AUTHORGUIDELINES

SIM-SPHERE

The IASSH newsletter

1. About the Newsletter

The IASSH Newsletter: SimSphere is intended to connect simulation educators, healthcare professionals, researchers, learners and simulation centres across India. It welcomes practical, reflective, scholarly and creative contributions that advance simulation-based education, patient safety, teamwork and educational innovation.

The newsletter aims to be accessible and useful to a multidisciplinary audience. Contributions should be clear, evidence-informed where appropriate, respectful of learners and patients, and relevant to healthcare simulation in practice.

2. At-a-Glance Submission Requirements*

Word limit	Up to 1,000 words per submission, excluding references, unless a higher limit is agreed with the editorial team in advance.
Authors	Normally 1–3 authors. Larger groups require prior approval from the editorial team.
Visuals	Normally no more than 2–3 images, figures, tables or infographics per article combined, unless agreed otherwise.
References	Up to 5 references per article; Vancouver style, numbered in order of first citation.
File format	Editable Word document (.docx). Submit images as separate high-resolution JPEG or PNG files where possible.
Author details	Full name, designation, department/institution, city/state, and corresponding author's email.
Originality	Submissions must be original, not under consideration elsewhere, and appropriately attributed.
AI use	Declare material use of generative AI or AI-assisted tools, including the tool and purpose. Authors remain responsible for accuracy and originality.

**These are default limits, not a promise of publication. The editorial team may request revisions, shorten or adapt material for the newsletter format, or decline a submission based on relevance, quality, space and issue balance.*

3. Submission Themes and Section-Specific Guidelines

Choose the section that best matches the primary purpose of your contribution. If an article fits more than one section, select the closest match and note any alternative section in the submission email.

SIMVISION: Leadership & Editorial

(Leadership messages, editorial perspectives and the future of simulation-based education)

Suitable contributions: President's or chair's message; editor's note; national or institutional vision; opinion pieces; strategic priorities; reflections on the development of simulation education in India; perspectives from senior educators.

Suggested structure: 1) Context or issue; 2) central perspective or argument; 3) implications for educators, institutions or the national community; 4) practical priorities or a forward-looking conclusion.

Author guidance: Offer a clear point of view rather than a general overview. Explain why the issue matters now, acknowledge differing perspectives where relevant, and conclude with specific opportunities, recommendations or questions for the community.

Suggested length: 400–800 words; up to 1,000 words under the general limit.

Include: A concise title, author designation and affiliation, and up to 5 supporting references where factual or policy claims need support.

Avoid: Promotional language, unsupported claims of national consensus, and institutional announcements that would be better placed in SIMCONNECT.

SIMSPOTLIGHT: Simulation in Action

(Showcase simulation activities, educational programmes and implementation experience)

Suitable contributions: Workshops; high-fidelity or low-cost scenarios; in-situ simulation; interprofessional training; simulation centre activities; faculty development; programme implementation; innovative teaching sessions.

Suggested structure: 1) Setting and need; 2) target learners and learning objectives; 3) what was done; 4) how the session was delivered; 5) learner or programme outcomes, if measured; 6) lessons learned and recommendations.

Author guidance: Describe what readers could adapt at their own institution. Include the number and type of participants when relevant, resources required, duration, faculty roles and practical challenges. Distinguish measured outcomes from informal feedback.

Suggested length: 300–700 words.

Visuals: One or two original photographs, setup images or a simple programme infographic may be useful. Obtain consent for identifiable participants and confirm institutional permission where required.

Avoid: A photo gallery or event report that lists activities without explaining the educational value, outcomes or transferable lessons.

SIMSCENARIO: Scenario & Skills Corner

(Ready-to-use or adaptable simulation scenarios, skills stations and clinical decision-making challenge)

Suitable contributions: Acute-care scenarios; skills stations; OSCE or assessment stations; unfolding cases; tabletop exercises; communication scenarios; interprofessional simulations; scenario-based clinical reasoning challenges.

Required components: 1) Scenario title and intended learner level; 2) setting, duration and required resources; 3) learning objectives; 4) participant prebrief and initial information; 5) patient profile and initial presentation; 6) scenario progression and cues; 7) expected critical actions; 8) performance checklist or assessment points; 9) debriefing points; 10) references or source guidance, where applicable.

Author guidance: Make the scenario reproducible by another educator. Clearly separate information given to participants from facilitator-only notes. Use a progression table where helpful, with triggers/cues, expected actions and patient or monitor responses. Include escalation criteria and a safe stopping point.***Use the template for scenario design from the website of IASSH.***

Safety and accuracy: Clinical details, expected actions, doses, thresholds and algorithms must be checked against current, relevant guidance. State the intended learner level and any local adaptation needed.

Avoid: Ambiguous objectives, clues that do not connect to expected actions, and scenarios that rely on unsafe or outdated clinical recommendations.

SIMREFLECT:Debriefing & Reflection

(Reflective practice, debriefing approaches, feedback and psychological safety)

Suitable contributions: Debriefing frameworks; advocacy-inquiry; feedback techniques; psychological safety; learner reflection; faculty development; difficult debriefs; lessons learned after simulated clinical events.

Suggested structure: 1) A brief learning situation or challenge; 2) the educational issue; 3) reflection or framework used; 4) what worked, what was difficult and why; 5) practical lessons or questions for readers, 5) modifications of existing techniques, 6) tips and tricks

Author guidance: Use a reflective, non-punitive tone. Focus on behaviours, systems and learning rather than blaming individuals. If describing a real event, remove identifying details and obtain appropriate permission where needed. Explain the context and limits of any lesson drawn.

Suggested length: 400–800 words.

Include: A practical takeaway, a sample question or phrase, or a short set of tips that readers can apply in their next debrief.

Avoid: Presenting one framework as universally superior or disclosing confidential learner comments.

SIMSCIENCE:Research & Evidence

(Research findings, publications and evidence-informed approaches to simulation)

Suitable contributions: Journal club summaries; research snapshots; short communications; methods explainers; evidence-based practice updates; summaries of systematic reviews; research-in-progress notes; quality improvement findings; *If own work*: patient-centric system changes/ small single center projects.

Suggested structure for a paper summary: Citation; research question; design and setting; participants; key findings; limitations; implications for simulation educators; one practical takeaway.*If own work*: Introduction/ report/ conclusion.

Author guidance: Prioritise a clear and balanced interpretation. Report the study design and the most relevant results accurately. Distinguish association from causation, statistical from educational significance, and authors' conclusions from your own interpretation.

Suggested length: 300–700 words for a journal club or evidence summary; up to 1,000 words for a short communication.

References: Provide the full citation and DOI or stable URL where available. Research summaries should cite the original article rather than relying only on a secondary source.

Research ethics: For original research or quality improvement reports, state relevant ethics approval, exemption or institutional determination where applicable. Do not imply approval was obtained if it was not.

Avoid: Overstating small studies, omitting important limitations, or presenting unpublished results as established evidence.

SIMINNOVATE:Technology & Innovation

(New tools, digital approaches and creative solutions for simulation education)

Suitable contributions: AI-assisted simulation; virtual or augmented reality; screen-based simulation; task trainers; low-cost models; simulator programming; digital tools; innovations in moulage, monitoring or scenario control.

Suggested structure: 1) Educational need; 2) innovation and how it works; 3) materials, software or setup; 4) intended users and learning objectives; 5) cost/accessibility considerations; 6) strengths and limitations; 7) implementation tips.

Author guidance: Explain the educational problem solved, not just the technology. Include enough detail for readers to judge feasibility and reproduce the approach. State approximate costs, equipment requirements and any relevant licensing or access limitations. Preferably use real images, not AI generated ones.

Suggested length: 300–800 words.

AI and digital tools: Describe the role of AI or other tools accurately, including human oversight, verification, privacy considerations and known limitations. Do not upload identifiable patient or learner information to public AI systems.

Avoid: Unverified claims about effectiveness, hidden commercial promotion, or implying that a tool replaces educator judgement or clinical supervision.

SIMSAFETY:Patient Safety & Teamwork

(Human factors, crisis resource management and safer systems of care)

Suitable contributions: Team communication; leadership and followership; handover; situational awareness; workload management; escalation; crisis resource management; safety culture; quality improvement through simulation; latent safety threats; interprofessional education.

Suggested structure: 1) Safety problem or human-factors concept; 2) brief illustrative scenario or example; 3) contributing individual, team and system factors; 4) simulation-based learning or intervention; 5) practical actions and measures for improvement.

Author guidance: Use a systems-based, just-culture approach. Avoid reducing complex events to individual error. Where an intervention is described, explain what was measured or observed and what remains uncertain (Don't mention the detailed scenario, just the experience summary and narrative expression)

Suggested length: 400–800 words.

Include: A practical checklist, communication prompt, team briefing tool or debriefing question where appropriate.

Avoid: Identifiable patient safety incident details, blame-oriented language, or recommendations that conflict with current local protocols without explaining the context.

SIM CHARCHA:Learner & Faculty Experiences

(Personal experiences, trainee perspectives and lessons from the simulation environment)

Suitable contributions: Learner reflections; faculty journeys; first experiences of facilitating; lessons from a challenging scenario; mentorship; inclusion and accessibility; inspiring stories; reflections on professional growth (expert interviews).

Suggested structure: 1) The experience or moment; 2) what the author expected; 3) what happened or was learned; 4) how it changed the author's thinking or practice; 5) a takeaway for other learners or educators.

Author guidance: Write in the first person where appropriate and keep the story focused on a clear learning point. Honest reflection is welcome; perfection is not required. Identify the learner level and context without disclosing confidential details.

Suggested length: 300–700 words.

Consent and privacy: Obtain permission before naming or quoting other people. Obtain consent for identifiable photographs. Do not include confidential debriefing statements or identifiable patient/learner information.

Avoid: Unverified allegations, humiliating portrayals, or stories that disclose sensitive information without appropriate consent.

SIMCONNECT:Community, Events & Recognition

(Connect readers with courses, events, collaborations, opportunities and achievements)

Suitable contributions: Upcoming courses and conferences; faculty development; calls for abstracts or chapters; collaboration opportunities; new simulation initiatives; awards; Simulation Star of the Month, IASSH and global work being done.

Suggested structure for event notices: Event title; organiser and host institution; date and venue/mode; target audience; brief description; registration or information link; contact details; submission/registration deadline.

Suggested structure for a recognition feature: Name and designation; institution; achievement or contribution; why it matters to simulation education; one short quote or lesson, with permission.

Author guidance: Submit concise, verified information and working links. Include dates and deadlines clearly. Event announcements should be submitted sufficiently early to be useful. The editorial team may prioritise items based on relevance, space and timing.

Suggested length: 100–250 words per notice; 150–300 words per recognition feature.

Avoid: Unverified achievements, promotional claims without context, and submissions that omit essential dates or contact information.

SIMQUEST:Quiz, Crossword & Challenges

(Interactive puzzles and clinical or educational challenges that encourage active participation)

Suitable contributions: MCQs; image-based spotters; clinical dilemmas; crosswords; matching exercises; 'What would you do next?'; simulation equipment identification; human-factors challenges.

Required components: 1) Challenge title; 2) target audience and difficulty; 3) clear instructions; 4) question(s) and options, if applicable; 5) correct answer; 6) explanation and learning point; 7) references for clinical or factual claims; 8) image credits or permissions where applicable.

Author guidance: Provide the answer key separately or clearly mark it 'For editorial use—do not publish with the challenge' if the answers are intended for the next issue. For MCQs, use one best answer unless the question explicitly allows multiple answers. Distractors should be plausible and unambiguous.

Suggested length: 100–400 words, depending on the number and complexity of items. Crossword grids, images or tables may be submitted separately.

Clinical accuracy: Check the key and rationale against current guidance. State the intended audience and avoid ambiguous wording or trick questions that test obscure facts rather than meaningful learning.

Avoid: Questions with multiple defensible answers unless that ambiguity is the deliberate learning point, and images used without permission.

4. General Guidelines for All Authors (Detailed)

4.1 Article preparation

- Submit the article as an editable Word document (.docx). Use a clear title and section headings; avoid complex formatting.
- Keep the article within 1,000 words, excluding references, unless the editorial team has approved a different limit in advance.
- Limit the combined number of images, figures, tables and infographics to 2–3 per article unless otherwise agreed.
- Use clear, inclusive and accessible language. Define abbreviations at first use and avoid unnecessary jargon.
- Use generic names for medicines and devices where appropriate. Ensure clinical advice is contextualised and consistent with current guidance.
- For tables and figures, provide a number, concise title or caption, and cite each item in the text (for example, 'see Figure 1'). Submit image files separately when possible.

4.2 Images, figures and permissions

- Submit original, high-resolution images in JPEG or PNG format. Ensure text in screenshots or graphics is legible at publication size.
- Authors are responsible for obtaining written permission to reproduce copyrighted material, including images, diagrams, scales, tables and screenshots, unless a licence clearly permits reuse.
- Obtain informed consent to publish identifiable photographs of simulation participants. Where consent is unavailable, do not submit identifiable images. Consider cropping, blurring or using non-identifiable alternatives, while ensuring edits do not misrepresent the activity.
- Do not include patient-identifiable information, medical record numbers, computer screens with personal data, or confidential learner assessment results.
- Provide a caption and credit/permission statement for each image or figure. State whether it is original, adapted, or reproduced.

4.3 References and citations

- Use Vancouver style. Number references consecutively in the order in which they first appear in the text.
- Cite references using square brackets before the full stop, for example: Simulation may support deliberate practice [1].
- Limit references to 5 per article unless the editorial team approves an exception. Prefer primary sources, current guidelines and high-quality reviews.
- Verify author names, article title, journal, year, volume, issue, page range and DOI/URL against the source.
- Do not cite a source you have not checked. For online sources, include the DOI or stable URL and access date if required by the source type or editorial team.

4.4 Authorship, originality and declarations

- Normally no more than 2–3 authors are permitted per submission. All listed authors should have made a meaningful contribution, reviewed the final version and agreed to submission.

- Identify one corresponding author who can respond to editorial queries and coordinate revisions.
- Submissions must be original and must not be under consideration for publication elsewhere in the same form. Any previously published material must be disclosed and appropriately permissioned.
- Disclose relevant conflicts of interest, financial support, sponsorship, commercial relationships or affiliations that could influence the content.
- Declare generative AI or AI-assisted tools if used to create, substantially edit, translate, summarise or generate text, images, tables or other content. State the tool and purpose in a brief disclosure. Authors must verify all content and references; AI tools should not be listed as authors.
- The editorial team may request clarification about originality, permissions, AI use, data, or authorship before considering a submission.

4.5 Ethics, privacy and educational safety

- Protect confidentiality in all clinical cases, simulation recordings, debriefing accounts and learner reflections. Remove direct and indirect identifiers.
- Obtain appropriate consent and institutional permissions for photographs, recordings, quotations or case details where required. Consent to participate in a simulation is not automatically consent to publish images or statements.
- For research, evaluation or quality improvement submissions, explain the relevant ethics review, exemption or institutional determination when applicable. Authors should follow their institution's policies.
- For clinical scenarios and skills guidance, check the content against current authoritative guidance and clearly state the intended learner level and context.
- Do not present simulation findings as proof of improved patient outcomes unless the study design and data support that conclusion.

5. Submission Instructions

Please email submissions to the Chief Editor using the submission address ……..

- Email subject line: [Newsletter Section] – Short Article Title – Corresponding Author Surname
- Example: [SIMREFLECT] – Making Debriefing More Effective – Dr Sharma

Each submission should include:

- Article title and preferred section (SIMVISION, SIMSPOTLIGHT, SIMSCENARIO, SIMREFLECT, SIMSCIENCE, SIMINNOVATE, SIMSAFETY, SIMVOICES/CHARCHA, SIMCONNECT or SIMQUEST).
- Full name, designation, department, institution, city/state and email address for each author.
- Name and email address of the corresponding author.
- Word count excluding references, and number of figures/tables/images.
- A brief statement confirming that all authors have approved the submission and that permissions, consent and relevant declarations have been addressed.
- AI-use declaration and conflict-of-interest/funding statement, where applicable.
- Separate high-resolution image files and captions/credits, if included.

6. Editorial Review and Publication

- Receipt of a submission does not guarantee publication. The editorial team will consider relevance, clarity, accuracy, originality, educational value, fit with the issue theme, available space and balance across sections.
- The editorial team may request revisions, clarifications, permissions or references; edit for length, clarity and house style; or suggest an alternative section.
- Authors are responsible for the accuracy of the content, references, clinical recommendations, permissions and declarations in the submitted material.
- The editorial team may defer a suitable article to a later issue to maintain a balanced mix of content and contributors.
- Authors should review any substantive editorial changes and respond to queries within the timeframe communicated by the editorial team.
- The newsletter is an educational publication and should not be treated as a substitute for institutional protocols, clinical judgement or formal clinical guidance.

7. Final Author Checklist

☐I have selected the most appropriate newsletter section.

☐The article is within the word limit or a higher limit was agreed in advance.

☐All authors' names, designations and affiliations are accurate.

☐All authors have approved the final submission.

☐References are accurate, numbered in order and formatted in Vancouver style.

☐Images, tables and infographics are labelled, captioned and cited in the text.

☐Permissions and consent for images, quotations and third-party material have been obtained where required.

☐All clinical, research and educational claims have been checked for accuracy.

☐Identifiable patient and learner information has been removed or appropriately consented for publication.

☐Conflicts of interest, funding and AI use have been declared where applicable.

☐The corresponding author's contact details are included.

8. Submission Declaration

"On behalf of all authors, I confirm that the submitted material has been reviewed and approved by all listed authors; that it is original or that any previously published material has been disclosed and appropriately permissioned; and that relevant consent, ethics, conflict-of-interest, funding and AI-use declarations have been provided where applicable. I understand that submission does not guarantee publication and that the editorial team may request revisions."