Scoping Review

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☑ Knowledge translation and advances in health and nursing practices

Prebriefing in clinical simulation in nursing: scoping review

O prebriefing na simulação clínica em enfermagem: revisão de escopo

Prebriefing en simulación clínica en enfermería: revisión del alcance

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ABSTRACT

Objective: To map the concept and structural elements of the prebriefing phase in clinical simulations in nursing.

Method: Scoping review with searches between May and June 2021 in the databases PubMed, Virtual Health Library, EMBASE, CINAHL, SCOPUS, Web of Science, CAPES Catalog of Theses and Dissertations, Brazilian Digital Library of Theses and Dissertations and Google Scholar, in portuguese, spanish and english, without time limit.

Results: 24 studies were selected. In 17 articles (70.8%) the authors used the spelling prebriefing (in italics and amended), to refer to the stage that precedes the simulation, including preparatory activities and guidance. Alternative methods for prebriefing were described (reflective practices, laboratories, games and videos).

Conclusion: There is no consensus regarding the concept and elements that constitute the prebriefing. This simulation stage contributes to participant satisfaction, participation and psychological safety, with better learning outcomes.

Keywords: High fidelity simulation training. Simulation training. Patient simulation. Nursing. Education, nursing. Educational technology.

RESUMO

Objetivo: Mapear o conceito e elementos estruturais da fase de *prebriefing* nas simulações clínicas em enfermagem.

Método: *Scoping review* com buscas, entre maio e junho de 2021, nas bases de dados Pub Med, Biblioteca Virtual em Saúde, EMBASE, CINAHL, SCOPUS e *Web of Science*, Catálogo de Teses & Dissertações da CAPES, Biblioteca Digital Brasileira de Teses e Dissertações e *Google Scholar*, nos idiomas português, espanhol e inglês, sem limite de tempo.

Resultados: Foram selecionados 24 estudos. Em 17 artigos (70,8%), os autores utilizaram a grafia *prebriefing* (em itálico e emendado), para se referir a etapa que antecede a simulação, incluindo atividades preparatórias e orientações. Foram descritos métodos alternativos para o *prebriefing* (práticas reflexivas, laboratórios, jogos e vídeos).

Conclusão: Não há consenso a respeito do conceito e dos elementos que compõem o *prebriefing*. Essa etapa da simulação contribui na satisfação, participação e segurança psicológica do participante, com melhores resultados de aprendizagem.

Palavras-chave: Treinamento com simulador de alta fidelidade. Treinamento por simulação. Simulação de paciente. Enfermagem. Educação em enfermagem. Tecnologia educacional.

RESUMEN

Objetivo: Mapear el concepto y elementos estructurales de la fase *prebriefing* em simulaciones clínicas em enfermería.

Método: *Scoping review* con búsquedas entre mayo y junio de 2021 en las bases de datos PubMed/PMC, Virtual Health Library, EMBASE, CINAHL, SCOPUS, *Web of Science*, Catálogo de Tesis y Disertaciones de la CAPES, Biblioteca Digital Brasileña de Tesis y Disertaciones y *Google Scholar*, en portugués, español e inglés, sin límite de tiempo.

Resultados: Se seleccionaron 24 estudios. En 17 artículos (70,8%) los autores utilizaron la ortografía *prebriefing* (en cursiva y corregida) para referirse a la etapa que precede la simulación, incluyendo actividades preparatorias y orientaciones. Se describieron métodos alternativos para el *prebriefing* (prácticas reflexivas, laboratorios, juegos y videos).

Conclusión: No existe consenso en cuanto al concepto y elementos que componen el *prebriefing*. Esta etapa de la simulación contribuye a la satisfacción, participación y seguridad psicológica del participante, con mejores resultados de aprendizaje.

Palabras clave: Enseñanza mediante simulación de alta fidelidad. Entrenamiento simulado. Simulación de paciente. Enfermería. Educación en enfermería. Tecnología educacional.

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INTRODUCTION

The concern with patient safety has raised discussions about health education, with a view to patient protection. Clinical simulation has shown to be increasingly effective to meet this demand, as it is a pedagogical strategy that aims to build a scenario as real as possible, reaching practical experience, in a safe and controlled environment[1,2].

Widely used in undergraduate education and training of nursing professionals, clinical simulation can be performed in simulation laboratories, equipped with audiovisual resources and advanced technology, as well as in the environment in which professionals work. Low, medium and high fidelity simulators can be used, according to the learning objectives. The conduction of the simulation stages, as well as the good practices, are guided by the International Nursing Association for Clinical Simulation and Learning (INACSL), an association that aims to improve patient safety through excellence in the simulation of health and nursing care[1–3].

The stages that consist the clinical simulation are organized into different phases. The first phase, known as pre-simulation, consists of preparing the scenario participants in relation to the content that will be addressed. The second phase is called prebriefing, which is information and guidance to the participants immediately before the scene, reviewing the learning objectives and guiding on the equipment, mannequins, functions, time and scenario. Participation is the moment when the learner performs actions in the development of the simulated scene, and debriefing, the reflection about what happened in the scene, which occurs after the end of the scenario[4].

In order to comply with its standards of good practices, INACSL recommends, among other criteria, to start the simulation with prebriefing, as a facilitation method to prepare participants for the Simulation-Based Experience (SBE). To meet this criterion, the prebriefing phase must be structured, planned, and conducted immediately before the scenario, including guidance on simulation and identification of participants' expectations, as well as activities that promote a safe environment for learning. The facilitator may also consider to use a written or recorded prebriefing plan to standardize the process and scenario content, especially in high performance assessments[3].

The operationalization of clinical simulation is of great importance for the teaching-learning process, considering that the insertion of learners in practice is something challenging[5]. Therefore, standardization in execution and approach is good, not only for research purposes, but also for participant assessment and full immersion in simulation experience. For this to occur, it is necessary to dedicate oneself to each of the simulation components to make them explicit for teaching-learning[5,6].

Although the simulation is already consolidated as a pedagogical strategy, studies reveal that participants demonstrate high levels of stress and anxiety, associated with the simulated activity, highlighting the need to seek ways to minimize such feelings[5,7]. Given this fact, the prebriefing moment seems to be ideal to alleviate these emotions by providing specific guidance and the necessary preparation for the good development of the scenarios.

Scoping reviews were not found in the scientific literature that presented the prebriefing in nursing simulation as a central theme, only one national integrative review[8]was identified, which aimed to differentiate the pre-simulation and briefing phases.

There is a need to make clear concepts and remedy certain gaps on this theme, since discussions about prebriefing are still incipient, especially at the national level. Therefore, the objective of this scoping review is to map the concept and structural elements of the prebriefing phase in clinical simulations in nursing.

METHOD

Type of Study

This is a Scoping Review, according to the method established by the Joanna Briggs Institute (JBI) and based on the recommendations of the Preferred Reporting Items for Systematic reviews and Meta-Analyses – extension for scoping reviews (PRISMA-ScR)[9,10].This method demonstrates standardization, organization, and robustness in the research. For the construction of the research question, the "PCC" rule was used, which means: Population, Concept and Context. It was defined: P: nursing professionals and students (high school, professional and higher education level). C: Prebriefing, one of the stages of clinical simulation, which occurs immediately before the scene, and which contributes to the best practices of this teaching-learning strategy. C: Clinical Simulation. Therefore, the research question was: what are the concepts and structural elements of the prebriefing phase in clinical simulations in nursing? The research protocol was registered in the Open Science Framework, doi: https://doi.org/10.17605/OSF.IO/5TESH.

Data collection

The searches took place from May to June 2021, in the following databases: Excerpta Medica data BASE (EMBASE),

Cumulative Index to Nursing and Allied Health Literature (CINAHL), SCOPUS, Web of Science, and in the portals: Medical Literature Analysis and Retrieval System (PUBMED), Medical Literature Analysis and Retrieval System Central (PUBMED PMC), Virtual Health Library (VHL/BVS). In addition to the databases, it was also performed a search for gray literature in the CAPES Catalog of Theses and Dissertations and in the repository of the Brazilian Digital Library of Theses and Dissertations (BDTD), in addition to consulting the Google Scholar. The references of the selected articles were also consulted in order to find other studies on the research topic.

In the search strategy, the Health Sciences Descriptors" (DeCS) and the "Medical Subject Headings" (MeSH) were used: ("High Fidelity Simulation Training" OR "Simulation Training" OR "Patient Simulation") AND ("pre-briefing" OR "briefing" OR Prebriefing) AND truncation performed in Nursing. Along with the descriptors, the Boolean terms were used: AND and OR. Inclusion criteria were: studies published in journals or pre-print repositories, in English, Spanish or Portuguese, with methodologies of quantitative or qualitative approach, in addition to systematic and integrative reviews, with no time limit. Studies were excluded that: only cited prebriefing as one of the stages of clinical simulation, without deepen into the description of how it was conducted; that did not mention the theoretical framework used or the stages that were carried out; and those that did not explore other aspects related to this phase of the simulation.

The search results were exported and transferred to the Endnote bibliographic manager. The studies were initially screened by reading the title and abstract by two independent reviewers, avoiding the risk of bias, using the Rayyan application. This application was developed by the Qatar Computing Research Institute (QCRI) and facilitates the process of initial analysis of titles and abstracts, using a semi-automation procedure while incorporating a high level of usability[11]. In cases of conflict, there was discussion among the researchers to reach a consensus and judgment of a third reviewer. After this first stage, the studies were read in full to select those that would compose the present review.

Data analysis and treatment

The data extracted from the studies were tabulated in an instrument adapted from the JBI, including: author, country of origin, year of publication; goals; population and sample size; methodology; type of intervention (strategy used by the studies to apply prebriefing in clinical simulations); results; and main findings related to the research question, recording them in a spreadsheet in Excel (Microsoft Office). The instrument was used to minimize the risk of bias, so a pilot was carried out by the researchers to identify gaps in the instrument. The scoping review does not require the assessment of methodological quality of the included studies. The treatment method and data summary were mapped according to the theme and followed the PRISMA-ScR determinations. Content analysis was based on an attentive and detailed reading of the studies, which were grouped according to their similarities, emerging four themes that met the objective of this scoping review.

Ethical aspects

The present study consists of a scoping review, so there is no need for submission to Research Ethics Committee.

RESULTS

A total of 226 articles were identified, in addition to another 11 studies from the reference lists and repositories of unpublished research. 95 articles were excluded due to duplicity, resulting in 142 articles for reading titles and abstracts. Two independent reviewers selected 36 articles for full text reading. After this reading, 12 articles that did not answer the research question, or that only mentioned the prebriefing phase as a simulation stage, were excluded. The articles that were excluded during the selection process (title and abstract reading and/or full text) did not focus on the prebriefing phase, only citing the development of this stage as part of the simulation. As a result, 24 met the inclusion criteria and were part of the final sample (Figure 1).

From the total of articles, 15 were developed in the United States of America (USA). The predominant language was English, with only one found in Portuguese. Regarding the year of publication, 2016 (n=4) and 2019 (n=4) were highlighted. Most of the studies (n=23) had nursing students as their target audience, and one of them also included the participation of medical students. Only one study (n=1) was directed to nursing professionals. The characteristics of the included studies are shown in Chart 1.

Due to the specifics of the scoping review, there was no need to perform an analysis of the methodological rigor of the selected studies. The sample consisted of literature reviews (n=9), quasi-experimental studies (n=4), intervention studies (n=2), editorials (n=2), focus group with qualitative analysis (n=1), qualitative study of interaction analysis (n=1), mixed method (n=1), Delphi method (n=1), Thesis (n=1), triangulation evaluation study (n=1), quantitative retrospective analysis (n=1).

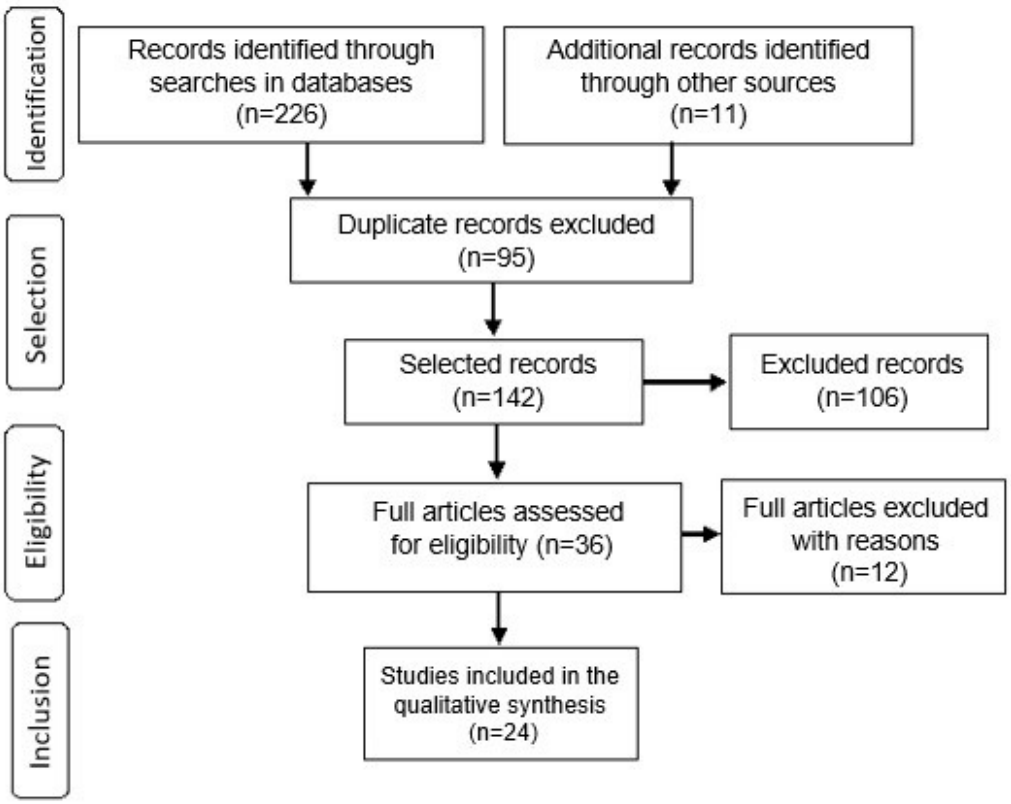

Figure 1 – Flowchart of the article selection process of the review, PRISMA-ScR. Campinas, São Paulo, Brazil, 2022
Source: Adapted[9].

After reading and extracting the data, the contents were grouped into their similarities and differences, emerging four categories: Prebriefing concepts; Prebriefing effectiveness; Essential elements for prebriefing; and Alternative methods of prebriefing.

Prebriefing concept: several terms were used by the authors to this phase (pre-scenario; pre-simulation; preparation; briefing; pre-scenario huddle; pre-simulation briefing; reflection before action)[12,18,28,32]. The prebriefing can be defined as the stage that precedes the simulation, being an essential element in simulation-based learning, consisting of activities of guidance and engagement in learning, planning and facilitation[8,12,18,31,32]. There is no consensus regarding its duration, which may range from 5 to 30 minutes, depending on the approach of each facilitator, the learning objectives of the scenario and the needs of the learners[18,21].

Prebriefing effectiveness: positive effects on satisfaction[24,30], participation and overall effectiveness of the simulation experience[12]; reduces stress and anxiety, when this moment of guidance occurs before the scene[25,34]; provides a psychologically safe environment[15,29]; improves learning outcomes[12,17,24,30]; promotes critical thinking and clinical judgment[19,25,34]; enables reflective practice[33,34]; and increases self-confidence[12,25,30,34].

Essential elements for prebriefing: they can be divided into three aspects, guidance on the scenario, reflection before action and creating a safe learning environment. The guidance should address the simulation environment and all elements about the scenario (learning objectives; roles of participants and facilitators; equipment, materials and mannequins to be used; debriefing; logistical details; introduction to the clinical case with patient history, among other information, review of evaluation criteria and measures, academic integrity and fictitious contract)[12,13,16,18,20,22,23,25,26,28,29]. In reflection, before action, the facilitator must identify the learners' expectations[13,23,28]; promote the review of the scenario content[12,28]; allow participants to prepare an action/care plan, previous to the execution of the scenario[12,13,16,18]; set time to prepare the learner for the scenario[16,23,31]. In creating a safe learning environment, the facilitator must perform the fictitious contract; consider the participant's concerns and anxiety factor, as well as their level of knowledge/experience; ensure respect and confidentiality.

Title	Journal	Country oforigin
The Impact of Simulation Prebriefing on Perceptions of Overall Effectiveness, Learning, and Self-Confidence in Nursing Students[12]	Nursing Education Perspectives	USA
Prebriefing in Simulation-Based Learning Experiences[13]	Nurse Educator	USA
Expert Role Modeling Effect on Novice Nursing Students' Clinical Judgment[14]	Clinical Simulation Nursing	USA
Psychological Safety in Nursing Simulation[15]	Nurse Educator	South Korea
Setting Learners up for Success: Presimulation and Prebriefing Strategies[16]	Teaching and Learning in Nursing	USA
Nursing Students' Perceptions of Briefing in Simulation[17]	Walden Dissertations and Doctoral Studies	USA
Use of Prebriefing in Nursing Simulation: A Literature Review[18]	Journal of Nursing Education	Canada
Impact of prebriefing on competency performance, clinical judgment and experience in simulation: An experimental study[19]	Nurse Education Today	Canada
Quality with quantity? Evaluating interprofessional faculty prebriefsand debriefs for simulation training using vídeo[20]	Surgery	USA
Cognitive load experienced by nurses in simulation-based learningexperiences: An integrative review[21]	Nurse Education Today	USA
Effects of Prebriefing on Psychological Safety and Learning Outcomes[22]	Clinical Simulation Nursing	South Korea
Guidelines and Essential Elements for Prebriefing[23]	Journal of The Society for Simulation in Healthcare	USA
A Systematic Review of Health Care Presimulation Preparation and Briefing Effectiveness[24]	Clinical Simulation Nursing	Canada
Effectiviness of neonatal emergency nursing education through simulation training: Flipped learning based on Tanner'sClinical Judgement Model[25]	Nursing Open	South Korea
Instructional Problems in Briefings: How to Prepare Nursing Students for Simulation-Based Cardiopulmonary Resuscitation Training[26]	Clinical Simulation Nursing	Norway

Chart 1 – Records included by the scoping review, according to title, journal, and country of origin. Campinas, São Paulo, Brazil, 2022

Title	Journal	Country oforigin
Creating context with prebriefing: A case exampleusing simulation[27]	Journal of Nursing Education and Practice	USA
Pré-simulação, pré-briefing ou briefing na simulação em enfermagem: quais as diferenças?[8]	Revista eletrônica de enfermagem	Brazil
Prebriefing in Nursing Simulation: A Concept Analysis Using Rodger's Methodology[28]	Clinical Simulation Nursing	USA
Establishing a Safe Container for Learning in Simulation The Role of the Presimulation Briefing[29]	Simulation in Healthcare	USA
Effect of Step-Based Prebriefing Activities on Flow and Clinical Competency of Nursing Students inSimulation-Based Education[30]	Clinical Simulation Nursing	South Korea
The Prebriefing Concept: A Delphi Study of CHSEExperts[31]	Clinical Simulation Nursing	USA
Prebriefing in Nursing Simulation: A Concept Analysis[32]	Clinical Simulation Nursing	Canada/USA
Prebriefing: An Equal to Debriefing?[33]	Journal of Perioperative & Critical IntensiveCare Nursing	USA
Simulation: Pre-briefing Preparation, Clinical Judgment and Reflection.WhatistheConnection?[34]	Journal of Contemporary Medicine	USA

Chart 1 – Cont.
Source:Research data, 2021.

Alternative methods of prebriefing: reflective practices can be developed (structured prebriefing – including the learner's previous knowledge, mapping concept and reflection before action[19,22]; analysis of the reflection of a recently graduated nurse on the theme of the scenario); training of techniques or practice of abilities in the laboratory[12,22,26,28,30]; games (card games, such as the "Worst-case Scenario" game)[27]; and videos[12,16,18] (informative videos for reviewing concepts and content; demonstration video of the scenario – which can be developed by an expert nurse as a model – expert role modeling video[14].

DISCUSSION

This scoping review allowed to present a mapping of publications/works on the prebriefing phase in clinical simulations in nursing. The English language was predominant in the publications, compared to other languages, such as Portuguese. It is worth mentioning that the only national article included in the review was located at the time of the search for other sources, since it did not use, among its descriptors, the terms "briefing" or "pre-briefing" or "prebriefing", not being possible to identify in databases and portals. Such facts reinforce the need for this review on the central theme of prebriefing, at the national level.

Even with the organization of the simulation components made by Jeffries[35], the definition and structure of the prebriefing remained unclear. The big obstacle starts with which term to use, pre-briefing/prebriefing, briefing or both?

Evidence suggests that the phase that starts and precedes the simulation is called preparation, being divided into two stages: 1. pre-simulation (providing materials for previous study of theoretical content and training of abilities necessary for the execution of the scenario); and 2. pre-friefing/briefing[8,24].

On the other hand, while some authors consider the terms prebriefing and briefing as synonyms[8], others establish a dichotomy between such phases, as distinct moments and

with different objectives. Some authors refer to the briefing phase as a set of three stages: 1-Prebriefing (preparation of the group with emphasis on the learning objectives, explanation of what the simulation will be like and creation of a safe and trusting environment); 2-Guidance (environment, equipment and simulation technology); 3-Briefing (presentation of the scenario, roles, situation, context, environment and time of the scenario and clarification of doubts)[36]. In another definition, the term briefing, described separately, can be distinguished from prebriefing, by referring only to operational guidance conducted before the beginning of the scenario, not including facilitation in thinking about nursing care and reflection[32].

INACSL, in 2015, started to use the term briefing to refer to the moment when the simulation-based experience starts. For them, this moment comprises three guidelines: 1-Establishment of an environment of integrity, trust and respect, identification of expectations for the participants and for the facilitators of the simulation, including the establishment of clear rules and a fictitious contract; 2-Establishment of participant orientation activities, space, mannequin, simulator, evaluation methods, functions, time, objectives, patient's situation and limits; 3-A written or recorded briefing plan, standardizing the process and content for each scenario[37]. However, in 2016, the same institution used the term prebriefing in its guidelines for good practices[3].

In 2021, INACSL defined prebriefing as one of its best practice standards for simulation in nursing[38], highlighting this phase that, in previous publications, was considered just one of the components of the "Simulation Design" standard[3].

In this way, with the latest INACSL guidelines, prebriefing started to be considered as the set of all activities that precede the simulation scenario, with the objective of creating a psychologically safe learning environment. In turn, the prebriefing is divided into two components: preparation and briefing. The INACSL also established nine criteria involving prebriefing, divided into general and specific criteria (preparation and briefing)[38].

A recent study used the term prebriefing as comprising from the sending of scientific materials to the participants until the moment before the scene[39]. An article published in 2021, which built and validated simulation scenarios in stomatherapy, separated the moments, with the prebriefing as the moment of recognizing the scenario, and the briefing consisting of instructions immediately before the scene[40].

In the analysis of the selected articles, it was not possible to identify a consensus about the writing of the term prebriefing, and its concept. From the 24 articles in this review, most used the term prebriefing (n=17, 70.8%), followed by the terms pre-briefing (n=3, 12.5%), pre-simulation (n=3, 12.5%) and briefing (n=1, 4.2%). In addition, the terms briefing and prebriefing were considered synonymous in three studies[24,25,29]. Despite this, it is unanimous among the authors, the need to structure the moment before the scenario, in order to prepare the student for the actions that will be expected in each scene, providing them with knowledge and skills to be able to experience the simulation[37].

Despite the little emphasis in the literature about the prebriefing stage, the influence it exerts on participants is already known, which can affect satisfaction, participation and the overall effectiveness of the simulation experience. Students report high levels of stress and anxiety when participating in a simulation, which can hinder learning. However, if they are exposed to a moment that precedes the scene, which guides them in relation to their roles, the desired behavior, the equipment that composes the scenario and the form of assessment, they feel safer, which improves learning and the engagement. Moreover, the prebriefing stage also acts in the formation of a professional identity[15,39].

From this perspective, the simulation-based experience, when performed in a structured way, following good practices, provides to students experiences of clinical situations in a controlled setting, prioritizing patient safety with the use of new technologies, in addition to providing several other professional skills[41].

The findings of the present review, on what would be the essential elements to compose a quality prebriefing, are corroborated by INACSL's standards of good practices, which list the following elements: identify the expectations of participants and facilitators; incorporate activities that contribute to the establishment of an environment of integrity, trust and respect; perform a fictitious contract; incorporate guidance on space, equipment, simulator, assessment method, roles, time, objectives, patient situation and limitations[3].

There is no consensus on a single model to be followed, since the prebriefing may vary according to the specificities of each scenario and its target audience. A recent study explored standards and guidelines for prebriefing, through a compilation of essential elements identified in the scientific literature and in documents from simulation organizations. As a product of this review, the authors established the following elements as essential: preparing the scene (psychological safety, fictitious contract, confidentiality, communication and logistics); expectations (facilitator and participant); debriefing (purpose, method and process); simulation scenario (backstory, objectives, roles and evaluation); guidance of the simulation room (modality and equipment); preparation time (review of case-specific information)[23].

Most of the studies about clinical simulation identified in the literature do not mention the prebriefing phase, and

when they do, they only superficially mention its inclusion as part of the simulation experience. A national study that described the process of building and validating a scenario on humanized childbirth and delivery, addressed in detail the prebriefing phase, involving the steps of agreeing rules, guidance on roles, mutual respect and confidentiality. In the same study, the prebriefing also had other elements, such as the identification of previous experiences of the participants, review of the objectives of the scenario, estimated time of the scene, guidance on the environment, equipment and mannequins, being also offered a moment for them to became familiar with the scenario[39].

It is understood that the guidance during the prebriefing can be conducted through texts, videos or even through the initial speech of the facilitator. Thus, the facilitator has pedagogical freedom to develop innovative proposals and strategies of how the prebriefing guidance will be given.

Among the studies analyzed, it was also possible to identify experiences and strategies that transcend the traditional prebriefing model. A study with the participation of 76 nursing students, for example, evaluated the effects of a structured prebriefing strategy compared to traditional prebriefing. The prebriefing activity considered traditional included guidance on the equipment, environment, mannequin, roles, time, goals and patient situation, while the Structured Prebriefing Model, presented as a possible alternative, included, besides traditional activities, aspects of knowledge and previous learning, concept mapping and reflection before action. It was found that the Structured Prebriefing Model is capable of positively impact the performance of competencies, clinical judgment and perceptions about the prebriefing, improving the significant learning of the simulation[19].

The studies identified in this review, which describe alternative methods of prebriefing, highlight the experience of using a sequence of educational activities in a simulation scenario on clinical deterioration in cardiac patients. The activities that composed the prebriefing of this scenario were the following: reflection of a recently graduated nurse about her first experience with a protocol for the care of cardiac patients; practice of cardiac assessment including identification of heart rhythms with a high-fidelity mannequin; use of a game called "Worst-Case Scenario" to apply the "Hs" and "Ts" of Advanced Cardiac Life Support (ACLS); four-minute screening of the video "Megacode and Resuscitation Team Concept" and discussion of team member roles. Such activities contributed to the simulation experience in achieving favorable learning outcomes[27].

A recent national study about the construction, validation and application of a simulated scenario in stomatherapy, described the use of clinical stickers that were posted on the doors of the scenario rooms, to be analyzed by the candidates before entering the environment of simulation, for operationalization of the briefing stage. This same study also addressed the strategy of applying written assessment with multiple-choice questions to the participants before the development of the scenario, considering it as an important preparatory stage for the simulation objectives to be achieved[40]. One of the studies that composed the present review also mentioned the Quiz as a preparatory simulation strategy, but as part of the pre-simulation stage and not prebriefing, that is, not occurring immediately before the execution of the scenes[16].

The potential limitations of this scoping review are the scarcity of national studies, and the restriction to English, Portuguese and Spanish. The terms prebriefing, pre-briefing, briefing are not indexed in DeCS/MeSH, which may have limited searches in databases and portals.

CONCLUSION

It was concluded, with the findings of this review, that the most appropriate writing to refer to the stage that precedes the simulation scenarios is prebriefing, in italics and amended, based on the nomenclature used by INACSL, in addition to the fact that most authors use this term, which provides greater standardization among scientific productions. It is unanimous among authors the importance of prebriefing to ensure the psychological safety of the learner, contributing to their satisfaction, reducing anxiety and improving learning outcomes, being considered an essential stage in the simulation-based learning experience.

It was also possible to verify that there is no single and immutable standard of the essential elements that must compose a quality prebriefing, with flexibility depending on the specificities of each scenario. However, this review highlighted as indispensable components: provide guidance on the scenario; stimulate reflection before action; and promote a safe learning environment (fictitious contract, respect and confidentiality). It is up to the facilitator to think and develop innovative prebriefing strategies, for example, educational games, videos and skills training, transcending traditional methods.

The implications of this review to the practice of clinical simulation in nursing include the appreciation and standardization of prebriefing, as a crucial and important stage for simulation-based teaching, in addition to providing subsidies to facilitators for the planning and implementation of a structured prebriefing, according to the concepts and structural elements of this phase, bringing contributions to the teaching of nursing/health.

The terms prebriefing, pre-briefing, briefing are not indexed in DeCS/MeSH, limiting language unification and the use of terminology for research in multiple languages, in view of this, the suggestion of its inclusion will be forwarded to DeCS/MeSH.

However, the number of studies on prebriefing is still incipient, especially at the national level, requiring efforts from the scientific community to develop further research on the theme, aiming at further clarification and standardization that leads to the improvement of this important stage of simulation.

REFERENCES

1. Conselho Regional de Enfermagem do Estado de São Paulo. Manual de simulação clínica para profissionais de enfermagem. São Paulo: Coren-SP; 2020 [cited 19 Sep 2021]. Available from: https://portal.coren-sp.gov.br/wp-content/uploads/2020/12/Manual-de-Simulação-Clínica-para-Profissionais-de-Enfermagem.pdf.
2. Coutinho VRD, Martins JCA. Simulation in the education of health professionals [editorial]. Rev Min Enferm. 2015;19(1):11-2. doi: http://doi.org/10.5935/1415-2762.20150001.
3. INACSL Standards Committee. INACSL standards of best practice: Simulation℠ simulation design. Clin Simul Nurs. 2016;12:S5-S12. doi: http://doi.org/10.1016/j.ecns.2016.09.005.
4. Oliveira SN, Prado ML, Kempfer SS, Martini JG, Caravaca-Morera JA, Bernardi MC. Experiential learning in nursing consultation education via clinical simulation with actors: action research. Nurse Educ Today. 2015;35(2):50-4. doi: http://doi.org/10.1016/j.nedt.2014.12.016.
5. Boostel R, Bortolato-Major C, Silva NO, Vilarinho JOV, Fontoura ACOB, Felix JVC. Contributions of clinical simulation versus conventional practice in a nursing laboratory in the first clinical experience. Esc Anna Nery. 2021;25(3):e20200301. doi: https://doi.org/10.1590/2177-9465-EAN-2020-0301.
6. Oliveira SN, Massaroli A, Martini JG, Rodrigues J. From theory to practice, operating the clinical simulation in Nursing teaching. Rev Bras Enferm. 2018;71(Suppl 4):1896-903. doi: http://doi.org/10.1590/0034-7167-2017-0180.
7. Brasil GC, Lima LTB, Cunha EC, Cruz FOAM, Ribeiro LM. Stress level experienced by participants in realistic simulation: a systematic review. Rev Bras Enferm. 2021;74(4):e20201151. doi: https://doi.org/10.1590/0034-7167-2020-1151.
8. Nascimento JSG, Costa ABF, Sangiovani JC, Silva TCS, Regino DSG, Dalri MCB. Pre-simulation, pre-briefing or briefing innursing simulation: what are the differences? Rev Eletrônica Enferm. 2020 [cited 19 Sep 2021];22:60171. Available from: https://docs.bvsalud.org/biblioref/2020/12/1140213/60171-texto-do-artigo-300524-2-10-20201204.pdf.
9. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med. 2018;169(7):467-73. doi: https://doi.org/10.7326/M18-0850.
10. Peters MDJ, Godfrey C, McInerney P, Soares CB, Khalil H, Parker D. Scoping reviews. In: Aromataris E, Munn Z, editors. Joanna Briggs Institute Reviewer's Manual. Australia: Joanna Briggs Institute; 2017.
11. Ouzzani M, Hammady H, Fedorowicz Z, Elmagarmid A. Rayyan: a web and mobile app for systematic reviews. Syst Rev. 2016;5(1):210. doi: https://doi.org/10.1186/s13643-016-0384-4.
12. Chamberlain J. The impact of simulation prebriefing on perceptions of overall effectiveness, learning, and self-confidence in nursing students. Nurs Educ Perspect. 2017;38(3):119-25. doi: https://doi.org/10.1097/01.NEP.0000000000000162.
13. Chmil JV. Prebriefing in simulation-based learning experiences. Nurse Educ. 2016;41(2):64-5. doi: https://doi.org/10.1097/NNE.0000000000000217.
14. Coram C. Expert role modeling effect on novice nursing students' clinical judgment. Simul Nurs. 2016;12(9):385-91. doi: https://doi.org/10.1016/j.ecns.2016.04.009.
15. Kang SJ, Min HY. Psychological safety in nursing simulation. Nurse Educ. 2019;44(2):E6-9. doi: https://doi.org/10.1097/NNE.0000000000000571.
16. Leigh G, Steuben F. Setting learners up for success: presimulation and prebriefing strategies. Teach Learn Nurs. 2018;13(3):185-9. doi: https://doi.org/10.1016/j.teln.2018.03.004.
17. Maret B. Nursing students' perceptions of briefing in simulation [dissertation]. Minneapolis: Walden University; 2018.
18. Page-Cutrara K. Use of prebriefing in nursing simulation: a literature review. J Nurs Educ. 2014;53(3):136-41. doi: https://doi.org/10.3928/01484834-20140211-07.
19. Page-Cutrara K, Turk M. Impact of prebriefing on competency performance, clinical judgment and experience in simulation: an experimental study. Nurse Educ Today. 2017;48:78-83. doi: https://doi.org/10.1016/j.nedt.2016.09.012.
20. Paige JT, Zamjahn JB, Carvalho RB, Yang S, Yu Q, Garbee DD, et al. Quality with quantity? evaluating interprofessional faculty prebriefs and debriefs for simulation training using video. Surgery. 2019;165(6):1069-74. doi: https://doi.org/10.1016/j.surg.2019.01.014.
21. Rogers BA, Franklin AE. Cognitive load experienced by nurses in simulation-based learning experiences: an integrative review. Nurse Educ Today. 2021;99:104815. doi: https://doi.org/10.1016/j.nedt.2021.104815.
22. Roh YS, Ahn JW, Kim E, Kim J. Effects of prebriefing on psychological safety and learning outcomes. Clin Simul Nurs. 2018;25:12-9. doi: https://doi.org/10.1016/j.ecns.2018.10.001.
23. Rutherford-Hemming T, Lioce L, Breymier T. Guidelines and essential elements for prebriefing. Simul Healthc. 2019;14(6):409-14. doi: https://doi.org/10.1097/SIH.0000000000000403.
24. Tyerman J, Luctkar-Flude M, Graham L, Coffey S, Olsen-Lynch E. A systematic review of health care presimulation preparation and briefing effectiveness. Clin Simul Nurs. 2019;27:12-25. doi: https://doi.org/10.1016/j.ecns.2018.11.002.
25. Yang S. Effectiveness of neonatal emergency nursing education through simulation training: flipped learning based on tanner's clinical judgement model. Nurs Open. 2021;8(3):1314-24. doi: https://doi.org/10.1002/nop2.748.
26. Hussebø SE, Friberg F, Søreide E, Rystedt H. Instructional problems in briefings: how to prepare nursing students for simulation-based cardiopulmonary resuscitation training. Clin Simul Nurs. 2012;8(7):e307-8. doi: https://doi.org/10.1016/j.ecns.2010.12.002.
27. Brackney DE, Priode KS. Creating context with prebriefing: a case example using simulation. J Nurs Educ Pract. 2015;5(1):129-36. doi: https://doi.org/10.5430/jnep.v5n1p129.
28. Chamberlain J. Prebriefing in nursing simulation: a concept analysis using Rodger's methodology. Clin Simul Nurs. 2015;11(7):318-22. doi: https://doi.org/10.1016/j.ecns.2015.05.003.
29. Rudolph JW, Raemer DB, Simon R. Establishing a safe container for learning in simulation the role of the presimulation briefing. Simul Healthc. 2014;9(6):339-49. doi: https://doi.org/10.1097/SIH.0000000000000047.
30. Kim Y, Noh G, Im Y. Effect of step-based prebriefing activities on flow and clinical competency of nursing students in simulation-based education. Clin Simul Nurs. 2017;13(11):544-51. doi: https://doi.org/10.1016/j.ecns.2017.06.005.

31. McDermott DS. The prebriefing concept: a delphi study of chse experts. Clin Simul Nurs. 2016;12(6):219-27. doi: https://doi.org/10.1016/j.ecns.2016.02.001.
32. Page-Cutrara K. Prebriefing in nursing simulation: a concept analysis. Clin Simul Nurs. 2015;11(7):335-40. doi: https://doi.org/10.1016/j.ecns.2015.05.001.
33. Chamberlain J. Prebriefing: an equal to debriefing? J Perioper Crit Intensive Care Nurs. 2016;2(3):1000125. doi: https://doi.org/10.4172/2471-9870.1000125.
34. Sharoff L. Simulation: pre-briefing preparation, clinical judgment and reflection. what is the connection? J Contemp Med. 2015;5(2):88-101. doi: https://doi.org/10.16899/ctd.49922.
35. Jeffries PR, Rodgers B, Adamson K. NLN Jeffries simulation theory: brief narrative description. Nurs Educ Perspect. 2015;36(5):292-3. doi: https://doi.org/10.5480/1536-5026-36.5.292.
36. Pereira Junior GA, Guedes HTV. Simulação em saúde para ensino e avaliação: conceitos e práticas. São Carlos: Cubo; 2021.
37. Lioce L, Meakim CH, Fey MK, Chmil JV, Mariani B, Alinier G. Standards of best practice: simulation standard IX: simulation design. Clin Simul Nurs. 2015;11(6):309-15. doi: http://doi.org/10.1016/j.ecns.2015.03.005.
38. INACSL Standards Committee. Healthcare simulation of best Practice™ Prebriefing: preparation and briefing. Clin Simul Nurs. 2021;58:9-13. doi: https://doi.org/10.1016/j.ecns.2021.08.008.
39. Fonseca LMM, Monteiro JCS, Aredes NDA, Bueno JV, Domingues AN, Coutinho VRD, et al. Interdisciplinary simulation scenario in nursing education: humanized childbirth and birth. Rev Latino Am Enfermagem. 2020;28:e3286. doi: http://doi.org/10.1590/1518-8345.3681.3286.
40. Almeida AO, Dantas SRPE, Paula MAB, Silva JLG, Franck EM, Oliveira-Kumakura ARS. Development, validation and application of clinical simulation scenarios for assessment of stomatherapy specialists. Rev Bras Enferm. 2021;74(1):e20200360. doi: http://doi.org/10.1590/0034-7167-2020-0360.
41. Costa RRO, Medeiros SM, Coutinho VRD, Veríssimo CMF, Silva MANCGMM, Lucena EES. Clinical simulation in cognitive performance, satisfaction and self-confidence in learning: a quasi-experimental study. Acta Paul Enferm. 2020;33:eAPE20180123. doi: https://doi.org/10.37689/acta-ape/2020A001236.

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