TTU T HSC
SIMULATION

Simulation Briefing/Prebriefing Template

The purpose of this template is for you to read through each section and adapt to fit your needs.

At a minimum, each of these should be addressed to adhere to the Healthcare Simulation Standards of Best Practice: Preparation and Briefing.

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1. Welcome and Purpose/ Preparatory Materials

Welcome to today's simulation experience. The purpose of this session is to provide a safe, supportive environment to practice, reflect, and grow clinical and teamwork skills.

All events:
- Was everyone able to access the preparatory materials?

If the event is teaching/learning:
- Today is about learning, not about judgment. We are committed to ensuring this is a safe environment for you to learn from mistakes—and we are committed to discussing any mistakes here as puzzles to be solved, not crimes to be punished.

If the event is an assessment (mock OSCE/summative OSCE/high stakes):
- Today, your performance in simulation is in a safe location, however, your skills will be evaluated by your faculty.
  - **For Mock/Formative events:** Today's event is designed to mimic the summative/final OSCE in the course.
  - **For Summative/Final events:** Your performance today will be graded.
  - **For High Stakes events:** You must be successful in today's examination to move forward.

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2. Fiction Contract

All teaching/learning experiences:
- We want you to feel safe to engage fully, make mistakes, and learn from them. Simulation isn't real, but we ask you to treat it as if it is, so that you can get the most out of the experience. This is known as the **fiction contract** — an agreement to suspend disbelief while participating in the scenario. We recognize that when you walk into the immersive experience, you are having to engage with a 1) manikin or 2) standardized patient who has been trained to portray a role. We also recognize that it may be tempting to disengage because it 'isn't the real thing.' However, this scenario was designed by clinical experts and simulationists to mimic the real event. There may be moments where you think, "Well, if I were in the actual clinical setting, I would. . ." and in that moment, we'd encourage you to do exactly that or 'think out loud."
- Please recognize that there is a spectrum of immersion. We recognize that no matter what we do—some of you may see this as difficult to engage, difficult to buy-in. We'd

simply ask that you do your best out of respect for the work that went into this educational experience, and request that you view this training in honor of those who are currently in practice with real patients, as an event that could prepare you for professional practice. We also recognize that some of you may hear this patient's story and begin to see an image in your head of a close friend, family member—and suddenly find yourself 'too' immersed.

If the event is teaching/learning: Provide a "safe word" that will acknowledge that the scenario needs to end.

If the event is an assessment (mock OSCE/summative OSCE/high stakes): Learners should know if they are feeling sick/uneasy—that they can stop. However, safe words can be used if desired. Discuss this more with the simulation program if you have questions.

We recognize that for those of you who are "too immersed" you may need some resources afterwards and please contact us if you do. And finally, to those of you who may feel disconnected/disengaged, out of respect for your team members to your left and right who may be experiencing something completely different—we ask that you do your best to stay engaged.

Notes: If you know the event has had a history of triggers, feel free to include on-site specific resources. Reiterate that this is common in healthcare and it is important to engage in self-care after difficult experiences.

Let learners know that you will avoid, at all possible, intervening with an instruction/guidance via the overhead system. This disrupts realism and can create a reliance on prompting.

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3. Psychological Safety

All events:
- We operate under the **Center for Medical Simulation's Basic Assumption**:
- *"We believe that everyone participating in activities at the TTUHSC Simulation Program is intelligent, capable, cares about doing their best, and wants to improve."*

Notes: There are multiple opportunities to expand on this regarding how you will debrief. There are also opportunities to expand on this related to asking the learners to hold this assumption of you—that you desire to do your best. These are not just words that magically establish psychological safety. If you truly desire to establish psychological safety—it is developed slowly and consistently with time—and largely depends on how you question your learners. For a great quick read, check out "Safe, Not Soft: Hitting the Sweet Spot for Simulation Based Education"

4. Orientation to Space & Equipment

All events:

- **Regardless of the level of learner**: the space, simulator, and all technology aspects should be discussed for optimal student performance. If learners have previously been in the space and worked with a particular manikin, short reminders are important.
- **Room layout:** Here's where you'll find the patient, supplies, and emergency equipment.
- **Manikin features:** May not exhibit all signs/symptoms, pulse locations, pupil dilation, and other features of the manikin you want them to use.
- **Equipment:** Review monitors, IV access, medications, call buttons, and any task trainers involved for hybrid simulations.
- **Environment:** Code carts, PPE, and other realistic supplies are available — please use them as you would in real life.
- **Standardized Patients:** Ensure their knowledge of SPs in the room, how to engage, and any logistics of physical assessments. SPs may request hygiene (i.e. if you have touched feet, floor, etc. and haven't washed hands before touching them). Discuss SPs and assessment expectations (e.g. lifting shirts/gowns, etc.)

Notes: If you find yourself consistently asking "Why are they not doing X (e.g. using the phone, palpating pulses, recycling the blood pressure, using the actual equipment, etc.) ask yourself, "Could I provide a better orientation?"

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5. Confidentiality & Recording/Evaluation & Grading

All events:
- **Confidentiality is essential.** Please do not share details about the scenario or your peers' performance outside this group.
- Your participation and comments in the debrief are also confidential and should be respected by all.

If the event is teaching/learning:
- The simulation **may be recorded for quality improvement** or debriefing purposes. These recordings will not be used for any evaluative reasons. At the end of the experience, we will provide you with feedback during the debrief.

If the event is an assessment (mock OSCE/summative OSCE/high stakes):
- The simulation **will be recorded for quality improvement and evaluation procedures for assessment integrity.** You may not receive feedback immediately after the session dur to assessment integrity and will receive details about grading and feedback at a later time.

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6. Day-of Logistics

Suggested Topics Based on Event Needs:

- Start Time/End Time (Timing of Scenario)
- Scheduled Breaks:
- Restroom locations:
- Food/Drink:
- Phone Use/Resource Use:

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7. Questions

Before we begin, does anyone have any questions about the process, the environment, or expectations?

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8. Scenario Opener/Objectives

All events:

At this time, I will review the learning objectives of the scenario, and welcome any questions about the preparatory work provided. Afterwards, I will provide you with the necessary starting point information (SBAR, hand-off report) to begin the scenario.

References

Association of Standardized Patient Educators. (2017). *Standards of best practice for standardized patient methodology*. *Advances in Simulation, 2*(10), 1–8. https://doi.org/10.1186/s41077-017-0043-4

Center for Medical Simulation. (n.d.). *The Basic Assumption*. Retrieved from https://harvardmedsim.org/resources/the-basic-assumption/ Center for Medical Simulation

INACSL Standards Committee, Persico, L., Ramakrishnan, S., Wilson-Keates, B., Catena, R., Charnetski, M., Fogg, N., Jones, M. C., Ludlow, J., MacLean, H., Simmons, V. C., Smeltzer, S., & Wilk, A. (2025). *Healthcare Simulation Standards of Best Practice® Prebriefing: Preparation and briefing*. *Clinical Simulation in Nursing, 105*, 101777. https://doi.org/10.1016/j.ecns.2025.101777

McDermott, D. S. (2016). The prebriefing concept: A Delphi study of CHSE experts. *Clinical Simulation in Nursing, 12*(6), 219–227. https://doi.org/10.1016/j.ecns.2016.02.001

OpenAI. (2025). *ChatGPT (GPT-5)* [Large language model]. https://chat.openai.com/

Page-Cutrara, K. (2015). Prebriefing in nursing simulation: A concept analysis. *Clinical Simulation in Nursing, 11*(7), 335–340. https://doi.org/10.1016/j.ecns.2015.05.001 Default+1

Rudolph, J. W., Raemer, D. B., & Simon, R. (2014). Establishing a safe container for learning in simulation: The role of presimulation briefing. *Simulation in Healthcare, 9*(6), 339–349. https://doi.org/10.1097/SIH.0000000000000047

Simon, R., Raemer, D. B., & Rudolph, J. W. (2010). *Debriefing Assessment for Simulation in Healthcare (DASH) rater's handbook*. Center for Medical Simulation.

Somerville, S. G., Harrison, N. M., & Lewis, S. A. (2023). Twelve tips for the pre-brief to promote psychological safety in simulation-based education. *Medical Teacher*, *45*(12), 1349–1356. https://doi.org/10.1080/0142159X.2023.2214305