

SCOPING REVIEWS WORKSHOP

Dr Danielle Pollock

Health Evidence Synthesis, Recommendations and Impact

School of Public Health

Adelaide University

We acknowledge and pay our respects to the Kaurna people,
the traditional custodians whose ancestral lands we gather on.

We acknowledge the deep feelings of attachment and relationship
of the Kaurna people to country and we respect and value their
past, present and ongoing connection to the land and
cultural beliefs.

Introduction to Scoping Reviews



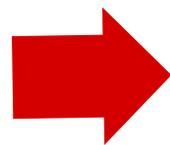
What are Scoping Reviews?

“A type of evidence synthesis that systematically identifies and maps the breadth of evidence available on a particular topic, field, concept, or issue, often irrespective of source (i.e. primary research, reviews, non-empirical evidence) within or across particular contexts. Scoping reviews can clarify key concepts/ definitions in the literature and identify key characteristics or factors related to a concept, including those related to methodological research.”

History of Scoping Reviews

Arksey and O'Malley
(2005)

- Foundational framework for scoping reviews



Levac, Colquhoun
and O'Brien (2010)

- Advanced framework, provided some methodological guidance, invited further development



Peters et al. (2014 &
2020, upcoming
2025)

- JBI method
- Reviewed and built upon previous approaches and provides comprehensive guidance



Updated methodological guidance for the conduct of scoping reviews

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ABSTRACT

Objective: The objective of this paper is to describe the updated methodological guidance for conducting a JBI scoping review, with a focus on new updates to the approach and development of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (the PRISMA-ScR).

Introduction: Scoping reviews are an increasingly common approach to informing decision-making and research based on the identification and examination of the literature on a given topic or issue. Scoping reviews draw on evidence from any research methodology and may also include evidence from non-research sources, such as policy. In this manner, scoping reviews provide a comprehensive overview to address broader review questions than traditionally more specific systematic reviews of effectiveness or qualitative evidence. The increasing popularity of scoping reviews has been accompanied by the development of a reporting guideline: the PRISMA-ScR. In 2014, the JBI Scoping Review Methodology Group developed guidance for scoping reviews that received minor updates in 2017 and was most recently updated in 2020. The updates reflect ongoing and substantial developments in approaches to scoping review conduct and reporting. As such, the JBI Scoping Review Methodology Group recognized the need to revise the guidance to align with the current state of knowledge and reporting standards in evidence synthesis.

Methods: Between 2015 and 2020, the JBI Scoping Review Methodology Group expanded its membership; extensively reviewed the literature; engaged via annual face-to-face meetings, regular teleconferences, and email correspondence; sought advice from methodological experts; facilitated workshops; and presented at scientific conferences. This process led to updated guidance for scoping reviews published in the *JBI Manual for Evidence Synthesis*. The updated chapter was endorsed by JBI's International Scientific Committee in 2020.

Results: The updated JBI guidance for scoping reviews includes additional guidance on several methodological issues, such as when a scoping review is (or is not) appropriate, and how to extract, analyze, and present results, and provides clarification for implications for practice and research. Furthermore, it is aligned with the PRISMA-ScR to ensure consistent reporting.

Conclusions: The latest JBI guidance for scoping reviews provides up-to-date guidance that can be used by authors when conducting a scoping review. Furthermore, it aligns with the PRISMA-ScR, which can be used to report the conduct of a scoping review. A series of ongoing and future methodological projects identified by the JBI Scoping Review Methodology Group to further refine the methodology are planned.

RESOURCES

JBI and acclaimed international researchers have developed several helpful resources on how to conduct a scoping review

JBI MANUAL FOR EVIDENCE SYNTHESIS



This scoping review chapter provides a comprehensive understanding and framework on how to conduct scoping review, it describes:

- why you should conduct a scoping review
- how to develop a scoping review protocol
- search strategies, data extraction and how to present the results
- [a scoping review protocol template](#)

[Access JBI Manual for Evidence Synthesis: Scoping Reviews Protocol chapter](#)

PUBLICATIONS

Undertaking a scoping review: A practical guide for nursing and midwifery students, clinicians, researchers, and academics

Pollock et al 2021

Conducting high quality scoping reviews- challenges and solutions

Khalil et al 2021

In this paper, the JBI Scoping Review Methodology Group discuss the challenges

Updated methodological guidance for the conduct of scoping reviews

Peters et al 2021

The latest JBI scoping review guidance is described with this article. There is an updated

Upcoming guidance coming out soon!

🔍 Search

▼ JBI Manual for Evidence Synthesis

About this Manual

Translations

Previous versions

Contributors

- > Chapter 1: JBI Systematic Reviews
- > Chapter 2: Systematic reviews of qualitativ...
- > Chapter 3: Systematic reviews of effectiven...
- > Chapter 4: Systematic reviews of text and o...
- > Chapter 5: Systematic reviews of prevalenc...
- Chapter 6: Systematic reviews of economic...
- > Chapter 7: Systematic reviews of etiology a...
- > Chapter 8: Mixed methods systematic revi...
- > Chapter 9: Diagnostic test accuracy system...
- > Chapter 10: Umbrella reviews
- ▼ Chapter 11: Scoping reviews



Chapter 11: Scoping reviews

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Updated from:

Peters MDJ, Godfrey C, McInerney P, Baldini Soares C, Khalil H, Parker D. Chapter 11: Scoping Reviews. In: Aromataris E, Munn Z (Editors). *Joanna Briggs Institute Reviewer's Manual*. JBI, 2017

Chapter 11: Contents

<https://synthesismanual.jbi.global>

Benefits of scoping reviews

- The value of scoping reviews to evidence-based healthcare and practice lies in their ability to incorporate various types of literature and not limited to research studies
- Scoping reviews have broader research questions
- Scoping reviews exploratory in nature, whereas systematic reviews, in particular those with meta-analysis or network meta-analysis, can be explanatory in nature
- Scoping reviews can help determine research priorities
- Scoping reviews can assist in the development of guidelines.

Why are scoping reviews conducted?

Broadly, scoping reviews are conducted:

- to identify the types of available evidence in a given field;
- to clarify key concepts/definitions in the literature;
- to examine how research is conducted on a certain topic or field;
- to identify key characteristics or factors related to a concept;
- as a precursor to a systematic review;
- to identify and analyze knowledge gaps.

DEBATE

Open Access



Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach

Zachary Munn , Micah D. J. Peters, Cindy Stern, Catalin Tufanaru, Alexa McArthur and Edoardo Aromataris

Abstract

Background: Scoping reviews are a relatively new approach to evidence synthesis and currently there exists little guidance regarding the decision to choose between a systematic review or scoping review approach when synthesising evidence. The purpose of this article is to clearly describe the differences in indications between scoping reviews and systematic reviews and to provide guidance for when a scoping review is (and is not) appropriate.

Results: Researchers may conduct scoping reviews instead of systematic reviews where the purpose of the review is to identify knowledge gaps, scope a body of literature, clarify concepts or to investigate research conduct. While useful in their own right, scoping reviews may also be helpful precursors to systematic reviews and can be used to confirm the relevance of inclusion criteria and potential questions.

Conclusions: Scoping reviews are a useful tool in the ever increasing arsenal of evidence synthesis approaches. Although conducted for different purposes compared to systematic reviews, scoping reviews still require rigorous and transparent methods in their conduct to ensure that the results are trustworthy. Our hope is that with clear guidance available regarding whether to conduct a scoping review or a systematic review, there will be less scoping reviews being performed for inappropriate indications better served by a systematic review, and vice-versa.

Keywords: Systematic review, Scoping review, Evidence-based healthcare

Background

Systematic reviews in healthcare began to appear in publication in the 1970s and 1980s [1, 2]. With the emergence of groups such as Cochrane and the Joanna Briggs Institute (JBI) in the 1990s [3], reviews have exploded in popularity both in terms of the number conducted [1], and their uptake to inform policy and practice. Today, systematic reviews are conducted for a wide range of purposes across diverse fields of inquiry, different evidence types and for different questions [4]. More recently, the field of evidence synthesis has seen the emergence of scoping reviews, which are similar to systematic reviews in that they follow a structured process,

however they are performed for different reasons and have some key methodological differences [5–8]. Scoping reviews are now seen as a valid approach in those circumstances where systematic reviews are unable to meet the necessary objectives or requirements of knowledge users. There now exists clear guidance regarding the definition of scoping reviews, how to conduct scoping reviews and the steps involved in the scoping review process [6, 8]. However, the guidance regarding the key indications or reasons why reviewers may choose to follow a scoping review approach is not as straightforward, with scoping reviews often conducted for purposes that do not align with the original indications as proposed by Arksey and O'Malley [5–10]. As editors and peer reviewers for various journals we have noticed that there is inconsistency and confusion regarding the indications

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Systematic or Scoping?



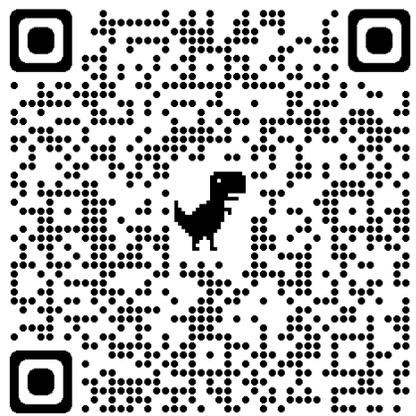
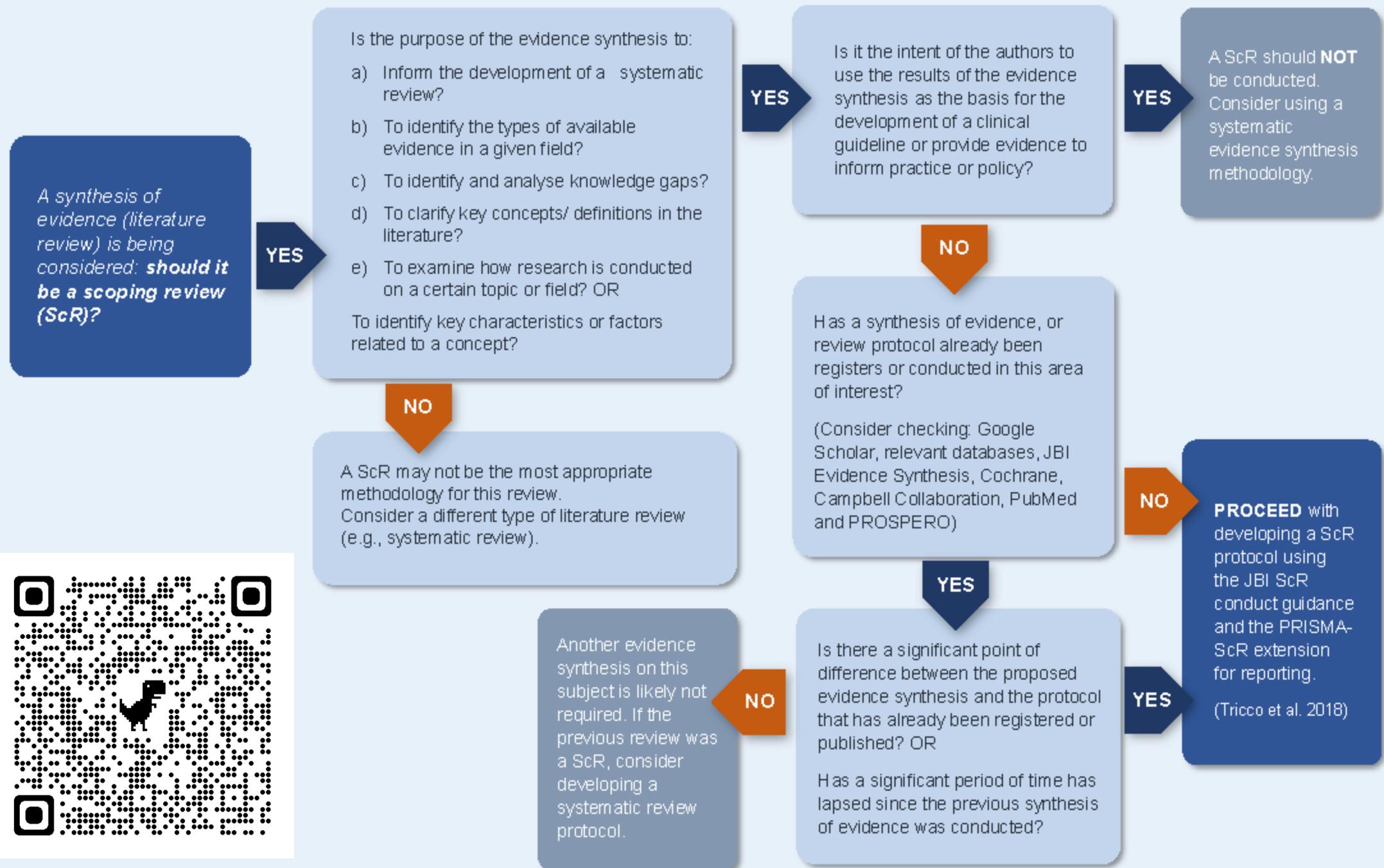
How to Decide Between a Literature, Systematic, or Scoping Review?

- **We commonly see confusion regarding a scoping review is the most appropriate form of evidence synthesis**
- **There are also many misconceptions that regard scoping reviews as unsystematic literature reviews**
- **Many new reviewers try to answer systematic review questions with scoping reviews**

Deciding Between a Systematic Review and a Scoping Review Approach

1. Carefully consider what question you are asking and what purpose you are trying to achieve with your review?
2. Consider whether you wish to use the results of your review to answer a clinically meaningful question or **provide evidence to inform practice**
3. If you have a question addressing **the feasibility, appropriateness, meaningfulness, or effectiveness** of a certain treatment or practice, then a systematic review is likely the most valid approach
4. If you are more interested in the **identification of certain characteristics/ concepts in papers or studies, and in the mapping, reporting, or discussion of these characteristics/concepts**, a scoping review is the better choice

Decision tree for selecting scoping review methodology



What about deciding between a scoping review and other review types?

- Mapping Reviews?
- Evidence and Gap Maps?
- Overviews?





In-Person Interventions

Outcomes			
Health and psychosocial outcomes			
Loneliness	Social isolation	Social connection	Quality of life/well-being

Interventions	Self delivery	Interpersonal delivery	Healthcare
Self-guided changing cognition (e.g. CBT, reminiscence)	●	●	●
Self-guided social skills training and psychoeducation	●	●	●
Changing cognition led by a health professional (e.g. CBT, reminiscence)	●●●●	●●●●	●●●●
Social skills training and psychoeducation led by a health professional	●●●●	●●●●	●●●●

● High quality reviews ● Moderate quality reviews ● Low quality reviews ● Critically low quality reviews ● Non-randomized studies

X 93 Records

All Filter Download Listed References

Clear Filters

- Outcomes
 - Loneliness
 - Social isolation
 - Social connection
 - Quality of life/well-being
 - Anxiety/depression
 - Self efficacy or self-esteem
 - Adverse effects
 - Health services use
 - Social support
 - Social engagement
 - Social cohesion
 - Social capital
 - Cost-effectiveness
 - Healthcare/social care
 - Cost per participant
 - Acceptance
 - Adherence
 - Feasibility
 - Increased awareness
 - Barriers
- Interventions
 - Self-guided changing cognition
 - Self-guided social skills training

Group by: None

Sort by: Title

- "The influence of education FRIENDS on anxiety in children with major thalassaemia" *IRCT20200126046270N1*; 2020
- A Pilot Randomized Trial of Engaging Children with Major Thalassemia *Van Orden KA; Arian PA; Conwell ...* 2021
- A Systematic Review of Home-Set Interventions for Children with Major Thalassemia *Alves GS; Casali ME; Veras AB; ...* 2020
- A lifestyle intervention as supplement to the FRIENDS program for children with major thalassaemia *Lund A; Michelet M; Sandvik L; ...* 2012
- A mother-infant therapy group model for children with major thalassaemia *Clark R; Tluczek A; Brown R;* 2008
- A randomized trial of MBSR versus CBT for children with major thalassaemia *Jazaieri H; Goldin PR; Werner K; ...* 2012
- A systematic review of the impact of the FRIENDS program on children with major thalassaemia *Krzeczkowska A; Spalding DM; Mc...* 2021
- A systematic scoping review of children with major thalassaemia *Lee C; Kuhn I; McGrath M; Reme...* 2022
- Addressing Social Isolation To Improve Quality of Life in Children with Major Thalassemia *Veazie S; Gilbert J; Winchell K; Pa...* 2019
- An effect comparison of individualized versus group-based interventions for children with major thalassaemia *ChiCTR1800018989*; 2018

"The influence of education FRIENDS on anxiety in children with major thalassaemia" "The influence of education FRIENDS on loneliness in children with major thalassaemia"

Summary based on the published abstract.

Objective: To determine the influence of education FRIENDS on loneliness for children with major thalassaemia.

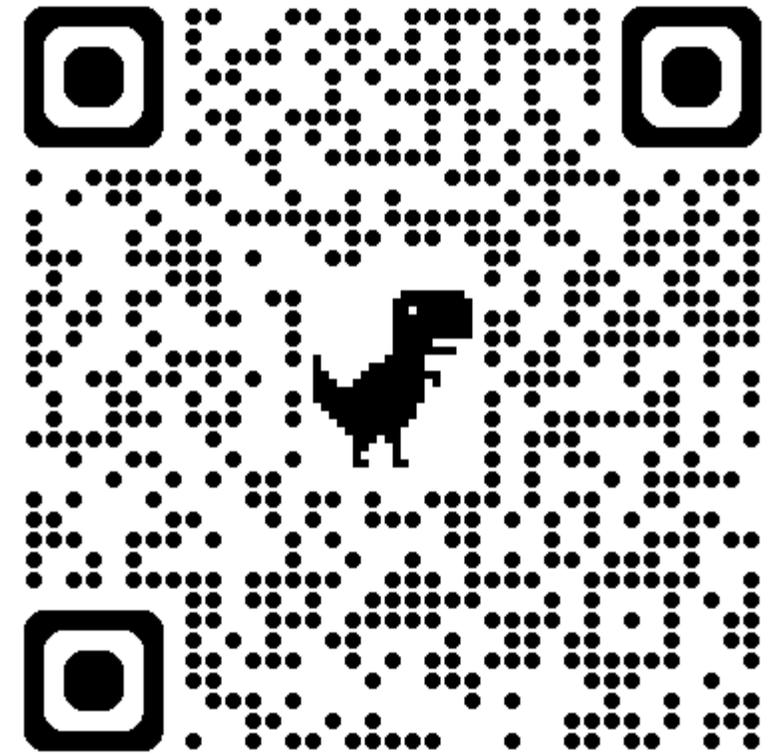
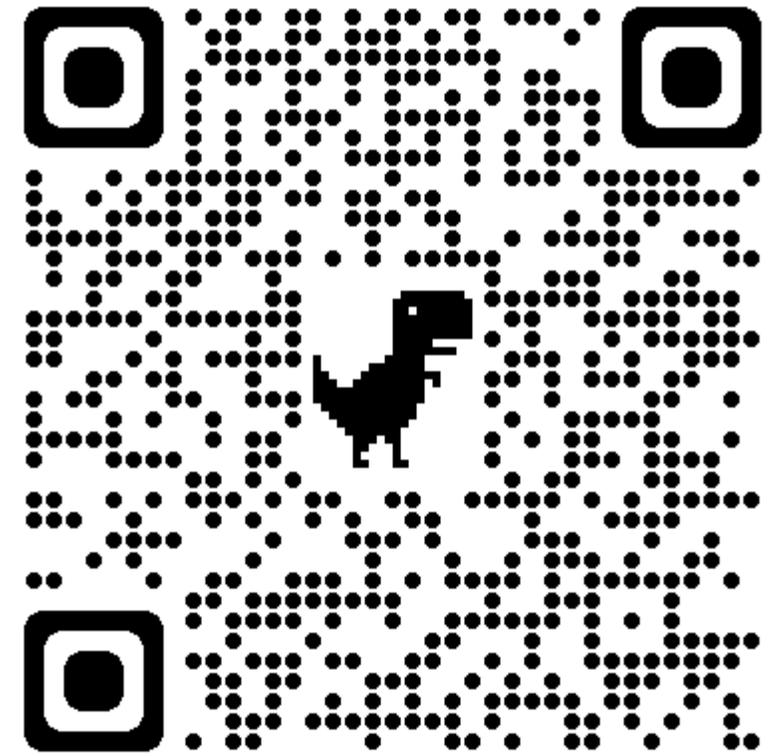
Population eligibility: Adolescents between the ages of 8-18 of either gender who have major thalassaemia, and no history of neurological and/or psychological illness, no psychological treatment, and no history of drug abuse.

Intervention and comparison: The intervention group was trained for 60-minute weekly sessions over the course of 10 weeks by a researcher. The sessions covered a different letter of the FRIENDS program, with session 5 being a problem session, while the eighth session is a general session in which skills taught in the intervention could be applied. The ninth session focuses on gratitude and thanksgiving, and participants complete a questionnaire. The tenth session will be one month after the completion of the program, and participants will complete another questionnaire. The control group does not receive the intervention.

Right Review

EVIDENCE SYNTHESIS TAXONOMY INITIATIVE

Supporting researchers to conduct the right review, for
the right reasons, with the right methods



JBI Scoping Reviews



Your Team

You can not do a scoping review ALONE

- **Your supervisors**
- **Other researchers**
- **Research Librarian**
- **Methodologists**
- **Knowledge Users**

Tips for success

- Discuss roles (should everyone be involved in all parts of the scoping review, or are they assisting in certain parts e.g., screening or extraction), expectations (how many meetings? Expected time commitment per week over how many months? Discuss this (and authorship) in preliminary meetings.
- Regular meetings and communication
- Create a project log to monitor progress, record team meetings and all decisions to ensure a transparent reporting process, as well as a Gantt chart to monitor tasks and timelines.
- Raise queries, even if they seem minor, in a timely manner, so they can be addressed, and learning shared with all reviewers.
- Develop tools and resources/guidance for using the tools easily and consistently (screening guides, software guides, and hardware, etc)
- Set realistic expectations in an achievable time based on any other committed work your team is completing.
- Dedicate and protect time for all members of the team.
- Set goals to achieve a certain amount of screening or extraction to keep individuals motivated.
- Share responsibilities across the team.
- Be gracious and patient with your team!

Consultation with scientists, stakeholders and/or experts throughout process.

Defining and aligning the objective/s and question/s

Developing and aligning the inclusion criteria with the objective/s and question/s

Describing the planned approach to evidence searching, selection, data extraction, and presentation of the evidence.

Searching for the evidence

Selecting the evidence

Extracting the evidence

Analysis of the evidence

Presentation of the results

Summarizing the evidence in relation to the purpose of the review, making conclusions, and noting any implications of the findings

Protocol

Conduct
and
Report



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Consultation with Knowledge Users

Knowledge users (Interest holders/consumers/ stakeholders) are those who have a vested interest in the research and its impacts. They are most likely to be directly impacted by its outcomes and may include those with lived experience (e.g., patients, clients, consumers, public), other researchers, health care providers, policy decision-makers, or other end-users.

We want to be doing reviews that will be useful to end users and Knowledge Users

May establish a review panel

Knowledge users may include:

- Consumers/patients/carers
- Clinicians/topic experts
- Policy makers
- Experienced researchers

May also seek advice and guidance

Question Development:PCC

Population

Important characteristics of participants should be detailed, including age and other qualifying criteria.

Concept

The core concept examined by the scoping review should be clearly articulated to guide the scope and breadth of the inquiry. This may include details that pertain to elements that would be detailed in a standard systematic review, such as the “interventions” and/ or “phenomena of interest” and/or “outcomes”.

Context

The “Context” element of a scoping review will vary depending on the objective/s and question/s of the review. The context should be clearly defined and may include, but is not limited to, consideration of cultural factors, such as geographic location and/or specific racial or gender-based interests. In some cases, context may also encompass details about the specific setting (such as acute care, primary health care or the community).

Scoping Review Protocol

A protocol must be developed before undertaking the scoping review

The protocol details the criteria that reviewers use to include and exclude studies/papers and to identify what data is relevant, and how the data will be extracted, analyzed and presented

This limits the occurrence of arbitrary decision-making during the review process

The protocol allows others to replicate the steps of the review process

Deviations from the protocol should be reported in the report.

Protocol Registration vs Publishing?

PROSPERO currently do not register scoping reviews

Open Science Framework and Figshare do allow for scoping review registration

Benefit: Share research and collaborate

Some journals allow publication of protocols

It is not a requirement to publish your scoping review protocol in peer-reviewed journals. However, it is encouraged.

Searching

Developing a search strategy is an iterative process, it will be continually assessed and refined

Difficult and time-consuming

Where possible should be undertaken with an information scientist/librarian

Need to balance sensitivity and specificity in order to minimise bias and be efficient



Search Strategy Steps

Phase one (initial search):

Initial search of PubMed, CINAHL, followed by analysis of text words in the title and abstract and index terms used

Phase two (second search):

Apply identified keywords and index terms across all published and unpublished databases/sources

Phase three (third search):

Review reference lists of all studies included

Gray Literature Searching

Gray literature is the information not controlled by commercial publishing and can include conference abstracts, theses, government reports, patents, clinical practice guidelines, etc.

For example: Gamble, Browne (2019) included policy documents in their scoping review on hospital accreditation in midwifery care and searched on government websites to locate them.

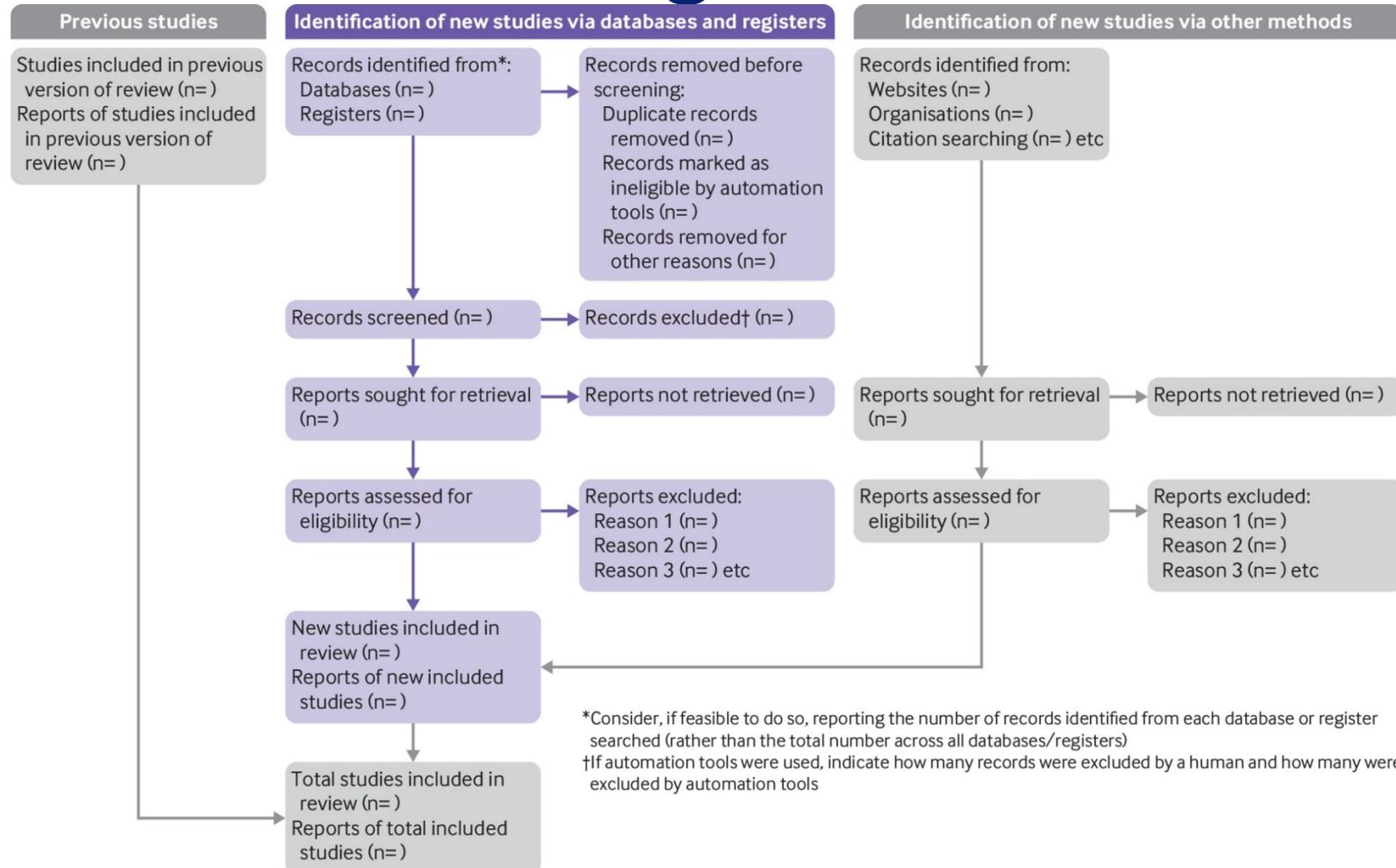
Gray literature can be useful in determining what resources are available to consumers, rather than those that are only available to academics and researchers.

For example: Scott *et al.* (2019) explored guidelines that were easily accessible for handling storage of human breast milk through searching Google.com, Bing, and Yahoo, as well as public health sites.

How do we search Gray literature?

- What grey literature search databases or platforms will you search?
- What websites will you search?
- In the case of searching Google or Google Scholar where you may be faced with millions of results, you may need to put in place a procedure for deciding how many records will be screened. Furthermore, it is recommended that if you are using Google or Google Scholar to search, 'incognito' mode should be chosen so that previous search histories do not influence the findings.
- How will you know whether you have searched enough? Having a procedure in place during your protocol stage will stop *ad hoc* decision-making during your search and allow for the process to be more transparent and comprehensive.

PRISMA Searching Process



Screening

We screen at title and abstract and at full-text

Covidence

Do not forget to PILOT!

Create a screening information sheet

Meet weekly to discuss your conflicts and any concerns



...Critical Appraisal?

Formal assessment of methodological quality of the included studies/papers of a scoping review is generally not performed, because:

Scoping reviews are not seeking the 'best available evidence'

Limitations on the kinds of implications for practice (from a clinical or policy-making point of view)



Principles When Extracting the Evidence

- **Extract only what is relevant**
- **Multiple reviewers may extract data to minimize bias**
- **Extraction tools/forms may need to be adapted to account for different types of data**
- **Trial the extraction form to ensure all relevant results are extracted**
- **Important to keep careful records**
- **Often, I extract in Covidence and then go to Excel to analyse**

What can extraction tables look like?

Organised Chaos

Where do I extract from?

Anywhere that is relevant....

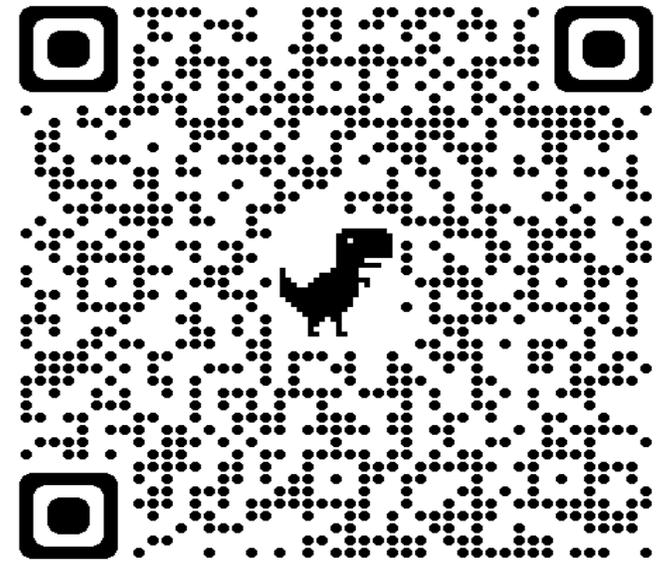
But often not the result section!



Extraction can also be the first step in data analysis....

Analysis of the Evidence

- **There are many ways in which data can be analyzed and presented in scoping reviews**
- **Scoping reviews do not synthesize the results/outcomes of included sources of evidence as this is more appropriately done within the conduct of a systematic review**
- **Meta-analysis or advanced statistics are not within the scope of the ScR**
- **Simple frequency counts**
- **Narrative summary**



What About Qualitative Data?

Do not do more than you need to!

Assess when you need to do this analysis:

- Exploring characteristics?
- Barriers and facilitators?

Basic qualitative content analysis



IMMERSION

Initial read of all evidence sources.
Re- read evidence sources until you understand what is being written.

INDUCTIVE



A process where you will develop the theory/framework during the analysis/extraction process.

1

OPEN CODING

Read through extracted evidence, write initial thoughts and potential categories, or notes that describe the data and help develop coding framework.

2

DEVELOP CODING FRAMEWORK

Using the open coding, develop categories based on similarity, once these categories are finalized, this is your coding framework.

3

EXTRACTION AND ORGANIZING

Organize extracted information to their relevant category.

4

CATEGORIZATION

Review coding framework and, if needed, develop further categories, or move extractions to other categories.

DEDUCTIVE



A process where the theory/framework has already been developed and you will extract accordingly.

1

EXTRACTION

Read through evidence sources, extract the relevant information to the relevant category

2

REVIEW

Review the organized extractions and ensure that the information appropriately describes the framework. If this framework is not suitable, consider moving to an inductive approach.



Review Question	Data format and values	Analysis	Presentation options
1. What is the amount and type of studies/literature which addresses simulated clinical placements?	Nominal data	Descriptive	Evidence and Gap Map Narrative summary or tables with frequency counts
2. What outcomes and methods were used to evaluate simulated clinical placements?	Nominal data	Descriptive	Outcomes and their associated methods will be presented in a table. The frequency of an outcome will be counted and presented within a bar chart or other visual representation if deemed appropriate.
3. What are the definitions of simulated clinical placements being utilised within the literature?	Qualitative data (verbatim text)	Basic qualitative content analysis	Narrative summary Table listing the identified categories and examples of extracted items. Word cloud
4. What were the characteristics (i.e., theoretical underpinnings, learning outcomes, allocated hours) reported by the included evidence sources regarding simulated clinical placements?	Qualitative data (verbatim text)	Descriptive or basic qualitative content analysis	Prevalence of each identified characteristic will be calculated and presented in bar charts, or other visual representations deemed appropriate. Narrative summary Word cloud
5. What regulatory, legislative, accreditation or qualification implications regarding simulated clinical placement were reported by the included evidence sources?	Qualitative data (verbatim text)	Descriptive or basic qualitative content analysis	Narrative summary Narrative summary Table listing the identified categories and examples of extracted items (with or without frequency counts of categories).

Presenting the Results

- Authors have some flexibility in how they wish to present their results
- May be presented as a map of the data extracted from the included papers in a diagrammatic or tabular form, and/or in a descriptive format that aligns with the objective and scope of the review (eg, the main conceptual categories or themes)
- The PCC elements may help guide what should be charted and presented
- The protocol should include a plan for presentation

Authors (year of publication)	Definition (verbatim)	Key features of definition
Brook et al. (2023)	Virtual placements, or placements conducted outside of the clinical environment that seek to scaffold student learning within the clinical environment.	- Virtual and SCPs share a common goal with traditional clinical placements to scaffold student learning
Cornelius (2013)	A learning experience where the nursing student utilizes knowledge of nursing care to interact with a mannequin (sic) that exhibits the signs and symptoms of a medical condition.	- Patients are simulated (in this case with a manikin)
Grant et al. (2021)	An experience offering high levels of authenticity and complexity which should directly replicate real placement interactions and should be assessed in a similar manner.	- Simulated interactions should be as authentic and complex as they are on traditional clinical placements - SCPs share assessable components with traditional placement
Hill et al. (2021)	An alternative learning environment to clinical placements for the development of professional competencies.	- Provide opportunities for developing professional competencies
Ketterer et al. (2020a)	Simulation placements include a range of simulation resources to provide students with an experience as closely matched to clinical placement as possible.	- SCPs use various simulation resources to replicate clinical placement environments and interactions
Massias (2009)	High-fidelity simulated hospital experience is direct student contact with high-fidelity mannequins (sic) in a simulated acute care setting. A simulation mimics the reality of the clinical environment and [uses] techniques such as role-playing and mannequins (sic).	- SCPs use various simulation resources to replicate clinical placement environments and interactions
Morgan et al. (2024)	Simulated practice is an educational method, using a variety of modalities to support student learning in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes. ... Simulation is a technique to replace or amplify real experience with guided experience, or to evoke or replicate practice in an interactive manner. ... As such there are a variety of different simulation methods that can be used, of which this is virtual practice.	- SCPs use various simulation resources to replicate clinical placement environments and interactions - SCPs provide learning opportunities where students can receive feedback on their performance - Virtual reality (amongst other modalities) can be used to replace or amplify traditional clinical placement experiences
Samson et al. (2023)	[Virtual Simulated Placement] is defined in this research as a computer-generated version of a practice placement.	- Traditional placement environment is replaced with a virtual environment

You still need a narrative

Defining and framing SCPs

Eight documents provided definitions for SCPs; these are presented in Table 3. There was limited consistency in these identified definitions. There were no instances of a definition being repeated. However, there were some shared concepts included in the identified definitions, including that:

- Virtual and SCPs share a common goal with traditional clinical placements of scaffolding student learning;
- Patients are simulated;
- SCPs use various simulation resources to replicate clinical placement environments and interactions;
- Simulated interactions should be as authentic and complex as they are on traditional clinical placements;
- SCPs share common assessable components with traditional clinical placements.

- Narrative Reviews
- Scoping reviews
- Evidence and gap maps
- Overviews
- Systematic reviews

POPULATIONS

60



PATIENTS

40



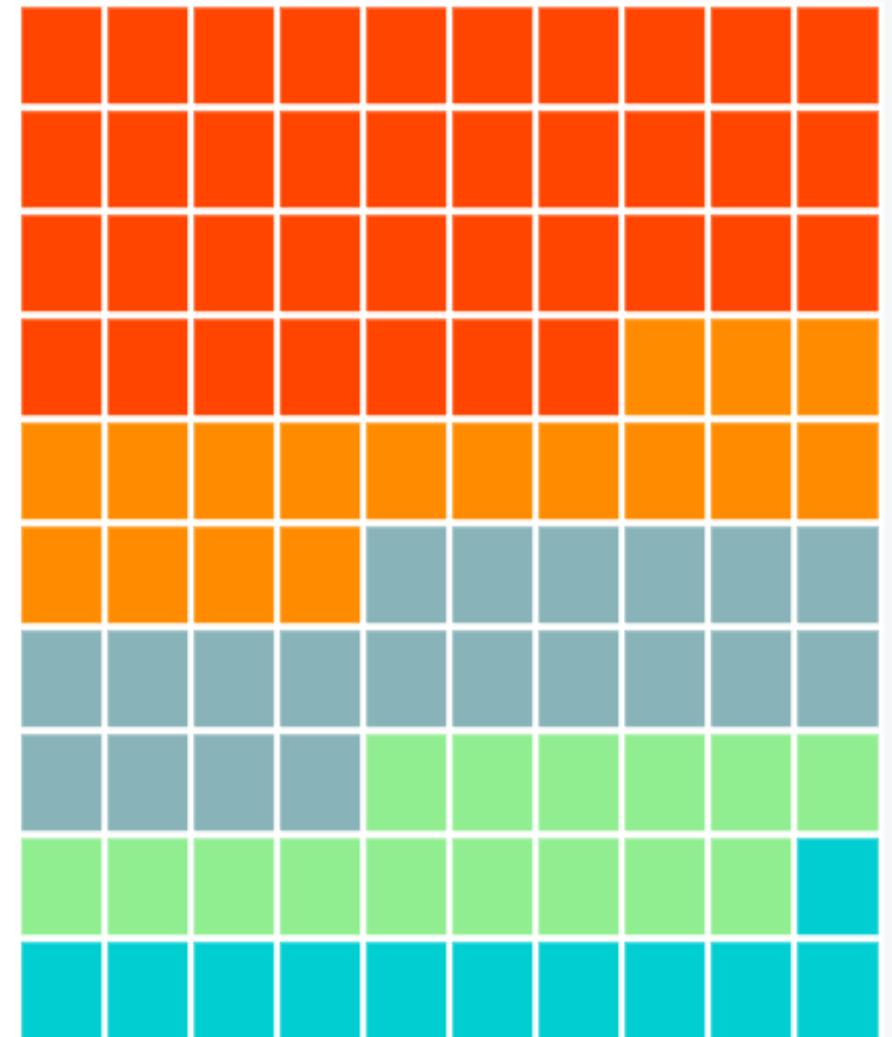
HEALTH CARE WORKERS

10

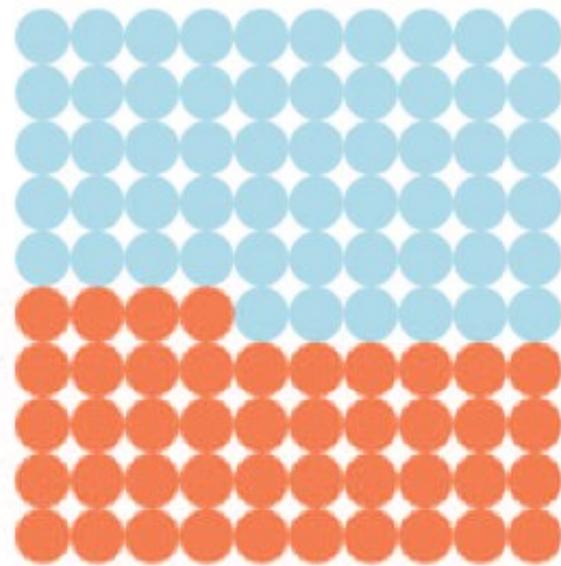
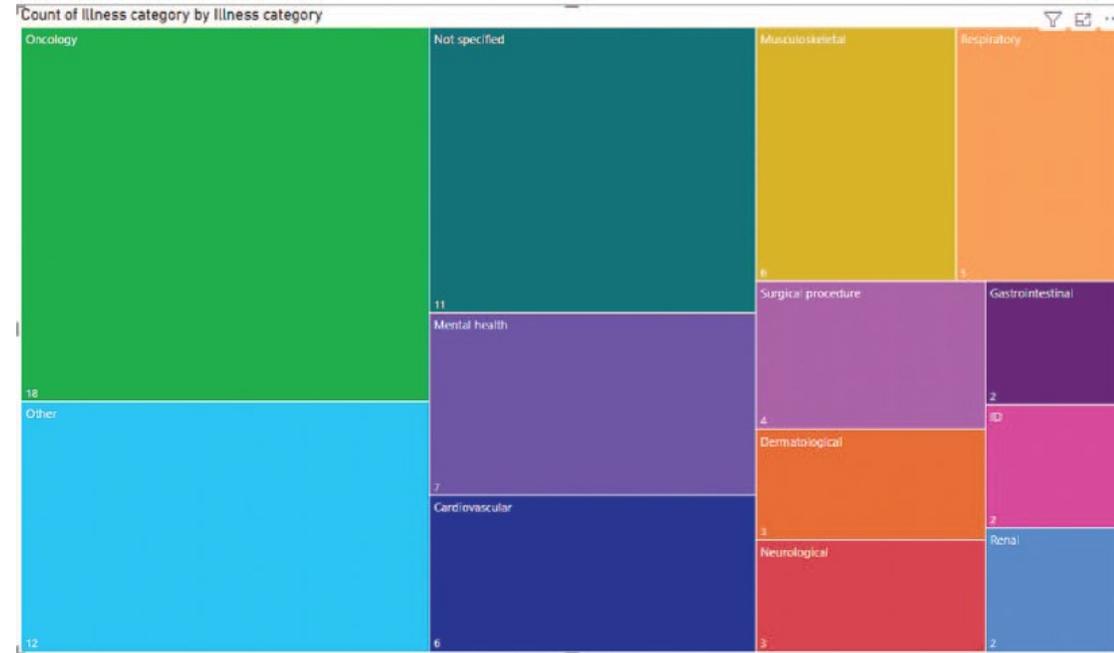


CARERS

Popular evidence synthesis terms

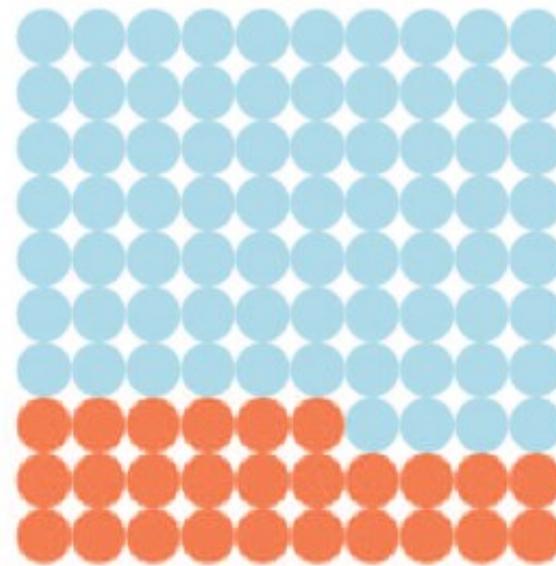


Number of studies ● 1 ● 2 ● 3 ● 4 ● 6 ● 8 ● 12 ● 18



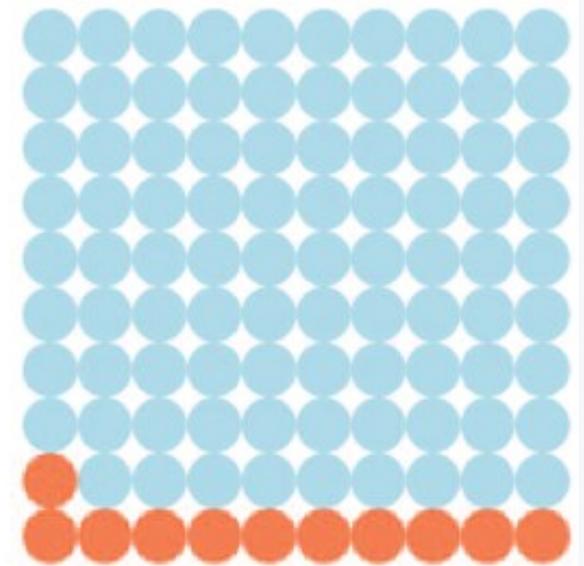
44%

Qualitative



26%

Mixed or multi-methods

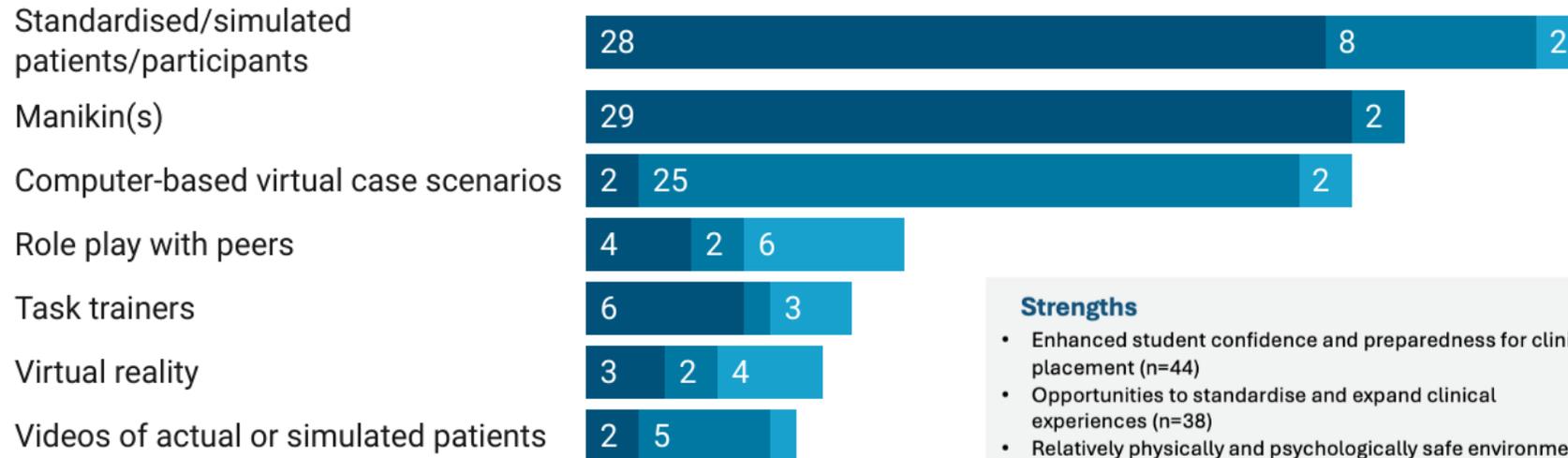


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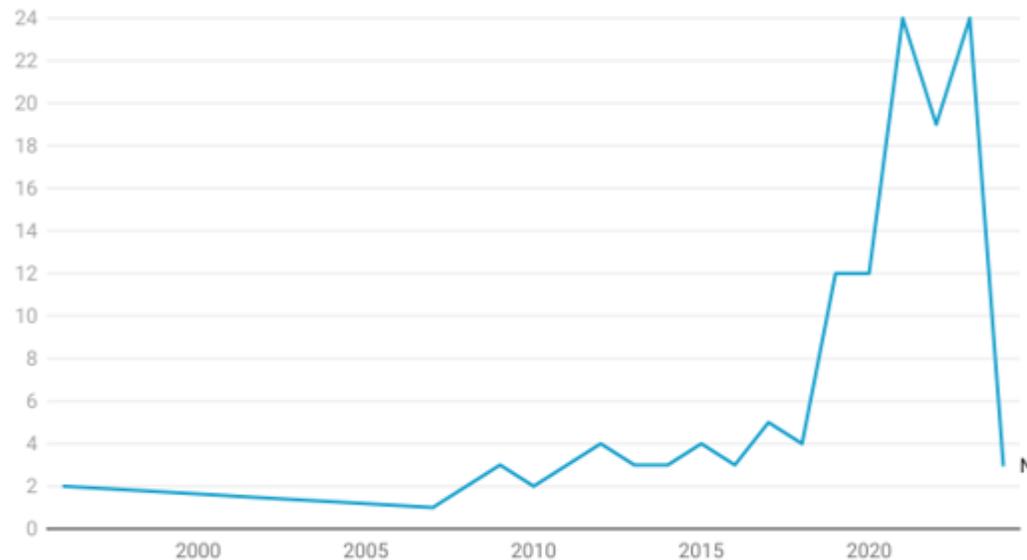
Quantitative

Simulation Modalities

■ In Person
 ■ Online
 ■ In Person and Online



Year of publication



Created with Datawrapper

Strengths

- Enhanced student confidence and preparedness for clinical placement (n=44)
- Opportunities to standardise and expand clinical experiences (n=38)
- Relatively physically and psychologically safe environment (n=31)
- Capacity for replicating clinical contexts sufficiently for the purpose of learning (n=29)
- Reduced access and attendance barriers for students (n=21)
- Reduced burden on healthcare staff in healthcare contexts (21)
- Improved clinical performance (n=17)
- Access to timely and specific performance feedback from facilitators and peers (n=15)
- Enhanced student understanding of health professionals' roles and patient experiences (n=13)
- Available when traditional clinical placements are not feasible (n=11)
- Student belonging and peer support (n=11)
- Increased capacity for student enrolment (n=10)
- Cost-effective (after initial capital investment) (n=6)
- Opportunities to pause and repeat tasks (n=5)
- Improved knowledge and skill acquisition (n=4)
- Opportunities for innovation and creativity (n=4)
- Individualised training opportunities to meet student needs (n=3)

Weaknesses

- Issues with the content and its delivery (n=18)
- Time and resource burden for education and simulation staff and students (n=17)
- Gaps in realism (n=15)
- Limited opportunities for practical skills training in virtual SCPs (n=14)
- Technological issues (n=10)
- Reduced human interaction and connection in virtual SCPs (n=10)
- Limited buy-in for virtual SCPs (n=6)
- Inadequate simulation expertise limits potential of SCPs (n=3)
- Limited evidence to guide faculty in the delivery of simulated clinical placement practice (n=3)

Facilitators

- Engaging and appropriate resources, aligned to the broader curriculum (n=29)
- Opportunities for debriefing and reflection (n=23)
- Faculty expertise and experience in health simulation (n=19)
- Culture of transparency and good communication (n=16)
- Institutional and faculty commitment to implementing and sustaining SCPs (n=14)
- Flexibility (n=8)
- Opportunities for peer-assisted learning (n=7)
- Psychologically safe environment (n=7)
- Resourcing for small group learning (n=2)

Barriers

- Costs associated with establishment and maintenance of simulation facilities and equipment (n=16)
- Institution, faculty and/or student resistance to replacing traditional clinical placement with SCPs (n=16)
- Limited access to simulation resources and staff (n=15)
- Lack of faculty expertise in the design and delivery of relevant simulation modalities (n=14)
- Software and technology limitations (n=14)
- Poor engagement and communication during virtual simulated clinical placement (n=12)
- Increased faculty workload (n=10)
- Challenges when implementing and maintaining simulated clinical placement (n=8)
- Lack of resource in low- and middle-income countries and rural and regional communities (n=1)

Discussing the Results

Discuss strengths, gaps, and limitations of the evidence

Discuss how the evidence has/has not/to what extent it has answered the question/s and met the objective/s of the review

Relate the results to the broader literature

Discuss the limitations of the scoping review itself (eg, focus, conduct, difficulties)

Do not overestimate your findings

Conclusions

Sum up how the results of the review have answered the question/s and met the objective/s (or not)

Include implications of the findings for research

What future research has been identified?

Do we need a systematic review?

Implications of the findings for practice?

May be omitted as there is no assessment on the methodological quality and format synthesis

Reporting Scoping Reviews



PRISMA-SCR

PRISMA-SCR (Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews)

20 items

The intent of the PRISMA-ScR is to help readers develop reporting guidance, a greater understanding of relevant terminology, core concepts, and key items to report for scoping reviews

What tools can help you?

Stage of scoping review	Software commonly used
Defining and aligning the objective/s and question/s (protocol development)	<ul style="list-style-type: none"> • MS Word • JBI SUMARI
Developing and aligning the inclusion criteria with the objective/s and question/s (protocol development)	<ul style="list-style-type: none"> • MS Word • JBI SUMARI
Describing the planned approach to evidence searching, selection, extraction, analysis, and presentation (protocol development)	<ul style="list-style-type: none"> • MS Word • JBI SUMARI • Word Frequency- SR-Accelerator • Search Refinery- SR-Accelerator • Polyglot Search- SR-Accelerator • JBI Scoping Review Protocol Template • Access to online library databases
Searching for the evidence	<ul style="list-style-type: none"> • EndNote • Access to online library databases • Deduplicator- SR-Accelerator • SpiderCite • CitationChaser³⁸
Selecting the evidence	<ul style="list-style-type: none"> • JBI SUMARI • EndNote • Covidence • Screenatron- SR-Accelerator • Disputatron-SR-Accelerator • Rayyan • Streamlit
Extracting the evidence	<ul style="list-style-type: none"> • Covidence • MS Excel • JBI SUMARI • REDCAP
Analysis of the results	<ul style="list-style-type: none"> • MS Excel • MS Word
Presentation of the results	<ul style="list-style-type: none"> • MS Excel • PowerBI • Draw.io • NVIVO • R/SPSS
Summarizing the evidence in relation to the purpose of the review, making conclusions, and noting any implications of the findings	<ul style="list-style-type: none"> • MS Word • JBI SUMARI

Scoping Review Tips

Consider human and technical resources

A JBI review requires at least two reviewers

Consider expertise of topic and expertise of review process

Library support (database access, searching expertise)

Methodologist support

Software access

Inclusion of end users in the process

Consider training in scoping review methodology

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Thank you
Questions?



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