. • Identify which areas require short-term vs. long-term adaptations. • Discuss and decide as a group on appropriate home modifications, considering feasibility and client needs.
Key learning points	• Integration of visual-spatial information with clinical reasoning. • Prioritization of interventions based on urgency and long-term planning. • Application of evidence-based resources to select appropriate assistive devices. • Understanding of reimbursement systems and their impact on intervention planning. • Collaborative decision-making and justification of chosen adaptations.
Trigger for next action	Once the group has developed a clear and justified plan for short- and long-term home modifications

End	
Participant state and action	
Students finalize their work by writing a structured report addressed to the interprofessional team. The report summarizes their analysis and recommendations.	
	Description
Expected learner action	• Summarize the key transfers and mobility challenges identified in the case. • Clearly describe the proposed short- and long-term home modifications. • Formulate short- and long-term goals for the client, based on the ICF and occupational therapy reasoning. • Use the provided reporting template to structure their findings and recommendations. • Submit the report as a group product.
Key learning points	• Professional communication through structured reporting. • Translation of clinical reasoning into clear, actionable recommendations. • Integration of assessment, goal setting, and intervention planning. • Use of appropriate terminology and justification based on evidence and client needs.
Trigger for next action	The simulation ends with the submission of the report. Optionally, a debriefing session can follow to reflect on the learning process, group collaboration, and application of theory to practice.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Each student actively participates in the group discussion.

Prebriefing thought-provoking questions

How can short-term and long-term goals differ in occupational therapy when it comes to home modifications?
What challenges might a person with mobility limitations and their family face with transfers?
How do you balance client preferences with practical and financial constraints?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Michel
Age	60 years
Sex	male
Personal factors	Michel has always been an active and helpful man. He currently has a DNR code 0 (Do Not Resuscitate) and is experiencing feelings of depression and hopelessness.
Ethnicity and cultural context	
Reason the participant is seeking OT service and concerns related to engagement in occupations	Michel is currently receiving therapy in a care facility. His partner has expressed the wish for him to come home for short weekend visits in the near future, with the long-term goal of him returning to live at home. Occupational therapy is involved to assess the feasibility of this transition, focusing on his ability to perform daily activities and the necessary home modifications to support his safety and independence.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Can maintain attention on a single task; experiences depression and hopelessness.
Sensory functions and pain	Left hemianopsia and neglect; no sensibility in left limbs; back pain limits sitting to max 3 hours.
Neuromusculoskeletal and movement-related functions	Left hemiplegia with flaccid paresis (OL + BL); no active movement; passive ROM limited in shoulder, elbow, wrist; full passive ROM in fingers.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Fully dependent on passive care; can moisten mouth with oral swab; needs assistance to roll over in bed.
Productivity *(including (paid) work and education)*	Retired since 2022; previously worked as a driver for office supplies.
Leisure and play	Enjoyed loud music, flying gliders, operating drones, and watching soccer.

Environmental factors	
Physical environment	Lives in a house with no current home modifications; uses a multiposition wheelchair
Social environment	Lives with his girlfriend; has a son and granddaughter; strong social network with frequent visits from friends
Services, systems and policies	Currently receiving therapy in the hospital; partner wishes for him to return home for weekend visits and eventually live at home again

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

Which transfers are necessary for the client to function safely at home?
What assistive devices are needed to support these transfers?
What type and level of support is required for each transfer?
Is Michel's partner able to provide all the necessary support on her own?
Which organizations or services can the client and his partner rely on for additional support?
Which assistive devices or home modifications are relevant in the short term, and which in the long term?
What are the expected costs of these devices or modifications, and are they eligible for reimbursement?
Is it possible to rent some of the necessary equipment instead of purchasing it?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Website: https://kuula.co/share/collection/7K5FM?logo=1&info=1&fs=1&vr=0&sd=1&thumbs=1
Floor plan house (→ Choose a floor plan that suits your context)
Website (Dutch): https://www.hulpmiddeleninfo.be/
Website (Dutch): https://www.vaph.be/hulpmiddelen/databank

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 10: COPM assessment: COPD and hip recovery

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	COPM Assessment: COPD and hip recovery
Key words	COPM, total hip replacement, COPD, rehabilitation, mobility, pain management, self-care, goal setting
Brief description	The simulation involves role-play with a simulated client. The goal is to conduct a COPM assessment with Maria, a 70-year-old recovering from hip surgery and managing COPD. Students will assess her needs, set goals, and develop a plan to improve her mobility and quality of life.

Simulation setup

Simulation modality	Simulated participant		
Context	**OT department in a rehabilitation center:** students interact with standardized client (Maria) for realistic assessment & communication practice		
Environment	☒ **Physical**	**Description**	campus, university, simulation room
		Materials	• Simulated occupational therapy room - A realistic therapy setting with typical OT equipment and tools. • Standardized patient attire: Comfortable clothing suitable for the patient role (Maria) post-hip replacement. • COPM assessment tools: COPM forms (paper or digital), pens, and scoring materials. • Client documentation: Background, medical history, assessment results, and home photos. • Recording devices (optional)
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	• Guide Maria through the COPM using a structured approach. • Accurately document performance and satisfaction scores. • Discuss scores and jointly identify priority intervention goals. • Show empathy and use active listening to understand Maria's feelings. • Set achievable, client-centered goals on independence, household tasks, and social participation. Set SMART goals for the client record. • Summarize findings and plan follow-up • (Complete checklists/assessment and) participates in debriefing.
Participant	**optional** 1	**Simulated client (Maria)** ***(without actor)*** • Portray Maria per case description. • Express experiences and limitations in daily activities. • Give feedback on activity importance and satisfaction. • Show frustration and motivation to regain independence • (Complete checklists/assessment and) participates in debriefing.
Other simulated participant *Please specify in extra information*		
Observer	max. 4	• Evaluate COPM administration and therapeutic dialogue. • Assess communication for empathy and client-centeredness. • Observe therapist's involvement of Maria in goal-setting and decisions. • Provide targeted feedback on assessment, score interpretation, and intervention planning. • Complete checklists/assessment and participate in debriefing.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 min	Hands-on or digital (group)
Prebriefing *Student preparation*	2h	
Simulation activity	20 min to 30 min	Hands-on
Debriefing	40 min to 60 min	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.1. Occupational therapists possess knowledge about occupation and humans as occupational beings A.5. Occupational therapists possess general medical and professional knowledge

Domain B: Managing and conducting OT process	B.1. Apply theories, approaches, and evidence-informed knowledge to inform, prioritize, and guide the client-centred and occupation-based therapy process B.2.1. Conduct an occupational therapy interview to understand the client's occupational narrative and establish a relationship with the client B.2.2. Occupational therapists jointly set goals and intervention plans with the client B.3. Occupational therapists demonstrate competencies in conducting ethical and safe practice B.4. Occupational therapists demonstrate competencies in conducting culturally sensitive practice
Domain C: Developing and maintaining professional relationships and partnerships	C.1. Demonstrate competencies in engaging in effective professional communication C.2.1. Understand and respect the unique nature of individuals, view the client holistically in a broader context and appreciate diversity; Occupational therapists establish and maintain relationships and partnerships with colleagues; Occupational therapists establish and maintain relationships and partnerships with other agencies and stakeholders; Make therapeutic use of self (creating a meaningful relationship between the therapist and the client)
Domain D: Professional autonomy and continuous professional development	D.1. Occupational therapists demonstrate competencies in professional autonomy and accountability D.2. Occupational therapists demonstrate competencies in the management of oneself and one's practice, service, and workplace.
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	• The student demonstrates knowledge of the client's orthopedic and respiratory conditions by asking relevant, focused questions during the COPM assessment. (A.1., A.5.)
Domain B	• Conduct a client-centered OT interview following COPM guidelines to identify and document the client's occupational challenges (B.1.; B.2.1.) • Collaborate with the client to set 3 SMART goals based on priorities and COPM scores, and document them clearly (B.2.2.) • Demonstrate ethical and culturally sensitive practice by aligning goals and interventions with the client's values and needs (B.3.; B.4.)
Domain C	• Establish a trusting therapeutic relationship using active listening, empathy, and open-ended questions to understand the client's values and culture (C.1. – C.2.1.).
Domain D	• Complete and document the COPM assessment independently, demonstrating professional accountability and accuracy (D.1. – D.2.).
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge	• Basic understanding of occupational therapy principles and the COPM framework. • Awareness of common conditions such as orthopedic issues, COPD, and arthrosis and their impact on daily functioning. • Knowledge of effective communication strategies in client interviews
Attitudes	• Client-centered, ethical, and culturally sensitive attitude. • Openness to listening without judgment and respecting client priorities
Skills	• Ability to build rapport and create a safe, trusting environment for goal setting. • Basic interviewing and active listening skills to explore client needs and priorities. • Familiarity with using structured assessment tools such as the COPM to guide collaborative goal setting

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Preparing the therapy room	OT equipment, aids (e.g., four-wheeled walker), chairs
Preparing blank COPM forms	Paper or digital forms, pens
Printing and organizing client documentation	Printed client file: medical information, assessments
Providing accessories for simulated client	Bag with tissues and inhaler (COPD)
Optional: Setting up recording equipment	Camera, microphone, laptop, …

Staff

Role	*Description*	Number
Simulated Client	Played by an actor who portrays Maria, responds realistically to assessment questions, and ensures authentic communication	1
Instructor/Facilitator	• Oversees and facilitates the simulation, ensuring safety and simulation flow. • Observes, provides feedback, and answers questions during and after the session.	≥1
Technical Support (optional)	Optional, for setting up recording equipment and providing technical assistance.	optional

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Understanding COPM and its objectives	1st-year Bachelor's OT knowledge
Basic knowledge of orthopedic conditions and COPD	1st-year Bachelor's OT knowledge
Skills in conducting client assessment (COPM)	1st-year Bachelor's OT knowledge
Communication skills and empathy	1st-year Bachelor's OT knowledge
Setting goals and developing treatment plans	1st-year Bachelor's OT knowledge
Analyzing and interpreting client needs and goals	1st-year Bachelor's OT knowledge

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	• Read and analyse the simulation script. • Prepare for your assigned role (therapist, client, or observer). • Familiarize yourself with the COPM assessment. • Perform a practical check: confirm location, time, and required materials
☐ **Post-SBL assignment**	**Optional follow-up tasks** • Complete a reflection on your role and key learning points. • Process self-evaluation and/or peer feedback. • Upload assessment notes or observations to the learning platform and/or share with peers.

References

The Canadian Occupational Performance Measure. (2025). *The COPM is an individualized, client-centred outcome measure*. COPM. Retrieved July 3, 2025, from https://www.thecopm.ca/

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Simulation can be stopped in case of:

- **Ineffective execution of core tasks:** (Repeated) failure to set appropriate goals, select or carry out suitable interventions, or ineffective communication, leading to potential harm.
- **Unsafe behaviour:** Actions that pose a risk to the client, or others, such as ignoring hygiene or safety protocols.
- **Unprofessional conduct:** Clear or repeated violations of core professional values such as respect, confidentiality, integrity, empathy, reflection, or professional appearance.
- **Inability to adapt to unexpected situations**: Lack of flexibility or problem-solving capacity.

Facilitation tips

- Use pre-agreed non-verbal cues (e.g., hand signal, pointing at the clock, colour cards) to discreetly support the learner without disrupting the flow.
- Apply whisper coaching through earpieces for brief, targeted guidance during the simulation.
- Limit the use of the freeze technique to moments when critical learning goals or safety are at risk.
- If needed, join the scenario in-role (e.g., as a caregiver or intern) to subtly support and redirect the learner.

Scenario flow

Start

Participant state and action

Simulated client enters OT room, calm but slightly anxious and cooperative

Greets the therapist warmly

Description:
Client greets politely with a warm, slightly anxious tone; engages in brief small talk (e.g., “I’m a bit nervous, but okay”) with friendly demeanour.

	Description
Expected learner action	Greet client warmly; use small talk to build trust and safety
Key learning points	• Establish rapport with a welcoming atmosphere. • Practice active listening and empathy. • Manage time; recognize when to end small talk. • Show genuine client-centred interest to foster collaboration.
Trigger for next action	Comfortable rapport established and small talk completed → proceed to goal-setting

Action 1: Collaborative goal-setting	
Participant state and action	
Listens attentively, cooperates (may show discrete signs of mild memory or attention problems) • Repeat questions or ask for reminders. • Express mild confusion if the session goals are unclear: “I don’t fully understand this process yet.” • If the learner does not explain well, ask: “Could you explain what this assessment is about?”	
	Description
Expected learner action	• Explains the purpose of the session: COPM assessment to identify priorities and set goals. • Describes how the session will proceed step-by-step. • Clarifies what is expected from Maria during the session. • Invites questions to confirm understanding.
Key learning points	• Clearly communicate the goals and process and verify understanding • Adapt communication style if necessary • Set expectations to reduce client anxiety. • Promote client engagement through open dialogue
Trigger for next action	Client shows sufficient understanding and readiness → proceed to identifying priorities

Action 2: Conducting COPM Assessment	
Participant state and action	

• Participates in a guided COPM interview led by the therapist.
• Describes difficulties with daily activities, including:
  ○ Bathing (due to pain and limited mobility)
  ○ Household tasks (e.g., washing, vacuuming)
• Expresses frustration about dependence, e.g.:
“Getting in and out of the bath is really hard, and I find it frustrating to need help all the time.”
• Identifies key goals:
  ○ Regain independence in self-care (e.g., bathing)
  ○ Maintain her role in household tasks (e.g., meal preparation)
  ○ Stay engaged in social activities
• Provides self-ratings for performance and satisfaction.
• Shows signs of emotional strain (mild frustration) and physical limitations (e.g., slow movements, fatigue).	

	Description
Expected learner action	• Guide client through COPM and record scores. • Discuss scores and set intervention goals collaboratively. • Show empathy and active listening. • Formulate achievable and relevant intervention goals focusing on independence, household roles, and social participation
Key learning points	• Correct COPM use and interpretation. • Client-centred goal setting. • Recognize physical/emotional cues. • Maintain professional, empathetic communication. • Prioritize client-specific interventions.
Trigger for next action	COPM questionnaire completed; intervention goals identified

End: Closure and Follow-Up	
Participant state and action	
Engages in follow-up discussion. Maria expresses satisfaction or concern; asks about next steps Express your thoughts on the session, e.g., • "I'm relieved we've started, but I'm still a bit worried about my progress." • Ask about next steps: "What will we focus on next time?" • Show a mix of relief and curiosity for what comes next. • If the learner does not clarify follow-up steps, ask: "What happens after this?"	
	Description
Expected learner action	• Summarize session goals effectively. • Plan follow-up sessions based on assessment, involving relevant stakeholders. • Demonstrate professional closure with the client.
Key learning points	• Summarize goals and discuss next steps. • Reassure Maria about continued therapy (Plan follow-up sessions based on assessment) • Ensure professional and caring closure.
Trigger for next action	After summarizing goals, discussing next steps, and confirming Maria's understanding and readiness, the facilitator can prompt the learner to close the session, say goodbye, and escort Maria to the door.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Preparation is key: Prepare thoroughly and follow the scenario closely for a realistic and effective simulation.
Respect & Professionalism: Treat all participants with respect; maintain ethical and professional behaviour at all times.
Confidentiality: Keep all simulation content private; no recordings without explicit consent.
Stay in role: Engage authentically and use realistic therapeutic communication; manage time effectively
No unnecessary interruptions: Only interrupt if safety is at risk or critical issues arise
Safety first: Prioritize safety; avoid unsafe actions and report any risks immediately
Mistakes are learning opportunities: Approach errors without judgment or penalization
Active participation & reflection: Be fully involved in your role; provide and receive constructive feedback post-session (debriefing). Avoid assumptions and ask open-ended questions.

Prebriefing thought-provoking questions

OT: What steps will you take to prepare for the COPM interview, ensuring you have a clear understanding of Maria's orthopaedic and respiratory conditions?
OT: How will you introduce the purpose and structure of the COPM to Maria in a way that ensures she feels comfortable and engaged?
OT: What strategies will you use to establish rapport and trust with Maria during the COPM assessment?
OT: How will you ensure that Maria fully understands the purpose and process of the COPM, given her multiple health conditions?
OT: If Maria becomes hesitant or resistant during the COPM assessment, perhaps feeling overwhelmed by her conditions, how will you address this while maintaining a therapeutic relationship?
OT: How do you plan to ensure that the client feels heard and understood throughout the conclusion of the COPM assessment?
OT: How will you clearly and effectively communicate the next steps in the therapy process to the client?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Maria Janssens
Age	70 years (born 1943)
Sex	Female
Personal factors	• Supportive husband as primary caregiver; two adult children nearby providing additional support. • No professional care present yet
Ethnicity and cultural context	Belgian, Dutch-speaking
Reason the participant is seeking OT service and concerns related to engagement in occupations	Maria was referred for post-hip replacement rehab, COPD, and osteoarthritis management. She faces limited mobility, pain, and breathing difficulties that affect daily tasks. She seeks support to manage pain, improve breathing, improve mobility and quality of life. Maria aims to regain independence in self-care, maintain household roles, and spend time with loved ones.
Medical history and diagnosis	• Recent left THR (Total Hip Replacement) (1 month ago) • Chronic Obstructive Pulmonary Disease (COPD) • Osteoarthritis, primarily in knees • Current medications: pain management, respiratory support, post-surgical care

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Maria presents with slowed movements, limited mobility, and signs of respiratory distress (laboured breathing). She appears fatigued but motivated to engage in therapy. Her affect is somewhat anxious but cooperative.

4.1.4 Occupational history

Person receiving OT services	Maria has worked as a homemaker throughout her life, managing household chores and caregiving responsibilities for her family.

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	1. Regain independence in self-care, especially bathing/showering. 2. Maintain active role in household tasks and meal preparation with support. 3. Improve pain management and respiratory capacity to enhance mobility and quality of life. 4. Continue engaging in valued leisure activities (reading, crafting, socializing, gardening, puzzles).

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	• Mild cognitive impairment, with presumed early signs of memory and attention problems.
Sensory functions and pain	• Persistent pain at hip surgery site and osteoarthritis-related discomfort limiting mobility and ADLs.
Neuromusculoskeletal and movement-related functions	• Impaired mobility: reduced balance, strength limitations, pain, and stiffness • Hip flexion limited to 90 degrees (post-surgery) • Knee flexion limited to 90 degrees (osteoarthritis)
Voice and speech functions	• No noted impairments.
Other	• Reduced respiratory capacity due to COPD, leading to laboured breathing and decreased endurance.
Activities and participation	
Self-care and domestic life	• **Transfers:** needs help and aids for transfers due to limited strength, mobility, and breathing issues (chair, toilet, bath/shower). • **Mobility:** Restricted by recent hip surgery and knee osteoarthritis. Uses a walker indoors for short distances, with reduced endurance and speed. Outdoor mobility affected by weather and terrain. Mobility aids and home adaptations recommended. • **Stairs:** Difficult and high fall risk. Requires support and handrail use. Cannot carry objects on stairs. • **Self-care:** Assistive devices and energy management are advised, with ongoing evaluation. • **Meal preparation:** Participates with partner's help for tasks needing standing or lifting. • **Household tasks:** Manages light tasks but needs help with dishes, vacuuming, laundry. Assistive devices and energy management strategies needed. • **Shopping:** Independent shopping limited by mobility and breathing. Usually done with family support. Alternatives should be explored.
Productivity *(including (paid) work and education)*	• Role as housewife is limited by physical limitations • No current paid work or formal education; focus is on domestic productivity.
Leisure and play	• Enjoys reading, crafting, socializing (spending time with family and friends), listening to music, gardening, puzzles

Environmental factors	
Physical environment	• Ground floor house (1 floor) about 0.3 km from the village center. • The house is already equipped with a walker, support handles and a bathroom chair.
Social environment	• Supportive husband as primary caregiver; two adult children nearby providing additional support. • No professional care present yet
Services, systems and policies	• Currently admitted to the rehabilitation center, the need for (para)medical follow-up and other care is being evaluated and monitored

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
MMSE	25/30	Score indicates mild cognitive impairment. M. may have difficulty recalling memories and attention to complex tasks.
VAS (pain)	6/10	Moderate pain that may interfere with daily functioning and mobility.
6-Minute Walk Test	150 meters in 6 minutes	Below predicted distance for her age and gender. Indicates reduced endurance and functional capacity, likely due to COPD and impaired cardiovascular fitness.
Functional Independence Measure (FIM)	Total: 60/126 Self-care: 18/42 Mobility: 16/42 Social cognition: 12/35	Indicates moderate assistance or supervision required for ADLs due to mobility, respiratory, and cognitive challenges.
Timed Up and Go (TUG)	35 seconds	Significantly slower than age norms. Indicates moderate functional mobility impairment, likely influenced by COPD and general deconditioning
Range of Motion	Hip flexion: 90° Knee flexion: 90° Shoulder flexion: WNL	Hip and knee ROM is limited due to surgery and osteoarthritis, which affects mobility and function. Shoulder ROM is within normal limits.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	**Mild memory and concentration problems (do not exaggerate - subtle)** • Occasionally ask to repeat something • Show that you need a moment when overwhelmed with information • Slight distractibility is okay **What you can say:** • How was I supposed to do that again?" • "That's a lot at once… could you show me?" • "Sorry, I got distracted – could you repeat that?"
Sensory functions and pain	**Moderate pain, no constant complaints (do not overact)** • Show subtle signs of discomfort when moving (e.g. slight groan when standing) • Protect sore areas (e.g. hand on hip or knee) • Sit slightly sideways in the chair **What you can say:** • "I feel some pulling in my hip." • "My knees are stiff again today." • "Moving too fast hurts, so I take my time."
Neuromusculoskeletal and movement-related functions	**Limited mobility and reduced strength** • Move slowly and stiffly • When standing up, push off the armrests and groan slightly • When sitting down, drop into the chair gently (not exaggerated, but visibly weak) • Use a walker or pretend to use one **What you can say:** • "Wait, I need to hold on properly." • "I'm sometimes afraid of falling."
Voice and speech functions	/
Other	**Shortness of breath due to COPD** • Breathe audibly heavier after exertion • Speak in short sentences when tired • Pause occasionally while talking or moving • Lean on furniture for support **What you can say:** • (After standing up) "Give me a second… I need to catch my breath." • "I'm out of breath again." • Sigh or take audible breaths between phrases. • They mentioned oxygen therapy… but I'm not ready for that yet.

Activities and participation	
Self-care and domestic life	• Take your time with tasks like putting on a coat, washing, or walking • Act out that your partner helps you (e.g. with showering or putting on socks) **What you can say:** • "My husband helps me get in and out of the bath." • "I can put on my top by myself, but it's hard to dress my lower body." • "I need to take my time or I get out of breath."
Productivity *(including (paid) work and education)*	• You can still do light tasks, but show hesitation or resistance with heavier ones **What you can say:** • "I can still cut vegetables, but I can't stand for long." • "Vacuuming is too much – my husband has to do that."
Leisure and play	You may speak with enthusiasm about puzzles, gardening, visits, (You don't need to go into detail here.)

Environmental factors	
Physical environment	• "We live close to the village." • "Stairs are getting really difficult." • "There are grab bars in the bathroom. • I sit on a shower chair now, but washing is still hard."
Social environment	• "My husband helps me with everything – I couldn't manage without him." • "Our children live nearby; they visit regularly." • "I'm afraid I'm putting too much on them."
Services, systems and policies	/

6.2 Other relevant details

- Wear comfortable, loose clothing appropriate for a 75-year-old who is in rehabilitation.
- Choose sturdy, comfortable shoes suitable for limited mobility.
- Use a walker (rollator) as an essential mobility aid
- Carry a small bag or pouch with personal items such as tissues or an inhaler to reflect COPD management.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How does the therapist initiate the conversation? (Warm greeting, comfortable atmosphere, rapport)
Does the therapist practice active listening? (Eye contact, affirmations, response to body language)
How does the therapist manage time during the introductory conversation? (Small talk duration, time management)
How effectively does the therapist summarize Maria's needs and goals? (Understanding of orthopedic/respiratory conditions, specific examples from COPM)
Did the therapist explain the COPM method clearly? (Maria's understanding, confusion, resistance)
Did the therapist effectively guide Maria through the COPM questionnaire? (Targeted questions, documentation of occupational performance
Was the therapist empathetic in addressing Maria's frustrations? (Response to emotions, independence, limitations
How well did the therapist document Maria's performance and satisfaction scores? (Accurate recording, prioritizing goals based on COPM)
How effectively did the therapist summarize the session's goals and next steps? (Satisfaction, concerns, next steps)
Was there a professional and reassuring closure to the session? (Goodbye, follow-up, caring manner)

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Occupational Analysis Checklist (Maria_2)

This checklist supports learners and observers in preparing for and assessing occupational analysis during the simulation, as well as formulating feedback.

Scoring

Rate each criterion on a scale from **– to +**, or write **N/A** if not applicable:

- **-** **(Inadequate performance):** Does not meet necessary standards
- **+-** **(Partial performance):** Meets some criteria, but with notable deficiencies or areas for improvement.
- **+** **(Satisfactory performance):** Effectively meets established criteria.

FEEDBACK:

	-	-+	+
Comprehensive exploration of home environment and accessibility features: (e.g. housing type, available space and layout, including specific rooms and areas relevant to daily activities, structural condition of the home, accessibility features, potential hazards, and any existing modifications or assistive devices present in the home? home environment?)			
Assessment of daily routines or activities: (e.g. explore the client's typical daily routines and activities within the home environment, the client's ability to perform essential tasks independently)			
Identification of challenges/barriers on the client's functioning in the home (environment) (e.g. assess the impact of any limitations, disabilities, or health conditions on the client's functionality? Clinical course of the disease?Literacy level?)			
Exploration of the client's support network or available resources: (e.g. Lives with others, such as other adults, children, pets? inquire about the client's social support, including family members, caregivers, or other professionals involved in their care? Personal assistance preferences? Financial recourses?			
Client-centered approach: (e.g. The occupational therapist informs, collaborates, prioritizes the client's and/or client system goals and actively involves them in discussing their needs and preferences. Informs about the readiness to change? Compliance? Concerns for aesthetics?			
Cultural sensitivity and diversity awareness: (e.g. demonstrate cultural competence and sensitivity to the client's cultural background, beliefs, and values?)			
Professionalism and ethical considerations: (e.g. maintain confidentiality and adhere to professional standards and ethical guidelines, ensuring respectful and empathetic communication with the client?)			
Documentation and follow-up planning: (e.g. accurately document the findings of the interview, including assessment results, identified needs, and proposed interventions or recommendations?)			

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 11: Occupational analysis of the home: COPD and hip surgery

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Occupational analysis of the home: COPD and hip surgery
Key words	Simulated participant, occupational analysis, home assessment, bathroom focus, hip surgery, COPD, self-care, symptom management, goal setting
Brief description	This simulation involves a role-play with Maria, a 70-year-old recovering from hip surgery and living with COPD. Her goals include independence in self-care, symptom management, maintaining household roles, and social participation. Students will conduct an occupational and home analysis (with a focus on the bathroom, variations possible), identify her needs, and define goals as a basis for future interventions to enhance mobility and quality of life.

Simulation setup

Simulation modality	Simulated participant		
Context	**OT department in a rehabilitation center:** students interact with standardized patient (Maria) for realistic assessment & communication practice		
Environment	☒ **Physical**	**Description**	campus, university, simulated occupational therapy room simulation room
		Materials	• **A realistic therapy setting** with typical OT equipment and tools. • **Standardized patient attire**: Comfortable clothing suitable for the patient's role (Maria) post-hip replacement • **Photos of patient's home environment:** focusing on the bathroom (other rooms can also be analysed, if variations on the script are desired). • **Floor plan:** of patient's home • **Home assessment checklists:** Existing or pre-prepared checklists or questionnaires to assess safety, accessibility and functional needs in the home environment, with emphasis on the bathroom (in accordance with local guidelines/practices). • **Documentation client:** Comprehensive file containing Maria's medical history, therapy goals, progress notes and all relevant assessments • **Recording equipment (optional)**
	☐ **Digital/Virtual**	**Description**	/
		Materials	/

Student roles	Number of students	Extra information
Occupational therapist	1	• Conducts a structured analysis of Maria's home, focusing on orthopedic and respiratory limitations. • Assesses safety, mobility, pain, and breathing—especially in the bathroom. • Actively discusses daily limitations and environmental factors with Maria. • Accurately documents findings and uses clinical reasoning to set priorities. • Collaborates with Maria to establish meaningful, achievable goals. • Summarizes results and develops a plan for interventions or recommendations • (Complete checklists/assessment and) participates in debriefing..
Participant	**optional** 1	**Simulated Client (Maria)** ***(if no actor)*** • Portrays Maria according to the case description. • Describes daily limitations resulting from hip surgery and COPD. • Provides feedback on barriers and home functioning. • Expresses motivation and concerns about independence and quality of life. • (Complete checklists/assessment and) participates in debriefing.
Other simulated participant *Please specify in extra information*		
Observer	Max 4	• Evaluates therapist's approach to home analysis • Evaluates empathy and respectful, client-centred communication. • Evaluates Maria's commitment to identifying barriers and setting goals. • Provides focused feedback on the quality of the analysis, goals, process and documentation. • Completes evaluation forms and participates in debriefing.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 min.	Hands-on of digital
Prebriefing *Student preparation*	2h	
Simulation activity	20 min. - 30 min.	Hands-on
Debriefing	40 min. - 60 min.	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.4: Occupational therapists possess attitudes about • The environment in which people choose to live • Factors that present barriers to participation • Individual and cultural differences in beliefs about causes of health, occupation, and occupational practices
Domain B: Managing and conducting OT process	B.1: Apply theories, approaches, and evidence-informed knowledge to inform, prioritize and guide the client-centred and occupation-based therapy process B.2.1: Occupational therapists assess occupational participation in all areas of human occupation (e.g., personal care, daily living, work/study/school, play, leisure, and rest) B.2.2: Occupational therapists jointly set goals and intervention plans with the client
Domain C: Developing and maintaining professional relationships and partnerships	C.1: Occupational therapists demonstrate competencies in engaging in effective professional communication C.2: Occupational therapists demonstrate competencies in establishing trusted professional relationships and partnerships.
Domain D: Professional autonomy and continuous professional development	D.1: Occupational therapists demonstrate competencies in professional autonomy and accountability. D.2: Occupational therapists demonstrate competencies in the management of oneself and one's practice, service, and workplace.
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	The student analyses Maria's bathroom environment to identify key barriers affecting her participation in meaningful self-care activities (bathing and toileting). This analysis integrates Maria's personal and cultural values and aligns with relevant clinical guidelines and principles for safe, inclusive, and client-centred practice. (A.4.)
Domain B	• The student conducts a structured occupational and home analysis, focused on bathroom-related self-care activities, identifying specific challenges related to mobility, pain, breathing (COPD), and energy management. (B.2.1.) • The student collaborates with Maria to establish clear, achievable, and client-centred goals (≥ 3) aimed at improving her independence, safety, and comfort during bathroom tasks. (B.2.2.)
Domain C	The student engages in a professional and empathetic conversation with Maria, during which the assessment findings are discussed, goals are co-developed, and a trusting therapeutic relationship is established. (C.1.&C.2.)
Domain D	The student professionally plans and structures the conversation, manages time and content effectively, and documents relevant information in a purposeful and systematic way to support the next steps in the occupational therapy process. (D.1.&D.2.)
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge	• Basic understanding of Maria's medical conditions (hip surgery, COPD) and their potential impact on self-care and mobility at home. • Familiarity with concepts of energy conservation, safe transfers, and accessibility requirements in bathroom environments. • Awareness of general rehabilitation needs related to orthopaedic and respiratory conditions
Attitudes	• Respectful and client-centred attitude, sensitive to Maria's daily routines and comfort. • Empathy, responsibility, and professional engagement when interacting with clients in their home context.
Skills / Competencies	• Ability to prepare for sessions by reviewing client data and analysing environmental photos or observations. • Basic interviewing skills to gather information about daily routines and challenges. • Clear and supportive communication to build rapport and trust. • Organizational skills to structure assessments efficiently and document findings systematically.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Therapy room preparation	OT equipment, walking aids (e.g., 4-wheeled walker), chairs
Photos and floor plan	bathroom-oriented home photos, floor plan provided to scale
Documentation of client	Maria's file (medical history, therapy goals, progress notes, assessments)
Therapist resources	pen, notepad and/or tablet
(Optional) Recording devices	camera, microphone, laptop - ensure privacy

Staff

Role	*Description*	Number
Simulated Client	Played by an actor who portrays Maria, responds realistically to assessment questions, and ensures authentic communication	1
Instructor/Facilitator	• Oversees and facilitates the simulation, ensuring safety and simulation flow. • Observes, provides feedback, and answers questions during and after the session.	≥1
Technical Support (optional)	Optional, for setting up recording equipment and providing technical assistance.	optional

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Understand Maria's hip surgery, COPD, energy needs	2st-year Bachelor's OT knowledge
Know bathroom safety and accessibility standards	2st-year Bachelor's OT knowledge
Show empathy, respect, and professional engagement	1st-year Bachelor's OT knowledge
Review bathroom photos and gather and prepare appropriate tools and methods for bathroom home evaluation	preparatory work
Assess self-care (washing, mobility, breathing), and validate with Maria	preparatory work
Co-create meaningful, achievable goals	1st-year Bachelor's OT knowledge
Communicate findings clearly and empathically	1st-year Bachelor's OT knowledge
Structure conversation, manage time, and document findings	preparatory work

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	• Read and analyze the simulation script. • Prepare for your assigned role (therapist, client, or observer). • Familiarize yourself with the **home evaluation tools and methods**. • Perform a practical check: confirm location, time, and required materials
☐ **Post-SBL assignment**	**Optional follow-up tasks** • Complete a reflection on your role and key learning points. • Process self-evaluation and/or peer feedback. • Upload assessment notes or observations to the learning platform and/or share with peers.

References

Providing home modifications:
https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#home-modification-hm-assessments

VOTO-instrument:
Valpreventie.be. (2025). Expertisecentrum Val- en fractuurpreventie Vlaanderen | Praktische tools. Expertisecentrum Val- en fractuurpreventie Vlaanderen | Praktische tools. Retrieved July 4, 2025, from https://www.valpreventie.be/praktische-tools

Wohnraumabklärung zur Sturzprävention in Privathaushalten: Wohnraumabklärung zur Sturzprävention in Privathaushalten

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Simulation can be stopped in case of:

- **Ineffective execution of core tasks:** (Repeated) failure to set appropriate goals, select or carry out suitable interventions, or ineffective communication, leading to potential harm.
- **Unsafe behaviour:** Actions that pose a risk to the client, or others, such as ignoring hygiene or safety protocols.
- **Unprofessional conduct:** Clear or repeated violations of core professional values such as respect, confidentiality, integrity, empathy, reflection, or professional appearance.
- **Inability to adapt to unexpected situations**: Lack of flexibility or problem-solving capacity.

Facilitation tips

- Use pre-agreed non-verbal cues (e.g., hand signal, pointing at the clock, color cards) to discreetly support the learner without disrupting the flow.
- Apply whisper coaching through earpieces for brief, targeted guidance during the simulation.
- Limit the use of the freeze technique to moments when critical learning goals or safety are at risk.
- If needed, join the scenario in-role (e.g., as a caregiver or intern) to subtly support and redirect the learner.

Scenario flow

Start

Participant state and action
Maria enters, slightly nervous but cooperative

	Description
Expected learner action	Greet warmly and engage in brief small talk to build rapport
Key learning points	• A welcoming, empathetic tone is essential for trust-building. • Use active listening and client-centred communication.
Trigger for next action	Once Maria feels comfortable, therapist proceeds to goal-setting.

Action 1: Collaborative Goal-Setting

Participant state and action

- Maria briefly states her rehabilitation goals when prompted, emphasizing the desire to regain independence in using the bathroom and toilet.
- She demonstrates a general understanding of the session's purpose. If not fully clear, she may show hesitation or confusion.
- Occasional mild attention or memory challenges may be observed.

Examples:
"I want to be able to use the bathroom independently again. It's really important for my self-esteem."
"Getting in and out of the bath is really hard, and I find it frustrating to need help all the time."
If unsure: "I'm not entirely sure what the point of this session is."

	Description
Expected learner action	• Summarize Maria's stated goals and address any confusion or lack of clarity. • Clearly explain the session's purpose and structure to ensure shared understanding. • Identify client-centred goals related to home modifications, specifically for the bathroom and toilet areas.
Key learning points	• Demonstrate understanding of Maria's needs and goals. • Communicate the session's objectives clearly. • Establish client-centred goals for home modifications.
Trigger for next action	Proceed to the next phase when Maria's goals are clarified, and she understands the session's objectives

Action 2: Intervention conducting an occupational analysis and analysis of the home (more specifically concerning the toilet and the bathroom)

Participant state and action

Maria is engaged and openly discusses the structure of her home, her daily routines, and the challenges she faces in maintaining independence. She shares how her physical limitations (due to hip surgery and COPD), environmental barriers, and emotional concerns impact her functioning.

Examples:
- Maria: "Our house is quite compact. The bathroom and toilet are on the ... floor (add bathroom photos). We have not yet installed any aids."
- Maria: "My husband helps me with most tasks. I can manage basic hygiene (such as washing face, brushing teeth), but have difficulty with mobility in the bathroom. I am also quickly exhausted"
- Maria: "Limited mobility and fatigue affects my independence. Getting into the shower (bathing) and going to the toilet are especially challenging."; "I have fallen several times, ..."
- Maria: "My husband is my main caregiver. We haven't sought professional help yet."
- Maria: "I want to maintain my dignity and independence. But am afraid of too big financial costs or renovations. We can't do that anymore."

	Description
Expected learner action	• Explore home structure, accessibility features, hazards, and modifications. • Assess her ability to perform daily activities independently (e.g., hygiene, toileting, bathing). • Investigate how her health conditions (orthopedic and respiratory) limit functioning. • Discuss her support system (e.g., caregiver support) and available resources (e.g., financial) • Prioritize Maria's goals and actively involve her in problem-solving and planning. • Communicate with cultural sensitivity and maintain confidentiality and ethical standards. • Accurately document findings and outline follow-up steps or intervention needs.

Key learning points	• Use client-centred interview skills to explore how health conditions affect daily functioning at the home environment • Communicate with empathy and respect to build trust and understand the client's perspective. • Identify bathroom-related barriers and risks linked to mobility, fatigue, and breathing difficulties. • Assess how physical, functional, and social factors impact self-care and independence. • Work with the client to set realistic and meaningful priorities for home modifications. • Document key findings clearly to support follow-up planning and interventions.
Trigger for next action	Proceed when the analysis of the home - focused on bathroom accessibility and self-care - is completed, including environmental barriers and the impact of Maria's health conditions.

End: Closure: Evaluation and Follow-up	
Participant state and action	
Maria reflects on the session and expresses her satisfaction or concerns. She indicates whether she is willing to continue with therapy and may ask about the next steps. Examples: • **Maria:** "Thank you for your support today. I feel better talking about this, but I'm still a bit unsure about what's next." • **Maria:** "What should I expect moving forward?"	
	Description
Expected learner action	• Summarize key points and goals discussed during the session. • Explain how the gathered information will be used in therapy planning. • Discuss the next steps, including any planned follow-up sessions or involvement of other professionals or caregivers. • Ensure Maria understands and agrees with the proposed direction. • Conclude the session in a professional and respectful manner (e.g. thanking the client, accompanying to the door).
Key learning points	• Effectively summarize the session's main topics and agreed-upon goals. • Plan appropriate follow-up actions based on assessment outcomes, involving relevant stakeholders where needed. • Demonstrate professional and client-centred closure, ensuring clarity and emotional readiness for the next steps.
Trigger for next action	Proceed to session closure once the summary is complete, next steps are clearly discussed and understood, and Maria indicates readiness to continue therapy.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Preparation is key: Prepare thoroughly and follow the scenario closely for a realistic and effective simulation.
Respect & Professionalism: Treat all participants with respect; maintain ethical and professional behaviour at all times.
Confidentiality: Keep all simulation content private; no recordings without explicit consent.
Stay in role: Engage authentically and use realistic therapeutic communication; manage time effectively
No unnecessary interruptions: Only interrupt if safety is at risk or critical issues arise
Safety first: Prioritize safety; avoid unsafe actions and report any risks immediately
Mistakes are learning opportunities: Approach errors without judgment or penalization
Active participation & reflection: Be fully involved in your role; provide and receive constructive feedback post-session (debriefing). Avoid assumptions and ask open-ended questions.

Prebriefing thought-provoking questions

Preparation: What steps will you take to understand Maria's orthopaedic and respiratory conditions before the analysis?
Introduction: How will you introduce the purpose and structure of the home analysis to Maria to ensure she feels comfortable and engaged?
Building rapport: What strategies will you use to establish trust with Maria during the assessment process?
Addressing hesitation: If Maria feels overwhelmed during the assessment, how will you support her while maintaining a therapeutic relationship?
Identifying barriers: What specific barriers do you expect Maria to encounter in her bathroom, considering her orthopedic and respiratory conditions?
Understanding independence: How will you explore Maria's desire for independence while assessing her needs for assistance in daily activities?
Assessing mobility: What observations will you make regarding Maria's mobility and endurance as they relate to her self-care tasks?
Cultural considerations: How will you ensure that Maria's cultural values and preferences are considered during the home analysis?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Maria Janssens
Age	70 years (born 1943)
Sex	Female
Personal factors	• Supportive husband as primary caregiver; two adult children nearby providing additional support. • No professional care present yet
Ethnicity and cultural context	Belgian, Dutch-speaking
Reason the participant is seeking OT service and concerns related to engagement in occupations	• Maria was referred for post-hip replacement rehab, COPD, and osteoarthritis management. • She faces limited mobility, pain, and breathing difficulties that affect daily tasks. • She seeks support to manage pain, improve breathing, improve mobility and quality of life. • Maria aims to regain independence in self-care, maintain household roles, and spend time with loved ones.
Medical history and diagnosis	• Recent left THR (Total Hip Replacement) (1 month ago) • Chronic Obstructive Pulmonary Disease (COPD) • Osteoarthritis, primarily in knees • Current medications: pain management, respiratory support, post-surgical care

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Maria presents with slowed movements, limited mobility, and signs of respiratory distress (labored breathing). She appears fatigued but motivated to engage in therapy. Her affect is somewhat anxious but cooperative.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	Maria has worked as a homemaker throughout her life, managing household chores and caregiving responsibilities for her family.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	1. Regain independence in self-care, especially bathing/showering. 2. Maintain active role in household tasks and meal preparation with support. 3. Improve pain management and respiratory capacity to enhance mobility and quality of life. 4. Continue engaging in valued leisure activities (reading, crafting, socializing, gardening, puzzles).
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mild cognitive impairment, with presumed early signs of memory and attention problems.
Sensory functions and pain	Persistent pain at hip surgery site and osteoarthritis-related discomfort limiting mobility and ADLs.
Neuromusculoskeletal and movement-related functions	• Impaired mobility: reduced balance, strength limitations, pain, and stiffness • Hip flexion limited to 90 degrees (post-surgery) • Knee flexion limited to 90 degrees (osteoarthritis)
Voice and speech functions	• No noted impairments.
Other	• Reduced respiratory capacity due to COPD, leading to laboured breathing and decreased endurance.
Activities and participation	
Self-care and domestic life	• **Transfers:** needs help and aids for transfers due to limited strength, mobility, and breathing issues (chair, toilet, bath/shower). • **Mobility:** Restricted by recent hip surgery and knee osteoarthritis. Uses a walker indoors for short distances, with reduced endurance and speed. Outdoor mobility affected by weather and terrain. Mobility aids and home adaptations recommended. • **Stairs:** Difficult and high fall risk. Requires support and handrail use. Cannot carry objects on stairs. • **Self-care:** Assistive devices and energy management are advised, with ongoing evaluation. • **Meal preparation:** Participates with partner's help for tasks needing standing or lifting. • **Household tasks:** Manages light tasks but needs help with dishes, vacuuming, laundry. Assistive devices and energy management strategies needed. • **Shopping:** Independent shopping limited by mobility and breathing. Usually done with family support. Alternatives should be explored.
Productivity *(including (paid) work and education)*	• Role as housewife is limited by physical limitations • No current paid work or formal education; focus is on domestic productivity.
Leisure and play	• Enjoys reading, crafting, socializing (spending time with family and friends), listening to music, gardening, puzzles

Environmental factors	
Physical environment	• Ground floor house (1 floor) about 0.3 km from the village center (for more details about the house - Here you add an attachment with photos of a house.) • The house is already equipped with a walker, support handles and a bathroom chair.
Social environment	• Supportive husband as primary caregiver; two adult children nearby providing additional support. • No professional care present yet
Services, systems and policies	• Currently admitted to the rehabilitation center, the need for (para)medical follow-up and other care is being evaluated and monitored

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Canadian Occupational Performance Measure (COPM)	**Areas Identified by Maria:** • **Self-Care:** Bathing/showering > PS: 3/10 & SS: 2/10 • **Household Tasks:** Household tasks > PS: 4/10 & SS: 3/10 • **Leisure** Activities: > PS: 6/10 & SS: 7/10).	**Self-Care:** Bathing/showering is a priority. Maria wishes to regain independence for personal hygiene and dignity (PS: 3/10, SS: 2/10). **Household Tasks:** She needs help with tasks like washing dishes, vacuuming, and laundry but wants to maintain her role in these activities (PS: 4/10, SS: 3/10). **Leisure Activities:** Maria enjoys reading, crafting, socializing, listening to music, gardening, and puzzles, which enhance her well-being (PS: 6/10, SS: 7/10).
MMSE	25/30	Score indicates mild cognitive impairment. M. may have difficulty recalling memories and attention to complex tasks.
VAS (pain)	6/10	Moderate pain that may interfere with daily functioning and mobility.
6-Minute Walk Test	150 meters in 6 minutes	Below predicted distance for her age and gender. Indicates reduced endurance and functional capacity, likely due to COPD and impaired cardiovascular fitness.
Functional Independence Measure (FIM)	Total: 60/126 Self-care: 18/42 Mobility: 16/42 Social cognition: 12/35	Indicates moderate assistance or supervision required for ADLs due to mobility, respiratory, and cognitive challenges.
Timed Up and Go (TUG)	35 seconds	Significantly slower than age norms. Indicates moderate functional mobility impairment, likely influenced by COPD and general deconditioning
Range of Motion	Hip flexion: 90° Knee flexion: 90° Shoulder flexion: WNL	Hip and knee ROM is limited due to surgery and osteoarthritis, which affects mobility and function. Shoulder ROM is within normal limits.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body function	
Mental functions	**Mild memory and concentration problems (do not exaggerate - subtle)** • Occasionally ask to repeat something • Show that you need a moment when overwhelmed with information • Slight distractibility is okay **What you can say:** • How was I supposed to do that again?" • "That's a lot at once… could you show me?" • "Sorry, I got distracted – could you repeat that?"
Sensory functions and pain	**Moderate pain, no constant complaints (do not overact)** • Show subtle signs of discomfort when moving (e.g. slight groan when standing) • Protect sore areas (e.g. hand on hip or knee) • Sit slightly sideways in the chair **What you can say:** • "I feel some pulling in my hip." • "My knees are stiff again today." • "Moving too fast hurts, so I take my time."
Neuromusculoskeletal and movement-related functions	**Limited mobility and reduced strength** • Move slowly and stiffly • When standing up, push off the armrests and groan slightly • When sitting down, drop into the chair gently (not exaggerated, but visibly weak) • Use a walker or pretend to use one **What you can say:** • "Wait, I need to hold on properly." • "I'm sometimes afraid of falling."
Voice and speech functions	/
Other	**Shortness of breath due to COPD** • Breathe audibly heavier after exertion • Speak in short sentences when tired • Pause occasionally while talking or moving • Lean on furniture for support **What you can say:** • (After standing up) "Give me a second… I need to catch my breath." • "I'm out of breath again." • Sigh or take audible breaths between phrases. • They mentioned oxygen therapy… but I'm not ready for that yet.

Activities and participation	
Self-care and domestic life	• Take your time with tasks like putting on a coat, washing, or walking • Act out that your partner helps you (e.g. with showering or putting on socks) **What you can say:** • "My husband helps me get in and out of the bath." • "I can put on my top by myself, but it's hard to dress my lower body." • "I need to take my time or I get out of breath."
Productivity *(including (paid) work and education)*	• You can still do light tasks, but show hesitation or resistance with heavier ones **What you can say:** • "I can still cut vegetables, but I can't stand for long." • "Vacuuming is too much – my husband has to do that."
Leisure and play	You may speak with enthusiasm about puzzles, gardening, visits, (You don't need to go into detail here.)

Environmental factors	
Physical environment	• "We live close to the village." • "Stairs are getting really difficult." • "There are grab bars in the bathroom. • I sit on a shower chair now, but washing is still hard."
Social environment	• "My husband helps me with everything – I couldn't manage without him." • "Our children live nearby; they visit regularly." • "I'm afraid I'm putting too much on them."
Services, systems and policies	Question the follow-up of home modifications. Ask about costs and possible suppliers of assistive devices/adaptations.

6.2 Other relevant details

- Wear comfortable, loose clothing appropriate for a 75-year-old who is in rehabilitation.
- Choose sturdy, comfortable shoes suitable for limited mobility.
- Use a walker (rollator) as an essential mobility aid
- Carry a small bag or pouch with personal items such as tissues or an inhaler to reflect COPD management.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How does the therapist initiate the conversation? *(Focus on creating a warm greeting and establishing rapport with Maria.)*
Does the therapist engage in active listening during Maria's discussions about her home environment? (Eye contact, paraphrasing, and responding to non-verbal cues)
Does the therapist demonstrate active listening throughout the session? *(Look for eye contact, nodding, and verbal affirmations.)*
Did the therapist clearly explain the purpose and process of the home analysis? *(Assess Maria's understanding of the home analysis and its relevance to her situation.)*
Did the therapist effectively facilitate a discussion on the specific barriers Maria faces in her bathroom? *(Look for targeted questions that help uncover mobility, pain, and breathing challenges.)*
Did the therapist summarize the session's findings and outline potential next steps clearly? *(Evaluate if Maria leaves with a clear understanding of what to expect moving forward.)*
Was there a professional and reassuring closure to the session? *(Look for signs of a positive ending, such as a warm goodbye and reassurance about future sessions.)*

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Student Name:	
Date:	
Scenario:	
Client:	
Evaluator:	

GENERAL FEEDBACK:

This list of evaluation criteria is intended to discuss the quality and proces of home modifications and occupational therapy advice regarding the daily functioning of a person in their living environment. Not all listed items need to be applied to provide effective home modifications or advice. The items primarily serve to support reflection, self-evaluation, and/or feedback. The list may not be exhaustive and can be supplemented.

Category	Criteria	Remarks
Relevance and effectiveness	◯ Are the recommendations relevant to the specific **abilities and needs** of the individual in their living environment? ◯ Are the **intended goal achieved**? ◯ Is there a **positive impact** on overall quality of life by promoting independence, comfort, and well-being? ◯ Are the adjustments and recommendations based on **best practices and guidelines** aimed at promoting **accessibility** and inclusion? ◯ Is optimal use made of **existing aids and/or (innovative) technology** where applicable?	
Safety and hygiene	◯ Have any **safety** and/or **hygiene** risks been identified and effectively addressed in the proposed plan?	
Client-centeredness	◯ Are the modifications and recommendations **tailored to the individual** needs, preferences, goals, and cultural background? ◯ Have **cultural, social, ethical and emotional aspects** been taken into account when providing advice?	
Collaboration and communication with the client	◯ Is the individual effectively engaged in the decision-making process (**collaboration**), and is there open communication between the occupational therapist, the individual, and other involved parties? ◯ Have the **needs and wishes** of the individual been adequately understood and incorporated into the proposed adjustments and recommendations? ◯ Is the individual **empowered**, including through **information and education** about the adjustments and recommendations?	

Collaboration with professionals and/or support services	◯ How effective is the collaboration with other **healthcare professionals and support services**? ◯ Are any other necessary **services or specialists** involved to support and enhance the modifications and recommendations?	
Feasibility	◯ Are the modifications and recommendations functional and **practically feasible** for the individual and their environment?	
User-friendliness	◯ Are the modifications and recommendations **easy to use and maintain**? ◯ Can aids be used in multiple contexts **(portability)**?	
Sustainability and adaptability	◯ Are the home modifications **sustainable and adaptable** to the individual's changing needs in the **long term**?	
Aesthetics	◯ Did the home modifications/aids fit the concerns for **aesthetics?** (medical-looking devices)	
Cost-effectiveness	◯ Are the proposed home modifications/ aids **cost-effective**, and are there **alternative solutions** available? ◯ Are **local support services and sources of support** (community resources, support services, and funding options according to local regulations) considered to manage costs?	
Client satisfaction and attitude	◯ Is the individual (and their environment) **satisfied** with the provided modifications and recommendations? Are they **willing to follow the advice**?	
Documentation quality	◯ Are the proposed adjustments and recommendations **adequately documented for follow-up**?	

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 12: OT Advice: Home modifications in COPD and hip recovery

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	OT Advice: Home modifications in COPD and hip recovery
Key words	OT, home modifications, activities of daily living, hip surgery recovery, COPD management, mobility, independence, role play, standardized patient
Brief description	In this simulation, students will interact with a standardized patient portraying Maria, a 70-year-old woman recovering from hip surgery while managing COPD. Students will explore ways to help her carry out daily activities more easily and safely at home, with a particular focus on self-care in the bathroom (variations possible). They will formulate practical occupational therapy recommendations to enhance her comfort, independence, and participation in meaningful daily tasks.

Simulation setup

Simulation modality	Simulated participant		
Context	**OT department in a rehabilitation center:** students interact with standardized patient (Maria) for realistic assessment & communication practice		
Environment	☒ **Physical**	**Description**	campus, university, simulation room
		Materials	• A realistic therapy setting equipped with typical occupational therapy tools and equipment • **Standardized Patient Attire:** Comfortable clothing appropriate for Maria's role as a post-hip replacement patient • **Photos of the patient's home environment,** focusing on the bathroom (other rooms can be analysed if script variations are used) • **Floor plan** of the patient's home • A completed **home assessment checklist** from a previous simulation session, allowing students to build upon earlier findings • **Client documentation:** A comprehensive file containing Maria's medical history, therapy goals, progress notes, and all relevant assessments • **Recording equipment** (optional)
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	• Reviews data and findings from the previous session (home occupational analysis) and confirms key points with Maria. • Assesses how her orthopaedic and respiratory conditions impact daily activities, focusing on self-care in the bathroom. • Provides practical advice on home modifications and assistive devices to improve independence, safety, and quality of life, applying PEO principles. • Summarises recommendations and discusses a follow-up plan. • Documents findings, goals, and recommendations clearly. • (Complete checklists/assessment and) participates in debriefing.
Participant	**optional** 1	• Portrays Maria according to the case description. • Describes daily challenges related to hip surgery and COPD, and actively participates in exploring solutions and preferences. • Asks questions and engages in the discussion about assistive devices and home modifications. • Expresses motivation, needs, and concerns about safety, independence, and quality of life. • (Complete checklists/assessment and) participates in debriefing.
Other simulated participant *Please specify in extra information*		
Observer	Max. 4	• Evaluates the therapist's process in delivering practical recommendations for home modifications and assistive devices that enhance Maria's independence, safety, and quality of life, applying PEO principles. • Observes how well the therapist tailors advice to Maria's personal needs and values. • Assesses the therapist's communication skills and the extent to which Maria is involved in decision-making. • Provides feedback on the quality, clarity, and relevance of the recommendations and the follow-up plan. • (Complete checklists/assessment and) participates in debriefing.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 min.	Hands-on of digital
Prebriefing *Student preparation*	2h	
Simulation activity	20 min. – 30 min.	Hands-on
Debriefing	40 min. – 60 min.	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.1. Occupational therapists possess knowledge about occupation and humans as occupational beings A.2. Occupational therapists possess knowledge about occupational therapy. A.4. Occupational therapists possess attitudes about: The value of every person and people's ability to adapt and change, The environment in which people choose to live, Factors that present barriers to participation A.5. Occupational therapists possess general medical and professional knowledge
Domain B: Managing and conducting OT process	B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process. B.2. Occupational therapists demonstrate competencies in managing and conducting the occupational therapy process. B.2.2. Occupational therapists jointly set goals and intervention plans with the client. B.2.3. Occupational therapists demonstrate competencies for implementing, monitoring, evaluating, adjusting, and concluding occupational therapy interventions B.3. Occupational therapists demonstrate competencies in conducting ethical and safe practice B.4. Occupational therapists demonstrate competencies in conducting culturally sensitive practice.
Domain C: Developing and maintaining professional relationships and partnerships	Communicates clearly, involves Maria in decision-making, collaborates to set meaningful goals for home modifications, and discusses a follow-up plan. (C.1, C.2.1)
Domain D: Professional autonomy and continuous professional development	Structures the session efficiently from review to advice and follow-up and accurately documents findings, goals, and recommendations in a structured and timely manner. (D.2)
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	Reviews previous home analysis and integrates Maria's personal values, relevant occupational therapy knowledge, and medical context to ensure safe, inclusive, and client-centered recommendations for home modifications and independent functioning. *(A.1, A.2, A.4, A.5)*
Domain B	Applies occupational therapy principles and clinical reasoning to prioritise, formulate, and implement practical recommendations for home modifications and assistive devices, focusing on enhancing Maria's independence, safety, and self-care in bathroom activities. *(B.1, B.2, B.2.2, B.2.3)* Demonstrates respect for Maria's values, preferences, and living environment, ensuring recommendations are culturally sensitive, ethical, and promote safety. *(B.3, B.4)*
Domain C	Communicates clearly, involves Maria in decision-making, collaborates to set meaningful goals for home modifications, and discusses a follow-up plan. *(C.1, C.2.1)*
Domain D	Structures the session efficiently from review to advice and follow-up, and accurately documents findings, goals, and recommendations in a structured and timely manner. *(D.2)*

Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge	• Basic understanding of orthopaedic and respiratory conditions, specifically hip surgery recovery and COPD, and their impact on daily functioning. • Familiarity with general principles of home modifications and assistive devices to improve safety, accessibility, and independence, particularly in bathroom settings. • Awareness of regulations, reimbursement procedures, and relevant partners for home adaptations and assistive device provision.
Attitudes	• Respectful and open attitude towards clients' personal values, habits, and living environments. • Empathy, responsibility, and ethical awareness in professional interactions, with attention to promoting client autonomy and safety.
Skills / Competencies	• Ability to analyse client data and environmental information (e.g. photos, reports) prior to a session. • Basic clinical reasoning skills to link medical context to occupational performance. • Clear and professional communication skills to engage clients in discussion and decision-making.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Therapy room preparation	OT tools, walking aids, chairs
Home photos and floor plan	Bathroom photos, floor plan
Client documentation	Medical history, goals, notes, assessments, home checklist
SP attire check	Comfortable post-hip surgery clothing
Therapist resources	Pen/paper, notepad/tablet
(Optional) Recording devices	Camera, microphone, laptop (privacy ensured)

Staff

Role	*Description*	Number
Simulated Client	Portrayed by an actor playing Maria; responds realistically to questions, participates in the home adaptation and independence discussion, and ensures authentic interaction	1
Instructor/Facilitator	Oversees the simulation, ensures safety and flow, observes, provides feedback, and answers questions during debriefing	≥1
Technical Support	Sets up recording equipment and provides technical assistance if needed	optional

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Client background, hip surgery, COPD, rehab needs	2st-year Bachelor's OT knowledge
Empathy, respect, communication	1st-year Bachelor's OT knowledge
Home modifications for bathroom safety, accessibility, energy conservation	preparatory work
Analyse home photos, use prior home assessment checklist, advise on assistive devices	1st-year Bachelor's OT knowledge
Reimbursement processes and regulations	2st-year Bachelor's OT knowledge
Session structuring, documentation, practical recommendations	preparatory work

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	• Read and analyse the simulation script. • Prepare for your assigned role (therapist, client, or observer). • Review principles of home adaptations, assistive devices, and rehabilitation needs related to hip surgery and COPD. • Perform a practical check: confirm location, time, and required materials
☐ **Post-SBL assignment**	**Optional Follow-Up Tasks** • Complete a reflection on your role and key learning points. • Process self-evaluation and/or peer feedback. • Upload assessment notes or observations to the learning platform and/or share with peers.

References

Providing home modifications:
https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/providing-home-modifications#home-modification-hm-assessments

VOTO-instrument:
Valpreventie.be. (2025). Expertisecentrum Val- en fractuurpreventie Vlaanderen | Praktische tools. Expertisecentrum Val- en fractuurpreventie Vlaanderen | Praktische tools. Retrieved July 4, 2025, from https://www.valpreventie.be/praktische-tools

Wohnraumabklärung zur Sturzprävention in Privathaushalten: Wohnraumabklärung zur Sturzprävention in Privathaushalten

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Simulation can be stopped in case of:

- **Ineffective execution of core tasks:** (Repeated) failure to set appropriate goals, select or carry out suitable interventions, or ineffective communication, leading to potential harm.
- **Unsafe behaviour:** Actions that pose a risk to the client, or others, such as ignoring hygiene or safety protocols.
- **Unprofessional conduct:** Clear or repeated violations of core professional values such as respect, confidentiality, integrity, empathy, reflection, or professional appearance.
- **Inability to adapt to unexpected situations**: Lack of flexibility or problem-solving capacity.

Facilitation tips

- Use pre-agreed non-verbal cues (e.g., hand signal, pointing at the clock, colour cards) to discreetly support the learner without disrupting the flow.
- Apply whisper coaching through earpieces for brief, targeted guidance during the simulation.
- Limit the use of the freeze technique to moments when critical learning goals or safety are at risk.
- If needed, join the scenario in-role (e.g., as a caregiver or intern) to subtly support and redirect the learner.

Scenario flow

Start: Introduction with the client

Participant state and action

Maria is waiting in the waiting area. She greets the student (therapist). She enters slightly nervous but cooperative

	Description
Expected learner action	The student greets Maria warmly, engages in small talk to build rapport, checks on her wellbeing, and creates a safe, comfortable atmosphere
Key learning points	• Creating a warm, inviting environment builds trust and cooperation. • Active listening and showing empathy during small talk. • Client-centred approach: demonstrating genuine interest in the client's wellbeing
Trigger for next action	The student has established a comfortable and trusting atmosphere and finishes the small talk to transition into the main session

Action 1: Collaborative Goal-Setting

Participant state and action

Maria briefly shares her rehabilitation goals when asked, referring to previous discussions about her home assessment and independence.
She expresses willingness for home modifications to improve her daily living.
Example statements:

- "I want to be more independent in using the bathroom and feel safe at home."
- "Will this session help me achieve those goals?"

If the goals or session plan are unclear, Maria shows slight resistance or uncertainty

	Description
Expected learner action	The student briefly recaps the goals and previous assessment results, reassures Maria about the benefits of home modifications, and explains that today's process will be collaborative and supportive
Key learning points	• Clearly explaining the purpose and structure of this session, referring to the previous assessment. • Encouraging client involvement and fostering cooperation. • Using client-centred communication to build confidence in the process
Trigger for next action	The student has summarised Maria's goals and previous assessment results, ensured she understands the session objectives and process, and explicitly transitions to the next phase

Action 2: Intervention - Home modifications and occupational therapy advice for daily living

Participant state and action

Maria expresses concerns about her reduced mobility, endurance, and safety in the bathroom, as well as difficulties with bed transfers, reaching objects in cupboards, and prolonged standing. These concerns are consistent with her previous assessment results.

She considers the use of assistive devices, home modifications, and behaviour change, and actively seeks information and clarification.

Maria shows willingness to consider suggestions but wants to ensure they are practical, safe, and tailored to her situation

Examples:

- "I'm uncertain about using a toilet chair; do you have any other suggestions?"
- "I'm open to trying a shower chair, but will it really make me safer?"
- "What if I need help with the installation?"
- "Can you explain how supportive handles are installed and if they're secure?"
- "What are the financial implications of these changes? Are there funding options?"
- "Can I see a visual representation of the modifications?"
- "Are these aids easy to maintain?"
- "What happens if my condition changes?"
- "Could you provide a report on what we discussed today?"

	Description
Expected learner action	• Discusses Maria's concerns and preferences regarding **assistive devices and home modifications** (e.g. toilet chair, shower chair, grab bars) • Provides clear, tailored information and practical recommendations to improve her **safety, comfort, and independence**, focusing mainly on **self-care in the bathroom and related daily tasks** • Accurately **documents all modifications and recommendations** discussed. • Ensures recommendations are **feasible, effective, and client-centred** **Note:** See criteria document (e.g. relevance, safety, feasibility, cost-effectiveness, sustainability, aesthetics, client satisfaction, documentation quality)

Key learning points	• Understanding **home modifications and occupational therapy advice** for daily living • Addressing client concerns effectively and collaboratively • Providing clear, professional, and practical recommendations • **Accurate documentation** of all advice and plans
Trigger for next action	The student has addressed Maria's questions, ensured understanding, accurately documented recommendations, and established a clear, agreed plan for **home modifications and occupational therapy advice.**

End: Session Closure	
Participant state and action	
Maria listens to the summary of recommended **home modifications and occupational therapy advice**, confirms her understanding, and indicates whether she is satisfied with the plan. She expresses her willingness or concerns about implementing the agreed changes. **Example statements:** • "Yes, that sounds good to me." • "I feel more confident about using these aids now. How will this be followed up?" • "I still have a question about the grab bar installation." • "There is still a lot unclear to me, I feel a bit overwhelmed by the information.	
	Description
Expected learner action	• Summarises the **key recommendations, modifications, and advice** discussed • Confirms Maria's **understanding, satisfaction, and readiness** to proceed • Provides clear information on **next steps and follow-up procedures**, including involvement of other team members or informal carers if needed. • Expresses appreciation for Maria's cooperation and reassures her of continued support. • Demonstrates a professional closure by saying goodbye and accompanying Maria to the door. • **Accurately documents** outcomes, recommendations, and follow-up plans in the report.
Key learning points	• Clear and structured **session closure**. • Ensuring **client understanding, satisfaction, and confidence**. • Planning and communicating **follow-up steps** effectively. • Maintaining a **professional and supportive therapist-client relationship**. • Accurate **reporting and documentation**.
Trigger for next action	The student has ensured Maria's understanding and satisfaction, provided follow-up information, and professionally closed the session, including accurate documentation

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Preparation is key: Prepare thoroughly and follow the scenario closely for a realistic and effective simulation.
Respect & professionalism: Treat all participants with respect; maintain ethical and professional behaviour at all times.
Confidentiality: Keep all simulation content private; no recordings without explicit consent.
Stay in role: Engage authentically and use realistic therapeutic communication; manage time effectively
No unnecessary interruptions: Only interrupt if safety is at risk or critical issues arise
Safety first: Prioritize safety; avoid unsafe actions and report any risks immediately
Mistakes are learning opportunities: Approach errors without judgment or penalization
Active Participation & Reflection: Be fully involved in your role; provide and receive constructive feedback post-session (debriefing). Avoid assumptions and ask open-ended questions.

Prebriefing thought-provoking questions

What steps will you take to understand Maria's orthopaedic and respiratory conditions before providing recommendations for home modifications?
How will you introduce the purpose and structure of the home modification discussion to Maria to ensure she feels comfortable and engaged?
What strategies will you use to establish trust with Maria during the discussion?
If Maria feels overwhelmed while discussing potential modifications, how will you support her while maintaining a therapeutic relationship?
What specific barriers do you anticipate Maria may encounter in her bathroom, given her orthopaedic and respiratory conditions?
What specific recommendations will you provide to enhance Maria's mobility and endurance in performing self-care tasks?
How will you ensure that Maria's cultural values and preferences are integrated into your recommendations for home modifications?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Maria Janssens
Age	70 years (born 1943)
Sex	Female
Personal factors	Supportive husband as primary caregiver; two adult children nearby providing additional support. No professional care present yet
Ethnicity and cultural context	Belgian, Dutch-speaking
Reason the participant is seeking OT service and concerns related to engagement in occupations	Maria was referred for post-hip replacement rehab, COPD, and osteoarthritis management. She faces limited mobility, pain, and breathing difficulties that affect daily tasks. She seeks support to manage pain, improve breathing, improve mobility and quality of life. Maria aims to regain independence in self-care, maintain household roles, and spend time with loved ones.
Medical history and diagnosis	• Recent left THR (Total Hip Replacement) (1 month ago) • Chronic Obstructive Pulmonary Disease (COPD) • Osteoarthritis, primarily in knees • Current medications: pain management, respiratory support, post-surgical care

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Maria presents with slowed movements, limited mobility, and signs of respiratory distress (laboured breathing). She appears fatigued but motivated to engage in therapy. Her affect is somewhat anxious but cooperative.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	Maria has worked as a homemaker throughout her life, managing household chores and caregiving responsibilities for her family.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	1. Regain independence in self-care, especially bathing/showering. 2. Maintain active role in household tasks and meal preparation with support. 3. Improve pain management and respiratory capacity to enhance mobility and quality of life. 4. Continue engaging in valued leisure activities (reading, crafting, socializing, gardening, puzzles).
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mild cognitive impairment, with presumed early signs of memory and attention problems.
Sensory functions and pain	Persistent pain at hip surgery site and osteoarthritis-related discomfort limiting mobility and ADLs.
Neuromusculoskeletal and movement-related functions	• Impaired mobility: reduced balance, strength limitations, pain, and stiffness • Hip flexion limited to 90 degrees (post-surgery) • Knee flexion limited to 90 degrees (osteoarthritis)
Voice and speech functions	No noted impairments.
Other	Reduced respiratory capacity due to COPD, leading to laboured breathing and decreased endurance.
Activities and participation	
Self-care and domestic life	• **Transfers:** needs help and aids for transfers due to limited strength, mobility, and breathing issues (chair, toilet, bath/shower). • **Mobility:** Restricted by recent hip surgery and knee osteoarthritis. Uses a walker indoors for short distances, with reduced endurance and speed. Outdoor mobility affected by weather and terrain. Mobility aids and home adaptations recommended. • **Stairs:** Difficult and high fall risk. Requires support and handrail use. Cannot carry objects on stairs. • **Self-care:** Assistive devices and energy management are advised, with ongoing evaluation. • **Meal preparation:** Participates with partner's help for tasks needing standing or lifting. • **Household tasks:** Manages light tasks but needs help with dishes, vacuuming, laundry. Assistive devices and energy management strategies needed. • **Shopping:** Independent shopping limited by mobility and breathing. Usually done with family support. Alternatives should be explored.
Productivity *(including (paid) work and education)*	• Role as housewife is limited by physical limitations • No current paid work or formal education; focus is on domestic productivity.
Leisure and play	• Enjoys reading, crafting, socializing (spending time with family and friends), listening to music, gardening, puzzles

Environmental factors

Physical environment	• ground floor house (1 floor) about 0.3 km from the village center (for more details about the house - *Here you add an attachment with photos of a house).* • The house is already equipped with a walker, support handles and a bathroom chair.
Social environment	• Supportive husband as primary caregiver; two adult children nearby providing additional support. • No professional care present yet
Services, systems and policies	• Currently admitted to the rehabilitation center, the need for (para)medical follow-up and other care is being evaluated and monitored

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Canadian Occupational Performance Measure (COPM)	**Areas Identified by Maria:** • **Self-Care:** Bathing/showering > PS: 3/10 & SS: 2/10 • **Household Tasks:** Household tasks > PS: 4/10 & SS: 3/10 • **Leisure** Activities: > PS: 6/10 & SS: 7/10).	**Self-care:** Bathing/showering is a priority. Maria wishes to regain independence for personal hygiene and dignity (PS: 3/10, SS: 2/10). **Household tasks:** She needs help with tasks like washing dishes, vacuuming, and laundry but wants to maintain her role in these activities (PS: 4/10, SS: 3/10). **Leisure activities:** Maria enjoys reading, crafting, socializing, listening to music, gardening, and puzzles, which enhance her well-being (PS: 6/10, SS: 7/10).
MMSE	25/30	Score indicates mild cognitive impairment. M. may have difficulty recalling memories and attention to complex tasks.
VAS (pain)	6/10	Moderate pain that may interfere with daily functioning and mobility.
6-Minute Walk Test	150 meters in 6 minutes	Below predicted distance for her age and gender. Indicates reduced endurance and functional capacity, likely due to COPD and impaired cardiovascular fitness.
Functional Independence Measure (FIM)	Total: 60/126 Self-care: 18/42 Mobility: 16/42 Social cognition: 12/35	Indicates moderate assistance or supervision required for ADLs due to mobility, respiratory, and cognitive challenges.
Timed Up and Go (TUG)	35 seconds	Significantly slower than age norms. Indicates moderate functional mobility impairment, likely influenced by COPD and general deconditioning
Range of Motion	Hip flexion: 90° Knee flexion: 90° Shoulder flexion: WNL	Hip and knee ROM is limited due to surgery and osteoarthritis, which affects mobility and function. Shoulder ROM is within normal limits.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	**Mild memory and concentration problems (do not exaggerate - subtle)** • Occasionally ask to repeat something • Show that you need a moment when overwhelmed with information • Slight distractibility is okay **What you can say:** • How was I supposed to do that again?" • "That's a lot at once… could you show me?" • "Sorry, I got distracted – could you repeat that?"
Sensory functions and pain	**Moderate pain, no constant complaints (do not overact)** • Show subtle signs of discomfort when moving (e.g. slight groan when standing) • Protect sore areas (e.g. hand on hip or knee) • Sit slightly sideways in the chair **What you can say:** • "I feel some pulling in my hip." • "My knees are stiff again today." • "Moving too fast hurts, so I take my time."
Neuromusculoskeletal and movement-related functions	**Limited mobility and reduced strength** • Move slowly and stiffly • When standing up, push off the armrests and groan slightly • When sitting down, drop into the chair gently (not exaggerated, but visibly weak) • Use a walker or pretend to use one **What you can say:** • "Wait, I need to hold on properly." • "I'm sometimes afraid of falling."
Voice and speech functions	
Other	**Shortness of breath due to COPD** • Breathe audibly heavier after exertion • Speak in short sentences when tired • Pause occasionally while talking or moving • Lean on furniture for support **What you can say:** • (After standing up) "Give me a second… I need to catch my breath." • "I'm out of breath again." • Sigh or take audible breaths between phrases. • They mentioned oxygen therapy… but I'm not ready for that yet.

Activities and participation	
Self-care and domestic life	• Take your time with tasks like putting on a coat, washing, or walking • Act out that your partner helps you (e.g. with showering or putting on socks) **What you can say:** • "My husband helps me get in and out of the bath." • "I can put on my top by myself, but it's hard to dress my lower body." • "I need to take my time or I get out of breath."
Productivity *(including (paid) work and education)*	• You can still do light tasks, but show hesitation or resistance with heavier ones **What you can say:** • "I can still cut vegetables, but I can't stand for long." • "Vacuuming is too much – my husband has to do that."
Leisure and play	You may speak with enthusiasm about puzzles, gardening, visits, (You don't need to go into detail here.)

Environmental factors	
Physical environment	• "We live close to the village." • "Stairs are getting really difficult." • "There are grab bars in the bathroom. • "I sit on a shower chair now, but washing is still hard."
Social environment	• "My husband helps me with everything – I couldn't manage without him." • "Our children live nearby; they visit regularly." • "I'm afraid I'm putting too much on them."
Services, systems and policies	• Curious about how home modifications work and who will follow up, as you can't manage this yourself. • Sometimes a bit sceptical about recommendations or adaptations. • Sometimes like to see or try assistive devices before accepting them. • May question if adaptations are truly needed or if alternatives would fit better. • May wonder about costs and reimbursements **What you can say:** • "Could you explain that aid/adaptation a bit more? I don't really know what it is." • "How does it actually work? I've never used something like that before." • "Why would I need that?" • "Isn't that difficult to use?" • "Can I try this device before deciding?" • "Is this adaptation really necessary, or are there other options?" • "Who will arrange and follow up on these modifications? I can't do that myself." • "What does this cost? Will my insurance cover it?" • "I'm not sure if I want to change things that much."

6.2 Other relevant details

- Wear comfortable, loose clothing appropriate for a 75-year-old who is in rehabilitation.
- Choose sturdy, comfortable shoes suitable for limited mobility.
- Use a walker (rollator) as an essential mobility aid
- Carry a small bag or pouch with personal items such as tissues or an inhaler to reflect COPD management.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How does the therapist introduce the home modification discussion?
Does the therapist engage in active listening when Maria discusses her needs and concerns about daily activities in the home?
Did the therapist explore Maria's personal values and desires for maintaining independence during the advice session?
Did the therapist clearly explain the purpose and relevance of the home modifications?
Did the therapist guide an effective discussion on specific modifications in Maria's bathroom to support her self-care?
Did the therapist provide a clear summary of the recommended home modifications and next steps?
And See also document (Annex scenario 11): Feedback_Occupational analysis of the home_evaluation

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Annex scenario 11: Feedback form_Occupational analysis of the home_evaluation

(SELF) OBSERVATION AND EVALUATION OF OCCUPATIONAL THERAPY INTERVIEW

INITIAL PHASE	Needs improvement	Satisfactory
1. Greeting: a) Verbal b) Handshake/nonverbal		
2. Assure that the client is comfortable		
3. Introduce oneself and explaining role (student, therapist) for the purpose of the interview		
4. Announce the topic of discussion (explain occupational therapy and the purpose of the interview)		
5. Indicate approximate duration of the interview		
6. Announce method of recording information and data confidentiality		
7. Start the discussion with an open-ended question or statement		
MIDDLE PHASE		
1. Start each new theme with an open-ended question and then follow-up with specific questions		
2. Avoid suggestive questions (e.g. You're not lonely, are you?)		
3. Avoid compound (double-barrelled) questions (e.g. Do you have children and do you work outside the home?)		
4. Use language adjusted to the client's level of understanding		
5. Avoid medical terminology and explain complex concepts or statements.		
6. Carefully listen to the client's responses and allow them to finish their statement.		
7. Maintain the structure of the interview alongside guidance from the client as necessary.		
8. Use joining statements to move from one topic of conversation to another		
9. Pose questions in an organized and logical order.		
10. Avoid asking too many questions, except when seeking clarification or evaluation		
11. Focus on opportunities, capabilities, and difficulties in performing daily activities, rather than signs and symptoms of illness/impairment.		
END PHASE		
1. Summarize key conclusions from the interview, with an emphasis on occupation.		
2. Check with the client whether anything important has not yet been discussed.		
3. Thank the client for their contribution to the interview.		
4. Negotiate the next meeting.		
5. Handshake and saying goodbye.		
SUPPORTING SKILLS		
1. Maintain appropriate eye contact.		
2. Maintain an open body position (arms uncrossed, facing the client, seated at an appropriate distance from the client)		
3. Encourage the client by nodding head or using non-verbal utterances (*'aha…'; 'I see…'*), repeating/paraphrasing previous statements		
4. Use appropriate moments of silence.		
5. Speak clearly and with appropriate loudness		
RELATIONSHIP SKILLS		
1. Use compassion/empathy appropriately.		
2. Show respect for the client.		
3. Respond with non-judgemental statements.		

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 13: Occupational interview: Conducting the COPM

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Prepare and conduct an occupational interview with a client (COPM)**
Key words	Occupational interview, COPM, OT process
Brief description	In this scenario, students will prepare and practice conducting an initial occupational interview with a client using the COPM tool. This is an on-campus (classroom) simulation using a controlled, reproducible scenario. The learning scenario applies a role play modality, where students working in small groups participate in the scenario in the roles of the therapist, client or observer. It takes place in the context of on-campus practical classes.

Simulation setup

Simulation modality	Role play		
Context	• It takes place in the context of on-campus practical classes. • students playing the client role receive instructions and information about client they will simulate (sociodemographic information, medical history and health condition, impairments, limitations, and performance problems) • students are encouraged to prepare themselves and use props/items (e.g. OT uniform, mobility aides or personal client items) to enable authentic engagement in OT/student role (i.e. increase human and psychological authenticity) • role play is used in early stages of learning to provide a safe environment in which students practice skills and mistakes (trial-and-error learning); adopt diverse perspectives that fosters understanding of different points of view; observe and give/receive feedback with peers		
Environment	☒ **Physical**	**Description**	The physical environment should simulate an occupational therapy workspace/department in a rehabilitation (hospital) setting. It is conducted in a medium-sized classroom for up to 25 students.
		Materials	1. Chairs for scenario participants and additional chairs for observers and facilitator: 3 (scenario roles) + up to 25 for observers 2. Small table (1) 3. Printed COPM interview form and scoring scales: 1/scenario 4. Personal items/clothing for performing the OT/client role (e.g. OT uniform, client props): Provided by students
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	
Other simulated participant *Please specify in extra information*	(1)	Depending on scenario, it is possible to include a simulated family member
Observer	1	**One active peer observer** Peer observer: makes notes of observations, monitors learner's application of communication skills and interview protocol, and poses questions and provides first feedback during debriefing **12-15 passive observers** When the scenario is implemented within a larger instructional group, remaining students might act as passive observers of scenarios of their peers.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	5 minutes	Live session: Whole (large) group
Prebriefing *Student preparation*	3-5 minutes	Live session: Small group (3)
Simulation activity	15-20 minutes/scenario	Live session: Small group (3)
Debriefing	10 minutes/scenario	Live session: Whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	**Domain B.1.** Apply theories, approaches, and evidence-informed knowledge to inform, prioritize and guide the client-centred and occupation-based therapy process **Domain B.2.1**. Conduct an occupational therapy interview to understand the client's occupational narrative and establish a relationship with the client
Domain C: Developing and maintaining professional relationships and partnerships	**Domain C.1.** Demonstrate competencies in engaging in effective professional communication **Domain C.2.1.** • Understand and respects the unique nature of individuals, view the client holistically in a broader context and appreciates diversity • Nurture a shared understanding and agreement about: clients' values and needs, scope and nature of services, benefits and risks, expectations and priorities, rationale for decisions, power balance • Make therapeutic use of self (*creating a meaningful relationship between the therapist and the client*)
Domain D: Professional autonomy and continuous professional development	

Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	1. Review preliminary information about the client. 2. Prepare self for conducting an occupational interview (review and prepare interview protocol, prepare materials and interview space). 3. Initiate, conduct and conclude an occupational interview with the client (identify and evaluate occupational performance problems), following COPM protocol
Domain C	1. Apply effective communication skills to establish therapist-client relationship.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge about occupations and theoretical model(s) for understanding occupation (A.1.) and client-centred and occupation-based OT practice (A.2.)	Students will know the steps of the COPM interview, the layout of the form and how to enter data in the form, in the context of the CMOP-E theoretical model. Prior to participating in the scenario, students will have received instruction and acquired knowledge (described here) necessary to understand and perform the tasks of the scenario.
Knowledge about communication skills and protocol/procedure for conducting an occupational interview	Students will know basic interviewing process skills, as well as communication skills (e.g. active listening)
Attitudes about the value of every person, people's ability to adapt and change, factors that present barriers to participation, value and necessity of ethical practice, conducting the OT process (A.4.)	Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Instructions about the scenario and students' tasks within the simulation exercise are provided in an instructional session prior to the simulation session with the entire group.	1. Scenario template(s) and protocol 2. COPM manual and interview protocol 3. Props and other items to fill OT/client role 4. Form for observing and evaluating OT interview (attached) 5. Notebook for taking notes during the implementation of the scenario
Here, the instructor introduces and explains the simulation scenario, materials and ensures students understand the simulation procedure, expected performance from student and simulant, etc.	

Staff

Role	*Description*	Number
Facilitator and moderator/evaluator: OT educator with experience in SBL and pedagogical methods for (de)briefing; expertise in occupation and OT practice (OT theoretical models, COPM instrument and protocol, interviewing skills)	***Preparatory:*** didactical expert for preparing and planning simulation experience; instructor for providing prerequisite knowledge (see above) and informing students about the simulation (prebriefing – ensure students understand the simulation task and expected performance)	1-2
	Execution: observing and supporting scenario performance) and moderator/evaluator (pre/debriefing) When applicable, facilitator can also conduct an evaluation of students' performance.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Students independently in the groups of 3 prepare themselves for the simulation (*preparatory phase* - review client information, review interview protocol, prepare materials, etc.).	1. Scenario template and protocol
	2. Case study information
	3. COPM manual and interview protocol
	4. Form for observing and evaluating OT interview (attached)

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	Students may practice communication skills in the form of an unstructured interview (role play) before this simulation.
☐ **Post-SBL assignment**	

References

1. C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf
2. Canadian Occupational Performance Measure (Law et al., 2014).
3. Davis, J. A., & Polatajko, H. J. Canadian Model of Occupational Performance and Engagement. In *Routledge Companion to Occupational Therapy* (pp. 144-155). Routledge.
4. Lada Perković i Zrinka Pukljak Iričanin (2019.) Priručnik za vježbe iz Komunikacijskih vještina u zdravstvu, Zdravstveno veleučilište Zagreb
   Or other textbook/course material on communication skills
5. World Federation of Occupational Therapists (2012). Definition and statement on occupational therapy. American Occupational Therapy Association (2020). *Occupational Therapy Practice Framework: Domain and Process* (4th ed.)
   Or other textbook/course materials on the domain, scope and role of occupational therapy

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Welcoming and greeting a client, offering a place to sit, ensuring safe transfer if necessary, introducing yourself, explaining your role and checking that the client understands what an occupational therapist's job is, explaining the purpose of the session, the duration of the session, obtaining informed consent for recording client data
Showing respect and appreciation for the client's experience and priorities throughout the interview
Using verbal and nonverbal communication skills that send a message of interest and attention
At the end of the session, escorting the client safely, ensuring safe transfer if necessary

Facilitation tips

Ensure adequate preparation of students that includes clear instructions and expectations; clarification of purpose of simulation and emphasis on safe learning environment where students can make mistakes, receive support and feedback.
Provide opportunity for students to pose questions, express uncertainty during prebriefing.
Promote safe learning experience by offering appropriate scaffolding to ensure 'just right challenge', using constructive feedback that focuses on what was successful and strategies for addressing challenges.
Ensure adequate preparation of students that includes clear instructions and expectations; clarification of purpose of simulation and emphasizing learning benefits when all participants commit to their role.

Scenario flow

Start	
Participant state and action	
Client arrives at the door, accompanied by the carer. His right leg is unstable, is physically supported by the carer. Client sits on a chair.	
	Description

Expected learner action	The therapist welcomes the client, greets him, and invites him to sit on a chair (assists with seating if needed). Therapist introduces themselves (name, role, explains topic of the interview/occupational therapy approach to the interview, explains what occupational therapy is) and asks about the patient's needs (water, other assistance). After the client has settled down, the therapist explains the purpose of the interview, what they will (in general) discuss, states the duration of the interview, confidentiality, and asks for permission to record (write) information.
Key learning points	Importance of patient-centred care, showing respect and establishing a safe environment. Orienting the client to the occupational therapy as profession, interview process, obtaining consent. Starting to develop a professional relationship with a client using communication skills
Trigger for next action	Completing the introduction. Posing the first open question of the interview about client's perspective of his own situation.

Action 1	
Participant state and action	
Therapist conducts the interview in accordance with standard COPM protocol To perform as authentically as possible, client answers questions in alignment with information received about the 'case study' and information gathered about the diagnosis, health condition, impairments, or occupational performance problems described in the scenario.	
	Description
Expected learner action	Therapist leads the client through the interview process (e.g. goes through COPM steps 1-3). Asking relevant questions related to occupational participation of the client (before e and after health incident). Actively listens to the client (nonverbal communication, paraphrasing, summarising, showing empathy). Writing down received information (verbal, observation).
Key learning points	Managing the interview process and discussion flow (e.g. transitioning between topics, managing silence or digression from topic…). Developing communication skills for posing questions and active listening. Showing empathy (if relevant). Taking notes. Maintaining an occupational focus. Offering client opportunities to add information that was not covered previously but is important to the client.
Trigger for next action	Performing the last step in the interview protocol (e.g. COPM: collecting performance/satisfaction ratings from the client). Announcing the final phase of the interview to the client.

Action 2	
Participant state and action	
Managing the last phase of the interview (appropriately concluding the interview)	
	Description
Expected learner action	Announcing the conclusion of the interview *(e.g. We're coming to the end of our conversation.)* Summarizing the information discussed during the interview, with a focus on occupational problems/outcomes. Checking with the client whether there is anything else they would like to mention that hasn't been previously discussed. Briefly announcing the plan for the next sessions. Arranging a date/time for the next meeting.
Key learning points	Summarizing the most important conclusions (e.g. in COPM up to 5 occupations that client recognized as very important, but low performance and low satisfaction). Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps **with** the client)
Trigger for next action	Thanking the client for their cooperation.

End	
Participant state and action	
See the client off.	
	Description
Expected learner action	Thanking the client for cooperation and saying goodbye. Assisting the client to get up from the chair or calling the carer for assistance.

Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion to the interview.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students will demonstrate support for one another by being present, quiet and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.
All students will respect the privacy of colleagues. It is strictly forbidden to record online simulation activities.
Student will check and prepare the simulation space (materials, equipment, objects) to allow for smooth performance of the simulation task.

Prebriefing thought-provoking questions

How will you prepare for an interview from the role of the client?
How will you prepare for an interview from the role of the therapist?
How will you prepare for an interview from the role of the observer?
Client role: What does the client's daily life look like? What is important to them? In what conditions do they live? What do they do? What are their occupational roles? What occupations are impaired due to their condition/illness?
Therapist role: What are the process skills of conducting an interview? What will you do/say at the beginning, in the middle and at the end of the interview? What types of questions will you ask and which ones should you avoid? What is the protocol (steps) for conducting a COPM interview? What equipment should you receive?
Observer role: Have you familiarized yourself with the Form for observing and evaluating OT interview (Annex 1)?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

This is just example.

4.1.1 Personal information of person receiving OT services

Name	XY (name relevant to your context)
Age	57
Sex	M
Personal factors	Client lives with spouse (55), employed as a kindergarten teacher, no children of their own.
Ethnicity and cultural context	(relevant to your context)
Reason the participant is seeking OT service and concerns related to engagement in occupations	Short medical history: Brought to the emergency department with severe pain in the head, and inability to move the right arm and right leg. Visible paresis on the face n. facialis dex. Disoriented. In pain. CT, Transcranial Doppler (TCD) and Doppler ultrasonography were performed. Oxygenation, heart function (ECG) and arterial blood pressure monitored. Monitoring of blood glycemic values. Pharmacotherapy: anticoagulants, antihypertensives, diuretics. The client has a history of hypertension but no other serious illnesses. Client was admitted to an intensive neurological care unit. After stabilization of the acute condition in the hospital, he was referred for rehabilitation and transferred to a neurological rehabilitation hospital where he is now. Reason for OT: Assessment of challenges in daily occupations, OT intervention and preparation for returning home after stay in rehabilitation hospital.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Client is alert and responsive to verbal questions. He is neatly groomed and dressed. Moderate physical impairments evident during movement and gait.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	Client is a mathematics teacher by profession and works in an elementary school. Outside of working hours, he provides tutoring in mathematics and physics to children of primary and secondary school age. In his youth, he played basketball recreationally. For a few years now, he has been less physically active, uses public transportation or occasionally rides a bicycle to work. Once a week he goes to the market to buy groceries.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Return to work. Reading and writing. Dressing. Shaving.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Alert.
Sensory functions and pain	Does not report pain. Double vision (diplopia).
Neuromusculoskeletal and movement-related functions	Function of the right leg has returned (although gait is still unstable), but paresis of the right hand persists. Regulation of smoking and obesity is required.
Voice and speech functions	Speech slightly impaired, speech somewhat less intelligible.
Other	Medications: antihypertensives, Nimodipine - for preventing and treating vasospasm (10-20ml/h)
Activities and participation	
Self-care and domestic life	Used to be active in all occupations of domestic life (cleaning, cooking,…).
Productivity *(including (paid) work and education)*	Client is a mathematics teacher by profession and works in an elementary school.
Leisure and play	Reading. Walking a dog.

Environmental factors	
Physical environment	Client and his spouse live in an apartment building on the second floor without an elevator. Their apartment is ten minutes' walk from public transport.
Social environment	Socially active. Close group of friends and colleagues.

Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
COPM	To be taken during this simulation.	

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How did the interview go?
Were the interview phases followed?
How did the interview begin?
Are there any questions that should be phrased differently?
Did the therapist manage to establish rapport and collaboration with the client?
Were safety rules followed?
Were the questions occupationally focused?
Were the CIOPM steps followed?
Were the scoring scales explained correctly?
How did the interview end? Which occupations will be the focus of the further assessment process? Which subsequent assessment methods would be appropriate given the COPM result?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of scenarios conducted by other students. These observations will be used during debriefing to offer feedback to peers. Peer observers will also complete the SimOT Compass (online or paper) for the identified learning objectives during or immediately following the simulation, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Prebriefing presentation to inform students of aims, structure, procedure, expectations and roles of simulation (prepared by instructor)
Scenario template and protocol
Case study information
COPM interview protocol and scoring scales
Form for observing and evaluating OT interview (Annex 1)
SimOT Compass completed with learning objectives for this scenario (distributed to participants)
Chairs and table

Attachment 1. Occupational analysis and synthesis

Analysis of occupation by steps and components

Occupational steps	COMPONENTS (abilities and skills)			
	REQUIRED (necessary)	FOR WHAT occupational purpose/outcome…	Are those components demonstrated by the client? Y/N	IN WHAT FORM?
Step 1. Step title:				
Step 2. Step title:				
Step 3. Step title:				
Step x. Step title:				
…				

Occupational synthesis:

Client's ADVANTAGES/STRENGTHS		**DIFFICULTIES/CHALLENGES**	
Abilities (components) that the client has well developed, which components she uses successfully, what are her resources and strengths	In which steps is this visible?	Abilities that the client does not have, are poorly developed, needs help or needs to be better assessed	In which steps is this visible?
MOTOR			
SENSORY			
PERCEPTIVE			
COGNITIVE			
PSYCHOSOCIAL			
CONTEXTUAL FACTORS			

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 14: Occupational analysis: Identifying and analysing performance components

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Conducting Occupational Analysis**
Key words	Occupational analysis, client's potential and limitations, structured observation, occupational focus
Brief description	In this scenario, students will have the opportunity to learn, practice and perform occupational analysis and synthesis in a safe environment. This is a digital (online) simulation using a controlled, reproducible scenario.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The learning scenario uses a video of an authentic client performing a chosen occupation, where students working in small groups participate in occupational analysis as therapists. Students gain experience in observing and analysing the client's performance. Access and use of materials required in the preparatory and execution phase is managed via an online teaching platform (e.g. Moodle).		
Environment	☐ **Physical**	**Description**	
		Materials	
	☒ **Digital/Virtual**	**Description**	Virtual classroom (e.g. Teams) and online teaching platform (e.g. Moodle)
		Materials	Personal computer or other device with internet connection. A formal form for recording standardized instrument scores.

Student roles	Number of students	Extra information
Occupational therapist	4-5	Students work in small discussion groups
Participant	1	Participant is a client who was filmed while participating in occupation.
Other simulated participant *Please specify in extra information*		
Observer		

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 minutes	In group (virtual classroom)
Prebriefing *Student preparation*	30 minutes	In smaller groups (4-5 members) or individually
Simulation activity	20 minutes	In smaller groups (4-5 members) or individually
Debriefing	60 minutes	In the whole group – 15-18 (virtual classroom)

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	**Domain *B.2.1.*** *Occupational therapists* ***assess occupational participation*** *in all areas of human occupation* Assess physical, social, attitudinal, cultural, and legislative contextual factors that affect (support, hinder, prevent, or pose risk to) occupational performance or participation Skilfully **conduct activity and occupational analysis** (i.e., break down activity into their fundamental components; analyse connections between skills, preferences, and abilities, the sequence and timing of the activity and the physical/social environment) Analyse, interpret, and clearly communicate assessment findings Prepare an accurate and occupation-oriented report based on assessment (optional)
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	

Domain B	Student will be able to demonstrate competency for performing the following: • Review preliminary information about the client • Identify the occupation that will be analysed on the basis of previously conducted evaluation (interview, COPM; self-assessment) • Divide the occupation into discrete steps/sequences • Analyse each step/sequence with respect to the client's abilities and difficulties in performing the occupation, as well as client safety during occupational performance • Distinguish the client's strengths and resources vs. difficulties in performance • Pose hypotheses about areas of difficulty in occupational performance and propose areas for further assessment • Synthesize information and write a report (optional) based on analysis of occupational performance
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
The nature and range of health conditions (A.5.)	Prior to participating in the scenario, students will have received instruction and acquired knowledge (described here) necessary to understand and perform the tasks of the scenario. Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.
Human anatomy and function of the human body (A.5.)	
Factors that present barriers to participation (A.2.)	
Occupation as a means and an outcome (A.2.)	
Therapeutic use of occupation (A.2.)	
How changes to function, health, development, or environments alter participation in occupation (A.2.)	
How limitations or changes to participation in occupation affect health (A.2.)	
Domains of occupational therapy expertise – person, occupation, and context (A.2.)	
Activity analysis (knowledge of protocol for conducting activity analysis) (A.2.)	
Factors that present barriers to participation (A.2.)	

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Instructions about the scenario and students' tasks within the simulation exercise are provided in an instructional session prior to the simulation session with the entire group. The instructor introduces and explains the simulation purpose, materials used and ensures students understand the simulation procedure, expected performance from student, etc.	1. Course content and materials (books) regarding performance components 2. Course content and materials (books) regarding contextual components 3. Course content and materials (books) regarding activity and occupational analysis, written instructions, worksheets 4. Course content and materials regarding ethical practice, written instructions 5. Simulated client profile; based on client information (diagnosis, health condition, functional status…) 6. Audio-presentation (ppx) containing the description of occupational analysis steps and process, format and structure, administration, interpretation 7. Worksheets for recording occupational steps and components 8. Video of a client performing occupation (for analysis)**
Preparing a video case study of a client performing chosen occupation: Collaborating and coordinating with OT practice site meeting and informing the client, receiving informed consent for conducting and recording the occupation process and using the video recording for educational purposes.	**Creation of the video requires physical environment (OT therapy space with table and chairs), all test materials involved in administering the assessment selected for the simulation and appropriate video recording equipment. It also requires video editing software or editing raw video material. Written informed consent form
Preparing and recording occupation selected for the simulation with the client; in an authentic practice environment (e.g. OT clinic, therapy room, ADL room, home).	Video-camera or other suitable recording device. ADL room and suitable equipment (e.g. kitchen appliances and tools, groceries) to perform chosen occupation
Editing the recording for use as a teaching tool.	Video editing software.
Posting the video on appropriate teaching platform.	e.g. Moodle
Preparing and posting the OA worksheets on the teaching platform.	Occupational Analysis worksheet for taking structured notes about steps and occupational components (editable Word document) (e.g. the worksheets (tables) from the book: Thomas, H. (2022).Occupational and Activity Analysis. Slack Incorporate **N.b. Example of woksheet is in Annex 1.**
Preparing comprehensive written and verbal instructions during prebriefing about the simulation.	MS Word or other digital word editing program

Staff

Role	*Description*	Number
Instructor/ demonstrator /didactical expert (preparatory)	Instructor provides instructions regarding how students will conduct the occupational analysis (i.e. analysis protocol).	1
Facilitator	The facilitator leads debriefing, provides feedback and prompts student self- and peer-reflection. When applicable, the facilitator can also conduct an evaluation of students' performance.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Prior simulation: Students recall and/or study the performance components that they will observe, describe and analyse during occupational analysis.	• Textbooks
In preparation for this scenario, students receive information about the client in a large group: background information and information from COPM.	• Presentation – introduction about the client. Watching video together for the first time in the big group to get familiar with the case, where they have a chance to ask questions during prebriefing (and then they are watching again in small groups at their own pace when they are actually doing the analysis).
Students are introduced to the procedure and materials they will use to conduct the simulation (observation of OA video, worksheets).	• OA video of an actual client performing occupation • Worksheets for taking structured notes about steps and occupational components (Word document) (Annex 1) • List of occupational components (optional)
Students revisit ethical considerations when using video case study (actual client) for educational purposes.	• Short discussion in a big group

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	Students prepare a synthesis report based on their occupational analysis in which they describe occupational performance of the client and present their analysis of the observed strengths, abilities and difficulties exhibited by the client during performance of the occupation and suggestions for ongoing evaluation. Students submit their written report on an appropriate educational platform (e.g. Moodle).

References

C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf

Thomas, H. (2022).Occupational and Activity Analysis. Slack Incorporated

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Ethical standards include maintaining objectivity in scoring, protecting client dignity, and ensuring accurate documentation, which are reflected in behaviours like evidence-based reporting and empathetic discussion.

Professional standards involve clear communication, collaboration, and accountability, shown through structured presentations and constructive feedback engagement.

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Worksheet and Summary: Bringing and referencing completed worksheets/summaries reflects preparation for reporting.
Scoring Challenges: Articulating uncertainties in subtest scoring during debriefing addresses your note on documenting challenges.
Strengths and Difficulties: Discussing the client's performance holistically aligns with your emphasis on recording observed strengths and difficulties.
Reflection and Reporting: Sharing interpretations, challenges, and reflections in a structured manner supports your focus on reporting the scoring process and debriefing preparation.

Facilitation tips

- Set clear expectations: explain the simulation's purpose (e.g., "you'll analyse a client's occupation and score a standardized test") and provide clear homework instructions (e.g., "complete the worksheet and summary"), ensuring students feel prepared.
- Emphasize safe learning environment: assure students it's okay to make mistakes (e.g., "this is a low-stakes practice to learn occupational analysis"), fostering a supportive space for ethical and honest engagement.
- Encourage questions and uncertainty: invite students to ask questions or share concerns (e.g., "what's unclear about the occupational performance or video analysis?"), promoting transparency and critical thinking.
- Provide structured guidance: share specific prompts for the homework (e.g., "note one client strength and one challenge"), aligning with professional standards for organized documentation.
- Model professional practice: demonstrate respectful, client-cantered language (e.g., "observe the client's performance objectively") and encourage students to review the scoring rubric, reinforcing ethical preparation.

Scenario flow

Start	
Participant state and action	
Students watch the video together for the first time with the instructor/facilitator.	
	Description

Expected learner action	While viewing the video, students record questions and initial observations of occupational performance. Together with the instructor/facilitator, students analyze contextual factors influencing performance and identify any potential risks to safety and/or health during performance of the occupation. Students evoke previous knowledge about performance components, pose questions and clarify any ambiguities, and discuss initial observations.
Key learning points	Summarizing the most important conclusions (e.g. in COPM up to 5 occupations that client recognized as very important, but low performance and low satisfaction). Ensuring that the client has the role of collaborator (e.g. seeking confirmation of the conclusions, arranging future steps **with** the client)
Trigger for next action	Students and educator complete initial viewing and discussion of video case study (client's occupational performance).

Action 1	
Participant state and action	
Working in small groups, students view the case video again. Students can pause the video and/or go back to a specific step.	
	Description
Expected learner action	Students observe and discuss client's strengths and difficulties during occupational performance. Students perform the occupational analysis: • divide the occupation into discrete steps and record each step in the form provided • identify and record the performance components required for each step • consider the strengths and resources of the client performing the occupation as well as difficulties and challenges. identify steps in the occupation that present a risk to injury or health.
Key learning points	Managing and performing the occupational analysis process in a safe environment. Taking structured notes and completing the occupational analysis form. Applying skills for working in a team, communication, argumentation, structured observation, and decision making.
Trigger for next action	All steps in the occupational analysis are completed and the OA form is filled out.

Action 2	
Participant state and action	
As a whole group, facilitator and students discuss and reflect upon occupational analysis. Feedback is received and provided. Facilitation and discussion related to areas of challenge.	
	Description
Expected learner action	Students report on the process and results of occupational analysis conducted in the previous action. With the support of the facilitator, students go through all identified steps and the client's strengths, abilities, and difficulties.
Key learning points	Managing and performing the occupational analysis process in a safe environment. Sharing results, experiences, and processes from small group occupational analysis, resolving points of uncertainty, and arriving at shared conclusions. Applying communication skills for group work. Receiving and providing feedback (to peers).
Trigger for next action	Facilitator concludes the interim debriefing and provides instructions for Action 3 (optional)

Action 3	
Participant state and action	
Students receive instructions from the instructor/facilitator regarding the form, style, and scope of the report (formal essay, 500-700 words) in the style of OT documentation of occupational analysis	
	Description
Expected learner action	Students prepare a synthesis report based on their occupational analysis in which they describe occupational performance of the client and present their analysis of the observed strengths, abilities and difficulties exhibited by the client during performance of the occupation and suggestions for ongoing evaluation. Students submit their report on an appropriate educational platform (e.g. Moodle).
Key learning points	Organizing and synthesizing data collected through occupational analysis, describing the client's performance in relation to her strengths, abilities, and difficulties during performance of the analysed occupation. Writing professional reports (OT documentation). Applying written communication skills to prepare a formal report written in a professional style. Working in a team. Communication skills.

Trigger for next action	Synthesis report of occupational analysis is completed. Assessment: evaluation of reports.

End	
Participant state and action	
Students receive written feedback regarding quality and content of synthesis reports.	
	Description
Expected learner action	Students receive and reflect upon feedback and suggested areas for revision or improvement.
Key learning points	Receiving and reflecting on feedback. Development of report writing skills.
Trigger for next action	Feedback on written report of occupational synthesis.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will approach the simulation sufficiently prepared to perform the scenario task (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students are given the opportunity to watch the video as many times as they want.
Students can continuously refer to reference materials (e.g. audiopresentation, competencies list/book) throughout the scoring.
Students can work in a peer group.
Students will follow ethical standards of occupational therapy practice during the task, debriefing and after.
Student will (self)assess and provide feedback about results in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

What key components of occupational performance (e.g., motor, cognitive, emotional) do you expect to observe in the client's activity, and how do these influence their ability to complete the task?
What challenges might you face when analysing the client's occupational performance in a video, compared to observing it in person?
How will you ensure objectivity and accuracy when completing the scoring sheet for the client's occupational performance, especially if their actions are unclear?*.)*
What strategies will you use to identify and document the client's strengths and difficulties while observing their performance of the occupation in the video?
How might the client's cognitive, physical, or emotional challenges impact their performance of the occupation, and how will you account for this in your analysis?
What prior knowledge or resources (e.g., lecture notes, occupational analysis frameworks) do you need to review to feel prepared for this simulation?
How can you maintain a respectful, client-centred approach when analysing and scoring the client's occupational performance, especially if they struggle with the task?
What environmental or contextual factors (e.g., distractions, tools available in the video) might affect the client's performance, and how will you note these on your scoring sheet?
What might be the most challenging aspect of analysing the client's occupational performance, and how will you address this during the simulation?
How will you organize your observations and analysis on the scoring sheet to ensure clarity and completeness for submission?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	XY
Age	42
Sex	F
Personal factors	A woman, living with her mother, not employed, learning disabilities, younger sister lives with her family and has one child. Likes cooking, cleaning, playing boccia, watching television.
Ethnicity and cultural context	(relevant to your context)
Reason the participant is seeking OT service and concerns related to engagement in occupations	Difficulties in assessing safety and risk in chosen occupation (cooking), difficulties in performance of chosen occupation. Friendly and social. Difficulties in communication due to dysarthria.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	A client presents a friendly and cooperative behaviour, engaging socially in group activities despite an introverted nature. Their positive affect is shown through smiles and eye contact, reflecting motivation to learn cooking. They may exhibit hesitation or frustration during complex cooking tasks due to intellectual disability and hemiparesis. Dysarthria leads to unclear, incomplete sentences, requiring patience to understand their communication. Challenges with safety awareness may appear as uncautious actions (e.g., mishandling hot surfaces).
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	A client has never been employed but completed primary and secondary vocational school as a clerical assistant. She actively participates in a community-based day program, engaging in social, instrumental, creative, and physical occupations, such as playing boccia and group activities. She enjoys leisure occupations like watching television and has a strong interest in cooking and cleaning. Despite her enthusiasm, she faces challenges in performing cooking tasks due to difficulties with safety awareness and task execution. Her left-sided hemiparesis and intellectual disability impact her ability to sequence and complete complex activities.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	A client prioritizes improving her cooking skills to enhance independence in daily living, as expressed through her interest in cooking at the community-based day program. She aims to perform cooking tasks safely and effectively despite challenges from hemiparesis and intellectual disability. Desired outcomes include mastering simple cooking sequences (e.g., preparing a sandwich) and recognizing safety risks (e.g., handling hot surfaces). She also seeks to improve communication during tasks, despite dysarthria, to engage confidently with others. The client values social participation and wants to contribute to household tasks like cleaning.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	A client exhibits challenges in mental functions, such as attention and memory, due to intellectual disability, impacting her ability to sequence cooking tasks effectively. She may struggle with problem-solving (e.g., adjusting steps if an ingredient is missing), requiring clear instructions and support.
Sensory functions and pain	The client's sensory functions, including visual and tactile perception, are intact but may be affected by hemiparesis, leading to difficulties in perceiving spatial relationships during cooking (e.g., aligning utensils). No pain is reported, but sensory processing delays may contribute to safety risks.
Neuromusculoskeletal and movement-related functions	Left-sided hemiparesis limits the client's motor coordination and strength, hindering fine motor tasks like chopping or stirring during cooking. She may exhibit slow or awkward movements, impacting task efficiency.
Voice and speech functions	Dysarthria results in unclear speech and incomplete sentences, making it challenging for the client to communicate needs or ask for help during cooking. She maintains eye contact and is cooperative, but her speech limitations require patience from observers.
Other	

Activities and participation	
Self-care and domestic life	The client is able to perform basic self-care activities (e.g. hygiene, dressing) with some supervision or occasional verbal cues. She actively participates in domestic tasks, particularly enjoys cleaning, and shows motivation to engage in more complex domestic occupations such as cooking. However, she demonstrates difficulties in sequencing and safety awareness during cooking, requiring support and supervision due to limited insight into potential risks (e.g. hot surfaces, handling knives).
Productivity *(including (paid) work and education)*	The client has completed primary and secondary vocational education (clerical assistant), but has never been employed. She does not currently engage in paid or volunteer work. Challenges in cognitive processing, communication (due to dysarthria), and motor coordination (due to left-sided hemiparesis) limit her ability to perform tasks required in a typical work environment. She shows interest in learning new skills related to domestic productivity, such as meal preparation.
Leisure and play	The client participates in group leisure activities at the day centre, such as social games, watching television, and playing boccia, which she enjoys. She is sociable and friendly, engaging with peers, though communication barriers sometimes impact full participation. She benefits from structured, supportive environments that offer meaningful leisure engagement adapted to her physical and cognitive abilities.

Environmental factors	
Physical environment	The client lives in a shared household with her mother, in what is assumed to be a physically accessible home environment. The kitchen environment presents potential hazards due to her limited safety awareness and left-sided hemiparesis, including risk of burns, cuts, and difficulties handling heavy or hot items. Adaptive equipment (e.g. non-slip mats, lightweight kitchen tools, visual timers) could support her functional performance and safety in domestic tasks. The client regularly (5 days a week for 6 hours daily) attends Community-based centre offering day programs for adults with developmental disabilities. The day center offers kitchen, bathroom, living room, creative workshop and leisure room. The centre is connected to the local community (e.g. library, coffee shops, …)
Social environment	The client has supportive family relationships, particularly with her mother, who lives with her and likely provides daily assistance. She maintains social contact with her sister and niece, although they live separately. At the day centre, she is part of a structured group where she interacts positively with other adults with developmental disabilities. Her communication difficulties (dysarthria, incomplete speech) can create barriers to full social participation, though she compensates with non-verbal communication and maintains eye contact.
Services, systems and policies	The client is enrolled in a community-based day program for adults with developmental disabilities, which provides structured daily activities and social opportunities. She benefits from access to occupational therapy services within this setting, although long-term support or follow-up in terms of employment or independent living is limited. Broader systems (e.g. vocational rehabilitation, supported employment programs, disability benefits) are either not utilized or have not yet been explored as options to enhance her occupational participation and autonomy.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
A standardized occupational therapy interview (COPM) was conducted with the client.	**Occupational Performance Issue: Performance (1–10), Satisfaction (1–10)** 1. Cooking (preparing a simple meal independently): 3/10, 1/10 2. Cleaning (vacuuming, wiping surfaces): 6/10, 7/10 3. Communicating in group activities: 4/10, 2/10 4. Participating in boccia games: 7/10, 8/10 5. Helping her mother with laundry: 5/10, 6/10	Cooking is the client's top priority, with the lowest ratings for both performance and satisfaction. While she enjoys cleaning and participating in recreational activities such as boccia, she expresses a strong desire to improve her ability to cook independently. Communication in group settings is also perceived as difficult and unsatisfying, despite her sociable nature.
	Client Prioritization: 1. Cooking 2. Communicating in group activities 3. Helping her mother with laundry 4. Cleaning 5. Participating in boccia games	First focus is her desire for greater independence (better performance) in cooking and identifies an initial goal as making a dessert. In agreement with the client, the therapist identifies an occupation for analysis in order to determine the client's strengths and difficulties in performing the occupation (preparing dessert).

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Intellectual disability with difficulties in attention, memory, planning, and sequencing; challenges in problem-solving and recognizing safety risks. Preserved social motivation and a friendly, cooperative attitude.
Sensory functions and pain	Visual and tactile perception intact, but slowed processing speed; no pain reported. Risk in spatial orientation and coordination due to hemiparesis.
Neuromusculoskeletal and movement-related functions	Left-sided hemiparesis resulting in reduced strength, fine motor skills, and coordination. Movements are slower and less efficient.
Voice and speech functions	Dysarthria leading to unclear speech and incomplete sentences; maintains eye contact and uses non-verbal communication strategies effectively.
Other	Emotionally stable, cooperative, socially engaged, and motivated to learn and increase independence.
Activities and participation	
Self-care and domestic life	Relatively independent in personal care, but limited in cooking due to safety concerns and motor impairments. Enjoys cleaning and wants to contribute to household chores.
Productivity *(including (paid) work and education)*	Never employed; completed primary and vocational secondary education (clerical assistant). Actively participates in a community-based day program.
Leisure and play	Engages in leisure occupations such as watching television, group activities, and boccia. Particularly enjoys cooking and is motivated to improve independence and safety in this activity.

Environmental factors	
Physical environment	Lives with her mother; home kitchen environment may present barriers (e.g., positioning of tools, utensils, or appliances).
Social environment	Supportive family (mother and sister with her own family). Socially involved through community programs and group activities. Requires additional support to ensure safety during cooking.
Services, systems and policies	Participates in community-based programs and receives support through social care services. Occupational therapist assesses occupational needs and works toward goals of safety and independence.

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

Scenario is virtual, recorded session with a real client. In a case of a role play – options could be as follows:

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Show mild distractibility (looking away, forgetting a step, repeating actions). When faced with a small problem (e.g., missing tool), appear unsure and wait for support.
Sensory functions and pain	No pain; normal vision and touch, but sometimes hesitate or misjudge distances (e.g., reaching awkwardly for objects).
Neuromusculoskeletal and movement-related functions	Demonstrate slower use of the left arm/hand, reduced grip, slight clumsiness when lifting or stirring. Favor the right side.
Voice and speech functions	Speak in short, sometimes unclear phrases; articulation should be slightly slurred but still understandable. Use eye contact and gestures to compensate.
Other	Stay friendly and cooperative, smiling or nodding, but occasionally show frustration if something feels too difficult.
Activities and participation	
Self-care and domestic life	During cooking, visibly enjoy the task, but need extra time and sometimes pause as if unsure what to do next. May ask “What now?” or look around for help.
Productivity *(including (paid) work and education)*	Mention past school experience briefly if asked (“I finished school as a clerk”), but emphasize never having had a job.
Leisure and play	If conversation drifts, mention liking boccia, TV, or cleaning. Return to cooking as the main focus when prompted.

Environmental factors	
Physical environment	Simulate occasional difficulty reaching or positioning objects (e.g., knife, spoon).
Social environment	Portray warmth and friendliness; show that family is supportive by making positive remarks about mother or sister.
Services, systems and policies	If asked about support, say you attend a community program and that you want to learn to cook better and safer.

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

1. Which occupational performance components (motor, cognitive, sensory, communication, emotional) most influenced the client's ability to complete the cooking task?
2. How do the client's strengths and resources support her engagement in the occupation, despite the identified challenges?
3. Which steps of the cooking task posed the highest safety risks, and what strategies could you suggest to minimize these risks?
4. How did the client's left-sided hemiparesis affect the sequencing and efficiency of her performance?
5. What role did cognitive factors (attention, memory, problem-solving) play in the client's ability to manage the cooking task?
6. How did dysarthria influence communication during the task, and what strategies could support clearer interaction in real-life contexts?
7. In what ways did environmental and contextual factors (physical kitchen setup, presence of others, available tools) affect the client's occupational performance?
8. How could the occupational therapist balance the client's desire for independence in cooking with the need to ensure safety?
9. Based on your analysis, what additional assessments would you recommend to further explore the client's occupational needs and capacities?
10. How does this case illustrate the importance of client-centred practice in occupational therapy, particularly in supporting meaningful participation in daily life?

7.2 SimOT Compass

Using the questions above, observers will make notes on their observations of scenario watched on the video. These observations will be used during debriefing. Observers will also complete the SimOT Compass (online or paper) for the identified learning objectives during or immediately following the simulation, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

1. Document about simulated client profile; based on client information (diagnosis, health condition, functional status…)
2. Audio-presentation (ppx) containing the description of occupational analysis steps and process, format and structure, administration, interpretation
3. Worksheets for recording occupational steps and components (Annex 1)
4. Video of a client performing occupation (for analysis) a. Written informed consent form b. Video-camera or other suitable recording device. c. ADL room and suitable equipment (e.g. kitchen appliances and tools, groceries) to perform chosen occupation d. Video editing software.
5. Teaching platform (e.g. Moodle)
6. Occupational Analysis worksheet for taking structured notes about steps and occupational components (editable Word document) (e.g. the worksheets (tables) from the book: Thomas, H. (2022).Occupational and Activity Analysis. Slack Incorporated
7. MS Word or other digital word editing program

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 15: Promoting dressing skills post-stroke: Occupational analysis and compensatory training

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Dressing training for neurological client in sub-acute phase of rehabilitation
Key words	Occupational analysis, ADL skills training, neurorehabilitation, OT process
Brief description	This scenario is intended to be delivered as an in-situ simulation experience in a neurorehabilitation hospital or clinic (client's bedroom or occupational therapy space). The simulated participant is portrayed by a trained volunteer, such as an occupational therapy practitioner. This scenario takes place in two parts. In the first part, students will prepare and practice the observation and analysis of occupational performance (taking off and putting on a T-shirt) of an adult client in a post-acute neurorehabilitation setting. After the first part, there is an interim debriefing. In the second part, students will practice the implementation of techniques and strategies identified on the basis of occupational analysis to support skill acquisition and performance of client for dressing.

Simulation setup

Simulation modality	Simulated participant		
Context	Neurorehabilitation hospital or clinic, patient's bedroom or OT department (in situ simulation). Alternatively, it can be implemented as an on-campus (classroom) simulation. This simulation takes place in a small group of students, taking on the roles of occupational therapist and observer. If possible, students in the role of observers should be positioned so that they are not in the field of view of the student acting as the occupational therapist during simulation or, when possible, observe the simulation from another room via video feed.		
Environment	☒ **Physical**	**Description**	The physical environment should be or closely simulate an authentic environment in a neurorehabilitation hospital/clinic environment (occupational therapy workspace or patient bedroom).
		Materials	Bed (1) and nightstand (1), table (1), chair (2), aids and objects used to support dressing performance, short-sleeved T-shirt (can be simulated or client's own clothing) placed within arm's reach). Personal items/clothing for performing the OT role (e.g. OT uniform, identification badge, notepad and paper, etc.)
	☒ **Digital/Virtual**	**Description**	If participants agree to record the simulation experience for debriefing purposes or if observers are observing via video feed, a video recorder and supporting technology should be provided.
		Materials	Video recorder (or mobile phone); connection to video feed/laptop in another room

Student roles	Number of students	Extra information
Occupational therapist	2	This scenario consists of two parts, each with a lead occupational therapist (performs the scenario) and a supporting occupational therapist (offers support if necessary; offers additional safety if lead therapist gets stuck or is unsure in performance). If suitable, student pairs can switch roles when executing Parts 1 and 2 of the scenario.
Participant		
Other simulated participant *Please specify in extra information*		
Observer	4-6	During this simulation experience, a small group of students observe the performance closely and take observation notes. In the debriefing session, they actively engage by providing feedback, asking insightful questions, and participating in discussions.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	20 minutes	Hands-on or digital instructional session
Prebriefing *Student preparation*	Part 1: 30 minutes Part 2: 30 minutes	Hands-on, digital (independent review of case studies and learning materials and preparation for simulation)
Simulation activity	Part 1: 15 minutes Part 2: 20 minutes	Hands-on
Debriefing	Interim (after Part 1): 30 minutes Final (after Part 2): 30 minutes	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	**Domain B.1.** Competencies in professional reasoning during the OT process • Apply reflexive professional reasoning, practice-based and evidence-based approaches throughout the occupational therapy process **Domain B.2.1.** Assess occupational participation • Skilfully conduct activity and occupational analysis (i.e., break down activity into their fundamental components • Analyse connections between skills, preferences, and abilities, the sequence and timing of the activity and the physical/social environment) **Domain B.2.3**. Implement, monitor, evaluate, adjust and conclude OT intervention • Observing/analysing occupational performance (occupational analysis, synthesis) throughout the occupational therapy process • Grading and adapting occupation • Selecting and applying assistive equipment or adaptations to support occupational performance **Domain B.3**. Conducting ethical and safe practice • Demonstrate professional ethics, integrity, and responsibility to ensure safe occupational therapy practice • Obtain client's informed consent for all procedures performed during the occupational therapy process
Domain C: Developing and maintaining professional relationships and partnerships	**Domain C.1.** Demonstrate competencies in engaging in effective professional communication • Communicate in respectful, appropriate and effective manner • Use active listening skills • Use respectful and effective communication to initiate and end the client-therapist relationship
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	1. Observe and analyse client's performance of a basic self-care occupation. (B.2.1.) 2. Identify problems in occupational performance and the person, occupation and environment factors contributing to the problem(s). (B.1., B.2.1.) 3. Identify appropriate methods, strategies or techniques for supporting client's occupational performance (B.1., B.2.3.) 4. Support client's performance of an important self-care occupation during an occupational therapy session focused on ADL skills training by providing appropriate cues, grading and modifying occupations, and recommending adaptations. (B.2.3.) 5. Ensure client safety, understanding and consent throughout client-therapist interaction. (B.3.)

Domain C	1. Use effective, respectful, and professional communication skills throughout the interaction with the client. (C.1.)
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
General medical and professional knowledge relevant to the scenario (e.g. general practices, protocols and precautions) (A.5.)	Prior to participating in the scenario, students will have received instruction and acquired knowledge (described here) necessary to understand and perform the tasks of the scenario. This includes: • Knowledge of clinical neurorehabilitation settings • Basic knowledge of neurological diagnoses (CVI, TOM) and common physical, cognitive, affective impairments or performance • Knowledge of basic neurorehabilitation principles for adults with acquired brain injury • Knowledge of skills training/acquisition approaches to enabling performance of self-care activities in a sub-acute neurorehabilitation setting
Knowledge about occupational therapy (A.2.): • how changes to function, health, development or environments alter performance or participation in occupation • client-centred, occupation-based, and outcome-oriented occupational therapy practice and the occupational therapy process • observation and analysis of occupational performance	
Beginner-level experience and skill in observation and analysis of occupational performance (B.2.1.)	Students will also have had previous learning experience in observing and analysing occupational performance and will thus have beginner-level skills in preforming occupational analysis. Students will also have acquired knowledge through previous coursework on basic neurorehabilitation principles for adults with acquired brain injury and skills training approaches in neurorehabilitation
Knowledge of basic neurorehabilitation principles for adults with acquired brain injury (A.2.)	
Basic knowledge of skills training/acquisition approaches to enabling performance of self-care activities in a sub-acute neurorehabilitation setting (A.2.)	
Attitudes about the value of every person, people's ability to adapt and change, factors that present barriers to participation, value and necessity of ethical practice, conducting the OT process in a professional manner and ensuring quality and evidence-based service (A.4.)	Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Prior to execution: Preparing simulation materials for all participants (occupational therapists, observers and simulated patient)	Handout and/or presentation for students with case/scenario information, role description, leaflet that depicts and describes steps for adapting dressing technique for person with hemiplegia, OT tips sheet for dressing after stroke and other supporting documents for occupational therapists and observers (placed on online teaching platform). Case information for simulated participant.
Facilitator: Ensuring adequate preparation of students simulation experience with clear outline of student expectations: ensuring adequate preparation of the simulated patient; preparation of a debriefing plan; preparation of the physical environment in which the simulation takes place and supervising set-up of space and materials.	Scenario template and teachers' manual Furniture and props to create an authentic simulated environment
Simulated participant: Prepare for playing the patient role	Props or other items to play the simulated participant role Scenario template: case information and Additional information for simulated participant

Staff

Role	*Description*	Number
Facilitator: OT educator with experience in SBL and pedagogical methods for (de)briefing; expertise in OT practice in neurorehabilitation (occupational analysis, skills/ADL training, CVI/ABI)	***Preparatory:*** didactical expert for preparing and planning simulation experience; instructor for providing prerequisite knowledge and informing students about the simulation (prebriefing) ***Execution:*** facilitator (observes simulation performance, provides support/cues when challenges arise, leads debriefing and gives feedback). When applicable, the facilitator can also conduct evaluation of students' performance.	1
Simulated participant: Occupational therapist or other volunteer with sufficient knowledge of area of practice (adult neurorehabilitation) and OT competencies addressed in this simulation. **This individual participates in the scenario as the simulated client.	***Preparatory***: familiarize self with scenario and participant profile; prepare for enacting the client role. ***Execution***: simulate client role during scenario execution; when appropriate, simulated client might provide feedback to students during debriefing.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Basic communication skills for therapeutic interaction with adult client	Previous experience and learning in theoretical and practical settings
Knowledge about client diagnosis, health condition and impairments, functional status, etc.	Simulated participant profile; information retrieved from course content and literature based on client information (diagnosis, typical impairments, performance difficulties)
Knowledge and basic skill for conducting occupational analysis (Part 1)	Previous course instruction and learning of skills for conducting occupational analysis (identify performance difficulties and factors (person, task, environment) that influence performance).
Knowledge about OT methods, approaches, techniques for supporting skill acquisition and performance of self-care activities (Part 2)	Course content and literature on OT process (techniques, methods, strategies) for supporting skill acquisition and ADL performance in neurorehabilitation. Course materials (presentations, literature, other instructional resources) on topics of relevant to scenario: - CVI (diagnosis, impairments, performance difficulties) - Occupational analysis (procedure, protocol) - Adaptive ADL training (techniques, strategies, methods for supporting skill acquisition and performance)

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Teachers might ask students to submit written records of their observation notes (based on questions in Section 7) and completed SimOT Compass following execution of simulation.

References

C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf

Thomas, H. (2022). Occupational and Activity Analysis. Slack Incorporated.

Walker, M.F. et al. (2011). The DRESS trial: a feasibility randomized controlled trial of a neuropsychological approach to dressing therapy for stroke inpatients. Clinical Rehabilitation, 36(8): 675-685.

Turgut, N. et al (2018). Adaptive Cueing Treatment of Neglect in Stroke Patients Leads to Improvements in Activities of Daily Living: A Randomized Controlled, Crossover Trial. Neurorehabilitation and Neural Repair, 32(11):988-998.

Walker, C.M. & Walker, M.F. (2001). Dressing Ability after Stroke: A Review of the Literature. British Journal of Occupational Therapy. 64)9):449-454.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Learner demonstrates professionalism and respect when initiating the discussion with simulated participant and establishes a professional, safe environment.

Facilitation tips

- Ensure adequate preparation of students that includes clear instructions and expectations; emphasis on participant safety and dignity, clarification of purpose of simulation and emphasis on safe learning environment where students can make mistakes, receive support and feedback.
- Provide opportunity for students to pose questions and express uncertainty during prebriefing.
- Promote safe learning experience by offering appropriate scaffolding to ensure a 'just right challenge', using constructive feedback that focuses on what was successful and strategies for addressing challenges.
- Developing the scenario with consideration of socio-cultural context in which the simulation is being carried out and learning needs/levels of group.
- Ensure appropriate modifications in line with individualized needs of learners.

Scenario flow

PART ONE: OCCUPATIONAL ANALYSIS

Start

Participant state and action

The client is sitting on the bed. She is wearing a short-sleeved T-shirt that she will take off, and next to her, within reach of her dominant right hand, is the short-sleeved T-shirt (s) she will put on.

Therapists (lead and supporting) enter the client's hospital room.

	Description
Expected learner action	The therapists greet the client, the lead occupational therapist reminds the client that they met yesterday, discussed occupational performance problems and defined occupational priorities. The therapist explains the purpose of the visit (observe performance of previously identified task) and what they will do together, states the approximate duration of the visit, and seeks agreement/consent from client to proceed with visit and record observations.
Key learning points	• Importance of client-centred care, showing respect and establishing a safe environment. • Orienting the client to the purpose of the visit, obtaining consent. • Establishing a professional relationship with the patient using appropriate communication skills.

Trigger for next action	Completing the introduction. Explaining the purpose of the OT visit and obtaining consent.

Action 1	
Participant state and action	
Lead therapist invites the client to perform the agreed upon self-care task (taking off one shirt and putting on another). Client takes off T- shirt with only minor difficulty (stuck on the left side) and exhibits the following difficulties while trying to put it on: • Uses ineffective organisation and sequence of steps (puts shirt onto right, unaffected arm first, then over her head, after which she struggles to put it on his affected arm), • On the second attempt exhibits difficulties with spatial relations by trying to push her left hand through the outer sleeve opening, then tries pulling it through with unaffected arm, • Finally, she puts the weaker arm in the sleeve, then the head and unaffected arm in the other sleeve. After donning the shirt, client does not show awareness that the shirt is stuck on the affected shoulder and not completely pulled down on the left, affected side.	
	Description
Expected learner action	• Therapist prompts the client to initiate task performance. If appropriate, therapist might provide support to ensure conditions that allow for task initiation. • Therapist observes the client during performance of the task. • Therapist offers relevant comments during performance (without interfering or in some way enabling performance) and actively attends/listens to client's behaviour and verbalizations. If the client becomes upset, or gives up at some point, the therapist can offer help.
Key learning points	• Preparing the person and environment for task performance. • Actively observing performance. • Applying communication skills for posing questions, making comments and active listening. • Showing empathy (if relevant). • Recording observations.
Trigger for next action	Client performs the task to completion or until they can no longer continue.

Action 2	
Participant state and action	
Lead therapist signals the end of task performance. Therapist facilitates discussion of performance with client. Client expresses some dissatisfaction with the amount of time and effort needed to perform the task and/or the quality of performance or outcome.	
	Description

Expected learner action	Upon performance of the task, therapist prompts the client to offer comments/concerns regarding performance. In the case where complete performance is not possible, the therapist signals to the client when they can stop the task. Lead therapist summarizes the visit and observed performance issues and plans the following session with the client (i.e. supported practice of the task). Therapist arranges a date/time for the next session
Key learning points	• Making a judgement when performance is complete or when client is no longer able to continue. • Using appropriate communication skills to seek information from client and summarize the session based on their observations. • Ensuring client is actively engaged in reflecting on performance and planning the following session.
Trigger for next action	Therapist announces the plan for the next session and confirms a date/time.

End	
Participant state and action	
Therapists thank the client and leave the room.	
	Description
Expected learner action	Lead therapist ensures the client is comfortably positioned in bed (assisting them if necessary) and asks whether they need anything (e.g. nurse, water). Therapists thank the client for their cooperation and says goodbye.
Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Upon reaching a satisfactory conclusion of the visit (observation of occupational performance), the first part of the scenario concludes and an interim debriefing with the facilitator and all students (in therapist and observer roles) follows to prepare students for Part 2. Facilitator should refer to Debriefing template and instructions in the SIMBA Teacher manual to plan and execute debriefing. In this interim debriefing, students briefly summarize their observations and identify observed occupational performance issues (OPI) and hypothesized factors (personal, occupational, environmental) influencing performance. Student observers offer feedback based on their observations (see Section 6: Additional information for the observer). The facilitator leads the discussion, provides feedback on students' performance in Part 1 and encourages students to reflect on aspects of the scenario that went well, issues that arose and points for ongoing development. The facilitator poses questions to prompt students to identify and discuss potential strategies, techniques or methods for supporting performance and/or resolving OPIs. The students identify and plan methods that will be applied when working with the client in Part 2 of the scenario.

PART TWO: DRESSING TRAINING
Start

Participant state and action
Therapists enter the client's hospital room. Client is sitting on the bed. She is wearing a short-sleeved T-shirt that he will take off, and next to her, within reach of her dominant right hand, is the short-sleeved T-shirt (s)he will put on.

	Description
Expected learner action	Lead therapist opens the session: greets the client, reminds her of the session purpose and obtains consent. Therapist prepares the environment and client for task performance (positioning if necessary, ensuring materials/equipment are available).
Key learning points	• Importance of client-centred care, showing respect and establishing a safe environment. • Orienting the client to the purpose of the visit, obtaining consent. • Establishing a professional relationship with the patient using appropriate communication skills.
Trigger for next action	Client consents and expresses readiness to practice the task.

Action 1
Participant state and action
Client and therapist discuss performance and agree on a goal/plan.

	Description
Expected learner action	Prior to task initiation, lead therapist prompts the client to recall performance from previous session and identify performance difficulties. If client fails to recall/identify difficulties, therapist leads discussion of performance issues (organization, sequencing of task, attention to left side...). Therapist prompts the client to identify goal for performance (put on a shirt) and leads discussion of steps in performing the task. If necessary, the therapist may provide visual materials illustrating activity sequences. Therapist and client agree on a plan (steps of the task) that the client will verbalize as he performs the task.
Key learning points	• Importance of client-centred care. • Active observation of occupational performance and problem-solving, and providing strategies to support successful performance and skill acquisition. • Applying appropriate communication skills, showing empathy, and preserving the client's dignity.
Trigger for next action	Client and therapist agree on goal and plan.

Action 2
Participant state and action

Client initiates performance of the task.	
	Description
Expected learner action	Lead therapist supports the client to initiate the task using verbal/physical cues. Therapist prompts the client to verbalize steps in the performance plan as (s)he performs them. Therapist notes performance difficulties; poses questions, offers verbal feedback and cues to the client.
Key learning points	• Actively observing performance and identifying appropriate moments to offer cues. • Applying communication skills for posing questions, providing feedback/cues. • Showing empathy (if relevant). • Recording observations.
Trigger for next action	Client experiences difficulty performing the task (OPI), as described in Part 1 of the scenario.

Action 3	
Participant state and action	
Client engages in task performance and exhibits performance difficulties (described in Part 1).	
	Description
Expected learner action	Lead therapist observes and responds to observed OPI with appropriate intervention. Therapist implements previously defined adaptive strategies, modifications, grading, etc. to address OPIs (e.g. verbal or physical cues and questions to verbalize step during performance, visual step-by-step dressing sequences, spatial scanning strategies, visual attention to a particular aspect of the task, positioning of shirt or body/body part). Therapist offers feedback/cues to client regarding performance using appropriate communication skills. Supporting therapist supports strategy implementation.
Key learning points	• Timely implementation of appropriate intervention in response to observed performance difficulties (clinical reasoning and decision-making). • Maintaining therapeutic relationship using verbal and non-verbal communication. • Adjusting/refining approach according to client's response during performance (e.g. applying a different strategy, offering opportunity for repeated practice, removing support when client successful).
Trigger for next action	Client successfully performs the task (puts on T-shirt) at least once with support of strategies/modifications/cues offered by therapist.

Action 4
Participant state and action

Lead therapist signals end of session.

Therapist facilitates discussion of performance and applied strategies with the client.

Therapist summarizes performance success and ongoing issues. Proposes plan for next session.

	Description
Expected learner action	Lead therapist prompts discussion of performance and implemented strategies with client. Lead therapist summarizes the visit and plans the following session(s) with the client.
Key learning points	Making a judgement when performance is complete or when client is no longer able to continue. Using appropriate communication skills to seek information from client, facilitate discussion (when appropriate) and summarize the session based on observations. Ensuring client is actively engaged in reflecting on performance and planning the following session.
Trigger for next action	Therapist announces the plan for the next session.

End	
Participant state and action	
Therapists conclude the session and they leave the room.	
	Description
Expected learner action	Lead therapist ensures the client is comfortably positioned in bed (assisting them if necessary) and asks whether they need anything (e.g. nurse, water). Therapists thank the client for their cooperation and say goodbye.
Key learning points	Demonstrating client-centred care, showing respect, and providing assistance if needed.
Trigger for next action	Achieving the learning objectives or reaching a satisfactory conclusion (supported task practice and/or implementation of adaptive strategies to resolve OPIs)

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students in the supporting role will demonstrate support for their peer by being present, active, and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

What aspects of the scenario do you need to prepare ahead of time?
How will you initiate the interaction with the client?
How will you make the client feel comfortable when performing the task during occupational analysis?
What might you say or do if the client experiences difficulty during performance or expresses unwillingness to continue?
What information will you share with the client before, during and at the end of the session?
What factors related to client safety, dignity and privacy are important to consider during the scenario?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Ana
Age	50
Sex	F
Personal factors	The client holds a university degree and has expressed a wide range of interests, though she has not had sufficient time to engage in all of them. The role of being a mother is very important to her. She has a positive attitude and takes a constructive approach to problem-solving.
Ethnicity and cultural context	The client comes from a small town but currently lives on the outskirts of a larger city. Family and the time she spends with them are very important to her.
Reason the participant is seeking OT service and concerns related to engagement in occupations	Assessment of occupational performance issues, improving the performance of self-care skills, increasing independence and preparation for returning home.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client presents as calm, with an occasionally distant or thoughtful gaze. She actively participates in the occupational therapy process, although she sometimes expresses frustration related to challenges in carrying out routine daily activities.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	The client is employed, a mother of two children, and a wife. She spent a significant amount of time at work while also managing the household and caring for the children, with support from her husband. Until now, she has not experienced any serious difficulties in occupational performance.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The client aims to enhance her ability to perform self-care tasks and basic instrumental activities of daily living. She considers it important to increase her level of independence prior to hospital discharge. Specifically, the client expressed the goal of performing dressing, grooming and toileting tasks and simple kitchen activities (e.g., preparing a coffee) independently.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Attention deficit and visuospatial problems affect the performance of self-care activities. She pays less attention to the left side of the space. Insufficient awareness of the present problems can affect safety, so it is necessary to ensure supervision. She is motivated to recover and shows good cooperation.
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	The client has weakness of the left side of the body and partial movements of the leg and hand. Overall, she demonstrates compensatory movement patterns, predominantly relying on the unaffected side of the body. She does not integrate her left hand spontaneously during activity performance, although she has certain movements in the shoulder, elbow and hand.
Voice and speech functions	The client is alert and in verbal contact, demonstrating the ability to understand and follow commands. However, instructions occasionally need to be repeated to ensure comprehension and task completion.
Other	
Activities and participation	
Self-care and domestic life	The client currently requires assistance in carrying out activities of daily living. She does not need help in changing position from lying to sitting and controls her trunk by when sitting over the edge of the bed. She feeds herself using her right dominant hand, sometimes leaving food from the left side of the table untouched. Bilateral tasks, such as cutting and opening packages, are particularly difficult for the client. She also requires a higher level of assistance with dressing, as clothing tends to get stuck on the left side of her body. A compensatory movement pattern is evident during sit-to-stand transfers, with her body weight shifted to the right side. The client expresses concern for the household activities, frequently asking her husband and children if everything is alright.
Productivity *(including (paid) work and education)*	The client is an economist employed in a bank. She often works overtime and travels for work. She is not currently involved in any productive activities.
Leisure and play	Prior to admission, the client didn't have much free time, but she used to sing in a choir once a week. Currently, she uses her mobile phone for keeping up with the news, listening to music, and staying in touch with her family.
Environmental factors	

Physical environment	The client lives in a family house in the suburbs. On the ground floor, there is a kitchen and a living room, the stairs lead to the first floor where there are bedrooms and a bathroom. In the hospital, the client is in a room with two other patients, the bed is turned so that visitors approach her from the left. The wardrobe is located on the right side of the bed so that she can take necessary items on her own.
Social environment	The client is married with children. Her husband and brother are very attentive and come to visit her at the hospital daily. Her two children are in school during the week but come to visit on the weekend. In the hospital setting, the client occasionally interacts with roommates.
Services, systems and policies	The client is currently receiving a comprehensive interdisciplinary rehabilitation program in a subacute hospital setting. This includes physiotherapy, occupational therapy, and psychological support. Upon discharge home, the client's rehabilitation resources will be significantly reduced, with only physiotherapy available in the community setting.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Star Cancellation Test (neglect screening tool)	28/54	The client's score indicates the presence of unilateral neglect
Functional independence measure (FIM)	70/126	The client requires different levels of support/assistance in performing self-care activities. She understands everyday communication and expresses her needs. It is necessary to provide minimal help/supervision in remembering the daily routine and solving basic problem situations.
COPM	Average performance 3,2/10 Average satisfaction 3/10	The client identified the most important priorities in occupational performance as: getting dressed, grooming, cutting meat, going to the toilet, and preparing a coffee.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

N/A

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

The simulated participant should follow the scenario and timely demonstrate the following difficulties. In the Part 1 of the scenario, she removes a loose-fitting shirt without major difficulties, in one instance catching the shirt on the left elbow-
While putting on the T-shirt:

- Uses ineffective organization and sequencing of steps (puts the shirt onto the right, unaffected arm first, then over the head, and then struggles to put it onto the affected arm),
- On the second attempt, exhibits difficulties with spatial awareness by trying to push the left hand through the outer sleeve opening, then attempts to pull it through using the unaffected arm,
- Finally, puts the weaker arm in the sleeve, then the head and unaffected arm in the other sleeve.

After donning the shirt, the client shows no awareness that the shirt is stuck on the affected shoulder and is not fully pulled down on the left side.
The client displays some frustration due to the unsuccessful attempt but remains persistent and motivated to overcome the challenge.
In Part 2 of the scenario, during dressing training, the client is cooperative and follows the occupational therapist's instructions. The therapist occasionally needs to provide cues regarding the sequences of dressing and orientation of the shirt and direct the client to scan the left side of the body and surrounding space.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How does the therapist introduce him/herself and initiate the session with the client?
How does the therapist explain the purpose of the session to the client, ensure their understanding, and obtain their consent?
What strategies does the therapist use to support the client during task performance, particularly when managing frustration or difficulties or facilitating success during intervention?
What forms of verbal and non-verbal communication does the therapist use to establish a connection and work with the client?
What challenges emerge during the interaction, and how are they addressed or managed?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of student (OT) performance during execution of the scenarios. These observations will be used during debriefing to offer feedback to peers. Optional: During or immediately following the simulation. peer observers will complete the SimOT Compass (online or paper) for the identified learning objectives, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Prebriefing presentation (.ppt) used to inform students of aims, structure, procedure, expectation and roles of simulation, basic scenario flow and tasks for student preparation (prepared by the instructor; can also be given as handout to students)
Materials for student preparation: printed or digital handouts of Section 3: Student orientation and preparation; Section 4: Case information; Section 7: Additional information for the observer
Materials for facilitator and simulated participant preparation: Scenario template
Handout for students (OT role): General instructions and tips for dressing after stroke (prepared by instructor or selected from existing materials used in practice in local context)
Handout for students (OT role): Step-by-step tutorial for dressing after stroke (putting on a T-shirt) (prepared by instructor or selected from existing materials used in practice in local context)
Optional: SimOT Compass - completed with the learning objectives for this scenario (distributed to participants)

GUIDE TO EXPRESSING EMPATHY IN OCCUPATIONAL THERAPY

THE IMPORTANCE OF EMPATHY

Empathy is a core skill in occupational therapy. It allows the therapist to build trust, strengthen the therapeutic relationship, and provide psychological support to patients. Empathy helps patients feel heard, respected, and understood, which reduces stress, increases cooperation, and improves treatment outcomes. Expressing empathy does not mean solving the patient's problems or agreeing with everything they say. It means recognizing, acknowledging, and validating their emotional experiences in a supportive way.

EVIDENCE-BASED INSIGHT: WHY EMPATHIC MODE TRAINING MATTERS

Research within the Intentional Relationship Model (IRM) framework by Renee Taylor shows that occupational therapists tend to use the empathic mode less frequently than other therapeutic modes—such as advocating, instructing, or problem-solving. This is partly due to training and professional orientation that emphasizes task-focused or problem-oriented interactions rather than emotional attunement.

However, empirical findings suggest that:
• Developing mindful empathy is fundamental to establishing trust and improving therapeutic relationships.
• Brief workshops can significantly increase therapists' self-efficacy for using empathic and other therapeutic modes, with effects lasting for months.
• The IRM emphasizes the therapist's flexibility in choosing modes based on the client's interpersonal needs—therapists must consciously expand their repertoire.

Key takeaway: Training in empathic communication is not just beneficial—it is essential. Empathy functions as an intervention in itself, supporting patient engagement, reducing emotional distress, and enhancing therapeutic outcomes in occupational therapy.

HOW TO EXPRESS EMPATHY

✓ **Active listening:** Give full attention to the patient, maintain eye contact, nod, and use short verbal encouragers like 'I see' or 'Go on'.

✓ **Show presence through non-verbal communication:** Keep an open body posture, lean slightly forward, and use appropriate facial expressions to show warmth and attention.

✓ **Reflecting feelings:** Repeat back the essence of what the patient says, focusing on emotions: 'It sounds like you are very frustrated.'

✓ **Paraphrasing:** Restate the patient's message in your own words to show understanding: 'So you feel it has been a very long and difficult year.'

✓ **Validation of emotions:** Acknowledge that the patient's emotions are real and understandable: 'It makes sense that you feel worried after what happened.'

✓ **Empathizing with both positive and negative emotions:** Recognize joy, pride, or relief as well as sadness, anger, or fear.

✓ **Ask clarifying questions:** Instead of assuming, gently ask: 'Do I understand correctly that you feel…?'

✓ **Offer support explicitly:** Communicate willingness to help: 'I see this is very stressful for you. How can I support you right now?'

COMMON MISTAKES IN EXPRESSING EMPATHY

❖ **Lack of clearly expressed empathy:** Simple gestures like nodding or saying 'I understand' may seem polite but can feel superficial without genuine understanding.

❖ **Inconsistency between verbal and non-verbal message:** Empathy requires warm tone, presence, and matching body language—words alone are not enough.

❖ **Misidentified or wrongly named problem:** If the occupational therapist mislabels the patient's concern, it may be perceived as blaming the patient.

❖ **Incorrectly reflected intensity of emotion:** Minimizing or exaggerating a patient's feelings may feel like misunderstanding or criticism.

❖ **Reproaching the patient for their feelings:** Telling someone 'don't be worried' can deny their right to feel as they do.

❖ **Guessing feelings instead of understanding:** Better to clarify than to project or assume what the patient feels.

❖ **Excessive repetition of patient's words:** The 'parrot technique' may feel unnatural and unhelpful.

❖ **Pity instead of empathy:** Statements like 'poor you' show pity rather than supportive empathy.

❖ **Confusing empathy with advice or consolation:** Advice or comforting statements are not empathy; empathy should come first.

❖ **Relativizing the patient's experience:** Comparing them with others who 'have it worse' often trivializes their feelings.

❖ **Shifting focus to own experiences:** Saying 'I've been through the same thing' can shift attention away from the patient.

❖ **Over-rationalizing:** Immediately seeking logical explanations can minimize emotions instead of validating them.

❖ **Rushing to solutions:** Jumping quickly to problem-solving can feel dismissive of emotions.

❖ **Using automatic phrases:** Generic comments like 'Life goes on' or 'Time heals all' often sound like avoidance.

❖ **Selective empathy:** Showing understanding only for 'comfortable' emotions while ignoring anger, jealousy, or fear.

❖ **Impatience and interrupting:** Cutting the patient short signals that their feelings are not worth the time.

❖ **Poor non-verbal communication:** Crossed arms, checking the watch, or distracted gestures undermine empathy.

❖ **False empathy or superficial support:** Comments like 'it will get better' rarely feel supportive or understanding.

❖ **Focusing only on negative emotions:** Empathy should also acknowledge positive experiences and emotions.

❖ **Over-intense emotional reaction:** If the therapist reacts too strongly (e.g., crying), the patient may feel burdened to comfort them.

❖ **Assuming we know how the patient feels:** Statements like 'I know exactly how you feel' can feel minimizing or inaccurate.

REFERENCES

- Taylor, R. R. (2008). The Intentional Relationship: Occupational Therapy and Use of Self. F.A. Davis.
- Taylor, R. R., Lee, S. W., Kielhofner, G., & Ketkar, M. (2009). Therapeutic use of self: A nationwide survey of practitioners' attitudes and experiences. American Journal of Occupational Therapy, 63(2), 198-207.
- Forsyth, K., Taylor, R. R., Kramer, J., Prior, S., Walsh, B., & Whitehead, J. (2011). The Intentional Relationship Model: Use of the therapeutic relationship in occupational therapy practice. British Journal of Occupational Therapy, 74(7), 321-329.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 16: Therapeutic communication: Demonstrating empathy with an elderly client

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Therapeutic interview with intentional orientation to empathy mode**
Key words	Therapeutic communication, therapeutic modes, empathy, psychological support in OT process
Brief description	In this scenario, students will practice therapeutic communication skills through conducting a short, unstructured therapeutic interview/ conversation with intentional orientation to empathetic mode with an elderly client in need of psychological support. This is an on-campus (classroom) simulation using a controlled, reproducible scenario. The learning scenario applies a role play modality, where students working in small groups participate in the scenario as the therapist, client or observer. It takes place in the context of on-campus practical classes.

Simulation set up

<table>
<tr><td>Simulation modality</td><td colspan="3">Role play</td></tr>
<tr><td>Context</td><td colspan="3">Practicing therapeutic communication with a focus on the empathic mode of the Intentional Relationship Model (IRM) helps occupational therapy students develop the essential skill of engaging in intentional, emotionally attuned interactions with clients.
Through structured role-play in a safe learning environment, students:
• learn to recognize and validate clients' emotions without judgment,
• become aware of when and why empathy is therapeutically appropriate,
• translate theoretical concepts into concrete verbal and non-verbal skills,
• develop self-reflection and professional presence,
• and gradually shape their own therapeutic style grounded in ethical and intentional use of self.
A key aim of this practice is to help students realize that empathy and therapeutic communication are interventions in themselves—not just a prelude to "real" treatment. This is especially relevant given evidence that occupational therapists tend to underutilize the empathic mode compared to other IRM modes. Strengthening this mode supports more holistic, client-centred care.</td></tr>
<tr><td rowspan="4">Environment</td><td rowspan="2">☒ Physical</td><td>Description</td><td>The physical environment should simulate a single-occupancy room in a retirement/ nursing home. It is conducted in a medium-sized classroom for up to 25 students.</td></tr>
<tr><td>Materials</td><td>Two chairs for the students playing the occupational therapist and the client, additional chairs for observers, a small table, a bed if possible, and a few 'personal' items (such as a photo album, books, tea mugs, memorabilia, etc.)</td></tr>
<tr><td rowspan="2">☐ Digital/Virtual</td><td>Description</td><td></td></tr>
<tr><td>Materials</td><td></td></tr>
</table>

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	Client
Other simulated participant *Please specify in extra information*		
Observer	Up to 20	All students who are not participating in the simulation (i.e., do not have an assigned role as OT or client) can act as observers. Students not engaged directly in the scenario observe performance, make notes of observations, monitor learner's application of communication skills, and pose questions and provide feedback during debriefing. See Section 7 (additional information for observers).

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	20 min.	Online or live instructional session prior to simulation
Prebriefing *Student preparation*	• 15 min. individual preparation • 15 – 20 min. in small peer support group preparation	Online or live session
Simulation activity	15-20 min.	Live session
Debriefing	15 min.	Live session

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	**Domain A.3.2.** Identify gaps in current evidence in occupational therapy and occupational science that consider complex contexts to promote health, well-being and social transformation
Domain B: Managing and conducting OT process	
Domain C: Developing and maintaining professional relationships and partnerships	**Domain C.1.** Demonstrate competencies in engaging in effective professional communication: Communicate in a respectful, appropriate, and effective manner with clients, Use active listening skills, Use situational awareness, emotional intelligence, and empathy, Use respectful and effective communication to professionally initiate and end the client-therapist relationship, seek and respond to feedback, conduct an interview or provide counselling **Domain C.2.** Make therapeutic use of self (creating a meaningful relationship between the therapist and the client)
Domain D: Professional autonomy and continuous professional development	

Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	1. Explain the importance of empathy as a therapeutic intervention within the framework of the Intentional Relationship Model (IRM), and discuss factors contributing to the underuse of the empathic mode in occupational therapy practice.
Domain B	
Domain C	1. Initiate, conduct and conclude short, unstructured, therapeutic interview with a client who expresses emotionally charged content in conversation (depressed elderly client) 2. Intentionally use empathizing mode in therapeutic communication. 3. Avoid common mistakes in expressing empathy. 4. Apply effective therapeutic communication skills for client's emotional relief and psychological support.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Knowledge about occupations and theoretical model(s) for understanding occupation (A.1.) and client-centred and occupation-based OT practice (A.2.)	Prior to participating in the scenario, students will have received instruction and acquired knowledge (described here) necessary to understand and perform the tasks of the scenario. Students will study the Intentional Relationship Model (IRM) and the CAM-O observational tool for identifying different communication modes, with particular attention given to assessing the use of the empathic mode. Attitudes about the necessity of client-centred communication and holistic (i.e. bio-psycho-social) approach that take into the account client 's emotions and psychological needs.

Knowledge about therapeutic communication and therapeutic use of self (creating a meaningful relationship between the therapist and the client) (C1. And C2.)	Knowledge about: • types of communication (e.g. verbal and nonverbal communication), • basic communication skills and techniques, (e.g. active listening, presence, expressing empathy, use of different types of questions, clarifying, reflection, paraphrasing, nonverbal mirroring, summarizing etc.), • types of interviews (e.g. anamnestic/ informational, therapeutic, high to low structured interviews etc.) • basic phases of an interview and rules for conducting an interview (opening/ starting, supporting conversation, closing the interview) Knowledge and attitudes about the value and purpose of therapeutic communication and therapeutic alliance. Knowledge of therapeutic communication strategies and techniques, common mistakes in expressing empathy and non therapeutic behaviours (Attch 5)
Attitudes about: The value of every person and people's ability to adapt and change, The environment in which people choose to live, Factors that present barriers to participation (A4.)	Knowledge of the basic symptoms of depression or depressive mood, and the expected adjustment difficulties older adults may experience when moving into a nursing home (can be briefly presented to students by the instructor during the scenario preparation phase). Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Instructional session prior to the simulation session with the entire group can be held online or in live session:

Action	Materials
The instructor explains the purpose of the simulation and the expected learning outcomes.	ppt presentation prepared by the instructor
The instructor introduces the Intentional Relationship Model (IRM) and the CAM-O observational tool, and/or provides printed or online materials for students to study independently.	ppt presentation prepared by the instructor CAM-O observational tool: Clinical Assessment of Modes – Observer Training, Version 3.0)
As needed, the instructor also reviews the basic phases of a therapeutic interview, the importance of empathic communication, techniques for expressing empathy, common mistakes in showing empathy, symptoms of depression, and the adjustment difficulties older adults may face when transitioning to institutional living, such as a nursing home.	ppt presentation prepared by the instructor
Instructions about the scenario and students' tasks within the simulation exercise are provided in an instructional session prior to the simulation session with the entire group	Scenario template and protocols, information about context and the client for all participants /whole group.

Staff

Role	*Description*	Number
Facilitator and moderator/evaluator: educator with experience in SBL and pedagogical methods for (de)briefing	Preparatory: didactical expert for preparing and planning simulation experience; instructor for providing prerequisite knowledge (see above) and informing students about the simulation (prebriefing – ensure students understand the simulation task and expected performance)	1-2
	Execution: observing and supporting scenario performance) and moderator/evaluator (pre/debriefing) When applicable, facilitator can also conduct an evaluation of students' performance.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Instructions about the scenario and students' tasks within the simulation exercise are provided in an instructional session prior to the simulation session with the entire group	Scenario template and protocols, information about context and the client for all participants /whole group.
The instructor divides the students into three peer support groups for preparation and mutual support. Each group prepares and discusses their task and assigned role together within their group / breakout room. a) Therapist preparation group – includes the student playing the occupational therapist who will lead the therapeutic interview, supported by 1 to 3 peers helping with role preparation. b) Client preparation group – includes the student playing the client, supported by 1 to 3 peers assisting in role development. Every student in the client role read the detailed description of the client and think of some other details he/ she can add (regarding client's personality, interests, occupations, emotions and behaviour). Student reflects on client situation, reasoning, psychological state, and behaviour, and then plan some specific phrases and behaviours and discuss it with the client peer support group in the preparatory phase. The idea is that students who will play clients plan and give their "personal touch" to the scenario / client characteristics c) Observer group – students who work together to study the observational materials and prepare to assess the interaction.	a) Materials for preparation for OT role (5.1) b) Materials for preparation for Client role and Additional client information sheet (6.1. and 6.2) c) Materials for preparation for observation and giving feedback, CAM_O empathizing mode subscale. (7.1) If the instructional session is held online, the instructor should prepare the materials on a suitable online learning platform and divide the students into breakout rooms according to their groups.

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Students may be assigned to study the IRM, barriers to empathic communication, symptoms of depression, or the adjustment difficulties older adults may face when moving into a nursing home.
☐ **Post-SBL assignment**	

References

C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf

Taylor R. A Model of the Intentional Relationship. In: Taylor R, editor. The intentional relationship: occupational therapy and use of self. Philadelphia: F.A. Davis Co.; 2008. p. 45–66.

Taylor, R. R. & Popova, E. S. (2018). Clinical Assessment of Modes – Observer Training, Version 3.0.
Intentional Relationship Model Clearinghouse, Department of Occupational Therapy, College of Applied Health Sciences,
University of Illinois at Chicago, Chicago, IL. Retrieved from http://irm.ahslabs.uic.edu/assessments/

Popova E.S., Taylor R.S. Evaluating Students' Use of Therapeutic Communication in Entry-Level Education: The Observer Version of the Clinical Assessment of Modes (CAM–Observer)2020 by the American Occupational Therapy Association, Inc., The American Journal of Occupational Therapy, 2020, Vol. 74(5), 7405205130p1–7405205130p7. https://doi.org/10.5014/ajot.2020.039396

Taylor RR, Lee SW, Kielhofner G. Practitioners' use of interpersonal modes within the therapeutic relationship: Results from a nationwide study. OTJR Occup Particip Heal. 2011;31(1):6–14.

UI-Health. Intentional Relationship Model Clearinghouse [Internet]. University of Ilinois Chicago. Available from: https://irm.ahs.uic.edu

CAM _O assessment instrument. Available from: https://irm-ahs.red.uic.edu/wp-content/uploads/sites/669/2020/07/CAM-O-3.0-Training-THER.pdf

Lada Perković i Zrinka Pukljak Iričanin (2019.) Priručnik za vježbe iz Komunikacijskih vještina u zdravstvu, Zdravstveno veleučilište Zagreb
Or other textbook/course material on communication skills

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Knock on the door, check whether the client recognizes the therapist (introduce yourself), visually scan the room and observe the client's appearance, check if the client needs assistance with mobility, check whether the client can hear and understand you and show respect for the privacy of the room the client is in.

Facilitation tips

- Ensure that students receive clear and comprehensive written and verbal instructions about the simulation with emphasis on a safe learning environment, active participation and learning benefits when all participants commit to their role.
- Provide opportunities for students to pose questions regarding aspects of the simulation or their task that are not clear to them, during prebriefing or if necessary, using 'time out' debriefing (temporarily pause scenario to address challenges; engage participants and student observers).
- Promote safe learning experience by offering appropriate scaffolding to ensure 'just right challenge', allowing 'mistakes', posing questions or cues to remind learner of appropriate communication skills or actions (when appropriate), using constructive feedback that focuses on what was successful and strategies for addressing challenges.

Scenario flow

Start	
Participant state and action	
Client is sitting in his/her room in the retirement home unpacking his/her personal things from his /her home: memorabilia, family photos, pictures, books (these can be plane papers or small boxes or handy items that symbolically represent the client's personal items). The client is looking at those items and / or arranging them. The client appears sad and withdrawn when the therapist knocks the door and wants to enter the room but allows the therapist to enter and agrees to the conversation.	
	Description

Expected learner action	The OT knocks at the door, opens the door, checks whether the client recognised him/ her, briefly explains his/ her visit and ask the client for permission to enter the room and have a short conversation. The OT expresses his / her concerns for the client and his/ her interest in the client's potential problems and feelings. The OT starts the conversation with some informal observations and openers (appropriate opening remarks and open questions).
Key learning points	• Importance of patient-centred care, showing respect for the client and client s personal space and establishing a therapeutic relationship. • Introducing the topic of the conversation and starts the conversation. • Expressing genuine interest, verbal and non-verbal expressions of warmth and kindness to create a positive first impression and a pleasant atmosphere for further conversation. Cues, prompts: • Greetings, ask permissions (to enter the room and have a short conversation), apologizes for possible interruption. • Introduce the topic of the conversation without blaming the client for missing the therapy session. • Check if client can hear you, if she has her hearing aid on • Give some observations if appropriate (about the way the client looks i.e. "You look…" or "I can see that you are…doing something…" • and check whether the observations are accurate. • Avoid negative comments. • Control of non verbal communication (smile when greeting the patient)
Trigger for next action	Ask to sit down and start the conversation with open questions.

Action 1	
Participant state and action	
Client tries to explain how he/she feels lately. He/she speaks about their adaptation problems, give negative remarks about the accommodation, expresses negative emotions: sadness, loss of motivation and grief - verbally and non verbally. To perform as authentically as possible, client answers questions and expresses her/his experience in alignment with information received about the 'case study', all additional information described in the scenario and self reflection from the preparation phase.	
	Description
Expected learner action	OT leads the conversation with active listening, showing empathy and use all relevant therapeutic communication strategies and techniques. OT uses all therapeutic communication modes as appropriate, but he/ she is less oriented to instructing mode and more to empathizing therapeutic mode. Decides whether to refer the client to the mental health specialist.

Key learning points	• Managing the unstructured interview process and conversation flow (e.g. transitioning between topics, managing silence or digressions…) • Maintaining focus on client perspective, perceptions, emotions and reasoning. • Avoid common mistakes in therapeutic communication and attempted empathy. • Check on possible positive perceptions, redirects client on positive – more through questions and less through suggestions. • Show interest in client memorabilia. Respect if the client doesn't want to share some information or allow OT to look at or touch their personal items. • Therapeutic communication in empathy mode is a sufficient therapeutic intervention when the main goal is to enhance therapeutic alliance, offer short term psychological support and emotional relief. Cues, prompts: • Ask questions, show presence, use silence, support the conversation, observe client behaviour. Verbally express empathy: • Use phrases like "I can imagine how that makes you feel", "I understand your perspective", I believe that must be....for you" etc. • Use reflections, paraphrasing. Non verbally express empathy: • Mirroring of patient non verbal communication, stay calm and relaxed, control signs of impatience • Restrain from the need for "quick fix" of client psychological state or offering solutions for problem solving too early in the conversation and giving too much instructions. • Avoid communication barriers: evaluation, negation or relativization of client perceptions, emotion and reasoning. • Allow enough time for conversation about client problems before shifting to possible solutions for client problems, instructions, education or agreements about attending further occupational therapy sessions. • Check on patient mental health status (duration and intensity of symptoms) and the need of further support or reference to the mental health specialist
Trigger for next action	Summarizes the previous conversation, gives feedback and carefully redirects the client to the benefits of participation in occupational therapy.

Choose an action.	
Participant state and action	
Client is still very talkative, has sunk into memories, reminiscing	
	Description

Expected learner action	OT uses skills of gently redirecting the client towards the end of the conversation. Summarizing the information discussed during the interview, with a focus on client emotional state. Try to get consensus on client attending occupational therapy sessions in the future. Checking with the client whether there is anything else they would like to mention that hasn't been previously discussed or whether there is a need for further therapeutic conversation with OT. If considered necessary, suggest to client to visit psychologist or psychiatrist. Leave the possibility of further individual conversation open.
Key learning points	How to end conversation. Summarizing the most important conclusions and impressions of client and OT. Ensuring that the client has the role of collaborator. Thank client for sharing his thoughts and emotions, acknowledge the therapeutic alliance.
Trigger for next action	Thanking the client for her cooperation.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students will demonstrate support for one another by being present, quiet and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.
All students will respect the privacy of colleagues. It is strictly forbidden to record online simulation activities.
Student will check and prepare the simulation space (materials, equipment, objects) to allow for smooth performance of the simulation task.

Prebriefing thought-provoking questions

See 5.1, 6.2, 7.1. – additional questions for self-reflection and peer support group discussion

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	XY (name relevant to your context) and the nick name
Age	80
Sex	M/ F
Personal factors	Client is a new resident in the retirement home. She/he came 2 weeks ago and is placed in a single room. She/he is widowed for ten years and has one adult daughter who lives in another country with her child (client's granddaughter). Client has been keeping in touch with them over the phone. Client sold their apartment and all their belongings to be able to pay for the retirement home. She/he moved into the retirement home because she/he lived alone on the 3rd floor of a building without an elevator and had difficulty walking and climbing stairs for some time due to pain in the knees and vertigo, making it hard for them to take care of themselves. She/he was afraid of falling and unable to go to the market or further away from home alone.
Ethnicity and cultural context	Feel free to adjust as needed
Reason OT went to check on client in their room and concerns related to engagement in occupations	Immediately after the admission to the retirement home, retirement home manager referred client to the OT; initial OT assessment has been done, client was supposed to attend OT group session (attendance to OT group sessions is voluntary). Client did not show up for today's group occupational therapy session in the retirement home. The aim of the group session was to plan joined leisure activities for the residents. This kind of group session is highly advisable for the newcomers. Other residents and nurse on duty informed OT that client seemed withdrawn and depressed for the last few days. Client said to one other resident that she/he was not in the mood for any occupation. Client prefers to eat and stay in her room and shows no interest in social activities lately. Suspicion of depressive mood, reduced motivation, isolation, adaptation problems. OT goals: • To explore why the client is not attending occupational therapy group sessions and to assess concerns regarding potential social withdrawal, psychological difficulties in adjusting to life in the nursing home, and grief related to leaving their home. • The aim is to provide psychological support and create space for the client to elaborate on their difficulties through a therapeutic conversation/interview. By expressing empathy, the therapist should establish a therapeutic relationship as a foundation for motivating the client to engage in available activities within the nursing home.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Client is a pleasant elderly woman/ man, talkative in general, but now seems a little bit distracted and sad. Last week she/he was neatly groomed and dressed, and now she/he is less groomed and in their pyjamas / night suit and a bathroom robe.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	The client used to enjoy cooking gourmet food and often went to the green market (before knee pain made it difficult). They also liked reading, attending exhibitions, and going to book presentations at the library. The client believed they were able to live alone after their spouse passed away ten years ago and their daughter moved abroad, but they now feel terribly lonely.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The client is grieving for their home and is in need of psychological support.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions **Sensory functions and pain** **Neuromusculoskeletal and movement-related functions** **Voice and speech functions** *Other*	Data from the general practitioner medical report attached to the application for admission to the retirement home: Occasionally elevated blood pressure (dg. hypertension), Cataracta senilis incipiens (slightly blurred vision), Presbycusis (age related hearing loss) - patient is using a hearing aid, occasional vertigo / dizziness due to audio-vestibular (AV) disorder, advanced knees osteoarthritis (Gonarthrosis; 3th stage; intensive pain). No other serious illness. Reduced mobility due to the intensive pain in the knees, especially when climbing the stairs. Slightly blurred vision due to cataract. Moderate hearing problems, partial deafness without hearing aid (mild hearing problems with hearing aid). Psychological status: expected mild age-related cognitive changes (slower in some psychomotor or cognitive tasks, but within normal standards for his/her age), no cognitive impairment or neurocognitive disorder detected. No data on any kind of previous psychopathology, never treated for psychological disorders. Diagnosis: Hypertensio arterialis essentialis, Cataracta senilis incipiens, Presbycusis, Benign paroxysmal positional vertigo (BPPV), Gonarthrosis bilateralis Medications: PRN medications (as needed): Antihypertensives, Ibuprofen, Capsaicin cream, Diclofenac gel for pain in the knees. Referred to a physiotherapy for gonarthrosis.
Activities and participation	
Self-care and domestic life	Client has been living in the retirement home for the last two weeks
Productivity *(including (paid) work and education)*	Client is a retired teacher by profession.
Leisure and play	She/he likes reading, watching movies, going to the food market and cooking gourmet food. She/he likes to go to the theatre, library and art exhibitions when they can afford it.

Environmental factors	
Physical environment	Client is in her/his room in the retirement home unpacking her/his belongings and memorabilia (family photos, mugs, books, etc.). It is a standard single room with a table, wardrobe, bed, 2 chairs, small drawer, kitchenette and a bathroom next-door. The room is scarcely furnished.
Social environment	Last week, during an initial OT interview client expressed interest in group activities and retirement home's facilities, i.e. library and garden. He/she said they are looking forward to meeting new people. But she/he started isolating themselves in the last few days, currently does not participate in daily activities in the retirement home.
Services, systems and policies	Psychologist/psychiatrist/ mental health service is not available at the moment (might be available in the next few days).

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Materials for the role of the OT and OT preparation peer support group

Discussion questions for the occupational therapist group and peer support (preparation phase)

Your task is to prepare responses to the following questions. In the next session, just before the scenario is acted out, you will review and discuss these questions in your group for repetition and self-reflection.

Rationale 1
Therapeutic communication includes specific strategies and techniques that encourage the client to express their feelings and thoughts and that convey acceptance and respect.
Review:
- What therapeutic communication strategies and techniques are you familiar with?
- What is considered non-therapeutic behaviour?

Self-reflection:
- What will you pay special attention to at the beginning, during, and at the end of the therapeutic conversation?

Rationale 2
There is evidence that occupational therapists use the **empathic mode** less frequently than other modes, according to the Intentional Relationship Model (IRM).
The empathic mode involves a sustained effort to listen, be present, and understand the client's perspective.
In this role-play, you may use all therapeutic styles, but the main goal is to **consciously use the empathic mode** in the central part of the conversation.
Review:
- How will you show empathy to the client? What will you say/do?
- What are common mistakes when trying to show empathy (what should you avoid saying/doing)?

Self-reflection:
- How can I understand the experiences of others that I haven't lived myself?
- What if the client expresses strong negative emotions? How might that affect me? What can I do in that situation?

Rationale 3
Depression is a common mental health disorder among older adults, both in institutional care and in the community.
Review:
- What are the basic symptoms of depression?
- What is the difference between a depressive mood and clinical depression?
- How would you suspect that a client may be suffering from depression?
- How does depression affect daily activities and occupations?

Self-reflection:
- Have you ever visited a nursing home? What were your impressions?
- Would you like to work with older adults?

Optional Task:
If the scenario is performed simultaneously in multiple groups (or multiple times in front of the whole class), the instructor/facilitator may assign one group a task in which the student playing the OT **intentionally ignores the guidelines** and does the opposite of therapeutic communication, using a different therapeutic mode instead of empathy.
Example instructions for that role:
- You don't have enough time.
- You're in a rush.
- You're frustrated because the client didn't show up for the group session.
- You think the client is too negative.
- You want to "motivate" them for OT quickly.
- Listening to older people's stories feels like a waste of time.
- You believe you just need to give the client specific instructions on what to do and you are very task oriented.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

This client information is important for better role immersion and should be shared by the instructor only with the student playing the client and the students in the client role preparation support group during the preparation phase.
Student In the client role should try to remember and use some of the underlined phrases in the additional client description (see below).

Additional Information about the Client:

You've been feeling very unwell and down lately. You feel like you can't adapt to the nursing home and that moving here — and selling your apartment — was a mistake. You miss your old apartment, where you lived nearly your whole life, and everything you left behind. You feel like you're in prison. Your room is small, you don't know anyone here, and you don't believe you can form close friendships at this age. Everyone will die soon anyway — so what's the point of connecting? You feel like you came here to die.
You feel a strong need to talk to someone about your former apartment. You had many books, paintings, beautiful furniture, items inherited from your parents, and countless memories of your late husband, your dog, your daughter, and granddaughter. You also had a nice collection of porcelain, teas, and souvenirs from your travels.
You had to sell the apartment to afford the cost of the nursing/ retirement home, and it's painful that you couldn't leave it to your daughter. You had to sell, give away, or throw out almost everything you owned. It was a long and sad process.
You used to enjoy cooking, especially gourmet meals. You loved going to the green market, reading, attending exhibitions and book launches. You thought you could live alone after your husband died and your daughter moved abroad — but now you feel terribly lonely.
You feel like your life is slipping away like sand in the wind. First your husband died, then your daughter left, and you had to put down your dog — your best friend — just a few months ago. That loss hit you especially hard. You believe you coped better with the deaths of your husband and parents than with the loss of your dog — he was the last living being that truly "belonged" to you.
You don't want to burden your daughter with your problems, but you feel a strong need to talk to someone — someone who could understand. You know you don't have many options now, but you just want the chance to tell someone how you feel. You feel a sea of grief inside you, but you don't want to cry because you're afraid you'd never stop. No one knows how you feel, and it's hard to explain.
You were supposed to join an activity organized by occupational therapy, but you didn't feel like doing something silly — you assume they'd make you knit or dance, which doesn't appeal to you at all right now. You feel lonely but want to be left alone. And your knees hurt a lot.
At the moment when the therapist arrives, you're unpacking your things — photos, books, keepsakes. It's hard to look at the few items you managed to bring with you. That's all that's left of your life. Everything you have, everything you are, is now in that one room. You don't want to go out. You want to stay with the ghosts of your past.
Appearance and personal grooming were always important to you. You brought a few nice dresses and pieces of jewellery, but you've realized there's probably no occasion to wear them here, so you've stayed in your pyjamas and bathrobe all day.
You've taken out your hearing aid — you don't need it when you're alone, and it sometimes buzzes and irritates you.

6.2 Materials for the role of the client and client preparation peer support group

Discussion questions for group reflection and support before role-play (preparation phase)

Each student playing the client should read the detailed character description and add personal elements (e.g., personality, interests, emotions, behaviours).
The student should reflect on the client's psychological and emotional state and plan concrete phrases and behaviours to discuss with their peer support group during the preparation phase.
The goal is for the student to personalize the character and make the role more believable.
Each student playing the client should answer the following questions individually, then briefly discuss them with their support group:

Self-reflection:

- Have you ever visited a nursing home? What were your impressions?
- How would you feel if you were in this client's situation?
- Have you ever lived in a student dorm or a similar institution?
- What are the advantages and disadvantages of living in an institution compared to living in your own home?
- Have you ever lost a loved one?
- Do you have a pet? Have you ever lost a pet?

Imagine this scenario:

You decide (or are forced) to move into a nursing home in old age.

- What would be the hardest part for you?
- What from your current life would be hardest to leave behind (things, habits, relationships)?

Add personal details to the client's role:

Think about specific details to enrich your character and make them more realistic. Add your own ideas in first person, e.g.:

- "I am…"
- "I love…"
- "I don't like…"
- "It's always been important to me that…"

- What do you look like? Describe your physical appearance.
- What is your relationship like with your daughter and granddaughter? (good / poor / satisfactory / unsatisfactory)
- How and from what did your husband die? What was your marriage like?
- What is your most treasured item (photo, object) that you brought with you? Why that one? Tell the therapist the story behind it.
- What do you regret most in life, and what are you most proud of?
- What would you like to talk about? What's bothering you the most right now? What do you dislike about the nursing home?
- How does the knee pain limit you?
- What is your mood just before the occupational therapist knocks on the door?
- What is your body language like (posture, movement, what are you doing at that moment)?

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Materials for the preparation of observers (individually or in the observers' peer support group)

PREPARATION FOR OBSERVERS - Discussion Questions for Group Reflection and Support Before Role-Play
For students in the role of observers during the simulation using the IRM and CAM-O tools. Includes guidelines, reflection questions, and elements for preparation, observation, and feedback.

A. Observer Role – General Guidelines and Objectives
As an observer, your main task is to:
- Observe the interaction between the occupational therapist and the client (the student playing the role of Biba).
- Focus particularly on the use of the **empathizing mode**.
- Assess whether the therapeutic modes (advocating, collaborating, empathizing, encouraging, instructing, problem-solving) were appropriately selected and well-matched to the client's emotional state and needs.
- Take brief notes during the simulation to provide quality feedback.

After the simulation, complete:
- Pages 1–3 of the CAM-O form (Overfall Impressions)
- Page 6 (Use of the Empathizing Mode)

Basic information on the IRM – six therapeutic modes

Mode	Description
1. Advocating	Supporting client rights, securing resources and services.
2. Collaborating	Working equally with the client, sharing decisions about therapy.
3. Empathizing	Active listening, emotional mirroring, showing interest and understanding of the client's perspective, reflecting, paraphrasing...
4. Encouraging	Motivating and empowering the client to participate and maintain hope.
5. Instructing	Explaining, structuring, giving clear instructions.
6. Problem-Solving	Practical thinking, exploring solutions and options with the client.

B. Self-reflection and group discussion questions (observers)
Answer individually; you'll compare your responses with other observers in the next session:
1. What are the core features of therapeutic communication? What are at least 5 basic therapeutic communication techniques?
(Write your answer)
2. What is considered non-therapeutic communication?
(Write your answer)
3. What are the most common mistakes when attempting to express empathy?
(Write your answer)
4. What are non-verbal signs of empathy?
(Write your answer)

Rules for giving feedback to participants you observed:
- Be constructive and respectful
- Use "I" statements ("I noticed...", "It seemed to me...")
- Focus on specific behaviours, not on personality
- Highlight strengths first, then offer suggestions for improvement
- Link feedback to goals (e.g., use of empathy, appropriateness of modes)
- Base feedback on observation, not assumptions

C. During observation – what to pay attention to
Agree with your group on what to observe and note:
- Which modes did the OT use? Were they appropriate for the client's emotional and communication cues?
- Was there a good balance of modes or did one dominate?

- Were transitions between modes smooth and logical?
- Did the OT adjust their approach when the client's emotions changed?
- **How did the OT demonstrate empathy?**
    - *Verbally* (reflecting feelings, validating, not pushing)
    - *Non-verbally* (tone, body language, pacing)
- What was the client's reaction – engagement, withdrawal, resistance? What may have influenced that?
- How did the therapist respond to silence, emotions, or resistance?
- Anything else?

D. CAM-O Tool

Be sure to review the **Client Assessment of Modes in Occupational Therapy (CAM-O)** before the simulation.

- **Pages 1–3**: General impressions (adequacy, differentiation, flexibility in use of modes)
- **Page 6**: Detailed assessment of use of the empathizing mode

7.2 SimOT Compass

After the simulation observers will complete CAM-O form in accordance with instructions in the instrument:

- Pages 1–3 of the CAM-O form (Overall Impressions)
- Page 6 (Use of the Empathizing Mode)

Observers will also complete the SimOT Compass (online or paper) for the identified learning objectives during or immediately following the simulation, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

1.	PPT prepared by the instructor with rules for role play, expected learning outcomes and tasks, short description of the IRM (If students have not previously studied therapeutic communication and communicating empathy, these topics may also be included as part of the presentation during the preparation for the simulation)
2.	CAM-O (whole instrument and separately General Impressions and Empathizing mode subscale for observing and evaluating the interaction) (CAM-O-3.0)
3.	Case information (4.) for all participants / students / whole class.
4.	Additional information for students performing the role of the client and the client peer support group (6.1.). This material can be printed or provided via an online learning platform, depending on whether the simulation preparation is conducted in vivo (in the classroom) or online.
5.	Materials for preparation for role play - Discussion Questions for Group Reflection and Support Before Role-Play - These materials can be printed or provided via an online learning platform, depending on whether the simulation preparation is conducted in vivo (in the classroom) or online. a) Materials for the role of Client and client preparation peer support group (6.2.) b) Materials for the role of OT and OT preparation peer support group (5.1.) c) Materials for observers and observers' preparation peer support group (7.1.)

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 17: Observing and interpreting standardized assessment of cognitive & perceptual ability (LOTCA)

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	**Observing, scoring and analysing client's performance on a standardised assessment (test)**
Key words	Assessment, testing, scoring, standardized protocol
Brief description	In this scenario, students will have the opportunity to learn about the protocol for conducting a standardised occupational therapy assessment for the evaluation of performance component(s) (e.g. cognitive function, visual-perceptual skills....). Students will learn about test administration, scoring and interpretation. This simulation experience is focused on assessment methodology, and therefore can be used for the practice of these skills with any standardized test used in occupational therapy assessment of performance components (e.g. RBMT, RPAB, LOTCA, BADS, …) This is a digital (online) simulation using a controlled, reproducible scenario. Students gain experience in observing and analysing the client's performance and scoring the test by observing client's performance on a video.

Simulation set up

Simulation modality	Case study or case scenario (video-based)		
Context	Digital (virtual) simulation modality – students' analysis of a video-recorded testing situation and performance of an authentic client performing in authentic environment. The learning scenario uses a written protocol of the standardised assessment, assessment scoring form, audio-presentation (ppx) containing the description of the assessment tool (including subtests) and scoring and video of a client performing the assessment tasks. Students gain experience in observing and analysing the client's performance and scoring the test by observing client's performance on a video. Access and use of materials required in the preparatory and execution phase is managed via an online teaching platform (e.g. Moodle).		
Environment	☐ **Physical**	**Description**	**Note**: Although this simulation is intended to be conducted entirely in online environments, preparatory phase (description and instructions) might also be carried out in a physical environment.
		Materials	
	☒ **Digital/Virtual**	**Description**	Virtual classroom (e.g. Teams) and online teaching platform (e.g. Moodle)
		Materials	Personal computer or other device with internet connection. A formal form for recording standardized instrument scores.

Student roles	Number of students	Extra information
Occupational therapist	1	Students can work in groups of 2-3, or individually

Participant	1	Participant is a client who was filmed while being involved in standardised assessment in a clinical situation.
Other simulated participant *Please specify in extra information*		
Observer		

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 minutes	In group (virtual classroom)
Prebriefing *Student preparation*	30 minutes	In smaller groups (2-3 members) or individually
Simulation activity	20 minutes	In smaller groups (2-3 members) or individually
Debriefing	60 minutes	In group (virtual classroom)

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	**Domain *B.2.1.*** *Occupational therapists* ***assess occupational participation*** *in all areas of human occupation* • Select appropriate client-centred and evidence-based (standardized and/or structured) assessment tools and methods. • Measure objective personal factors that affect (i.e., support, hinder, prevent or pose risk to) occupational performance or participation. • Analyse, interpret, and clearly communicate assessment findings. • Prepare an accurate and occupation-oriented report based on assessment (optional).
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	Student will be able to demonstrate competency for performing the following: • justify the selection of the standardized test to be used • demonstrate knowledge of the constructs (performance components) to be tested • explain the advantages and limitations of the selected test • demonstrate knowledge of the entire administration protocol of the selected test and how to apply them in a standardized way • demonstrate knowledge of the structure of the scoring sheet • observe performance and scores assessment based on standardized criteria • interpret the obtained assessment results
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
The nature and range of health conditions (A.5.)	Students will demonstrate only basic knowledge of these elements (e.g., they will not necessarily have extensive knowledge of the specific health conditions or methods used in the intervention, but basic-level knowledge of these aspects of OT practice to be able to set the simulation in a wider context) Prior to participating in the scenario, students will have received instruction and acquired knowledge (described here) necessary to understand and perform the tasks of the scenario, e.g. standardization of the assessment process, psychometrics.
Systematically collect, interpret, and synthesize data using various research methods (A.3.2.)	
Factors that present barriers to participation (A.2.)	
How changes to function, health, development, or environments alter participation in occupation (A.2.)	
Process of occupational therapy (occupational therapy assessments) (A.2.)	

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

In the preparation for this scenario, students receive information about the client in the large group: background information and information from COPM.
Students recall and study the performance components (e.g. motor, cognitive, perceptual, social-emotional abilities) that they will observe, describe and analyse during occupational analysis.
Students are introduced to the procedure and form they will use to conduct occupational analysis (i.e. breaking down occupation into steps, analysing client's performance and individual components for each step).
Students revisit ethical considerations when using video case study (actual client) for educational purposes.

Action	Materials
Instructions about the scenario and students' tasks within the simulation exercise are provided in an instructional session prior to the simulation session with the entire group. The instructor introduces and explains the simulation purpose, materials used and ensures students understand the simulation procedure, expected performance from student, etc.	The learning scenario uses: 1. Audio-presentation (ppx) containing the description of the assessment tool (including subtests), format and structure, psychometrics, administration, scoring, interpretation 2. A written protocol of the standardised assessment 3. Assessment scoring form 4. Video of a client performing the assessment tasks (for scoring)**
Preparing a video case study of standardized assessment with client: Collaborating and coordinating with OT practice site meeting and informing the client, receiving informed consent for conducting and recording the assessment and using the video recording for educational purposes.	**Creation of the video requires physical environment (OT therapy space with table and chairs), all test materials involved in administering the assessment selected for the simulation and appropriate video recording equipment. It also requires video editing software or editing raw video material. Written informed consent form
Preparing and recording test administration with the client using the assessment tool selected for the simulation; in an authentic practice environment (e.g. OT clinic, therapy room).	Video-camera or other suitable recording device. Standardized assessment kit, score sheets OT practice setting (table and chairs)
Editing the recording for use as a teaching tool.	Video editing software.
Posting the video on appropriate teaching platform.	
Preparing and posting the score sheets of the selected assessment tool on the teaching platform.	Standardized score sheet (word document or pdf
Preparing comprehensive written and verbal instructions during prebriefing about the simulation.	MS Word or other digital word editing program

Staff

Role	*Description*	Number
OT educator: Preparatory (instructor)	Prior to simulation, instructor plans scenario and selects assessment tool to be used in the simulation and prepares all necessary materials (video case study, audiopresentation, scoresheets…). Prepares virtual platform with all materials for conducting the simulation	1
OT educator: Execution (Instructor)	During prebriefing, instructor provides instructions regarding steps to be undertaken by students in the simulation task	1
OT educator: Execution (Facilitator)	The facilitator leads debriefing, provides feedback and prompts student self- and peer-reflection. When applicable, the facilitator can also conduct an evaluation of students' performance.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Prior simulation: Students study the general protocol for preparing, administering and scoring a standardized assessment (test), including assessment methodology and psychometrics-	1. Prior lectures, textbooks and other course materials on the topic
In preparation for this scenario, students receive information about the client in a large group: background information and information from COPM. Students are introduced to the procedure and materials they will use to conduct the simulation (observation of assessment video, assessment score sheet). Students review conditions for standardized administration of assessment (standardized testing conditions).	2. Audiopresentation about the assessment description, format and structure, psychometrics, administration, scoring, interpretation (on a learning platform – e.g. Moodle) 3. Assessment score sheet (on a learning platform – e.g. Moodle) 4. Video of an actual client whose performance during administration of assessment is recorded in a video case study (uploaded on a learning platform – e.g. Moodle).
Students revisit ethical considerations when using video case study (actual client) for educational purposes.	

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Students study the general protocol for preparing, administering and scoring a standardized assessment (test), including assessment methodology and psychometrics.
☐ **Post-SBL assignment**	

References

1. C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf
2. Official manual of standardized test selected for simulation (e.g. LOTCA, RBMT, or another chosen standardized tool)
3. OT assessment book, e.g. Hinojosa and *Kramer's Evaluation in Occupational* Therapy: Obtaining and Interpreting Data, 5th Ed, 2020

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour
Student demonstrates professionalism regarding the confidentiality of participants' identity. Safekeeping video material and other ethical considerations regarding data confidentiality.
Worksheet and scoring sheet submission: students bring and reference a completed scoring sheet and any accompanying notes or summary
Articulating scoring challenges: students share specific uncertainties in specific subtest scoring (e.g., “I wasn’t sure whether to score ‘picture sequencing’ as a 2 or 3 due to the client’s hesitation in the video”)
Discussing client strengths and difficulties: students describe the client’s cognitive performance holistically (e.g., “the client excelled in ‘visual perception’ but struggled with ‘thinking operations’ due to poor problem-solving”)
Reflection and structured reporting: students present their scoring process and interpretations in an organized manner (e.g., “I noted the client’s confusion in ‘spatial perception’ affected their score, as per my scoring sheet”)
Engaging with feedback on scoring accuracy: students respond to instructor or peer feedback on their scoring sheet (e.g., nodding or asking, “should I have scored ‘categorization’ differently?”), showing openness to improving accuracy and ethical accountability

Facilitation tips

Clarify objectives and expectations: outline the simulation’s goal (e.g., “you’ll score a standardized test to assess cognitive functions like memory or attention from a video”) and provide clear instructions for the homework (e.g., “complete the worksheet with scores and observations”), ensuring students are prepared for accurate analysis.

Reinforce a safe learning environment: emphasize that mistakes in scoring are learning opportunities (e.g., “it’s okay to be unsure about a score—this is practice”), fostering a supportive space for ethical, honest engagement.

Invite questions and uncertainties: encourage students to voice concerns or questions (e.g., “what might be challenging about scoring cognitive tasks in a video?”), promoting transparency and critical reflection on the process.

Guide with specific prompts: provide clear tasks for the simulation (e.g., “record one cognitive strength and one challenge, like difficulty with visual perception”), aligning with professional standards for structured, objective documentation.

Model ethical practice: highlight client-centred, respectful observation (e.g., “focus on the client’s cognitive performance without judgment”) and encourage reviewing the test’s rubric to ensure ethical and accurate scoring preparation.

Scenario flow

Start

Participant state and action

WATCHING CASE VIDEO
Working individually or in small groups, students view the case video.

	Description
Expected learner action	Students observe (and discuss) client's performance during execution of each subtest/item on the selected assessment.
Key learning points	Getting to know the client's performance. Familiarity with the application of test task in a real clinical environment. If working in a group: Applying skills for working in a team, communication, argumentation.
Trigger for next action	Video is viewed.

Action 1

Participant state and action

TAKING OBSERVATION NOTES
Students make notes about their observations of the client's performance.

	Description
Expected learner action	Commenting the observed performance and making notes of their observations of the client's performance and questions they would like to pose during debriefing. If needed students can pause and repeat the video and/or return to a specific step.
Key learning points	If working in a group: Applying skills for working in a team, communication, argumentation, structured observation, and decision making.

Trigger for next action	The observation notes are taken (first draft).

Action 2	
Participant state and action	
SCORING Working individually or in small groups, students score client's performance using scoring criteria and scoresheet of the assessment. Students can pause and repeat the video and/or return to a specific step.	
	Description
Expected learner action	Students observe (and discuss) client's performance during execution of each subtest/item on the selected assessment. Students score client's performance using scoring criteria and scoresheet of the assessment by: • observing clients' performance on each subtest as many times as they want • reviewing the scoring criteria • deciding on a final score for each test item • recording the score in the score sheet Students make additional notes if needed about their observations of the client's performance and questions they would like to pose during debriefing.
Key learning points	Managing and performing standardized test scoring in a safe environment. If working in a group: Applying skills for working in a team, communication, argumentation, structured observation, and decision making.
Trigger for next action	All items/subtests in case study are scored. Observation notes and questions for debriefing are recorded (final draft).

End	
Participant state and action	
SUBMITTING (UPLOADING) SCORES Completed score sheet (with recorded observations) is uploaded on a learning platform to be evaluated by the instructor.	
	Description
Expected learner action	Students receive written feedback regarding their submitted reports (observation notes) and completed score sheets. Students receive and reflect upon feedback and suggested areas for revision or improvement.

Key learning points	Receiving and reflecting on feedback.
Trigger for next action	Instructor provides feedback on submitted scoring-sheets.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will approach the simulation sufficiently prepared to perform the scenario task (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students are given the opportunity to watch the video as many times as they want.
Students can continuously refer to reference materials (e.g. audiopresentation or ppt handouts) throughout the scoring.
Students can work in a peer group.
Students will follow ethical standards of occupational therapy practice during the task, debriefing and after.
Student will (self)assess and provide feedback about results in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

Based on your previous knowledge, what specific performance components (e.g., cognitive, perceptual, motor, or emotional) does this standardized test evaluate, and how do these components influence a client's occupational performance?
What do you already know about standardized testing conditions from books or previous lectures, and how will you apply these conditions when scoring a video-based assessment?
Is there any information about the test's administration or scoring process that you need to review, repeat, or research before starting the simulation? How will you ensure you're prepared?
How can your observation skills enhance the accuracy of scoring the client's responses in the video, particularly for subtests that may be challenging to evaluate?
What challenges do you anticipate in scoring specific subtests, and how might you decide which score to apply if a client's response is unclear?
If you observe a specific score on a subtest, how would you interpret its implications for the client's cognitive or perceptual functioning?
While watching the video, how will you identify and record the client's strengths and difficulties, and why is this important for a comprehensive assessment?
What strategies will you use to document the scoring process and report any challenges or uncertainties during the debriefing?
How might external factors (e.g., the client's emotional state or environmental distractions in the video) influence their performance, and how would you account for these when scoring?
What ethical considerations should guide your scoring and reporting of the client's performance, especially if you encounter ambiguous responses?

Scenario for SBL in occupational therapy
4. Case information

(To be filled according to specific details of the chosen client – recorded video)

4.1 Participant description

This is an example.

4.1.1 Personal information of person receiving OT services

Name	XY
Age	23
Sex	M
Personal factors	Young man, 23 years old, electrical engineering student, lives with his parents, younger brother in high school. He likes to ride motorcycle and play video-games.
Ethnicity and cultural context	(relevant to your context)
Reason the participant is seeking OT service and concerns related to engagement in occupations	Assessment of difficulties in performing preferred and chosen daily occupations following brain injury due to motorcycle accident. Difficulties in the area of perceptual, cognitive, and/or fine-motor performance.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client presents as cooperative and motivated to participate in the assessment process. He appears emotionally stable but occasionally shows signs of frustration when faced with tasks that challenge his current cognitive or perceptual abilities. His affect is generally appropriate, though slightly blunted at times. He maintains eye contact and is able to engage in reciprocal conversation. The client demonstrates insight into some of his limitations but tends to underestimate the extent of his cognitive and perceptual difficulties.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	Prior to the injury, the client was actively engaged in a variety of daily occupations. As a full-time electrical engineering student, he managed academic responsibilities, including attending lectures, studying, and completing assignments. He also assisted occasionally with household chores and participated in family routines. During his free time, he enjoyed riding his motorcycle, playing video games, and spending time with friends. He was socially active and maintained a small but close circle of peers. The client reported a strong sense of independence and valued his ability to manage his own schedule and activities. Prior to the accident, he had no significant difficulties in cognitive, perceptual, or motor functioning, and was generally satisfied with his level of occupational performance.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The client's primary goal is to regain the cognitive and perceptual abilities needed to return to his studies and resume independent engagement in meaningful daily activities. He prioritizes improving attention, memory, and problem-solving skills, which he reports as noticeably affected since the injury. He also wishes to enhance fine motor coordination to support daily tasks such as writing, using tools, and playing video games. Returning to safe motorcycle riding is a long-term aspiration, though he acknowledges the need for cognitive and perceptual rehabilitation first. The client expresses a strong desire to rebuild his confidence and independence, and to reintegrate socially with peers and participate fully in his student role.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	The client demonstrates impairments in attention (especially sustained and divided attention), short-term memory, and executive functions such as planning, organizing, and problem-solving. He experiences mental fatigue after cognitively demanding tasks and may have difficulty initiating or completing activities independently. Emotional regulation is mostly intact, though mild frustration is noted when performance does not meet his expectations.
Sensory functions and pain	Visual perception appears altered, particularly in spatial awareness and figure-ground discrimination. No significant issues with hearing, taste, or smell are reported. The client does not currently experience pain, though he occasionally reports visual strain during tasks involving screens or reading.
Neuromusculoskeletal and movement-related functions	Fine motor coordination is mildly impaired on the dominant side, affecting handwriting, buttoning, and use of small tools. Muscle tone and gross motor function are within normal limits, with no spasticity or significant movement restrictions observed. Balance and postural control are adequate for seated and basic mobility tasks.
Voice and speech functions	Speech is clear and intelligible, with normal rate and tone. There is no evidence of dysarthria or aphasia. The client is able to express his thoughts effectively, although occasional word-finding difficulties are noted during cognitively taxing conversations.
Other	

Activities and participation	
Self-care and domestic life	The client is able to complete basic self-care tasks (e.g., dressing, bathing, grooming) independently but at a slower pace and with occasional prompting due to distractibility or forgetfulness (e.g., forgetting a step in hygiene routine). He requires reminders for tasks involving sequencing or multiple steps (e.g., meal preparation, laundry). Safety awareness is reduced during more complex household tasks, especially those requiring divided attention.
Productivity *(including (paid) work and education)*	The client is currently on medical leave from university due to cognitive difficulties following the injury. He reports significant challenges with studying, focusing during lectures, and retaining new information. Organizational difficulties impact his ability to manage assignments and deadlines. Return to academic activities is a key rehabilitation goal, and he is motivated to develop compensatory strategies to support re-engagement in his student role. He is not currently employed but has expressed interest in future work aligned with his studies once recovery progresses.
Leisure and play	Engagement in leisure activities has decreased since the injury. The client still plays video games but reports reduced enjoyment due to frustration with decreased reaction time and attention span. He has not returned to motorcycling, which he identifies as an important and valued activity. Social participation in leisure settings (e.g., outings with friends) is limited, partly due to fatigue and lowered confidence. Re-engaging in meaningful leisure activities is identified as a therapeutic target to support emotional well-being and identity.

Environmental factors	
Physical environment	The client lives in a well-equipped and accessible family home, which supports his basic physical functioning. The home environment is quiet and structured, though not always conducive to sustained focus, especially when others are present. There are no physical barriers in the home, but distractions (e.g., TV noise, family activity) occasionally interfere with task engagement. He currently does not have access to adapted tools or assistive technology for cognitive support.
Social environment	The client receives strong emotional and practical support from his parents, who are actively involved in his rehabilitation. His younger brother is supportive but often engaged in his own school-related activities. Friends have remained in contact, though social participation has decreased since the injury. He expresses a sense of isolation and a desire to return to peer-related social roles. His family is encouraging but may have limited understanding of the invisible impact of cognitive-perceptual challenges.
Services, systems and policies	The client is receiving follow-up care through outpatient rehabilitation services, including occupational therapy. He has access to public healthcare resources, but there may be delays or limitations in the availability of specialized neurorehabilitation services. University policies allow for temporary academic leave, but specific academic accommodations (e.g., extended test time, flexible deadlines) have not yet been activated. Coordination between healthcare and educational systems is a current need to support successful reintegration.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
A standardized occupational therapy interview (COPM) followed by occupational analysis was conducted with the client.	Based on previous assessment, occupational therapists identifies potential perceptual-cognitive impairment as a contributing factor to occupational performance difficulties and has decided to conduct further assessment using selected standardized tool. **Results of COPM:** During the COPM interview, the client identified several meaningful occupational goals across the domains of **self-care**, **productivity**, and **leisure**. He expressed frustration with his decreased ability to manage previously routine tasks, particularly those requiring attention, memory, and coordination. The client prioritized the following activities as important but currently difficult: 1. **Returning to university studies** – difficulties with concentration, memory, and organizing academic tasks. o *Importance: 10* o *Performance: 3* o *Satisfaction: 2* 2. **Preparing simple meals independently** – challenges with planning, sequencing steps, and sustaining focus. o *Importance: 8* o *Performance: 4* o *Satisfaction: 3* 3. **Playing video games** – reduced enjoyment due to slower reaction time and difficulty sustaining attention. o *Importance: 7* o *Performance: 5* o *Satisfaction: 4* 4. **Managing personal schedule and appointments** – forgetfulness and disorganization noted. o *Importance: 8* o *Performance: 3* o *Satisfaction: 2* 5. **Going out with friends/socializing** – lower confidence and mental fatigue limit participation. o *Importance: 7* o *Performance: 3* o *Satisfaction: 2*	The client rated high importance for all identified occupations but expressed low satisfaction with his current level of performance. These results indicate that the client is motivated to improve his occupational performance and support the clinical reasoning that perceptual and cognitive impairments may be limiting engagement in meaningful activities.

The client completed the LOTCA assessment, which evaluates a range of basic cognitive abilities across six main domains. Results indicate **mild to moderate impairments** in specific cognitive and perceptual areas, particularly those related to information processing and executive functioning.	**1. Orientation:** • *Score:* Average • *Observation:* Oriented to person and place; slight delay in temporal orientation (e.g., exact date). **2. Visual Perception:** • *Score:* Mild impairment • *Observation:* Difficulties noted in figure-ground discrimination and identifying overlapping objects. Performance slowed when tasks required visual scanning or differentiating between similar shapes. **3. Spatial Perception:** • *Score:* Mild to moderate impairment • *Observation:* Challenges with spatial relations and right-left orientation. Occasional errors in object placement and directional judgments. **4. Motor Praxis:** • *Score:* Average • *Observation:* Able to imitate and perform familiar gestures without significant difficulty. Motor planning for simple tasks is intact. **5. Visuomotor Organization:** • *Score:* Moderate impairment • *Observation:* Reduced performance in tasks requiring copying complex geometric figures, planning sequences, and organizing components. Increased time needed for task completion. **6. Thinking Operations:** • *Score:* Moderate impairment • *Observation:* Difficulties observed in categorization, sequencing, and abstract reasoning. Verbal explanations were vague or incomplete. Struggled with shifting between ideas or problem-solving strategies.	Results suggest that the client has specific deficits in **spatial perception**, **visuomotor integration**, and **higher-order cognitive functions** (e.g., categorization, abstraction, sequencing). These impairments are likely contributing to his difficulties with academic tasks, time management, and functional independence in daily life. Strengths include **motor praxis** and basic **orientation**, which can be leveraged in therapy.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

Which specific cognitive, perceptual, or motor components are most clearly observed during the client's performance, and how do they influence the outcome of the tasks?
How does the client's emotional or motivational state affect performance, and how is this reflected in the video?
What strategies does the client use to compensate for perceptual, cognitive, or motor difficulties?
Which subtests or tasks in the assessment appear most challenging for the client, and why?
How might environmental factors (e.g., distractions, setup of the room) influence the client's performance?
How accurately can you score the client's performance based on video observation alone, and what challenges do you encounter in doing so?
How do the client's strengths support task performance, and how can they be leveraged in intervention planning?
Are there any discrepancies between observed performance and the client's self-reported abilities or priorities?
How do you ensure that your scoring and observations remain objective and client-centred?
What reflections or questions arise for you regarding the assessment process or interpretation of results?
Which results from the standardized test confirm or complement the previously obtained LOTCA assessment findings?

7.2 SimOT Compass

Using the questions above, observers will make notes on their observations of scenario watched on the video. These observations will be used during debriefing. Observers will also complete the SimOT Compass (online or paper) for the identified learning objectives during or immediately following the simulation, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Audiopresentation of standardized test (test description, administration procedure (on a learning platform – e.g. Moodle)
Assessment score sheet (on a learning platform – e.g. Moodle)
Video of an actual client whose performance during administration of assessment is recorded in a video case study (on a learning platform – e.g. Moodle). N.b. Creation of the video requires physical environment (OT therapy space with table and chairs), all test materials involved in administering the assessment selected for the simulation and appropriate video recording equipment. It also requires video editing software or editing raw video material.

Scenario for SBL in occupational therapy
Addendum 1: Additional simulated participant guidelines

Case study 5:
Media campaign to raise awareness of occupational therapy

As part of events to mark occupational therapy month, members of the Occupational Therapy Association have been invited to be guests on the morning show of a local television station. The show is a popular program viewed by persons of various ages throughout the country and focuses on issues of interest and relevance to the general population related to topics on health, education, culture, leisure, and work and family life. Two occupational therapists will appear on the show to discuss the purpose and value of occupational therapy with an aim to raise public awareness and understanding of the profession.

To prepare for the simulation, use the following guidelines and questions to further develop your role, plan the interview with the occupational therapists and think about questions you might pose during their visit to the program.

Preparation guidelines:

Think of a name and brief description for your simulated participant role that suits you.
What aspects of the scenario do you need to prepare in advance? Think about items, props or clothing you might bring/wear to authentically play your role.
What might be the special interests, needs and goals of the media and the people watching the program to gain an understanding of occupational therapy?
What information about occupational therapy would be important and interesting to you and your viewers?
Which standards, laws or regulations and recommendations related to occupational therapy might be useful to discuss? What do you know about them and/or do you need to find out more about them before the scenario?
How might you challenge the occupational therapists during the interview (i.e. increase the complexity of the scenario for learners)? (See Section 6 in the scenario template for additional information)

EXAMPLES OF POSSIBLE QUESTIONS:

Basics of Occupational Therapy

1. What exactly is occupational therapy? Could you give an example of what a person receiving OT services might do with an occupational therapist?
2. In what kind of situations or circumstances do people usually need occupational therapy?

Target groups and accessibility

4. Who can receive occupational therapy – is it only for certain age groups or diagnoses?
5. How do people find occupational therapy services? Do I need a doctor's referral?
6. Is occupational therapy available everywhere in (context/country), even in remote or rural areas?

Costs and funding

7. Who pays for occupational therapy? Is it part of public health care or do you have to pay for it yourself?
8. Is occupational therapy expensive if you pay for it yourself? Is there any support available?

Societal significance

9. How does occupational therapy affect society more broadly (for example, employment opportunities or inclusion in schools)?
10. Can occupational therapy prevent social exclusion or reduce healthcare costs in the long term?
11. How do occupational therapists cooperate with other professionals, such as other professionals in the social and health care sector, teachers or policy makers?

Recognition and future of the profession

12. Do you feel that the work of occupational therapists is sufficiently recognized and valued in (context/country)?
13. How can occupational therapists themselves influence the visibility and appreciation of the profession?
14. What kind of challenges or opportunities do you see in the future of occupational therapy?

Personal perspective

15. What made you want to become an occupational therapist?
16. What has been the most memorable moment in your practice experience so far?
17. What would you like viewers to remember from this discussion?

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 18: Promoting and advocating for the role of occupational therapy to stakeholders

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Define, explain and advocate for the professional role and value of occupational therapy
Key words	Occupational therapy role, professional representation, self-promotion, advocacy and lobbying
Brief description	In this scenario, students will engage in a simulated situation in the role of occupational therapist. The scenario involves a meeting (online or live) between occupational therapists and a stakeholder (individual, group or organization with a specific interest or stake in the potential role, activities and value of occupational therapy). In the meeting, the therapist must present, explain and advocate for the professional role and contribution of occupational therapy. The situations in which these meetings take place are described in the stakeholder case studies (see Section 4: Case information). This is a digital simulation that can be carried out via online learning platforms but can also be conducted in an in-class learning situation.

Simulation set up

Simulation modality	Role play		
Context	Virtual classroom or online meeting space (e.g. MS Teams). Access and use of materials required in the preparatory phase is managed via an online teaching platform (e.g. Moodle).		
Environment	☒ **Physical**	**Description**	**Note**: Although this simulation is intended to be conducted entirely in online environments, it might also be carried out in a physical environment. In this case, the physical environment should be constructed to reflect the context in which the scenario is taking place (e.g. office, meeting space). It is recommended that observers watch the simulation via video feed in a separate room to increase authenticity and safety/comfort of active participants.
		Materials	• Table and chairs (1+4) • Props and other items necessary for re-creating the simulation environment (e.g. papers, mobile phone, laptop, coffee cups…)
	☒ **Digital/Virtual**	**Description**	Simulation environment is re-created in a virtual classroom or meeting space with each participant participating from their own device. Effort should be made to simulate the physical setting of the scenario (i.e. online meeting between OTs and stakeholder)
		Materials	Personal computer or other device; props for simulating simulation environment (telephone, papers, coffee cups, etc.)

Student roles	Number of students	Extra information
Occupational therapist	2	Two students will engage in the OT role (presenting and advocating for the profession) for each case.

Participant	-	
Other simulated participant *Please specify in extra information*	-	
Observer	6-25 (depending on instructional group size)	Students not engaged directly in the scenario observe performance, make notes of observations, monitor learner's application of communication skills, and pose questions and provide feedback during debriefing. See Section 7 (Additional information for the observer).

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 minutes	Digital (online instructional session prior to simulation)
Prebriefing *Student preparation*	60-90 minutes	Digital (independent review of case studies and learning materials and preparation for simulation)
Simulation activity	15-20 minutes/case	Digital
Debriefing	45 minutes	Digital

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	
Domain C: Developing and maintaining professional relationships and partnerships	**Domain C.1**. Demonstrate competencies in engaging in effective professional communication • Communicate in a respectful, appropriate and effective manner. • Demonstrate effective, appropriate and inclusive communication skills • Effectively apply a wide range of communication skills to professional and non-professional audiences with consideration of diversity and complex contexts. **Domain C.2.2**. Establish and maintain relationships and partnerships with colleagues • Define, understand and present the professional role and contribution of OT within a team, health setting and society **Domain C.2.3.** Establish and maintain relationships and partnerships with other agencies and stakeholders • Collaborate with societal systems, civil organizations and community agencies
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	**Domain E.1**. Demonstrate competencies in promoting the profession of occupational therapy • Articulate, promote and share information about the role, knowledge and value of OT in health/social care settings and the wider community
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	
Domain C	1. Identify and define the target stakeholder (service provider, government agency, media…). (C.2.3.) 2. Use effective and appropriate communication skills (professional language, active listening, appropriate non-verbal communication) to clearly deliver an argument on the role and value of OT (C.1.) 3. Establish a constructive and professional working relationship with an individual stakeholder. (C.2.3.) 4. Define and explain the role and value of occupational therapy to an individual or group in line with the needs, interests, previous knowledge, and goals of the target audience. (C.2.2., E.1.)
Domain D	
Domain E	1. Define and explain the role and value of occupational therapy to an individual or group in line with the needs, interests, previous knowledge, and goals of the target audience. (C.2.2., E.1.)
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A.1. Knowledge about occupation and humans as occupational beings • Theories, concepts and approaches for understanding human occupation • Effects of person (individual health, development, needs, and function) and diverse environments (physical, social, cultural, political, economic and institutional) on occupational performance and participation	Prior to participating in the simulation, students will have received instruction and acquired the knowledge (described here) necessary to understand and perform the scenario tasks. During prebriefing, the instructor introduces and explains the scenario, directs students to simulation materials on the relevant online learning platform and ensures students understand the simulation procedure, expected performance, etc. Students will demonstrate basic skills and attitudes consistent with an ethical and professional approach to communicating with key stakeholders.
Domain A.2. Knowledge about occupational therapy • Client-centred and occupation-based OT practice • Domains of occupational therapy expertise (person, occupation and context) • Process of occupational therapy	
Domain C.1. Competencies in engaging in effective professional communication • Knowledge about various communication styles and basic skills in communication	

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Prior to execution: Preparing simulation materials (stakeholder case studies, simulation instructions, supporting documents) and placing them on an online teaching platform; preparing for simulation of the stakeholder role In the case of a physical simulation environment: Instructor must prepare the classroom to accurately represent the scenario environment (i.e. office, meeting space) using props/materials described above and ensure technical requirements for observation of the simulation via video feed (students in observer role) .	Stakeholder case studies, simulation instructions and supporting documents (additional information, SimOT Compass) for therapist and observer roles (placed on an online teaching platform)
Facilitator: Ensuring adequate preparation of students for simulation with a clear outline of student expectations and plan for debriefing; ensuring all technical requirements are functioning and student access to digital platforms or, in the case of a physical simulation, ensuring and preparing the simulated environment; leading, facilitating and moderating execution of the scenario and debriefing	Scenario template and teachers' manual Prebriefing presentation (presentation prepared by the instructor to introduce and explain simulation aims, roles, student preparation, procedure, rules and basic scenario flow) Props for re-creating the simulated environment (table, chairs, papers, telephone, etc.) (if appropriate)
Simulated participant: Prepare self for playing the stakeholder role	Props or other items to play the simulated participant role Scenario template: Case information (Section 4) and Additional information (Section 6); optional simulated participant guidelines (Annex 1: Additional simulated participant guidelines)

Staff

Role	*Description*	Number
Facilitator and moderator/evaluator: OT educator with experience in SBL and pedagogical methods for (de)briefing; expertise in occupation and OT practice (defining, presenting and advocating for the profession); knowledge of laws, standards and regulations informing OT practice in the local context; experience with online learning/teaching methods	***Preparatory:*** didactical expert for preparing and planning the simulation experience; instructor for providing prerequisite knowledge (see above) and informing students about the simulation (prebriefing – ensure students understand the simulation task and expected performance). ***Execution:*** observing and moderating/supporting scenario performance and moderating pre/debriefing. When applicable, facilitator can also conduct an evaluation of students' performance.	1
Simulated participant: OT educator with expertise in occupation and OT practice (defining, presenting and advocating for the profession); knowledge of laws, standards and regulations informing OT practice in the local context; experience with online learning/teaching methods	***Preparatory:*** review scenario and case study materials; prepare for simulation of stakeholders depicted in case studies. ***Execution:*** plays role of stakeholder in scenario case studies; can provide general feedback during debriefing (overall experience, informativeness and professionalism of discussion, readiness to answer questions, communication skills and style).	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Attitudes, skills and knowledge

Description	Learning materials
Knowledge of role and purpose of occupational therapy in a given setting	Students will review previous course content and materials regarding the definition, scope and purpose of occupational therapy and reflect upon how it might be applied to the assigned case in order to prepare a clear and convincing argument for the potential value of OT. Might include presentations, literature, other instructional resources and/or literature/resources on: • Definition, scope and purpose of occupational therapy • Value and purpose of occupational therapy in the specific area of practice described in the case study (e.g. community-based OT, OT in schools, neurorehabilitation, supporting employment…).
Basic communication skills (professional communication, active listening, posing questions, summarizing…)	Students will review previous experience and learning about communication skills and reflect upon what specific communication techniques and methods are appropriate for the assigned case.
Knowledge about local, national, and regional standards, regulations, systems, and laws informing OT practice	Students will search and review relevant documents (e.g. national regulations defining OT practice standards, standards of practice in health, social or education systems, laws regarding the rights of persons with disabilities, etc.) that inform occupational therapy practice.
Knowledge about the context of occupational therapy practice and relevant stakeholders	Students will review the case study and scenario description (i.e. situation in which they will present and advocate for the value/role of OT). Students will search and review relevant professional and scientific literature demonstrating value of OT for the specific need described in the case study.

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Teachers might request students to submit written records of their observation notes (based on questions in Section 7) and the completed SimOT Compass following execution of simulation for all groups. This assignment could serve as confirmation that all students actively participated in the role of observer during scenarios executed by their peers but also as additional written feedback to students.

References

C. Sangster Jokić, L. Magerat, A. Bartolac & I. Klepo (Eds). Competency Framework and Implementation Guidelines for Simulated-based Learning in Occupational Therapy Education. Zdravstveno veleučilište, Zagreb. https://simba.turkuamk.fi/ SIMBA-book-final.pdf
Local/national/regional structures, standards, laws, and regulations informing OT practice
World Federation of Occupational Therapists (2012). Definition and statement on occupational therapy American Occupational Therapy Association (2020). *Occupational Therapy Practice Framework: Domain and Process* (4th ed.) Or other textbook/course materials on the domain, scope and role of occupational therapy
Lada Perković i Zrinka Pukljak Iričanin (2019.) Priručnik za vježbe iz Komunikacijskih vještina u zdravstvu, Zdravstveno veleučilište Zagreb Or other textbook/course material on communication skills

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

Learner demonstrates professionalism and respect when initiating the discussion with the simulated participant (stakeholder) and establishes a professional and safe environment.

Facilitation tips

Ensure that students receive clear and comprehensive written and verbal instructions about the simulation with emphasis on a safe learning environment, active participation and the benefits to learning when all participants commit to their role.
Provide opportunities for students to pose questions regarding aspects of the simulation or their task that are not clear to them during prebriefing or, if necessary, using a 'time out' debriefing (temporarily pause scenario to address challenges; engage participants and student observers).
Promote a safe learning experience by offering appropriate scaffolding to ensure the 'just right challenge', allowing 'mistakes', posing questions or cues to remind the learner of appropriate communication skills or actions (when appropriate), using constructive feedback that focuses on what was successful and providing strategies for addressing challenges.

Scenario flow

Start

Participant state and action

Stakeholder and/or therapists arrive at meeting location (e.g. OT meeting room, office, etc.) or join online meeting.

	Description
Expected learner action	Therapists and stakeholder greet each other. Therapists introduce themselves (name, role, explain and confirm reason for meeting). When appropriate, therapists ask the stakeholder for consent to continue the meeting.
Key learning points	• Professional communication skills, showing professionalism and respect; establishing an open and collaborative environment. • Starting to develop a professional relationship with the stakeholder. Establishing trust. • Obtaining consent (when appropriate).
Trigger for next action	Completing the introduction.

Action 1	
Participant state and action	
Therapists present a 'pitch' on the role and value of occupational therapy in the given setting/situation.	
	Description
Expected learner action	Therapists define and describe occupational therapy in line with the interests, needs and goals of the stakeholder. Therapists explain the value and contribution of occupational therapy for addressing the needs or goals of the stakeholder. Students (therapists) are encouraged to refer to relevant documents (reviewed in the preparatory phase) that support their argument. Therapists invite the stakeholder to ask questions or provide comments.
Key learning points	• Using and adjusting to a communication style appropriate for the audience. • Using concise, understandable language • Clearly articulating the role and value of OT in a given context.
Trigger for next action	Therapists invite the stakeholder to ask questions or provide comments.

Action 2	
Participant state and action	
Stakeholder poses questions or makes comments (see Section 6). To perform as authentically as possible, the simulated participant poses questions in alignment with expected interests of the stakeholder, information received about the case study and information gathered about relevant standards, regulations, etc. informing the specific practice area.	
	Description
Expected learner action	Therapists use active and respectful listening skills to validate the stakeholders' concerns. Therapists respond to the stakeholders' questions using clear and concise language and with a sound argument that is supported by relevant professional or scientific expertise. Therapists invite the stakeholder to pose any further questions.
Key learning points	• Active listening and appropriate responses. • Showing understanding and validation of different perspectives. • Enabling collaborative partnership. • Ensuring understanding (paraphrasing and summarizing)
Trigger for next action	Therapists confirm the stakeholder has no further questions.

Action 3	
Participant state and action	
Therapists summarize the discussion and confirm plans for ongoing collaboration.	
	Description
Expected learner action	When there are no further questions, therapists summarize the information discussed during the meeting and, when appropriate, state a plan for potential next steps (e.g. submitting a proposal for employment of OT, scheduling a joint meeting with the school/hospital team or city council committee, etc.) Therapists arrange a date/time for the next meeting (when appropriate).
Key learning points	• Active listening and appropriate responses. • Showing understanding and validation of different perspectives. • Enabling a collaborative partnership (e.g. seeking confirmation of conclusions, arranging future steps *with* the stakeholder). • Ensuring understanding (paraphrasing and summarizing) • Confirming next steps/communication
Trigger for next action	Therapists and stakeholder agree on plans for next steps.

End	
Participant state and action	
Therapists conclude the meeting.	
	Description
Expected learner action	Therapists thank the stakeholder for their time and cooperation and say goodbye.
Key learning points	Demonstrating professionalism and respect
Trigger for next action	Achieving the learning objectives, reaching a satisfactory conclusion to the meeting.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students will demonstrate support for one another by being present, quiet and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.
All students will respect the privacy of colleagues. It is strictly forbidden to record online simulation activities!

Prebriefing thought-provoking questions

What aspects of the scenario do you need to prepare ahead of time?
What might be the specific interests, needs and aims of the stakeholder with whom you will be having a meeting?
What information about occupational therapy do you think will be of particular relevance and interest to the stakeholder?
What local, national or regional laws, standards or systems are relevant to the situation described in the case study? What do you know about these and/or do you need to search for more information about them prior to the simulation?
How will you establish an open, constructive and professional atmosphere at the beginning of the meeting?
What forms of verbal and non-verbal communication might you use during the scenario to ensure that your message is clear, interesting and of value to the stakeholder?
What might you do if the stakeholder expresses disinterest, lack of time or unwillingness to listen to what you would like to say?
How might you respond if you cannot answer a question posed by the stakeholder?
How will you close the meeting?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of simulated participant

Name	Various (see case studies below)
Sex	Male or female
Personal factors	Various (see case studies below)
Reason of contact between OT and simulated participant	Various (see case studies below)

4.1.2 General information of simulated participant

SCENARIO CASE STUDIES

NOTE: Depending on the context of the educational program and size of the instructional group in which this simulation will be implemented, these case studies might be used individually or together (i.e. as a series of simulations in which different students have an opportunity to adopt the OT role in different case studies). Case studies might also be adapted to ensure socio-cultural authenticity of the described situations for a given context.

Stakeholder case study 1: Head of neurorehabilitation ward in a large hospital

As part of hospital restructuring, the head of the neurorehabilitation ward at a large rehabilitation hospital will be making decisions on the type and number of professional staff that will be employed on the ward and within the ward's programmes, including a new wing dedicated to specialized care of persons with spinal cord injury. Hospital budgets and resources are limited and therefore there has been discussion of eliminating occupational therapy services from some or all programmes.
Occupational therapists currently employed at the hospital have arranged a meeting with the head of the neurorehabilitation ward to discuss the role and value of occupational therapy in their programmes.

Stakeholder case study 2: Director of a community association for adults with physical disabilities

A community association offering services and support for adults with physical disabilities and their families has received a project grant to further develop professional services for their members in the community aimed at promoting engagement and inclusion in home and community activities and quality of life for members and their families.
Representing the OT professional association, two occupational therapists have arranged a meeting with the director of the community association to inform him/her of the potential role and contribution of occupational therapy in the development of appropriate and valuable services for their members and advocate for the inclusion of an occupational therapist on the project team.

Stakeholder case study 3: Head of a city planning department

The department for planning of public infrastructure and spaces of a large city has recently announced plans to develop and implement a city-wide initiative to restore and upgrade city playgrounds. At present, many playground spaces designed for children are outdated and/or in a state of disrepair. An important objective in the mandate of

the current city government is to provide accessible and inclusive public spaces that support community engagement of all city residents.

The planning department is currently forming a special committee who will be responsible for planning and overseeing the restoration of city playgrounds. Occupational therapists representing the professional association have been granted a meeting with the head of the planning department to discuss this initiative and advocate for the valuable contribution of occupational therapists on the planning committee.

Stakeholder case study 4: Client advocacy group for persons with intellectual disabilities

A client advocacy group has recently engaged in a public campaign to raise awareness about challenges and barriers to gaining stable and meaningful employment for adults with intellectual disabilities. They have called for better support and increased opportunities for receiving appropriate training and support in seeking, gaining, and maintaining meaningful employment in competitive work settings.
Two occupational therapists working at a community-based rehabilitation centre have contacted representatives of the advocacy group regarding possible collaboration on the development of programs or services aimed at supporting employment for their members. A preliminary meeting has been arranged to discuss the potential role of occupational therapists in supporting the advocacy group to meet their goals.

Stakeholder case study 5: Media campaign to raise awareness about occupational therapy

As part of events to mark occupational therapy month, members of the Occupational Therapy Association have been invited to be guests on the morning show of a local television station. The show is a popular program viewed by persons of various ages throughout the country and focuses on issues of interest and relevance to the general population related to topics on health, education, culture, leisure, and work and family life. Two occupational therapists will appear on the show to discuss the purpose and value of occupational therapy with an aim to raise public awareness and understanding of the profession.

Stakeholder case study 6: Government representative from the national Ministry of Education

As part of a revision to national standards and regulations for the provision of professional services in public kindergartens and schools, the national Ministry of Education has opened professional and public consultations on the proposed revisions to these standards. At present, occupational therapists are not included in the list of standard services available in kindergartens and schools. Two representatives of the occupational therapy professional association have arranged a meeting with a representative from the Ministry to discuss the valuable role and contribution of occupational therapy in the education system and to advocate for the inclusion of occupational therapy in the proposed standards.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

N/A

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

During the simulation scenario (meeting), the simulated participant should expect therapists to clearly introduce themselves and demonstrate professional and respectful communication. If this is not observed, the simulated participant might react accordingly in the role of the stakeholder (e.g. 'I'm sorry, it's not clear to me why you have come today').

Stakeholders will also pose a few questions or concerns to the therapists. The simulated participant should prepare these questions based on information received about the case, knowledge of standards and regulations informing practice in the health and social care systems of the local context and what information about OT they deem would be of interest and value to the stakeholder. Alternatively, more detailed guidelines might be prepared by the simulation instructor/facilitator for the simulated participant. An example of these *Additional simulated participant guidelines* for Case Study 5 (Media campaign) is available in the supporting document (*Annex 1*).

Examples of possible questions:

Head of hospital ward: *We simply don't have the money to add further staff.*

Director of community association: *I already have a psychologist/social worker on our team, why would I also need an OT?*

City planning department: *Don't therapists normally work with people? What would an OT do on a committee for planning playground adaptations?*

Client advocacy group: *What types of support might an occupational therapist offer our members in achieving their employment goals?*

Media representative: *Where can people find information about accessing occupational therapy services?*

Ministry representative: *Occupational therapists are health care professionals under the mandate of the Ministry of Health. What is their role in the education system?*

At the end of the meeting, therapists are expected to clearly summarize and conclude the discussion. If this is not observed, the simulated participant can respond accordingly (e.g. 'So, what are our next steps?' or 'Let me make sure I have understood…').

6.2 Other relevant details

Scenario complexity can be adjusted depending on the level of students engaging in the simulation.
For early phase students, the focus should be on a clear explanation of the OT role. Here, complexity should be minimized by ensuring that the simulated participant acts as a cooperative and receptive stakeholder.
For later phase students, the simulated participant can increase complexity or introduce unexpected challenges by exhibiting behaviours or asking difficult questions that demand a more precise response. For example, the stakeholder might express disinterest, resistance, lack of time or impatience for the meeting, which requires the therapist to provide additional support to engage the stakeholder.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

Do the therapists greet the client in a respectful and professional manner?
In what way do the therapists establish a positive and collaborative environment for the meeting? (consider verbal and non-verbal behaviour)
Do the therapists clearly and concisely define and describe occupational therapy?
Do the therapists effectively demonstrate the potential value of occupational therapy in accordance with the aims, needs and interests of the stakeholder or the given situation?
Do the therapists provide support for their argument using professional, scientific or policy-based literature?
Is the therapists' argument for inclusion of occupational therapy convincing (i.e. do they effectively advocate for the profession)?
Do the therapists effectively summarize the main points of the discussion and confirm the stakeholders' agreement with the conclusions?
Do the therapists negotiate plans for subsequent steps with the stakeholder?
What communication skills (e.g. active listening, demonstrating understanding, respect or empathy, professional communication, non-verbal communication...) do you think the occupational therapists performed particularly well?
What communication skills (e.g. active listening, demonstrating understanding or empathy, professional communication, non-verbal communication...) do you think the occupational therapists might have demonstrated differently or more effectively?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of student (OT) performance during execution of the scenarios. These observations will be used during debriefing to offer feedback to peers. During or immediately following the simulation. peer observers will also complete the SimOT Compass (online or paper) for the identified learning objectives, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

1.	Prebriefing presentation (.ppt): used to inform students of aims, structure, procedure, expectations and roles of simulation, basic scenario flow and tasks for student preparation (prepared by the instructor)
2.	Student preparation materials: printed or digital handouts of Section 3: Student orientation and preparation; Section 4: Case information; Section 7: Additional information for the observer
3.	Annex 1: Additional simulated participant guidelines (prepared for specific cases used in the simulation) (optional)
4.	SimOT Compass: completed with the learning objectives for this scenario (distributed to participants)

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 19: Parental guidance: Occupational therapy process and interview

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Parental guidance- Occupational therapy process and interview
Key words	Phone call, occupational therapy process, parental guidance
Brief description	The parent calls an occupational therapist to find out how to get the child to an occupational therapy evaluation. The parent wants to know what occupational therapy is, whether it costs anything and who organises it. The parent also wants to know if their child may need occupational therapy.

Simulation setup

Simulation modality	Role play		
Context	Occupational therapist at a hospital/health centre		
Environment	☒ **Physical**	**Description**	• Workstation
		Materials	• Work desk • Chair • Notebooks and pens • Computer • Phones
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1-2	In this scenario, there may be two therapists, with one acting in a supporting role if the student feels they need support.
Participant	1	Parent
Other simulated participant *Please specify in extra information*		
Observer	1 <	Students not engaged directly in simulation observe process, make notes of observations, monitor learner's application of communication skills and interview protocol, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 min.	Hands-on. Short client description and medical background information for everyone, followed by the role-division: • OT • Client • Observers Rules of the simulation
Prebriefing *Student preparation*	45 min.	Students are divided into groups to familiarize themselves with the script.
Simulation activity	5-10 min.	Conducting of the simulated learning scenario
Debriefing	45-60 min.	Hands-on, whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	Identify the need and appropriateness of occupational therapy for the client (individuals, organizations or communities). (B.1) Conduct an occupational therapy interview to understand the client's occupational narrative and establish a relationship with the client (B.2)
Domain C: Developing and maintaining professional relationships and partnerships	Communicate respectfully, appropriately and effectively with clients, families, significant others, colleagues/team members, supervisors, agencies, school, work, community, and the public. (C.1)
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• The student is able to gather more information about the child's situation through unstructured interview. • The student is able to determine the need for occupational therapy • The student can explain how the occupational therapy process usually proceeds to a client
Domain C	• The student is able to communicate respectfully

Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1.	Occupational therapists possess knowledge about occupation and humans as occupational
A.2	Occupational therapists possess knowledge about occupational therapy
A.4.	Occupational therapists possess attitudes about: Rights of people to receive needed services and participate in health enhancing occupations
	The student should have understanding of the occupational therapy basic ideology which encompasses the person, occupation and environment.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Scripts available: printed or electronically on the learning platform	Case study (Short client description, general information about the simulation and decision-making about the roles)
Preparing the environment	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion. **Prepare the simulation room** according to the material instructions (chair, work station)

Staff

Role	*Description*	Number
OT educator/Instructors • Technical operator and support instructor • Lead Facilitator (OT educator)	In a typical simulation session, two instructors work together to guide, observe, and support the learners. Their roles are complementary and help ensure a smooth, effective learning experience. • OT educator controls the simulation equipment and environment • Leads the debriefing: Facilitates reflective discussion using a structured debriefing model. Guides learners to analyse their performance, identify strengths and weaknesses, and extract lessons learned. Ensures all participants (including observers) are involved in the discussion.	2

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: Student should have knowledge of the occupational therapy process and services	MOHO clinical reasoning process model / CPPF (or other process model) National guidelines and regulations defining provision and access to occupational therapy services.
Attitudes: Students should have a client-centred approach	Client -centredness is based on MOHO / CMOP-E theory Therapeutic use of self
Skills: Students should be able to conduct an unstructured interview	Guidelines for conducting an unstructured interview

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Teachers might ask students to submit written records of their observation notes and completed SimOT Compass following execution of simulation.

References

Taylor, R. 2017. Kielhofner's Model of Human Occupation. 5th edition. Philadelphia: Wolters Kluwer Health. (Clinical reasoning process)
Townsend, Elisabeth (editor). 1997.Enabling Occupation: An Occupational Therapy Perspective Introducing the Canadian Practice Process Framework (CPPF): Amplifying the context (chapter 9 of the book, Janet Craik, Jane Davis & Helene J. Polatajko)
SIMBA Framework of occupational therapy competencies for simulation-based learning.
Townsend, Elisabeth & Polatajko, Helene J. 2013 Enabling Occupation II – Advancing an Occupational Therapy Vision for Health, Well-being & Justice Through Occupation.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Importance of client-centeredness demonstrates respect and creates a safe environment so that the person can openly express their needs.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.
Create a safe, welcoming atmosphere.
Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.
Empower the client
Involve them in decision-making processes about their care and activities to promote autonomy and confidence.

Scenario flow

Start	
Participant state and action	
Occupational therapist's phone rings.	
	Description
Expected learner action	The therapist sits at a desk and the client sits elsewhere. The best way to implement the situation is in a simulation laboratory where the actors can be separated from each other (no visual contact). Alternatively, a screen can be placed between the participants.

Key learning points	Therapist answers the phone and introduces him/herself after hearing the callers initial greeting.
Trigger for next action	Following the introductions, the therapist will ask: how can I help you?

Action 1	
Participant state and action	
The parent explains that she/he has been instructed by the nursery school/day care to seek occupational therapy for her/his child. The parent wants to know what occupational therapy is and how it might be helpful in supporting her child.	
	Description
Expected learner action	The therapist explains the purpose of occupational therapy and the role of an occupational therapist. The therapist asks specific questions to gain further information about the child, his/her activities and occupational routines, current challenges in occupational performance and/or participation and reason for the referral from the nursery school/day care. Therapist indicates explains the occupational therapy process to the client and how it might support their child.
Key learning points	Clarifying the occupational therapy process, assessing the child's need for occupational therapy through interviews.
Trigger for next action	Parents ask how occupational therapy services can be accessed.

Action 2	
Participant state and action	
Parent inquiries about accessing occupational therapy.	
	Description

Expected learner action	The therapist explains how/where occupational therapy services can be accessed and any eventual costs to the family (according to local practices, regulations of OT practice). The therapist asks parents whether she/he would be interested in pursuing occupational therapy for her/his child.
Key learning points	The therapist gives information in a clear and understandable way how and where occupational therapy services can be accessed
Trigger for next action	Parents indicate interest in proceeding with further occupational therapy services.

End	
Participant state and action	
Parent indicates interest in proceeding with occupational therapy for her/his child.	
	Description
Expected learner action	Therapist explains the next steps in initiating the occupational therapy process. The therapist and parent agree on a plan for the next meeting. The therapist thanks the parents for calling, asks her/him if she/he has any further questions, and says goodbye.
Key learning points	The student can explain the next steps in initiating the occupational therapy process.
Trigger for next action	Simulation ends on the teacher's signal once all learning objectives have been addressed.

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students in the supporting role will demonstrate support for their peers by being present, active, and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

What aspects of the scenario do you need to prepare ahead of time?
How will you initiate the interaction with the client?
What information about occupational therapy do you think is particularly important and interesting for parents?
What practical matters should parents know about occupational therapy?
As a therapist, what should you know about a child in order to assess their need for therapy?
How do you create an open, constructive, and professional atmosphere with parents?
How do you guide parents to initiate the occupational therapy process?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Not relevant to the simulation exercise. Role player chooses the name.
Age	5
Sex	Not relevant to the simulation exercise.
Personal factors	healthy pregnancy and birth with no complications, child is generally healthy with no history of chronic illness or diagnosed medical condition of medical disorder.
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	The child in question is a 5-year-old whose parent was informed that her/his child could potentially benefit from occupational therapy the daycare provider. The parent calls the occupational therapist to find out more about occupational therapy and how to access occupational therapy services.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The child who is the client is not present during the simulation exercise. Cooperation with parents is essential.
Other simulated participant *Please specify*	The parent is worried about what to do. The parent does not know if there is something unusual about the child's development or what to be concerned about. This is the parent's first child.

4.1.4 Occupational history

Person receiving OT services	The child who is the client is not present during the simulation exercise. Cooperation with parents is essential.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The child who is the client is not present during the simulation exercise. Cooperation with parents is essential.
Other simulated participant *Please specify*	The parent wants to know what occupational therapy is, where it can be obtained, and whether their child needs therapy.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

This information is received only by students playing the parent role!

Body functions	
Mental functions	Childs cognitive function is normal, and he has no intellectual difficulties. The child is a bit shy and is easily nervous about new things.
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	The child is clumsy and falls over easily in the yard. When the child was still a baby, it took him longer than usual to learn to crawl.
Voice and speech functions	No issues
Other	
Activities and participation	
Self-care and domestic life	The child does not know how to chop/cut food with a knife, and even eating with a fork is difficult. Parents must dress the child, as the child is a slow dresser. Zippers are difficult, so are socks. Child needs help with trousers and shirts. The daycare has said that the child cannot dress at the same pace as the others and often needs help. Toileting and bathing are going ok now.
Productivity *(including (paid) work and education)*	
Leisure and play	The child does not want to try recreational activities such as cycling or skateboarding yet. The parents would like to see this happen, as it would make it easier to jog together. The child does not take part in sport. He does not like climbing on playground equipment and cannot pick up speed on a swing. At home, the child likes to lie on the ground and play with dublo legos. At daycare, he has friends with whom he has lots to do. He especially enjoys playing at home.

Environmental factors	
Physical environment	The child needs more help than other children of the same age at the daycare.
Social environment	The child does not want to participate in singing and sports activities. He withdraws from joint play events.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How does the therapist introduce him/herself and initiate the phone call with the parent?
How would you describe the interaction between the therapist and the parent?
How did the therapist collect information about the client?
Did the therapist identify and explain the need for occupational therapy?
Did the client receive guidance and support for addressing current issues and occupational needs?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of student (OT) performance during execution of the scenarios. These observations will be used during debriefing to offer feedback to peers. Optional: During or immediately following the simulation. Peer observers will complete the SimOT Compass (online or paper) for the identified learning objectives, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 20: Hand rehabilitation and activity analysis

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Hand rehabilitation and activity analysis
Key words	Meaningful occupation, activity analysis, hand anatomy, occupational therapy process
Brief description	The simulation takes place during an outpatient clinic visit situation. This simulation exercise involves an outpatient visit where the client has symptoms of numbness in her hand. This makes it difficult for her to participate in meaningful occupations. Based on interviews and observations, occupational therapists must determine the need for occupational therapy and the occupational challenges faced by clients.

Simulation setup

Simulation modality	Role play		
Context	Outpatient clinic/hospital		
Environment	☒ **Physical**	**Description**	Workstation
		Materials	• Work desk • Chair • Notebooks and pens • Anatomical images/models of the hand
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1-2	In this scenario, there may be two therapists, with one acting in a supporting role if the student feels they need support.
Participant	1	Client
Other simulated participant *Please specify in extra information*	1	If desired, a relative of the client may accompany the client.
Observer	1<	Students not engaged directly in simulation observe process, make notes of observations, monitor learner's application of communication skills and interview protocol, and pose questions and provide feedback during debriefing. They also get specific observations tasks which are given beforehand.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 min.	Hands-on. Short client description and medical background information for everyone, followed by the role-division: • OT • Client • Observers Rules of the simulation
Prebriefing *Student preparation*	45-60 min.	Students are divided into groups to familiarize themselves with the script.
Simulation activity	5-20 min.	Conducting of the simulated learning scenario
Debriefing	45-60 min.	Conduct debriefing according to the PEARLS Debriefing Framework and, in Phase 3 Analysis, have students provide feedback on how and whether the learning objectives were achieved using the SimOT Compass.

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.2. Occupational therapists possess knowledge about occupational therapy A.5. Occupational therapists possess general professional knowledge about health and social care: Human anatomy and function of the human body
Domain B: Managing and conducting OT process	B.1. Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process. B.2.3. Occupational therapists demonstrate competencies for implementing, monitoring, evaluating, adjusting, and concluding occupational therapy interventions.
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	• The student can identify an occupational challenge • The student can explain the essential structures by hand

Domain B	• The student can modify and adapt the activity and understand the relevance of the activity for the client • The student compares the client's strengths and resources vs. difficulties in performance • The student knows how to do activity analysis and can make adaptation and modifications of client's meaningful occupations • The student applies clinical reasoning and critical thinking skills to formulate hypotheses about the factors that affect the client's occupational performance
Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1	Occupational therapists possess knowledge about occupation and humans as occupational beings
A.4	Occupational therapists possess attitudes about: Factors that present barriers to participation
C.1	Occupational therapists demonstrate competencies in engaging in effective professional communication

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Scripts available: printed or electronically on the learning platform	Case study (Short client description, general information about the simulation and decision-making about the roles)
Preparing the environment	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion. **Prepare the simulation room** according to the material instructions (chair, work station)

Staff

Role	*Description*	Number
OT educator/ Instructors • Technical operator and support instructor • Lead Facilitator (OT educator)	In a typical simulation session, two instructors work together to guide, observe, and support the learners. Their roles are complementary and help ensure a smooth, effective learning experience. • OT educator controls the simulation equipment and environment • Leads the debriefing: Facilitates reflective discussion using a structured debriefing model. Guides learners to analyze their performance, identify strengths and weaknesses, and extract lessons learned. Ensures all participants (including observers) are involved in the discussion.	2

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: Students should have knowledge about the occupational therapy process and the interview. They should review the theory lessons in advance on these topics	CPPF and COPM-interview
Attitudes: Students should have a client-centred approach, show respect and create a safe environment.	Client -centredness is based on CMOP-E theory Therapeutic use of self
Skills: Students should be able to conduct an unstructured interview	Theory based analysis regarding meaningful occupation

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Teachers might ask students to submit written records of their observation notes and completed SimOT Compass following execution of simulation.

References

Townsend, Elisabeth & Polatajko, Helene J. 2013 Enabling Occupation II – Advancing an Occupational Therapy Vision for Health, Well-being & Justice Through Occupation.

Townsend, Elisabeth (editor). 1997.Enabling Occupation: An Occupational Therapy Perspective

Duncan. E (editor) 2009. Skills for practice in Occupational Therapy. Chapter 7.

SIMBA Framework of occupational therapy competencies for simulation-based learning

MOHO clinical reasoning process: Kielhofner's model of human occupation: theory and application. Taylor, R. 2017

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Importance of client-centeredness demonstrates respect and creates a safe environment so that the person can openly express their needs.

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.
Create a safe, welcoming atmosphere.
Encourage open communication
Ask open-ended questions and use affirming body language to help the client feel heard and understood.
Empower the client
Involve them in decision-making processes about their care and activities to promote autonomy and confidence.

Scenario flow

Start	
Participant state and action	
The occupational therapist invites the client to the occupational therapist's office in the outpatient clinic	
	Description
Expected learner action	Student in the role of occupational therapist leads the situation, greets the client and introduces themselves. *If there are two therapists in the exercise*, one acts as the student OT

Key learning points	Student demonstrates effective communication skills. Introduces themselves
Trigger for next action	The therapist asks the client to sit down. Once everyone is seated, move on to the next stage

Action 1	
Participant state and action	
The client sits down at the table. *If desired*, a family member of the client may be present. The occupational therapist says they have received a referral and goes through its contents.	
	Description
Expected learner action	The occupational therapist has received a request to start conservative treatment and a request to investigate the need for a splint. It is important to identify the performance of daily occupation and ways to facilitate the client's situation. Occupational therapist reviews the referral information, checks with client that she understands the importance of the policlinics visit and ensures ethical factors. The therapist explains that an interview will be conducted during the visit in order to ascertain the client's current situation. The therapist briefly explains the anatomical structure of the hand (or asks the student to describe it.) *If a relative is present*, the therapist must be able to take him or her into account as part of the interview. *If there are an occupational therapy student preset*, the therapist explains that she/he has an occupational therapy student in teams who is completing an internship as part of her / his studies. They ask permission for the student to conduct an interview.
Key learning points	Occupational therapists know how to take the client's family into consideration and can clearly communicate the details of the referral.
Trigger for next action	Once client have agreed (that the student) occupational therapist can conduct the interview, the actual interview phase starts (and an occupational therapist gives a talk to an occupational therapy student.)

Action 2
Participant state and action
The client (and their relative) answers the questions. If you want to add an extra challenge to the exercise, the client or relative can be difficult.

	Description
Expected learner action	The occupational therapist knows how to ask questions about the client's everyday life and current situation while taking into account the perspective of the family member. At the end of interview OT (or student OT) will make summary and gives suggestions how to adapt and modificative of occupations and environment .
Key learning points	The student demonstrates effective communication skills such as active listening, empathy, open-ended questions, and non-verbal cues. Interview client's needs, preferences, strengths, and challenges using appropriate tools and frameworks. To use open-ended, probing, and clarifying questions to elicit the client's perspective and experience. To use relevant tools and frameworks to guide the interview and assessment process. To establish rapport and trust with the client and demonstrate empathy and active listening skills. To respect the client's autonomy, dignity, and privacy and obtain informed consent before proceeding with the interview.
Trigger for next action	At the end of the interview, the therapist (or student OT) asks if client has any questions and then moves on to the final stage. OT takes the lead and makes suggestion about new appointment.

End	
Participant state and action	
If necessary, the client (and her family member) can ask questions or confirm their understanding.	
	Description
Expected learner action	Based on the interview, the OT (or student OT) summarises the client's strengths and challenges, and on this basis states that the next policlinics time is needed. They explain and repeat here how typically the client's occupational therapy process proceeds.
Key learning points	The student determines the need and plan for ongoing occupational therapy.
Trigger for next action	The situation ends on the teacher's signal when the learning objectives have been addressed.

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students will demonstrate support for one another by being present, active, and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

How do you start an interaction with a client?
What kind of questions should you ask the client?
How do you make sure the client understands what is happening and why?
What are the important factors related to client safety, dignity and privacy that need to be taken into account during the scenario?
What could you say or do if a client is having difficulties or expresses reluctance to continue?
What information do you share with the client before, during, and after the meeting?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Role player chooses the name
Age	57 years
Sex	female
Personal factors	She is athletic and likes to do handicrafts.
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	Canalis carpi. Right hand dominant. Increased numbness of the right arm. Things easily fall out of hand. Numbness and tingling in the thumb, index finger, middle finger and edge of the ring middle finger. Occasional use of non-prescription painkillers. Due to the condition of her arm, she has been unable to pursue her favourite hobbies. She has trouble sleeping, which affects her ability to cope. The occupational therapist has received a request to start conservative treatment and prepare a night splint. It is important to identify the performance of daily occupation and ways to facilitate the client's situation.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	She is depressed and struggling.
Other simulated participant *Please specify*	If a family member is involved in the exercise: the family member may be very fussing.

4.1.4 Occupational history

Person receiving OT services	Right hand dominant. She plays padel, a racket sport, but is no longer able to perform well because prolonged gripping of the racket causes numbness and tingling in her thumb, index finger, middle finger, and the edge of her ring finger. She is currently unable to knit due to numbness and tingling.

Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Finding meaningful occupations to do, supporting everyday life skills to enable independent living
Other simulated participant *Please specify*	If a family member is involved in the exercise, calming down a family member

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	The mood is low, very tired, cry easily. Feels that no one (doctor, physiotherapist, friends) understands her pain and difficult situation.
Sensory functions and pain	Increased numbness of the right arm. Things easily fall out of hand. Numbness and tingling in the thumb, index finger, middle finger and edge of the ring middle finger. At night, she wakes up several times due to increased numbness of the right arm. During the day, when working in everyday life, things easily fall out of the hand.
Neuromusculoskeletal and movement-related functions	Carpal carpi syndrome symptoms
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Some challenges in performing daily activities, because of the hand and tiredness
Productivity *(including (paid) work and education)*	Office worker. The overall situation challenges coping at work
Leisure and play	

Environmental factors	
Physical environment	Lives alone
Social environment	Adult children already live on their own.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Person receiving OT services	She is depressed and struggling.
Other simulated participant *Please specify*	If a family member is involved in the exercise: the family member may be very fussing.

Person receiving OT services	Finding meaningful occupations to do, supporting everyday life skills to enable independent living
Other simulated participant *Please specify*	If a family member is involved in the exercise, calming down a family member

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

Observe the following:
Occupational therapist/student role:
How does the therapist meet / encouter the client?
What is the interaction between the therapist and the client/ relative?
What elements of interaction does the therapist use?
How was the cooperation between different professionals? What are the elements of cooperation and division of tasks between the other professionals?
How do the workers communicate with each other?
How were ethics taken into account in the situation?
How did the therapist collect information about the client?
How did the therapist present his/her case and expertise?
How was the content of the case understood? How was the content of the case addressed?
Did the therapist identify the need for occupational therapy?

Client:
How was the client listened to and considered?
How was the client encountered?
Did the client receive guidance and help with her/his/their situation?

Relative/other participants:
How was the presence of the relative taken into account?
How was the presence of the relative noticed and recognized?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of student (OT) performance during execution of the scenarios. These observations will be used during debriefing to offer feedback to peers. Optional: During or immediately following the simulation. Peer observers will complete the SimOT Compass (online or paper) for the identified learning objectives, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 21: Home visit assessment following hospital discharge: exploring occupational needs and meaningful activities

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Leila- home visit and client interview
Key words	Occupational therapy process, client interview, home visit, elderly client
Brief description	The simulation takes place during a home visit after Leila being discharged from the hospital. The purpose of the home visit is to identify, through an interview, the need for therapy process and activities that are meaningful to the client. During the home visit, Leila is accompanied by a member of her family and, if desired, a home care worker.

Simulation setup

Simulation modality	Role play		
Context	The situation is a home visit to the client's home, a simulation room resembling a home environment.		
Environment	☒ **Physical**	**Description**	The physical environment should be or closely simulate an authentic environment in a home environment
		Materials	• 1 bed • 1 table and 5 chairs • Carpet on the floor • Vase of flowers (or other personal/home items) on the table • Elbow braces, a wheelchair or other walking aid: "Leila" client may not walk during the simulation, so it is not important to specify the assistive device to be used. If Leila wants to use an assistive device, the student in Leila's role can specify whether to use elbow braces, a wheelchair or another walking aid.
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1-2	One student plays the role of an occupational therapist, and if desired accompanied by a student occupational therapist assistant during the home visit, and they can agree between themselves who is responsible for the interview, for example.
Participant	1	Leila

Other simulated participant *Please specify in extra information*	3	Leilas family member, optional role Home Care Worker
Observer	1 <	The study group that does not have a role in the simulation acts as observers in another room, monitoring the situation via camera.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 minutes	Hands- on Short client description and medical background information for everyone, followed by the role-division: • OT • Client • Observers Rules of the simulation
Prebriefing *Student preparation*	1-2 hours (depending on elapsed time from when students studied theory)	Hands- on Students are divided into groups to familiarize themselves with the script.
Simulation activity	20-30 minutes	Hands- on
Debriefing	30- 45 minutes	Hands- on, whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	• Occupations in context: Relationships between person, environment (and other contextual factors), occupation and occupational performance, participation, occupational and social justice (A.1.)
Domain B: Managing and conducting OT process	• Occupational therapists assess occupational participation in all areas of human occupation (e.g. personal care, daily living, work / study/ school, play, leisure and rest. (B.2.1.) • Conduct an occupational therapy interview to understand the client's occupational narrative and establish a relationship with the client (B.2.1) • Assess subjective personal factors (i.e., client's beliefs about occupation, occupational goals, strengths, skills, limitations; satisfaction with participation) that affect occupational performance or participation (B.2.1.)
Domain C: Developing and maintaining professional relationships and partnerships	• Collaborate and partner with clients, families and significant others to attain optimal and person- centred occupational outcomes (C.2.1.)
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	• The student can initiate, conduct and conclude an occupational interview with the client (identify and evaluate occupational performance problems). • The student identifies meaningful occupations of the client.
Domain B	• The student prepare self for conducting an occupational interview (review and prepare interview professional) • The student compares the client's strengths and resources vs. difficulties in performance • The student applies clinical reasoning and critical thinking skills to formulate hypotheses about the factors that affect the client's occupational performance
Domain C	• The student collaborates with the client and others to understand their perspective and experiences of their occupational performance • The student uses effective, respectful, and professional communication skills throughout the interaction with the client.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1.	Occupational therapists possess knowledge about occupation and humans as occupational beings
B.2.	Occupational Therapist demonstrate competencies in managing and conducting the occupational therapy process
C.2	Occupational therapists demonstrate competencies in establishing trusted professional relationships and partnerships

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Scripts Available for all participants (occupational therapists, occupational therapist student, client Leila, her daughter, optional home care worker, observers) printed or electronically on the learning platform	Handout and/or presentation for students with case/scenario information, role description. Case information for simulated participant.
Preparing the environment	Arrange access to the simulation, control, and debriefing rooms. Familiarize yourself with the **SimStation system**: • Test cameras, microphones, and software. • Learn how to record, mark, and replay sessions. Conduct a **technical check** before the session: • Ensure all devices, batteries, and connections are working. • Test audio and video recording/playback. Cameras positioned and adjusted: • Microphones positioned and tested • SimStation control console and software ready • Display or projector in debriefing room ready Optional: whiteboard/flipchart and markers for debriefing discussion. Furniture and props to create an authentic simulated environment

Staff

Role	*Description*	Number
OT educator/Instructors Technical operator and support instructor Lead Facilitator (OT educator)	In a typical simulation session, two instructors work together to guide, observe, and support the learners. Their roles are complementary and help ensure a smooth, effective learning experience. OT educator with experience in home visit, working with elderly and pedagogical methods for (de)briefing. • OT educator controls the simulation equipment and environment • Leads the debriefing: Facilitates reflective discussion using a structured debriefing model. Guides learners to analyze their performance, identify strengths and weaknesses, and extract lessons learned. Ensure all participants (including observers) are involved in the discussion.	2

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: Students should have knowledge about the occupational therapy process and the interview. They should review the theory lessons in advance on these topics Knowledge how to adapt interview, how to as spontaneously as possible find meaningful occupation, occupational needs and challenges, including activity analysis, relevant activities and the occupational therapy process.	Course content and material regarding task analysis (theory-based analysis regarding meaningful occupation), professional and therapeutic interaction, therapeutic use of self, and therapeutic process, CPPF process framework or MOHO clinical reasoning process framework (or other process model). The students will find out in advance what things will happen in the model of the process of the chosen occupational therapist and what things need to be taken into account. If students choose a CPPF process framework based on the CMOP-e model, students will review this information. If students choose a clinical reasoning process based on the MOHO model, they will review the issues involved.
Attitudes: Students should have a client-centred approach, show respect and create a safe environment.	Previous experience and learning in theoretical and practical settings
Skills: Students should be able to conduct an unstructured interview	Students will also review issues related to the free interview, and ethical issues related home visit and multiprofessional work.

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☒ **Post-SBL assignment**	Teachers might ask students to submit written records of their observation notes and complete SimOT Compass following execution of simulation.

References

SIMBA Framework of occupational therapy competencies for simulation-based learning

Activity analysis: application to occupation. Hersch, Gayle, Lamport, N., Coffey, M. 2005

CMOP-e / CPPF therapy process: Enabling occupation II: advancing an occupational therapy vision for health, well-being & justice through occupation. Townsend, E., Polatajko, H. Canadian Association of Occupational Therapists 2007. MOHO clinical reasoning process: Kielhofner's model of human occupation: theory and application. Taylor, R. 2017.
The intentional relationship: occupational therapy and use of self. Taylor, Renee R. 2020.

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Learner demonstrates professionalism and respect when initiating the discussion with simulated participant and establishes a professional, safe environment.

Facilitation tips

Ensure adequate preparation of students that includes clear instructions and expectations; emphasis on participant safety and dignity, clarification of purpose of simulation and emphasis on safe learning environment where students can make mistakes, receive support and feedback.

Provide opportunity for students to pose questions and express uncertainty during prebriefing.

Promote safe learning experience by offering appropriate scaffolding to ensure a 'just right challenge', using constructive feedback that focuses on what was successful and strategies for addressing challenges.

Developing the scenario with consideration of socio-cultural context in which the simulation is being carried out and learning needs/levels of group.

Ensure appropriate modifications in line with individualized needs of learners.

Scenario flow

Start	
Participant state and action	
The simulation starts when the multidisciplinary team knocks on the door and the client daughter opens the door.	
	Description

Expected learner action	An occupational therapist, occupational therapy student, and, if agreed in a multidisciplinary simulation, a home care worker greets the client, the client's daughter invites the team into the house. Incoming role players perform a risk assessment before entering the house, asking like is that fine to come in, and observe the situation e.g. signs of violence. The student in the role of occupational therapist leads the situation, each team member introduces themselves. The occupational therapist checks with Leila where Leila wants to sit and asks if they can be round at the table and if they can sit. The student in the role of an occupational therapist asks Leila if she agrees to be interviewed by the student occupational therapist and practice being an occupational therapist.
Key learning points	Student demonstrates effective communication skills such as active listening, empathy, open-ended questions, and non-verbal cues, introduces themselves
Trigger for next action	Completing the introduction. Explaining the purpose of the OT visit and obtaining consent.

Action 1	
Participant state and action	
The team is seated around a table in the client's home. The occupational therapist introduces him/herself and explains why they has come for a home visit. The others also introduce themselves and the occupational therapist student occupational therapist to initiate the interview.	
	Description
Expected learner action	The student of OT role explains why this home visit is being done, reviews the referral information, checks with Leila and her daughter that they understand the importance of the home visit, ensures ethical factors. She / He explains that she/he has an occupational therapy student in teams who is completing an internship as part of her / his studies. The home care worker introduces herself and explains her role in this particular home visit OT student observes the introductions and listens carefully to the information given by the OT role and the home care worker. He / She also greets Leila and her daughter and smiles warmly. He / She asks for their permission to join the home visit and explains that he / she is learning from the OT role. He / She assures them that he / she will respect their privacy and confidentiality and that they can ask him / her any questions during the visit. The student playing the role of the daughter wants to know why the occupational therapy student is doing the interview
Key learning points	Applying communication skills for posing questions, making comments and active listening. Student demonstrates effective communication skills such as active listening, empathy, open-ended questions, and non-verbal cues, introduces themselves.
Trigger for next action	Once Leila and her daughter have agreed that the student occupational therapist can conduct the interview, the actual interview phase starts.

Action 2	
Participant state and action	
Role of occupational therapist student interviews the client and her daughter, and reviews information with the home care worker. During the interview, the occupational therapy student aims to determine he client's current situation and occupational needs Students in simulation roles have familiarized themselves with the client's situation beforehand and have prepared open-ended interview questions for the home visit	
	Description
Expected learner action	Client interview, Individual therapy process client meaningful occupation, needs In the role of OT student, the student interviews the client's needs, preferences, strengths and challenges using appropriate tools and frameworks. The OT student will also work with the client Leila, her daughter and the team to develop an OT plan that is realistic, achievable and client-centred.
Key learning points	Student (role of ot student) interview client's needs, preferences, strengths, and challenges using appropriate tools and frameworks. • To use open-ended, probing, and clarifying questions to elicit the client's perspective and experience. • To use relevant tools and frameworks to guide the interview and assessment process. • To establish rapport and trust with the client and demonstrate empathy and active listening skills. • To respect the client's autonomy, dignity, and privacy and obtain informed consent before proceeding with the interview.
Trigger for next action	At the end of the interview, the student asks if Leila or her daughter has any questions and then moves on to the final stage.

End	
Participant state and action	
The occupational therapy student and occupational therapist conclude the interview and determine the need and plan for ongoing occupational therapy. The occupational therapy student explains and repeats here how typically the client's occupational therapy process proceeds A new appointment has been arranged with the client. The situation ends on the teacher's signal.	
	Description
Expected learner action	Client situation and summary The OT student will evaluate the results of the intervention and adjust the plan by discussing a new home visit with the client. All agree that a new home visit is needed with more focus on issues such as home accessibility. Based on the interview, the student summarizes the client's strengths and challenges, and on this basis states that the next home visit will assess e.g. hand use, mobility and crafts, cooking, and other meaningful occupations for the client. All thanks for the good cooperation. The client and her daughter were satisfied with the visit's outcome and thanked the interviewer for his/her professionalism and compassion.

Key learning points	Oral feedback, To document and summarize the interview findings and communicate them to the client and client´s daughter as appropriate.
Trigger for next action	The teacher announces that the simulation has ended

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students will come to the simulation sufficiently prepared to perform the scenario (using the materials and instructions provided).
Students will demonstrate professionalism during the scenario, as they would in an actual practice situation.
Students in the supporting role will demonstrate support for their peer by being present, active, and attentive during all simulations.
Student observers will prepare and provide feedback in a respectful, constructive manner and comment on both strengths and areas for improvement.

Prebriefing thought-provoking questions

What aspects of the scenario do you need to prepare ahead of time?
How will you initiate the interaction with the client?
How will you make the client feel comfortable when performing the task during occupational analysis?
What might you say or do if the client experiences difficulty during performance or expresses unwillingness to continue?
What information will you share with the client before, during and at the end of the session?
What factors related to client safety, dignity and privacy are important to consider during the scenario?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Leila
Age	86 years old
Sex	women
Personal factors	Leila is a retired widow and mother/grandmother. Leila feels that she is a burden to others and that she has had to give up everything (crafts, flower care, gardening, cleaning, cooking, baking, etc.)
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	Managing at home, carrying out daily activities independently. Finding meaningful occupations.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Leila is interested in what is happening around her, but she has difficulty hearing and understanding the situation. She may therefore withdraw from the situation. Leila feels like a burden.
Other simulated participant *Please specify*	The daughter/son is a little frustrated with her/his mother's situation. She/he strongly hopes that her/his mother will get help and that her/his issues will be sorted out quickly. The daughter/son is frustrated by the current situation and would like the mother to move into an assisted living facility. She/he is very concerned about mother's mental health and is convinced that mother would find meaning in her life when she moved out of the house, even though she/he knows that her/his mother does not want it.

4.1.4 Occupational history

Person receiving OT services	Leila fell yesterday at home and was discharged today. Leila was diagnosed with a urinary tract infection that caused dizziness. Leila was diagnosed with a small skin wound on her unoperated knee, bruises on her arms and a large bump on her head. Her memory has been tested before, no memory problems. At the ward, nurses have pointed out that once a day catering and home care assistance once a week for showering, changing pain patches and distributing medication are currently not sufficient. The ward has been in contact with home care services, and the aim is to make a joint visit with social and health care services. The supervisor of home services has already contacted a relative to discuss the need to increase home care to_at least once a day, otherwise support services will continue. From the beginning of next month, a private cleaner will start work, initially coming once a month.
Other simulated participant *Please specify*	Daughter/Son: Occupational therapist and occupational therapy_student interview Leila_about her meaningful occupations and occupational history. The purpose of the interview is to identify what occupations Leila needs or wants to do during the day. • Leila's daughter/son have been involved in supporting Leila by running errands outside Leilas home and irregularly running other errands (like other siblings). • Daughter/son don't like the fact that Vilho (Leila´s manfriend) is living with Leila for two weeks at a time, although on the other hand it makes everyday life easier. • Daughter/son have never talked about Vilho´s and Leila's relationship with Vilho, and it is not entirely clear to daughter/son what kind of relationship they have nor when Leila had an affair with Vilho in her youth. Vilho also makes Leila's life easier financially, which is why have not wanted to intervene, even though it bothers • The daughter/son wonders why the occupational therapy student is conducting an interview and why occupational therapists are studying Leila's everyday life. Leila's children think that occupational therapy should focus on moving Leila to some kind of municipal assisted living facility.

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Leila expresses frustration related to challenges in carrying out routine daily activities, meaningful occupations
Other simulated participant *Please specify*	The daughter/son wants a service for Leila. She/he would like Leila to move into a care facility.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Feels depressed and sees oneself as a burden. No memory problems. Leila is quiet, calm and a little apologetic, yet strong-willed
Sensory functions and pain	The pain Leila has been experiencing has eased somewhat, and now it is relieved with the help of Arcoxia pain medication and pain relief lozenges.

Neuromusculoskeletal and movement-related functions	Leila had many different surgeries, including surgery on both shoulder joints (no prosthesis) and left hip (prosthesis) 14 years ago. Laila had surgery on right knee four months ago, but recovery hasn't gone as hoped. The planned surgery on the left knee has had to be postponed for a month due to the slow recovery of the right knee. The next appointment with the orthopedist will be in two months, when it will again be whether left knee surgery is possible. Joint arthritis on the fingers. Client experiences significant pain but tries not to complain. • Moving indoors with crutches and, walking is very slow, and feet on the ground, lean on walls and furniture. • Can't sit for long periods of time and prefer to rest in your own bed. • Have a wheelchair but don't want to use it, don't go outside, only for mandatory doctor's appointments.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Moves indoors with crutches, walking is very slow and feet lag on the ground
Productivity *(including (paid) work and education)*	Leilas life lacks content and she just looks out the window all day. Leila feels that she is a burden to others and that she has had to give up everything (crafts, flower care, gardening, cleaning, cooking, baking, etc.). It is difficult for her to accept strangers in her home and to get to know new people. However, when Leila gets to know someone, she enjoys being with others and is sometimes very talkative. Family members take care of affairs outside the home.
Leisure and play	

Environmental factors	
Physical environment	• live at home in Turku. The house is a three-story wooden house built during World War II, with washrooms downstairs and a bedroom upstairs sleep in a small room on the middle floor. • don't want to move to assisted living.
Social environment	• have been a widow for several years, the children live in Turku and try to help, albeit irregularly. • a male friend Vilho, who is in pretty bad shape himself. Vilho usually spends two weeks with Leila and two weeks in his own home. • have known each other since youth and have reconnected with each other 7 years ago.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

Name	Leila
Age	86 years old
Sex	women
Personal factors	Leila is a retired widow and mother/grandmother. Leila feels that she is a burden to others and that she has had to give up everything (crafts, flower care, gardening, cleaning, cooking, baking, etc.)
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	Managing at home, carrying out daily activities independently. Finding meaningful occupations.

5.2 Other relevant details

Leila has been a widow for several years, the children live in Turku and try to help, albeit irregularly.	
Physical environment	• Leila lives at her own home in Turku. The house is a three-story wooden house built during World War II, with washrooms downstairs and a bedroom upstairs sleep in a small room on the middle floor. • don't want to move to assisted living.

Priorities and desired targeted outcomes

Person receiving OT services	Leila expresses frustration related to challenges in carrying out routine daily activities, meaningful occupations

Occupational history

Person receiving OT services	Leila fell yesterday at home and was discharged today. Leila was diagnosed with a urinary tract infection that caused dizziness. Leila was diagnosed with a small skin wound on her unoperated knee, bruises on her arms and a large bump on her head. Her memory has been tested before, no memory problems. At the ward, nurses have pointed out that once a day catering and home care assistance once a week for showering, changing pain patches and distributing medication are currently not sufficient. The ward has been in contact with home care services, and the aim is to make a joint visit with social and health care services. The supervisor of home services has already contacted a relative to discuss the need to increase home care to_at least once a day, otherwise support services will continue. From the beginning of next month, a private cleaner will start work, initially coming once a month.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

Name	Leila
Age	86 years old
Sex	women
Personal factors	Leila is a retired widow and mother/grandmother. Leila feels that she is a burden to others and that she has had to give up everything (crafts, flower care, gardening, cleaning, cooking, baking, etc.)
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	Managing at home, carrying out daily activities independently. Finding meaningful occupations.

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Feels depressed and sees oneself as a burden. No memory problems. Leila is quiet, calm and a little apologetic, yet strong-willed
Sensory functions and pain	The pain Leila has been experiencing has eased somewhat, and now it is relieved with the help of Arcoxia pain medication and pain relief lozenges.
Neuromusculoskeletal and movement-related functions	Leila had many different surgeries, including surgery on both shoulder joints (no prosthesis) and left hip (prosthesis) 14 years ago. Laila had surgery on right knee four months ago, but recovery hasn't gone as hoped. The planned surgery on the left knee has had to be postponed for a month due to the slow recovery of the right knee. The next appointment with the orthopaedist will be in two months, when it will again be whether left knee surgery is possible. Joint arthritis on the fingers. Client experiences significant pain but tries not to complain. • Moving indoors with crutches and, walking is very slow, and feet on the ground, lean on walls and furniture. • Can't sit for long periods of time and prefer to rest in your own bed. • Have a wheelchair but don't want to use it, don't go outside, only for mandatory doctor's appointments.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Moves indoors with crutches, walking is very slow and feet lag on the ground
Productivity *(including (paid) work and education)*	Leilas life lacks content and she just looks out the window all day. Leila feels that she is a burden to others and that she has had to give up everything (crafts, flower care, gardening, cleaning, cooking, baking, etc.). It is difficult for her to accept strangers in her home and to get to know new people. However, when Leila gets to know someone, she enjoys being with others and is sometimes very talkative. Family members take care of affairs outside the home.
Leisure and play	

Environmental factors

Physical environment	• live at home in Turku. The house is a three-story wooden house built during World War II, with washrooms downstairs and a bedroom upstairs sleep in a small room on the middle floor. • don't want to move to assisted living.
Social environment	• have been a widow for several years, the children live in Turku and try to help, albeit irregularly. • a male friend Vilho, who is in pretty bad shape himself. Vilho usually spends two weeks with Leila and two weeks in his own home. • have known each other since youth and have reconnected with each other 7 years ago.
Services, systems and policies	

6.2 Other relevant details

General affect and behaviour

Person receiving OT services	Leila is interested in what is happening around her, but she has difficulty hearing and understanding the situation. She may therefore withdraw from the situation. Leila feels like a burden.
Other simulated participant *Please specify*	The daughter/son is a little frustrated with her/his mother's situation. She/he strongly hopes that her/his mother will get help and that her/his issues will be sorted out quickly. The daughter/son is frustrated by the current situation and would like the mother to move into an assisted living facility. She/he is very concerned about mother's mental health and is convinced that mother would find meaning in her life when she moved out of the house, even though she/he knows that her/his mother does not want it.
Person receiving OT services	Leila fell yesterday at home and was discharged today. Leila was diagnosed with a urinary tract infection that caused dizziness. Leila was diagnosed with a small skin wound on her unoperated knee, bruises on her arms and a large bump on her head. Her memory has been tested before, no memory problems. At the ward, nurses have pointed out that once a day catering and home care assistance once a week for showering, changing pain patches and distributing medication are currently not sufficient. The ward has been in contact with home care services, and the aim is to make a joint visit with social and health care services. The supervisor of home services has already contacted a relative to discuss the need to increase home care to_at least once a day, otherwise support services will continue. From the beginning of next month, a private cleaner will start work, initially coming once a month.
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Person receiving OT services	Leila expresses frustration related to challenges in carrying out routine daily activities, meaningful occupations
Other simulated participant *Please specify*	The daughter/son wants a service for Leila. She/he would like Leila to move into a care facility.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

Observe the following:
Occupational therapist/student role:
How does the therapist meet / encouter the client?
What is the interaction between the therapist and the client/ relative?
What elements of interaction does the therapist use?
How was the cooperation between different professionals? What are the elements of cooperation and division of tasks between the other professionals?
How do the workers communicate with each other?
How were ethics taken into account in the situation?
How did the therapist collect information about the client?
How did the therapist present his/her case and expertise?
How was the content of the case understood? How was the content of the case addressed?
Did the therapist identify the need for occupational therapy?

Client:
How was the client listened to and considered?
How was the client encountered?
Did the client receive guidance and help with her/his/their situation?

Relative/other participants:
How was the presence of the relative taken into account?
How was the presence of the relative noticed and recognized?

7.2 SimOT Compass

Using the questions above, peer observers will make notes on their observations of student (OT) performance during execution of the scenarios. These observations will be used during debriefing to offer feedback to peers. Optional: During or immediately following the simulation. Peer observers will complete the SimOT Compass (online or paper) for the identified learning objectives, which can also be used to support discussion during debriefing.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Prebriefing presentation (.ppt) used to inform students of aims, structure, procedure, expectation and roles of simulation, basic scenario flow and tasks for student preparation (prepared by the instructor; can also be given as handout / platform access to students)
Materials for student preparation: printed or digital handouts of Section 3: Student orientation and preparation; Section 4: Case information; Section 7: Additional information for the observer
Access to platform and materials for facilitator and simulated participant preparation: Scenario template
Handout or access to platform for students (OT role, OT student role, Leila, Leila´s daughter, and optinal home care worker)
Optional: SimOT Tool - completed with the learning objectives for this scenario (distributed to participants)

Ethical questions, client refuses

Questions	Explanations
What kind of interaction style can promote trust between client and therapist?	
A) Empathic and listening	In an empathic and listening style of interaction, it is essential to genuinely listen and ask clarifying questions and summarise in order to gain a deeper understanding of the client's situation. This also gives the client the impression that you are genuinely interested in listening and helping, which in turn helps to build a relationship of trust. (Taylor 2020, 142.) Correct answer.
B) Emphazise your own expertise in the conversations	It is a good idea for the therapist to highlight their own expertise, for example by explaining what is being done and why. However, occupational therapy emphasises client-centredness and the client's wishes and needs are paramount. The correct answer would have been A.
C) Focusing on client's errors and shortages	The discussion will highlight the client's challenges but will seek to identify strengths and focus on the meaningful activities to work on. The correct answer would have been A.
D) Avoiding difficult topics for discussion	The occupational therapist should also enable the client to discuss challenging topics. However, good professional skills include the ability to recognise one's own limits and to know where to direct the client when one's own knowledge is no longer enough. The correct answer would have been A.
Which ethical theory has most influence on the work of an occupational therapist?	
A) Virtue ethics	According to virtue ethics, the moral character of actions is judged from the perspective of how a morally ideal, or virtuous, individual would act. (Standford Encyclopedia of Philosophy 2003.) This guides the work of the occupational therapist by emphasising compassion, justice and wisdom that support the well-being of the client. Virtue ethics focuses on what the therapist strives to be, not just on following rules. There is no one right answer to a question. The answer is your own opinion and view on the matter.
B) Utilitarianism	Utilitarianism is the ethics of consequences where the moral value of an act is judged only by the consequences of the act. The moral value of an act is measured by the benefit and harm it produces. The action should therefore be such that the total benefit of the consequences is maximised in relation to the harms. (Chonko N.D.) The ethics of consequence guides the work of the occupational therapist by emphasising the effects of decisions: the therapist

	evaluates the outcomes of actions and interventions and seeks to choose those options that will maximise well-being and positive outcomes for the client. There is no one right answer to a question. The answer is your own opinion and view on the matter.
C) Deontology	Deontology is ethics of duty where right action is in accordance with duties or rules. (Chonko N.D.) The theory states that actions are taken out of duty and good motives regardless of consequences. (Chonko N.D.) Deontology guides the work of the occupational therapist by emphasizing adherence to ethical principles, rules, and professional duties. The therapist acts fairly and responsibly, regardless of the outcome, for example in accordance with their duty to promote and maintain health and well-being (Finnish Health Care Professionals Act 1994/559). There is no one right answer to a question. The answer is your own opinion and your view on the matter.
What values you should follow when working with a client?	
A) Client-centredness	Client-centredness is one of the core values of occupational therapy. Occupational therapy is always planned and implemented individually according to the client's wishes and needs. All the answers are correct, and it is extremely important to follow each value in a client situation.
B) Truth	Truth is one of the core values of occupational therapy identified by the AOTA and should guide all our work. The value is to be true to facts and reality, such as one's own professional skills and their shortcomings. One must be truthful to oneself, the client, the service recipient/provider, society and colleagues in all situations, records and assessments. Truthfulness also includes accountability, honesty, directness, accuracy and authenticity (AOTA 2020). All the answers are correct, and it is extremely important to follow each value in a client situation.
C) Justice	According to AOTA, one of the core values of occupational therapy is justice. This means that all clients should be given the same opportunities to live their lives regardless of their background. Justice also includes complying with laws and other rules and regulations in every situation (AOTA 2020). All the answers are correct, and it is extremely important to follow each value in a client situation.
What self-determination means?	
A) Obligation to follow the recommendations of the medical professionals	The client has the right to decide on their own treatment and is not obliged to follow the recommendations of others. Of course, it is good to listen to the recommendations of professionals, but the right to self-determination allows the client to decide on their own treatment.

	The correct option would have been B.
B) The client's right to determine their own treatment	In health care services, the client must be treated in agreement. If the client refuses a particular treatment, they must, as far as possible, be treated in agreement with the client in another medically acceptable way. (Valvira) This is how the right to self-determination works in Finland. Find out what the legislation is in your country. Correct.
C) The therapist's right to decide on the content of the therapy	The core value of occupational therapy, client-centeredness, means that the content and goals of therapy must be planned together with the client. Self-determination does not mean that the therapist alone decides on the content of the therapy. The correct option would have been B.
After meeting with the client, you reported the situation to the multidisciplinary team. What Interpersonal characteristic did you use in this situation?	
A) Advocate	As an advocate, the therapist speaks on behalf of the client, for example to other healthcare professionals, because as a professional they can raise issues that the client may not understand themselves. This is done when the client is not present, so that the client's point of view can be expressed. (Taylor 2020, 142). When talking to the multidisciplinary team about the situation, this style aims to highlight the client's reasons for refusing treatment and to speak from the client's point of view. Correct. Also, B is correct.
B) Problem solver	In the role of problem solver, you seek to solve the situation by asking strategic questions and using evidence (Taylor 2020, 142). So, when telling a multidisciplinary team, you are trying to solve problems such as how to get the client to agree to therapy. Correct. Also, A is correct.
C) Encourager	In the role of an encourager, you encourage and try to motivate the client to believe in their own abilities. (Taylor 2020, 142). When talking to a multidisciplinary team, you are unlikely to use this style, as the client is not involved in the situation and the style is used specifically with the client. Of course, the style could have been used in a client situation. More fitting answers would have been A and B.
Why is multidisciplinarity important?	
A) For your own work well-being	Multidisciplinarity improves your own wellbeing at work, as the multidisciplinary team provides support and offers solutions to difficult situations. Multidisciplinarity is important for all the response options.
B) To get a better understanding about client's needs	Each professional looks at the client's situation from a slightly different perspective, so hearing the views of

	all the professionals gives a more holistic view of the client's situation and needs. Multidisciplinarity is important for all response options.
C) Multidisciplinarity increases professionalism	By working with experts from other professions and hearing their views, you will also learn new things and gain new perspectives. Multidisciplinarity is important for all response options.
What should you pay attention to when presenting yourself to a client?	
A) Non-verbal communication	When introducing yourself, it's important to pay attention to non-verbal communication, such as facial expressions, gestures and tone of voice. Non-verbal communication can say more than words and can have a strong impact on the first impression you make on the client. You should also pay attention to your verbal communication.
B) Verbal communication	It's important to think about the words you use to introduce yourself and tell the client who you are, where you come from and why you have come to the meeting. You can speak as yourself but remember to use an appropriate speaking style and speak clearly and calmly. You should also pay attention to your non-verbal communication.
C) Both verbal and non-verbal communication	Both non-verbal and verbal communication need to be considered: non-verbal communication has a very strong influence on the first impression of the client, as does verbal communication. Correct answer
Which AOTA professional ethical guideline should you follow in a video situation?	(AOTA)
A) Dignity	In professional ethical guidelines, dignity includes the intrinsic value and uniqueness of the individual and cultural sensitivity. In the context of the video, dignity is reflected in the attention to the client's own challenges. There is no one right answer to this question, but all these guidelines will guide your work.
B) Prudence	The issues must be presented in a subtle and sensitive way. The client is upset that someone is coming to their home, so you should remember to calmly explain why you came to the visit. There is no one right answer to a question, but all these guidelines will guide your work.
C) Justice	The client has the right to refuse treatment and you as a professional must respect the client's right to self-determination. There is no one right answer to this question, but all these guidelines will guide your work.

D) Freedom	The client has the right to refuse treatment and you as a professional must respect the client's right to self-determination. There is no one right answer to this question, but all these guidelines will guide your work.
What kind of ethical problems can occur in occupational therapist work?	
A) self-determination vs well-being	Client may make choices that are not in line with their health or goals, such as refusing treatment. In this case, the therapist must balance between the client's right to self-determination and promoting and supporting their well-being. All options would have been correct.
B) Insufficient resources	Lack of time, staff or equipment can prevent the client's needs from being fully met, which can lead to choices about who gets help, how much and what kind. All options would have been correct.
C) Defining the customer's interest	The client's ability to make decisions may be limited, for example due to cognitive challenges, which may lead to ethical considerations about what would be in their best interests and who would determine this. All options would have been correct.
What should be considered in ethical problems?	
A) Your own values	In ethical dilemmas, you can think about how to act according to your own values and what kind of values conflicts might arise. Sometimes you may have to act in conflict with your own values, for example because of the law or policies. Keep in mind your professionalism. All options would have been correct.
B) Client’s background	The client’s contextual factors, such as culture, values, social environment and health status, should be taken into account when dealing with ethical problems, as they influence the client’s needs, decision and experiences. This will ensure that the client is treated with respect and fairness and receives individualized and appropriate care. All options would have been correct.
C) Facts	Factual information is important in ethical problems because it helps to solve ethical problems fairly, reasonably, objectively and in the best interests of the client. All options would have been correct.
D) Laws	The law guides the work of a professional and must be followed, even if it may conflict with values. . All options would have been correct.
What is the occupational therapist’s responsibility if the client refuses treatment?	
A) Respect the client’s decision.	It is the duty of the occupational therapist to respect the client’s decision to refuse treatment, as the client has the right to self-determination.

	All options would have been correct.
B) Where possible, offer alternative approaches to the client.	If the client refuses, you can discuss possible alternative treatments / approaches with the client, as appropriate, but you must respect the client's decision to refuse. All options would have been correct.
C) Consult a multidisciplinary team.	You must respect the client's decision to refuse treatment, but once the situation is over, you can and must consult and inform the multidisciplinary team, remembering the client's wishes and privacy. All options would have been correct.
What is the sensible response when a client refuses treatment?	
A) Tell the client that you have a duty to inform the referrer of the refusal.	It is important to make it clear to the client that you have a duty to inform the referring authority if you refuse treatment. In addition, you should be empathetic and, where possible, try to discuss the client's decision in a respectful way, without putting pressure on the client. Correct. Also C would have been correct.
B) Resist until the client agrees to treatment.	Under no circumstances is it a good or, in terms of the professional ethics of the occupational therapist, acceptable way to react to the situation in question. It is possible to discuss the decision, but the approach should be respectful and accepting, not belittling and coercive. A and C would have been the correct answers.
C) Try to discuss with the client the reason for the refusal, the need for care and the client's situation, while respecting the client's decision.	You can try to talk to the client in a proper and respectful way. However, the discussion should be constructive and professional, and the discussion should be ended in good time so the client doesn't feel that their decisions are not appreciated or are considered bad. Correct. Also A would have been correct.
What does Doherty's five-step process of ethical decision making involve?	
A) Identifying the type of ethical problem, use ethics theories or approaches to analyze the problem, explore the practical alternatives, complete the action and evaluate the process and outcome.	In the process, you need to identify what kind of ethical problem is at stake, use ethical theories to analyze the problem, explore options for problem solving, perform the action ethically. Finally, evaluate whether the process was successful. The process therefore guides the action when an ethical problem arises. (Doherty 2014.) This option is correct. In the newer edition of the book, the process is a 6-step process. In this case, the first step is gathering relevant information, where all the information needed to solve the problem is gathered. (Doherty 2021, 106 – 114.)
B) Finding out the problem, asking for opinions, analyzing the problem,	This option has the right features, but asking for opinions and making decisions intuitively is not part of the process. You can ponder on the steps of the

making decision intuitively and complete the action.	process together with another professional, but asking for an opinion is not part of the process. Decisions are made based on knowledge and ethical theories. Finally, it would be good to evaluate the success of the process. The correct option is A.
C) Transferring responsibility to another professional	You can consult another professional if necessary and you can discuss about the ethical problem together as part of the process, but passing the responsibility is not part of the process. The correct option is A.
After the client encounter, you reported the situation to the multidisciplinary team. What ethical theory did you use in this situation?	
A) Deontology	Sharing the client encounter with a multidisciplinary team can be based on deontology. Deontology emphasizes the moral obligation of the professional to comply with rules and ethical obligations. In this situation, you have a duty to inform at least the staff involved in the client's care about the client's refusal. There is no single right answer to this question, but deontology or utilitarianism are the most fitting answers in the situation.
B) Virtue ethics	Telling a multidisciplinary team is a complex matter based on virtue ethics, because virtue ethics is based on good people making good decisions. How each person thinks a virtuous person would act in this situation is up to each person. According to virtue ethics, at least the name should not be told to anyone other than the caring staff. There is no single right answer to this question, but deontology or utilitarianism are the most fitting answers in the situation.
C) Utilitarianism	By sharing the situation with the multidisciplinary team, based on utilitarianism, you can get further tips and support for similar situations and the client's further care and its plan may change when everyone in the care team knows what the client wants. There is no single right answer to this question, but deontology or utilitarianism are the most fitting answers in the situation.
How can occupational therapist ensure the ethicality of their decisions?	
A) Basing decisions on your own values.	You can reflect on the ethical problem in relation to your own values, but decisions should be made based on professional ethical guidelines and the law. The right answer would have been B.
B) By consulting a multidisciplinary team.	Consulting a multidisciplinary team can help ensure the ethicality of the decision. By consulting a multidisciplinary team, you can get new perspectives, opinions and facts about the ethics of your decision. However, there is often no single right answer to ethical questions, so each member's view may be slightly different, and each could have

	acted differently in the situation. Multidisciplinary team can provide support and possibly teach you new ways of working. Correct.
C) By making decisions alone without client knowing.	In this way, ethics cannot be ensured. The occupational therapist must make decisions together with the client, and if decisions are made without the client, the client must at least be informed. The correct answer would have been B.
D) Let the client make all the decisions.	The client has the right to decide on their own healthcare, but if the client decides everything on their own, there is no professional perspective. In this way, ethics cannot be ensured. The right answer would have been B.

AOTA. 2020. AOTA 2020 Occupational Therapy Code of Ethics. The American Journal of Occupational Therapy 74/2020.

Valvira Sosiaali- ja terveysalan lupa- ja valvontavirasto. N.D. Itsemääräämisoikeuden varmistaminen sosiaali- ja terveydenhuollon palveluissa. Viitattu 15.11.2024 https://valvira.fi/sosiaali-ja-terveydenhuolto/itsemaaraamisoikeus

Taylor, R.R. 2020. Being Client – Centered: Understanding interpersonal characteristics and Mode Preferences. Teoksessa the Intentional Relationship: Occupational Therapy and Use of self. FA Davis 2nd edition. 120 – 142.

Chonko, L. N.D. Ethical Theories. Viitattu 27.11.2024. https://dsef.org/wp-content/uploads/2012/07/EthicalTheories.pdf

Standford Encyclopedia of Philosophy. 2003, muokattu 2022. Virtue Ethics. Viitattu 27.11.2024. https://plato.stanford.edu/entries/ethics-virtue/

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 22: Ethical decision-making in occupational therapy: responding to client refusal during a home visit

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Ethical decision-making: Client refuses a home visit
Key words	Ethical issues and decision-making, home visit, mental health issues
Brief description	The therapist makes a home visit, but the client does not want to receive the therapist. The client has just been discharged from the hospital, and the purpose of the visit is to find out how the client is coping at home. After home visit the therapist wants to discuss an ethical problem and solution with the employer. Resolving the ethical question: should the occupational therapist go home against the client's will or should the therapist refrain from going, and is it then a case of abandonment? How does the student justify their decision, is it a legal problem or an ethical challenge?

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The example in the video is a typical Finnish home environment. The video can be made to represent a typical home environment in own country. The video is shot through the eyes of the occupational therapist and always shows the client. Additional instructions for producing your own video: Video should be made using 360 technology and if possible, use a VR application. This will give you a wider view of your home environment. The VR application allows for an immersive experience.		
Environment	☐ **Physical**	**Description**	
		Materials	
	☒ **Digital/Virtual**	**Description**	
		Materials	• Video • Computer • Digital platform (survey)

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		
Observer	1<	The video can be watched by the whole group together, in small groups, or independently.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 min.	Hands-on or digital
Prebriefing *Student preparation*	30 min.	Individually
Simulation activity	15 min. (video) 20 min. (survey)	Digital. The video can be watched by the whole group, small groups or individually. The student answers a survey/makes a report on the topic individually.
Debriefing	45-60 min.	Hands-on or digital whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	Apply skills in professional reasoning, problem solving, flexibility, creativity and critical thinking for reflecting on their own practice and making informed decisions throughout the OT process (B.1) Recognize, clarify, and resolve ethical issues and dilemmas that arise within professional relationships or within the OT process using reflection based on ethical frameworks (Code of ethics, Standards of practice, laws, and regulations) (B.3) Integrate varying perspectives in the ethics of clinical practice, occupational justice, and professional actions (B.3) Monitor safety and evaluate and reduce risks throughout the occupational therapy process and service delivery and during supervision, mentoring, teaching, and advising activities (B.3)
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	Respect laws, codes of ethics, rules and regulations that govern occupational therapy (F.2)

Learning objectives *(observable behaviour)*

Domain A	

Domain B	The student will be able to apply clinical reasoning, problem solving, flexibility, creativity and critical thinking and make informed decisions throughout the occupational therapy process. The student relevant theoretical knowledge to support practice
Domain C	
Domain D	
Domain E	
Domain F	The student will identify an ethical/legal problem. The student knows the legislation applicable to the occupational therapists work and is able to act in accordance with it. The student complies with the laws, ethical guidelines, rules, and regulations concerning occupational therapy. Encourage respect for the laws, ethics, rules and regulations governing occupational therapy. The student will understand the principles of professional ethics and understand how to demonstrate honesty and responsibility towards clients. The student should understand how to provide fair, ethical and respectful treatment to the client and be sensitive to bias, stereotypes and prejudice

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1	Occupational therapists possess knowledge about occupation and humans as occupational beings
A.2	Occupational therapists possess knowledge about occupational therapy
B.1	Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process.
C.2	Occupational therapists demonstrate competencies in establishing trusted professional relationships and partnerships.
	The teacher should assess and compare the curricula to see at which stage of their studies the script is suitable for them (intermediate or advanced). It is assumed that the student has completed a foundation course in occupational therapy (usually this means the first year). Before participating in the scenario, the student has been taught and has acquired the knowledge (described here) needed to understand and complete the scenario tasks.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Instructions and preliminary information about the video available: electronically on the learning platform	Course content and materials (books) regarding contextual components. Simulated client profile; based on client information (health condition, occupational performance)
See the video script in the appendix	

Staff

Role	*Description*	Number
OT educator	In the preparation phase, tasks include informing students about the course outline, timetable, scenario and learning objectives, the written assignment and the debriefing hands-on/online discussion, preparing the platform, adding videos and survey to it and ensuring the availability of the necessary literature.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: The student should have knowledge about ethical decision making. The student should be familiar with the theoretical underpinnings of occupational therapy and have a grasp of the relevant laws, regulations, and ethical guidelines that govern practice.	Course content and materials: The student has worked these out before being able to choose how to act: Consequentialism, deontology, and virtue ethics are the three main branches of ethical philosophy. Consequentialism focuses on the consequences of actions and their benefits or harms. Deontology emphasizes the adherence to moral rules and duties. Virtue ethics, on the other hand, focuses on a person's character virtues and moral development. The video provides a brief answer to these, and moral distress refers to a situation where a person experiences internal conflict between moral choices. The student has researched ethical issues, the laws and regulations on the client's rights to refuse home visits and services offered in occupational therapy
Attitudes: The student should have a client-centered approach, show respect and create a safe environment. The student a commitment to ethical practice, respect for client autonomy and a willingness to engage in reflective practice. Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.	Course content and materials: The student reads the material on therapeutic use of self and identifies interaction styles (interlocutor, ally, empath, supporter, facilitator, problem solver).
Skills: The student should be able to use and apply theoretical evidence-based knowledge and reasoning in ethical decision-making. The student should also be adept at professional therapeutic interaction.	Course content and materials: The task proceeds through the following steps (R. Doherty): Step 1 Gather relevant information Step 2 Identify the type of ethical problem Step 3 Use ethical theories or approaches to analyse the problem. Step 4 Explore practical options Step 5 Take action (debriefing discussion Step 6 Evaluate the outcomes of the process)

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Digi case is four-stage: 1) the student reads the theory 2) the student watches the video
☒ **Post-SBL assignment**	3) the student answers a survey/makes a report on the topic 4) the student participates in a teacher-led debriefing online-discussion

References

Rydenfelt, Henrik (2014). “Realism without Mirrors”. Book: M. C. Galavotti, D. Dieks, W. Gonzalez, S. Hartmann, T. Uebel and M. Weber (ed.). New Directions in the Philosophy of Science. New York: Springer.

Act on the Status and Rights of Patients https://www.finlex.fi/en/ (Finland)

American Occupational Therapy Association. 2010. Enforcement procedures for the Occupational Therapy Code of Ethics and Ethics Standards. The American Journal of Occupational, 64(6), 4-16

Atwal, A., & Caldwell, K. 2003. Ethics, occupational therapy and discharge planning: Four broken principles. Australian Occupational Therapy Journal, 50(4), 244-251

Doherty R.F. 2014. Ethical Decision Making in Occupational Therapy Practice. Book: Crepeau E.P., Cohn E.S. & Boyt Schell B.A. (ed.) Occupational Therapy.

Doherty, R. F. 2020. Ethical Dimensions in the Health Professions

Kielhofner, G. 2009. Conceptual Foundations of Occupational Therapy Practice. Chapter 5. Emergence of the Contemporary Paradigm: A Return to Occupation. 4. Painos. Philadelphia: F.A. Davis Company.

Taylor, R. R. 2020. The intentional relationship: Occupational therapy and use of self. FA Davis

Kinsella, E. A., Park, A. J. S., Appiagyei, J., Chang, E., & Chow, D. 2008. Through the eyes of students: Ethical tensions in occupational therapy practice. Canadian Journal of Occupational Therapy, 75(3), 176-183

Townsend, E. & Wilcock, A. 2004. Occupational justice and client-centred practice: a dialogue in progress. Canadian journal of occupational therapy, 71(2), 75–87.

Theoretical sources covering the topics of Ethics, Morality, Ethics of Duty, Ethics of Responsibility and Ethics of Virtue

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

In this video, you will see events through the eyes of an occupational therapist. The occupational therapist's actions cannot therefore be evaluated. The intention is for students to consider how they themselves would act in a similar situation.

Facilitation tips

This is a video case, so no facilitation or guidance is needed while watching it. Facilitation takes place during the debriefing session.

Scenario flow

See Appendix 8.1

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

See teacher's manual

Prebriefing thought-provoking questions

In this simulation exercise, it is important that first you watch the video, then answer the survey and participate in the group debriefing discussion.

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Maya
Age	31 years old
Sex	female
Personal factors	Client is not motivated to cooperate with the occupational therapist, alcohol problem and mental health problems.
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	Patient self-discharged from hospital, assessment of home situation and ability to carry out daily activities at home

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client's substance abuse reflects her coping mechanism, and her fear of pain hinders her recovery. The client was hospitalized after a drunken fall and injured her lower limb; no fractures were found. The client discharged herself and wanted a wheelchair because of severe pain, bruises, wounds and swelling in her lower limbs.
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	The client has been drinking heavily for a long time and sometimes uses other drugs as well. The client does not take good care of herself or her home. However, the client also says that she enjoys her work as a laboratory technician and that she is proud of her skills and achievements. The client has a good reputation at her research institute, and she is respected by her colleagues and supervisors.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The home visit is to find out how the client is coping at home.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mental problems.
Sensory functions and pain	Fear of pain.
Neuromusculoskeletal and movement-related functions	The client has limitations in her walking because of drunken fall. She has pain in lower limbs, no fractures.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	The client has limitations in her daily activities, such as walking, dressing, personal hygiene, cooking, taking care her home.
Productivity *(including (paid) work and education)*	The client works as a laboratory technician for a research institute and is currently on sick leave.
Leisure and play	

Environmental factors	
Physical environment	The client apartment is not adapted for her wheelchair use. The client's wheelchair affects her mobility and accessibility in home environments.
Social environment	The client has restrictions on her social participation, such as maintaining relationships, engaging in hobbies and working. The client is on sick leave.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What was the ethical problem?
How would you have acted in this situation?
How would you have encountered the client?
What are important considerations for the first encounter?
How did you feel, what kind of interaction should there be in this situation?
What information would you have needed about this home visit situation?
As a therapist, how would you express your professionalism in meeting the client?
What theoretical knowledge do you feel you need?
How should the need for occupational therapy have been justified in this situation?
How can you demonstrate respect for the client in this situation?
How can you meet the client respectfully?
At the end of the home visit, how would you summarize the essential aspects of occupational therapy and the client?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Appendix (manuscript) below

Manuscript - The client refuses

Opening scene

Infobox 1/2: Hello, and welcome to a virtual home visit! As a worker, you get to visit a recently repatriated client who faces great challenges in coping with everyday life at home.

Infobox 2/2: Remember that there is no one right answer to ethical questions, but when laws and values come into conflict, many different perspectives must be taken into account. The most important thing is to be aware of and recognize the ethical challenges of situations and to strive to act in the best possible way.

Scenario 1: Meeting

Video:
The camera approaches the front door, the doorbell rings.
A customer in a wheelchair opens the door and looks at the camera with a questioning expression on his face.
The video stops.

Question 1: How do you introduce yourself to the client?
Multiple choice:
(a) I told my name
B) I say I am a worker
C) I tell you that I will come to the appointment
D) All from above

Path 1: Answer option D (all from above)	Path 2: Answer options A, B, and C
Video: The client hesitates for a moment, but then nods. The client opens the door so that the camera can pass through the doorway and turns around. The client turns the wheelchair around and starts rolling towards the living room. The video stops. Infobox: Research shows that the first impression is made within the first two minutes. In addition to speech, it is good to pay attention to your own non-verbal communication, such as facial expressions and body language.	Video: The client is left looking confused at the camera, and then angrily says "go away!" The video stops. Infobox: It is important that the client understands who has come to them and why. Now your presentation fell short, which is why the client reacted negatively. Please try again. Return to question 1. Path 2 ends.

Scenario 2: The customer refuses for the first time (Path 1 continues)

Video:
The client rolls a wheelchair into the living room.
The client looks at the camera angrily.
The client angrily asks, "What do you want?"
The video stops.

Infobox: I have come to make sure that your discharge has gone well and that you can manage at home after the hospital stay

Video:
The client says, "I don't need your help, you can fade away!"
The video stops.

Infobox 1/3: In this situation, you can respect the client's right to self-determination, which is regulated by the Act on the Status and Rights of Patients.

Infobox 2/3: Section 6: "*The patient shall be treated in agreement with him/her. If a patient refuses a particular treatment or treatment, he shall, if possible, be treated in agreement with him in another medically acceptable manner*".

Infobox 3 of 3: You can also try to talk to the client and make them understand that you want to help them. Good interaction is respectful and humane, which also shows honesty and mutual trust.

Question 2: Will you continue to discuss the issue or will you leave the situation?
Multiple choice:
A) I will continue the debate
B) I leave the situation

Path 1: Answer option A (I will continue the discussion)	Path 3: Answer option B (I exit the situation)
Question 3: What ethical theory is your choice based on? Multiple choice: A) Consequential ethics B) Duty ethics C) Virtue ethics Infobox 1/2: According to consequential ethics, a good deed has good consequences, while in duty ethics, a right action is defined according to a duty or a right rule. According to the view of virtue ethics, a good and wise person is capable of making the right decisions in different situations. Infobox 2/2: Because you think the service you provide is in the customer's best interest, you act in accordance with the principles of consequential ethics.	Question 4: What ethical theory is your choice based on? Multiple choice: A) Consequential ethics B) Duty ethics C) Virtue ethics Infobox 1/2: According to consequential ethics, a good deed has good consequences, while in duty ethics, a right action is defined according to a duty or a right rule. According to the view of virtue ethics, a good and wise person is capable of making the right decisions in different situations. Infobox 2/2: Since you chose to comply with the law on patient self-determination, you acted in accordance with the principles of duty ethics. Question 5: You end the appointment. What do you do? Multiple choice: A) I thank the customer and leave B) I thank the customer and leave the scene, after which I notify the referring party of the situation C) I inform the client of my concern and that I am obliged to contact the referring party. After this, I thank the customer and leave. Infobox 1/2: The employee must respect the expertise of the professional groups involved in the client's repatriation process and, if necessary, recommend the services of another expert to the client.

	Infobox 2/2: It is the employee's duty to provide the client with information about his or her situation and the consequences that may arise if the services are refused. It is also important to provide the customer with instructions and contact details in case they change their mind about the withdrawal process. Continue **to situation 5** Path 3 ends

Scenario 3: The client refuses a second time (Path 1 continues)

Infobox: Look around, what kind of challenges do you feel a client faces when moving and operating at home?

Video: (only if there is an ordinary camera, otherwise there is no need to worry about this)
The camera captures an environment that is messy
Kitchen tables are littered with dirty dishes and plastic packaging
The living room is full of cardboard boxes, clothes and empty bottles
The camera turns back to the client
The video stops.

Infobox: We should go through together the things that you find challenging after you get home. For example, it would be a good idea to modify your home environment to make it easier for you to live here.

Video:
The client angrily says, "You always invade here and try to change me and my home, I don't need your help!"

The video stops.

Infobox 1/2: Client orientation starts from a human touch, which is expressed through appreciation, attention and employee attitude. Adapting the service to the client's individual needs and wishes increases the positive feeling, which increases the client's motivation and commitment to treatment. In an open dialogue, the customer experiences a sense of participation related to the design of the service.
Infobox 2/2: However, the client always has the opportunity to refuse treatment. The client's right to information is essential here, as they cannot make choices about themselves with incomplete information. The information must be conveyed to the customer so that he understands things clearly. If possible, the client must be treated by some other means, in consultation with the patient when implementing the treatment.

Question 6: How do you proceed?
Multiple choice:
A) I will continue to discuss the matter, taking into account the client's wishes
B) I ignore the client, but decide to make the necessary changes, even by force
C) I understand the client and walk away from the situation

Path 1: Answer option A (I will continue the discussion taking into account the client's wishes)	Path 4: Answer option B (I ignore the client and decide to make the necessary changes, even by force)	Answer option C (I understand the client and leave the situation)
Infobox: You have decided to tell the client why the changes are important and how you could take into account the client's wishes in implementing them. The client seems a little calmer. Question 7: What kind of interaction style have you taken in this client situation? Multiple choice: A) Advocate: I have helped a client overcome challenges B) Ally: I have worked with a client C) Empath: I have listened to and understood the customer D) Encourager: I have helped the client believe in their own abilities E) Director: I have been a role model F) Problem solver: I have focused on quality of service and scientific evidence	Infobox: You have decided to make the necessary changes at the client's home without their consent. At the end of the meeting, the client seems very sad and disappointed. Question 8: What kind of interaction style have you taken in this client situation? Multiple choice: A) Advocate: I have helped a client overcome challenges B) Ally: I have worked with a client C) Empath: I have listened to and understood the customer D) Encourager: I have helped the client believe in their own abilities E) Director: I have been a role model F) Problem solver: I have focused on quality of service and scientific evidence Continue **to situation 5** Path 4 ends	Continue to path 3

Scenario 4: Ending the home visit (Path 1 continues)

Video:
The client looks into the camera with a serious expression on his face.
The client says, "I understand that you want to help me, but my will is that you leave me alone. I've been living alone for decades, and I don't need your or anyone else's help."

The video stops.

Question 9: You decide to end the meeting. What do you do?
Multiple choice:
A) I thank the client and leave
B) I thank the client and leave the scene, after which I notify the referring party of the situation
C) I inform the client of my concern and that I am obliged to contact the referring party. After this, I thank the customer and leave.

Infobox 1/2: The employee must respect the expertise of the professional groups involved in the client's repatriation process and, if necessary, recommend the services of another expert to the client.

Infobox 2/2: It is the employee's duty to provide the client with information about his or her situation and the consequences that may arise if the services are refused. It is also important to provide the client with instructions and contact details in case they change their mind about the withdrawal process.

Scenario 5: Discussing an ethical dilemma with the employer (Path 1 continues)

Infobox: The client encounter leaves you wondering and you want to discuss it with your employer. He suggests you a five-step process to unravel ethical issues.

Video:
The camera looks at the employer sitting at the desk.
The employer looks at the camera and says, "According to what you said, you were annoyed that the client refused to accept the help you offered. The first step is to identify what the ethical dilemma was about. In your opinion, what was the biggest ethical dilemma in this client situation?"
The video stops.

Question 10: In your opinion, what was the biggest ethical dilemma in this client situation?
Multiple choice:
A) The client wouldn't let me finish my job
B) I felt that I had an obligation to help the client, but they did not want to accept my help
C) In my opinion, the changes I brought about were not big enough

Video:
The employer says: "As an employee, you have a duty to help the client to the best of your ability, but also to respect their autonomy. Sometimes the opinions of professionals and clients about the right procedures can come into conflict. It is very important to distinguish between factual information and assumptions about a case. What do you know for sure about this particular client´s situation?"
The video stops.

Question 11: What do you know for sure about the client's situation?
Multiple choice:
A) The client was in a bad mood
B) The client did not want to receive help
C) I am a failed employee because I was unable to help the client

Video:
The employer says: "We cannot fully know why people behave in a certain way, and we cannot always influence the decisions made by others. For this reason, it's important to focus on those things that we know for sure and thus be able to act more objectively and avoid emotional reactions. Now we could reflect a little on how serious the ethical problem was. Situations in which a person knows how to act but is unable to react as they see fit, for example because of the law or general policies, are often referred to as moral distress. In a client encounter, you felt that you had a duty to help the client, but their autonomy limited you. Do you think it's more important to follow your values or the law in this situation?"
The video stops.

Question 12: Do you think it is more important to follow your values or the law in this situation?
Multiple choice:
A) My values of helping others
B) Self-determination law
C) I can't decide, I ask for support from a multidisciplinary team

Video:
The employer says: "Now we could think of different options to solve this ethical dilemma. What do you think is the best course of action in this situation?"
The video stops.

Question 13: What do you think is the best course of action in this situation?
Multiple choice:
A) I will try to visit the client again
B) I contact other members of the multidisciplinary team
C) I will find out whether I have the right to contact the client's relatives
D) I leave the client alone
E) I report a concern about a client

Video:
The employer says: "Together with a multidisciplinary team, we can try to make the client understand the importance of the withdrawal process. Family members may only be contacted with the client's permission and may act as the client's representative and advocate, especially when the client is unable to assess his/her own need for care. On the other hand, the role of relatives may also complicate the situation if they, the client or the nursing staff have completely conflicting views on the best possible solution for the client. However, we must remember that no one can be forced to accept help. The notification of concern can be filled in using an online form or by contacting the emergency social services. Finally, we could stop and think about your values, what kind of values do you feel you have acted in this client situation?"
The video stops.

Question 14: What values do you feel you have acted according to in the client situation?
Multiple choice: (can choose from multiple options!)
A) Client orientation
B) Fairness
C) Duty
D) Truth
E) Freedom
F) Veneration
G) Well-being

Button: Continue

Final scene

Video:

The employer says: "Great, you have now identified the ethical dilemma you encountered during the home visit, considered your values and different interaction styles, as well as possible solutions to the situation. Ethical problems are challenging, as they often involve many different perspectives that conflict with each other. There is not always one right solution to situations, but luckily you don't have to think about them alone. You can now reflect on the questions raised by the situation together with your fellow students and learn more about their experiences.'

The video stops.

Infobox: Thank you for being involved!

Sources:

Doherty R.F. 2014. Ethical Decision Making in Occupational Therapy Practice. Kirjassa Crepeau E.P., Cohn E.S. & Boyt Schell B.A. N.d. Occupational Therapy. Wolters Kluwer.

Etene. 2001. Terveydenhuollon yhteinen arvopohja, yhteiset tavoitteet ja periaatteet. Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta ETENE.

Etene. 2004. Autonomia ja heitteillejättö - eettistä rajankäyntiä. Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta ETENE.

Etene. 2011. Sosiaali- ja terveysalan eettinen perusta. Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta ETENE.

Francine, M., Lazenby, M. S. N., & BS, B. 2013. The relationship of moral distress, ethical environment and nurse job satisfaction. *Online Journal of Health Ethics, 10*(1), 2.

Kuluttajaliitto. Hei potilas tiedätkö oikeutesi. https://www.kuluttajaliitto.fi/materiaalit/heipotilas/

Laki potilaan asemasta ja oikeuksista. 1992/785. Annettu 17.8.1992.Viitattu 23.5.2022. https://finlex.fi/fi/laki/ajantasa/1992/19920785#L2P3

Pentikäinen, I. N.d. FI2 – Etiikka. Viitattu 25.5.2022 osoitteessa: https://peda.net/p/Ismo%20Pentik%C3%A4inen/fi2-etiikka22

Rautava-Nurmi, H., Westergård, A., Henttonen, T., Ojala, M., & Vuorinen, S. 2012. Hoitotyön taidot ja toiminnot. Helsinki: Sanoma Pro Oy.

Suomen fysioterapeutit. 2014. Fysioterapeuttien eettiset ohjeet. Viitattu 25.5.2022 osoitteessa: https://www.suomenfysioterapeutit.fi/wp-content/uploads/2018/01/Fysioterapeutin_Eettiset_Ohjeet_2014.pdf

Taylor, R. R. 2009. The intentional relationship: Occupational therapy and use of self. FA Davis.

Turun kaupunki. N.d. Huoli-ilmoitus iäkkäästä henkilöstä. Viitattu 27.5.2022 osoitteessa: https://www.turku.fi/sosiaali-ja-terveyspalvelut/ikaihmisten-palvelut/ikaantyneiden-neuvonta-ja-ohjaus/huoli-ilmoitus

Valvira. 2018. Potilaan itsemääräämisoikeus. Viitattu 25.5.2022 osoitteessa: https://www.valvira.fi/terveydenhuolto/potilaan-asema-ja-oikeudet-oikeudet/potilaan-itsemaaraamisoikeus

Virtanen, P., Suoheimo, M., Lamminmäki, S., Ahonen, P., & Suokas, M. 2011. Matkaopas asiakaslähtöisten sosiaali-ja terveyspalvelujen kehittämiseen. Viitattu 25.5.2022 osoitteessa: https://www.businessfinland.fi/globalassets/julkaisut/matkaopas.pdf?

Cultural differences, multi culturally

Questions	Explanations
What ethical conflicts might arise in occupational therapist work?	
A) cultural values and therapist's own values	The occupational therapist may encounter situations where the client's cultural or religious values differ from the therapist's own values or practices. This may lead to challenges, for example in developing a therapy plan. All options are correct.
B) Data protection and privacy	Protecting client information can be challenging, especially when the therapist must share information with other professionals for the benefit of the client. Client consent and compliance with data protection laws is particularly important. There is also a right to privacy and data protection within the family, which means that the therapist does not have to tell them about your condition or treatment unless you want to. All options are correct.
C) Client vs. relative disagreement about care or the need for it	The client's and their close ones' differing views on treatment or the need for it is an ethically challenging situation. In this situation, the therapist must consider the client's autonomy and their own opinion, but also the concerns of the person close to them. All options are correct.
Why is cultural sensitivity important in multicultural client situations?	
A) It helps the client to feel valued and heard	A culturally sensitive approach shows the client that their background, values and experiences are important. This helps to build a trusting relationship and increases the client's well-being by making them feel valued as an individual. All options are correct
B) It ensures more effective communication and cooperation	Misunderstandings due to cultural differences can complicate communication and reduce the effectiveness of therapy. Cultural sensitivity helps therapists to understand the client's perspectives and needs, which improves interaction and collaboration. All options are correct
C) Helps to reduce prejudice	Cultural sensitivity challenges the therapist to become aware of and deal with any prejudices or assumptions they may have. This promotes more equal and fair treatment and helps to eliminate possible stereotypes that could negatively affect the client relationship. All options are correct
What is individual-based culture?	
A) Emphasis on the opinion of others, for example the family or community	An individualistic culture emphasizes the freedom and responsibility of individuals to make their own decisions, to be independent and to achieve their

	own goals. In such cultures, the needs and rights of the individual often take precedence over the expectations of the group. Examples of individualistic cultures include many Western countries, such as the United States and the Nordic countries. Wrong answer. The correct answer is B.
B) Everyone is responsible for themselves and their own actions	An individual culture emphasizes the freedom and responsibility of the individual to make their own decisions, to be independent and to achieve their own goals. In such cultures, the needs and rights of the individual often take precedence over the expectations of the group. Examples of individualistic cultures include many Western countries, such as the United States and the Nordic countries. Correct answer.
C) Family relationships and community expectations are more important than personal goals	An individualistic culture emphasizes the freedom and responsibility of individuals to make their own decisions, to be independent and to achieve their own goals. In such cultures, the needs and rights of the individual often take precedence over the expectations of the group. Examples of individualistic cultures include many Western countries, such as the United States and the Nordic countries. Wrong answer. The correct answer is B.
What is community-based culture?	
A) Individual is encouraged to act independently and to highlight their own achievements	In a community culture, the emphasis is on the goals of the group or community rather than the needs of the individual. In such cultures, family, community and social cohesion are particularly important, and much attention is paid to group harmony and collective values. Many Asian, African and Latin American cultures are examples of communal cultures. Wrong answer. The correct answer is C.
B) Individuals' needs and goals are more important than community's expectations	In a community culture, the emphasis is on the goals of the group or community rather than the needs of the individual. In such cultures, family, community and social cohesion are particularly important, and much attention is paid to group harmony and collective values. Many Asian, African and Latin American cultures are examples of communal cultures. Wrong answer. The correct answer is C.
C) Individuals' actions reflect on the whole community and its reputation.	In a community culture, the emphasis is on the goals of the group or community rather than the needs of the individual. In such cultures, family, community and social cohesion are particularly important, and much attention is paid to group harmony and collective values. Many Asian, African and Latin American cultures are examples of communal cultures.

	Correct answer.
What are the risks of translation by a close person in a client situation?	
A) A close person may distort the message because of their own feelings or thoughts	A close person may unintentionally or intentionally modify the client's message or the therapist's instructions, which can lead to misunderstandings and treatment failure. All options are correct
B) The client's privacy may be compromised	The client's right to privacy and confidentiality can be compromised when a close person is part of the conversation. This can be particularly sensitive when dealing with personal or sensitive issues. All options are correct
C) A close person may be mistaken because of professional terminology	If a close person doesn't understand the professional terminology, this can lead to messages not being translated correctly. This in turn can affect the quality of care and the outcome. All options are correct
How can you improve cultural competence in your work with clients?	
A) By making assumptions about the client's culture	Assumptions and generalizations should be avoided. People from the same cultural background may differ significantly from each other, for example, because of age, gender, religion or personal experiences. Cultural competence requires meeting the individual as a unique person. Correct. Correct answers also B and E
B) Taking into account the individual needs and cultural background of the client	Respect for the client's cultural views and consideration of needs and backgrounds are essential elements of cultural competence. This promotes a trusting and client-centered relationship. Correct. Correct answers also A and E
C) Always using your own language and customs	This option doesn't take into account the cultural background of the client at all. Working in a culturally competent way means respecting and adapting to the client's culture and needs, not giving priority to one's own ways. This can prevent the client from feeling understood and valued and reduce the effectiveness of care. Wrong. The correct answers are A, B and E.
D) Ignoring cultural differences and focusing only on the customer situation	Respecting cultural differences is an essential part of working with clients. By ignoring cultural differences, the needs and perspectives of the client's background can be overlooked, undermining interaction and quality of care. Cultural sensitivity is important for building an effective and respectful therapy relationship. Wrong. The correct answers are A, B and E.

E) Sensitively ask the client about cultural issues that I don't know or understand	Asking sensitively about cultural issues shows openness and respect for the client's culture. A culturally competent professional doesn't make assumptions but asks the client when necessary to better understand their needs and perspective. This promotes trust and improves the quality of care. Correct. Correct answers also A and B
Which AOTA professional ethical guideline should you follow in a video situation?	
A) Dignity	Dignity guides the therapist's actions, both in the video client visit and in all other work. Dignity is about the inherent worth and uniqueness of the person, which should always be valued. Cultural sensitivity, humility and agility are also part of this core value (AOTA 2020). All answers are correct.
B) Prudence	Prudence as a core value guides all the work of the occupational therapist. In every situation, one should be discreet, for example, consider how to say things, and how to act in the best possible way towards the client (AOTA 2020.) All answers are correct.
C) Equality	Equality is a very important core value on which the work of an occupational therapist must be based. In short, equality means that all people have the same rights, opportunities and treatment, regardless of their background or other personal characteristics. Everyone must therefore be respected. (AOTA 2020.) The UN Universal Declaration of Human Rights also defines human rights, including the right to equality. (United Nations N.D.) All answers are correct.
Which interpersonal characteristics you can use in a video client situation?	
A) Advocate	As an advocate, you make it clear to the client's spouse that you are here for your client, and that you are trying to help them with their needs and wishes. In other words, you are advocating for your client's needs (Taylor 2020, 142). There is no one right answer to this question.
B) Empathic	As an Empathic, you can ask the client additional questions to gain a better understanding of the client's perspective and what is worrying them. (Taylor 2020, 142.) There is no one right answer to this question.
C) Encourager	As an encourager, you can strengthen your client's faith and hope for recovery and independence at home. This style of interaction can be very effective with a depressed client if used in moderation (Taylor 2020, 142.)

	There is no one right answer to this question.
What should a worker take into account when a mental health diagnosis is a sensitive issue in the client's culture?	
A) The worker should respect the client's cultural taboos but provide additional information and support in a subtle way when necessary.	It is very important to respect the client's cultural views and possible taboos about mental health, but at the same time the worker must provide information and support in a sensitive and subtle way. This will help the client to understand the diagnosis and treatment options without feeling that their cultural values are under threat. Correct.
B) The employee should avoid the topic altogether because of the clients' cultural taboos	A mental health diagnosis shouldn't be avoided altogether, as it is an important part of the client's care. Treatment should be done in a culturally sensitive way, not completely avoided. Wrong. The correct answer is A.
C) The worker should address the issue directly and ensure that the client understands the seriousness of the mental health diagnosis, regardless of cultural aspects.	While it is important to ensure that the client understands the seriousness of the diagnosis, cultural aspects must be taken into account. A direct and harsh approach can cause shame or fear in the client, especially in cultures where mental health problems are stigmatized. Wrong. The correct answer is A.
D) The worker should let the client's close ones decide how the mental health diagnosis will be handled and what action will be taken.	The role of close ones may be particularly important in certain cultures, but the worker must always respect the client's right to self-determination and participation in decision-making about care. Close ones' power of making decision should not prevent the client's own needs and opinions from being heard. Wrong. The correct answer is A.
How can taboos affect interactions with clients?	
A) Taboos can make it difficult to discuss certain topics with clients, which can make open interaction difficult.	Taboos are not generally acceptable to talk about, for example in culture, such as mental health. This makes it difficult to have an open discussion with the client. Correct. Correct answer is also C.
B) Taboos do not affect interaction, because all clients react in the same way.	Not all clients feel the same way about the same things. Each client is an individual, whose behavior is influenced differently by culture and taboos. Taboos affect open interaction in occupational therapy. Correct answer: A and C.
C) Taboos can cause confusion or misunderstandings if not recognized by the therapist.	If the occupational therapist does not recognize taboos or why the client finds it difficult to talk about certain issues, this can cause confusion and misunderstandings for the client and the therapist. This is why cultural competence and open interaction are important in occupational therapy. Correct. Correct answer is also A.

D) Taboos are irrelevant because the therapist's professionalism overcomes cultural barriers.	A therapist's skills do not cross cultural barriers. Each client is an individual, whose behavior is influenced differently by culture and taboos. Taboos affect open interaction in occupational therapy. A therapist with good cultural competence can bring up taboos in a sensitive way, therefore contributing to open interaction. Correct answer: A and C.
What should an occupational therapist consider when using a translator?	
A) Talking directly to the client	The occupational therapist speaks directly to the client, even if a translator is present. This is to give the client the experience of being listened to and heard. The correct answer is also C.
B) Allow the translator to make decisions on the client's behalf	It is up to the client to decide on their own care. The translator is only present for the translation. Correct answer: A and C.
C) Professional terminology	When using a translator, professional terminology must be considered to avoid misunderstandings due to incorrect translation. The correct answer is also A.
D) The role of an occupational therapist is not to provide a translator	It isn't directly the occupational therapist's main task to provide a translator, but to ensure that the client can participate fully in the treatment process and that communication is clear and understandable. Correct answer: A and C.
How is cultural competence reflected in the work of an occupational therapist?	
A) It doesn't show, because occupational therapy is based on universal methods.	Cultural competence is reflected in the work of an occupational therapist, in order to create client-centered and culturally sensitive therapy, you need to understand and respect client's cultural differences. Correct answer: B.
B) The occupational therapist takes the client's cultural background into account when planning the therapy and its objectives.	The occupational therapist must consider and respect the client's culture. Cultural sensitivity should be kept in mind throughout the therapy. Correct.
C) The occupational therapist adapts their practice to the client's cultural needs and customs.	To a certain extent, the occupational therapist adapts the activity to the client's cultural needs, while keeping in mind the therapeutic elements of the therapy and its ethics. Correct answer: B.
What to do when the client has a different view of the role of the occupational therapist?	
A) Talk openly with the client about their expectations and clarify your role as an occupational therapist.	You should tell the client openly why you came to the meeting and what you can do together. Correct. The correct answer would also be D.

B) To adapt your own work fully to the client's expectations, even if it doesn't comply with professional principles.	Completely adapting your own work, takes the meaning out of therapy. Tell the client openly why you came to the meeting and what you can do together. Correct answers: A and D.
C) Override the client's view, as the occupational therapist's professionalism determines the goals and practices of the therapy.	The client's perspective should not be completely ignored, as occupational therapy is client-centered. Tell the client openly why you came to the meeting and what you can do together to combine occupational therapy practices with the client's wishes. Correct answers: A and D.
D) Try to find a common understanding with the client by combining professional expertise and the client's wishes.	The principles of occupational therapy and the client's wishes should be discussed openly with the client to find a common understanding and goals for the therapy. Correct. The correct answer would also be A.
How can you present your own professional role to the client when their wishes differ from your own?	
A) You don't tell the client, and you adapt your role to the client's wishes	You must be honest with the client about what is part of your job description. The benefits of occupational therapy are lost if you only act according to the client's wishes and have no therapeutic basis. Explain to the client in a reasoned and sensitive way what is part of your job description. You can also refer the client to different professionals who would meet the client's wishes. Correct answer: B.
B) Sensitively and reasonably explain your own job description and increase the client's knowledge of those services that could meet their needs.	It is good to explain to the client in a reasoned and sensitive way what your job description is and to discuss with the client what you can do in occupational therapy. You can also refer the client to other services that might meet the client's needs. Correct answer.
C) You leave because your perceptions of the job differ	Don't go away. Explain to the client in a reasoned and sensitive way what your job description is. You can also refer the client to different professionals who can meet their needs. Correct answer: B.
D) You ask the entity that made the referral to inform the client about your role	You should explain to the client why you are there and what your job description is, in a reasoned and sensitive way. You can also refer the client to different professionals who could help the client according to their wishes. You can also ask the entity that made the referral to clarify to the client your roles and other health care staffs' roles. Correct answer: B.
Who has right to use social and health services in Finland?	
A) For all people living or working in Finland	As a person living or working in Finland, you have the right to use social and health services. As a temporary resident in Finland, you have also a right to use medically necessary medical treatment.

	(Norden N.D.) As an EU citizen, you can use health services in another EU or EEA country or in Switzerland. Correct answer. Find out who has a right to use social and health services in your country.
B) Only for people born in that country	As an EU citizen, you can use health services in another EU or EEA country or in Switzerland. Wrong. The correct answer is A.
C) Only for those who can afford it	As an EU citizen, you can use health services in another EU or EEA country or in Switzerland. Wrong. The correct answer is A.
How should the therapist act if the client's cultural norms conflicts with law?	
A) Completely ignore the client's cultural norms.	The client's cultural norms should not be completely ignored, as they can be very important to the client. Try to apply the norms in such way that you can act in accordance with the law. The correct answer is C.
B) Leave the decision to the client	The decision shouldn't be left to the client alone. Discuss and consider with the client how you can work together to respect the culture but comply with the law. The correct answer is C.
C) Respect the cultural norms of the client, but act in accordance with the law.	You and your client should work together to apply the policy and cultural norms in a way that maintains respect for the culture, but that complies with the law. The correct answer.
D) Ignore the law, as occupational therapy is client-centered	Although occupational therapy is client-centered, legislation cannot be ignored. Occupations and cultural norms should be applied together with the client so that both respect for the culture is maintained, but you act in accordance with the law. The correct answer is C.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 23: Ethical and cultural decision-making in occupational therapy: managing conflicting perspectives during a home visit

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Ethical decision-making: Culturally home visit
Key words	Ethical issues and decision-making, home visit, culturally issues
Brief description	The therapist makes a home visit. The client has been in an accident that has left her with both physical and mental challenges, and she has difficulty to cope with household chores. The client, her spouse and OT have conflicting views about what kind of services the client need. After home visit the therapist wants to discuss an ethical problem and solution with the employer. Resolving the ethical question: what should be done in this situation? What kind understanding of culture you should have? What to do when there is a difference in values and attitudes between you, the client and her spouse? How can you support the client in dealing with everyday challenges? What information do you need as an occupational therapist?

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The example in the video is a typical Finnish home environment. The video can be made to represent a typical home environment in own country. The video is shot through the eyes of the client. Additional instructions for producing your own video: Video should be made using 360 technology and if possible, use a VR application. This will give you a wider view of your home environment. The VR application allows for an immersive experience.		
Environment	☐ **Physical**	**Description**	
		Materials	
	☒ **Digital/Virtual**	**Description**	
		Materials	• Video • Computer • Digital platform (survey)

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		

Observer	1<	The video can be watched by the whole group together, in small groups, or independently.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 min.	Hands-on or digital
Prebriefing *Student preparation*	30 min.	Individually
Simulation activity	15 min. (video) 20 min. (survey)	Digital The video can be watched by the whole group, small groups or individually. The student answers a survey/makes a report on the topic individually.
Debriefing	45- 60 min.	Hands-on or digital whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	Individual and cultural differences in beliefs about causes of health, occupation, and occupational practices (A.4)
Domain B: Managing and conducting OT process	Recognize, clarify, and resolve ethical issues and dilemmas that arise within professional relationships or within the OT process using reflection based on ethical frameworks (Code of ethics, Standards of practice, laws, and regulations) (B.3) Recognize, understand, and respect cultural differences and diversity (B.4) Identify and manage the influence of one's own values and culture on practice and act to minimize personal bias and inequitable practice based on social position and power (B.4)
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	Respect laws, codes of ethics, rules and regulations that govern occupational therapy (F.2)

Learning objectives *(observable behaviour)*

Domain A	The student understands health factors, recognizes and respect cultural differences and diversity. The student understands occupational performance related to the client's culture and can take into account the impact of the client's culture on the aforementioned issues.

Domain B	The student will be able to apply clinical reasoning, problem solving, flexibility, creativity and critical thinking and make informed decisions throughout the occupational therapy process. The student use relevant theoretical knowledge to support practice. The student will recognize and manage the impact of their own values and culture on practice, and act to minimize personal prejudices and unfair practices based on social status and power. The student will understand how to act and practice in an inclusive, culturally responsive and culturally safe manner using culturally sensitive communication tools and strategies.
Domain C	
Domain D	
Domain E	
Domain F	The student will identify an ethical/legal problem. The student knows the legislation applicable to the occupational therapists work and is able to act in accordance with it. The student complies with the laws, ethical guidelines, rules, and regulations concerning occupational therapy. The student will understand the principles of professional ethics and understand how to demonstrate honesty and responsibility towards clients. The student should understand how to provide fair, ethical and respectful treatment to the client and be sensitive to bias, stereotypes and prejudice

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1	Occupational therapists possess knowledge about occupation and humans as occupational beings
A.5	Occupational therapists possess general professional knowledge about health and social care
B.1	Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process.
F.2	Occupational therapists demonstrate competencies for understanding and working within the local and national context and legislation.
	The teacher should assess and compare the curricula to see at which stage of their studies the script is suitable for them (intermediate or advanced). It is assumed that the student has completed a foundation course in occupational therapy (usually this means the first year). Before participating in the scenario, the student has been taught and has acquired the knowledge (described here) needed to understand and complete the scenario tasks.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Instructions and preliminary information about the video available: electronically on the learning platform	Course content and materials (books) regarding contextual components. Simulated client profile; based on client information (health condition, occupational performance)
See the video script in the appendix	

Staff

Role	*Description*	Number
OT educator	In the preparation phase, tasks include informing students about the course outline, timetable, scenario and learning objectives, the written assignment and the debriefing hands-on/online discussion, preparing the platform, adding videos and survey to it and ensuring the availability of the necessary literature.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: The student should have knowledge about ethical decision making. The student should be familiar with the theoretical underpinnings of occupational therapy and have a grasp of the relevant laws, regulations, and ethical guidelines that govern practice.	Course content and materials: The student has worked these out before being able to choose how to act: Consequentialism, deontology, and virtue ethics are the three main branches of ethical philosophy. Consequentialism focuses on the consequences of actions and their benefits or harms. Deontology emphasizes the adherence to moral rules and duties. Virtue ethics, on the other hand, focuses on a person's character virtues and moral development. The video provides a brief answer to these, and moral distress refers to a situation where a person experiences internal conflict between moral choices. The student has searched for information on cultural sensitivity.
Attitudes: The student should have a client-centered approach, show respect and create a safe environment. The student a commitment to ethical practice, respect for client autonomy and a willingness to engage in reflective practice. Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.	Course content and materials: The student reads the material on therapeutic use of self and identifies interaction styles (interlocutor, ally, empath, supporter, facilitator, problem solver).
Skills: The student should be able to use and apply theoretical evidence-based knowledge and reasoning in ethical decision-making. The student should also be adept at professional therapeutic interaction. The student uses literature to identify their own cultural competences and identify where she /he needs theoretical knowledge or other competences.	Course content and materials: The task proceeds through the following steps (R. Doherty): Step 1 Gather relevant information Step 2 Identify the type of ethical problem Step 3 Use ethical theories or approaches to analyse the problem. Step 4 Explore practical options Step 5 Take action (debriefing discussion Step 6 Evaluate the outcomes of the process)

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Digi case is four-stage: 1) the student reads the theory 2) the student watches the video
☒ **Post-SBL assignment**	3) the student answers a survey/makes a report on the topic 4) the student participates in a teacher-led debriefing online-discussion

References

Bourke-Taylor, H., & Hudson, D. 2005. Cultural differences: The experience of establishing an occupational therapy service in a developing community. Australian Occupational Therapy Journal, 52(3), 188–198.

Fitzgerald, M. H., Mullavey-O'Byrne, C., & Clemson, L. 2010. Cultural issues from practice. Australian Occupational Therapy Journal, 44(1), 1–21.

Lindsay, S., King, G., Klassen, A. F., Esses, V., & Stachel, M. 2012. Working with immigrant families raising a child with a disability: challenges and recommendations for healthcare and community service providers. Disability and Rehabilitation, 34(23), 2007–2017.

Doherty R.F. 2014. Ethical Decision Making in Occupational Therapy Practice. Book: Crepeau E.P., Cohn E.S. & Boyt Schell B.A. (ed.) Occupational Therapy.

Doherty, R. F. 2020. Ethical Dimensions in the Health Professions

Taylor, R. R. 2020. The intentional relationship: Occupational therapy and use of self. FA Davis

Darawsheh, M. Chard, G. & Eklund, M. 2015. The Challenge of Cultural Competency in the Multicultural 21st Century: A Conceptual Model to Guide Occupational Therapy Practice. The Open Journal of Occupational Therapy. https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1147&context=ojot&fbclid=IwAR3QjhLp2aImdmxfvj1bZmWmYGq5fgHks2Jhk7RzBj7XUfqaeJCyvXVh8sg

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour

In this video, you will see events through the eyes of a client. The intention is for students to consider how they themselves would act in a similar situation.

Facilitation tips

This is a video case, so no facilitation or guidance is needed while watching it. Facilitation takes place during the debriefing session.

Scenario flow

See Appendix 8.1

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

See teacher's manual

Prebriefing thought-provoking questions

In this simulation exercise, it is important that first you watch the video, then answer the survey and participate in the group debriefing discussion.

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Nadia and spouse Ali
Age	27 years old
Sex	Female
Personal factors	The client does not share a common language with the occupational therapist, so there is very little background information available.
Ethnicity and cultural context	Middle Eastern, not entirely accurate information, no Finnish language skills. Spouse acts as interpreter.
Reason the participant is seeking OT service and concerns related to engagement in occupations	Challenges of daily activities and everyday life, finding out the situation at home. Unclear physical and mental health challenges, language problems and find out the client's own perspective on the situation.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client has experienced an accident that resulted in both physical and psychological challenges, including difficulty using her dominant hand, pain, and symptoms of anxiety The client has difficulty coping with household chores. The client, her spouse, and the occupational therapist have conflicting views on what kind of services and assistance the client needs. The client's background information is limited, and the overall picture of the client's situation is incomplete.
Other simulated participant *Please specify*	The spouse has a clear view of the role of occupational therapy. The spouse is the head of the family and responsible for all decisions and has a strong need for privacy.

4.1.4 Occupational history

Person receiving OT services	The client has four children under the age of 10. The client has taken care of the children and the home. The client's background information is limited, and the overall picture of the client's situation is incomplete. All information about the client has been obtained from her spouse, who speaks a language occupational therapy share with him.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The home visit is to find out how the client is coping at home and what are the biggest challenges.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mental challenges
Sensory functions and pain	Dominant hand pain, unclear anxiety
Neuromusculoskeletal and movement-related functions	The client has difficulties using her dominant hand because of an accident. She experiences pain in her dominant upper limb.
Voice and speech functions	
Other	No information on medicines and health before the accident, after the accident no information on current adverse effects
Activities and participation	
Self-care and domestic life	The client's accident affects her performance and involvement in daily tasks. The client has difficulties in performing activities of daily living, such as self-care, household tasks and childcare. The client has restrictions in participating in social, cultural and community involvement.
Productivity *(including (paid) work and education)*	She is a housewife and is unable to take care of her own children.
Leisure and play	Spending free time playing with children, challenges holding her children in her arms

Environmental factors	
Physical environment	Accessible mobility in the home.
Social environment	Spends most of her time with her family at home.
Services, systems and policies	Since she does not know the language of her country of residence, she needs her spouse help to interpret things.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What was the ethical problem?
How would you have acted in this situation?
How would you have encountered the client?
What are important considerations for the first encounter?
How did you feel, what kind of interaction should there be in this situation?
What information would you have needed about this home visit situation?
As a therapist, how would you express your professionalism in meeting the client?
What theoretical knowledge do you feel you need?
How should the need for occupational therapy have been justified in this situation?
How can you demonstrate respect for the client in this situation?
How can you meet the client respectfully?
At the end of the home visit, how would you summarize the essential aspects of occupational therapy and the client?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Appendix (manuscript) below

Manuscript - Cultural differences

Opening scene

Infobox 1/3: Hello, and welcome to a virtual and multicultural client encounter! You get to put yourself in the role of a client who receives the employee into their home.

Infobox 2/3: You've been in an accident that causes both physical and mental challenges and you have difficulty doing household chores. However, you, your spouse and the employee have conflicting views on what kind of services you need.

Infobox 3/3: Remember that there is no one right answer to ethical questions, but when laws and values come into conflict, many different perspectives must be taken into account. The most important thing is to be aware of and recognize the ethical challenges of situations and to strive to act in the best possible way.

Scenario 1: Meeting

Video:
Doorbell ring.
The camera approaches the front door from the inside of the home.
The front door opens.
A kindly smiling worker stands at the door.
The social- and health care worker says, "Hi, I'm an worker, I've come for an scheduled home visit."
The camera moves out of the way, and the worker enters the hallway.

The video stops.

Infobox: You don't speak Finnish, so your spouse arrives. He tells the worker that he is happy that he has come to help you maintain the home, because since the accident you have not been able to clean or cook for your family. You notice that the worker gets confused.

Question 1: What do you think is causing the worker's confusion?
Multiple choice:
A) the foreign language used by you and your spouse
B) She has come to the wrong house
C) You have different ideas about how he is supposed to help you and your family

Path 1: Answer option C	Path 2: Answer options A and B
Continue to step 2	Infobox: An employee can get confused for many reasons, but in this case, it's something else. Please try again. Go back to question 1 Path 2 ends

Situation 2: Interpretation

Video:

The camera gives way to allow the worker to walk into the living room.
The worker sits down on the couch.
The worker turns to look at the camera and says, "Do you understand that I have come to discuss and assess your situation and find ways for you to carry out everyday chores independently?"

The video stops.

Infobox: You don't understand what the worker is saying, so you turn to your spouse. He tells you that everything is fine, but you think he is lying because he is clearly irritable.

Question 2: What challenges can the interpretation of a loved one pose in such a situation?
Multiple choice:
A) The feelings, assumptions and expectations of a loved one can affect the content of the message
B) A loved one may not be able to translate the content of the message correctly
C) The client's privacy is compromised
D) All of the above

Path 1: Answer option D	Path 3: Answer options A, B, and C
Infobox 1/2: When there is no official interpreter available in a client situation, the content of the message may be distorted due to the loved one's own interpretations. Even if the interpreter is a close family member, everyone has the right to keep their health information secret. Infobox 2/2: Act on the Status and Rights of Patients, section 3: *"Patients have the right to high-quality health care and medical care. His care shall be organised and he shall be treated in such a way that his dignity is not violated and his beliefs and privacy are respected.'* Continue to situation 3	Infobox: Your choice was partly correct, but the interpretation made by a loved one can also cause many other challenges. Please try again. Go back to question 2 Path 3 ends

Situation 3: Difference in views on the employee's tasks, individuality and communality (Path 1 continues)

Video:
The worker looks at the camera and says, "I haven't come here to clean or cook for you, I've come to make sure you can do it independently."
The worker shows the camera picture cards to help the client understand what is going on.
OR
The worker uses a translation app on their phone to help the client understand what is going on.

The video stops.

Infobox 1 of 3: You understand why an worker has come to your house, but your spouse still seems nervous. You, too, feel very tired after an accident and would just like help with household chores. In your culture, hiring a housekeeper is common, but in Finland it is appreciated that everyone is able to work independently.

Infobox 2/3: Cultures can be divided into individual and communal cultures according to the value of the individual in relation to the surrounding community. In individual cultures, people are seen as separate beings whose goal is to become independent and discover their unique qualities.

Infobox 3/3: In communal cultures, the individual represents the whole group, so it is considered important to preserve the honor of the entire community. For a person who has grown up in a communal culture, the concept of self is based on connection with other people, and their behavior is strongly guided by what is best for the whole community.
Question 3: What do you think, does Finland have an individual or communal culture?

Multiple choice:
A) Individual culture
B) Communal culture

Infobox 1/2: Although each individual and family has its own set of values, customs and habits, Finland can be classified as an individual culture. However, Finland has communal features, as the Social Insurance Institution of Finland, for example, manages the basic security of people living in Finland at different stages of life, and Finns are motivated to pay high taxes to take care of the members of their community.

Infobox 2/2: On a smaller scale, however, Finns are very individualistic: young people move out on their own early and a happy life is seen to be in the hands of the individual.

Situation 4: Denial of diagnosis (Path 1 continues)

Video:
The worker looks into the camera and says, "I understand that since the accident, you have had not only physical challenges, but also melancholy and other symptoms that could indicate depression. How have you felt?"

The video stops.

Infobox: Your spouse interprets for you that the worker says you're messed up. You feel ashamed because in your culture, mental health challenges are still taboo.

Question 4: How would you like the worker to address issues related to your diagnosis?
Multiple choice:
A) I hope that he will not mention the whole subject, but will concentrate on practical matters
B) I have been feeling bad, so I would like to have more information on this, but in such a way that no outsider can find out

Path 1: Answer option B	Path 4: Answer option A
Infobox 1/2: Mental health challenges are seen very differently in different cultures. In many cultures, they are not recognised, and depression, for example, does not have a direct equivalent in every language. Infobox 2/2: However, mental health challenges should not be completely ignored, as they can greatly affect a person's well-being. However, it is important to remember that for some, mental health challenges can cause deep shame, which is why the topic must be handled sensitively. Continue to situation 5	Infobox: Even if the topic seems difficult, mental health challenges should not be completely ignored as they can greatly affect a person's well-being. Please try again. Go back to question 4 Path 4 ends

Situation 5: Human and fundamental rights, equality (Path 1 continues)

Video:
The worker looks at the camera and says, "Don't worry, it's a natural reaction after a major accident. It's my job and my team's job to help you find ways to feel better."

The video stops.

Infobox: You are concerned about whether your family is entitled to the services described by the employee, even though you have only lived in Finland for a short time. You ask your spouse to translate your questions into Finnish.

Video:
The worker looks into the camera, nods and says, "Don't worry, of course you are entitled to the help and services we provide, just like any other citizen."

The video stops.

Infobox 1/3: Human rights are rights of all human beings guaranteed by international treaties. In addition to human rights, the Constitution of Finland guarantees all people fundamental rights that are binding on all organs of public authority.

Infobox 2/3: Constitution of Finland, section 6: "*No one shall be placed in a different position on the basis of gender, age, origin, language, religion, belief, opinion, state of health, disability or other personal characteristics without an acceptable justification".*

Infobox 3/3: Unfortunately, human and fundamental rights are not always realised equally. Although many things are going well in Finland, there are many situations where, for example, a person's place of residence determines what kind of services they can receive.

Question 5: Stop and consider in which situations fundamental rights are not always realised in Finnish social and health care.

Multiple choice: (can choose multiple options!)
A) Gender minorities and ethnic groups experience discrimination due to structures and people's prejudices, among other things
B) Insufficient mental health and investment services for children and young people
C) There are municipal differences in access to disability services and they do not always take into account the individual's specific needs
D) Shortcomings in care and services for the elderly, as their quality is not adequately monitored
E) Legislation requires gender-correcting people to have infertility and a psychiatric diagnosis
F) All of the above

Continue button

Path 1: Answer option F	Path 5: Answer options A, B, C, D, and E
Infobox: All of the above situations are examples where people's fundamental rights are not always realised. Can you think of other similar situations? Continue to situation 6	Infobox: Your choice was partly correct, but the realisation of fundamental rights is compromised in more situations. Please try again. Go back to question 5 Path 5 ends

Scenario 6: End of home visit (Path 1 continues)

Video:
The worker looks at the camera and says, 'But I think it would be better for us to meet again when there is also an official interpreter'.
An worker digs out a piece of paper with his/ her contact information from his/her bag. The worker shows the paper to the client and says, "If you have any questions, feel free to contact me. Otherwise, I will call you as soon as we have found a suitable interpreter."
The worker stands up and starts walking towards the front door.
At the front door, an worker turns to look at the camera and says, "Hey, we'll see you soon!"
The worker opens the front door, steps out, and closes the door behind him.

The video stops.

Infobox: Arranging interpreting services is often the responsibility of the paying party or employer. It should be taken into account that interpretation is not always possible due to, for example, family or friendship ties, bias or gender issues. In some situations, interpretation can also be provided remotely via telephone or online connection.

Scenario 7: Discussing an ethical dilemma with the employer (Path 1 continues)

Infobox: You can now consider the client situation from the worker's point of view. The encounter left you wondering, and you want to discuss it with your employer. Together you will start thinking about the ethical problem and its solution.

Video:
The camera looks at the employer sitting at the desk.
The employer looks at the camera and says, "According to what you told me, the home visit to the client left you annoyed. The first step is to identify what the ethical dilemma was about. In your opinion, what was the biggest ethical dilemma in this client situation?"

The video stops.

Question 6: In your opinion, what was the biggest ethical dilemma in this client situation?
Multiple choice
A) My and the client's views did not meet
B) The client's spouse interfered with the client's interaction with the client
C) My and the client's cultures were too different
D) The client did not recognize their own challenges

Video:
The employer says: "Sometimes the opinions of professionals and clients about the right procedures can come into conflict, and there can be many reasons for this. Multicultural client situations require cultural competence, i.e. competence, which means that one's own habits and values are mirrored with the habits and values of other cultures. Cultural competence includes cultural awareness, knowledge, skills, encounters and motivation. As a close concept, we can also talk about cultural sensitivity, which means respectful interaction skills and respectful encounters and communication between the professional and the client so that both are accepted and heard as themselves. As a professional, how could you promote cultural competence and a culturally sensitive approach to work in customer situations?"

The video stops.

Question 7: As a professional, how could you promote cultural competence and a culturally sensitive approach to work in client situations?
Multiple choice: (can choose multiple options!)
A) Reflecting on the influence and significance of my cultural background on myself and my attitudes
B) Asking the client about their own customs, values and culture instead of making assumptions and generalizations
C) By meeting the customer as an individual, not as a representative of a particular group
D) Using plain language, images, gestures, translation applications and an interpreter when necessary
E) Being curious, open and patient

Continue button

Video:
The employer says: "Situations where a person knows how to act but is unable to react as they see fit, for example because of the law or general policies, are often referred to as moral distress. In a customer encounter, you felt that you had a certain role and task, but the customer would have wanted something else. Do you think it is more important to follow your professional role or the client's wishes in this situation?"
The video stops.

Question 8: Do you think it is more important to follow your professional role or the client's wishes in this situation?
Multiple choice:
A) My professional role
B) Client wishes

Video:
The employer says: "As professionals in a certain field, we have certain tasks and expectations, but also our personal values and attitudes influence our decision-making and the relationship we manage to build with our customers. It is important to identify your own values, and you could now consider what kind of values you feel you have acted in this client situation?"

The video stops.

Question 9: What values do you feel you have acted according to in the client situation?
Multiple choice: (can choose from multiple options!)
A) Client orientation
B) Fairness
C) Duty
D) Truth
E) Freedom
F) Veneration
G) Well-being

Continue button

Final scene

Video:
The employer says: "Great, you have now identified the ethical dilemma you encountered during a home visit, familiarised yourself with the concepts of cultural sensitivity and competence, and considered your professional role and values. Ethical problems are challenging, as they often involve many different perspectives that conflict with each other. There is not always one right solution to situations, but luckily you don't have to think about them alone. You can now reflect on the questions raised by the situation together with your fellow students and learn more about their experiences.
The video stops.

Infobox: Thank you for being involved!

Sources:

Ihmisoikeusliitto. 2017. Ihmisoikeusliiton varjoraportti Euroopan neuvostolle: Oikeus terveyteen ja toimeentuloon ei toteudu Suomessa. Viitattu 14.6.2022 osoitteessa: https://ihmisoikeusliitto.fi/varjoraportti-oikeus-terveyteen-ja-toimeentuloon/
Kanervo, S. ja Saarinen, T. 2004. *Kulttuurit keskuudessamme*. Turun kulttuurikeskus.
Kansaneläkelaitos. N.d. Tulkkaus kuntoutuksessa. Viitattu 16.6.2022 osoitteessa: https://www.kela.fi/yhteistyokumppanit-kuntoutuspalvelut-ohjeita-palveluntuottajille-tulkkaus-kuntoutuksessa#miten-toimin-kun-etatulkkaus-toteutetaan-puhelimella-
Kupiainen, E. 2021. Perus- ja ihmisoikeuksien toteutuminen Suomessa – koottuja havaintoja vuodelta 2019. Helsinki: Ihmisoikeuskeskus.
Laki potilaan asemasta ja oikeuksista. 1992/785. Annettu 17.8.1992.Viitattu 23.5.2022 osoitteessa: https://finlex.fi/fi/laki/ajantasa/1992/19920785#L2P3
Markus, H. R., & Kitayama, S. 1991. Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253.
Oyserman, D. ja Lee, S. W. S. 2008. Does culture influence what and how we think? Effects of priming individualism and collectivism. *Psychological Bulletin,* 134(2), 311–342.
Papunet. N.d. Kuvapankki. Viitattu 12.6.2022 osoitteessa: https://kuvapankki.papunet.net/
Suomen perustuslaki. 1999/731. Annettu 11.6.1999. Viitattu 15.6.2022 osoitteessa: https://www.finlex.fi/fi/laki/ajantasa/1999/19990731
Terveyden ja Hyvinvoinnin Laitos. 2021. Kulttuurisensitiivinen työote. Viitattu 15.6.2022 osoitteessa: https://thl.fi/fi/web/maahanmuutto-ja-kulttuurinen-moninaisuus/tyon-tueksi/hyvia-kaytantoja/kulttuurisensitiivinen-tyoote

Sexuality and abuse

Questions	Explanations
How to sensitively discuss about sexuality with the client?	
A) Asking directly	Some people may consider sexuality as a taboo due to their culture or other personal reasons, which may make direct questioning intrusive and therefore prevent open interaction. Correct answer: C
B) I won't because sexuality is client's private matter	Failure to address the issue can leave the client alone with their situation, which doesn't support professional responsibility. Sexuality is part of overall well-being and occupational performance, so it needs to be taken into account as well. Correct answer: C
C) Have a general discussion and see if the client starts to discuss the topic themselves	This approach is empathetic and respectful and can encourage the client to open up. "Models" have been created to help with sensitive discussion of sexuality, such as PLISSIT and BETTER. These are worth checking out. Correct answer
D) You wait for the client to bring up the topic themselves	This passive approach can lead to the issue not being addressed at all. Sexuality is part of overall well-being and occupational performance, so it needs to be taken into account as well. Correct answer: C
What should you underline when talking to a client who feels they deserve to be abused?	
A) The client is brave when talking about the topic	Encouragement helps the client to feel heard and valued. It is good to show the client that they are brave, because it is not easy to talk about it. There is no one right answer, but this and B are the most appropriate
B) No one deserves to be abused	This can relieve any feelings of guilt and increase the dignity of the client. There is no one right answer, but this and A are the most appropriate
C) The situation can be reviewed together with professionals	This can be useful at a later stage but does not directly address the emotional need of the client. When the client raises the issue, it is important to be empathic and validate the client's feelings. A and B are more appropriate
How can you deal with the feelings of the client's violent situation in yourself?	
A) By turning to a multidisciplinary team	Team support provides perspectives and support in dealing with the situation. The team can also provide peer support and advice on how to further discuss the issue with the client. All options are appropriate, but A is the most appropriate option from a professional ethical point of view.

B) Discussing your experience with your close ones	Talking to your close ones can be a good way to vent your feelings, BUT privacy and confidentiality must be remembered. So, you can talk about it in general terms, and open up about your own feelings, taking certain things into account. All options are appropriate, but A is the most appropriate option from a professional ethical point of view.
C) By obtaining additional training	Further training will help deepen your understanding and skills for similar situations. This is a long-term solution and will not help in that acute situation. All options are appropriate, but A is the most appropriate option from a professional ethical point of view.
Why might people find it challenging to talk about sexuality in social and health care?	
A) Sexuality is seen as a private matter, which doesn't concern a professional	It is common for sexuality to be experienced as a private matter and to feel awkward or uncomfortable discussing it. However, sexual health is as much a part of a person as any other health issue, and as a professional it is important to learn how to talk about it. There is no one right answer to this question.
B) The perspective of the minorities is not presented enough	In the past at least, very little has been said and taught about the minority perspective compared to other perspectives, which is why the attitudes and knowledge of professionals are variable. Everyone has the same rights regardless of sexuality, gender or gender identity (United Nations N.D.) There is no one right answer to this question.
C) The reaction of the client is scary	A negative reaction from the client may be scary, making it more difficult to raise the issue. This may prevent an open discussion with the client. There is no one right answer to this question.
D) Lack of knowledge among professionals	This is one of the main reasons why there is insecurity about discussing the issue. There is no one right answer to this question.
E) Sexuality is seen as less important than other health issues	Sexuality is as important a part of holistic well-being as any other aspect. There is no one right answer to this question.
What interpersonal characteristic would you use in a video client situation?	
A) Empathic	As an empathic, you listen to the client's concerns about their relationship and sexuality and ask additional questions to gain a better understanding of their situation. An empathic approach can help the client to open up and reflect more deeply on their situation, which will also increase the therapist's understanding of the underlying factors (Taylor 2020, 142).

	There is no one right answer to this question
B) Encourager	As an encourager, you can support the client to express their feelings despite their lack of confidence. An encouraging approach emphasises encouraging the client, providing positive feedback and maintaining optimism (Taylor 2020, 142.) In a video situation, it is important to encourage the client and give positive feedback for being brave enough to talk about difficult topics. There is no one right answer to this question.
C) Advocate	As an advocate, you highlight the client's rights and seek to promote the client's resources. In a video situation, it is particularly important to defend the client's rights: for example, you can refer them to the support and services they need. (Taylor 2020, 142.) As an advocate, you also make the client aware that they don't deserve to be abused. There is no one right answer to this question.
D) Collaborator	As a collaborator, you emphasise collaboration with the client, empowerment of the client and an equal therapeutic relationship (Taylor 2020, 142). In a video situation, the emphasis on collaboration is particularly important as the therapist listens to the client's wishes, needs and goals. There is no one right answer to this question.
Which AOTA professional ethical guideline should you follow in a video situation?	
A) Justice	Justice means giving everyone the same opportunities and respecting the law. During the client meeting, you can share your concerns and let them know that they have the same sexual rights and immunities as everyone else. There is no one right answer to this question.
B) Dignity	Every person is worth the same. You respect the client when they tell you about their worries. You can also make it clear to the client that they don't deserve to be treated the way they are because of their illness or anything else. There is no one right answer to this question.
C) Prudence	In a video client meeting, you are dealing with challenging issues with your client, so it is important to handle them delicately and consider what and how you say things to your client. There is no one right answer to this question.
What is included in sexual rights?	
A) Sexual development, biological sex, gender identity and role, sexual orientation and family extension	These are part of sexuality. Sexual rights include the right to decide on matters related to one's own sexuality, which are listed in this answer. Wrong. Correct answer choices are B and D
B) The right to decide independently on matters related to one's own sexuality	The sexual right in a nutshell is the right to decide on one's own sexuality (listed in answer choice A).

	Correct. Correct answer also: D
C) The right to decide independently on matters relating to the sexuality of another person	The right is only about the right to decide about one's own sexuality and related factors. Wrong. Correct answer choices: B and D
D) Self-determination, consent, safety, trust and the opportunity to talk about sexuality	These are key elements of sexual rights. The sexual right in a nutshell is the right to decide on one's own sexuality (listed in response option A). Correct answer also: B
What do you do if you find that your own professional skills are not sufficient to deal with issues/questions related to the client's sexuality?	
A) I would recommend another professional who could help the client.	By recommending another professional, you ensure that the client gets the support they need. For help with sexuality-related issues, you can ask a sexual therapist or other social and health professionals. Correct. Correct answers would also be C and D.
B) I ignore the topic and focus on the original goals of the therapy.	This leaves the client alone with their concerns, which does not support their overall well-being. Wrong. Better answers would have been A, C or D.
C) I focus on the client's need for support and ignore other objectives.	You need to consider whether it is more important to focus solely on this particular issue at that moment, or to try to take into account the other objectives of the visit. Correct. Correct answers would also be A and D.
D) I talk to the client about the issue, but at the same time I try to achieve the original goals of the visit.	You need to consider whether it is more important to focus solely on this particular issue at that moment, or to try to take into account the other objectives of the visit. Correct. Correct answers would also be A and C.
What values do you feel you have lived up to in a client situation?	
A) Client-centricity	This value emphasizes understanding of the client's needs and situations. In general, also one of the core values of occupational therapy. All options are equally correct.
B) Justice	This value emphasizes the importance of equal treatment of all parties and support for victims of violence. All options are equally right.
C) The obligation	This value emphasizes the responsibility of the professional to comply with legislation and codes of conduct. All options are equally correct
D) Well-being	This value emphasizes the improvement of the client's physical, psychological, social and sexual well-being. All options are equally correct
What is mental abuse?	
A) Threatening or intimidating someone verbally or by other means	Mental abuse involves increasing the fear or anxiety of others by threatening them.

	Correct. Also C and D are correct.
B) Harming the physical integrity of another person, such as hitting or pushing	Physical violence is related to the violation of bodily integrity, while mental abuse is related to psychological well-being. Wrong. The correct options are A, C and D.
C) Nullifying and constantly criticizing the other	Mental abuse can manifest itself as a denigration of another's worth, which undermines self-esteem and creates an oppressive dynamic. Correct. Also A and D are correct.
D) Isolating the other person from social relationships, for example by denying contact with friends or family.	Isolation is a common form of mental abuse that can lead to increased dependency of the victim on the abuser. Correct. Also A and C are correct.
E) Abuse limited to visible acts only	Mental abuse is not physically visible and can manifest itself subtly, for example through verbal subjugation. Wrong. The correct options are A, C and D.
What is physical abuse?	
A) Hitting, pushing and kicking	Physical abuse includes any act that harms or threatens the body of another. Correct. Also B and C are correct.
B) Preventing movement	Physical abuse can also take the form of control, such as preventing the victim from leaving the scene. Correct. Also A and C are correct.
C) Sexual abuse, such as forcing someone to perform sexual acts without consent.	Sexual abuse is a form of physical abuse that is directed against the victim's body and violates their integrity. Correct. Also A and B are correct.
D) Isolating the other from family and friends by denying contact.	This is mental abuse, directed at psychological well-being and not at the physical body. Wrong. Correct answers are A, B and C.
What would you do if a client asked you not to tell anyone about the violence they have experienced?	
A) I promise the client that I won't tell anyone.	This option respects the client's right to self-determination but does not guarantee their safety. There is no single right answer to this question, but the seriousness of the situation must be taken into account when considering the solution. A balance must be struck between safety and confidentiality.
B) I tell the customer about the services they can turn to independently.	By providing information, the client can get the help they need when they feel ready. There is no single right answer to this question, but the seriousness of the situation must be taken into account when considering the solution. A balance must be struck between safety and confidentiality.

C) I will inform the multidisciplinary team	This ensures that the client gets the support they need, even if it breaks their trust for a short period. There is no single right answer to this question, but the seriousness of the situation must be taken into account when considering the solution. A balance must be struck between safety and confidentiality.
D) I will inform the authorities.	If a serious situation arises, it is necessary to act and report it to ensure the safety of the client. There is no single right answer to this question, but the seriousness of the situation must be taken into account when considering the solution. A balance must be struck between safety and confidentiality.
What are the potential barriers to supporting the client if sexuality issues are not addressed?	
A) The client's trust in the professional may be undermined.	The client may feel that they aren't understood or that their concerns are being downplayed. Correct. Also B is correct.
B) Problems related to relationship dynamics may be exacerbated	If the client's concerns are not addressed, problems can remain unsolved. Correct. Also A is correct.
C) Nothing, because sexuality is a private matter for every person.	Yes, there is. Sexuality is part of a person's overall well-being. Wrong. A and B are correct.
What ethical problems might arise in the work of an occupational therapist?	
A) Client's self-determination vs. safety	The therapist must respect the client's right to self-determination, while ensuring that the client's decision does not compromise their safety or well-being. There is no single right answer to this question, but all are relevant.
B) Professional confidentiality vs. duty to report abuse	The conflict between professional confidentiality and the duty to report abuse is one of the most significant ethical problems in the work of occupational therapists. In such a situation, the therapist must balance between maintaining the client's confidentiality and the legal obligation to report. It is worth considering whether it is more important to respect confidentiality and maintain a confidential therapeutic relationship, or to comply with the law and try to do one's best to end the abuse. There is no single right answer to this question, but all are relevant.
C) The therapist's own limits and capacity	Occupational therapists may experience emotional strain or must compromise between their own values and the demands of the workplace or the wishes and values of the client. There is no singe right answer to this question, but all are relevant.

How can you support a sexual minority client who is experiencing shame or fear because of their sexuality?	
A) I underline that their sexual orientation is a natural part of their identity.	This strengthens the client's self-esteem and normalize their experience of their own sexuality. This is correct. Correct answer is also C.
B) I won't address the topic, because it may be too sensitive or touchy for discussion.	This may protect the client from momentary discomfort, but in the long run it is not a viable solution. The client will be left without the support they need. Correct answers are A and C
C) I discuss together with the client how their environment, such as their relationship or family relationships, affects their experience of sexuality.	This helps the client to understand how external factors can influence their feelings and decisions. This is correct. Correct answer is also A.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 24: Ethical and professional decision-making in occupational therapy: responding to a client's disclosure of domestic violence

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Ethical decision making: Sexual identity and abuse
Key words	Ethical issues and decision-making, home visit, sexuality, abuse
Brief description	This simulation case involves meeting a client in a difficult situation. The client describes a domestic violence experience she has had during a home visit. The video unfolds through the eyes of the therapist. Resolving the ethical question: what should be done in this situation? Should you intervene in a situation of intimate partner abuse? How can you support the client in dealing with sexuality and sexual identity issues? What information do you need as an occupational therapist?

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	The example in the video is a typical Finnish home environment. The video can be made to represent a typical home environment in own country. The video is shot through the eyes of the occupational therapist and always shows the client. Additional instructions for producing your own video: Video should be made using 360 technology and if possible, use a VR application. This will give you a wider view of your home environment. The VR application allows for an immersive experience.		
Environment	☐ **Physical**	**Description**	
		Materials	
	☒ **Digital/Virtual**	**Description**	
		Materials	• Video • Computer • Digital platform (survey)

Student roles	Number of students	Extra information
Occupational therapist		
Participant		
Other simulated participant *Please specify in extra information*		
Observer	1<	The video can be watched by the whole group together, in small groups, or independently.

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	30 min.	Hands-on or digital
Prebriefing *Student preparation*	30 min.	Individually
Simulation activity	15 min. (video) 20 min. (survey)	Digital The video can be watched by the whole group, small groups or individually. The student answers a survey/makes a report on the topic individually.
Debriefing	45-60 min.	Hands-on or digital whole group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	The nature and range of health conditions (A.5)
Domain B: Managing and conducting OT process	Respond to and reports unprofessional, unethical, or oppressive behaviour when observed in practice (B.3) Recognize, clarify, and resolve ethical issues and dilemmas that arise within professional relationships or within the OT process using reflection based on ethical frameworks (Code of ethics, Standards of practice, laws, and regulations) (B.3)
Domain C: Developing and maintaining professional relationships and partnerships	Communicate in a respectful, appropriate, and effective manner with clients, families, significant others, colleagues/team members, supervisors, agencies, school, work, community and public (C.1) Understand and respects the unique nature of individuals, view the client holistically in a broader context and appreciates diversity (C.2.1)
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	The student can identify the health factors and occupational performance associated with MS.
Domain B	The student will identify an ethical/legal problem. The student knows the legislation applicable to the occupational therapists work and is able to act in accordance with it. The student will respect the laws, ethical rules, codes and regulations governing occupational therapy. The student will observe professional ethics and demonstrate integrity and responsibility towards the client. The student provides fair, ethical and respectful practice and is sensitive to bias, stereotypes and prejudice.

Domain C	The student knows the basic principles of dialogue and knows how to use respectful communication. The student uses Taylor's interaction elements.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1	Occupational therapists possess knowledge about occupation and humans as occupational beings
A.2	Occupational therapists possess knowledge about occupational therapy
B.1	Occupational therapists demonstrate competencies in professional reasoning during the occupational therapy process.
C.1	Occupational therapists demonstrate competencies in engaging in effective professional communication.
	The teacher should assess and compare the curricula to see at which stage of their studies the script is suitable for them (intermediate or advanced). It is assumed that the student has completed a foundation course in occupational therapy (usually this means the first year). Before participating in the scenario, the student has been taught and has acquired the knowledge (described here) needed to understand and complete the scenario tasks.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Instructions and preliminary information about the video available: electronically on the learning platform	Course content and materials (books) regarding contextual components. Simulated client profile; based on client information (health condition, occupational performance)
See the video script in the appendix	

Staff

Role	*Description*	Number
OT educator	In the preparation phase, tasks include informing students about the course outline, timetable, scenario and learning objectives, the written assignment and the debriefing hands-on/online discussion, preparing the platform, adding videos and survey to it and ensuring the availability of the necessary literature.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: The student should have knowledge about ethical decision making. The student should be familiar with the theoretical underpinnings of occupational therapy and have a grasp of the relevant laws, regulations, and ethical guidelines that govern practice.	Course content and materials: The student has worked these out before being able to choose how to act: Consequentialism, deontology, and virtue ethics are the three main branches of ethical philosophy. Consequentialism focuses on the consequences of actions and their benefits or harms. Deontology emphasizes the adherence to moral rules and duties. Virtue ethics, on the other hand, focuses on a person's character virtues and moral development. The video provides a brief answer to these, and moral distress refers to a situation where a person experiences internal conflict between moral choices. The student has researched ethical issues, the laws and regulations on the client's rights to refuse home visits and services offered in occupational therapy
Attitudes: The student should have a client-centred approach, show respect and create a safe environment. The student a commitment to ethical practice, respect for client autonomy and a willingness to engage in reflective practice. Students will demonstrate attitudes consistent with an ethical, professional, client-centred and occupation-focused approach to conducting the OT process.	Course content and materials: The student reads the material on therapeutic use of self and identifies interaction styles (interlocutor, ally, empath, supporter, facilitator, problem solver).
Skills: The student should be able to use and apply theoretical evidence-based knowledge and reasoning in ethical decision-making. The student should also be adept at professional therapeutic interaction.	Course content and materials: The task proceeds through the following steps (R. Doherty): Step 1 Gather relevant information Step 2 Identify the type of ethical problem Step 3 Use ethical theories or approaches to analyse the problem. Step 4 Explore practical options Step 5 Take action (debriefing discussion Step 6 Evaluate the outcomes of the process)

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Digi case is four-stage: 1) the student reads the theory 2) the student watches the video
☒ **Post-SBL assignment**	3) the student answers a survey/makes a report on the topic 4) the student participates in a teacher-led debriefing online-discussion

References

Rydenfelt, Henrik (2014). “Realism without Mirrors”. Book: M. C. Galavotti, D. Dieks, W. Gonzalez, S. Hartmann, T. Uebel and M. Weber (ed.). New Directions in the Philosophy of Science. New York: Springer.
Taylor, R. R. 2020. The intentional relationship: Occupational therapy and use of self. FA Davis
Doherty R.F. 2014. Ethical Decision Making in Occupational Therapy Practice. Book: Crepeau E.P., Cohn E.S. & Boyt Schell B.A. (ed.) Occupational Therapy.
Doherty, R. F. 2020. Ethical Dimensions in the Health Professions
Hattjar B. (toim.). 2012. Sexuality and occupational therapy: strategies for persons with disabilities.
Act on the Status and Rights of Patients https://www.finlex.fi/en/ (Finland)
Theoretical sources covering the topics of Ethics, Morality, Ethics of Duty, Ethics of Responsibility and Ethics of Virtue
National Multiple Sclerosis Society. Sexual Dysfunction. https://www.nationalmssociety.org/understanding-ms/what-is-ms/ms-symptoms/sexual-problems

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour
In this video, you will see events through the eyes of an occupational therapist. The occupational therapist's actions cannot therefore be evaluated. The intention is for students to consider how they themselves would act in a similar situation.

Facilitation tips

This is a video case, so no facilitation or guidance is needed while watching it. Facilitation takes place during the debriefing session.

Scenario flow

See Appendix 8.1

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

See teacher's manual

Prebriefing thought-provoking questions

In this simulation exercise, it is important that first you watch the video, then answer the survey and participate in the group debriefing discussion.

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Sanna
Age	42 years old
Sex	female
Personal factors	Wants to change her current life situation and trusts her occupational therapist
Ethnicity and cultural context	Western European, Finnish
Reason the participant is seeking OT service and concerns related to engagement in occupations	The request made by the doctor and the reason for the home visit take on a new meaning. MS is not the central problem for the home visit, but an ethical issue arises. The time for occupational therapy intervention for MS is postponed. Sanna experiences relationship violence, often due to her spouse substance abuse.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	The client's sexual identity is missing, causing challenges in her relationship and her identity as a woman. The client has sometimes low energy and motivation due to her stressful and abusive situation. The client has sometimes difficulty falling asleep or staying asleep due to anxiety, fear mainly from her male friend. At the moment the MS is in a quiet phase and the doctor is taking care of the medication. MS does not cause challenges in everyday life.
Other simulated participant *Please specify*	It turns out that the spouse is 33 years old and sometimes mistreats Sanna. There has been occasional sexual and emotional subordination in the relationship. Sanna experiences relationship violence, often due to her spouses substance abuse

4.1.4 Occupational history

Person receiving OT services	Suffers from MS, works as a teacher and is in a relationship. The client has two children.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The client has expressed a need for spiritual support and guidance. The client experiences relationship violence and emotional subordination, which violate her human rights and dignity. Her children are very important to her, and she is worried about their future because of her own illness.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	The client has experience negative emotions such as sadness, anger, shame, guilt, or hopelessness due to her relationship violence and lack of autonomy. Handling stress and other psychological demands: The client faces stress from coping with her illness, her relationship, and her work.
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	The mobility and muscle strength of the client's lower limbs is reduced. Due to MS, the client's functionality varies. Now the situation is good. Occasionally use elbow crutches to get around indoors.
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Due to MS, the client's functionality varies. Now the situation is good, and the client can perform all self-care and leisure activities. Occasionally use elbow crutches to get around indoors. In bad times, she has to use a wheelchair for long journeys.
Productivity *(including (paid) work and education)*	The client is a teacher by profession and has been performing well at work but may face challenges due to her mental condition.
Leisure and play	The situation is good, and the client can perform leisure activities

Environmental factors	
Physical environment	Accessible mobility in the home.
Social environment	She has a 12-year-old son from a previous relationship and a 7-year-old girl with her current partner. Her children are very important to her, and she is worried about their future because of her own illness.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of simulated participant

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of simulated participant

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What was the ethical problem?
How would you have acted in this situation?
How would you have encountered the client?
What are important considerations for the first encounter?
How did you feel, what kind of interaction should there be in this situation?
What information would you have needed about this home visit situation?
As a therapist, how would you express your professionalism in meeting the client?
What theoretical knowledge do you feel you need?
How should the need for occupational therapy have been justified in this situation?
How can you demonstrate respect for the client in this situation?
How can you meet the client respectfully?
At the end of the home visit, how would you summarize the essential aspects of occupational therapy and the client?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Appendix (manuscript) below

Manuscript – Sexuality

Opening scene

Infobox 1/2: Hello, and welcome to a virtual client encounter! You get to visit a client you already know who has multiple sclerosis. The client's relationship has been sexually and emotionally subjugated for a long time.

Infobox 2/2: Remember that there is no one right answer to ethical questions, but when laws and values come into conflict, many different perspectives must be taken into account. The most important thing is to be aware of and recognise the ethical challenges of situations and to strive to act in the best possible way.

Scenario 1: Meeting the customer

Video:
The camera approaches the front door, the doorbell rings.
The client opens the door and looks at the camera with a questioning expression on his face.

The video stops.

Infobox: You introduce yourself to the customer and tell them that you have come for an agreed home visit.

Video:
The client smiles kindly and says, "Welcome, come in!".
The client gives way to the camera.
The camera moves into the hallway.
The client closes the front door and positions herself / himself in front of the camera.
The client says to the camera, "Let's go to the kitchen and talk."
The client and the camera walk to the kitchen table.
The client sits down in a chair.

The video stops.

Infobox: You ask the client how they're doing, and in the middle of the conversation you notice that they're talking evasively about their relationship.

Question 1: How should you bring up a client's relationship situation?
Multiple choice:
A) It's best to ask directly why the client seems to avoid the topic
B) I will not go into the subject, as it is a private matter for the client

Path 1: Answer option A	Path 2: Answer option B
Infobox: The client seems grateful that you bring up their relationship. Even though the topic is clearly difficult, the client is relieved to be able to tell someone about it. Go to scenario 2	Infobox: You decide not to ask about the client's relationship situation in more detail, which causes the client to become silent and left to their own thoughts. When the conversation doesn't progress, you end up having to ask what's going on in the client's mind. She / He seems relieved and continues talking. Go to scenario 2

	Path 2 ends

Situation 2: Abuse in a relationship (Path 1 continues)

Video:
The client looks into the camera and says, "Me and my spouse have been having a hard time lately. He has drunk a lot, and when drunk he often becomes heavy-handed. I understand that because of my illness I am in great trouble with him."

The video stops.

Infobox 1 of 2: Violence can be physical or mental. Physical violence includes any action that violates the integrity of another person, such as hitting, pushing, impeding movement and tearing hair. Psychological violence refers to oppression of another person, which can mean, among other things, threats, invalidation, blackmail, isolation from other relationships and violation of the privacy of another.

Infobox 2/2: Every authority and employee has a duty to react to violent situations. Asking about abuse is in itself an intervention that can help the victim seek help.

Question 2: You notice that the client thinks they deserve the treatment they are experiencing. Think about what you should especially emphasize when talking to the customer.
Multiple choice: (can choose multiple options!)
A) I try to alleviate the client's feeling that they themselves are to blame for their partner's behavior
B) I stress that no one deserves to be mistreated
C) I thank the customer for their courage in talking to me about it

Continue button

Scenario 3: MS and sexuality (Path 1 continues)

Video:
The client looks into the camera and says, "I don't want to leave my husband because he is my only help in the middle of everyday life. However, I am worried that he no longer finds me attractive because of my disease. Even if my husband isn't always heavy-handed, even ordinary intercourse is often painful for me."

The video stops.

Infobox 1/2: Symptoms of MS may include fatigue, difficulty moving, muscle stiffness, sensory changes, tremors or pain. MS itself does not affect sexual desire, but changes in the spinal cord area can cause orgasm or arousal difficulties. The sufferer may also fear losing their partner's approval and diminishing their own attractiveness.

Infobox 2/2: Talking about physical and mental abuse is not always easy, even for professionals. Listening to the client's experience can be hard and cause anxiety and anger in the employee, for example. There is no need to be frightened by feelings caused by a violent situation, and support is available for dealing with them.

Question 3: Think about how you would vent the feelings aroused by the client's experiences of violence.
Multiple choice: (Can choose multiple options!)
A) Turning to a multidisciplinary team
B) With the help of work supervision
C) Obtaining additional training
D) Talking to loved ones

Continue button

Situation 4: Sexual identity (Path 1 continues)

Video:
The client looks at the camera and says, "On top of that, I've recently started to suspect that I'm not necessarily completely heterosexual. I've always been sexually attracted to women, but I haven't dared to do anything about it. I'm ashamed and scared that my husband will get even more furious if he finds out. ”

The video stops.

Infobox 1 of 2: Sexuality is a natural part of human life, including sexual development, biological sex, sexual orientation, social gender identity and role, and procreation. Sexuality can be experienced and expressed in many different ways, including attitudes, values, beliefs and relationships with oneself and others.

Infobox 2/2: All people have the right to make independent decisions about their sexuality. The key factors are self-determination, consent, security, trust and the opportunity to speak openly about sexual relationships.

Question 4: Consider why talking about sexuality in social welfare and health care is still considered challenging.
Multiple choice: (can choose multiple options!)

A) Public discussion of sexuality, especially from the perspective of minorities, is limited
B) Sexuality is experienced as a private matter for each person that does not belong to others
C) Lack of knowledge among professionals
D) There is a fear that the client will react negatively if sexuality is brought up
E) The sexuality of representatives of minorities is not considered important or essential
F) The ambiguity of the role of the professional and the fear of losing reputation
G) Structural actions and practices do not prioritise sexuality

Continue button

Scenario 5: Home Visit Goals (Path 1 continues)

Question 5: You feel that your professional skills are not sufficient to address issues related to the client's sexual identity, and you also wonder if you can achieve the goals you originally set for the home visit. What do you do?
Multiple choice:

A) I'll skip the topic and focus on the original goals of the home visit
B) I forget the reason for the home visit and focus on listening to the client
C) We will continue to discuss the topic as we strive to achieve the goals of the home visit

Path 1: Answer option C	Path 3: Answer option A	Path 4: Answer option B
Infobox 1/2: Although it is important to achieve the goals of a home visit, the client's bad feelings should not be ignored. Even if your own professional skills are not enough to deal with the matter in depth, it is important that the client is heard and that they are helped to find the services they need. Infobox 2/2: Your decision not only helped you achieve the goals you set for the home visit, but also deepened the relationship of trust between you and the client. Go to scenario 6	Infobox 1/2: Although it is important to achieve the goals of a home visit, the client's bad feelings should not be ignored. Even if your own professional skills are not enough to deal with the matter in depth, it is important that the client is heard and that they are helped to find the services they need. Infobox 2/2: As a result of your decision, the goals you set for the home visit were accomplished, but the client feels judged and hurt when their feelings were not taken seriously. Go to scenario 6 Path 3 ends	Infobox 1/2: Although it is important to achieve the goals of a home visit, the client's bad feelings should not be ignored. Even if your own professional skills are not enough to deal with the matter in depth, it is important that the client is heard and that they are helped to find the services they need. Infobox 2/2: As a result of your decision, the goals you set for the home visit were not achieved at all. The client is relieved to be able to tell you about their challenges, but at the same time the opportunity to provide the services you offer was missed. Go to scenario 6 Path 4 ends

Situation 6: Client autonomy (Path 1 continues)

Video:
The client looks into the camera and says, "I wish you wouldn't tell anyone about this. I'm scared of what would happen if my husband found out I've talked to you. I don't want to lose him."

The video stops.

Infobox 1/2: In this situation, you should consider whether you respect the client's autonomy or your obligation to report the abuse.

Infobox 2/2: Act on the Status and Rights of Patients section 6: "*The patient must be treated in agreement with him/her. If a patient refuses a particular treatment or treatment, he shall, if possible, be treated in agreement with him in another medically acceptable manner*".

Question 6: How should you deal with the challenges raised by the client?
Multiple choice:
A) I promise not to pass on the matter, as I respect the client's right to self-determination
B) I will find out and tell the client about services that they can turn to independently
C) I tell the client that their experiences are so serious that I have to tell the multidisciplinary team
D) I tell the client that his experience is so serious that I have to tell the authorities

Path 1: Answer options C and D	Path 5: Answer options A and B
Infobox: It's good to remember that you don't have to be left alone to think about your client's situation, you always have parties to turn to. Go to scenario 7	Infobox: Although it is important to respect the client's autonomy, care must also be taken to ensure that they are not left alone in the middle of a challenging situation. If you feel that you cannot help yourself, you should find out who the client can turn to if necessary. Go to scenario 7 Path 5 ends

Scenario 7: End of home visit

Video:
The client looks into the camera and says, "Thank you for visiting, it was a relief to be able to talk to someone you trust."
The client stands up and starts walking towards the front door.
At the front door, the client turns to look at the camera and says, "See you again next time!"
The client opens the front door and the camera steps out.
The door closes behind the camera.

The video stops.

Scenario 8: Discussing an ethical dilemma with the employer

Infobox: The client encounter left you wondering, and you want to discuss it with your employer. Together you will start thinking about the ethical problem and its solution.

Video:
The camera looks at the employer sitting at the desk.
The employer looks at the camera and says, "According to what you told us, the home visit to the client left you wondering. The first step is to identify what the ethical dilemma was about. In your opinion, what was the biggest ethical dilemma in this client situation?"

The video stops.

Question 7: In your opinion, what was the biggest ethical dilemma in this client situation?
Multiple choice:

A) Talking about abuse and sexuality felt challenging
B) My professional skills were not enough to help the client
C) Due to the client's challenges, the goals set for the home visit were neglected
D) The client did not want me to tell third parties about their challenges

Video:
The employer says: "Situations where a person knows how to act but is unable to react as they see fit, for example because of the law or general policies, are often referred to as moral distress. In this client situation, you felt it was important for the client to get help, but they asked you to keep quiet. In this situation, do you think it is more important to respect the client's right to self-determination or your obligation to intervene in domestic violence?"

The video stops.

Question 8: In this situation, do you think it is more important to respect the client's autonomy or your obligation to intervene in domestic violence?

Multiple choice:
A) Client autonomy
B) My duty to intervene in domestic violence

Video:
The employer says: "As professionals in a certain field, we have certain tasks and expectations, but also our personal values and attitudes influence our decision-making and the relationship we manage to build with our client. It is important to identify your own values, and you could now consider what kind of values you feel you have acted in this client situation?"

The video stops.

Question 9: What values do you feel you have acted according to in the client situation?
Multiple choice: (can choose from multiple options!)
A. Client orientation
B. Fairness
C. Duty
D. Truth
E. Freedom
F. Veneration
G. Well-being

Continue button

Final scene

Video:
The employer says: "Great, you have now identified the ethical dilemma you encountered during a home visit and considered your professional role and values. Ethical problems are challenging, as they often involve many different perspectives that conflict with each other. There is not always one right solution to situations, but luckily you don't have to think about them alone. You can now reflect on the questions raised by the situation together with your fellow students and learn more about their experiences.'

The video stops.

Infobox: Thank you for being involved!

Sources:

Aallontie, M., & Ylikylä, M. 2012. Seksuaalisuus–tutkimusmatkalla omaan kehoon. 2. Painos. Suomen MS-liiton julkaisusarja.

Ensi- ja turvakotien liitto. N.d. Ota väkivalta puheeksi. Viitattu 22.6.2022 osoitteessa: https://ensijaturvakotienliitto.fi/tukea-ammattilaiselle/perhe-ja-lahisuhdevakivalta/ota-vakivalta-puheeksi/#puheeksiottaminen-vakivallan-kokija

Laki potilaan asemasta ja oikeuksista. 1992/785. Annettu 17.8.1992.Viitattu 2.8.2022. https://finlex.fi/fi/laki/ajantasa/1992/19920785#L2P3

Mc Grath, M. ja Sakellariou, D. 2016. Why has so little progress been made in the practice of occupational therapy in relation to sexuality?. *American Journal of Occupational Therapy*, 70(1).

Mielenterveystalo. N.d. Henkisen tai fyysisen väkivallan uhriksi joutuminen. Viitattu 29.6.2022 osoitteessa: https://www.mielenterveystalo.fi/aikuiset/Tietopankki/tietoa_oireista/Pages/henkisen_tai_fyysisen_vakivallan_kohteeksi_joutuminen.aspx

Väestöliitto. 2020. Seksuaalisuus. Viitattu 22.6.2022 osoitteessa: https://www.vaestoliitto.fi/seksuaalisuus/

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 25: Occupational interview with a client with a neurological condition

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Occupational therapy interview: First contact
Key words	
Brief description	This scenario contents a first interview of a patient with Parkinson's disease for OT assessment. The scenario includes expected learning outcomes, scenario flow with expected actions and all details in regard to simulation scenario

Simulation setup

Simulation modality	Standardized participant		
Context	OT interviewing		
Environment	☒ **Physical**	**Description**	Physical environment should be reflect an OT interviewing and assessment room in OT clinic.
		Materials	Table/desk, 3 chairs, pen/paper (interviewing form) video camera, a PC.
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	
Other simulated participant *Please specify in extra information*	1	Caregiver can be present in the simulation (optional)
Observer	Up to 10 learners	Learner will be in another room

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	20 minutes	Orientation and discussion in group

Prebriefing *Student preparation*	30 minutes	Hands-on practice and review individually
Simulation activity	20 minutes	Hands-on with a standardized patient
Debriefing	20 minutes	Hands-on group activity

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	• Gather client information from available documentation and other formal resources • Conduct an occupational therapy interview to understand the client's occupational narrative and establish a relationship with the client • Construct an occupational profile based on occupational history, identity, and experience
Domain C: Developing and maintaining professional relationships and partnerships	• Occupational therapist communicate in a respectful, appropriate, and effective manner with clients, families, significant others, colleagues/team members, supervisors, agencies, school, work, community and public • Use respectful and effective communication to professionally initiate and end the client- therapist relationship, seek and respond to feedback, conduct an interview or provide counselling
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• Learner will be able follow structured interview including, personal information, caregiver and social context, physical context, activities (strengths and weaknesses), and how client engages ADL. • Learners will be able to create and explain the occupational profile of the client upon completing interview.
Domain C	• Learners will be able to show appropriate professional communication with client and caregiver through interview.
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A.1. Occupational therapists possess knowledge about occupation and humans as occupational beings	Prior knowledge of effective communication with clients and/or caregivers
Domain A.2. Occupational therapists possess knowledge about occupational therapy:	Prior knowledge of Occupational therapy theories and practice frame-work

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Setting up the simulation environment (desk, chairs, forms).	Table, chairs, COPM and/or FIM forms, pens, and desktop computer.
Testing video or audio equipment if digital tools are used.	Camera, microphone, Zoom/Teams platform.
Reviewing the scenario with the standardized client.	Patient case details, role brief for standardized client.
Briefing students on their roles and objectives.	Scenario outline, list of learning objectives, and assessment sheets.
Observing and facilitating during the simulation to ensure flow.	A printed observation checklist.

Staff

Role	*Description*	Number
Educator	In this simulation, there will be 2 educators primarily conduct the simulation, and to guide students. One of the instructors leads the whole simulation process, welcomes participants and leads the debriefing. Other instructor has a side role, delivers necessary documents and resources, adjust technical and operational materials.	2
Standardized client	Standardized client chosen prior to the simulation. Act as a client during the whole simulation. It is important to recruit a standardized client who students are not familiar with.	1
Family member/caregiver	One if the faculty member can play role as a caregiver to increase authenticity. This role is optional for this scenario	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Communication and interviewing techniques with client	Course notes from prior courses; Communication techniques in OT;
How to formulate a basic interview, collection information regarding ADL, Productive and Leisure activities	Course notes from prior courses; Introduction to OT Activities in OT
Getting familiar with AOTA Occupational Profile	AOTA Occupational Profile Sample Form

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	Studying of AOTA Occupational Profile Sample Form, COPM and FIM forms one week prior to the simulation
☐ **Post-SBL assignment**	

References

Thomas, H. (2012). *Occupation-based activity analysis*. Slack Incorporated.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Pay attention to physical safety and avoid fall risks. The client will exhibit fall risk, and learner should have taken all necessary precautions

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Be the listener, not only focus technical aspects of the interview
Try to implement active listening strategies, make eye contact.

Scenario flow

Start	
Participant state and action	
The patient enters the door with his caregiver. Patient has problem with indoor mobility as well as outdoor mobility. Patient enters the room with obvious gait deficit, sits on a chair with support of left side.	
	Description
Expected learner action	• OT welcomes the patient gives brief introduction about oneself. • OT explains the session (durations the interview). • OT conduct first phase of session as collecting information from patient. • OT should obtain information regarding medical, social and physiological history of patient.

Key learning points	OT should at least collect information about patient history.
Trigger for next action	When personal history were adequately collected, facilitator can prompt as “proceed with the Occupational Profile”

Action 1	
Participant state and action	
Client explains one typical day with mixed order, he couldn’t start from morning Client expresses him/herself in daily routines	
	Description
Expected learner action	OT should take notes, and ask questions to take clients routine in daily order, morning-noon-evening. OT should identify the abilities (strengths) and limitations (weaknesses) of the client
Key learning points	Actively listens the patient Takes notes Managing the interview process and discussion flow (transition to ADLs from daily routine)
Trigger for next action	Once the ADL and Occupational Profile completed, they can proceed to the next action.

Action 2	
Participant state and action	
Client experiences anxiety about transfers and mobility Client expresses chronic pain during the day	
	Description

Expected learner action	OT should questioned which activity is the most difficult, and if the patient uses and assistive device OT should questioned about pain including pain intensity, type, duration, time.
Key learning points	Take notes for each part of the house, should be able to create a profile Reasoning between mobility and pain
Trigger for next action	Completing questioning of pain

End	
Participant state and action	
OT concludes the interview asking if any other issue left, (Optional) OT asks caregiver if anything to add	
	Description
Expected learner action	OT should take last notes. OT should summarize the interview, expressing key points. OT briefly explains the detailed assessment and intervention process.
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Respect the standardized client and follow ethical principles.
Maintain confidentiality regarding the simulation details and patient information.
Use clear and professional communication throughout the simulation.
Follow the sequence of the assessment process as outlined.
Time management is essential; ensure all tasks are completed within the given timeframe.

Prebriefing thought-provoking questions

How would you start the interviewing with the client?
How do you structure your interview?
What is the role and impact of the first interview in whole OT process?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	A.K
Age	1954
Sex	Male
Personal factors	The client has been quite active in the past. He worked as a carpenter for 15 years and then engaged in mobile book selling for 20 years. Due to his carpentry background, he currently enjoys working with wood. He retired at the age of 64 and transitioned to a more sedentary lifestyle after retirement, rarely leaving home except to attend prayer. Up until three years ago, he had no significant issues.
Ethnicity and cultural context	Turkish
Reason the participant is seeking OT service and concerns related to engagement in occupations	He suffers from mobility and ADL issues due to his condition. He visits OT to get evaluation and intervention.

4.1.2 Personal information of other simulated participant

(Optional). The clients daughter lives with him and she has role as primary caregiver. She is mainly helps the clients on outdoor mobility, and outdoor activities.

4.1.3 General affect and behaviour

Person receiving OT services	He is cooperative and calm
Other simulated participant *Please specify*	She is open to intervention and would like to help him more efficiently

4.1.4 Occupational history

Person receiving OT services	Three years ago, he started experiencing balance problems and difficulty standing, especially leaning towards the right side. When he visited the doctor with complaints of balance issues three years ago, he was diagnosed with Parkinson's disease. The right side of his body is more affected, and he has apraxia. Due to apraxia and greater impact on the right side, he faces difficulties in activities such as putting on shoes and jackets. He struggles with trunk rotation, causing problems when turning in bed or walking. Cognitive and speech problems are also present, with prolonged speech and difficulty comprehending spoken instructions. The family, especially in the last 1.5 years, has noted a further slowing down of the client's movements. He is not excessively dependent on assistance in daily activities, except for bathing, which his wife helps with by seating him on the toilet to prevent falls. Apart from bathroom activities, he generally does everything with minimal assistance from his wife and daughter. He used to use a walker for indoor transfers, but due to balance issues, he now relies on assistance from his family. His daughter and wife help him with sitting and standing due to difficulties in these actions. Inquiring about his daily routine, he wakes up at 9, has breakfast, reads the Quran, and goes back to bed around 10. He wakes up again at noon, has lunch between 1:30-2:30, and performs prayers while sitting. He follows exercises provided by the PT until dinner, which he has at 7:30. He watches television until bedtime at around 12-1. He mentioned minimal communication at home. Meals are prepared by his wife and daughter, and he rarely leaves the house except for hospital visits, mainly due to the risk of falling. His activities/hobbies include watching television, praying, painting on wood, and reading the Quran. He has dinner alone in his room, not with his wife and daughter. He easily gets tired, leading to frequent naps throughout the day.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions

Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Hoehn Yahr Scale	Stage 3	Indicates moderate limitations in ADL due to postural instability, but independent living is still possible.
UPDRS	Motor score: 42/108	Demonstrates significant motor impairments (e.g., rigidity, bradykinesia) and moderate non-motor issues (e.g., cognitive and speech difficulties) affecting ADL.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How would you start the interviewing with the client?
How do you structure your interview?
What is the role and impact of the first interview in whole OT process
What are your impressions regard to whole simulation process?
What points would you do different?

7.2 SimOT CompassI

Use of the SimOT Compass during the simulation scenario

- The **SimOT Compass** is completed in advance by the teaching staff and **printed copies are provided to the observing participants** prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to **assess whether the observable learning objectives are being met**.
  They are instructed to **make written notes** about their observations in relation to each learning objective.
- As part of the **PEARLS debriefing process**, during **Phase 3: Analysis**, the observing participants use their notes and assessments from the SimOT Compass to **give structured feedback** to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to **complete a self-assessment** based on the same learning objectives.
  This allows for **reflection on their own performance and evaluation of learning goal achievement** from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Documents: • COPM form • FIM form • notebook • AOTA Occupational Profile Sample • pen/paper
Table • desk • at least two PC • video camera • headphones for occupational therapist • three chairs for the simulation room
Two rooms needed at least, one is for simulation one will serve as control room

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 26: Standardized assessment of a patient with neurological condition

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Standardized assessment of a patient with neurological condition.
Key words	Parkinson's disease, COPM, Activities of Daily Living
Brief description	This scenario contents a assessment of a patient with Parkinson's disease for OT and COPM. The scenario includes expected learning outcomes, scenario flow with expected actions and all details regarding simulation scenario.

Simulation setup

Simulation modality	Simulated participant		
Context	This scenario designed to be conducted in clinical occupational therapy environment in physical		
Environment	☒ **Physical**	**Description**	Physical environment should be reflect an OT interviewing and assessment room in OT clinic.
		Materials	Table/desk, 3 chairs, pen/paper (COPM Form) video camera, a PC.
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	
Participant	1	
Other simulated participant *Please specify in extra information*		
Observer	Up to 10 students	

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	20 minutes	Hands-on, in classroom

Prebriefing *Student preparation*	30 minutes	Individually preparing in classroom
Simulation activity	20 minutes	Hands-on with a standardized patient
Debriefing	20 minutes	Reflection and discussion

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	
Domain B: Managing and conducting OT process	• Assess subjective personal factors (e.g., client's beliefs about occupation, occupational goals, strengths, skills, limitations; satisfaction with participation) that affect occupational performance or participation. • Select appropriate client-centred and evidence-based (standardized and/or structured) assessment tools and methods. • Evaluate and apply theories, approaches, and evidence-informed knowledge to inform, prioritize, and guide the client-centred and occupation-based therapy process. • Measure objective personal factors that affect (e.g., support, hinder, prevent or pose risk to) occupational performance or participation. • Assess physical, social, attitudinal, cultural, and legislative contextual factors that affect (support, hinder, prevent, or pose risk to) occupational performance or participation. • Analyse, interpret, and clearly communicate assessment findings.
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	
Domain B	• Learners will conduct a client-centred interview to identify the client's subjective priorities and satisfaction levels in ADL. • Learners will use the COPM as evidence-based tool for assessing occupational performance • Learners will integrate findings from COPM. • Learners will identify safety risks during activities of daily living (e.g., risk of falling during transfers). • Learners will observe and record environmental barriers and supports in the client's context (e.g., home environment, caregiver support). • Learners will prepare a comprehensive and clear report summarizing assessment results from COPM. • Learners will present their findings to peers and educators during the debriefing phase, justifying their analysis.

Domain C	
Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain B.2.1.3: Assess subjective personal factors (e.g., client's beliefs about occupation, goals, strengths, limitations).	Understanding the principles of client-centred interviewing and occupational profile development.
Domain B.2.1.5: Select appropriate client-centred and evidence-based assessment tools and methods.	Familiarity with gathering subjective data. Knowledge of standardized assessments such as COPM
Domain B.2.1.6: Measure objective personal factors that affect occupational performance or participation.	Basic understanding of scoring systems for COPM
Domain B.2.1.9: Analyse, interpret, and clearly communicate assessment findings.	Basic report-writing skills, including clarity and coherence in communication.
Domain B.2.1.10: Prepare an accurate and occupation-oriented report based on assessment.	Understanding the structure of occupation-based intervention plans. Familiarity with measurable goal setting.
Domain B.1.2: Evaluate and apply theories, approaches, and evidence-informed knowledge.	Foundational knowledge of occupation-based therapy models (e.g., MOHO, PEO).

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Setting up the simulation environment (desk, chairs, forms).	Table, chairs, COPM forms, pens, and desktop computer.
Testing video or audio equipment if digital tools are used.	Camera, microphone, Zoom/Teams platform.
Reviewing the scenario with the standardized client.	Patient case details, role brief for standardized client.
Briefing students on their roles and objectives.	Scenario outline, list of learning objectives, and assessment sheets.
Ensuring all students understand the scoring process.	COPM scoring guides, sample scoring examples.
Observing and facilitating during the simulation to ensure flow.	Observation checklist.

Staff

Role	*Description*	Number
Educator	In this simulation, there will be 2 educators primarily conduct the simulation, and to guide students. One of the instructors leads the whole simulation process, welcomes participants and leads the debriefing. Other instructor has a side role, delivers necessary documents and resources, adjust technical and operational materials.	2
Standardized client	Standardized client chosen prior to the simulation. Act as a client during the whole simulation. It is important to recruit a standardized client who students are not familiar with.	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Conducting assessment process: Understanding the steps involved in conducting COPM and FIM assessments.	Course notes from prior classes, including foundational OT theories.
Preparing and conducting the assessment process: Familiarity with standardized assessment protocols, including scoring and interpretation of COPM and FIM.	Course notes (OT theories, Interview techniques in OT, Basic assessment protocols), practical exercises.
Developing communication skills: Practicing therapeutic communication techniques, such as empathy, active listening, and engaging with patients.	Communication skills workshop, role-playing scenarios.
Understanding contextual and socio-cultural factors: Awareness of environmental and cultural influences on occupational performance and participation.	Readings on cultural competence and contextual factors in OT practice.
Interpreting assessment results: Analysing data from COPM and FIM to identify priorities and challenges for intervention planning.	Case studies and sample COPM reports.

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	
☐ **Post-SBL assignment**	

References

Occupational Therapy Practice Framework: Domain and Process, Fourth Edition.

Law, M., Baptiste, S., McColl, M., Opzoomer, A., Polatajko, H., & Pollock, N. (1990). The Canadian occupational performance measure: an outcome measure for occupational therapy. Canadian Journal of Occupational Therapy, 57(2), 82-87.

Hall, K. M., Hamilton, B. B., Gordon, W. A., & Zasler, N. D. (1993). Characteristics and comparisons of functional assessment indices: disability rating scale, functional independence measure, and functional assessment measure. The Journal of Head Trauma Rehabilitation, 8(2), 60-74.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Pay attention to physical safety and avoid fall risks. The client will exhibit fall risk, and learner should have taken all necessary precautions

Facilitation tips

Use respectful and inclusive language
Always address the client using their preferred name and pronouns. Listen actively without interrupting.

Create a safe, welcoming atmosphere
Ensure the physical setting is comfortable, private, and free of distractions. This promotes trust and openness.

Be the listener, not only focus technical aspects of the interview
Try to implement active listening strategies, make eye contact.

Scenario flow

Start	
Participant state and action	
The patient enters the room and sits on the chair with the support of the left side. Patient has problems with indoor and outdoor mobility. The patient greets the occupational therapist with some hesitation due to physical and emotional discomfort.	
	Description
Expected learner action	• OT welcomes the patient, introducing themselves clearly (name, role, and purpose of the session). • OT explains the purpose of the interview and its duration. • OT asks for permission to take notes and record details during the session. • OT informs the patient that questions about daily life will be asked and notes will be taken.

Key learning points	• Develop effective communication skills to introduce oneself and set expectations. • Build trust and rapport with the patient. • Recognize cultural and emotional factors affecting patient interaction. • Establish an ethical and professional therapeutic relationship.
Trigger for next action	Completing the introduction phase successfully and obtaining informed consent.

Action 1	
Participant state and action	
The patient appears cooperative but slightly unsure about what to expect. The patient struggles to articulate daily routines in detail due to cognitive and physical limitations. The patient provides a brief overview of their typical day, with some pauses or omissions, and responds to follow-up questions from the OT.	
	Description
Expected learner action	<u>OT introduces the COPM and explains its purpose:</u> • "The COPM helps us understand the daily activities that are most important to you and how satisfied you are with your ability to perform them." <u>OT asks the patient to describe a typical day:</u> • "Could you walk me through your daily routine, starting with when you wake up in the morning?" <u>OT prompts the patient to identify specific activities they find challenging:</u> • "Are there any activities during your day that you find difficult or that you would like to do better?" <u>OT guides the patient through the first three stages of COPM:</u> • Evaluates the importance of selected activities. • Assesses the patient's satisfaction and self-perceived performance. • Records scores on the COPM form. <u>OT thanks the patient and confirms understanding</u>
Key learning points	Recognize the significance of using COPM as a client-centered tool to identify and prioritize individual goals and challenges. Develop effective interviewing skills to encourage the patient to describe their routine day comprehensively. Utilize open-ended questions to gather detailed information about the patient's daily activities, routines, and challenges. Define and understand the initial stages of COPM, including identifying the importance and satisfaction levels of specific activities. Gain proficiency in asking the patient to provide performance scores for activities to quantify their self-perceived performance. Writes COPM results to the form
Trigger for next action	Gathering the client's assessments of their performance and satisfaction levels within the context of the COPM.

End	
Participant state and action	
The patient appears cooperative but slightly anxious about the results. They may express curiosity or concerns regarding the next steps. The patient listens to the OT's feedback, asks questions for clarification, and engages in discussing the intervention plan	
	Description
Expected learner action	• OT provides a clear and concise summary of the assessment results. • OT highlights the patient's key challenges and discusses how these will be addressed in the intervention plan. • OT invites the patient to ask questions or share concerns about the results and the therapy plan. • OT ensures the patient understands the next steps and organizes the next session.
Key learning points	• Learn to interpret and explain assessment findings in a way that patients can understand. • Practice creating an occupation-based intervention plan tailored to the patient's priorities and challenges. • Develop skills in addressing patient concerns and building trust during the feedback process. • - Understand the importance of patient-centred communication in fostering collaboration and engagement in the therapy plan.
Trigger for next action	The patient confirms understanding of the assessment results and the therapy plan. Transition to thanking the patient and concluding the session.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Respect the standardized client and follow ethical principles.
Maintain confidentiality regarding the simulation details and patient information.
Use clear and professional communication throughout the simulation.
Follow the sequence of the assessment process as outlined.
Time management is essential; ensure all tasks are completed within the given timeframe.
Observe safety protocols, especially when simulating physical tasks or mobility.
Feedback from observers should be constructive and respectful.
Adhere to the facilitator's guidance during the simulation and debriefing sessions.

Prebriefing thought-provoking questions

How would you establish rapport with the patient during the interview?
What challenges can be faced in administering the COPM?
How did you ensure the patient's socio-cultural needs were considered during the assessment?
How would you explain the assessment findings to the patient and their family in simple terms?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	A.K
Age	1954
Sex	Male
Personal factors	The client has been quite active in the past. He worked as a carpenter for 15 years and then engaged in mobile book selling for 20 years. Due to his carpentry background, he currently enjoys working with wood. He retired at the age of 64 and transitioned to a more sedentary lifestyle after retirement, rarely leaving home except to attend prayer. Up until three years ago, he had no significant issues.
Ethnicity and cultural context	Turkish
Reason the participant is seeking OT service and concerns related to engagement in occupations	He suffers from mobility and ADL issues due to his condition. He visits OT to get evaluation and intervention

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	He is cooperative and calm
Other simulated participant *Please specify*	She is open to intervention and would like to help him more efficiently

4.1.4 Occupational history

Person receiving OT services	Three years ago, he started experiencing balance problems and difficulty standing, especially leaning towards the right side. When he visited the doctor with complaints of balance issues three years ago, he was diagnosed with Parkinson's disease. The right side of his body is more affected, and he has apraxia. Due to apraxia and greater impact on the right side, he faces difficulties in activities such as putting on shoes and jackets. He struggles with trunk rotation, causing problems when turning in bed or walking. Cognitive and speech problems are also present, with prolonged speech and difficulty comprehending spoken instructions. The family, especially in the last 1.5 years, has noted a further slowing down of the client's movements. He is not excessively dependent on assistance in daily activities, except for bathing, which his wife helps with by seating him on the toilet to prevent falls. Apart from bathroom activities, he generally does everything with minimal assistance from his wife and daughter. He used to use a walker for indoor transfers, but due to balance issues, he now relies on assistance from his family. His daughter and wife help him with sitting and standing due to difficulties in these actions. Inquiring about his daily routine, he wakes up at 9, has breakfast, reads the Quran, and goes back to bed around 10. He wakes up again at noon, has lunch between 1:30-2:30, and performs prayers while sitting. He follows exercises provided by the PT until dinner, which he has at 7:30. He watches television until bedtime at around 12-1. He mentioned minimal communication at home. Meals are prepared by his wife and daughter, and he rarely leaves the house except for hospital visits, mainly due to the risk of falling. His activities/hobbies include watching television, praying, painting on wood, and reading the Quran. He has dinner alone in his room, not with his wife and daughter. He easily gets tired, leading to frequent naps throughout the day.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Clients wants to continue his mobility without fear He wants to do self-care (bathing, toilet) activities with minimum help
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions

Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Hoehn Yahr Scale	Stage 3	Indicates moderate limitations in ADL due to postural instability, but independent living is still possible.
UPDRS	Motor score: 42/108	Demonstrates significant motor impairments (e.g., rigidity, bradykinesia) and moderate non-motor issues (e.g., cognitive and speech difficulties) affecting ADL.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Sensory functions and pain	He describes continuous pain on the upper extremities
Neuromusculoskeletal and movement-related functions	According to the Hoehn and Yahr staging, the client is in stage 3, characterized by postural instability and difficulty in some activities, but independent living is still possible.
Voice and speech functions	Cognitive and speech problems are present, with prolonged speech and difficulty comprehending spoken instructions
Other	
Activities and participation	
Self-care and domestic life	His interaction within the household appears minimal, as he eats dinner alone and has noted limited communication at home. This could indicate social isolation.
Productivity *(including (paid) work and education)*	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.
Leisure and play	Despite his physical limitations, he continues to engage in meaningful activities such as painting on wood, watching television, and reading the Quran. These activities are crucial for his mental health and provide a sense of purpose.

Environmental factors	
Physical environment	The client requires assistance for mobility and transfers, indicating that the home environment might need modifications to enhance safety and independence, such as grab bars, a more accessible bathroom, and perhaps modifications to furniture for easier transfers.
Social environment	The client heavily relies on his wife and daughter for physical assistance and likely emotional support. Their role is critical in his daily life, suggesting a strong familial support network, but also potential caregiver strain.
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What were the observations from the patient's interview.
How do you see COPM administration? Would there any difference you make?
How did this experience influence your understanding of occupational therapy assessments?
What would you do differently to improve the assessment process or patient interaction?

7.2 SimOT Compass

Use of the SimOT Compass during the simulation scenario

- The **SimOT Compass** is completed in advance by the teaching staff and **printed copies are provided to the observing participants** prior to the simulation.
- During the simulation, the observing participants use the SimOT Compass to **assess whether the observable learning objectives are being met**. They are instructed to **make written notes** about their observations in relation to each learning objective.
- As part of the **PEARLS debriefing process**, during **Phase 3: Analysis**, the observing participants use their notes and assessments from the SimOT Compass to **give structured feedback** to the role-playing participants.
- Afterwards, the student who played the role of the occupational therapist receives the SimOT Compass as well and is asked to **complete a self-assessment** based on the same learning objectives. This allows for **reflection on their own performance and evaluation of learning goal achievement** from their perspective.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Documents: • COPM form • FIM form • Notebook • AOTA Occupational Profile Sample • Pen/Paper
• Table • Desk • At least two PC • Video camera • Headphones for occupational therapist • Three chairs for the simulation room
Two rooms needed at least, one is for simulation one will serve as control room

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 27: Occupational therapy intervention planning and implementation for a person with Parkinson's disease

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Occupational Therapy Intervention Planning and Implementation for a Person with Parkinson's Disease
Key words	Parkinson's disease, transfer training, occupational therapy, assistive devices, role-play, simulation-based learning
Brief description	This simulation scenario focuses on planning and implementing an occupational therapy (OT) intervention for an individual diagnosed with Parkinson's disease. It aims to enhance students' clinical reasoning, practical skills, and ability to provide person-centred care in a highly authentic and structured learning environment. Students will observe the patient's transfer activities, plan and apply appropriate transfer techniques, and recommend assistive devices. The scenario is designed for in-clinic implementation with standardized patients. However, it can also be conducted using role-play with senior students, depending on available resources and institutional context.

Simulation setup

Simulation modality	Standardized participant		
Context	OT outpatient clinic / simulated clinical room (e.g., classroom with clinical setup)		
Environment	☒ **Physical**	**Description**	An occupational therapy clinic simulation room for ADL training, equipped with real furniture and assistive devices.
		Materials	• Chair with armrest (1) • Chair without armrest (1) • Regular bed (1) • Walker (1) • Crutches – Axillary (2) • Crutches – Forearm (2) • Video camera (1) • Computers (2)
	☐ **Digital/Virtual**	**Description**	
		Materials	

Student roles	Number of students	Extra information
Occupational therapist	1	Active participant
Participant	1	Standardized patient or student in role-play
Other simulated participant *Please specify in extra information*	Up to 8	May take structured notes

Observer	1	Played by trained student or assistant

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 minutes	Hands-on
Prebriefing *Student preparation*	2 hours	Digital/Classroom
Simulation activity	30 minutes	Hands-on
Debriefing	40 minutes	Hands-on

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	A.2.7. The occupational therapist knows the process of occupational therapy (e.g. assessments, goal-setting, intervention strategies targeting person/occupation/environment, evaluation, documentation).
Domain B: Managing and conducting OT process	B.2.2. Occupational therapists jointly set goals and intervention plans with the client. B.2.3. Occupational therapists demonstrate competencies for implementing, monitoring, evaluating, adjusting, and concluding OT interventions. B.3. Occupational therapists demonstrate competencies in conducting ethical and safe practice.
Domain C: Developing and maintaining professional relationships and partnerships	
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	A.2.7. Student will be able to demonstrate competency in interpreting assessment results and planning interventions accordingly.
Domain B	B.2.2. Student will be able to collaboratively plan a transfer intervention with the client, incorporating the client's priorities and context. B.2.3. Student will support the client's occupational performance during transfer training by providing appropriate cues, grading, and adaptation strategies. B.3. Student will identify safety risks during transfer and take appropriate precautions to ensure the client's safety.
Domain C	

Domain D	
Domain E	
Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.2	Theoretical knowledge about occupational therapy for adults with neurological conditions; including goal-setting, intervention planning, and use of assistive devices
A.5	Knowledge about motor symptoms and functional limitations of Parkinson's disease; ability to interpret the clinical manifestations such as trunk instability and postural imbalance
A.2	Knowledge and application of transfer techniques and safe handling strategies using walkers, canes, and other assistive devices
A.5	Attitudes and awareness related to client safety, respect for autonomy, and appropriate professional communication during intervention

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Ensure video camera is working and streaming to observers' room	Video camera, computer with streaming setup
Prepare the physical environment with assistive devices	Walker, crutches (forearm and axillary), chairs, bed
Set up classroom to simulate OT clinic	Bed, chairs, table, clinical notes
Distribute simulation materials and forms to students	Assessment forms (e.g., COPM, FIM results), client profile
Prepare caregiver role-player if included	Scenario script, 40-minute briefing session

Staff

Role	*Description*	Number
Educator	Prepares students prior to the simulation, conducts the debriefing	2
Facilitator	Supports the flow of the simulation and provides prompts as needed	1
Standardized client (or actor)	Simulates the client with Parkinson’s disease, trained beforehand	1
Optional: Caregiver	May be played by a master’s student; briefed for supportive role	1

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Understanding of Parkinson's disease symptoms and progression	Course notes from neurology and geriatrics courses
Awareness of Parkinson's stages and their impact on daily living activities	OT theory notes, Interview and assessment techniques
Knowledge and application of transfer techniques and mobility aids (e.g., walker, cane)	Activities of Daily Living course slides and practical sessions
Ability to observe and assess client movement and identify functional difficulties	Observation practice sheets, instructor guidance
Skills in selecting and adapting transfer strategies based on clinical reasoning	Case-based problem-solving exercises

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	Students review clinical information about Parkinson's disease and complete a worksheet on transfer strategies.
☐ **Post-SBL assignment**	Students submit a short reflection report including clinical reasoning used, safety considerations, and communication with client/caregiver.

References

American Occupational Therapy Association (2020). Occupational Therapy Practice Framework: Domain and Process, 4th Edition.

Law, M., Baptiste, S., McColl, M., Opzoomer, A., Polatajko, H., & Pollock, N. (1990). The Canadian occupational performance measure: an outcome measure for occupational therapy. Canadian Journal of Occupational Therapy, 57(2), 82-87.

Hall, K. M., Hamilton, B. B., Gordon, W. A., & Zasler, N. D. (1993). Characteristics and comparisons of functional assessment indices: disability rating scale, functional independence measure, and functional assessment measure. The Journal of Head Trauma Rehabilitation, 8(2), 60-74.

Movement Disorder Society – *MDS-UPDRS Rating Scale*: https://www.movementdisorders.org/MDS/MDS-Rating-Scales

Physio-pedia – *Hoehn and Yahr Scale*: https://www.physio-pedia.com/Hoehn_and_Yahr_Scale

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.

Specific, observable behaviour
Greets the client respectfully, introduces self with name and role
Explains the purpose and duration of the session to reduce client anxiety
Reviews prior mobility and health records before initiating activity
Positions assistive devices and furniture to reduce risk of falls (e.g., bed accessible from both sides)
Monitors client for signs of fatigue or discomfort during transfers
Reacts promptly and safely to client instability or stumbling
Encourages client to express concerns and actively listens
Provides reassurance and maintains clear, respectful communication

Facilitation tips

Use prompts such as:
“Can you explain the purpose of this session to the client?”
“What safety risks do you observe before starting the transfer?”

If student forgets to adjust environment, gently cue:
“Would the bed position affect safety during the transfer?”

Emphasize the importance of verbal reassurance in anxious clients.

Remind students to involve the caregiver respectfully when appropriate.

Scenario flow

Start

Participant state and action
Client enters the OT clinic exhibiting postural instability and difficulty walking. Reports difficulty with bed mobility (e.g., rolling, repositioning) and expresses desire to learn safe transfer strategies. Requests assistance from the therapist.

	Description
Expected learner action	OT welcomes the client, introduces self (name and role), explains the session goals and structure. Refers to COPM and FIM results, involving the client in discussing priorities. Initiates the session with proper communication, explains purpose, structure, and assessment results clearly to the client. Begins goal-setting dialogue.
Key learning points	• Introduction and rapport building • Explaining purpose of session • Client-centred goal discussion • Reviewing assessments (COPM, FIM)
Trigger for next action	When session purpose and priorities are clarified with the client and the OT is ready to observe bed transfer.

Action 1	
Participant state and action	
Client stands up from chair and walks toward the bedroom area. He stumbles slightly due to balance issues. Upon arrival, he lies down on the bed. (Feedback: Be mindful of bed positioning — it should be accessible from both sides.)	
	Description
Expected learner action	• OT follows the client, observes walking pattern and balance issues. Requests client to demonstrate how he usually gets out of bed and uses the assistive device. OT ensures safety during ambulation. • Follows client and observes gait carefully. • Reacts immediately to protect client from fall when stumbling is observed. • Positions bed and assistive devices appropriately (checks for access from both sides). • Documents observed difficulties for planning intervention.
Key learning points	• Safe handling during indoor ambulation • Early detection of mobility risks • Importance of environmental setup (e.g., bed positioning) • Real-time response to instability
Trigger for next action	When the client safely lies down on the bed and the OT prepares to observe how the client gets up from bed.

Action 2	
Participant state and action	
Client attempts to get up from the bed and walk to the next room. He demonstrates significant difficulty with trunk flexion and rolling. Instability is observed while sitting up and standing. Weakness in antigravity muscles is clearly noticeable.	
	Description
Expected learner action	• OT asks the client to sit up from lying position and then to transfer to a chair. During this process, the OT observes challenges in trunk movement, initiates adaptive strategies, and introduces appropriate assistive devices (e.g., walker, cane). The OT demonstrates and explains proper transfer technique to both the client and caregiver. • Identifies difficulty in trunk movement and postural instability • Implements adaptive techniques (e.g., rolling strategy, support under shoulders or knees) • Selects and introduces a suitable assistive device • Demonstrates proper bed-to-chair transfer technique • Explains to client and caregiver how to use equipment safely
Key learning points	• Problem-solving based on real-time observation • Matching assistive device to functional need • Educating client and caregiver on safe technique • Supporting independence with safety emphasis
Trigger for next action	Once the client is safely seated on the chair and expresses anxiety about the situation (which leads into Action 3).

Action 3	
Participant state and action	
Client expresses anxiety about his balance and fear of falling during transfers. A family member (optional caregiver role) interrupts and asks about the client's limitations in daily activities.	
	Description
Expected learner action	• OT reassures the client, promotes confidence, and validates concerns. If the caregiver is present, the OT involves them by instructing on safe transfer techniques and manual handling. OT provides brief education about how the caregiver can support the client's participation in ADLs at home. • Responds empathically to the client's anxiety • Encourages client participation and confidence • Involves caregiver in a respectful, informative way • Provides clear verbal instruction and demonstration for home handling • Adjusts tone and language according to emotional needs of both client and caregiver.

Key learning points	• Client-centred communication during emotional distress • Family education as part of OT process • Verbal and non-verbal reassurance • Promoting safety and independence collaboratively
Trigger for next action	When the OT begins wrapping up the session and introduces the plan for the next meeting

End	
Participant state and action	
The occupational therapist informs the client that the session is concluding. The OT provides information about the next planned session (e.g., dressing activities). Written and verbal instructions are given to support safe transfer at home.	
	Description
Expected learner action	• OT summarizes the key activities from the session, checks in with the client's emotional and physical state, and discusses the plan for the next visit. Client and caregiver are provided with safety instructions in both verbal and written form. • Closes the session professionally and respectfully • Gives home safety guidelines (manual handling, assistive device use) • Provides a brief preview of next session's focus (e.g., dressing) • Ensures both client and caregiver understand follow-up plan
Key learning points	• Session closure with clarity and empathy • Structuring continuity of care • Providing written/verbal instructions • Enhancing client/caregiver understanding of next steps
Trigger for next action	When the client and caregiver confirm understanding of the instructions and the OT concludes the session.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Occupational therapist should wear appropriate attire (white coat required).
OT should review client's previous mobility and health records before the session.
Observers must not communicate with the OT or express opinions during the simulation.
Observers must not talk to each other during the simulation.
Observers should take notes based on guiding questions provided beforehand.
All participants must respect the simulation setting as a professional, real-life situation.
Mobile phones and external distractions are not allowed during the activity.
The client and caregiver roles must be respected as authentic; breaking character is not permitted.

Prebriefing thought-provoking questions

How does the integration of assistive devices influence a client's autonomy and quality of life?
What specific observational cues should you prioritize during the client's transfer activities?
What communication strategies can you use to educate both the client and caregiver effectively?
How might you adjust your intervention when the client expresses anxiety or low confidence?
In what ways can the physical environment contribute to or hinder safe transfers?
How do you ensure your intervention remains client-centred during time-limited sessions?
What ethical considerations arise when working with a family member during the session?
How can you balance safety and independence during OT interventions for Parkinson's patients?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	A.K.
Age	1954
Sex	Male
Personal factors	Strong family bond with daughter and wife; previously independent; motivated to regain autonomy in daily living
Ethnicity and cultural context	Turkish; lives with family; religious; follows daily prayers
Reason the participant is seeking OT service and concerns related to engagement in occupations	Difficulty with gait, transfer, and safe mobility. Fatigue during daily tasks and need for safe strategies. Client wants to increase independence at home.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Calm and cooperative but shows signs of anxiety regarding transfers and fear of falling. Speaks slowly due to mild speech impairment. Expresses frustration when unable to perform tasks independently.
Other simulated participant *Please specify*	Protective and concerned. Offers unsolicited help. May interrupt with questions during the session. Shows emotional involvement and a desire to be useful but needs guidance.

4.1.4 Occupational history

Person receiving OT services	Retired civil engineer. Supported daughter's architecture firm until 2 years ago. Used to be physically active and enjoyed woodworking. Currently limits activity due to fear of falling and fatigue. Enjoys reading Quran, praying, and watching TV.
Other simulated participant *Please specify*	Daughter or wife provides physical support during daily tasks, especially transfers and dressing. Wife assists during bathing. Daughter is involved in decision-making regarding care.

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	The client wants to regain independence in indoor mobility and transfers, especially bed-to-chair transitions. He also aims to reduce reliance on family members and engage more in meaningful daily activities (e.g., reading Quran, woodworking).
Other simulated participant *Please specify*	Caregiver wants to ensure client safety at home and is seeking proper guidance on how to assist during transfers without increasing dependence.

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mild cognitive slowing, decreased processing speed
Sensory functions and pain	No pain; reduced proprioceptive feedback, increased fall risk
Neuromusculoskeletal and movement-related functions	Postural instability, trunk rigidity, decreased trunk flexion, apraxia (right side)
Voice and speech functions	Slow, prolonged speech; mild difficulty understanding verbal instructions
Other	
Activities and participation	
Self-care and domestic life	Requires assistance with bathing and dressing; transfers are unsafe without help
Productivity *(including (paid) work and education)*	No longer working; used to assist daughter's business but stopped 2 years ago due to motor decline
Leisure and play	Watches TV, reads Quran, enjoys wood painting but limited by fatigue and balance issues

Environmental factors	
Physical environment	Home lacks environmental adaptations; no grab bars or assistive seating
Social environment	Supportive family (wife and daughter) but overprotective at times
Services, systems and policies	Received physician referral to OT; minimal prior rehab intervention; dependent on family-provided care

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Hoehn & Yahr Scale	Stage 3	Indicates moderate postural instability and ADL limitation

MDS-UPDRS	Motor and non-motor difficulties observed	Affects transfer, communication, and fatigue
COPM	Low scores in bed mobility, standing, and walking; moderate importance in leisure	Indicates high need for intervention in mobility and energy conservation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mild cognitive slowing; may need repeated instructions; possible difficulty sustaining attention
Sensory functions and pain	No pain reported. Slight proprioceptive inaccuracy; impaired balance in dynamic activities
Neuromusculoskeletal and movement-related functions	Marked trunk rigidity, postural instability, difficulty initiating movement, apraxia especially on the right
Voice and speech functions	Slowed speech, delayed verbal processing, occasionally needs visual cues
Other	
Activities and participation	
Self-care and domestic life	Needs support with bathing, lower body dressing, and toilet transfers. Uses walker but prefers caregiver assistance due to insecurity
Productivity *(including (paid) work and education)*	Previously worked in engineering and supported daughter's business. No longer active in these roles due to fatigue and mobility issues
Leisure and play	Reads Quran daily, enjoys watching TV, and doing wood painting — but often limited by fatigue and low energy

Environmental factors	
Physical environment	Home is standard — no adaptations like grab bars or elevated seats. Bed and seating not optimized for safe transfer
Social environment	Supportive wife and daughter, but caregiving style may cause dependency. Daughter tends to step in before patient attempts activity
Services, systems and policies	Limited OT follow-up in past; referred after physician noticed increased fall risk and reduced functional mobility

5.2 Other relevant details

Patient is motivated to be more independent but exhibits emotional withdrawal at times.
Family dynamics suggest a need for caregiver education to avoid over-assistance.
Visual demonstration is more effective than verbal explanation due to slowed comprehension.
Morning stiffness is present; early sessions may not reflect peak performance.
Fatigue management should be incorporated into planning.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Speak slowly. You occasionally pause before responding. Try to look like you're thinking or a little confused.
Sensory functions and pain	You do not report pain, but you may move carefully as if your balance is affected. Show hesitation while turning.
Neuromusculoskeletal and movement-related functions	Move with rigidity in your upper body. When sitting up from the bed, use both arms for support and hesitate during trunk rotation. Appear cautious while walking.
Voice and speech functions	Speak softly and slowly. Sometimes ask to repeat instructions. Take a second or two before answering.
Other	
Activities and participation	
Self-care and domestic life	Act like you need help when standing from a chair or bed. You can say: "I usually call my daughter to help me."
Productivity *(including (paid) work and education)*	Mention that you used to work with your daughter, but now you mostly stay home and can't do much.
Leisure and play	Say you enjoy reading the Quran and doing small painting work, but you get tired quickly.

Environmental factors	
Physical environment	Describe your home as "regular," with no special bars or aids. Say: "My bed is not so easy to get up from."
Social environment	Say you live with your wife and daughter. Mention they try to help you a lot, sometimes too much.
Services, systems and policies	Say you were sent to OT by your doctor recently because of more balance issues and falls. You've never had OT before.

6.2 Other relevant details

You are a 70-year-old man with Parkinson's disease (stage 2.5–3).
The right side of your body is more affected.
You move slowly, especially when getting up or turning.
Show mild anxiety when transferring, and occasionally ask, "Are you sure I can do this?"
If a caregiver is present, allow them to help but don't fully rely on them — simulate semi-dependence.
Don't smile too much; keep a neutral or slightly concerned facial expression.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What key safety risks did you notice during the client's transfer activities, and how effectively did the occupational therapist address them?
How did the occupational therapist incorporate client feedback and preferences into the intervention plan?
What non-verbal cues or physical challenges did you observe in the client, and how should these inform future interventions?
How did the occupational therapist's communication style impact the client's understanding and engagement in the intervention?
What alternative approaches or techniques could have been used to address the challenges observed during the session?
How well did the occupational therapist involve the caregiver without reducing the client's autonomy?
What role did environmental setup (e.g., bed, assistive devices) play in supporting or hindering safe transfers?
Did the occupational therapist demonstrate adequate clinical reasoning when adjusting the intervention in real time?

7.2 SimOT Compass

Observers are instructed to complete the SimOT Compass to evaluate the learner's performance based on:

Professional behaviour (e.g., empathy, ethics, respect)
Client safety awareness
Intervention planning and implementation
Communication with client and caregiver
Clinical reasoning and adaptability

The form can be used during or immediately after the simulation to guide debriefing and structured feedback.

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Regular bed
Chair with armrest
Chair without armrest
Walker
Forearm crutches (pair)
Axillary crutches (pair)
White coat (for OT role)
Computer (for observers + streaming)
Video camera and streaming connection
Assessment documents (COPM, FIM scores)
Printed patient profile and role briefing documents (for learner & simulant)
Scenario flow chart and SimOT Compass forms (for observers)

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 28: Remote occupational therapy assessment for stroke: Administering the MMSE

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Remote Occupational Therapy Assessment for Stroke: Administering the MMSE
Key words	Stroke, cognitive assessment, Mini Mental State Examination (MMSE), telerehabilitation, occupational therapy, remote evaluation
Brief description	This simulation focuses on assessing cognitive functions in a patient with stroke using the Mini Mental State Examination (MMSE) within a telerehabilitation setting. Designed for intermediate to advanced occupational therapy students, it allows learners to practice conducting cognitive assessments remotely, interpret findings, and communicate results professionally and empathetically. Students take on the role of an occupational therapist, working with a standardized patient in real time, and must navigate ethical, technical, and clinical reasoning challenges throughout the session.

Simulation setup

Simulation modality	Computer-based simulation		
Context	Remote occupational therapy assessment for post-stroke cognitive rehabilitation, focusing on MMSE administration and interpretation in a simulated telehealth environment.		
Environment	☒ **Physical**	**Description**	Simulated from a quiet, clinical-like space appropriate for online communication. Designed to mirror a remote OT session.
		Materials	• Computer or tablet with camera, microphone, and speaker • MMSE printed materials (pen, paper, stimulus sheet) • Notepad for observation and scoring • Stable internet connection
	☒ **Digital/Virtual**	**Description**	Conducted through a video conferencing platform (e.g., Zoom or Teams), allowing for real-time interaction between therapist, simulated client, and observers.
		Materials	• Video conferencing software with screen-sharing enabled • Digital version of MMSE assessment form • Optional video recording tool for debrief • Observation checklist for observers

Student roles	Number of students	Extra information
Occupational therapist	1	Plays the active role; administers MMSE
Participant	1	Played by a trained peer or actor with background script
Other simulated participant *Please specify in extra information*	Optional caregiver	Included if interprofessional dynamic is desired
Observer	Up to 10	Observes silently; participates in debrief

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	15 minutes	Whole group (digital or physical)
Prebriefing *Student preparation*	1–2 hours (prior to class)	Individual or small groups
Simulation activity	25 minutes	Hands-on / Digital (telehealth platform)
Debriefing	30–45 minutes	Whole group discussion (digital or in-class)

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	Students demonstrate understanding of cognitive assessment concepts (e.g., memory, attention, orientation) and their relevance in post-stroke rehabilitation using the MMSE.
Domain B: Managing and conducting OT process	Students conduct and score the MMSE in a telerehabilitation setting while adhering to professional and ethical protocols.
Domain C: Developing and maintaining professional relationships and partnerships	Students communicate respectfully and empathetically with the client, ensuring understanding and consent throughout the session.
Domain D: Professional autonomy and continuous professional development	Students reflect on their performance and identify areas for improvement in assessment delivery, communication, and clinical reasoning.
Domain E: Promoting and advocating for the enhancement of the profession and social change	Students demonstrate the potential of telehealth technologies in improving access to cognitive rehabilitation services.
Domain F: General professional skills and competencies	Students manage time, technology, and documentation accurately and professionally in a remote clinical setting.

Learning objectives *(observable behaviour)*

Domain A	Accurately describe the purpose, structure, and scoring criteria of the MMSE; identify which cognitive domains are assessed and their relevance to occupational performance.
Domain B	Conduct the MMSE in correct sequence, ensure ethical practice (e.g., no prompting during memory phases), and interpret results in relation to OT goals.
Domain C	Use empathetic and client-centred communication to build rapport, explain the process clearly, and check for understanding throughout the assessment.
Domain D	Reflect in writing on personal strengths and challenges experienced during the simulation and suggest one area for clinical improvement.
Domain E	Articulate the advantages and limitations of using telehealth to deliver cognitive assessments in underserved or remote populations.
Domain F	Navigate the video conferencing platform, share necessary materials (e.g., MMSE sheet), take notes, and submit an accurate and timely assessment report.

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Cognitive assessment knowledge	Students understand the MMSE's purpose, structure, domains (e.g., orientation, attention, memory), and scoring.
Occupational therapy theory	Familiarity with how cognitive function affects occupational performance, particularly in stroke rehab contexts.
Ethical and professional practice	Awareness of ethical standards for cognitive testing (e.g., informed consent, confidentiality, avoiding test bias).
Communication and client-centred care	Ability to adapt language, check understanding, and build rapport with clients with cognitive impairments.
Technological proficiency	Basic use of Zoom/Teams, including screen sharing, muting/unmuting, and troubleshooting common issues.
Clinical reasoning	Ability to link MMSE findings with occupational challenges and to plan next steps accordingly.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Test technical setup	Computer, webcam, microphone, stable internet; pre-loaded Zoom/Teams; MMSE form (print or digital)
Brief students on simulation objectives and roles	Simulation briefing sheet, learning objectives summary
Assign roles and distribute materials	Role cards for OT and simulated patient; observer checklist (if applicable)
Prepare MMSE assessment materials	Printed/digital MMSE form, pen and paper, shape copying sheet, sentence “Close your eyes”
Launch simulation	Zoom/Teams link; screen sharing tools ready
Monitor simulation and observe performance	Observation rubric/checklist, timer
Facilitate debriefing session	PEARLS debriefing script; flipchart or virtual whiteboard
Provide written or verbal feedback	Performance checklist; optional individual feedback form

Staff

Role	*Description*	Number
Educator	OT lecturer who explains simulation structure, provides orientation, and supports debriefing	1
Facilitator	Guides simulation flow, prompts during stagnation, provides scaffolding if needed	1
Standardized Patient	Acts as the client (Merve Kaya); briefed on spasticity, stroke history, and personal context	1
IT Support (optional)	Available to resolve any technical issues on Zoom/Teams or troubleshoot audio/video settings	1 (shared or on-call)

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Knowledge: Understanding the MMSE structure, purpose, components, scoring system, and its relevance to OT practice.	Course notes, MMSE user guide, video tutorials on MMSE application, readings on cognitive function in stroke patients
Attitudes: Developing client-centred, empathetic, and ethically sound communication with patients with cognitive impairments.	Ethical practice guidelines in OT, sample scripts for patient-centred interaction, AOTA/WFOT Code of Ethics
Skills: Administering the MMSE via telehealth (Zoom/Teams); managing timing, instructions, documentation, and response recording.	Role-play exercises with peers, video practice sessions, MMSE scoring sheets, checklists for test administration
Skills: Navigating basic telehealth functions (screen sharing, video/audio settings, backup plan if technical failure occurs).	Zoom/Teams tutorials, institutional IT guide, “What to do if...” cheat sheet
Skills: Demonstrating active listening, adapting language for cognitive impairment, maintaining professionalism.	Reflective listening workshops, peer feedback forms, practice interviews with SPs (standardized patients)

Assignment

Timing	*Description*
☐ **Pre-SBL assignment**	**Theoretical preparation:** Students will write a 300–500 word summary explaining the MMSE, its purpose, domains assessed, scoring, and how it relates to OT. **Technical preparation:** Students will complete a checklist confirming they have tested their video/audio settings and screen sharing on Zoom or Teams.
☐ **Post-SBL assignment**	**Reflective report (500–700 words):** Analyse your performance during MMSE delivery, focusing on communication, protocol adherence, and clinical reasoning. **Assessment summary:** Document and interpret the MMSE results from the session. Connect findings to occupational performance and suggest one evidence-based intervention idea.

References

SIMBA Framework of occupational therapy competencies for simulation-based learning

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Introduces themselves clearly and respectfully, setting a supportive tone.
Obtains informed consent before starting the MMSE.
Explains each step of the assessment in simple language to avoid confusion.
Adheres strictly to MMSE protocol (e.g., no prompting in memory sections).
Maintains professional demeanour even in case of client confusion or technical difficulty.
Uses empathetic communication to reduce anxiety (e.g., “Take your time, there’s no rush”).
Ensures confidentiality by stating how information will be used.
Acknowledges signs of fatigue or discomfort in the client and adjusts pace if needed.
Demonstrates nonjudgmental, inclusive behaviour throughout the session.

Facilitation tips

Encourage the student to rephrase instructions if the client seems confused.

Remind the learner not to skip or change MMSE sequence even if the client struggles.

Watch for signs of the learner rushing or pressuring the patient — prompt them to slow down.

Prompt reflection on how professional behaviour impacts the client's comfort and engagement.

If the learner forgets to ask for consent, pause the session and redirect.

During debriefing, ask how they balanced protocol with empathy.

Scenario flow

Start
Participant state and action

	Description
Expected learner action	The OT student begins the session by greeting the client and caregiver, introduces themselves, explains the purpose of the session, and obtains verbal consent for the MMSE. They check whether the client understands the task, and reassure her throughout. • Introduce themselves clearly and professionally. • Explain the purpose and structure of the MMSE. • Request and document verbal consent. • Set expectations for the session (duration, process). • Adjust communication if the client seems confused.
Key learning points	• Importance of establishing rapport and clarity. • Legal and ethical necessity of informed consent. • Setting a comfortable, respectful tone in cognitive assessments. • Adapting explanation to cognitive ability level.
Trigger for next action	Once the client confirms understanding and consents to continue, the OT moves to the Orientation section of the MMSE.

Action 1	
Participant state and action	
The client appears cooperative but shows mild confusion when asked about orientation-related questions (e.g., time, place). She responds slowly and occasionally needs gentle prompting.	
	Description
Expected learner action	The OT student begins the MMSE by asking orientation questions (date, month, year, location, etc.). The client answers to the best of her ability. The OT then gives the client three words to repeat for the immediate recall portion and confirms understanding. • Ask orientation questions using MMSE protocol (e.g., “What is the date today?”, “Where are we now?”). • Present three unrelated words clearly and ask the client to repeat them immediately. • Observe and record both correct and incorrect responses without correcting or prompting. • Maintain supportive and respectful tone throughout. • Gently redirect if the client appears confused.
Key learning points	• Understanding how to administer the Orientation and Immediate Recall sections of MMSE. • Recognizing the importance of not giving cues or corrections, especially during memory-related items. • Demonstrating non-verbal observation (hesitations, confusion, emotional response). • Adjusting communication based on client’s cognitive state.

Trigger for next action	Once the orientation questions are completed and the three words are repeated, the OT proceeds to the next section: Attention and Calculation (e.g., serial 7s).

Action 2	
Participant state and action	
The client attempts to follow increasingly complex MMSE items, showing mild difficulty with sustained attention and memory. She occasionally pauses or seeks clarification, but remains cooperative. Spasticity in her left hand is visible during fine motor tasks (e.g., paper folding).	
	Description
Expected learner action	The OT continues administering the MMSE. This includes the following items: - Attention and Calculation: Asking the client to count backwards from 100 by sevens. - Delayed Recall: Asking the client to recall the three words given earlier. - Naming: Showing a pen and a watch, and asking the client to name them. - Following a 3-step command: “Take this paper in your right hand, fold it in half, and place it on the floor.” - Reading and writing tasks (e.g., “Close your eyes”, and sentence writing). - Copying a design (two intersecting pentagons). • Deliver all MMSE tasks in proper order and wording. • Provide clear, paced instructions and allow time for response. • Observe and note verbal/nonverbal behaviors, delays, or hesitations. • Score responses according to MMSE guidelines without providing feedback or correction. • Show sensitivity if client is frustrated or struggles with fine motor tasks. • Adapt their communication style for clarity and reassurance, but without altering the test structure.
Key learning points	• Understand how to assess multiple cognitive domains (attention, memory, language, visuospatial). • Recognize the difference between supporting and prompting — maintain test validity. • Apply clinical reasoning when observing physical challenges (e.g., hand spasticity) and cognitive responses. • Maintain ethical and professional communication throughout. • Demonstrate adaptability within the limits of a standardized assessment.
Trigger for next action	After all MMSE items are administered and scored, the OT transitions to closing the session and thanking the client and caregiver.

End	
Participant state and action	
The client appears slightly fatigued but remains cooperative and engaged. She responds politely to the closing remarks. Her caregiver may be present and offers supportive gestures or asks brief questions.	
	Description

Expected learner action	The OT concludes the session by thanking the client for her participation. They briefly explain what will happen next (e.g., “We’ll now review your answers and prepare a summary”). The OT ensures that the client feels supported and checks if she or her caregiver have any final questions or concerns before ending the session. • Thank the client and/or caregiver in a warm, professional manner. • Provide a brief summary of what was done (without interpreting results yet). • Check for understanding and allow space for questions or feedback. • Offer reassurance and acknowledge the client’s effort and cooperation. • End the session respectfully and clearly (e.g., “We’re finished for today. Thank you again.”).
Key learning points	• Demonstrate how to close a cognitive assessment session professionally. • Ensure the client feels heard, respected, and reassured. • Practice clear and simple summarization without giving clinical conclusions prematurely. • Maintain ethical standards around confidentiality and emotional support.
Trigger for next action	Transition to debriefing with the observing students.

Choose an action.	
Participant state and action	
	Description
Expected learner action	
Key learning points	
Trigger for next action	

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students must review all preparatory materials (MMSE protocol, telehealth setup, ethical guidelines) before participating.
The student in the OT role must follow MMSE administration strictly — no altering of test sequence or giving prompts where not allowed.
Consent must be explicitly obtained from the simulated patient before starting the assessment.
All participants must maintain confidentiality and professionalism throughout the session.
Observers are expected to remain silent during the simulation and take notes using the observation checklist.
Any technical difficulties should be reported immediately to the facilitator; the session will pause if needed.
The simulated client and caregiver must stay in character and follow the script provided.
All students are expected to engage respectfully in the debriefing process, giving and receiving constructive feedback.

Prebriefing thought-provoking questions

What do you already know about the MMSE? Which parts do you think will be most challenging to administer?
How might a stroke affect someone's cognitive functions in daily life?
What strategies can you use to ensure the client understands and feels safe during the assessment?
How can you balance standardization (e.g., not prompting) with empathy and patient-centered care?
How would you adapt your communication if the client seems confused or anxious during the session?
What are your responsibilities regarding consent and confidentiality in this simulation?
What might be some cultural or personal factors that could affect the MMSE outcomes?
How do you think using a telehealth platform changes the experience of conducting a cognitive assessment?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Merve Kaya
Age	44 years old
Sex	Female
Personal factors	Highly motivated, positive attitude, strong desire to regain independence; lives with supportive spouse and children.
Ethnicity and cultural context	Turkish; homemaker; family-oriented; accustomed to collaborative decision-making with spouse.
Reason the participant is seeking OT service and concerns related to engagement in occupations	Post-stroke cognitive and physical rehabilitation; challenges with memory, attention, fine motor coordination, and daily functioning in household tasks.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Warm, cooperative, eager to share progress; slightly anxious when unable to perform well; experiences occasional confusion or memory lapses.
Other simulated participant *Please specify*	Supportive, calm, attentive; asks clarifying questions when needed. (Optional in simulation)

4.1.4 Occupational history

Person receiving OT services	Previously a homemaker; occasionally assisted her husband in his workshop. Currently focuses on household tasks, therapy sessions, and home exercises.
Other simulated participant *Please specify*	Workshop owner; engaged in client's recovery process. (Optional)

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Improve memory, attention, and problem-solving; regain hand function; increase independence in daily tasks; engage in meaningful family roles.
Other simulated participant *Please specify*	Wants to see his wife regain independence; supports therapy participation and hopes to assist at home. (Optional)

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Short-term memory impairment, attention deficit, mild cognitive confusion
Sensory functions and pain	No major sensory deficits; occasional discomfort due to spasticity
Neuromusculoskeletal and movement-related functions	Limited elbow movement; spasticity in left hand; gross motor functions mostly preserved
Voice and speech functions	Mild non-fluent speech; understandable with effort
Other	Motivation and engagement high despite limitations
Activities and participation	
Self-care and domestic life	Requires assistance for fine motor tasks (e.g., buttoning, food prep); performs basic ADLs with minor support
Productivity *(including (paid) work and education)*	Homemaking as primary role; participates in therapy and home exercises; unable to return to previous level of functioning
Leisure and play	Enjoys spending time with family; demonstrates interest in crafts, but currently limited by hand coordination

Environmental factors	
Physical environment	Home adapted for comfort and safety; therapy conducted in a quiet, tech-supported space
Social environment	Strong spousal support; regular communication with therapy team
Services, systems and policies	Has access to telerehabilitation and face-to-face sessions; no systemic access barriers reported

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Barthel Index	90	Moderate independence in daily living activities
Mini Mental State Examination (MMSE)	22	Indicates mild to moderate cognitive impairment (especially attention and memory)

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Client demonstrates deficits in short-term memory and attention span. She may need repeated instructions and reorientation during sessions.
Sensory functions and pain	No sensory loss, but discomfort and involuntary movement may occur due to spasticity in the left hand.
Neuromusculoskeletal and movement-related functions	Limited active elbow flexion; increased tone and spasticity in the left upper extremity; functional grasp is limited.
Voice and speech functions	Mild non-fluent speech post-stroke; needs extra time to formulate responses; articulation is intact.
Other	Demonstrates high motivation, positive affect, and consistent participation in therapy activities.
Activities and participation	
Self-care and domestic life	Engages in basic ADLs independently but requires assistance in tasks involving bilateral hand use and fine motor coordination.
Productivity *(including (paid) work and education)*	Participates regularly in therapy; performs light household tasks with modifications; goal is to return to full domestic independence.
Leisure and play	Enjoys sharing progress (e.g., videos), crafting, and spending time with family. Needs support to re-engage in previous leisure interests.

Environmental factors	
Physical environment	Home has been modified for accessibility; online therapy sessions occur in a quiet, private room.
Social environment	Strong support from husband and children; caregiver actively participates in therapy follow-up.
Services, systems and policies	Access to regular outpatient and telehealth OT sessions; uses Turkish healthcare services; no language barrier.

5.2 Other relevant details

The client (Merve Kaya) had a stroke due to a clot from a cardiac valve mass and received surgery. She was hospitalized for 15 days, including ICU.
Her rehabilitation has focused on regaining motor and cognitive function through OT and PT.
She often arrives early to sessions and reports progress via verbal feedback or videos.
The learner should be aware of her high motivation and emotional investment in rehabilitation — positive reinforcement is meaningful for her.
Spasticity may occasionally interfere with assessment tasks (e.g., writing or paper folding during MMSE). Students should plan accordingly.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Mild impairment in short-term memory and attention. Sometimes asks for repetition. Occasionally loses track of the task.
Sensory functions and pain	No pain, but mild discomfort due to spasticity in the left hand.
Neuromusculoskeletal and movement-related functions	Spasticity and reduced range of motion in the left upper extremity. Difficulty with fine motor tasks.
Voice and speech functions	Slightly slowed but clear speech. May pause before answering.
Other	Highly motivated and emotionally expressive; values independence and role as homemaker.
Activities and participation	
Self-care and domestic life	Performs basic self-care independently. Needs help with bilateral or coordination-intensive tasks (e.g., tying apron, chopping vegetables).
Productivity *(including (paid) work and education)*	Currently not working. Previously helped in husband's workshop. Main focus is regaining function for home responsibilities.
Leisure and play	Enjoys sharing progress videos, doing light crafting activities. Would like to resume past hobbies (e.g., decorating, gardening).

Environmental factors	
Physical environment	Lives in a quiet home environment adapted for post-stroke needs. Telerehabilitation sessions take place in the living room or study.
Social environment	Husband is actively involved in daily care and therapy routines. Children provide emotional support.
Services, systems and policies	Has regular access to outpatient rehabilitation. Uses Turkish public healthcare. Has the technological means to attend video-based sessions.

6.2 Other relevant details

The stroke occurred during sleep; hospitalization followed by heart surgery.
Client may express gratitude and occasionally frustration when unable to complete tasks.
The client frequently gestures with her right hand; left hand remains more passive due to spasticity.
Learners may expect verbal expressions such as:
-"I'm trying my best, but my hand isn't cooperating."
-"I want to be able to cook and clean like I used to."
-"Can we try again? I know I can do better."
Simulant should pause occasionally, ask for clarification, or smile nervously to reflect mild cognitive strain — but remain highly cooperative and polite.

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How did the therapist introduce themselves and establish rapport with the client?
Did the therapist clearly explain the purpose and structure of the MMSE before starting?
How did the therapist ensure the client's understanding and consent?
Did the therapist follow the standardized MMSE procedure without giving unintended prompts?
How did the therapist respond when the client showed confusion or hesitation?
How were professional communication and empathy demonstrated throughout the session?
Was the therapist able to manage the telehealth platform competently?
How did the therapist document and transition between MMSE sections?
Did the therapist maintain ethical boundaries, such as confidentiality and respect for client dignity?
How did the therapist manage time and maintain client-centeredness during the assessment?

7.2 SimOT Compass

Domain	Focus
Domain A – Knowledge and attitudes	Was the therapist's understanding of cognitive assessment concepts evident? Did they demonstrate ethical and respectful behavior?
Domain B – Managing the OT process	Did the therapist administer MMSE accurately and in sequence? Were the instructions appropriate and standardized?
Domain C – Communication and relationships	Was rapport-building visible? Did the therapist adjust communication for the client's cognitive level?
Domain F – Professional skills	Was the use of technology (e.g., Zoom/Teams) appropriate and effective? Was time managed well?

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Mini Mental State Examination (MMSE) assessment form (print or digital)
MMSE scoring sheet and interpretation guide
Printed “Close your eyes” instruction (for reading task)
Sheet with two intersecting pentagons (for copying task)
Pen and blank paper (for naming, writing, folding tasks)
Computer or tablet with webcam, microphone, and stable internet
Telehealth platform (Zoom, MS Teams, etc.) with screen sharing enabled
Prebriefing document (scenario goals, roles, ethical considerations)
Role description sheet for standardized patient (client) and caregiver (if applicable)
Observer checklist or SimOT Compass
IT troubleshooting guide or contact for technical support
Flipchart or digital whiteboard for debriefing session
Student instruction sheet for pre-SBL assignment
Client background profile (Merve Kaya) for the OT learner
Ethical conduct guidelines for simulation participants
Consent form (verbal consent assumed in role-play but form can be shown as example)

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 29: Video observation and analysis: School-based occupational therapy intervention for a child with ADHD

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Video Observation and Analysis: School-Based Occupational Therapy Intervention for a Child with ADHD
Key words	ADHD, school-based intervention, video analysis, observation, attention regulation, hyperactivity management
Brief description	This simulation-based learning scenario aims to enhance students' skills in observing, analysing, and critically evaluating occupational therapy (OT) interventions for children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) within a therapy room setting. Students will observe a pre-recorded video of an OT conducting a one-on-one session with a child in a culturally relevant paediatric therapy environment. The video demonstrates developmentally appropriate and contextually grounded strategies designed to improve the child's attention, support emotional regulation, and manage hyperactive behaviours. Learners are expected to engage in critical reflection on both the therapeutic techniques used and the environmental and socio-cultural factors that influence occupational performance.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	Paediatric occupational therapy in a therapy room setting Video observation of a therapist–child session addressing attention, behaviour, and occupational performance		
Environment	☐ **Physical**	**Description**	A quiet simulation room or computer lab where students can watch the video in an uninterrupted setting. The video represents a typical Turkish occupational therapy room setup.
		Materials	• Computer with screen and speakers • Video projector (if group setting) • Headphones (optional) • Printed observation worksheets
	☐ **Digital/Virtual**	**Description**	Online participation using Zoom or Teams. Students can access the video remotely with instructor guidance and participate in virtual debriefing.
		Materials	• Video file hosted online or embedded • Zoom/Teams account • Personal computer or tablet • Shared document for notes (e.g., Google Docs)

Student roles	Number of students	Extra information
Occupational therapist	-	Not played by students – appears in the video
Participant	-	The child receiving OT in the video
Other simulated participant *Please specify in extra information*	-	None

Observer	~10 per session	All students act as observers; they watch the video and participate in structured reflection

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	10 minutes	In group
Prebriefing *Student preparation*	10 minutes	Individually
Simulation activity	20 minutes	Individually – video observation
Debriefing	15 minutes	In group

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	Students develop foundational understanding of ADHD and its impact on occupational performance; demonstrate appreciation for individual-centred and evidence-informed OT approaches
Domain B: Managing and conducting OT process	Students apply clinical reasoning skills to analyse observed interventions and evaluate their effectiveness in a paediatric OT setting
Domain C: Developing and maintaining professional relationships and partnerships	Students reflect on the therapist–child interaction and discuss how therapeutic rapport supports occupational engagement
Domain D: Professional autonomy and continuous professional development	Students engage in structured self-assessment and group reflection to enhance their competence in observation and analysis
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	

Learning objectives *(observable behaviour)*

Domain A	Observe and document 5 key features of the intervention; explain at least 2 relevant OT models used in ADHD practice
Domain B	Identify 3 strengths and 3 areas for improvement; evaluate alignment with client needs and OT goals
Domain C	Describe how the therapist builds trust and engagement with the child; reflect on communication strategies
Domain D	Participate actively in debriefing; provide constructive peer feedback using observation notes
Domain E	

Domain F	

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
A.1 – Knowledge about Occupation and Humans as Occupational Beings	Understanding of how ADHD symptoms (inattention, hyperactivity, impulsivity) impact children's daily functioning and participation in meaningful occupations
B.1 – Professional Reasoning During the OT Process	Ability to critically observe and analyse intervention sessions, identify strengths and weaknesses in therapeutic approaches, and relate these to occupational goals
A.4 – Attitudes about the Value of People and Their Environments	Respect for the individuality of each child, belief in tailoring interventions to specific needs, and commitment to culturally sensitive, client-centred care
B.2.2 – Goal Setting and Intervention Planning	Familiarity with how OT goals are set in paediatric contexts; basic knowledge of models/theories such as MOHO, PEOP, and Sensory Integration used to inform planning

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Prepare the simulation space (quiet environment for video viewing)	Computer or projector setup, speakers or headphones
Upload and test the ADHD intervention video	Pre-recorded video file, internet connection if streamed
Provide clear verbal instructions on purpose, expectations and observation focus	-
Distribute observation guidelines and note-taking templates to students	Observation form or checklist
Prepare for group debriefing after video observation	Flipchart or whiteboard (optional), debriefing questions/prompts

Staff

Role	*Description*	Number
Educator	Leads the simulation activity, provides instruction and debriefing	1
Facilitator	Supports students during the activity, scaffolds discussion if needed	1
IT Support (optional)	Assists in setup or troubleshooting of video/tech issues	1 (if needed)

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Understanding ADHD: symptoms, behavioural patterns, and how they affect daily life and occupational performance	Course notes (OT theories, Interview techniques in OT, Basic assessment in OT)
OT models relevant to ADHD (e.g., MOHO, PEOP, Sensory Integration Theory)	Articles and textbook chapters on ADHD and OT theory
Familiarity with common assessments and interventions used with children with ADHD	Research papers on evidence-based practices in paediatric occupational therapy
Observational skills: effective note-taking, identifying key behaviours, and documenting accurately	Tutorial videos; reflective journaling practice

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	The Pre-SBL assignment is designed to prepare students for the ADHD video observation simulation by engaging them in preliminary learning activities. It serves to enhance their readiness and understanding of key concepts before participating in the simulation.
☒ **Post-SBL assignment**	The Post-SBL assignment follows the ADHD video observation simulation and aims to consolidate learning, promote reflection, and assess the application of acquired knowledge and skills during the simulation experience.

References

American Occupational Therapy Association (2020). Occupational Therapy Practice Framework: Domain and Process, 4th Edition.

Barkley, R. A. (2015). Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment (4th ed.). Guilford Press.

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.c. Scenario flow

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Learner respects confidentiality of the client information shared in the video.
Learner engages with the simulation respectfully and without judgment toward the child or therapist shown.
Learner demonstrates reflective and professional communication during debriefing.
Learner uses observation time for focused, respectful note-taking rather than critique of individual performance.
Learner avoids assumptions about diagnosis, culture, or family based on limited video content.

Facilitation tips

Remind learners that their role is to observe and reflect professionally — not to critique the therapist or client.
Emphasize respectful language when discussing behaviours observed in the child.
Encourage focus on observable actions, not assumptions or diagnoses.
Normalize emotional responses (e.g., discomfort, empathy) and use them as starting points for professional growth.
Use prompting questions during debriefing to guide structured reflection on ethical and emotional dimensions.

Scenario flow

Start	
Participant state and action	
The client is a child diagnosed with ADHD. In the therapy room, the child displays hyperactivity, fidgeting, difficulty sustaining attention, and impulsive verbal behaviour while participating in structured occupational therapy activities.	
	Description
Expected learner action	The occupational therapist initiates a routine fine motor activity with the child. Despite repeated prompts, the child shifts attention quickly, interrupts, and exhibits difficulty with turn-taking. The OT remains calm and redirects gently. The learner observes and documents specific behaviours indicating hyperactivity, impulsivity, and inattention. They begin to interpret how these behaviours affect task participation and social interaction during therapy.

Key learning points	• Identify core behavioural symptoms of ADHD in a therapeutic context • Recognize how these behaviours impact occupational performance • Begin applying OT reasoning to interpret child–therapist interaction
Trigger for next action	When the OT adjusts the activity or environment to redirect the child's attention (e.g., offers sensory tool, changes verbal strategy)

Action 1	
Participant state and action	
The child struggles to remain seated, frequently interrupts the therapist, and has difficulty following multi-step instructions during a therapeutic task (e.g., cutting and gluing).	
	Description
Expected learner action	The OT attempts to maintain the child's engagement by giving step-by-step verbal instructions and visual prompts. The child appears frustrated, interrupts with unrelated comments, and shifts focus frequently. The learner identifies and documents observable ADHD-related behaviours (e.g., verbal outbursts, motor restlessness, task avoidance). They begin to link these behaviours with challenges in executive functioning and occupational performance.
Key learning points	• Understand how ADHD symptoms manifest during goal-directed activity • Identify specific behavioural indicators (e.g., poor inhibition, distractibility) • Recognize how such behaviours impact therapeutic progress • Begin considering OT strategies to address these behaviours
Trigger for next action	When the OT modifies the activity or introduces a tool (e.g., fidget toy, movement break) to help the child re-regulate and refocus.

Action 2	
Participant state and action	
The occupational therapist introduces strategies to redirect the child's attention and manage impulsive behaviours—such as simplifying instructions, providing structured choices, and incorporating sensory input (e.g., weighted cushion or fidget tool). The child responds with brief periods of improved focus but continues to require frequent prompts.	
	Description

Expected learner action	The therapist adjusts the activity demands, uses calm tone, and supports the child through short tasks with positive reinforcement. The child begins to respond more consistently, but still interrupts and shifts topics. The OT adapts in real-time to maintain engagement. The learner critically evaluates the therapist's use of environmental and behavioural strategies. They assess which approaches help reduce hyperactive behaviours and increase sustained attention, and begin to compare them with known evidence-based OT methods for ADHD.
Key learning points	• Explore OT strategies for managing attention and impulsivity (e.g., environmental modifications, sensory regulation, cueing) • Evaluate therapist adaptability and graded support during session • Link strategies to theoretical models (e.g., Sensory Integration, PEOP) • Understand the dynamic nature of therapist–client interaction in ADHD
Trigger for next action	The child transitions to a peer-related task or interaction-based activity, guided by the OT.

Action 3	
Participant state and action	
The child begins interacting with a peer (or responds to simulated peer presence in the video). Their behaviour includes interrupting, difficulty with turn-taking, and intrusive gestures. Peer responses vary—some are supportive, others are hesitant or annoyed. The OT observes and occasionally intervenes with prompts or redirection.	
	Description
Expected learner action	The therapist facilitates interaction opportunities without over-controlling the flow, allowing natural peer responses. When necessary, the OT uses modelling, visual cues, or brief verbal prompts to support positive behaviour. The learner observes the child's peer-related behaviour and evaluates the therapist's level of involvement. They consider the role of OT in supporting social participation and inclusion and reflect on possible strategies to enhance group engagement for children with ADHD.
Key learning points	• Recognize social participation challenges in children with ADHD (e.g., impulsivity, poor social reciprocity) • Evaluate how therapists support peer interaction without over-directing • Reflect on inclusion strategies in paediatric OT practice • Consider how environmental and social supports can be structured to improve engagement
Trigger for next action	The OT prepares the child for transition and session closure, initiating a calming or wrap-up routine.

End	
Participant state and action	
The child shows signs of transition readiness. With guidance from the occupational therapist, the child begins cleaning up materials and organizing personal items. The OT uses calming voice and positive reinforcement while helping the child prepare to leave the therapy room.	
	Description
Expected learner action	The OT acknowledges the child's effort throughout the session, summarizes the activity briefly, and guides the child through a predictable end-of-session routine. The child appears more regulated and responsive, showing improved cooperation compared to the start of the session. The learner reflects on the therapist's transition strategies and identifies key behaviours indicating the child's emotional regulation. They evaluate how the OT's supportive style promotes closure and prepares the child for successful transitions.
Key learning points	• Recognize behavioural cues that indicate a child's readiness or difficulty with transitions • Understand the importance of structure, predictability, and emotional regulation support at session closure • Reflect on therapist language, tone, and timing in guiding transitions • Appreciate the therapeutic value of a positive and predictable ending
Trigger for next action	Session ends and debriefing with student observers begins.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Learners must maintain confidentiality regarding the client shown in the video.
Learners are expected to engage respectfully with both the content and their peers during discussion.
The video is to be observed silently — learners should not interrupt or speak during playback.
Personal devices should be silenced and not used for unrelated activities during the simulation.
Learners must take structured notes during the video using the provided observation form or checklist.
Learners must not make personal judgments or assumptions about the child or therapist.
All contributions during debriefing should reflect professionalism and empathy.
Learners should remain within their role as observers — this is a non-interactive simulation.

Prebriefing thought-provoking questions

What behaviours might you expect to observe in a child with ADHD during an OT session?
How do attention, impulsivity, and hyperactivity affect occupational participation?
What therapist strategies might help children with ADHD engage more effectively in therapy?
How can we ensure our interpretation of behaviour remains free of bias?
How might socio-cultural context influence the child's behaviour or the therapist's choices?
What are your assumptions or expectations going into this observation?
How will you decide which behaviours are most clinically relevant to document?
What ethical considerations must you keep in mind while watching and discussing this video?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	Not disclosed (fictional client in video)
Age	7 years
Sex	Male
Personal factors	Energetic and expressive; shows low frustration tolerance; quick to disengage when not interested
Ethnicity and cultural context	Turkish; lives with family in urban setting; attends mainstream school
Reason the participant is seeking OT service and concerns related to engagement in occupations	The child was referred due to difficulty focusing, completing tasks, and managing behaviour in both classroom and home settings. Concerns include reduced participation in structured activities and emotional dysregulation during transitions.

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Frequently fidgeting, interrupts verbally, shifts topics rapidly, but engages positively with preferred tasks. Appears anxious or oppositional when demands increase or transitions occur.
Other simulated participant *Please specify*	Not applicable

4.1.4 Occupational history

Person receiving OT services	The child attends a mainstream school and requires frequent support to participate in class routines. At home, family reports difficulty following instructions and transitioning between activities. Shows interest in drawing and climbing but struggles with sustained play.
Other simulated participant *Please specify*	Not applicable

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Improve attention span during classroom tasks, reduce impulsive verbal responses, and enhance the child's ability to participate in structured learning and play activities.
Other simulated participant *Please specify*	Not applicable

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Impulsivity, distractibility, emotional dysregulation, and difficulty with sustained attention.
Sensory functions and pain	Hypersensitivity to noise and visual distractions in the classroom.
Neuromusculoskeletal and movement-related functions	Frequent fidgeting, poor postural control while seated.
Voice and speech functions	Frequent verbal interruptions; difficulty modulating tone and volume appropriately.
Other	Not applicable
Activities and participation	
Self-care and domestic life	Age-appropriate; not the primary focus of the observed session.
Productivity *(including (paid) work and education)*	Difficulty completing classroom tasks independently; frequent need for redirection.
Leisure and play	Enjoys physical play and expressive activities but struggles with turn-taking and rule-following in group settings.

Environmental factors	
Physical environment	The simulation takes place in a typical Turkish therapy room designed for paediatric sessions. Includes a child-sized desk, therapy materials, and visual aids.
Social environment	The child interacts with the occupational therapist and peers. There is limited peer understanding of the child's behaviour, leading to occasional social friction.
Services, systems and policies	The child receives OT services through school referral. Collaboration between school staff and OT is evident; however, systemic support for long-term intervention planning is limited.

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation
Clinical observation during structured activity	The child shows frequent fidgeting, short attention span, impulsive verbalizations, and difficulty completing tasks without redirection.	Indicative of functional challenges in attention regulation and executive function, consistent with ADHD presentation.

Therapist's informal behaviour checklist (based on video)	High distractibility, frequent task-switching, difficulty remaining seated.	Highlights need for sensory and behavioural strategies to support participation in classroom-based occupations.

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Difficulties in sustained attention, impulse control, and emotional regulation. The child displays distractibility and frequent shifts in activity focus.
Sensory functions and pain	Easily overstimulated in busy environments; seeks sensory input through movement (e.g., fidgeting, bouncing, leaving seat).
Neuromusculoskeletal and movement-related functions	No specific motor impairment observed; however, fine motor coordination may be slightly immature for age.
Voice and speech functions	Age-appropriate speech. Occasional impulsive verbalizations interrupting tasks or conversations.
Other	
Activities and participation	
Self-care and domestic life	No major concerns reported in basic ADLs; able to complete tasks with supervision.
Productivity *(including (paid) work and education)*	Challenges in maintaining attention during structured classroom activities; difficulty initiating and completing tasks independently.
Leisure and play	Enjoys imaginative and physical play but struggles with turn-taking and rule-following in group play.

Environmental factors	
Physical environment	Therapy conducted in a controlled paediatric therapy room that includes child-sized seating, task materials, and sensory tools.
Social environment	Child has limited peer support. Some negative feedback from peers due to disruptive behaviour, impacting social participation.
Services, systems and policies	Referred through the school system; family involvement is present but inconsistent. No formal IEP or coordinated care plan currently in place.

5.2 Other relevant details

The child's symptoms are consistent with a combined-type ADHD diagnosis.
Video-based observation takes place in a culturally relevant Turkish OT setting.
The child is familiar with the OT but is still in the early stages of therapy engagement.
The scenario reflects typical challenges encountered in school-based paediatric OT referrals.

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	Not applicable in this scenario. Learners are observers of a pre-recorded video and do not play an active participant role.
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

What specific behaviours did you observe that may indicate symptoms of ADHD?
How did the occupational therapist tailor the intervention strategies to meet the child's individual needs?
What strategies were effective in managing hyperactivity and supporting attention?
In what ways did the therapy environment contribute to or hinder the child's occupational engagement?
How did the child respond to verbal prompts and environmental cues during the session?
Could alternative strategies have been used to increase participation? If so, what might they be?
How did the therapist support self-regulation and social participation during the session?
What would you do differently in a similar scenario based on the child's observed responses?
How did socio-cultural or contextual elements influence the therapeutic process in this session?
What would you want to explore further in a follow-up session?

7.2 SimOT Compass

Description:
This reflection tool is designed to guide students in analysing the observed occupational therapy intervention for a child with ADHD. It encourages critical thinking, application of theory, and integration of evidence-based reasoning.

Instructions for use:
Students are asked to complete this tool after the video observation and before the debriefing session. They should focus on the therapist's actions, child's responses, and the interactional dynamics.

Reflection focus	Guiding questions
1. Observed behaviours	What ADHD-related behaviours did you observe? How did they impact occupational performance?
2. Therapeutic strategies	What strategies did the therapist use? Were they evidence-based? Effective?
3. Therapist–child interaction	How did the therapist communicate with the child? Was the approach client-centred?
4. Environmental and socio-cultural fit	Did the therapy setting reflect the child's cultural and environmental context?
5. Theoretical application	Can you identify any OT models/theories applied in the session (e.g., MOHO, SI, PEOP)?
6. Personal reflection	How would you approach this case? What might you do similarly or differently?

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Pre-recorded video of OT session with a child diagnosed with ADHD
Computer or tablet with internet connection
Pre-reading materials (ADHD in children, OT approaches, MOHO, PEOP etc.)
Observation worksheet / note-taking form
Debriefing guide (for educator)
Simulation briefing document (overview, objectives, structure)

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

Scenario 30: Video observation: Occupational therapy intervention for total hip prosthesis

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Scenario for SBL in occupational therapy
1. Introduction

General information

Title	Video observation OT intervention in total hip prosthesis
Key words	Video observation, virtual simulation
Brief description	This scenario provides a simulation for video-based simulation and/or role play. This scenarios is designed as hybrid scenario which can be applied as video based simulation (online) or role-play (online and/or on-site). Scenario contains information about a client who undergone a total hip replacement surgery. Clients lives in nursing home and needs information about precautions and intervention for assistive device use. There is one video contains general mobility of the client, learners are expected to create and intervention plan for assistive and adaptive device training for mobility and dressing.

Simulation setup

Simulation modality	Case study or case scenario (video-based)		
Context	This scenario is developed as virtually, however, it can be a onsite simulation with role play		
Environment	**☒ Physical**	**Description**	In case of role-play, the physical environment can be a simulated therapy room
		Materials	Adjustable hospital bed, chair with armrests, a recliner/relaxation sofa, walker, axillar crutches, forearm crutches, various assistive devices (reacher, sock aid, dressing stick
	☒ Digital/Virtual	**Description**	It is a nursing home residence environment
		Materials	Pre-recorded video of the client, PC and internet connection for remote access

Student roles	Number of students	Extra information
Occupational therapist	2	
Participant	1	One student plays as a patient
Other simulated participant *Please specify in extra information*		
Observer	10	

Timing

General timeframe	Timing	Modality
Prebriefing *Orientation towards simulation*	2 hours	2 hours lecture regarding the THP
Prebriefing *Student preparation*	15 minutes	
Simulation activity	25 minutes	
Debriefing	30 minutes	

Learning outcomes *(simOT Framework)*

Domain A: Knowledge and attitudes supporting OT competence	• How changes in functions, health, development, or environment influence participation in occupations. • The nature and scope of health conditions.
Domain B: Managing and conducting OT process	• Applying therapeutic skills to promote participation, health, and well-being of clients (in institutions, at home, and/or in the community). • Using clinical reasoning, problem-solving, flexibility, creativity, and critical thinking skills to reflect on their own practice and make informed decisions during the occupational therapy process. • Assisting clients in accessing supportive networks and resources. • Performing and providing training in safe and efficient techniques for mobility, body handling, and transfers.
Domain C: Developing and maintaining professional relationships and partnerships	• Communicating in a respectful, appropriate, and effective manner with clients, family members, significant others, colleagues/team members, supervisors, institutions, schools, workplaces, the community, and the public. • Using active listening skills.
Domain D: Professional autonomy and continuous professional development	
Domain E: Promoting and advocating for the enhancement of the profession and social change	
Domain F: General professional skills and competencies	Understanding local and national health, social, education, and disability systems, as well as relevant legislation in health, social care, consumer rights, disability, and the workplace.

Learning objectives *(observable behaviour)*

Domain A	• The student demonstrates knowledge of dislocation precautions related to a total hip replacement by ensuring that the person adheres to these precautions while performing daily activities.

Domain B	• The student supports the person in performing desired daily activities after a total hip replacement by offering appropriate advice on how to carry out these activities while respecting dislocation precautions. • The student demonstrates technical proficiency in providing advice. • The student recommends appropriate assistive devices and services that support the person's occupational performance, considering the person's individual preferences. • The student assists the person in acquiring suitable assistive devices and services. • The student shows clinical reasoning during interactions with the person by responding flexibly and creatively to potential difficulties and making appropriate decisions. • (+) The student identifies hazardous situations and responds appropriately.
Domain C	• The student uses appropriate and clear language when providing advice and practicing strategies. • The student listens to the needs, wishes, and questions of the person and responds appropriately. • The student acknowledges the role of informal caregivers by spontaneously involving them in the provision of advice.
Domain D	
Domain E	
Domain F	The student demonstrates knowledge of external services and policy-related aspects by appropriately advising, referring, or informing the person further.

Prerequisites

Competencies	Specific description of prior knowledge, attitudes and skills
Domain A. Occupational therapists possess knowledge about occupation and humans as occupational beings **Domain A.** Occupational therapists possess general medical and professional knowledge	• Student have knowledge about occupation, occupational therapy models and theories • Students must have knowledge regarding hip structure, function. • Students must have prior knowledge about total hip replacement, post-surgery precautions and ADL for post-surgery mobility

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.a. Instructor preparation

Preparation: actions and materials

Action	Materials
Prior to simulation: Teacher ensures the videos are ready and running. Prepares the precautions and intervention forms to deliver students (for video-based simulation)	Reviewing forms to deliver students
Teacher ensures the technical availability of simulation room, equipment (for role-play)	Hospital bed, aids, and assistive devices

Staff

Role	*Description*	Number
OT lecturer/professor	Educator: One educator will have a role in preparation. The educator prepares students prior to simulation experiences. Preparation includes didactical course prior to the simulation week, ensuring the students understand the assignment. Debriefing: One educator conducts the debriefing after the simulation	2

Scenario for SBL in occupational therapy
2. Instructor orientation and planning

2.b. Student preparation

Knowledge, attitudes and skills

Description	Learning materials
Background knowledge about body structure, and functionality changes in hip problems, and post operative rehabilitation process for THP.	Students required to read related book chapter in the references
Skills of training for transfers and assistive device use	Power point course note given to the students
General information about client	Client information form (discharge report)

Assignment

Timing	*Description*
☒ **Pre-SBL assignment**	**For role-play only:** The students were responsible for selecting the right aids before starting the simulation. The teacher provided all aids from which students could choose.
☐ **Post-SBL assignment**	

References

Mooney, M., & Ireson, C. (Eds.). (2009). *Occupational therapy in orthopaedics and trauma*. John Wiley & Sons.

Gillen, G., & Brown, C. (2023). *Willard and Spackman's occupational therapy*. Lippincott Williams & Wilkins.

Meeting ethical and professional practice standards *(SimOT Compass)*

Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
For role play: Students must take any precautions once the patient enters the room.

Facilitation tips

For the role-play version: One student led the OT session, while the second student remained on standby in a nearby room, ready to act as a colleague and provide support if needed.
If the leading student was unable to answer a question from the patient, they were encouraged to say:
"My apologies, I do not know the answer to your question. Please excuse me while I consult my colleague."
This setup served as a built-in safety mechanism to support student confidence and reduce stress during the session.

Scenario flow

Start	
Participant state and action	
For digicase: Standardized video of a client showing how mobility goes, transfers, and struggles for dressing of lower extremities (socks and shoe) **For the role-play version:** The person carefully walks into the therapy room using a walker, hesitant to put weight on the operated leg. There are visible signs of uncertainty and pain. The person walks to the room and stands waiting.	
	Description
Expected learner action	**For digicase:** Learners required to individually watch the video, and take notes as OT **For the role-play version:** Greet the person. Introduce themselves. Invite the person to sit at the table on a chair with armrests.

Key learning points	**For digicase:** Taking notes for mobility, activity performance as well as environment is important. **For the role-play version:** Opening a session with a new client (greeting). Assessing the person's functional ability during first contact. Observing initial movements to estimate capabilities and determine how to interact and convey information.
Trigger for next action	**For digicase:** End of the video **For the role-play version:** Client is seated at the table, student asks what questions the client has.

Action 1	
Participant state and action	
For digicase: Students will have brief discussion time about case **For the role-play version:** The person reports being discharged in two days and is unsure how to get in/out of bed or manage self-care, as nursing staff currently assist with everything. During the bed transfer, the walker is used incorrectly (brakes not set, person pulls on walker).	
	Description
Expected learner action	**For digicase:** Learners should have discussion about video findings and suggestions for intervention plan **For the role-play version:** • Ask questions about the client's bed and home setup. • Explain important considerations regarding the bed and bedroom environment. • Demonstrate and practice the bed transfer, offering tips for easier movement. • Continuously apply anti-dislocation precautions. • Inquire about the home context and assess opportunities and limitations.
Key learning points	**For digicase:** Learners should formulate and present the intervention plan **For the role-play version:** • Clearly explain and teach transfer techniques. • Adapt creatively and flexibly to difficulties. • Integrate anti-dislocation precautions into all interventions.
Trigger for next action	**For digicase:** End of the discussion **For the role-play version:** Client has no more questions about bed transfers; student asks if other questions exist or moves to self-care discussion.

Action 2	
Participant state and action	
For digicase: Students wrap up their notes and create an intervention plan for the client. Learners will present the intervention plan and suggestions to the caregiver of the client **For the role-play version:** The person is unsure how to wash and dress, especially the lower limb due to the restriction on bending. (If not corrected earlier) Walker is used incorrectly during chair transfer. Additionally, the client asks about proper seating (chair/sofa use).	
	Description

Expected learner action	**For digicase:** Learners should have a session with clients caregiver about the intervention program. Learner gives advice for suitable assistive device, how to use the device during transfers and mobility. Learner gives advice for suitable assistive device for putting on socks and shoes. **For the role-play version:** • Ask about the client's bathroom setup (e.g., shower, steps, help available). • Discuss considerations for washing and dressing. • Advise on assistive devices and/or external support services. • Inquire about the home furniture (chair, recliner) and provide advice if needed. • Ask if there are any remaining questions.
Key learning points	**For digicase:** Learners should formulate and present the intervention plan **For the role-play version:** • Explain and teach washing and dressing strategies with aids. • Offer appropriate tools or services tailored to the client's context. • Apply clinical reasoning and creativity to adapt interventions. • Maintain anti-dislocation precautions throughout.
Trigger for next action	**For digicase:** End of the information session (END OF SIMULATION) **For the role-play version:** Client has no more questions and confirms understanding.

End	
Participant state and action	
For the role-play version: The person asks whether another OT session is scheduled tomorrow. Initiates closure.	
	Description
Expected learner action	**For the role-play version:** • Conclude the session respectfully. • Refer to the upcoming session and say goodbye. • Reflect on goals for the next therapy session.
Key learning points	**For the role-play version:** • Properly close a therapeutic session. • Prepare for future interventions.
Trigger for next action	**For the role-play version:** End of session.

Scenario for SBL in occupational therapy
3. Student orientation and preparation

Rules of the simulation

Students must take notes during the video showcase
Students must aware about the precautions in THP for physical environment as well as body structure
There will be no chatting between students during the showcase, students only discuss their suggestion during debriefing

Prebriefing thought-provoking questions

How would you prepare yourself for a case such as this?
Describe the possible need of assistive devices in post surgery THP
Where would you start with your intervention in THP?
What would be the impact of OT intervention in THP?

Scenario for SBL in occupational therapy
4. Case information

4.1 Participant description

4.1.1 Personal information of person receiving OT services

Name	M.Y.
Age	82
Sex	Female
Personal factors	She is a retired woman in banking sector.
Ethnicity and cultural context	Turkish
Reason the participant is seeking OT service and concerns related to engagement in occupations	OT intervention for mobility and ADL

4.1.2 Personal information of other simulated participant

If the main participant in the scenario is not the person receiving occupational therapy services (e.g., a family member, another professional, etc.), please provide their personal information.

4.1.3 General affect and behaviour

Person receiving OT services	Client have physically active background therefore there is no secondary conditions to effect mobility. Sometimes look agitated due to pain. She is talkative and willing to participate intervention
Other simulated participant *Please specify*	

4.1.4 Occupational history

Person receiving OT services	She undergone a hip replacement surgery 2 weeks ago. Hip internal prosthesis with cement is implanted. She suffered from hip pain due to osteoarthritis for a long time. Upon surgery surgeon limited the weight bearing on %50 for one week. She has physically active background. She worked in banking as cashier for 45 years. She has been living in the nursing home for four years. Nursing home is in the same neighbourhood where she lived in the past. She likes to enjoy chatting with friends. She attends knitting workshops in nursing home. She likes to watch Turkish soap operas.
Other simulated participant *Please specify*	

4.1.5 Priorities and desired targeted outcomes

Person receiving OT services	Clients suffers from limitation for transfers, she has fears to get up from bed to sit to chair. She also fears from walking. And putting on socks and shoes are painful and limited. She is educated woman, willing to participate all interventions.
Other simulated participant *Please specify*	

4.2 Occupational performance of person receiving OT services

4.2.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	Limited hip ROM for flexion, internal-external rotation Reduced muscle strength for hip muscles (iliopsoas, gluteus maximus 4/5 according to MRC)
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Limited mobility in transfers and ambulation Dressing for lower extremities especially limited
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	
Social environment	
Services, systems and policies	

4.2.2 Assessment results of the person receiving OT services

Assessment	Result	Interpretation

Scenario for SBL in occupational therapy
5. Additional information for the occupational therapist

5.1 Additional background information of person receiving OT services

5.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	Limited hip ROM for flexion, internal-external rotation Reduced muscle strength for hip muscles (iliopsoas, gluteus maximus 4/5 according to MRC)
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Limited mobility in transfers and ambulation Dressing for lower extremities especially limited
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	She lives in nursing home, where she has her own room. She has regular bed, sofa and chairs. She also has own bathroom.
Social environment	
Services, systems and policies	

5.2 Other relevant details

Scenario for SBL in occupational therapy
6. Additional information for the participant

6.1 Additional background information of person receiving OT services

6.1.1 International Classification of Functioning, Disability and Health (ICF)

Body functions	
Mental functions	
Sensory functions and pain	
Neuromusculoskeletal and movement-related functions	Limited hip ROM for flexion, internal-external rotation Reduced muscle strength for hip muscles (iliopsoas, gluteus maximus 4/5 according to MRC)
Voice and speech functions	
Other	
Activities and participation	
Self-care and domestic life	Limited mobility in transfers and ambulation Dressing for lower extremities especially limited
Productivity *(including (paid) work and education)*	
Leisure and play	

Environmental factors	
Physical environment	She lives in nursing home, where she has her own room. She has regular bed, sofa and chairs. She also has own bathroom.
Social environment	
Services, systems and policies	

6.2 Other relevant details

Scenario for SBL in occupational therapy
7. Additional information for the observer

7.1 Thought-provoking questions for the observers

How effectively did the students integrate dislocation precautions into their intervention strategies, and what risks did you notice if these precautions were not consistently emphasized?
In what ways did the students demonstrate (or fail to demonstrate) clinical reasoning and flexibility when the client showed uncertainty, pain, or improper device use?
How clear and respectful was the students' communication with the client, and what impact might their approach have on the client's motivation and confidence in performing daily activities?
What strategies did you observe for balancing technical proficiency (device training, transfer techniques) with client-centred care (acknowledging fears, involving preferences and informal caregivers)?
Considering the client's social and environmental context (living in a nursing home, prior independence, cultural background), how well did the students adapt their advice and recommendations to be realistic and sustainable beyond the simulation?

7.2 SimOT Compass

Scenario for SBL in occupational therapy
8. Materials list

8.1 Scenario materials list

Co-funded by the European Union

SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

SimOT Compass – Manual

2025

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Development of the SimOT Compass

The main objective of the project Erasmus+ SIMBA project (2022-1-BE02-KA220-HED-000088974) is to integrate simulation-based learning (SBL) and evaluation into all phases of occupational therapy training, so that students are active participants in their learning process and feel qualified when entering working life as occupational therapists after graduation. Therefore, thirty simulation-based scenarios had been developed and translated into the five languages of the partnering countries. To monitor the learning process and to rate the performance of students during the simulation-based training, the SimOT Compass was developed.

One primary outcome of the SIMBA project was the Competency Framework and Implementation Guidelines for Simulation-Based Learning in Occupational Therapy Education (*'Competency Framework and Implementation Guidelines for Simulation-Based Learning in Occupational Therapy Education'*). These documents provide the theoretical foundation educators need to implement high-quality simulation-based learning (SBL) environments. Specifically, the framework outlines the competencies expected of entry-level occupational therapists, while the guidelines emphasize the importance of aligning assessment and evaluation with intended learning outcomes and occupational therapy (OT) curricula to ensure relevance to real-world practice. Including the domains listed in the competency framework was therefore considered relevant by different stakeholders to maintain alignment between the educational context and actual occupational therapy practice.

The guidelines also highlight the multiple perspectives from which learning can be evaluated, including self- and peer evaluation by students, as well as formative and summative evaluation by teachers. Insights from the systematic literature review, focus groups, competency framework, and implementation guidelines collectively informed the development of a flexible, adaptable, and user-friendly assessment instrument. This tool was designed in its current form to be used by all stakeholders involved in SBL and to be easily adapted to different competency domains and contexts (e.g., educational, cultural, and professional OT settings).

The scenarios created within the SIMBA project are using learning outcomes and objectives as defined by the Competency Framework to address competencies expected of entry-level occupational therapists by the scenario. Therefore, the SimOT Compass and the scenario template were developed in alignment, making the SimOT Compass capable of evaluating all learning objectives defined in any SIMBA scenario. In addition, the tool encourages teachers to consider assessment opportunities for these learning objectives in advance. This design ensures that the tool is flexible, broadly applicable, and adaptable to different contexts, competency domains, and stakeholders (e.g., students, peers, teachers).

In summary, the SimOT Compass was designed between students' performance in a SIMBA Scenario, and their competency gain during the entry-level OT education. The aims of the development were therefore:

- To measure students' performance within the SIMBA scenario.

- To link student performance to the Framework of competencies.

- To evaluate the achievement of learning objectives in a SIMBA scenario

- To provide students with a tool that enables them to reflect on their achievements and growth.

Based on these criteria, a pilot version of the SimOT Compass was developed, incorporating multiple feedback loops to ensure it adequately met the needs of both teachers and students. This version was translated into the five languages of the countries participating in the SIMBA project and was field-tested during the implementation of scenarios in the OT programs of these countries from December 2024 to May 2025. The testing phase aimed to evaluate the psychometric properties of the SimOT Compass and to collect qualitative feedback regarding the assessment tool. While quantitative data gathered through an online questionnaire facilitated the evaluation of the psychometric properties, the qualitative data collected were instrumental in refining and finalizing the SimOT Compass.

Although the SimOT Compass was initially developed to complement the SIMBA Scenarios within the SIMBA project, it is also capable of functioning as a standalone assessment tool to evaluate the competencies of entry-level occupational therapists as defined in the Framework of Competencies.

General Information about the SimOT Compass

The SimOT Compass assessment tool comprises four essential parts:

- Information about the scenario
- Safety needs of the participants and hygiene standards
- Performance during simulation
- Room for notes during scenario

Each of these sections will be described in their application in the following text. It is important to understand that the sequence in which the pages are used does not match the order in which they are printed. Notably, the notes page appears as the last page in the print template, although it is referred to before the evaluation of competencies. This is designed intentionally: when all four pages of the tool are printed on A3 paper such that two pages fit on one A3 sheet, the competencies appear on a double page in the middle of the printout, with the notes page at the end. This arrangement allows all competencies to be viewed at a glance, which enhances clarity during the evaluation process.

Since the manual was developed in conjunction with the SIMBA Scenarios, it frequently references one of these fully developed scenarios, namely Scenario "First Contact: Using the AOTA Occupational Profile with a Low-Vision Geriatric Client – SIMBA". The scenario used is included in the annex of the manual and can be found on the SIMBA webpage. It describes a client interaction where the occupational therapist employs the AOTA Occupational Profile to gather information in a simulated setting. In the following section, this example will frequently be used to illustrate the functionality of the assessment tool. Even when a SIMBA scenario is not utilized, it is essential to have a well-developed and elaborated scenario prepared in advance to facilitate the transition from scenario to tool.

The process of working with the SimOT Compass is organized into specific chronological steps. Prior to the simulation, the template must be pre-filled. During the simulation, it is crucial to take detailed notes on the behaviours observed. Following the simulation, two key activities take place: the evaluation of the competency domains and the provision of feedback and debriefing. All steps are described in detail below.

Preparation – Prefilling the form

Before you can start rating the students' performance with the SimOT Compass it needs to be prefilled to customize it for use in a specific scenario. It is important to highlight here, that the scenario needs to be developed first and with the information from the developed scenario, the prefill is possible. The SIMBA Scenario Template form might assist to develop a scenario containing all information needed for the SimOT Compass.

Start by entering the basic details: the name of the student playing the role of the occupational therapist and the date when the scenario is carried out. Also, include the name of the evaluator – this can be the supervising teacher, the student group (plenum), or the student themself in case of a self-evaluation. This ensures that the SimOT Compass is aligned with the specific learning situation and evaluation setting.

Next, under "Information about the scenario", add a brief description that highlights the focus of the scenario. This description makes it easier to understand the context of the evaluations later.

1. Information about the scenario

The simulation offers the opportunity to learn, practice and perform a structured occupational therapy interview while using the AOTA occupational profile in a safe and simulated environment. The client who is being interviewed has been diagnosed with visual impairment (diabetic retinopathy) as well as DM type 2. The aim of this simulation is to gather all information throughout the AOTA occupational profile and set an occupation-based goal with the client.

Figure 1 SimOT Compass Section 1 - Information about the scenario

For SIMBA scenarios, simply transfer the relevant section directly (figure 2). If you are using a different scenario template, make sure to include a similar descriptive text. If no description is provided, create a brief one yourself and add it to the form.

Title	**First contact: Using the AOTA Occupational Profile with a low-vision geriatric client**
Key words	First contact, geriatric client interview, low-vision, diabetic retinopathy, DM type 2
Brief description	The simulation offers the opportunity to learn, practice and perform a structured occupational therapy interview while using the AOTA occupational profile in a safe and simulated environment. The client who is being interviewed has been diagnosed with visual impairment (diabetic retinopathy) as well as DM type 2. The aim of this simulation is to gather all information throughout the AOTA occupational profile and set an occupation-based goal with the client.

Figure 2 SIMBA Scenario, page 1: General information

During the simulation evaluation process, it is crucial to assess whether the student performing the role of the OT within the SIMBA scenario maintained adequate physical, psychological, and emotional safety for the simulated participant and met all relevant hygiene standards. Ensuring safety and hygiene is essential because compromising the safety of the simulated participant or failing to adhere to hygiene protocols compromises professional and ethical standards.

When designing the scenario using the SIMBA Scenario Template, using Scenario ("First Contact: Using the AOTA Occupational Profile with a Low-Vision Geriatric Client – SIMBA"), it is necessary to define ethical and professional practice standards (Scenario Template Section 2; Figure 3). These standards should then be directly transferred to the SIMBA Compass template (SimOT Compass Section 2; Figure 4). If the SIMBA SIMBA Scenario Template is not used, the Teacher manual for developing simulation-based learning scenarios (p.15) assists in developing these standards, which must then be incorporated into the SimOT Compass assessment form.

Meeting ethical and professional practice standards *(SimOT Compass)*
Learner ensures physical, psychological and emotional safety needs of the participant and required standards of hygiene are met.
Specific, observable behaviour
Importance of client-centeredness demonstrates respect and creates a safe environment so that the person can openly express their needs.
Pay attention to physical safety and avoid fall risks.

Figure 3 SIMBA Scenario, page 8: Meeting ethical and professional practice standards

2. Safety needs of the participant and hygiene			
Definition	Specific, observable behaviour related according to the scenario (please prefill according to “scenario flow” in template)	Given?	Feedback for meeting
Meeting the physical, psychological and emotional safety needs of the client and maintaining appropriate standards of hygiene.	Importance of client-centeredness **demonstrates respect** and **creates a safe environment** so that the **person can openly express their needs**. Pay attention to physical safety and **avoid fall risks**.	☐ YES ☐ NO	

Figure 4 SimOT Compass- Safety needs of the participants and hygiene standards

The performance of the student within a SIMBA scenario is assessed in Section 3 of the SimOT Compass, which utilizes the 'Competency Domains' as defined in the *‘Competency Framework and Implementation Guidelines for Simulation-Based Learning in Occupational Therapy Education’* by Sangster et al., 2025, hereafter referred to as the 'Competency Framework'. This Framework consists of six domains, each comprising various subdomains that reflect the competencies expected to be acquired during entry-level OT education. For each SIMBA Scenario, educators define learning outcomes for the student performing in the role of an OT. However, these learning outcomes are often broad and thus challenging to evaluate. It is crucial that these are broken down into observable behaviors, allowing the observed behavior during the performance to be measured. The recommended approach is as follows:

Educators select which domains and competencies (defined as learning outcomes in the SIMBA Scenario Template) are to be addressed in a planned SIMBA scenario. The specific learning outcomes for these domains are defined and detailed into specific learning objectives, which are then outlined in the SIMBA Scenario template (Figure 5). These objectives describe the specific observable behaviors expected of the student during the simulation as demonstrations of a given competency. These learning objectives are then directly transferred to the SimOT Compass document in Section 3 (Figure 6).

Learning objectives *(observable behaviour)*	
Domain A	Knowledge of the importance of activities for a person's health, knowledge of the occupational profile
Domain B	• Control the course of the conversation and the flow of the conversation (e.g., switch between topics, deal with silence or digressions from the topic, etc.). • Ask for relevant information for the occupational profile and maintain an activity-oriented focus during the interview. • Summary of the most important conclusions. • Ensuring that the client plays an active role and is taken seriously (e.g., obtaining confirmation of conclusions, agreeing on future steps with the client).
Domain C	• Beginning to build a professional relationship with a client using communication skills, including showing empathy. • Actively listening to the client and responding to their needs.

Figure 5 SIMBA Scenario, page 4: Learning Objectives

3. Performance during the Simulation			
*For each indicator, check which best represents the performance of the student: **4**= excellent performance, **3**= good performance, **2**= sufficient performance, **1**= not yet sufficient performance			
Domains of Competence (*SIMBA-book-final.pdf, p.18 ff*)	Specific, observable behaviour related to the domain according to the scenario (including learning outcomes; please prefill)	Rating*	Feedback for this domain
Domain A: Knowledge and attitudes supporting occupational therapy competence - knowledge and attitudes possessed by the novice occupational therapy practitioner that support competent practice	• Knowledge of the **importance of activities** for a person's health • Knowledge of the **occupational profile**		
Domain B: Managing and conducting the occupational therapy process - general and specific competencies of the novice occupational therapy practitioner for organizing and conducting the occupational therapy process	• **Control the course of the conversation** and the flow of the conversation (e.g., switch between topics, deal with silence or digressions from the topic, etc.). • Ask for relevant information for the occupational profile and maintain an **activity-oriented focus** during the interview. • **Summary** of the most important conclusions. • Ensuring that the client plays **an active role** and is taken seriously (e.g., obtaining confirmation of conclusions, **agreeing on future steps** with the client).		
Domain C: Developing and maintaining professional relationships and partnerships - establishing and maintaining relationships with clients, colleagues and other partners involved in the OT process	• Beginning to build a professional relationship with a client using **communication skills**, including showing empathy. • **Actively listening** to the client and **responding** to their needs.		

Figure 6 SimOT Compass - Prefilling specific observable behaviour (learning objectives) in each domain (competency)

If you are unsure whether the learning objectives are formulated specifically enough, consider whether you could assess them using the scale of the tool. The rating scale is as follows:

4 – excellent performance

3 – good performance

2 – sufficient performance

1 – not yet sufficient performance

This means that it assesses how the student performs in this domain. To decide this, define what behaviour constitutes 'excellent performance' and record this as neutrally formulated observable behaviour. Section 4 (Notes) is not important to prefill and will be introduced in detail later to highlight how it is used within the process.

Using the SimOT Compass in practice

The SimOT Compass can be used in practice in a variety of ways, including as either a formative or summative assessment. Formative assessments often benefit from self-evaluation or peer evaluation. However, an educator can also conduct the assessment, typically using it more frequently for summative evaluations. Despite the differences in the type of assessment, the process remains the same. A SIMBA Scenario always includes prebriefing, simulation activity and debriefing. These steps have guided the development of the assessment tool. Therefore, the following section will describe the steps of the process in the order they are typically applied in practice. These steps are:

- Prebriefing of students
- Note-taking during the simulation
- Post-simulation assessment
- Feedback and debriefing

Prebriefing: Preparing for implementation of the SimOT Compass

Prior to prebriefing, the SimOT Compass should be prefilled using the information from the SIMBA Scenario Template as per the instructions above. For students, it is important to introduce the SimOT Compass during the prebriefing process of the simulation. Depending on the scenario itself, the educator decides when to introduce the SimOT Compass to the students. It is important to take into account which information about the Competency Framework is already known by the students. If they are not familiar with the Competency Framework and its' domains, details about the domains should be provided at the beginning of the pre-briefing. After explaining the content of the SIMBA Scenario, the educator should also discuss the required safety and hygiene standards for the simulation and refer to section 2 of the prefilled SIMBA Scenario Template (figure 4). Afterwards, the educator should explain the learning outcomes for every domain. The focus here is to explain to students how they might observe the defined learning outcomes during simulation performance and to provide concrete examples of what would constitute excellent or poor performance. This will allow the students to orientate themselves to rating their own or their peers' performance. At this stage, it explains the numerical ratings as well, but the focus should be on how to observe learning outcomes.

Next, students should be instructed to use Section 4 (Room for notes during scenario) of the SimOT Compass to first make notes of every observation regarding performance during the scenario before thinking about under which Domain each observation might fall (Figure 7).

Room for notes during scenario	
Observations during the scenario	Connected Domain/Topic

Figure 7 SimOT Compass - Room for notes during scenario

Tip: Carefully decide how much and which information about the assessment the student performing the OT role in the simulation will receive prior to participation in the SIMBA Scenario. A sensitive and supportive introduction of the tool is needed, especially if the student is taking part in a SIMBA scenario for the first time. It has been found to be helpful to refer to the SimOT Compass as a tool for measuring current performance in certain Domains and to provide students with insight and feedback on how they could improve their performance within these Domains. Especially if used in a formative way, the student should be ensured, it is focussed on personal growth and reflection.

Notetaking during simulation

While the performance of the SIMBA Scenario is ongoing, the students and educators who are evaluating simulation performance note their observations in Section 4 of the SimOT Compass. These notes form the basis for determining the rating and the feedback provided for the performing student. After scenario performance, the observations noted here might be linked to a certain Domain and/ or learning outcome identified under a given domain. The right-hand column in Section 4 assists in organizing observations according to various Domains by providing space to write down the letters of Domains next to the observations.

Following performance of the SIMBA scenario, students benefit from further guidance and support of the educator to conduct the self- and/or peer-assessment. Here it is beneficial to explain to students how to link their observations from Section 4 to a certain Domain. In this phase, however, the educator should not foster discussions as this will be part of the later debriefing. Instead, the focus should be on how to link a domain with certain observations. Students should be given time to reflect on their observations and subsequently formulate feedback and make rating decisions in each domain.

Post-simulation assessment

Meeting professional and hygiene standards

In this evaluation process, the initial task of the evaluator is to verify if the student met the safety and hygiene standards during the simulation. This approach was created to emphasise the importance of ensuring professional safety and hygiene standards in health care settings as a minimum prerequisite to any professional interaction before other specific competencies can be considered because these standards are considered fundamental prerequisites for any professional interaction in healthcare settings before assessing other specific competencies.

If a student fails to meet these minimal safety and hygiene standards, the educator's role is to provide constructive feedback to foster learning and ensure the student's readiness to comply with these standards in future performances. It is also beneficial to discuss and emphasize the significance of these standards in occupational therapy (OT) practice, and to clarify that failing to meet these criteria renders the overall performance inadequate.

If this evaluation is used as a summative assessment, negative rating might lead to discontinuing the assessment: As an educator you decide if you go on with the rating of each domain or if the rating at this point is stopped. Continuing with the evaluation offers the advantage of providing detailed feedback on each Domain, highlighting both strengths and areas needing improvement. The SIMBA Team recommends using this comprehensive approach to focus on developmental growth, even if the overall performance is deemed insufficient due to non-compliance with safety and hygiene standards.

Rating of performance per domain

If the student's performance meets the safety and hygiene criteria, the next step is to prepare and deliver feedback for each domain based on the learning objectives specified in Section 3 of the SimOT Compass (see Figure 6). It is advisable to base this feedback on the observational notes taken during the simulation (Section 4). To streamline this process, it might be helpful to categorize observations according to their relevant domain directly within the notes section. Therefore use the right column of Section 4 (Room for notes during scenario) and assign the number of the Domain addressed with this observation. Reading all notes connected to a domain serves as the foundation for the feedback of this domain.

Because the next steps include providing detailed, future-oriented feedback in the right column of Section 3, focusing on what the student did well and offering specific guidance for improvement. This feedback is based on the observations and notes taken during the performance of the simulation. Educators should encourage students to provide such feedback for themselves and their peers in self- and peer-assessment situations as a means of supporting the further development of competencies in each domain.

After this written feedback, refer to the learning outcomes defined under each Domain and determine the proficiency with which the student performed each outcome using the 4-point scale: 4- excellent, 3 - good, 2- sufficient or 1 - not yet sufficient. It is intended to have just one rating per domain, although there might be several learning objectives listed for one Domain. In total there will be six scores, one score for each Domain.

While the ratings from each domain are not automatically added up into a total score, they help indicate how well a student is performing in each domain. As an educator, you have the freedom to decide whether and how to combine these ratings of each Domain into a final grade for the course. And it's important to clearly explain to students how their scores will be combined and used in their final assessment.
Because of the diverse rating and grading systems used within Europe, the SimOT Compass does not provide a total score for the student's performance. It was also difficult because of the huge variety of scenarios to develop a overall score. The development team therefore decided to maintain the flexibility of the tool and to not provide a total score for the SimOT Compass. If used as a summative assessment, educators should be advised to translate the SimOT Compass ratings into a meaningful grading system that reflects the expected level of performance and the criteria for passing or failing the course (or parts of the course). For example, educators can assign greater importance to certain domains by giving them higher weights when calculating the overall score. This allows for prioritization of specific areas that are more critical to achieving the course's learning objectives. Alternatively, a minimum passing score for each domain could be determined, requiring students to meet or exceed these scores across all domains to pass. This method ensures that students meet at least a baseline level of competence in each domain in order to pass.

Feedback and debriefing

In scenarios where multiple peer assessments are available, the filled in forms could be handed over to the student performing tin the role of OT to provide them with structured written feedback. However, fostering verbal discussions during the debriefing phase is recommended to enhance interactive learning and ensure a comprehensive understanding of the performance criteria.

The SimOT Compass supports this process by guiding notetaking and feedback related to specific learning objectives. Before the simulation, introducing the SimOT Tool properly ensures all participants are familiar with the evaluation criteria. Observers can document targeted feedback, while those in the OT role engage in self-reflection to prepare for the debriefing. This pre-debriefing preparation promotes early reflective thinking and deeper engagement with personal performance.

During the debriefing phase that follows a simulation, the SimOT Compass tool is employed within the PEARLS framework for structured analysis. This phase involves discussing and analyzing performances based on peer assessments and observational notes. Educators and students collaboratively identify strengths and areas for improvement, focusing on providing actionable feedback for skill development in relevant domains. This process is beneficial not only for the student in the OT role but also for observing peers, enhancing their learning through shared experiences.

Using the PEARLS framework, the SimOT Compass guides discussions, e.g. on professional reasoning, communication, and other competencies in the analysis phase. This approach not only helps pinpoint areas of strength and needed improvement but also facilitates a focused and constructive debriefing process. By linking performance to a 4-point scale and discussing the nuances of different performance levels, the group gains a clearer understanding of expectations and a shared calibration of standards. Within this analysis and reflection, it is needed to state, that a score of 1 ("performance not sufficient yet") means that a sufficient performance on a given learning objective was not observed during the scenario but that there is potential to perform sufficiently next time.

This method ensures that the learning experience is maximized, allowing both participants and observers to benefit from structured feedback and reflective learning opportunities. Further information about the debriefing using the PEARLS framework can be found in the Annex of Teacher manual for developing simulation-based learning scenarios.

Accompanying materials

Annex 1 (supporting materials) to the SimOT Compass provides a template graph for tracking a student's individual progress. This graph should be used by students themselves by filling in ratings received through self-, peer- and/or educator- assessment for each Domain. This allows the student to track progress and prompts self-reflection about one's own competency development. Educators might also use guiding questions discussing the graph individually with a student to facilitate their growth in one of the domains or guide the reflection

Annex 2 is a short single-page version of the 'how to' manual for SimOT Compass tool. Its purpose is to enable easy navigation of the SimOT Compass form without having to repeatedly refer to the full manual. However, it is important to highlight that this document does not contain all the detailed information of the manual and therefore it is recommended to always refer to the manual for more detailed information.

Annex 3 is a handout prepared for students in the role of peer reviewer using the SimOT Compass. It should be used in the prebriefing phase to introduce the SimOT Compass to students and provide instruction on how to observe and prepare feedback on student performance in each Domain.

Annex 2: Quick Guide to Use the SimOT Compass

Preparation:

- Familiarize with the SimOT Compass and the SIMBA Scenario Template.
- Introduce students and assessors to the Competency Framework and safety/hygiene standards relevant to the scenario.
- Explain learning outcomes for each domain and how they might be observed during the performance.

During the Simulation:

- Use Section 4 of the SimOT Compass to take notes on relevant observations.
- Link observations to specific domains and learning outcomes.

Post-Simulation Assessment:

- Ensure safety and hygiene standards were met before rating any competencies in detail (Section 2) – if student fail this Section, provide overall feedback. In this case no rating/ feedback of domains are done
- Rate student performance in each domain using the scale: excellent (4), good (3), sufficient (2), not suffient yet (1).
- Provide future-oriented feedback for each domain, focusing on strengths and areas for improvement.

Feedback and Debriefing:

- Discuss observations and ratings with students, focusing on constructive feedback and development of skills using the PEARLS Framework.
- Use peer feedback during debriefing to enhance learning through shared experiences- you may use materials provided (Attachments 3).

Documentation and Consistency:

- Ensure all assessors use the SimOT Compass consistently.
- Refer to the detailed manual for comprehensive guidance on using the tool effectively.

Annex 3: Student Guide to Use the SimOT Compass for Peer Feedback

Purpose of the SimOT Compass: The SimOT Compass is designed to help you assess and provide feedback on peer performances in SIMBA scenarios. This tool bridges classroom learning with practical skills, focusing on competency development necessary for becoming a competent occupational therapist.

Benefits of Peer Feedback:

- **enhances learning:** By observing and evaluating peers, you gain insights into your own performance and areas for personal growth.
- **builds empathy and team skills:** Providing thoughtful, constructive feedback helps develop interpersonal skills crucial for healthcare professionals.
- **promotes a supportive learning environment:** Constructive feedback fosters a culture of continuous improvement and mutual support among students.

By following these guidelines, you can make the most of the SimOT Compass to enhance both your and your peers' learning experiences, fostering a collaborative and enriching educational environment.

Steps for Using the SimOT Compass

Preparation:

- Understand the specific SIMBA scenario and the competencies it aims to develop.
- Familiarize yourself with the safety and hygiene standards that are critical for the scenario.

Observation during the simulation:

- Pay close attention to your peer's performance.
- Note key behaviours and actions that relate to the defined competencies in Section 4 of the SimOT Compass.
- Remember to consider the context of the scenario when making observations.

Providing Feedback:

- Use the notes you took during the scenario to provide structured feedback.
- Write down feedback for each Domain of the Competency Framework:
    - **Highlight Strengths:** Start by pointing out what your peer did well. This encourages confidence and reinforces good practices.
    - **Identify Areas for Improvement:** Offer constructive suggestions on how they can improve.

Rating Performance:

- Use the predefined scale (excellent, good, sufficient, not yet sufficient) to rate each competency.
- Remember, this rating helps to track progress and should be used to motivate and guide further learning, not just to judge performance.

Debriefing:

- Engage in a dialogue with your peer about the feedback and ratings.
- Discuss how your peers could implement feedback in future scenarios.
- Keep the conversation positive and forward-looking, focusing on how improvements can be made.

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SIMULATION-BASED LEARNING IN OCCUPATIONAL THERAPY EDUCATION (SIMBA)

SimOT Compass – English form

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SimOT Compass

Date of SBL:	
Name of student:	
Name of evaluator:	

1. Information about the scenario

2. Safety needs of the participant and hygiene

Definition	Specific, observable behaviour related according to the scenario (please prefill according to "scenario flow" in template)	Given?	Feedback for meeting
Meeting the physical, psychological and emotional safety needs of the client and maintaining appropriate standards of hygiene.		☐ YES ☐ NO	

3. Performance during the Simulation

*For each indicator, check which best represents the performance of the student:
4= excellent performance, **3**= good performance, **2**= sufficient performance, **1**= not yet sufficient performance

Domains of Competence *(SIMBA-book-final.pdf, p.18 ff)*	Specific, observable behaviour related to the domain according to the scenario (including learning outcomes; please prefill)	Rating*	Feedback for this domain
Domain A: Knowledge and attitudes supporting occupational therapy competence - knowledge and attitudes possessed by the novice occupational therapy practitioner that support competent practice			
Domain B: Managing and conducting the occupational therapy process - general and specific competencies of the novice occupational therapy practitioner for organizing and conducting the occupational therapy process			
Domain C: Developing and maintaining professional relationships and partnerships - establishing and maintaining relationships with clients, colleagues and other partners involved in the OT process			

3. Performance during the Simulation

*For each indicator, check which best represents the performance of the student:
4= excellent performance, **3**= good performance, **2**= sufficient performance, **1**= not yet sufficient performance

Domains of Competence *(SIMBA-book-final.pdf, p.18 ff)*	Specific, observable behaviour related to the domain according to the scenario (including learning outcomes; please prefill)	Rating*	Feedback for this domain
Domain D: Professional autonomy and continuous professional development - competencies possessed by occupational therapists as autonomous and accountable professionals			
Domain E: Promoting and advocating for the advancement of the profession and social change - competencies for engaging in activities related to promoting and advancing the profession and advocating for greater social change			
Domain F: General professional skills and competencies - general professional skills and competencies considered essential for effective occupational therapy practice			

Room for notes during scenario	
Observations during the scenario	**Connected Domain/Topic**

SimOT Compass - Achievements and Development

students performance over the course of their study

name of student: **XYZ**
today's date:

rating

Date of SBL	Name of scenario	Domain A	Domain B	Domain C	Domain D	Domain E	Doamin F