



# ASPiH Conference 2026 Abstracts Submission Guidelines

**Deadline:** All abstracts must be submitted by no later than midnight (GMT) on Tuesday 28<sup>th</sup>  
April 2026

**No extensions will be granted.**

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All abstracts must be submitted online using the electronic abstract portal. This can be accessed via the [ASPiH 2026 conference website](#). Please carefully proofread your abstract before submitting. **Abstracts sent by post or email will not be accepted.**

Please read these guidelines carefully before writing and submitting your abstract to ensure compliance with the required type and format. To assist you in crafting an impactful research abstract, [we've prepared an infographic featuring 12 essential tips](#). Following these 12-steps will ensure the creation of a compelling abstract that meets international conference quality standards and capture the attention of your peers.



## ASPiH 2026 TOPICS

We invite abstract submissions on the following topics, which are aligned with the [Professional Development Framework for Interprofessional Simulation in Health and Care](#). If your abstract aligns with multiple topics, please choose the one that best represents your work. Selecting the most suitable topic will help ensure your submission is placed in the most appropriate session that aligns with similar topics.

<b>EDUCATION</b>	<p>Covers all aspects of simulation-based education involved in the design, delivery, and facilitation of experiential learning.</p> <p><i>Includes, but is not limited to: Curricula, programme or scenario development/ co-production; educational theory and terminology; simulation modalities and approaches; learner assessment and evaluation; briefing, debriefing and feedback; communication and teamwork; interprofessional education; and performance-focused simulation.</i></p>
<b>TRANSFORMATION</b>	<p>Covers all aspects of simulation that aims to transform health and care through collective understanding, insight, and learning.</p> <p><i>Includes, but is not limited to: Practice-based theory; quality improvement initiatives; system-based and in situ simulation; identification of latent safety threats; service and pathway redesign; innovation implementation; stakeholder engagement and staff well-being; influencing practice, policy, or culture; and the involvement of patients, families, and communities to inform understanding and change, with a clear focus on collective learning, insight, and real-world impact. (Please see <a href="https://aspih.org.uk/transformation-simulation-resources/">https://aspih.org.uk/transformation-simulation-resources/</a> for further information.)</i></p>
<b>TECHNOLOGY</b>	<p>Covers the design, use, evaluation, and governance of simulation technologies.</p> <p><i>Includes, but is not limited to: Simulation equipment and environments; moulage; audiovisual systems; data capture; virtual, augmented and mixed reality; gaming; computer-based simulation; artificial intelligence; remote and distributed simulation; telehealth simulation; accessibility; sustainability; and technical innovation.</i></p>
<b>SCHOLARSHIP</b>	<p>Covers research, evaluation, and scholarly work that advances understanding of simulation-based practice.</p> <p><i>Includes, but is not limited to: Empirical research; evaluation and impact studies; theory development; methodology; data use in simulation; programme evaluation; dissemination of findings; and contribution to the evidence base for simulation in health and care.</i></p>



<b>LEADERSHIP</b>	<p>Covers strategic, organisational, and system-level leadership of simulation-based practice.</p> <p><i>Includes, but is not limited to: Programme and centre leadership; workforce development; governance and policy; faculty development; strategic planning; resource management; cross-organisational collaboration; and leading simulation at regional, national, or international level.</i></p>
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**ABSTRACT TYPES**

Accepted abstract types are Research Works, Practice-Focused Works and Interactive Learning. Research works are divided into Literature Review and Original Research; Practice-Focused Works include In Practice and Work in Progress; and Interactive Learning encompasses Workshops and Collaborative Workshops with Industry. Upon submission, please, indicate the type of abstract:

Research Works		Practice-Focused Works		Interactive Learning	
Literature Review	Original Research	In Practice	Work in Progress	Workshop	Collaborative Workshops with Industry
A literature review (e.g. systematic, scoping, rapid, umbrella reviews) related to simulation in health and care.	An original research study related to simulation in health and care, completed with results to report	Reporting an initiative that has been developed or implemented in real-world settings (e.g. a programme, course, method, strategy or approach)	Sharing works that is currently underway. Preliminary findings, emerging insights, challenges, and lessons learned may be discussed.	Interactive workshops, where participants engage in a structured and active learning experience related to simulation-based practice.	<p>Collaborative, interactive workshops developed and delivered with at least two partners from different organisation types (e.g. academia, healthcare, industry). These workshops should focus on:</p> <ul style="list-style-type: none"> <li>• situating products, tools, or solutions within real-world practice or educational contexts</li> <li>• exploring how technologies or innovations are implemented, adapted, and used in practice</li> <li>• supporting shared learning between industry, practitioners, educators, and researchers</li> </ul> <p>Workshops should prioritise practical application, learning, and insight, rather than product demonstration alone.</p>



## Research Works (Literature review / Original Research)

Abstracts describing studies/projects in any of the conference topics. This includes conceptual and empirical studies that contribute to the larger research context. These abstracts should be organised using IMRaD (Introduction, Methods, Results, and Discussion) format, as follows:

### **Abstract guidance 2026**

**Title:** Concise and informative

**Introduction:** Context and identification of the needs/hypothesis; state the research question(s).

**Methods:** Description of the study design/methods used/ and the simulation program/strategy/activity.

**Results:** Presentation of the results/findings/impact/outcomes.

**Discussion:** Discussion of results/findings in relation to the research question(s); brief and impactful sentence with major finding(s).

**References:** Up to three, cited in Vancouver format.

**Figure/Table:** One figure/table can be included. No additional supplementary materials are accepted.



## Practice-Based Works (In Practice / Work in Progress)

Abstracts describing practice-based initiatives in simulation that have been developed, implemented, or are currently underway in real-world settings. These abstracts focus on application, learning, context, and impact, rather than formal research design. Abstracts should be organised as follows:

### Abstract guidance 2026

**Title:** concise and informative

**Context and Purpose:** Brief description of the setting, context, and problem or opportunity being addressed. Clearly state the purpose of the initiative and why simulation was used.

**Approach / Description of Practice:** Description of what was developed or implemented, including: the simulation modalities or approaches used; the population(s) involved; key design or delivery features; any partnerships, collaborations or co-production.

**Learning, Outcomes and/or Impact:** Description of what was learned; changes observed in practice, understanding, behaviour, systems, or experience; perceived or measured impact (where available).

*(For Work in Progress, describe early insights, emerging learning, or anticipated impact)*

**Reflections and Transferability:** Brief reflection on: What worked well and what was challenging; key insights for others; how the approach might be adapted or transferred to other contexts.

**References:** Up to three, cited in Vancouver format.

**Figure/Table:** One figure/table can be included.



## Interactive Learning (Workshops/Collaborative Workshops with Industry)

Abstracts describing interactive workshops, where the participants engage in an active, structured learning experience.

**For the collaborative workshops with industry:** Solo industry workshops will not be accepted — at least two partners from different organisation types are required (e.g., academia + industry). Workshops may refer to specific products or tools; however, the primary focus must be on education, transformation, or innovation rather than product promotion. All industry partners must be clearly identified, and all Conflicts of Interest explicitly declared.

Workshop duration will be either 90 minutes or 40 minutes, depending on the quality and scope of the proposal. Innovative and meaningful interactivity are essential. Abstracts should clearly articulate the purpose and structure of the session and be organised as follows:

**Title:** Concise, attractive and informative.

**Background and aims/objectives:** Context and identification of the learning and/or objective(s).

**Session description:** Description of the planned activities, learning design, and educational methods.

**Target audience:** Participants' background and/or occupation; maximum number of participants; level (introductory/intermediate/advanced).

**Resources\*:** Equipment required and specific room set-up (including furniture, IT equipment, etc.).

**References:** Up to three, cited in Vancouver format.

\*Please note that equipment requests will be fulfilled where possible. Confirmation will be provided if requested equipment is available. Facilitators/moderators are responsible for arranging any additional materials (e.g. handouts).



## GENERAL GUIDELINES

Failure to observe these guidelines may result in disqualification.

1. All abstracts must be written in English, at the level of English academic writing.
2. The abstract title should be short and clearly declare the content of the abstract.
3. The word limit is 400 (excluding title and references). Abstracts exceeding the word limit or with significant grammatical errors will be returned and must be edited before resubmission.
4. Abstracts (including the Title) must not contain information which could identify the author(s).
5. Please ensure that all the information provided through the abstract submission portal (including author names and affiliations) is complete and accurate. We strongly suggest you invite a "critical friend" to review your abstract to advise if your submission is clear and concise, and does not contain spelling, grammatical, or scientific errors.
6. The submitting author must certify that all co-authors have agreed for the abstract to be submitted. You will need to confirm this during the submission process.
7. Commercial trade names cannot be mentioned in the title although can be used in the body of the text.
8. Abbreviations may be used after defining them once.
9. Content must be concise and coherent and follow the format headlines for that category.
10. Where relevant, abstracts should articulate learning, practice, system, or service-level impact beyond the simulation activity itself.
11. Authors are encouraged to consider principles of equity, diversity, inclusion, and accessibility in the design, delivery, and reporting of simulation-based work.
12. Research-based abstracts must outline the research method (separate to the simulation activity) and the focus of the analysis. They must also indicate when the data was collected.
13. Practice-based abstracts should clearly describe context, approach, learning, and/or impact, and are not required to follow a formal research design or methodology.



14. Abstracts must contain a minimum of 1 reference and a maximum of 3 references cited using the Vancouver referencing system. Number the references consecutively in the order in which they are first mentioned in the text. Place the references, in square brackets, inside the punctuation. Provide any references in the correct box during the submission process. The names of all authors should be given, up to a total of six authors. In case of more than 6 authors, provide the first three, followed by et al. Please see resources for referencing style (e.g. <https://guides.lib.monash.edu/citing-referencing/Vancouver>).
15. For Research Works and Practice-Based Works, one table or figure can be included and uploaded separately. The image must be either a JPG or GIF. It must be larger than 50x50px and between 45KB and 500KB in size. Tables are recommended to be submitted as Word files.
16. ASPiH is committed to promoting ethically rigorous research and ethical research practice. It is assumed that those submitting an abstract have ensured that all relevant ethical standards for research conduct and dissemination have been met. The submitting author must confirm that they have the relevant ethical approval.
17. Any abstracts presented previously at regional, national, or international meetings (or submitted/scheduled for presentation before ASPiH) may be submitted but this must be declared at the time of submission. These abstracts will not be considered for publication in the Journal Conference Supplement.
18. The scientific committee may assign accepted submissions to an alternative topic, if considered more appropriate.
19. Abstracts submitted as Research Works, may be considered for publication in a special issue of ASPiH affiliated journal, the Journal of Healthcare Simulation (<https://www.johs.org.uk/>), provided it has not been previously published or is currently submitted for publication elsewhere. If selected, authors will receive feedback and be given the opportunity to make the required corrections. Note: any updates/corrections will need to be done within a very short timeframe. Failure to carry out requested corrections in time will result in ineligibility for publication.
20. Any potential Conflicts of Interest must be declared during the submission process, particularly for abstracts involving industry partners.
21. Contributing authors may be added to a submission **up until the abstract submission deadline (28<sup>th</sup> April 2026)**. Authors cannot be added after this date. Please ensure that all contributing authors are included at the time of submission.



## AFTER SUBMISSION

Abstracts submitted to the ASPiH conference are double-blind peer-reviewed by the conference Scientific Committee. Based on originality, content, impact, and quality of writing, some of the research works' abstracts will be selected for publication at the Journal of Healthcare Simulation (JoHS). These abstracts will also be selected and assessed for the ASPiH publication competition.

Each abstract will be reviewed by at least two independent and blinded reviewers. The reviewers will evaluate the abstracts according to the quality of the content, the quality of the writing, and the educational value. Specifically, they will assess if the abstract:

- Has an informative title and is structured as recommended, with correct spelling/grammar and coherent writing.
  - Has educational value.
  - Provides context.
  - Clearly states hypothesis or questions.
  - Concisely describes the content.
  - Discusses the interest and impact of the work or argues the novelty of the innovation or clearly presents the results or reflections.
  - Is of relevant interest to the conference delegates.
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- For the abstracts submitted as Research Works/ Practice-Based Works, the scientific committee will define the format for presentation during the meeting (oral or ePoster), depending on the evaluation of the abstract and on the relevance of the work.
  - The Scientific Committee will also evaluate the Workshops according to the planned activities and their viability on the available timeline, dynamics and interactivity, relevance for the target audience, novelty or innovative contribution. Authors will be informed of the allocated time (90-min or 45-min), depending on the evaluation of the proposed session.
  - The submitting author will be notified of their outcome the week commencing Monday 27th July 2026, by email to the same email address provided in their ASPiH profile.



- It is the author's responsibility to ensure email addresses are current, updated, and that emails from the ASPiH events team can reach them. Full presentation guidelines will be included in the acceptance email.
- For all accepted abstracts, the lead author will be required to register for the conference by Monday 31st August 2026 and must have completed a registration for the conference by the 21st of September 2026. If the registration is not confirmed by that date, the abstract will be excluded from the conference programme and cannot be published in JoHS even if tentatively selected.
- If an abstract must be withdrawn, a written statement reflecting the reasons for this decision must be sent to [events@aspih.org.uk](mailto:events@aspih.org.uk) no later than Friday 28th August 2026.

If you are experiencing problems submitting your abstract, please do not hesitate to contact the ASPiH conference administration team by emailing [events@aspih.org.uk](mailto:events@aspih.org.uk) or by calling 01506 690191

Thank you for your interest in presenting at ASPiH Annual Conference 2026. The contribution of presenters is critical, and we value your input greatly.