

Teaching Guide of the subject

Year 2026 - 2027

SIMULATION II

Code: 106117

ECTS credits: 3

Qualification	Types	Course	Semester
2500891 Nursing	OB	4	Annual

Contact	Use of languages
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Prerequisites

This subject does not have official academic prerequisites but it is recommended to have acquired the skills of the first, second and third year subjects of the Bachelor's Degree in Nursing.

It is a requirement that the student has signed the confidentiality commitment, in order to be able to carry out the clinical simulation practice.

Contextualisation and objectives

This subject is part of the subject of Clinical Nursing and is planned in the seventh semester of the Bachelor's Degree in Nursing. It is linked to the set of subjects that provide the theoretical foundation that will act as a reference for reflection in and from action.

This practical experience provides the student with simulated clinical situations that allow them to apply the knowledge, skills and attitudes learned and at the same time develop new knowledge and acquire the necessary skills to be able to integrate the learning outcomes of the degree, as well as to apply a work methodology based on the Virginia Henderson model.

Objective

1. **Analyse the data obtained in the assessment of adults with health problems**, identifying nursing care needs and prioritising them through critical thinking and clinical reasoning.
2. **Apply the nursing care process as a scientific methodology** in simulated scenarios, guaranteeing the quality, safety and continuity of care in the resolution of clinical problems.
3. **To carry out nursing techniques and procedures based on scientific evidence**, ensuring patient safety, professional ethics and the appropriate use of health technologies.
4. **To provide comprehensive care to adults, families and communities in simulated scenarios**, incorporating the principles of comprehensive nursing care and adapting interventions to different levels of care, degrees of frailty and chronic situations.
5. **Apply nursing interventions aimed at comfort, dignity and well-being**, including situations related to mental health and end of life, respecting people's privacy, intimacy and decision-making capacity.
6. **Establish respectful, assertive and effective therapeutic communication** with patients, families and professional teams, fostering relationships of trust and emotional support in simulation scenarios.
7. **Work in a coordinated manner in multidisciplinary and interdisciplinary teams**, developing cooperation, leadership and clinical management skills in simulated situations.
8. **Integrate health promotion and education actions** into nursing interventions, adapting them to the characteristics of the person, family, group or community.
9. **Identify relevant public health problems** in simulated primary and community care contexts, applying the procedures specific to this area.
10. Reflect on and on simulated clinical practice, **using critical thinking to improve decision-making, continuous learning and professional development.**

Learning outcomes

Learning Outcomes of the TITLE (RAT)	LEARNING OUTCOMES OF THE SUBJECT (RAM)
ST04. Formulate clinical judgments based on clinical and care practice guidelines, applying diagnostic and therapeutic reasoning in care delivery.	SM24. Analyse the data collected during the assessment of adults with diseases or health problems to identify their care needs (ST04). SM25. Apply techniques and procedures related to nursing care for adults with diseases or health problems, based on available scientific evidence and following patient safety criteria and professional ethics (ST04).
ST13. Use critical and reflective thinking for problem-solving, decision-making, and continuous learning.	SM34. Use critical and reflective thinking for problem-solving, decision-making, and continuous learning (ST13).
CT01. Apply comprehensive and continuous nursing care in health and social care settings, ensuring the health and well-being of individuals, families, or the community, based on available scientific evidence, clinical practice guidelines, and current legislation to guarantee well-being, quality, and safety.	CM12. Apply the nursing process in health and social care settings with quality, safety, and continuity, ensuring the well-being of individuals, families, and the community (CT01). CM13. Apply the principles underpinning comprehensive nursing care in health and social care settings (CT01). CM15. Apply nursing interventions in health and social care settings, establishing a therapeutic relationship with adults and their families (CT01). CM16. Apply nursing interventions in health and social care settings for individuals with chronic diseases or health problems across different levels of complexity and care settings (CT01). CM17. Apply nursing interventions in health and social care settings for individuals at different stages of frailty (CT01). CM20. Provide comprehensive nursing care in health and social care settings to individuals or groups with mental health problems (CT01). CM23. Provide individualised care in health and social care settings according to individuals' gender, age, group, or community, within their social and multicultural context (CT01). CM24. Apply the necessary methods and procedures in primary and community care to identify the most relevant public health problems (CT01).
CT02. Apply comfort measures and healthcare technologies in end-of-life care in home, health, and social care settings.	CM21. Apply comfort measures and healthcare technologies in end-of-life care in home, health, and social care settings (CT02).

CT04. Establish a non-judgmental relationship with individuals, considering physical, psychological, and sociocultural aspects, ensuring respect for their opinions, beliefs, and values, and guaranteeing their right to privacy through confidentiality and professional secrecy.	CM22. Provide nursing care in health and social care settings that guarantees individuals' and families' rights to dignity, privacy, intimacy, confidentiality, and decision-making capacity (CT04).
CT05. Establish respectful, assertive, and effective communication with individuals, families, and healthcare teams.	CM26. Establish respectful, assertive, and effective communication with individuals, families, and healthcare teams (CT05).
CT07. Use health promotion and education strategies in health and social care settings that foster self-care and preventive and therapeutic behaviours, promoting community well-being and minimising suffering, risks, and disabilities.	CM10. Carry out health promotion and education activities with individuals, families, and the community (CT07).
CT08. Work collaboratively with other professionals in health and social care settings, forming multidisciplinary and interdisciplinary teams to improve the health and care of individuals, groups, or the community.	CM27. Work collaboratively with other professionals in health and social care settings, forming multidisciplinary and interdisciplinary teams to improve the health and care of individuals, groups, or the community (CT08).

Contents

The content of the subject is structured the 32 sessions of the generic competence area through **Simulation-Based Experience (EBS)** of zone 2. Each EBS lasts 1 hour and 15 minutes.

The 32 EBS are distributed in 3 profiles of care for the person throughout the life cycle, in different environments:

1. Skills in child and adolescent care.
2. Caring skills in adult health situations.
3. Caring skills in the elderly person.

Methodology

The main objective of Advanced **Clinical Simulation Practices (PSCA)** is to acquire clinical skills, more or less complex, through exposure to simulated techniques, procedures and care situations.

The learning sessions of the PSCA or simulation-based experiences (EBS) are carried out with the presence of teacher-facilitators who guide the training activity, and are based on interactive work between the teacher and the students, so the active participation of the latter in the proposed activities is essential.

Thus, different EBS will be carried out following the simulation learning methodology.

Directed activity:

- It consists of 3 phases:

Prebriefing: In order to carry out these practices and prior to the training sessions, students must work on the theoretical contents of each procedure, so they require autonomous work outside the classroom.

Simulation in the classroom: Application of protocols or procedures, resolution of practical clinical cases, and management of care situations.

Debriefing/Feedback: Group reflection after the stage and identification of learning.

- It is carried out in a small group.
- The group assignment, schedule and sequencing of classrooms are published in the virtual classroom.

Autonomous activity:

Study of the specific documents for each skill, review of the procedure dossier if applicable, and reading of the corresponding case or care situation.

Training activities¹

Activity	Hours	ECTS	Learning Outcomes
Type: Directed . Clinical Simulation Practices Advanced (PSCA)	49	1,96	SM24, SM25, SM34, CM12, CM13, CM22, CM23, CM25, CM26, CM27
Type: Autonomous . Personal study. . Bibliographic queries and documents. . Preparation of works.	18,50	0,74	SM24, SM25, SM34, CM12, CM13, CM22, CM23, CM26

Evaluation

The evaluation is formative and continuous. The level of achievement of the objectives and the skills acquired during the clinical practices in simulation are evaluated.

Attendance at simulation practices is mandatory

¹ The teaching staff will allocate approximately 15 minutes once the subject is finished to allow that their students can answer the assessment surveys on teaching and subject.

Assessment instruments:

1.- Pre-briefing test: For each workshop the student will be evaluated through a knowledge test, published in the classroom, in relation to the preparation of the skill.

2.- Formative assessment in situ: Skills, capacity for analysis, reasoning and synthesis of learning on stage and in the debriefing. The student has the evaluation rubric published in the classroom.

3.- Report / written work at the end of each module.

Requirements:

It will be essential that students carry out the sessions fully uniformed (practice pyjamas and clogs, hair up, nails without nail polish, without dangling earrings, etc.).

Students must commit to respecting the regulations established for the simulation program, described in the virtual classroom and, at the beginning of the subject, will sign a document of commitment and confidentiality.

In addition, PSCAs may require video recordings, so students will have to authorise this recording in order to carry out the activity. The recordings will be kept during the academic year for academic reasons and will subsequently be deleted.

Attendance at the EBS and compliance with the schedule are mandatory aspects. A list will be passed before each session.

Justified lack of attendance:

- Death of a family member
- Acute illness
- For medical visit: the student is allowed the essential hours to attend the medical visit
- Official exams: the student is allowed all day the exam takes place
- Driver's license exam: the student is allowed the essential hours to attend the test
- Attendance at court
- For other cases approved jointly by the collaborating entity and the EUI-Sant Pau

Lack of attendance NOT justified

- Those that do not appear on the list
- **Notification of absences:** The student must inform the person in charge of the subject as soon as possible.

• Absences:

- Students who lack a skill will have to take the pre-briefing knowledge test(s).
- Students who lack more than 8 skills will not be assessed.
- Absences are justified when an official proof is presented and are not included in the final weighted average.
- Students who fail 1 to 7 EBS in an unjustified manner will receive a penalty of 0.5 points from the final grade of the subject for each skill they have missed.

The final grade of the subject is obtained from the weighted average according to the percentage of the assessment instruments, provided that:

1. Pre-briefing: the average is > 5
2. Debriefing: the average is > 5
3. Report/Written assignment > 5 in each module

Feedback on the results of the evaluation tests will be made through the classroom and in the debriefing.

- The feedback of the knowledge test is quantitative and the grades are published in the classroom.
- Given the characteristics of the methodology, students receive on-site formative feedback.

The evaluation rubric of the work is available in the virtual classroom.

Qualification

- 0 to 4.9: Suspense
- 5.0 to 6.9: Passed
- 7,0 a 8,9: Notable
- 9.0 to 10: Excellent. (In the event that the student has obtained a grade equal to or greater than 9, he/she may opt, at the discretion of the teacher, for an honors).

Recovery activity

- **Continuous assessment in the classroom:** given the characteristics of the teaching typology of Simulation, the recovery of any of the continuous assessment activities in the classroom is not contemplated.
- For the student who has not achieved the contents in continuous assessment, they will be able to recover it with a new skill test acquired, and with the delivery of the REPORT / WRITTEN WORK (from the reflection notebook).

No evaluable

It is considered that the subject will not be assessable when one of these circumstances is met:

1. Not having delivered any of the continuous assessment activities provided for in the teaching guide.
2. Not having attended any of the practical or compulsory sessions, when these are necessary to assess learning outcomes and as indicated in the teaching guide.
3. Not having taken the final test (exam, written or oral test, work defense, etc.), if This represents an essential percentage of the grade.
4. Not having completed the minimum required participation in training activities (for example, seminars, presentations, forums, etc.), when these are part of the evaluation.
5. Not having submitted the final project or compulsory project, if this constitutes a central evidence of learning of the subject.

Review of the evaluation

- **Continuous assessment:** for each workshop, the student receives feedback from the teacher, in the classroom.
- **Tests of acquired skills.** Once the final grade has been published, the student can request the review within the period determined for the "review". Review requests will not be accepted on dates outside the established limit.

Procedure in case of copying / plagiarism

1. Copying **or plagiarism** in any type of evaluation activity constitutes a crime, and will be penalized with a 0 as a grade for the subject, losing the possibility of recovering it, whether it is an individual or group work (in this case, all members of the group will have a 0).
2. If, during the completion of an individual assignment in class, the teacher considers that a student is trying to copy or is discovered some type of document or device not authorized by the teacher, the same will be graded with a 0, without the option of recovery, and therefore, the subject will be suspended.
3. A work, activity or exam will be considered to be "copied" when it reproduces all or a significant part of the work of oneself, another classmate.
4. A work or activity will be considered "plagiarized" when a part of a text by an author is presented as one's own without citing the sources, regardless of whether the original sources are in paper or digital format.

The use of Artificial Intelligence (AI) technologies

The use of Artificial Intelligence (AI) technologies is regulated according to the type of work to be carried out:

In the event that the work aims at personal reflection and meaningful learning by the student, **the use of AI technologies is prohibited** in any of its phases of completion.

Any work that includes AI-generated fragments (e.g. abstracts, translations, text writing or image creation) will be considered a lack of academic honesty and may lead to a partial or total penalty in the grade of the activity, as well as greater penalties in cases of seriousness.

Aspects of evaluation related to values and attitudes

1. The teacher may reduce the grade of the subject by between 1 and 2 points when the student repeatedly does not respect the indications of behavior in the classroom and/or disturbs the normal functioning of the same.
2. "No lack of respect for classmates or teachers will be tolerated. Homophobic, sexist or racist attitudes will also not be tolerated. Any student in whom any of the attitudes described above are detected will be classified as having failed the subject."

Other considerations

All the evaluation tests will be published in the daily program and in the calendar of training and evaluation activities.

Evaluation activities

Activity	Weight	Hours	ECTS	Learning Outcomes
Continuous assessment in the classroom:				
- Multiple choice items (Pre-briefing knowledge)	30%	3,75	0,15	SM24,SM25,SM34,CM12,CM13,CM15,CM16 CM17,CM20,CM21,CM22,CM23,CM24,CM10,
- Active participation (STAGE AND DEBRIEFING)	30%			SM24,SM25,SM34,CM12,CM13,CM15,CM16 CM17,CM20,CM21,CM22,CM23,CM24,CM10, CM26,CM27
Report/Written Work: Individual learning diary	40%			SM24,SM25,SM34,CM12,CM13,CM15,CM16 CM17,CM20,CM21,CM22,CM23,CM24,CM10, CM26,CM27

Bibliography

Books:

The healthcare simulation standards of best practice <https://www.inacsl.org/healthcare-simulation-standards>

Roussin CJ, Weinstock P. SimZones: An Organizational Innovation for Simulation Programs and Centers Acad Med. 2017; 92:1114–1120. doi: 10.1097/ACM.0000000000001746

The bibliography to be consulted for each EBS is specified in the corresponding section of Moodle

To the program

- Moodle