



DEVELOPMENT AND VALIDATION OF CLINICAL SIMULATION SCENARIOS IN LEPROSY: HEALTH COMMUNICATION

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ABSTRACT

Objective: To construct and validate clinical simulation scenarios for the development of health communication skills of students/professionals in the care of leprosy patients and their contacts. **Method:** Methodological research carried out from November 2020 to December 2021 in three stages: construction of scenarios, validation and carrying out the pilot testing. The construction of the scenarios was based on the literature. A total of ten judges with expertise in leprosy and/or clinical simulation participated in the validation, evaluating the scenarios remotely through Google Forms, using the Content Validation Index (CVI), in which a scenario is validated if its CVI is ≥ 0.80 . Data were analyzed using SPSS software. The pilot test was divided into: exposition of theoretical class, participation in the scenario and debriefing. Five students and one health professional participated in the study. **Results:** Three scenarios were elaborated: diagnostic suspicion and leprosy classification; surveillance of contacts and information on the application of the BCG vaccine; consultation at discharge due to cure containing, respectively, nine, eight and nine items, all with satisfactory agreement ($CVI \geq 0.90$). **Conclusion:** the research scenarios were considered validated, being available as new didactic material to promote teaching in the health area.

Keywords: Leprosy. Communication. Health education. Simulation training.

INTRODUCTION

Clinical simulation is an innovative method that has proven to be an excellent active experiential learning strategy to develop skills necessary for health care, including communication skills, critical thinking, team interaction, response time, planning and multiple decision^(1,2). It is a strategy operationalized in a structured way, in a controlled environment, with a view to replicating scenarios close to the real context, within the scope of human and material resources, enabling students to get to practice with confidence⁽²⁾.

There are articles on the elaboration and validation of clinical scenarios related to chronic

conditions that offer the development of skills and competences of the participants and generate benefits in the care provided to patients^(1,3,4) including the development of communication skills⁽¹⁾.

The professional appropriates health communication as a work tool, to maintain relationships within the multidisciplinary team and with patients⁽⁵⁾. Health communication is necessary for the care of people with leprosy, as it is through it that the patient will receive information about the disease in general, in addition to serving as a strategy for articulating the health care network⁽⁶⁾.

Leprosy is an infectious disease caused by *Mycobacterium leprae*, and the upper airways are

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elimination routes and entry points for the bacillus. In addition, it has a high incapacitating power, such as decreased sensitivity and reduced muscle strength in areas with injured nerves⁽⁶⁾. It should be noted that Brazil ranks second in the number of new cases of leprosy in the world and in 2021 it had more than 18000 cases, with approximately 2000 cases grade 2 physical disability⁽⁷⁾.

The diagnosis of the disease is clinical and epidemiological, based on anamnesis, general physical and dermato-neurological examination. Early diagnosis contributes to the prevention of physical, emotional and psychosocial damage, in addition to helping to block the chain of transmission⁽⁶⁾. The time elapsed between the infection and the diagnosis affects the form of the disease and the manifestation of physical disabilities, with the multibacillary form of the disease being diagnosed more frequently⁽⁸⁾.

The development of physical disabilities is related to the quality of access to diagnosis. Taking into account that neural damage installs silently, early diagnosis is the challenge in the treatment of physical disabilities⁽⁹⁾. Epidemiological investigation is fundamental for obtaining a timely diagnosis and consists of meeting spontaneous demand, active search for new cases and surveillance of contacts⁽⁶⁾.

Surveillance of contacts also involves the evaluation of the Bacillus Calmette–Guérin (BCG)⁽⁶⁾ vaccination history, since family members are more susceptible and should be evaluated and, if necessary, treated⁽¹⁰⁾. Despite not being specific for leprosy, BCG improves the immune response⁽¹¹⁾ and administration of the booster activates the defense cells against *Mycobacterium leprae*, even if the person is at high risk of developing the disease⁽¹²⁾.

The drug treatment of leprosy is carried out through the association of drugs (Single Multidrug Therapy – S-MDT)⁽¹³⁾ and should be started in the first consultation, after defining the diagnosis and the patient's operational classification⁽⁶⁾. The operational classification is based on the number of skin lesions, as follows: paucibacillary - cases with up to five skin lesions; multibacillary - cases with more than five skin lesions or with positive bacilloscopy, when available⁽⁶⁾.

Completion of drug treatment, accompanied by evaluation of treatment regularity criteria, leads to discharge due to cure. In this discharge, patients must be guided and clarified regarding their current status and possible complications that may cause

them to return to the service. Thus, the consultation for discharge due to cure should always contain a simplified neurological assessment, assessment of the degree of physical disability and guidance for post-discharge care⁽⁶⁾.

Considering that effective communication is recognized as one of the essential skills in health⁽¹⁴⁾, leprosy is presented as a disease that requires patient care in drug treatment and rehabilitation, and also, it requires from the health professional who accompanies them an effective communication for the approach of correct information for the care⁽⁶⁾ and that there are no clinical simulation scenarios validated in leprosy in the literature. Therefore, it is justified that the study aims to develop and validate scenarios to develop the health communication skills of students and health professionals in the care of patients with leprosy and their contacts.

METHOD

Methodological research for the development, validation and pilot testing of clinical simulation scenarios in the context of leprosy for the development of communication skills, carried out from November 2020 to December 2021.

The simulation scenarios entitled 1- Diagnostic suspicion and classification in Leprosy, 2- Surveillance of BCG contacts and information and 3- Consultation at discharge due to cure were constructed by searching the literature, through research papers and handbook for scientific reasoning. Each scenario consisted of a clinical case and an evaluation checklist called Objective Structured Clinical Examination (OSCE). The OSCE tool is widely used in the assessment of clinical skills and offers many benefits in the teaching-learning process when it is properly prepared and applied⁽¹⁵⁾.

Both development and validation took place remotely and data collection was carried out from December/2020 to February/2021. For validation, we used the Google Forms platform to create the forms. The form was built with questions containing a pattern of answers based on a four-point Likert scale related to each scenario, being 1- I totally disagree, 2- I partially disagree, 3- I partially agree, and 4- I totally agree. In each evaluated item, the pertinence, relevance and clarity of the content were verified⁽¹⁶⁾. As for suitability, it was verified whether the items really reflected the concepts involved. As

for relevance, it was verified whether they were adequate to achieve the proposed objectives. And regarding clarity, the wording of the items was evaluated, that is, if they were written in a way that the concept was understandable. In addition, each question had a space for suggestions that would serve as a guide for adapting and improving the scenarios.

The judges were selected through the Lattes platform, for convenience, according to the following criteria: professionals who had expertise in clinical simulation, who worked in teaching and/or caring for leprosy patients. Their selection took place according to their professional profile, research line and article publications. The judges received the invitation letter, the Informed Consent Form (ICF) and the link to access the Scenario Validation Form via e-mail.

A total of 30 judges were invited, and we obtained ten responding judges in the validation stage. Google forms were sent to the participants of the study, after submission and approval by the Research Ethics Committee involving Human Beings of the Federal University of Juiz de Fora, according to opinion number 4423631 as established in resolution 466/2012, from the National Health Council.

The collected data were organized in a spreadsheet in the Microsoft Excel 2016 program and analyzed using the SPSS version 24 software. Each scenario was validated using the Content Validation Index (CVI), which calculates the similarity of the judges' agreement on certain content in the instrument. To evaluate the items individually, the score is calculated through the sum of agreement of the items that received scores "three" or "four". Items that received scores "one" or "two" must be eliminated or revised⁽¹⁷⁾.

The instrument is considered valid if it reaches a score greater than or equal to 0.80⁽¹⁷⁾. In this

research, the calculation of the arithmetic average was performed to evaluate the mean of each question, through the sum of the items: Suitability (S), Relevance (R) and Clarity (C) divided by three.

After structuring and validation, a pilot testing was carried out in December 2021 in each scenario at the Nursing School of the Federal University of Juiz de Fora. The facilitators of this step were students from the Research Group entitled Nucleus of Studies on Infections and Complications Related to Health Care (NEICAS).

Previously, a form on the Google Forms platform and theoretical guidance for the study on the subject were sent to the group of participants in the pilot testing, and on the day of the test, a theoretical-practical exposition was carried out.

The participants were five undergraduate students (two from the Nursing course, two from Physiotherapy and one from Medicine) and a nurse. Students and professionals who did not complete the form sent and who did not participate in one of the stages were excluded. After carrying out the pilot testing, feedback and debriefing were carried out, verifying the applicability of the constructed scenarios.

RESULTS

Of the participating judges, 80% are women, the time of experience in relation to their training ranged between 5 and 39 years and in relation to the highest degree, 50% had a PhD, 40% a Master's degree and 10% were specialists in the search subject.

According to the theoretical framework used for this study, for a content to be validated it needs to obtain a CVI greater than 0.80 according to the score given by the judges. The 3 scenarios obtained satisfactory agreement, reaching a $CVI \geq 0.90$. Table 1 presents the values of each item of the scenarios achieved through the CVI and the result of the arithmetic average between them.

Table 1. CVI measures of communication scenarios

Scenario 1	P*	C†	R‡	CVI§
1- Theme (diagnostic suspicion and classification in leprosy)	1.00	1.00	1.00	1.00
2- Clinical case	0.90	1.00	0.80	0.90
3- Did you introduce yourself to the patient in a caring way?	1.00	1.00	0.90	0.97
4- Were you able to carry out the diagnostic suspicion [...]?	1.00	1.00	0.90	0.97
5- Did you guide the patient regarding Single Multidrug Therapy [...]?	1.00	1.00	1.00	1.00
6- Did you guide patients so that their family members go to the PCC for contact surveillance?	1.00	1.00	1.00	1.00
7- Did you start the 1st dose, scheduled the return and guided about reactions [...]?	1.00	1.00	1.00	1.00
8- Did you guide and check the patient's questions?	1.00	1.00	1.00	1.00

9- Did you notify SINAN?	1.00	1.00	1.00	1.00
Scenario 2	P	C	R	IVC
1- Theme (surveillance of BCG contacts and information)	1.00	1.00	1.00	1.00
2- Clinical case	0.90	0.90	0.90	0.90
3- Did you introduce yourself and approach the patient and contacts?	1.00	1.00	1.00	1.00
4- Did you explain to the mother the reason for the need for the vaccine?	1.00	1.00	1.00	1.00
5- Did you wash your hands?	1.00	1.00	1.00	1.00
6- Did you correctly evaluate the vaccine scars?	1.00	1.00	1.00	1.00
7- Did you explain the need for the procedure only in the oldest child?	1.00	1.00	1.00	1.00
8- Did you guide correctly?	1.00	1.00	1.00	1.00
Scenario 3	P	R	C	IVC
1- Theme (discharge consultation due to cure)	1.00	1.00	1.00	1.00
2- Clinical case	0.90	0.90	0.90	0.90
3- Did you introduce yourself to the patient in a welcoming way?	1.00	1.00	1.00	1.00
4- Did you advise about the findings in the facial examination?	1.00	1.00	1.00	1.00
5- Did you provide guidance on nasal dryness?	1.00	1.00	1.00	1.00
6- Did you provide guidance on skin care?	1.00	1.00	1.00	1.00
7- Did you provide guidance on foot care?	1.00	1.00	1.00	1.00
8- Did you guide the patient about the return?	1.00	1.00	1.00	1.00
9- Did you check if the patient understood the instructions correctly?	1.00	1.00	1.00	1.00

*S: Suitability; †R: Relevance; ‡C: Clarity; §CVI: Content Validation Index.

The pilot testing generated adjustments in the writing of the scenarios, making their understanding easier, based on the observations of the evaluators during the application of the OSCE and at feedback time with the participants. The charts present the scenarios as new instruments to be used for the development of communication skills in leprosy care, whether in the evaluation of students or health professionals. The table referring to the script of the

scenarios presents the complete script of the validated scenarios, following Fabri's model⁽¹⁸⁾ and is available along with the support material if the reader is interested in having access, being made available upon contact with the corresponding author.

The following chart is the scenario regarding the initial approach to the patient with suspected leprosy, classification of the disease and treatment.

Chart 1. Scenario 1: Diagnostic suspicion and classification in leprosy.

1	Theme: diagnostic suspicion and classification in leprosy
2	<p>Clinical case (attached in an appropriate place, so that the participant can access it whenever necessary)</p> <p>Patient Q.F.A, 35 years old, after a medical consultation at the Primary Care Center (PCC) was inserted into the leprosy program in his community. He reports the appearance of two stains on his left arm approximately one year ago, painless, rounded, with regular edges, hypochromic and with loss of hair at the site. Dry skin in the area of the stains or close to it. You, as the health professional responsible for the program, must:</p> <p>(Scenario duration: Seven minutes)</p> <p>Tasks:</p> <ul style="list-style-type: none"> ● Introduce yourself to the patient and start the care; ● Based on the medical diagnosis and the information contained in the clinical case, you must communicate the classification of the disease to the patient, according to the number of lesions classifying between: Paucibacillary or Multibacillary; ● Provide guidance on the disease, drug treatment with Single Multidrug Therapy (S-MDT) and the importance of monitoring contacts, making themselves available to the patient for any questions.
	Checklist - evaluation indicators
3	Did you introduce yourself to the patient in a welcoming way and start the care by taking anamnesis?
4	Were you able to perform the operational classification: Paucibacillary? (If the participant was from the medicine area, he would provide the diagnosis. In other areas of health, carry out the diagnostic suspicion)
5	Did you guide the patient about the drug treatment with Single Multidrug Therapy (S-MDT)? Duration is six supervised doses over nine months.

	Regimen of Rifampicin, Dapsone and Clofazimine:		
	Rifampicin (RFM): monthly dose of 600mg, supervised administration.	Dapsone (DDS): supervised monthly dose of 100mg and self-administered daily dose of 100mg.	Clofazimine (CFZ): supervised monthly dose of 300mg and self-administered 50mg daily dose.
	six packs with two 300mg capsules	six packs with 28 capsules of 100mg	six packs with three 100mg capsules and 27 50mg capsules
	Source ^{6, 13} . Did you explain that from the beginning of the treatment the transmission is interrupted?		
6	Did you start the first dose and schedule the return (monthly) to continue the supervised doses? Did you explain that the supervised doses will be on the day of the monthly consultation? Did you advise on seeking the service in case of reaction to medications?		
7	Did you explain to the patients what "home contacts" is? Did you advise that family members who were living or had lived with them in the last five years, or people without family ties, who sought to maintain close and prolonged contact, should be referred to the care at the PCC for contact surveillance?		
8	Did you check with the patient if the information was clear? Did you check if the patient had any other questions?		
9	Did you notify SINAN ¹ about a new case of Leprosy? Did you report that notification would be made?		

Source: elaborated by the authors. ¹SINAN: Notifiable Diseases Information System.

Multidrug therapy previously differentiated between paucibacillary and multibacillary. This form of treatment was replaced after the release of a technical note by the Ministry of Health in 2021 abolishing this differentiation, now becoming a

single multidrug therapy, with the same drugs, regardless of the operational classification⁽¹³⁾.

The chart below presents the scenario on surveillance of contacts of leprosy cases and BCG vaccination.

Chart 2. Scenario 2: Surveillance of contacts and information on BCG vaccine application.

Chart 2: Scenario 2: Surveillance of contacts and information on BCG vaccine application.

1	Theme: surveillance of contacts and information on BCG vaccine application																				
2	Clinical case (attached in an appropriate place, so that the participant can access it whenever necessary) Patient M.k, 33 years old, undergoing leprosy treatment for four months, brought with him his household contacts, his two children: F1- seven-month-old baby and F2- six-year-old boy, it appears on the vaccine card for both: A dose of BCG performed and both have the vaccine proof scar. Evaluate the vaccination status of children and proceed with the necessary actions. (Scenario duration: Seven minutes) Tasks - Approach patients and their contacts in a welcoming way; - Evaluate the need for applying the second dose of the BCG vaccine; - Provide guidance on the vaccine (how it is performed and care after application).																				
	Checklist- evaluation indicators																				
3	Did you introduce yourself and approach the patient and household contacts in a welcoming way?																				
4	Did you explain to the mother the reason for evaluating the children's scars?																				
5	Did you evaluate correctly the scars and identified the contact to be vaccinated?																				
	<table><tr><th colspan="2">Less than one year old</th><th colspan="2">One year old</th></tr><tr><th>Vaccination status</th><th>Conduct</th><th>Vaccine situation</th><th>Conduct</th></tr><tr><td>Not vaccinated</td><td>One dose</td><td>No scar from BCG</td><td>One dose</td></tr><tr><td>Vaccinated without scar</td><td>One dose after six months</td><td>One scar from BCG</td><td>One dose after six months</td></tr><tr><td>Vaccinated with scar</td><td>Not doing it</td><td>Two BCG scars</td><td>Not doing it</td></tr></table>	Less than one year old		One year old		Vaccination status	Conduct	Vaccine situation	Conduct	Not vaccinated	One dose	No scar from BCG	One dose	Vaccinated without scar	One dose after six months	One scar from BCG	One dose after six months	Vaccinated with scar	Not doing it	Two BCG scars	Not doing it
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	Source ⁶ .																				

	Observation: the evaluation will include the presence of a scar (by means of moulage - a technique made with makeup to simulate the lesions) in both. Thus, only the six-year-old child needs one more dose.
6	Did you explain the need for the procedure correctly? Did you approach the child in a way that made him/her comfortable for the examination and vaccination?
7	Correctly advised on the normal evolution of the vaccine scar: - One to two weeks after administration of the vaccine, a reddish stain appears at the site, with an induration of five to 15 mm in diameter; then it evolves into a pustule, followed by the appearance of a scab; - then, it evolves into an ulcer of four to ten mm in diameter; - between six to 12 weeks, a wound with a scab is formed in the process of healing. Source ⁶ .
8	Correctly advised on wound care: -Do not cover the ulcer that results from the normal evolution of the vaccine lesion; - Do not use compresses; -It is necessary to keep the place always clean; - It is not necessary to apply a dressing or any medication. Source ¹⁰ .
9	Did you advise what to do in case of an adverse effect? Warn parents and guardians to return to the unit in case of an adverse event. Adverse effects: ulcers larger than one cm or that take a long time to heal; nodes or abscesses in the skin and armpits; dissemination of the vaccine bacillus throughout the body, causing lesions in different organs. Emphasize the need to observe signs and symptoms after vaccination. Source ⁶ .
10	Were you attentive to the mother, explaining terms that were difficult to understand and checking if there were any questions?

Source: elaborated by the authors.

Contact surveillance basically consists of monitoring everyone who lives with an individual diagnosed with leprosy. Preventing these people from also getting sick or treating them when they are affected, associated with an active search in the

surroundings is the only way to prevent the perpetuation of the disease⁽⁶⁾.

The chart below refers to the scenario focused on the final approach to leprosy treatment.

Chart 3. Scenario 3: Consultation at discharge for cure.

	Theme: Consultation at discharge due to cure
	<p>Clinical case (attached in an appropriate place, so that the participant can have access)</p> <p>Patient V.P, 38 years old, female, diagnosed with Multibacillary Leprosy. She started treatment with Rifampicin 600mg, Dapsone 100mg and Clofazimine 300mg approximately 16 months ago. As recommended by the Ministry of Health, the patient concluded the number of doses and duration of treatment, today she returned to the UBS for consultation and conclusion of the Single Multidrug Therapy (discharge due to cure). The physical examination has already been carried out, follow the form with the findings.</p> <p>Form 1 - Participant Resources</p> <div style="border: 1px solid black; padding: 5px;"> <p>Face evaluation: Presented lagophthalmos, dryness of the left cornea and of the nasal mucosa.</p> <p>Skin inspection: The patient has painless hypochromic stains measuring two to four cm in diameter, the skin at the site of the stains is dry and hairless. Thermal and painful sensitivity at the site, preserved.</p> <p>Assessment of upper and lower limbs: No complaints during palpation of the nerves, preserved muscle strength. It presents a small loss of protective sensitivity on the plantar surface. No changes in other exams.</p> </div> <p>(Scenario duration: Seven minutes)</p> <p>Tasks</p> <p>- Start the care in a welcoming way.</p>

	- Advise on the necessary care, according to the examination findings and discharge guidelines.
	Checklist- evaluation indicators
	Did you introduce yourself to the patient in a welcoming way?
	Did you advise the patient about the findings in the face examination? <ul style="list-style-type: none"> - Perform hygiene of the ocular area and lubrication with the most appropriate eye drops; - Promote daytime protection (sunglasses, hat or cap) and nighttime protection (foam or EVA-lined cloth glasses) on the site; - Exercising (blink frequently).
	Guidance on nasal dryness ? <ul style="list-style-type: none"> - Hydrate the nasal mucosa with clean water at room temperature (place the water in the palm of your hand, aspirate it and let it drain) or with saline solution several times a day; - Lubricate and massage the outside and entrance of the nostrils with an emollient substance (gel saline solution, Vaseline or others). Be careful when scratching so as not to injure.
	Did you advise on skin care ? <ul style="list-style-type: none"> - Hydrate, - Massage the skin with products that aid in hydration and lubrication (glycerin, vaseline, mineral or vegetable oil); - Keep the region clean (use water at room temperature); - Use sun protection for the skin when exposing to the sun.
	Did you advise on foot care? <ul style="list-style-type: none"> - Daily care to avoid cracks, calluses and dryness promoting hydration and lubrication. - Carry out daily self-inspection of feet and inspection of shoes before putting them on. - Use of foot protection; use of socks, closed and comfortable shoes (guide on making a simple insole to avoid plantar ulcer). - Exercises to keep the joints mobile and improve muscle strength: slowly dorsiflex and plantar flex the ankle (ten times).
	Did you advise the patient on the immediate return to the health unit in case of appearance of new skin lesions and/or pain in the pathways of the peripheral nerves and/or worsening of the sensory and/or motor function?
	Did you check that the patient understood the instructions correctly?

Source: elaborated by the authors.

The described scenarios were structured with a view to enabling the professional to guide the affected patient throughout the course of the disease and treatment, in order to address all issues related to the prevention and/or treatment of patient's own contacts, in addition to the skin care that must be adopted.

DISCUSSION

Bearing in mind the scenarios addressed within the theme of leprosy, we observe the relevance of education and training of health professionals regarding guidelines related to diagnosis, prevention, treatment and care after drug cure. It is observed that the care provided by health professionals to leprosy patients is essential, from diagnostic suspicion to discharge due to cure, and

this reflects on the prognosis of the disease, in addition to preventing physical disabilities⁽⁶⁾.

It is noteworthy that early diagnosis and adequate treatment reduce the onset of physical disabilities, impacting the physical, psychological and social quality of life of patients⁽⁶⁾. We sought to highlight in scenario 1 the necessary guidelines that the health professional should provide in the first consultation, regarding care and drug treatment.

In order for there to be wide dissemination and awareness of the population about the importance of surveillance and vaccination, more assertive methods of communication, dissemination and health education are needed⁽⁶⁾. Therefore, this theme was addressed in scenario 2, reinforcing the importance of informing patients and/or guardians of the guidelines to be followed after vaccination, so that healing occurs without intercurrents and the

vaccine reaches its immunization potential⁽⁶⁾.

In the treatment of leprosy, the term “discharge due to cure” is recognized as the completion of multidrug therapy within the period determined by the Ministry of Health and exclusion of the patient from the active registry of leprosy cases⁽⁶⁾. Patients continue to receive health care due to acquired physical disabilities, or due to the possibility of having a leprosy reaction⁽¹⁹⁾. This theme was addressed in scenario 3, emphasizing the relevance of guidance at the end of treatment.

Simulation breaks with traditional teaching, encourages autonomy and the sense of teamwork, integrates theory and practice, developing a critical view for a possible real context⁽²⁰⁾.

The construction of knowledge is made easier with the use of different teaching methods. By associating traditional teaching methods and clinical simulation, there is effectiveness in the teaching-learning process, developing self-confidence, satisfaction and contributing to the safety of patients who will later be treated, and communication skills are among the benefits of this resource^(20,21).

The scenarios will contribute to the training of nursing professionals, as they allow students to develop a critical sense to promote health education during the time when care is provided. In a study on clinical simulation scenarios aimed at pediatric care, students reported considering the scenarios something positive, as it enabled them to develop confidence, autonomy for decision-making and security⁽²²⁾.

It is necessary to encourage and train professionals to carry out health education regarding self-care measures, avoiding the development of disabilities, and communication skills will make this

process easier⁽²³⁾.

The communication skill is directly linked to the professional-patient relationship, being part of the daily lives of professionals, and the use of simulation significantly contributes to the development of this skill⁽³⁾.

A scenario construction and validation study similar to this one concluded that careful elaboration, as well as validation and prior testing of planned activities contribute to a more successful simulated experience⁽⁴⁾.

The lack of other methods to assess the validity and reliability of the simulated scenarios was a limiting factor of the study. It is recommended that one or more methods be applied for enrichment with regard to the construction and validation of scenarios in clinical simulation⁽¹⁷⁾.

CONCLUSION

Clinical simulation scenarios were built, validated and tested with the aim of developing and improving the communication skills of students and professionals in caring for leprosy patients and their contacts. As a limitation, other validity and applicability tests were not performed. Regarding the number of participants in the pilot test, we used a restricted number, as it was carried out in the pandemic period when the issues of non-agglomeration and social distancing were respected. The scenarios contribute to a better communication process between professionals and patients with leprosy throughout the treatment, improving care. The scenarios are available as new didactic material to promote leprosy teaching.

ELABORAÇÃO E VALIDAÇÃO DE CENÁRIOS DE SIMULAÇÃO CLÍNICA EM HANSENÍASE: COMUNICAÇÃO EM SAÚDE

RESUMO

Objetivo: construir e validar cenários de simulação clínica para desenvolvimento da habilidade de comunicação em saúde de estudantes/profissionais no atendimento aos pacientes com hanseníase e seus contactantes. **Método:** desenvolveu-se pesquisa metodológica de novembro de 2020 a dezembro de 2021 em três etapas: construção dos cenários, validação e realização do teste piloto. A construção dos cenários se deu com base na literatura. Participaram da validação dez juízes com expertise em hanseníase e/ou simulação clínica, avaliando os cenários de forma remota por meio de formulários do *Google Forms*, pelo Índice de Validação de Conteúdo (IVC), no qual um cenário é validado se seu IVC for $\geq 0,80$. Os dados foram analisados no software SPSS. O teste piloto foi dividido em: exposição de aula teórica, participação do cenário e *debriefing*. Participaram cinco estudantes e um profissional da área da saúde. **Resultados:** Foram elaborados três cenários: suspeição diagnóstica e classificação em hanseníase; vigilância dos contatos e informações sobre aplicação da vacina BCG; consulta na alta por cura, contendo, respectivamente, nove, oito e nove itens, todos com concordância satisfatória (IVC $\geq 0,90$). **Conclusão:** considerou-se validados os cenários da pesquisa, estando disponíveis como novo material didático para fomentar o ensino na área da saúde.

Palavras-chave: Hanseníase. Comunicação. Educação em saúde. Treinamento por simulação.

ELABORACIÓN Y VALIDACIÓN DE ESCENARIOS DE SIMULACIÓN CLÍNICA EN LEPRO: COMUNICACIÓN EN SALUD

RESUMEN

Objetivo: construir y validar escenarios de simulación clínica para el desarrollo de la habilidad de comunicación en salud de estudiantes/profesionales en la atención a los pacientes con lepra y sus contactantes. **Método:** se desarrolló investigación metodológica de noviembre de 2020 a diciembre de 2021 en tres etapas: construcción de los escenarios, validación y realización de la prueba piloto. La construcción de los escenarios se dio con base en la literatura. En la validación participaron diez jueces con experiencia en lepra y/o simulación clínica, evaluando los escenarios de forma remota por medio de formularios de *Google Forms*, por el Índice de Validación de Contenido (IVC), en el cual un escenario es validado si su IVC es $\geq 0,80$. Los datos fueron analizados en el *software SPSS*. La prueba piloto se dividió en: exposición de clase teórica, participación del escenario y *debriefing*. Participaron cinco estudiantes y un profesional de área de la salud. **Resultados:** fueron elaborados tres escenarios: sospecha diagnóstica y clasificación en lepra; vigilancia de los contactos e información sobre aplicación de la vacuna BCG; consulta en el alta por cura, conteniendo, respectivamente, nueve, ocho y nueve ítems, todos con concordancia satisfactoria (IVC $\geq 0,90$). **Conclusión:** los escenarios de la investigación fueron considerados validados, estando disponibles como nuevo material didáctico para fomentar la enseñanza en el área de la salud.

Palabras clave: Lepra; Comunicación; Educación en salud; Entrenamiento por simulación.

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