Table 1. Summary of meta-analyses and systematic reviews included in the scoping review

AUTHOR, YEAR, COUNTRY	STUDY DESIGN	PARTCIPANTS	INTERVENTION	COMPARISON	KEY FINDINGS
Brown, 2021, Australia	Mixed-Methods Systematic Review	11 papers • RCT (n=5) • Observational study (n=1) • Cross sectional study (n=5) Participants • Graduate entry level (n = 612) • Undergraduate physiotherapy students (n=64) • Practicing physical therapists (n=10)	Studies that used high-fidelity simulation defined as "full-body computerized mannequins that are capable of real time physiological parameters"	Studies that did not use high-fidelity simulation Minimal information regarding comparisons from individual studies included.	The quantitative findings suggest high fidelity simulation improves students' preparedness. However negligible to small and not statistically significant improvements in clinical performance were reported. Qualitative data found students perceived they were able to become more familiar and learn better in a simulated environment. As a result, they were more safety conscious with their patients, and expressed a higher level of confidence and self-efficacy.
Heuer, 2022, Canada	Systematic literature review	33 papers • Paramedics (n=22) • Respiratory Therapists (n=6) (Respiratory Therapists participant total = 286) 1 survey, 5 observational studies	Studies that used SBE in Allied Health Professionals (AHPs) training. Minimal information regarding inclusion of what SBE encompasses.	Minimal information regarding comparisons from individual studies included.	Unable to extract only respiratory therapist data. The most used modalities of simulation were: • Manikins (37%) • Combination of manikins and simulated patient/actor (33%) • Simulated patients (15%) • Other (9%) • Not stated (6%) Setting for performing SBE: • Stationary simulation centres (34%) • Prehospital/ ambulance (21%) • Mobile simulation unit (18%) • Healthcare environment (12%) Six (18%) of studies described a sustained impact on objective or subjective measures, ranging from 4 weeks to 1 year after the SBT intervention. This project demonstrated that there are many SBT applications employed in skill-building. However, there appears to be relative unevenness in terms of the professions which report

AUTHOR, YEAR, COUNTRY	STUDY DESIGN	PARTCIPANTS	INTERVENTION	COMPARISON	KEY FINDINGS
					their use, the common features of SBT, and the perceived and actual impact on practice.
Mori, 2015, Canada	Systematic literature search	23 papers

No further information given. | Studies that used simulated learning environments (SLEs) in physical therapy, in which the learner had the opportunity to interact with the simulated clinical scenario. | Minimal information regarding comparisons from individual studies included. | Studies do seem to indicate using simulators to provide feedback during learning confers an advantage in skill development; and appears to improve learners confidence and decrease anxiety. SLEs have the potential to replace up to 25% of a clinical internship. However, current research does not review long term follow up and benefits are associated with a cost. |
| Rezayi, 2022, Iran | Qualitative Systematic Review | 16 papers published between 2008-2022.

Country published: USA 43% Australia 25% Sweden 18%

No further detail provided. | Studies that used technology-based simulated training settings as an intervention to train physiotherapy students. | Comparing physiotherapy students who underwent training by technology-based simulated tools with other training tools. | Physiotherapy students reported the positive effect of computerized simulation methods on improving basic knowledge, clinical reasoning, and practical and interprofessional communication skills.

Suggests computer simulation could be a suitable method to replace the traditional simulation method. |
| Stockert, 2022, Canada/ USA | Scoping review | 182 papers

No further information provided. | Studies that involved the use of SBE with student physical Therapists

(Simulation was defined to include the use of manikins, standardized patients, part task trainers, virtual reality applications and/or virtual patient cases) | Minimal information regarding comparisons from individual studies included. | This literature suggests that SBE in physical therapist education can be used to address numerous learning objectives.

4 common content areas:
- orthopedics (n = 64)
- neurological (n = 40).
- cardiovascular (n = 37)
- general medicine (n =35)

Patient communication skills were the most commonly reported objectives for simulation with 53% reporting it as a learning objective. 31% included task/skill training as an objective and 47% included clinical reasoning.

The review identified substantial limitations in the reporting of Standards of Best Practice (SOBP) related to SBE. |