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Validation of clinical simulation scenarios for care for women experiencing violence in Primary Health Care

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ABSTRACT

Objective: to develop and validate clinical simulation scenarios for treating women experiencing violence in the Primary Health Care (PHC) setting. **Methods:** methodological study to develop two scenarios for healthcare students based on Fabri's framework and the World Health Organization's concepts of violence. The scenarios of Intimate partner violence (IPV) simulated the PHC service for adolescent and adult female victims. Twenty-four judges recruited using the snowball technique and selected according to Fehring's criteria evaluated the scenarios using the Delphi technique. The Content Validity Index (CVI) was calculated and values ≥ 0.80 considered acceptable. **Results:** two clinical simulation scenarios were developed, obtaining a CVI > 0.80 in all evaluated items. The items addressed the learner's prior knowledge, general and specific learning objectives, theoretical foundation, responsible parties, complexity, documentation, briefing, human and material resources, target audience, team training, and debriefing. **Conclusion:** realistic simulation scenarios for care delivery to adolescent and adult women experiencing violence in the context of Primary Health Care (PHC) were validated and can support the teaching and training of health students on this topic.

Descriptors: Intimate Partner Violence; Patient Simulation; Adolescent; Women.

INTRODUCTION

Intimate Partner Violence (IPV) occurs in all countries and is independent of social, economic, religious, or cultural group. It is understood as physical, sexual, psychological, or stalking violence by a former or current partner. Women are the most frequently victimized, especially in societies where there are marked inequalities between men and women[1]. Over the course of life, one in three women is subjected to physical or sexual violence by an intimate partner in Brazil[2].

This violence is also highly prevalent among adolescent women, internationally referred to as teen dating violence[3], a term that encompasses particularities related to the adolescent lifestyle. This violence occurs more frequently in association with electronic media and between casual or ongoing partners. It is important to intervene at this stage of life to prevent violence from being naturalized and reproduced in future marital relationships, as adolescence is not only a natural and biological occurrence, but also a historical, cultural, and social construct[4].

The morbidity and mortality resulting from IPV is substantial. Many women survivors seek health services for care related to violence or other related issues, and these services are important points of identification and intervention for this problem. Health professionals play a crucial role in preventing, identifying, and managing IPV and promoting the health and well-being of adolescent and adult women[1].

According to the World Health Organization (WHO), countries must have the commitment and political will to address violence against women in all its forms, hence the importance of training health professionals to compassionately interview survivors of violence, resulting in an efficient health system response, ensur-

ing access to woman-centered care and referral to other services as needed[5]. Furthermore, Goal 5 of the Sustainable Development Goals specifically focuses on overcoming violence and empowering girls and women[6].

In this sense, Primary Health Care (PHC) stands out in serving women victims of violence due to its proximity to the community that facilitates the identification of cases and the implementation of health promotion, prevention, and recovery measures. Therefore, it is crucial to broaden health professionals' perspective in this context regarding this serious public health problem encompassing various facets of human life, such as the social, spiritual, physical, mental, and biological spheres in order to provide effective care[7].

Regarding the care of women experiencing IPV in the broader PHC context, there is a challenge in training health human resources[4,8]. Clinical simulation is one of the teaching strategies that can be used to approach violence against women with undergraduate students, and with health professionals in their continuing education activities. This technology is based on participants' experience, using one or more strategies to promote, improve, or validate knowledge[9].

Clinical simulation is one of the innovative educational activities specifically used to address complex psychosocial issues, such as violence[10]. It is a recognized strategy both in the training of students in the health field[11], and in activities of continuing health education with workers[12].

In the United States, this teaching strategy was applied to nursing students in an IPV simulation scenario, providing them with knowledge about the incidence, risk, and best practices related to the detection, assessment, and management of IPV cases, in addition to preparing them to deal with cases and begin clinical practice[11].

In another article on simulation, this time used as a continuing health education strategy, nursing professionals recognized the power of the method when they noticed the benefits in knowledge recovery and the development of skills for healthcare[12].

Despite the extreme importance and complexity of this topic, a recent literature review showed that most simulated scenarios validated in Brazil address topics related to emergency care, maternal care, and enterostomal therapy. This highlights a knowledge gap and justifies the development, planning, and validation of clinical simulation scenarios focused on complex phenomena such as violence[13].

Good practice standards for clinical simulation, both in the Brazilian[14] and international[9] contexts, have recommended the use of scripts for developing scenarios to ensure the validity and quality of the knowledge and content to be covered. Through these scripts, the facilitator provides simulation participants with the opportunity to apply theoretical knowledge acquired in simulated practical environments, which also allow for greater reproduction, repeatability, and reliability of this script[15,16].

Given the magnitude of IPV, the harm it causes, and the importance of identifying and intervening with adolescent and adult women experiencing violence, the question is: What scenarios are appropriate for preparing healthcare students to care for adolescent and adult women experiencing IPV in PHC settings?

In light of the above, in order to answer the research question, the objectives of this study were to develop and validate clinical simulation scenarios for treating women experiencing violence in the PHC setting.

METHODS

This methodological study was conducted in three stages: development of two simulated scenarios; planning of the execution of these scenarios; and the appearance and content validation of the simulated scenarios by judges[16]. The article was written according to the principles of the Revised Standards for QUality Improvement Reporting Excellence (SQUIRE 2.0, United States)[17].

The guidelines of the theoretical-practical guide for simulated activities proposed by Fabri et al[15] were followed to develop two simulated scenarios. The first stage of the study took place from September 2022 to January 2023, when conducting a narrative review of the literature on the construction of simulated scenarios and the concepts and risk factors related to IPV experienced by adolescent and adult women, as defined by the WHO[3,5]. The educational objectives were based on Bloom's Taxonomy[18], following holistic debriefing guidelines[19].

In the first stage, two scenarios were developed and planned. They were titled: "Care for Adolescent Women Experiencing Intimate Partner Violence in the Context of Primary Health Care" and "Care for Adult Women Experiencing Intimate Partner Violence in the Context of Primary Health Care".

In the second stage, conducted between June and August 2023, the scenarios underwent a process of face and content validation based on the opinions of professionals considered experts in the area of interest, appointed as content judges.

The snowball technique[16] was used to recruit potential judges. To begin recruitment using this technique, a participant from the authors' research group (key informant) was selected. The subject was invited to participate in person and kindly asked to provide the name and email address of other professionals who met the inclusion criteria. Based on this information, invitations were sent via email, explaining the purpose of the study to each of them.

Potential professionals were selected based on Fehring's guidelines[20]. The professional had to meet at least two of the criteria presented in Table 1 to be included as a content judge.

The Informed Consent Form (ICF) was sent to the judges for the validation process. After acceptance, they accessed an instrument containing questions about the bibliographic and professional characterization via an online form created on the Google Forms platform. Then, they examined the simulated scenarios using a Likert-type scale to assess their agreement with the appearance and content of the scenario items. Responses included the options (1) strongly agree, (2) partially agree, (3) partially disagree, and (4)

Table 1 - Criteria used in the selection of judges for the face and content validation of clinical simulation scenarios for assisting women experiencing violence in the context of Primary Health Care, São Carlos, São Paulo, Brazil, 2023

Criteria
Higher education in the health field.
One year of professional or teaching experience.
Specialist Certificate in the area of study (simulation or Intimate Partner Violence) **OR** Master's degree with a defended dissertation in the area of Intimate Partner Violence **OR** Doctoral thesis defended in the same area.
Published research in the area of Intimate Partner Violence.

strongly disagree to assess the clarity of language, theoretical relevance, and practical relevance of each scenario item.

To calculate the Content Validity Index (CVI), the responses "strongly agree" and "partially agree" were grouped as agreement, and the responses "strongly disagree" and "partially disagree" were grouped as disagreement. An index ≥ 0.80 was considered desirable for content validation (S-CVI Global - Scale-Level Content Validity Index). Thus, the Global S-CVI was calculated based on the average of the Item-Level Content Validity Index (I-CVI) scores for all validation criteria, and the S-CVI/AVE (Scale-Level Content Validity Index/Average Calculation Method) was calculated based on the average of the validity indices for each criterion (clarity of language, relevance, and pertinence) of the scenarios.

The Delphi technique was used in this appearance and content validation phase, requiring a single round to achieve the minimum level of agreement[21]. Data were organized and described in tables, graphs, and descriptive measures.

The study was approved by the Research Ethics Committee, obtaining Certificate of Submission of Ethical Appraisal (CAAE) number 63438122.1.0000.5504.

RESULTS

Of the 53 professionals invited, 26 actually returned the evaluations and met the inclusion criteria to be judges in the study. Participants were predominantly female (n = 19; 73.1%), and regarding maximum qualification, 18 had doctoral degree in the field of study (n = 18; 69.2), and seven (26.9%) had a postdoctoral degree, of which three (11.4%) in the field of study. Thirteen participants (50%) had undergraduate degrees in Nursing, and the remainder in other health fields such as Psychology (n = 5; 19.2%), Medicine (n = 2; 7.7%), and Occupational Therapy (n = 1; 3.8%).

Twenty-two (84.6%) reported experience in teaching students or training healthcare professionals to care for adult women or adolescents experiencing IPV; 19 (73.1%) reported clinical experience in caring for adult women or adolescents experiencing IPV; 19 (73.1%) reported experience using clinical simulation in teaching/training students and/or healthcare professionals; and 18 (69.2%) reported experience in developing simulated clinical scenarios. Another seven (26.9%) participants reported authorship of publications on clinical simulation, and 16 (61.5%) on the care of adult women or adolescents experiencing IPV.

Table 2 presents the items evaluated in the scenario "Care for adolescent women experiencing intimate partner violence in the context of primary health care" with a minimum CVI of 0.88.

Table 2 - Items from the scenario "Care for adolescent women experiencing intimate partner violence in the context of primary health care" validated among the judges (n = 26) and distribution of content validity indices, São Carlos, São Paulo, Brazil, 2023

Items	I-CVI (CL)[1]	I-CVI (P)[2]	I-CVI (R)[3]	S-CVI[4]
Prior knowledge	0.96	0.88	0.92	0.92
General objective	0.88	0.92	0.92	0.90
Theoretical basis	0.92	0.92	0.92	0.92
Responsible parties	0.96	0.92	0.96	0.94
Complexity	0.88	0.88	0.92	0.90
Checklist	0.92	0.92	0.92	0.92
Clinical situation	1	1	1	1
Human resources	1	1	1	1
Target audience	0.92	0.92	0.96	0.93
Team training	0.88	0.92	0.96	0.92
S-CVI/AVE[5]	0.93	0.92	0.94	0.93

Note: [1]I-CVI (CL): Item-level Content Validity Index based on the criterion of clarity of language; [2]I-CVI (R): Item-level Content Validity Index based on the criterion of relevance; [3]I-CVI (P): Item-level Content Validity Index based on the criterion of pertinence; [4]S-CVI: Scale-Level Content Validity Index; [5]S-CVI/AVE: Scale-Level Content Validity Index/Average Calculation Method.

Table 3 presents the items from the scenario "Care for Adult Women Experiencing Intimate Partner Violence in the Primary Health Care Context" where the lowest CVI was also 0.88.

Table 4 presents the scripts for the scenarios "Care for adolescent women experiencing intimate partner violence in the context of primary health care" and "Care for adult women experiencing intimate partner violence in the context of primary health care" after validation by the judges.

Since all items presented an overall I-CVI and S-CVI higher than the minimum index considered for both scenarios and debriefing, a second Delphi round was not necessary. Nevertheless, the participants' suggestions were reviewed and analyzed, and those considered pertinent were discussed and accepted. Some of the suggestions included reformulations of specific learning objectives, suggestions for the inclusion of scientific materials in the "theoretical basis" section, and greater focus on psychosocial issues in the presentation of cases.In addition to the aspects already mentioned, the items related to the checklist, case/clinical situation, and care flowchart received special attention from the judges. Throughout

Table 3 - Items from the Scenario "Care for Adult Women Experiencing Intimate Partner Violence in the Primary Health Care Context" validated among the judges (n = 26) and distribution of Content Validity Indices, São Carlos, São Paulo, Brazil, 2023

Items	I-CVI (CL)[1]	I-CVI (P)[2]	I-CVI (R)[3]	S-CV[4]
Prior knowledge	1	0.88	0.96	0.93
General objective	0.92	1	1	0.97
Theoretical basis	0.96	0.96	0.92	0.94
Responsible parties	1	0.96	1	0.98
Complexity	0.88	0.92	0.96	0.92
Checklist	0.96	0.92	0.96	0.94
Clinical situation	0.96	1	1	0.98
Human resources	0.96	0.96	0.92	0.94
Target audience	0.92	0.92	0.96	0.93
Team training	0.96	0.96	0.96	0.93
S-CVI/AVE[5]	0.95	0.94	0.96	0.95

Note: [1]I-CVI (CL): Item-level Content Validity Index based on the criterion of clarity of language; [2]I-CVI (R): Item-level Content Validity Index based on the criterion of relevance; [3]I-CVI (P): Item-level Content Validity Index based on the criterion of pertinence; [4]S-CV: Scale-Level Content Validity Index; [5]S-CVI/AVE: Scale-Level Content Validity Index/Average Calculation Method.

both cases, the judges recommended placing greater emphasis on psychosocial issues—whether in addressing psychoemotional findings or in addressing social relationships.

Regarding the adolescent, the inclusion of a "clue" regarding care without the presence of the mother was recommended, in addition to care related to the particularities of adolescents' experiences.

Regarding care for adult women experiencing IPV, the judges recommended greater focus on "clues" to avoid shifting focus and thematic, resulting in secondary needs being addressed rather than the primary issue. They also suggested expanding the approach beyond the biomedical model and including strategic data suggestive of investigating the individual's family dynamics.

DISCUSSION

The development, planning, and validation of simulated clinical scenarios aimed at providing care to adult and adolescent women experiencing IPV in the PHC setting are of paramount importance, as they contribute positively to the teaching-learning process of students and healthcare professionals. Scenario development is directly related to the topics discussed in the literature and the specificities presented in each context. These involve care that demands specific knowledge, coupled with the lack of an in-depth and effective thematic approach in professional training[22].

The simulation-based teaching-learning process plays an increasingly important role in health education worldwide. In addition to protecting patients from potential risks, it brings several benefits to participating students; promotes safety and self-confidence, reduces anxiety, and approximates the fictitious cases that will be experienced in practice later, resulting in greater effectiveness in realistic execution[10].

Situations of violence are particularly sensitive topics that should be previously introduced to students, especially when dealing with IPV. Although considered difficult to teach or learn, educational content can be produced in rehearsed scenarios, which promotes skill development through repeated practice. This, in turn, through timely feedback and/or debriefing, promotes appropriate reflection and can highlight areas for improvement[15]. It is necessary to make these topics more palatable to undergraduate healthcare students, considering the emotional and affective aspects involved in the learner's acquisition of skills in sensitive topics[10,13].

The use of simulation can increase students' confidence in assessing and acquiring knowledge about IPV, which is extremely important. As healthcare professionals, especially nurses, are on the front lines (screening and assessing patients), their prior training in these cases is essential[23].

In Brazil, this active methodology is still tentatively adopted, especially when dealing with complex topics such as IPV, which are still rarely addressed in undergraduate health programs, even through traditional methodologies[4,8,24].

Bringing this approach to the PHC context requires the development of a broader range of skills, as the situations experienced demand bonding, embracement, co-responsibility, coordination, and longitudinal care to effectively identify and meet the individual's real health needs. Although there have been advances in the detection and embracement of victims of violence, such as the creation of laws, referral centers, and support services, and this issue has been considered a public health problem for decades, there is still difficulty in teaching, understanding, managing, and discussing situations of violence due to their conditioning factors and determinants[25].

This is a complex phenomenon in cultural, social, ethical, and psychological terms that cannot be addressed solely based on the technical rationale established by the hegemonic medical model, creating obstacles in the teaching-learning process regarding care to violence[4,8].

Primary Health Care professionals face difficulties in managing IPV cases due to weaknesses in their training. It is essential to incorporate training activities into undergraduate health programs and provide opportunities for professionals to update their knowledge on the topic[8].

Despite the high level of agreement achieved among the judges in the first round, some suggestions were presented and accepted to improve the scripts. To ensure effectiveness in simulated activities, the learner's prior knowledge and learning objectives must be defined, with assertive selection of the content and material to be studied beforehand (theoretical basis), so that participants are familiar with the topic, favoring their performance during the sim-

Table 4 - Description of the scripts developed for the clinical simulation scenarios of "Care for adolescent women experiencing against intimate partner violence in the context of primary health care" and "Care for adult women experiencing intimate partner violence in the context of primary health care", São Carlos, São Paulo, Brazil, 2023

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Prior knowledge of the learner: the student must have taken or be taking undergraduate courses that address topics involving Public Health, Mental Health, Women's Health, Child and Adolescent Health, or other relevant areas to the students' teaching-learning process.
General learning objective: by the end of the activity, the student should be able to develop care for adolescent/adult women experiencing Intimate Partner Violence within the context of Primary Health Care.
Specific learning objectives: to direct healthcare to address the needs and demands of adolescent/adult women experiencing Intimate Partner Violence using strategies that involve active listening and valuing the feelings experienced by the adolescent/adult woman; identify signs of risk and possibilities for action; and articulate the specificities of this care for managing situations involving Intimate Partner Violence experienced by adolescent/adult women.
Theoretical Foundation: - Prior reading of the booklet "Enfrentamento da violência contra as mulheres. O que caracteriza essa violência e como denunciar?" (English version not available - "Confronting violence against women. What characterizes this violence and how to report it?"). Available at http://eerp.usp.br/cartilha-enfrentamento-mulheres-violencia/ - Prior reading of the infographic "Preventing Teen Dating Violence". Available at https://www.cdc.gov/violenceprevention/pdf/tdv-factsheet.pdf
Responsible for the scenario: one faculty facilitator with theoretical and clinical experience in the topic and two support students with prior knowledge.
Scenario complexity: high fidelity.
Checklist (adolescent scenario) - Did the students identify the case as Intimate Partner Violence? - Did the students identify the signs presented by the adolescent as indicative of Intimate Partner Violence? - Did the students question if the adolescent would like to be seen alone? - Did the students question family dynamics, especially the relationship between parents? - Were the students able to offer appropriate embracement to the victim? - Did the students use methods and behaviors to promote trust (using phrases such as: "This is a safe environment, and we will not discuss the situation with others, except in cases of health risks")? - Did the students question the adolescent about the dynamics of her relationship with her partner, considering the particularities of adolescence (sexual experimentation, identification with peers, immersion in digital media, immediacy, and difficulties in assessing long-term consequences and risks)? - Were the students able to conduct the interview in order to gather more information about the case? **Checklist (adult scenario)** - Did the students identify the case as Intimate Partner Violence? - Did the students identify the signs presented by the woman as indicative of Intimate Partner Violence?? - Were the students able to offer appropriate embracement to the victim? - Did the students use methods and behaviors to promote trust? - Did the students investigate the dynamics of the intimate relationship between the woman and her partner? - Were the students able to conduct the interview in order to gather more information about the case?
Briefing: Facilitators will present the case and the scenario resources to students before the simulation begins.
Case/clinical situation (adolescent): You are healthcare professionals and will be treating the following case: L.E.M., 13, comes to the Family Health Unit (FHU) accompanied by her mother, M.S.M., 44, for a pre-scheduled appointment. Mrs. M reports that her daughter "has been acting very strange" and she noticed a sudden change in L's behavior and therefore thought it best to schedule an appointment. The mother says she noticed her daughter is sleepier for much of the day, rarely stays awake or leaves her room to interact with her family, and that "she only wants to date, spends the whole week at her 21-year-old boyfriend's house, and when she's home, she only sleeps and locks herself in her room all day long". During this conversation, L interrupts, saying, "of course, you and Dad fight all the time" and suddenly begins to cry. M also reports mood swings with episodes of aggressiveness and "misbehavior" in an attempt to justify her daughter's crying. Furthermore, the mother reports that L's grades have never been so bad. **Case/clinical situation (adult):** You are healthcare professionals and will be treating the following case: M.R.L., 30 years old, presents to the Family Health Unit (FHU) complaining of a headache, stating that the pain is recurrent. Upon reviewing her medical records, the healthcare professional notes the patient is visiting the FHU for the fourth time this month alone, complaining of headache and dysuria, and also notices she has a recurrent urinary tract infection (UTI). She lives in the Videira neighborhood (a highly socially vulnerable and peripheral region) with her husband, C.A.R., 48 years old, and their five children, ages 15, 11, 9, 4, and 2. M. has incomplete elementary education and reports that she moved to this city when she met her husband and became pregnant with her first daughter, leaving her family in another state. She works as a housekeeper and, despite her desire, says her husband does not want her to work outside the home. She reports using a sedative to reduce nervousness and relieve pain, although she cannot remember the name of the medication, as it was recommended by her friend.
Material and human resources used in the scenario (adolescent): two actresses (one actress plays the patient and the other the patient's mother). The actress playing the adolescent will be wearing short shorts, a cropped top, sneakers, and headphones while her mother is present, simulating disinterest in being there. The adolescent's mother should wear jeans, a t-shirt, and flat sandals. The simulated scenario can be developed in any location that simulates a Primary Care Unit's clinical office with the necessary infrastructure: an examination table; a table with chairs for consultations; and patients' medical record with information on their history of care at the unit. All supplies necessary for patient care must be provided, such as disposable gloves, surgical masks, a disposable ruler, a chart for note-taking, a ballpoint pen, a stethoscope, a sphygmomanometer, a thermometer, a container with liquid and gel 70% alcohol, a sharps disposal container, gauze, cotton, and other materials.

Table 4 - Description of the scripts developed for the clinical simulation scenarios of "Care for adolescent women experiencing against intimate partner violence in the context of primary health care" and "Care for adult women experiencing intimate partner violence in the context of primary health care", São Carlos, São Paulo, Brazil, 2023

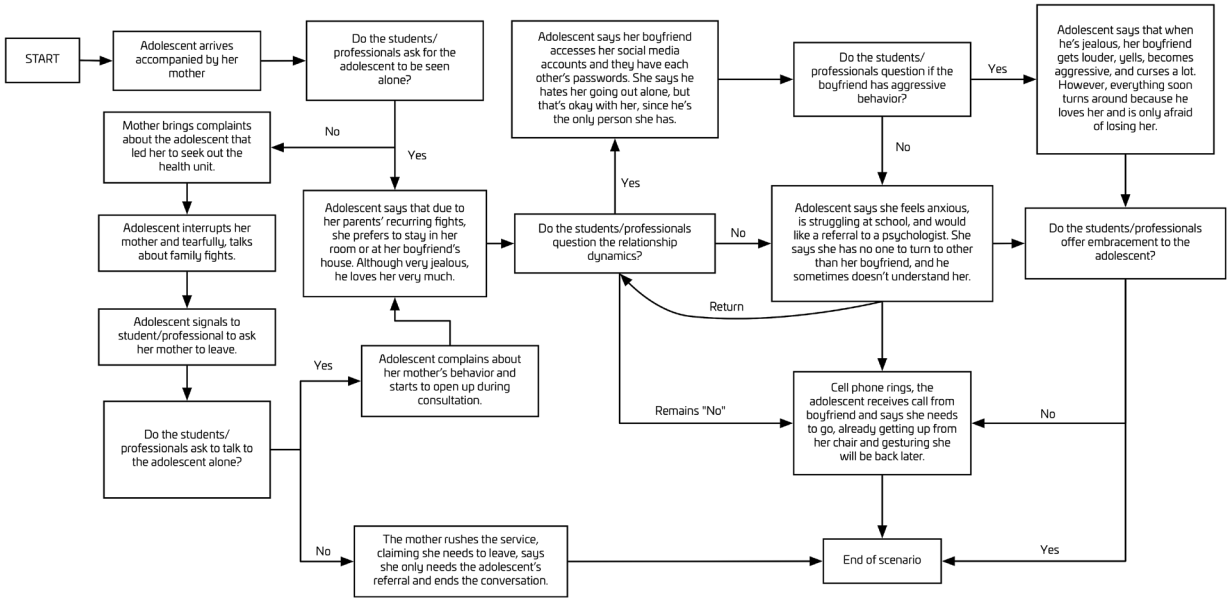
Conclusion.

Material and human resources used in the scenario (woman): an actress (simulated patient) will be wearing a long dress that covers most of her body to conceal and disguise the bruises. She must also have some greenish and purple bruises (indicating old bruises) visible to the naked eye, scattered across her arms and neck; some barely noticeable bruises on her body; and clear signs of restlessness, such as leg-shaking and nail-biting. The simulated scenario can be developed in any location that simulates a Primary Care Unit clinical office with the necessary infrastructure: an examination table; a table with chairs for treatment; patients' medical record with information on their care history at the unit. All supplies necessary for patient care should be provided, such as disposable gloves, surgical masks, a disposable ruler, a chart for note-taking, a ballpoint pen, a stethoscope, a sphygmomanometer, a thermometer, a container with liquid and gel 70% alcohol, a sharps disposal container, gauze, cotton, and other materials. Coloring and makeup will be used to represent bruises.

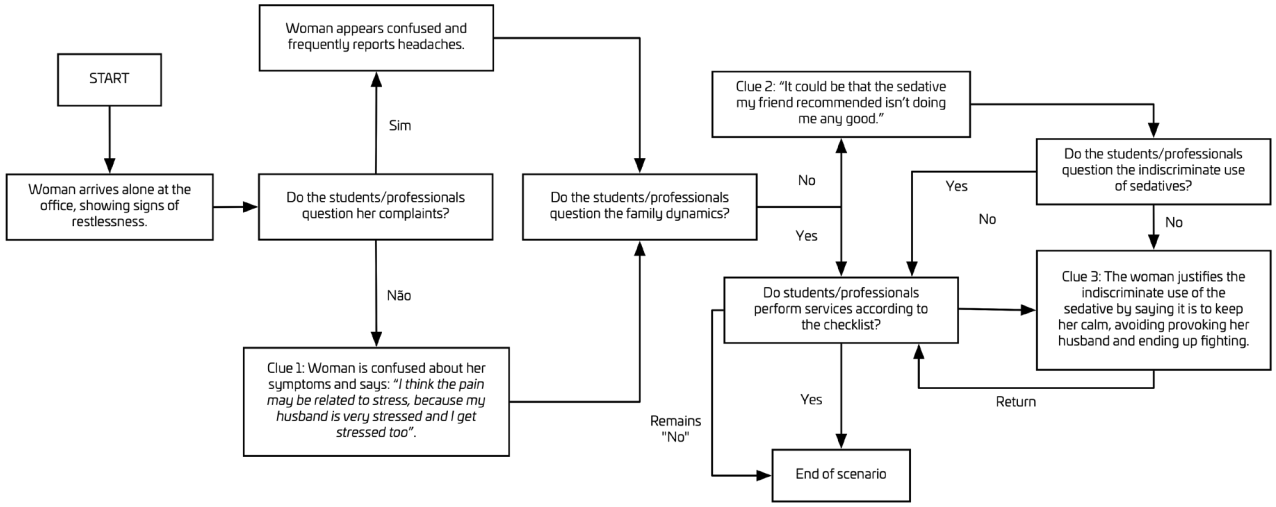
Target audience: seven to 10 undergraduate health students or healthcare professionals (two will provide the care to ensure they feel safer and more responsible during the simulated activity, while the others observe closely in a separate room).

Team training for the activity: the actors should receive the clinical case, instructions regarding lines, and the responses to be provided in the clinical case, i.e., the script, according to the following flowcharts. The entire team should be familiar with the objectives of the scenario that should be achieved by the participating students.

Service flowchart (adolescent):



Service flowchart (woman):



Debriefing: use the "Three Stages of Holistic Debriefing"[16].

ulation[26]. These aspects still effectively support and guide the facilitators and the reproducibility of the scenarios. In this study, the judges agreed and offered suggestions, particularly regarding the need for prior knowledge. As for the implementation of this scenario, contextual criteria that depend on the courses' Political-Pedagogical Projects must be respected and active methodologies are adopted, we sought to maintain such aspect in a more flexible format.

The general learning objectives of the simulation should be made available in advance to participants, while the specific objectives should be revealed only to facilitators in order to avoid influencing students' decision-making. In this case, the validation results on "Learning Objectives" were quite positive regarding clinical reasoning, decision-making, and approach methodology. Some suggestions from the judges included the development of embracement skills and strategies, including listening and communication, both necessary to express appreciation for the feelings experienced by women in these situations[22].

Teaching this simulation-based topic to medical students in Mozambique allowed them to develop a broader understanding of IPV, enabled them to approach the topic with patients in an empathetic and non-judgmental manner, and provided a safe environment that helps them focus on and accept their own feelings, which contributed to their acceptance of the feelings of others. Furthermore, it enabled them to learn to overcome common barriers faced by medical professionals related to identifying survivors of violence. Given the many positive aspects, participants suggested including clinical simulation as a learning strategy in the medical curriculum[27].

Intimate partner violence in adolescence presents specific features—even more subtle than in adulthood. Jealousy with bilateral violence, although with more serious consequences for women, is a behavior frequently perceived from the control and possession linked to social networks[28,29]. Furthermore, the presence of myths of romantic love in these relationships has been recurrent in studies, and these aspects may relate to the particularities of experiencing adolescence with intensity and experimentation[4].

Understanding the three stages of holistic debriefing[19] is highly appropriate for formative assessment and the promotion of reflection on this complex topic. It is crucial to address affective, cognitive, and procedural learning when dealing with situations of violence.

The simulated clinical scenarios developed and validated for nursing teaching and learning also need to be evaluated by participants comprehensively – considering cognitive, affective, and psychomotor skills[13].

The limitations of this study are related to the fact that a second round of evaluation was not conducted after the reformulations recommended by the judges in some items, such as specific learning objectives, inclusion of scientific materials, and greater focus on psychosocial issues in the presentation of cases.

Nonetheless, the first stage was completed, which allows the advance in testing and validating the scenarios in a simulation laboratory with undergraduate healthcare students. These stages are necessary to complement the validation process for fidelity, complexity, time, and material and human resources.

The development of further studies on scenario validation addressing the topic of care for women victims of IPV in different settings is recommended considering the scarcity of this content in educational institutions and the relevance of topic is in our current social context.

CONCLUSION

The clinical simulation scenarios and debriefing for care for women experiencing violence in the PHC context achieved an adequate CVI according to the opinion of 24 experts. All items presented I-CVI and overall S-CVI > 80%. This material allows us to advance to the next stage of analyzing the contribution of this simulation to healthcare students.

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Conflict of Interest

None.

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