



### Welcome!

Welcome to our Simulation Newsletter!

We continue to walk through the steps of a simulation again, but with a great focus on what this means for you, the person who is asking for the simulations, instead of us, the simula-

tionists.

This month is Running the simulation, and specifically the Briefing part.

Briefing participants is a way to orient them to the manikin and how the simulation will run.

It helps bring the participants into the simulation, so that the simulation will be more effective for them.

Please send us your feedback! *Our contact information is in the top left corner of the second page.*

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### Briefing

The briefing step sets the stage for the simulation. It gives the participants an idea of what they can do. It's the "rules of the road". What can I do with the manikin, what should I do myself, and how safe am I in this?

A lot of people at this point have done some sort of simulation, whether it's in their initial education or later with other simulation-

ists or with us. The briefing orients them to how we do simulations and what we expect of them, as well as what our manikins can and can't do.

The briefing can sometimes talk about pre-work, though this is rare for us. It has happened especially when we are using simulation to practice a new procedure. If you want your people to have pre-work,

you'll need to decide what pre-work and how to deliver it to them.

Also, the briefing helps to set up psychological safety. We know that not everything will go perfectly — it doesn't in real life and it won't in simulation, either, and that's OK. We tell them in the briefing that we'll discuss how it went in the debriefing.

### Technical Side of Briefing

We use part of the briefing to orient the participants to the manikin. We have them feel pulses, watch for chest rise, and notice the eyes blinking. (The eyes blinking is a big deal for some people.)

The manikins are not perfect. For instance, the pulses on some aren't quite where participants expect them to be. It can be difficult on the manikins which have pupillary reaction to

actually make the pupils react. Allowing the participants to play with these before the simulation starts is being fair to the participants.

In addition, it's fair to tell the participants what they can't do. We generally don't do anything that involves sharp and poky things, such as starting IVs, to our manikins. Participants need to know what will happen if they want a

new IV on their patient in the simulation. On the other hand, if we're using the Cut Suit, the participants can use sharp and poky things, and we need to specifically say so in the briefing so that they will know.

A good technical briefing will reduce a lot of the "Do you want me to actually do X?" questions during the simulation.

### Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
  - Briefing
  - Run
  - Debriefing
- Reset
- Assessment

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A mock STICU patient is in extremis. Notice the ongoing CPR with the Zoll providing feedback; the code cart opened with meds being drawn up; and medications being given through a rigged IV. The participants defibrillated the patient with the Zoll.



An Emergency Medicine patient in SVT is cardioverted. Notice the rhythm generator upside-down on the bed. Even if our manikins can't do what we want them to do, we have other options to show what we want the participants to see.

## Psychological Side of Briefing

It's also very important to set the right psychological tone before a simulation. We call this the "Las Vegas" speech — what happens in Vegas stays in Vegas. We will keep the details of what happened in the simulation private. It's easy to Monday-morning-quarterback someone else's performance, but that's not fair. Someone who wasn't in the simulation shouldn't be able to comment on it.

There is a real psychological risk from being in a simulation, and especially if you do something "wrong". Participants might be concerned about how others will think of them if they are not perfect. We emphasize that nothing bad happens from a simulation — the manikin is plastic — and that no matter what happens in the simulation, it will help participants be better providers. We also are incorporating Harvard's Basic Assumption: we assume all participants are competent providers who are doing their best in the simulation. No one is perfect, and we know there will be things we would prefer to do differently next time. All of that is OK.

## Benefits of Briefing

A good briefing will set your participants up for success.

Understanding how the manikin works before the simulation starts allows them to spend less time in the simulation on making it work and more time thinking about what's happening with their patient. The participants will have more confidence that they can work with the manikin.

Understanding psychological safety allows them to be confident we won't hit them over the head with a metaphorical baseball bat during the debriefing — we'll discuss it as professionals who are self-critiquing.

These allow the participants to step "inside" the simulation, maximizing the value of the simulation to them.

## Journal Article Spotlight

This month's journal article is part of the Healthcare Simulation Standards of Best Practice from the International Nursing Association of Clinical and Simulation Learning (INACSL). The standards are slanted towards pre-licensure education, but they are still valuable. The article is INACSL Standards Committee. (2021). Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing. *Clinical Simulation in Nursing* (58). The following link should work from any UVa computer: <https://www.sciencedirect.com/science/article/pii/S1876139921000955?via%3Dihub>.

## No Briefing?

There are a few times where we can't do a briefing. The In-House Adult Mock Codes, where part of the point of the simulation is for no one to know we're coming, are an example. Some simulations in the Emergency Department have been run this way in the past.

These are uncommon and we know we'll need to be "inside" the scenario helping people know what they can do because we could not brief.

We also try to let people know that a scenario might be coming, even if we don't tell them when or where.