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Introduction

As leaders in healthcare simulation, the Unity Health Toronto Simulation Program (UHTSP) incorporates long-standing best practices in simulation, including operations, curriculum and faculty development. While some practices, such as scenario design, facilitation, and debriefing, have been well developed and validated through real-world testing and academic research, incorporating equity considerations at the programmatic level presents an opportunity for deeper understanding and growth.

Applying equity principles in simulation offers an opportunity to strengthen simulation excellence by enhancing psychological safety, increasing the credibility of simulated experiences, increasing representation, and supporting more consistent decision-making across our program. There remains limited guidance in peer-reviewed or grey literature on how to operationalize equity in ways that align with, inform, or evolve simulation best practices to support sustained, program-level quality improvement. As such, these guidelines have been created to support a systemic and consistent approach to equity work in simulation and are designed as a living document that should be iterated on to support continuous improvement and reflexivity.

Acknowledging the complexities and varying levels of understanding of concepts such as equity, power, and anti-racism, this framework is not intended as a checklist or a compliance exercise. Rather, its use of questions is designed to support critical reflection and reflexivity within the simulation program team and, by extension, among our learners, facilitators, faculty, and partners. As Unity Health Toronto has established institutional policies and guidance on equity, diversity, and inclusion, including, but not limited to, equitable hiring practices, anti-oppressive education, and research ethics to acknowledge and reduce inequities, this document articulates additional simulation-specific considerations arising from the unique nature of healthcare simulation as a modality.

Purpose and Scope

Healthcare simulation excellence is multifaceted, encompassing operational, curricular, and research practices. This document overlays equity considerations across all program activities. The purpose of this document is to serve as a resource for the simulation program's operational team, to guide decision-making and support critical reflection.

Guiding Principles

The following principles will underpin all simulation activities within the Unity Health Toronto Simulation Program.

- **Intentionality:** Supporting best practice in simulation and equity requires deliberate practice and understanding of how historical and ongoing inequities operate. We will consistently seek out opportunities to apply an equity lens to our work and address inequities.
- **Accountability:** We remain accountable to our learners, facilitators, faculty and partners. Decisions about simulation curriculum content, assessment, partnerships, and priorities carry consequences, and we commit to transparency, reflection, and willingness to adapt.
- **Harm Reduction:** A core tenet of simulation is psychological safety. We will design simulation activities to minimize psychological, cultural, and representational harm to learners, participants, staff, and communities.
- **Reflection and Reflexivity:** As with all health profession education approaches, working to incorporate equity considerations into a simulation program requires critical reflection and reflexivity. Our team commits to actively participating in critical reflection and reflexivity to support our equity work.

Simulation-Specific Domains for Equity

I. Scenario and Curriculum Design

Simulation scenarios and curriculum offer opportunities to choose which patients we represent and how we represent them. By examining the scenarios we create and the processes we use to design them, we can reflect and act at individual, curriculum, and program levels. Through this ongoing interrogation, we strengthen and refine both our scenarios and the processes that shape them. As our team supports scenario design, we will ask and interrogate:

- Who is the scenario or curriculum representing? Is the current portrayal of patients in this curriculum and/or our program over- or underrepresented?
- Does the scenario stereotype or reinforce individual/deficit-based thinking?
- How has the community of those being represented been engaged in designing the scenarios/curriculum?
- Have we created opportunities to explicitly name structural contributors to marginalization (e.g., policy, access barriers, institutional constraints) rather than locating problems solely in individuals?

- Have we created a scenario that allows learners to practice advocacy, allyship, and system navigation?
- Are these scenarios reflective of the communities and patients that we currently serve in our organization and their experiences?

II. Use of Standardized Patients, Actors, and Representation

Standardized patients (SPs) and actors carry significant emotional and representational labour within simulation. To avoid unintentional harm, our program can ask:

- Are we asking individuals to portray identities or lived experiences they do not hold?
- Could we, or should we, use technology (vs. an SP) to represent a particular group or community?
- Have we considered what fair compensation and support for SPs' time and expertise would be?
- Have we created opportunities for SPs to contribute to learning, e.g. participating in debriefs?

III. Facilitation, Debriefing, and Psychological Safety

Debriefing is a central site of meaning-making and learning in simulation activities. Embedding equity considerations can support a broader foundation for psychological safety by recognizing participants' positionalities and lived experiences. We can support equity by considering:

- Are we creating curriculum and debriefing sessions that acknowledge that learner responses are shaped by lived experience and positionality?
- What steps are we taking to actively avoid placing the burden of explanation or education on learners from marginalized groups?
- What steps are established for us and faculty when we/they recognize and respond to microaggressions, biased language, or oppressive dynamics in real time?
- What team and faculty development in debriefing practice is required to support the critique of systems, hierarchies, and institutional norms?

IV. Technology, Manikins, and Physical Representation

Simulation technologies often encode assumptions about the "default" patient body, what is normalized and who should receive care. Toward active disruption of this, our simulation program should be asking:

- How does our current equipment/technology reflect diversity in skin tone, body type, age, and ability? What communities are over-represented? What communities are underrepresented and should be prioritized when purchasing new equipment?
- How are we building a community of practice (within our program and beyond) that acknowledges our current technological limitations, and calls in staff and faculty to advocate for change?
- How are we engaging vendors around inclusive design and transparency?

V. Program Partnership Prioritization and Resource Allocation

Decisions about which simulation projects proceed and with whom we partner reflect our program's values. Embedding equity considerations into conversations about partnerships and resource allocation offers an opportunity to reflect on how we make our decisions. To support this, we should consider:

- What partnerships are best aligned with our equity processes and aims?
- When do we consider and potentially decline engaging in 'one-off' simulations disconnected from broader institutional commitment or follow-through?
- How do we advocate within Unity Health Toronto and beyond to recognize simulation as a tool to address system harm, moral distress, and inequitable care processes, i.e. beyond technical skills?
- How will we know that this partnership is creating a lasting impact on the marginalized communities whom we serve, and combat systemic and institutionalized harms while assisting our staff in better understanding their needs?

Limitations and Tensions

The Unity Health Simulation Program acknowledges that equity-focused simulation practice exists within real operational, institutional, and system constraints. There will be times when our program's intentionality with this work will cause discomfort, confusion, tension or disengagement. We accept these instances, encourage feedback and see them as opportunities to grow our program and navigate important discussions.

We also recognize that despite our best intentions, we will make mistakes. We commit to following the aforementioned guiding principles, recognizing that this will be an ever-evolving document, shaped by the lessons we learn. We will take accountability and action to correct mistakes.

Conclusion

This framework positions equity considerations as a core part of our simulation program's work. We see this as part of the ongoing evolution of simulation best practices, rather than as an ancillary consideration. By considering equity at the programmatic level, we increase our impact and our ability to improve the simulation services our program provides.