

## Tips for Conducting the Pre-brief for a simulation

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### **Abstract**

The pre-brief is an important part of a simulation. It offers participants an orientation to the simulation, simulation environment and enables them to reach the intended goals and objectives of the learning activity. This column describes the components of the pre-brief and provides practical tips on how to conduct this step of using a simulation. . These teaching strategies will assist in providing a positive learning experience for participants.

*Keywords:* pre-brief, simulation, orientation

## Tips for Conducting the Pre-brief for a simulation

Simulations are used increasingly in academic settings as well as for hospital education during orientation and continuing education. There are guidelines established by the International Association for Clinical Simulation and Learning (INACSL) for best practice in simulation (INACSL, 2013). These guidelines include clear goals and measurable objectives, an adequate *pre-brief*, a well developed and tested scenario, and a debriefing that allows the learner to reflect and self-evaluate. These guidelines were developed to ensure that the learner gains the most knowledge out of the simulation experience. If the pre-brief step is overlooked, participants begin their simulation without adequate preparation or orientation to be successful.

The pre-brief is the foundation for a successful simulation learning experience. It sets the tone for the simulation so the participant can focus on learning. In order for the participant to receive the full benefit of the simulation, the nurse educator must clearly state the expectations. In many instances the pre-brief is over looked. However, a pre-brief is a critical part of the simulation because it maximizes the participant's learning experience. INACSL defines the brief or pre-brief as "an information or orientation session held prior to the start of a simulation-based learning experience in which instruction or preparatory information is given to the participants" (Meakim et al., 2013). The components of the pre-brief include goals, objectives, orientation, time allotment and patient situation (Meakim et al., 2013).

### **Goals and objectives**

The pre-brief includes a review of the *goals and objectives* for the simulation experience. Participants need this understanding to guide and direct their learning. The educator needs to

share the intent of the simulation. The pre-brief also should include a discussion of the assessment procedures and whether the evaluation is formative or summative.

### **Orientation**

Ideally, the beginning of the pre-brief occurs before the simulation day. The educator should provide the learner the necessary educational content to be successful during the simulation. Participants should not be asked to perform a task for which they have no knowledge. The learner preparation can come in many forms: journal articles, self-study modules, text readings, lectures, PowerPoint presentations, YouTube videos, Web sites, and deliberate practice, among others.

*Orientation* starts with professional integrity of participants and facilitators (Boese et al., 2013; Gloe et al., 2013). The educator is responsible for conveying concepts of mutual respect, professional integrity and confidentiality to provide a safe learning environment for the participants. This can be accomplished by a fiction contract, an agreement with participants and facilitators to behave as if the simulation is real (Wilson, 2015). Asking the participants not to discuss the simulation outside of the experience helps maintain confidentiality. The mantra of “what happens in sim stays in sim” is a commonly used explanation of this point.

The establishment of a safe learning environment is one of the most important components to the pre-brief. On the day of simulation the learner needs to orient to the equipment, environment and manikins. The learner should be encouraged to “play” with the equipment in the scenario to fully understand its functionality. Knowing how the equipment turns on and off, alarms are silenced, and oxygen is connected will assist the learner to focus on the true objectives of the simulation experience. This should be a hands on experience.

Regardless of the number of times a learner has participated in simulation, a thorough orientation should be provided for each simulation day.

The participants should be allowed to fully explore the environment in which the simulation is going to take place. The educator could make a digital video of the overall physical environment which can be uploaded to a web site for participants to view prior to their experience. The learner needs the opportunity to explore cabinets, carts, and other equipment in the room to see what is available to them during the scenario. Having the participants and facilitators wearing the appropriate attire for the simulation adds to the professional integrity as well as realism in the environment.

Orientation to the manikin is critical to the success of the learner during simulation. Manikins vary widely on their “performance ability.” The participant needs to understand the capabilities of the particular manikin they will be using in the scenario. If the participant needs to assess vital signs, can the blood pressure be heard or the pulse felt? Manikins might emit extraneous sounds from the compressor, and participants need to be familiar with these sounds so they do not interfere with the intended learning objective. If extraneous sounds are heard, consider using that as a debriefing point by asking learners a question such as, “have you ever been in a clinical situation where it was difficult to hear heart tones or breathe sounds? What did you do?”

### **Time allotment**

Included in the responsibilities of the educator is to share the *time allotment* for the simulation (Franklin, et al., 2013; Lioce, 2015). For example, if the simulation is to insert a venous or urinary catheter and the educator believes this should be completed within 10 minutes, the learner needs to know they have 10 minutes to complete the task. If the simulation is a

patient care situation and the educators believe the objectives should be completed in 20 minutes, this time frame is also shared. There are occasions when the time allotment is unknown by the participants. This include simulations that are not concluded until the goals and objective are completed.

### **Patient situation**

Setting the stage for the scenario is another important component for success of the participant during the pre-brief. A review of the expected goals and objectives will facilitate the experience allowing learners to focus on those goals. The educator's presentation of the *patient situation* gives the participant the mental frame to accomplish the task at hand. The use of an SBAR type tool could be helpful for this communication. A safe handoff approach could also be used. The establishment of the participant role is critical for a successful experience and should be assigned and discussed for clarification before the simulation begins. Participants should not be asked to perform roles beyond their scope of practice.

An additional key component to a successful pre-brief is to remember adult learning principles. The participants will want to know why they are asked to complete a task, how the information impacts their job, and job performance (Meakim, et al., 2013).

### **Conclusion**

A successful pre-brief will decrease the learner's anxiety and facilitate achieving the intended learning outcomes. If the pre-brief is not done, there is risk of not achieving the goals and objectives of the simulation, and participants may be dissatisfied with their learning experience.

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