SIMULATION BRIEF

BASIC SIMULATION FORMAT:

- 1. PRE- BRIEF
 - a. Introduction
 - b. Orientation
 - c. Scenario briefing
- 2. SIMULATION
- 3. DEBRIEF
 - a. Gather
 - b. Analyze
 - c. Summarize

Note: Having pre- and post-course learning material is recommended to enhance learning

2. SIMULATION

Simulation Design KEY POINTS:

- Start with LEARNING OBJECTIVES
 - These must guide simulation (not just an interesting case)
 - o 2-3 Objectives (simple & specific)
- Participants:
 - o Participants will gain the most from being able to play their usual role (i.e. RN plays a RN in the sim)
- Co-Facilitators:
 - Other instructors in room that can role play and be planted in the scenario

1. PRE-BRIEF

1. INTRODUCTION

- a. Welcome, introductions, sign-in, consent
- b. Review overall format:
 - <u>Debrief</u>: often takes longer than scenarios (most important part of simulation)
- c. Engagement:
 - Recognize this is a simulated environment
 - Most learning comes from engaging in simulation
- d. Psychological safety
 - What happens in sim stays in sim
 - Non-evaluative; mistakes are learning experiences
 - Simulation can feel awkward/silly/stressful
- **2. ORIENTATION** failing to give proper orientation may result in participants fixating on the unfamiliar environment causing poor performance
 - 1) Mannequin
 - 2) Monitors
 - 3) Code cart
 - 4) Meds & Fluids
 - 5) Diagnostics
 - 6) Calling for help

3. SCENARIO BRIEFING

- a. Patient Details What do learners need to know about the patient?
 (How can you set the scene)
- b. **Learning Objectives** Review with learners (i.e. technical, non-technical, system)
- c. Roles Discuss roles, assign as needed

References: BC Children's and Women's Hospital (2015). Simulation learning strategies: Facilitator development course booklet

DEBRIEFING PREPARATION:

- 1) Remember debriefing structure
- 2) **Know learning objectives** of scenario-Learning objectives anchor your debrief
- 3) **Keep note** of:
 - Non-technical skills (Observed behaviors)
 - Technical skills (Observed clinical practice)

DEBRIEFING TIPS:

GATHER:

- Listen for "pearls" or themes
- Involve all participants
- Clarify those actions you weren't sure of

ANALYZE:

- Examine:
 - Non-technical: Attitudes & Behaviors
 - <u>Technical</u>: Knowledge & Skills
 - o In-situ: Looking at the system
- Use positive re-enforcement first
- Use OBJECTIVES as framework
- Avoid closed-ended questions
- Lead with curiosity based on objective observations (constructive criticism)

SUMMARIZE & APPLY:

Link to clinical setting

3. DEBRIEF

DEBRIEFING STRUCTURE: G-A-S

Open with a statement outlining this framework:

"I'll spend about X minutes debriefing the case with you. First, I'll gather information on the case to make sure we are all on the same page. Next, we'll explore what you think you did well, and what you would change next time. I would like to explore group dynamics, technical skills, and system factors. Lastly, we'll end by summarizing take-home points and how we can apply them to practice".

GATHER: Get a clear understanding of what took place.

- Example Questions:
 - O What are everyone's initial thoughts or feelings in one or two words?
 - o Can someone summarize the case?
 - o Does anyone have anything further to add to the description?

ANALYZE: Why did the participants do what they did? How did it affect the outcome?

- Example Questions:
 - O What do you think went well in the scenario?
 - O How well do you think the team performed overall?
 - O What would you change next time?
 - o If we did this scenario again, what would we do differently?

SUMMARIZE & APPLY: What have they learned & how can it be applied.

- Learner driven: "I would like to close by having each of you state a take-away that will help you
 in the future."
- **Instructor driven:** "In summary, the key learning objectives from this case were... (What is your most important take-home message?)"

References: BC Children's and Women's Hospital (2015). Simulation learning strategies: Facilitator development course booklet