



Revised Standards

Healthcare Simulation Standard of Best Practice® Prebriefing: Preparation and briefing



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ARTICLE INFO

Keywords:

Briefing

Orientation

Prebriefing

Preparation

Prescenario

Presimulation

Simulation-based education

Standard

Prebriefing is an overarching term used to describe the activities of briefing and preparation in healthcare simulation. Briefing and preparation occur before a simulated clinical encounter, providing learners with the fundamental knowledge and assumptions of the simulation-based experience (SBE). Previously, learner preparation was included in the original INACSL Standards of Best PracticeTM: Simulation Design (INACSL Standards Committee, 2016). Yet in 2021, learner preparation was determined to be an essential component of prebrief and, therefore, became part

of the INACSL Healthcare Simulation Standards of Best PracticeTM Prebriefing: Preparation and Briefing (INACSL Standards Committee et al., 2021).

Following an exhaustive systematic review (INACSL Standards Committee et al., 2025a), the current literature reaffirmed that simulation prebriefing includes activities that prepare the learners and brief them for participation in an SBE. Preparation typically precedes a briefing, is conducted before the SBE, and often includes activities such as lectures (Bommer et al., 2018; Bye, 2014; Chang et al., 2022; Changuiti et al., 2023; Dodson, 2023; Kim H-K et al., 2019; Stefaniak & Turkelson, 2014), video reviews (Brennan, 2022; Chang et al., 2022; Coram, 2016; Da Silva et al., 2020; Dodson, 2023; Kubin et al., 2023; Sharoff, 2015; Solli et al., 2020), skill-building exercises (Changuiti et al., 2023; Da Silva et al., 2020; Kim Y-J et al., 2017; Roh et al., 2018; Stefaniak & Turkelson, 2014); and assigned readings (Chang et al., 2022; Coram, 2016; Dodson, 2023; Franklin et al.,

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☆ As the science of simulation continues to evolve, so does the need for additions and revisions to the Healthcare Simulation Standards of Best Practice®. Therefore, the Healthcare Simulation Standards of Best Practice® are living documents.

2020; Johnston et al., 2017; Kim H-K et al., 2019; Penalo, 2023; Sharoff, 2015; Solli et al., 2020; Song et al., 2023; Stefaniak & Turkelson, 2014; Yang, 2021). Briefing activities typically occur preceding the SBE and may include, but are not limited to, technology orientation (Bommer et al., 2018; Brennan, 2022; Campbell et al., 2021; Da Silva et al., 2020; Darwish et al., 2023; Duque et al., 2019; Kim et al., 2019; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Roh et al., 2018; Song et al., 2023; Stefaniak & Turkelson, 2014) and orientation to the environment (Bommer et al., 2018; Brennan, 2022; Bye, 2014; Campbell et al., 2021; Coram, 2016; Da Silva et al., 2020; Darwish et al., 2023; Duque et al., 2019; Kim et al., 2019; Kim Y-J et al., 2017; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Roh et al., 2018; Song et al., 2023).

This Standard upholds that prebriefing, briefing, and preparation are activities that simulation participants engage in before initiating the simulated clinical encounter and are intended to provide transparency regarding the SBE objectives and performance expectations. Prebriefing sets the stage for learning; ensuring learners fully possess the knowledge, skills, and attitudes to engage in the SBE. Guidelines for this standard specific to preparation and briefing will be addressed, and criteria will be outlined to meet this standard.

Background

Before introducing the current INACSL Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing (INACSL Standards Committee et al., 2021), simulationists struggled to define prebriefing consistently. A lack of common terminology and universally accepted prebriefing components resulted in SBE design variability (INACSL Standards Committee et al., 2021) and a lack of research specific to the concept of prebriefing. Implementing the new prebriefing standard provided a unified framework for approaching the recognized prebriefing activities of preparation and briefing. Despite a continued dearth of literature correlating prebriefing and simulation effectiveness, available study results support using preparatory and briefing activities in healthcare simulation.

Effective prebriefing enhances learner readiness, ultimately improving clinical practice and patient outcomes. (Bommer et al., 2018; Brennan, 2022; Darwish et al., 2023; Dodson, 2023; Kim H-K et al., 2019; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023; Roh et al., 2018; Stefaniak & Turkelson, 2014; Watts et al., 2022; and Yang, 2021). Prebriefing must be thoughtfully planned and applied to ensure simulation safety and success. Through carefully designed preparatory activities, learners can identify and bridge knowledge gaps, empowering them to approach the simulation confidently and competently. Appropriately executed simulation briefings allow for a shared mental model among learners. Briefings may include a discussion of participant expectations, role clarification, simulation ground rules, psychological and physical safety, confidentiality, and the fiction contract. The groundwork laid during the briefing phase of the SBE, in combination with the contextual background of the case or simulated client, assists learners in successfully achieving the simulation objectives.

Criteria necessary to meet this standard

The criteria necessary to meet the prebriefing standard are divided into three categories: General prebriefing criteria, Preparation criteria, and Briefing criteria. Each category consists of three criteria with corresponding required elements (INACSL Standards Committee et al., 2025a). These criteria provide a structured frame-

work for prebriefing: preparation and briefing consistency, clarity, and effectiveness.

General criteria

- The simulationist should be knowledgeable about the scenario and competent in concepts related to prebriefing.
- Prebriefing should be designed based on learning needs, experience level, and the purpose, objectives, and outcomes of the SBE.
- The experience and knowledge level of the simulation learner should be considered when planning the prebriefing.

Preparation criteria

- Based on the needs assessment and purpose of the experience, preparatory materials are developed to ensure learners are equipped for the experience and can meet the scenario objectives.
- Preparatory materials should be developed according to the purpose and learning objectives of the SBE.
- Plan the delivery of preparatory materials both prior to, and on the day of, the simulation-based experience.

Briefing criteria

- Prior to participating in the simulation-based experience, the simulationist conveys important information to learners regarding expectations, the agenda, and the logistics for the experience.
- Conduct a structured orientation to the simulation-based learning environment, including the modality.
- Establish a psychologically safe learning environment during the prebriefing.

Preparation criteria

Preparation: criterion 1: Preparation materials are developed based on the needs assessment and the purpose of the experience, ensuring that learners are prepared for the experience and can achieve scenario objectives.

Required elements:

- Use learning theories and/or theoretical frameworks to prepare presimulation materials designed to be inclusive of all types of learners and to make them ready to achieve learning outcomes (Bommer et al., 2018; Brennan, 2022; Campbell et al., 2021; Chang et al., 2022; Changuiti et al., 2023; Coram, 2016; Da Silva et al., 2020; Darwish et al., 2023; Dodson, 2023; Duque et al., 2019; Duque et al., 2023; Franklin et al., 2020; INACSL Standards Committee et al., 2021; Johnston et al., 2017; Kim et al., 2017; Kim, et al., 2019; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023; Roh et al., 2018; Sharoff, 2015; Song et al., 2023; Stefaniak & Turkelson, 2014; Watts et al., 2022; Yang, 2021).
- Use organizational or regulatory requirements to develop preparation materials for simulation-based experiences (Society for Simulation in Healthcare Accreditation Standards, 2025; INACSL Healthcare Simulation Standards Endorsement, 2021).
- Promote a safe learning environment to reduce learner anxiety by preparing learners for the scenario content's concepts, knowledge, skills, and behaviors to help learners achieve optimal learning outcomes before active engagement. (Bommer et al., 2018; Brennan, 2022; Changuiti et al.,

2023; Duque et al., 2019; Kubin et al., 2023; Lateef, 2020; Penalo, 2023; Rudolph et al., 2014; Sharoff, 2015; Soli et al., 2020; Somerville et al., 2023; Yang, 2021; Watts et al., 2022).

- (d) Provide preparation activities before participating in a simulation learning experience to promote reflection and discussion for debriefing (Brennan, 2022; Chang et al., 2022; Darwish et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023).

Preparation: criterion 2: The preparation materials should be thoughtfully designed in alignment with the intended purpose and specified learning objectives of simulation-based experience. These materials serve as foundational tools to ensure that participants are adequately informed and equipped to engage meaningfully in the simulation (Bommer et al., 2018; Brennan, 2022; Chang et al., 2022; Dodson, 2023; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023; Sharoff, 2015; Song et al., 2023)

Required elements:

- (a) Incorporating a diverse range of activities is essential to support learners in achieving the intended learning outcomes of the simulation. By utilizing various instructional strategies, educators can address different learning styles and enhance engagement, ensuring learners are provided with the knowledge, skills, and attitudes to meet simulation competency (Penalo, 2023; Sharoff, 2015; Solli et al., 2020; Song et al., 2023).
- (b) Design preparation activities and resources to facilitate a comprehensive understanding of the concepts and content relevant to the simulation-based experience (INACSL Standards Committee et al., 2025b). These activities may include (but are not limited to) items such as:
- (a) assigned readings or audiovisual materials
 - (b) content for clinical knowledge
 - (c) concept mapping or care planning exercises
 - (d) review of patient health record/patient report
 - (e) case studies
 - (f) observation of a model of a simulated case
 - (g) completion of a pretest or quiz
 - (h) review of medications
 - (i) technical skills practice
 - (j) lecture or other didactic lesson
 - (k) clinical preparation sheet completion
 - (l) discussion of simulated patient
 - (m) virtual simulation activities
 - (n) observing videos
- (c) Facilitate learners in interpreting and understanding the key elements of scenario information, tailoring support to their level of expertise and the specific purpose of the scenario (Page-Cuttrara & Turk, 2017; Sharoff, 2015; Watts et al., 2022).

Preparation: criterion 3: Plan the delivery of preparation materials to assist participants in acquiring the knowledge, skills, and attitudes needed before the simulation learning experience.

Required elements

- (a) Enable learners to complete preparation activities in advance of simulation-based experience to reinforce previous learning and prepare learners for success (Bommer et al., 2018; Bye, 2014; Chang et al., 2022; Changuiti et al., 2023; Da Silva, 2020; Darwish et al., 2023; Dodson, 2023; Kim H-K et al., 2019; Penalo, 2023; Roh et al., 2018; Stefaniak & Turkelson, 2014).

Consider an entry requirement for participants to complete before engaging in the simulation learning experience to help ensure learners are prepared for the simulation (INACSL Standards Committee et al., 2021).

Briefing criteria

Briefing: criterion 4: Prior to engaging in the simulation-based experience, the simulationist conveys important information to learners regarding the agenda, expectations, and logistics (Brennan, 2021).

Required elements

- (a) Set the expectations and tone for the upcoming scenario, review learning objectives, and define expectations related to learners' and facilitator roles, involvement and expected performance (Bommer et al., 2018; Brennan, 2022; Campbell et al., 2021; Coram, 2016; Darwish et al., 2023; Dodson, 2023; Duque et al., 2023; Kim H-K et al., 2019; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023; Song et al., 2023; Watts et al., 2022; Yang, 2021).
- (b) Discuss logistical factors such as: length of scenario(s), debriefing expectations, times for breaks, location of facilities, agenda or overview for the day (Bommer et al., 2018; Brennan, 2022; Bye, 2014; Darwish et al., 2023; Penalo, 2023; Roh et al., 2018; Watts et al., 2022; Yang, 2021).
- (c) Consider the use of a written or recorded briefing plan to standardize the process and content for each scenario (Penalo, 2023; Roh et al., 2018; Solli et al., 2020; Yang, 2021).
- (d) A written or recorded briefing plan should be required for simulation-based experiences when used for high-stakes or summative evaluations (Penalo, 2023; Roh et al., 2018; Solli et al., 2020; Yang, 2021).
- (e) Discuss the "fiction contract" and the need for confidentiality with learners to achieve the objectives and learn from the experience (Brennan, 2022; Darwish et al., 2023; Duque et al., 2019; Penalo, 2023; Roh et al., 2018; Rudolph et al., 2014).
- (f) To enhance engagement with the scenario, discuss suspension of disbelief with learners (Muckler, 2017; Stephan et al., 2023).

Briefing: criterion 5: Immediately prior to the simulation-based experience, conduct a structured orientation to the simulation-based learning environment (INACSL Standards Committee et al., 2021).

Required elements:

- (a) Orient learners to roles and expectations (Brennan, 2022; Coram, 2016; Darwish et al., 2023; Dodson, 2023; Duque et al., 2019; Kim, H-K. et al., 2019; Page-Cuttrara & Turk, 2017; Penalo, 2023; Roh et al., 2018; Song et al., 2023; Watts et al., 2022).
- (b) Provide information related to the use of any recording equipment (Bommer et al., 2018; Brennan, 2022; Campbell et al., 2021; Da Silva et al., 2020; Darwish et al., 2023; Duque et al., 2019; Johnston et al., 2017; Kim, H-K. et al., 2019; Page-Cuttrara & Turk, 2017; Roh et al., 2018; Song et al., 2023; Stefaniak & Turkelson, 2014).
- (c) Review the evaluation methods being used for this experience and notify learners when they can expect to receive the measurement tools (Brennan, 2022; Coram, 2016; Darwish et al., 2023; Dodson, 2023; Franklin et al., 2020; Kim, Y-J. et al., 2017; Kubin et al., 2023; Page-Cuttrara & Turk, 2017; Penalo, 2023; Yang, 2021; Watts et al., 2022).
- (d) Orient learners to all factors of the experience to help them achieve the objectives: scenario, equipment, manikins or other technology-enhanced environment, embedded simulation participant, scenario setting, and other environmental factors (Kim, Y-J. et al., 2017; Page-Cuttrara & Turk, 2017; Song et al., 2023).

- (e) Orientation to the objectives should provide general information and context for the learners; however, simulationists may choose not to disclose the specific learner performance measures or critical actions if they are part of the simulation-based experience objectives.
- (f) Orient to all technology that will be used during the experience, such as manikins (Solli et al., 2020), virtual learning environments, screen-based learning (Penalo, 2023), or any other technology that supports simulation learning.
- (g) Provide learners with resources and guidance if they require technology support for a given modality.

Briefing: criterion 6: Establish a psychologically safe learning environment during the briefing (Rudolph et al., 2014).

Required elements

- Create an environment for learners to feel comfortable expressing their thoughts without feeling uncomfortable or fearing negative consequences (Bommer et al., 2018; Penalo, 2023).
- Incorporate activities that help establish an environment of integrity, trust, and respect (Campbell et al., 2021).
- Discuss the Basic Assumption™ (Center for Medical Simulation, 2024), confidentiality, and professionalism (Penalo, 2023).
- Respond to questions and seek input from learners (Penalo, 2023; Solli et al., 2020; Stefaniak & Turkelson, 2014).
- Simulationists create an atmosphere of trust by being accessible and approachable (Campbell et al., 2021; Follow HSSOBP Facilitation®).
- Prevent defensive behavior and support risk-taking, which supports learning and the development of a professional identity (Campbell et al., 2021; Penalo, 2023).

About the International Nursing Association for Clinical Simulation and Learning

The International Nursing Association for Clinical Simulation and Learning (INACSL) is the global leader in transforming practice to improve patient safety through excellence in health care simulation. INACSL is a community of practice for simulation where members can network with simulation leaders, educators, researchers, and industry partners. INACSL also provided the original living documents INACSL Standards of Best Practice: Simulation®, an evidence-based framework to guide simulation design, implementation, debriefing, evaluation, and research. The Healthcare Simulation Standards of Best Practice® are provided with the support and input of the international community and sponsored by INACSL.

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