



## Pre-briefing Outline

Element 1 of DASH (Key dimensions below – see handbook for more details)

- Clarifies course objectives, environment, confidentiality, roles, and expectations.
- Establishes a “fiction contract” with participants.
- Attends to logistical details.
- Conveys a commitment to respecting learners and understanding their perspective.

**Welcome and Introductions** – include introductions of the participants and all faculty

**Fiction Contract** – recognizing we have tried hard to make it as real as possible but it is not a real situation, asking participants to come half way and engage so that they have a better learning experience, recognizing that people will act differently in simulation and that is ok; Patients may not be real but the clinical problems are real (\* don't use the term fiction contract with the participants but discuss the meaning of that)

**Basic Assumption** – review basic assumption with learners – to be held about each other, faculty and faculty holding it for the learners. \* Not something to be earned but something we give to each other

**Lab philosophy** – Mistakes are puzzles to be solved, simulation great place to make mistakes so that we can understand thinking and make corrections to thinking that drove actions

**Expectations** – Review the day, expectations, don't need to read the learning objectives but rather include it in expectations i.e. You are rapid response team today and you will be caring for a variety of adult patients with complex medical problems. Your job is to assess, diagnose and treat the patient as you would in the hospital. Discuss if the participants should do procedures (i.e. put in IV), if medications should be given as they would be in the hospital, limitations of the mannequin, How to call for consults or give orders, what equipment will be available, if the defib is live, if the meds are real (Whatever is appropriate to the situation, i.e. if you are using a standardized patient discuss not hurting the patient with procedures)

Include the expectation that we cannot know what you are thinking, but can hear what you say and see what you do – really interested in what you are thinking. Debriefing will happen after simulation and this is a time to think deeply about your practice and we will be exploring what was driving your actions or inactions in the simulation

**Confidentiality:** Discuss if this is a formative assessment, summative, if their performance will be discussed with chiefs, how will confidentiality be maintained. Ask them not to discuss each other's performance or the cases outside the sim lab

**Four Rules of Improvisation** – Tell them who they are (preferably they are themselves in their own specialty, describe if they are a RRT, code team, ED admitting team, Team); tell them where they are (in the ICU, ED, on the floor, responding to an emergency call in the CT), What's going on (They are admitting a patient from ED to the hospital) and who will be in the room (if there is a nurse, family member and so forth). This information should be repeated when the team enters the room from the ESP

**Logistics:** bathrooms, where to leave their belongings, cellphone/pager etiquette?

Allow time for questions