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Teaching competence in the Prebriefing: Comparative analysis of international definitions in Clinical Simulation.

Competencia docente en el Prebriefing: Análisis comparativo de definiciones internacionales en Simulación Clínica.

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Summary.

Introduction: Simulation-based education (SBE) with its prebriefing and *simulation* phases and Debriefing requires competent simulationists in each of them, of which prebriefing presents multiple definitions, resulting in theoretical and practical confusion. **Aim:** Compare the main definitions of prebriefing from the dictionary of the Society for Simulation in Healthcare and the Standards of the International Nursing Association for Clinical Simulation and Learning, to apply a contextualized prebriefing to the Teaching Competency Model Based on Simulation Activities of the San Gregorio University of Portoviejo (MCDBAS-USGP) and the preparatory phases of the Objective Structured Clinical Examination (OSCE). **Method:** Qualitative study of documentary and comparative analysis. **Results:** Although there are different terms used to describe prebriefing, there are commonalities such as prior preparation, psychological safety, clarity of objectives, roles, and fidelity. This analysis allowed for the proposal of a unified and contextualized definition of prebriefing and the listing of 25 quality items, demonstrating how prebriefing is applied to the MCDBAS-USGP and a methodological guide for the OSCE, thus promoting competency-based training and assessment. **Conclusion:** Conceptual unification reduces the theoretical-practical confusion surrounding prebriefing and allows for an increase in its quality and importance. The MCDBAS-USGP includes prebriefing as a cross-cutting competency and phase for instructors, evaluated with compliance and quality items, and offering replicability and improvement.

Keywords: Teaching competencies, OSCE, Simulation-based education, Prebriefing, Clinical simulation.

Abstract.

Introduction: Simulation-based education (SBE), with its phases of prebriefing, simulation, and debriefing, requires simulationists to be competent in each stage. Among these, prebriefing has been described with multiple definitions, generating theoretical and practical confusion. **Aim:** To compare the main definitions of prebriefing from the *Healthcare Simulation Dictionary* of the Society for Simulation in Healthcare and the *Healthcare Simulation Standards of Best Practice* of the International Nursing Association for Clinical Simulation and Learning, and to apply a contextualized prebriefing to the Teaching Competency Model Based on Simulation Activities of Universidad San Gregorio de Portoviejo (MCDBAS-USGP) and to the preparatory phases of the Objective Structured Clinical Examination (OSCE). **Method:** Qualitative study based on documentary and comparative analysis.

Results: Although different terms are used to describe prebriefing, commonalities include prior preparation, psychological safety, clarity of objectives, role definition, and fidelity. This analysis enabled the proposal of a unified and contextualized definition of prebriefing and the development of 25 quality items, demonstrating how prebriefing is applied within the MCDBAS-USGP and a methodological guide for the OSCE, thereby supporting competence-based training and assessment. **Conclusion:** Conceptual unification reduces the theoretical-practical confusion surrounding prebriefing and enhances its quality and relevance. The MCDBAS-USGP incorporates prebriefing as a transversal teaching competency and phase, evaluated through compliance and quality items, offering replicability and continuous improvement.

Keywords: Clinical simulation, OSCE, Prebriefing, Simulation-based education, Teaching competencies.

1. Introduction

Health sciences education faces structural, technological, and pedagogical challenges that demand active, student-centered methodologies such as Simulation-Based Education (SBE). Through SBE, students develop technical and non-technical skills in safe environments, ensuring patient safety and quality of care. SBE does not replace traditional clinical training, characterized by direct clinical instruction in hospital wards with real patients. While this contrasts with SBE, it justifies its complementary, not substitutive, role (1). SBE places students in guided and controlled scenarios that simulate clinical reality. Its established phases are prebriefing, simulation, and debriefing, highlighted by the Society for Simulation in Healthcare (SSH) and the International Nursing Association for Clinical Simulation and Learning (INACSL) (2). These phases, in turn, are specific activities and competencies of a teacher who teaches with simulation, known as a simulationist (3). It is important to be a competent simulationist in each of these phases, a task that has been particularly difficult with prebriefing due to its various terminological definitions and the prioritization of research and development in scenario design and debriefing (4). Prebriefing and briefing are similar terms derived from the English verb " *to brief*" ("to give instructions"), which in simulation-based education is understood as providing information before an activity (5). Both SSH and INACSL agree that prebriefing is a preparation phase for participants where the aim is to instill in them the confidence to participate and make mistakes, that is, psychological safety (6).

This study not only analyzes international definitions but also proposes an innovative conceptualization of prebriefing, incorporating the dimension of temporality (immediate, mediate, and subsequent) and its integration into a replicable model such as the Teaching Competency Model Based on Clinical Simulation Activities of the San Gregorio de Portoviejo University (MCDBAS-USGP) and the Methodological Guide for Objective Structured Clinical Examinations (OSCE) of the Medical Program at this higher education institution (HEI). The analysis will use the definitions of the Society for Simulation in Healthcare (SSH) and the International Nursing Association for Clinical Simulation and Learning (INACSL) as the main and most impactful international reference sources in BSE, with the ultimate goal of unifying and reducing the diversity of terminologies surrounding prebriefing. Based on the consideration that this is currently a fundamental pillar of the INACSL Best Practice Standards (7) and that EBS should be included in the curriculum, contextualized to university and student demands, as well as to national and international guidelines, in order to facilitate continuous training processes, formative, summative and standardized evaluation, as well as the facilitation of skills and specialization and of the simulators (8-9). The theoretical framework is presented in Annex I.

The objective of this study has been to compare the main definitions of prebriefing from the dictionary of the Society for Simulation in Healthcare and the Standards of the International Nursing

Association for Clinical Simulation and Learning, in order to apply a contextualized prebriefing to the Model of Teaching Competencies Based on Simulation Activities of the San Gregorio de Portoviejo University (MCDBAS-USGP) and to the preparatory phases of the Objective Structured Clinical Examination (OSCE).

2. Methods

2.1 Study Design: A qualitative documentary analysis study with a comparative approach was conducted, focused on a critical review of the definitions and approaches to prebriefing in simulation-based education (SBE). This design was chosen to clarify a concept whose terminological ambiguity has been highlighted in key international literature, despite its essential role in preparing and guiding students in simulated scenarios.

2.2 Information sources: Official documents and scientific literature indexed in scientific databases were analyzed, prioritizing high-impact international references in the field of clinical simulation: The Healthcare Simulation Dictionary of the SSH, third edition (19). The INACSL HSSOBP, specifically the prebriefing standard (26). The ASPE SOBP, focused on standardized patients, which provide a complementary sense of prebriefing (27).

2.3 Procedure: The study was built in four phases:

2.3.1 Document Review: Selection criteria for the document review, inspired by the PRISMA statement and adapted to the documentary nature of the study, were applied. Official documents and indexed scientific literature were included if they: **(a)** explicitly defined prebriefing or related terms (briefing, orientation, preparation, background history), **(b)** came from recognized institutions in clinical simulation (SSH, INACSL, ASPE), and **(c)** were available in full in English or Spanish. Non-indexed sources, grey literature without academic validation, and documents not directly related to simulation-based education were excluded, ensuring transparency and reproducibility, even though the study is not a formal systematic review.

2.3.2 Comparative analysis: Identification of convergences and divergences between the three regulatory frameworks, considering conceptual, pedagogical, logistical and ethical aspects.

2.3.3 Critical synthesis: Development of a comparative table that integrates the contributions of each institution, highlighting the implications for teaching practice in clinical simulation.

2.3.4 Contextualization: Linking the conceptual analysis with the Model of Teaching Competencies Based on Simulation Activities (MCDBAS-USGP) of the San Gregorio University of Portoviejo, and its application in evaluative processes such as Objective Structured Clinical Examinations (OSCEs). Establishment of quality items for the prebriefing. The concept and the items, despite their contextualization to the MCDBAS-USGP, are replicable as they are aligned with international guidelines.

2.4 Rigor Criteria. To guarantee the validity and reliability of the analysis, the following criteria were applied:

- Methodological transparency: detailed description of the sources and the analysis process.
- Conceptual triangulation: contrast between the three main international references (SSH, INACSL, ASPE).
- Contextual relevance: linkage with the MCDBAS-USGP and evaluative practice in medicine through the OSCE.
- Academic relevance: selection of recognized and cited sources in the scientific literature of clinical simulation.
- Verification Instrument: A checklist of 25 items was designed to evaluate compliance and quality of the prebriefing in the MCDBAS-USGP. The indicators were organized into three phases (initiation, development, and continuous improvement), and the calculation of two indices was proposed:

$$umbral\ de\ calidad = \frac{ítems\ claves\ cumplidos\ *\ 100}{Total\ de\ ítems\ claves\ (20)}$$

$$umbral\ de\ cumplimiento = \frac{ítems\ cumplidos\ *\ 100}{Total\ de\ ítems\ (25)}$$

2.5 Ethical considerations:

This study was based exclusively on documentary analysis of public and official sources, without directly involving human participants or sensitive data. Therefore, it did not require approval from a research ethics committee for human subjects. Nevertheless, fundamental ethical principles were respected, such as transparency and academic honesty by faithfully and verifiably citing all sources, avoiding interpretive bias. Respect for intellectual property was ensured by using official documents and indexed literature, acknowledging original authorship. Contextual relevance was considered a criterion of rigor, and the MCDBAS-USGP model and quality parameters were applied responsibly, conceived as tools for continuous improvement, not as punitive instruments, ensuring that their implementation respects the dignity and educational process of the students. It is worth mentioning that the MCDBAS-USGP and the ECOE Methodological Guide constitute the authors' doctoral thesis work and these have been approved by the USGP Ethics Committee (CEISH-USGP) and the Italian University Institute of Rosario (IUNIR), the educational institution where the doctorate is being pursued.

3. Results

3.1 Comparison of International Definitions of Prebriefing: The comparative analysis of prebriefing definitions reveals commonalities regarding prior preparation, the psychological safety of participants, clarity of objectives, role definition, and the need to contextualize the simulation as a realistic clinical encounter with the greatest possible fidelity. Epistemological and pedagogical tensions are also identified. The SSH, through its dictionary, prioritizes a logistical and operational approach, emphasizing rules, agenda, and technical preparation, which can lead to a more instrumental view of the instructor's role. INACSL, on the other hand, positions prebriefing as an independent standard, with a strong emphasis on psychological safety, ethics, and pedagogical evidence, which requires the instructor to assume a more structured and curricular role. For its part, ASPE emphasizes the preparation of standardized patients (SPs) and the creation of a safe environment, both physically and psychologically, which shifts the instructor's role toward managing interactions and ensuring consistency in role-playing. Table 1 provides the approach and teaching implications of prebriefing according to the main sources, whose definitions were described in the theoretical framework.

3.2 Contextualized Definition: The synthesis and detailed analysis in the theoretical framework enabled the formulation of an innovative and unique definition of prebriefing, adjusted to the MCDBAS-USGP, which can be replicated, analyzed, used and updated; facts that would be beneficial for the EBS and for the following proposed concept:

"Prebriefing is an essential phase of EBS that encompasses the preparation of students, instructors, technicians, simulation centers, standardized participants, and technological resources for a simulation-based experience. It includes case and scenario planning, defining the type of debriefing and evaluation method, and is carried out through prior information sessions, orientations, and guides supported by physical, technological, and virtual resources. Its timing can be immediate, intermediate, or subsequent to the simulation. It varies according to the type of simulation, subject, grade level, student experience, and pedagogical objectives. Its purpose is to ensure psychological safety, scenario fidelity, and the quality of the EBS."

Table 1. Comparison of the main definitions of prebriefing.

Organization	Approach	Teacher involvement
SSH (Healthcare Simulation Dictionary)	Operational/logistical and psychological safety	Knowing the various terms described in the dictionary can lead to confusion in practice.
INACSL (HSSOBP)	Pedagogical/ethical and psychological safety	Comply with every standard to guarantee quality at EBS.
ASPE (SOBP)	Communication/ interaction and safe environment	Train the SPs and complement the criteria with the HSSOBP.

This concept is unique, innovative, unified, and based on essential sources from EBS. It is linked to the MCDBAS-USGP and has a comprehensive, cross-cutting, pedagogical approach, dependent on teaching competencies to guarantee psychological safety, scenario fidelity, and quality in CBME. Its teaching implications are detailed in Table 2.

Table 2. Approach and teacher involvement of the prebriefing in the MCDBAS-USGP.

Organization	Teacher involvement
MCDBAS-USGP (Model of Teaching Competencies Based on Clinical Simulation Activities, San Gregorio University of Portoviejo)	To be competent in the prebriefing phase, integrate EBS into the curriculum, ensure logistical preparation, pedagogical clarity, adaptation to the student's level, and creation of a safe environment. Furthermore, it must meet 25 quality parameters to demonstrate its level of competence. The OSCE methodological guide is integrated as a prebriefing tool, since this type of competency assessment is a process that includes clinical simulation.

3.3 Teaching Competency Model Based on Clinical Simulation Activities: A conceptual understanding of prebriefing is a general criterion of the HSSOBP prebriefing. This has justified this research and its inclusion in the MCDBAS-USGP. Additionally, the existence of a teaching competency model based on clinical simulation activities has not been verified, and if it exists, it has not been published. Similar attempts were made by Latugaye in Argentina (4, 15) and Barberán in Ecuador (32), but they do not define how the teacher will improve their competencies or what these competencies are; something that the MCDBAS-USGP does provide. In summary, the model was organized into five phases in which prebriefing is an essential and cross-cutting component (Figure 1).

The cross-cutting and comprehensive nature of the prebriefing in the MCDBAS-USGP is evident in Phase 1 (Preliminary Activities), which emphasizes preparation before the simulation. During this phase, the instructor delivers lectures, trains students in various skills, guides them in their assignments, and develops assessments. In Phase 2 (Prebriefing), guidelines are provided in a practical class guide where the instructor details the simulation's objective, type, materials, topics, rubrics, and the debriefing method to be used. Developing study guides for exams such as the OSCE is also part of the preparation or prebriefing process. During Phase 3 (Simulation Development), a briefing is held immediately at the start of the simulation, establishing the fictional contract, defining roles, and familiarizing participants with the scenario. Phase 4 (debriefing) should have been declared from phase 1, and mastery of debriefing is acquired through continuous teacher preparation for this essential activity of EBS, widely described in the clinical simulation literature (4, 15). Phase 5 (management within the model) is understood as an indispensable continuous improvement phase,

since without it it is not possible to guarantee a quality prebriefing or consolidate the teaching competencies that, in turn, allow teaching and evaluating competencies in students.

Figura 1. Phases of MCDBAS-USGP.

3.4 Compliance and quality of the prebriefing: The integration of the findings was operationalized into 25 quality items, organized into phases of initiation, development, and continuous improvement, ensuring fidelity of the scenarios, psychological safety for students, and pedagogical validity of the simulations. Furthermore, its application in the OSCE methodological guide demonstrates the practical relevance of the model, guaranteeing high-quality training and evaluation processes that can be replicated in other medical education contexts. Items 1 through 12 correspond to the prebriefing initiation phase, items 13 through 23 to the development phase, and the final two items to the continuous improvement phase—an important aspect of pedagogy, advocated in our MCDBAS-USGP and established in the INACSL HSSOBP. Twenty items measure quality and are marked with an asterisk (*). These are items 1-4, 6-8, 10, and 13-24; the remaining five assess compliance: 5, 9, 11, 12, and 25. This allows for the application of the formulas proposed in the methodology for calculating compliance and quality thresholds.

Table 3. Compliance and quality items of the Prebriefing in the MCDBAS-USGP.

No.	Prebriefing Items in the MCDBAS-USGP
1	* Curricular integration of simulation-based education (SBE).
2	* Preparation of practical class guides (academic planning, training and simulations), before the semester begins or up to 72 hours before the simulated activity.
3	* Preparation of clinical cases and lectures before the semester begins or up to 72 hours before the simulated activity.
4	* Thematic link and/or theoretical-practical link of the clinical case with the learning objectives and experience of the student.
5	Approval of the practices by the coordinator of the Simulation Center or the core leader of the subjects or expert validation of the designed clinical cases (co-development of the practices), before the semester begins or up to 72 hours before the simulated activity.
6	* Preparation of the course assessment system (lessons, exams, OSCE, rubrics) before the semester begins or up to 72 hours before the simulated activity.
7	* Students receive instruction on the fundamental principles of EBS at the beginning of the semester or course.
8	* Students are informed from the beginning of the semester about the learning objectives, topics, class formats, types of assessment, and the dates of each of their academic activities.
9	Access to curricular materials (syllabus and bibliography) from the beginning of the semester (students and technicians).
10	* Dissemination of practical class guides from the beginning of the semester to students and the simulation technician.
11	Standardized participant (SP) training for OSCE simulations and assessments.
12	Creation of a general chat for communication and information with students and/or group presidents or another system of direct educational communication with students (email, meetings)
13	* Preparation of each simulation with the simulation technician to ensure accuracy and quality, before the simulated activity.
14	* Students train before the simulated activity, practicing the skills and/or competencies to be evaluated (deliberate practice, videos, assignments, lectures, seminars, reading scientific articles, etc.).
15	* On the day of the simulation, the fictional contract is signed or there is evidence of its signing from the beginning of the semester depending on the type of subject and simulations.
16	* On the day of the simulation, the objective of the simulation is made clear.
17	* On the day of the simulation, the roles to be fulfilled by the students during the simulation are established.
18	* On the day of the simulation, a reconnaissance of the scenario is carried out.
19	* On the day of the simulation, the clinical case is introduced (reason for consultation or other relevant information).
20	* On the day of the simulation, the skills trained are evaluated and the student(s) receive their grade.
21	* There was psychological safety, empathy, and respect between teacher and student.
22	* After the simulation, a debriefing style is performed that was established from the pre-briefing and is included in the practical class guide and the clinical case script.
23	* Feedback is conducted between the teacher and the simulation technician after the simulated class, which was planned from the initial pre-briefing.
24	* Teacher development and training at any time during their role as a simulationist.
25	Continuous re-engineering of teaching and learning materials in preparation for subsequent activities and/or semesters.

Source: Table prepared by the authors based on the Guidelines and Essential Elements for Prebriefing (25) and the INACSL Prebriefing Standard (26). Note: Items marked with an asterisk (*) correspond to quality indicators, while the remaining ones are considered compliance indicators.

3.5 Application of the prebriefing in the OSCE: The correlation between prebriefing and OSCE was established through the development of a Methodological Guide for the OSCE, aimed at teachers and explained to students.

This guide comprises four interconnected phases: planning and organization, socialization, execution, and evaluation. The initial phases correspond to the pre-briefing preparation; during execution, an immediate briefing of the stations is conducted; and the final phase corresponds to the performance evaluation, which is supported by digital rubrics and evaluators, standardized participants (actors), and observers trained from the planning stage. This demonstrates the operationalization of the basic principles of pre-briefing in the OSCE, such as preparation, orientation, psychological safety, case fidelity, and quality in simulated environments, consolidating its role as an indispensable phase in standardized clinical evaluations, in accordance with the tenth HSSOBP of the INACSL (31) and the CBME.

4. Discussion

4.1 Linking the concepts and applications of the prebriefing: The theoretical framework highlighted the terminological diversity and specific applications of prebriefing in evaluative contexts such as the OSCE (Objective Structured Clinical Examination). This diversity originates from essential sources like the SSH (Health Simulation Dictionary) and hinders the consolidation of a uniform pedagogical framework. Furthermore, the existence of theoretical-practical confusion was justified, especially among young and inexperienced simulationists, making their training through models that foster their competencies essential.

The undervaluation of prebriefing is evident in the INACSL HSSOBP, as it was initially included in a different standard, Scenario Design, and only recently recognized since 2021. On the other hand, ASPE provides a complementary approach from the preparation of standardized patients (SP) and the guarantee of a safe environment; but it does not explicitly include the term prebriefing in its SOBP, but rather leaves it implied.

Clearly, both institutions (INACSL and ASPE) are examples of quality and complementary practices, but applying their standards in contexts different from those in which they were created is complicated. This highlighted the need to unify criteria and contextualize the prebriefing process in relation to the EBS (Basic Science Education), the subject, the degree or level, the university, the simulation center, the student, the type of simulation, and the assessment, in order to understand this phase as essential and as a fundamental teaching competency.

The proposed definition and the 25 items that measure the quality and compliance of the prebriefing became the innovative product of this research by integrating fundamental contexts and concepts within the literature and international organizations of clinical simulation, summarized in the participation and preparation of teachers, technicians, students, simulators, simulation center, standardized participants, along with the development of teaching competencies that favor student learning.

4.2 Innovative contributions of the study

4.2.1. Concept of Prebriefing: The concept included in the MCDBAS-USGP is comprehensive, cross-cutting, and replicable in undergraduate and graduate university contexts in the health sciences, both locally and internationally, as it is aligned with international standards governing EBS. The intention was never to contradict what has already been written, but rather to update and contextualize it, and reduce confusion. This is based precisely on what INACSL states: " *As simulation science continues to evolve, so does the need to add to and revise the Standards of Good Practice in Healthcare Simulation. Therefore, these standards are documents in constant development"* (2, 7, 26). This document aims to contribute to updating these definitions by confirming that prebriefing and EBS should be understood as dynamic and continuously improving processes.

4.2.2 Prebriefing Timing: This aspect, as stated, establishes a marked difference compared to what is described in the reviewed international sources. It refers precisely to the timing of the prebriefing and when it should be implemented as a best practice. In this study, it is introduced through the categories of mediate, immediate, and subsequent, complemented by specific items that define concrete moments, which can be observed in greater detail in Table 3. For example, mediate refers to the teacher's preparation of classes before the start of the semester, the curricular integration of the EBS (Educational Behavioral Sciences), the creation of practical class guides, the preparation of the evaluation system, and extends up to 72 hours before the simulation with the distribution of the simulation forms that outline the clinical case, vital signs, objectives, etc. Immediate refers to the day of the simulation, with the familiar briefing, where the objective, roles, reason for consultation or context of the case to be resolved are explained, the scenario is familiarized, psychological safety is reinforced, and simulation contracts are signed. The timeframe following the simulation involves conducting the scheduled debriefing and carrying out self-evaluation processes to continuously improve the simulated experience. These examples may vary for each institution and instructor, but it is crucial that they are competent enough to establish their own timelines and requirements to ensure the quality of the pre-briefing and adequate student training.

4.2.3 Linking the prebriefing with the OSCE: This association reinforces the practical relevance of the prebriefing by structuring phases in the OSCE methodological guide consisting of planning, socialization, execution, and evaluation. This ensures that the prebriefing in the OSCE directly impacts its quality and reliability and is viewed as an essential phase or pillar of BSE and the INACSL standards, where the tenth standard specifically supports this link through summative, high-risk, and competency-based assessments, a characteristic feature of Competency-Based Medical Education (CBME) (26, 31).

4.2.4 The 25 Quality Items of Prebriefing in the MCDBAS-USGP: A distinctive aspect of this research was result 3.4, the operationalization of prebriefing into 25 quality items. These items were not limited to synthesizing international standards, but rather sought to transform them into concrete and applicable indicators capable of guiding teaching practice and curriculum evaluation, with a justified scientific basis (25-26). These items make prebriefing an assessable and replicable teaching competency. Each university will be responsible for training and evaluating its faculty, following a framework that can be adapted to different university contexts and that, at the same time, ensures pedagogical fidelity, psychological safety, and quality in clinical simulation.

4.3 Limitations of the study: It is acknowledged that the analysis was based on documentary and comparative sources, without yet including evidence derived from the application and evaluation of the model; therefore, its generalizability to other contexts requires further expert validation. The definition of the prebriefing timeframe, although introduced in the proposed concept, requires practical verification to determine an optimal duration.

4.4 Future considerations: This research will consist of a series of publications addressing the main activities and competencies of the simulationist, beginning with the prebriefing and its connection to the assessment of student competencies in an OSCE (Objective Structured Clinical Examination). Subsequent research should examine the replication of the model and ensure inter-institutional comparisons. Empirical validation of the model and its 25 quality items is pending to determine its applicability and generalizability. This validation will be completed with the application of the proposed models and guidelines upon completion of the authors' doctoral research. The authors are committed to updating the models, guidelines, concepts, and competencies mentioned here to maintain the relevance of science and the field of health-based education.

5. Conclusions

- This study provided a solid theoretical foundation that allowed the development of prebriefing as a teaching competency and essential phase within the MCDBAS-USGP and the OSCE methodological guide of the USGP Medical School.
- The proposed definition is unique, tailored to the local context, and innovatively incorporates the dimension of temporality (mediate, immediate, and subsequent) along with 25 compliance and quality items based primarily on international standards, adapted to university needs and with the feasibility of replication.
- The need for a clear and early curricular inclusion of EBS is recognized, which will happen with more competent teachers in terms of clinical simulation.
- These contributions help to overcome terminological ambiguity, strengthen teaching practice in clinical simulation, guarantee quality, psychological safety, fidelity in simulated scenarios, and appropriate competency-based education and evaluation processes (CBME).

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1.1 Theoretical framework

1.1.1 Teaching Competencies: These are skills, knowledge, and attitudes that enable teachers to perform their role satisfactorily, summarized in the principles of "knowing, knowing how to do, and knowing how to be" (10). There are generic and specific competencies; the former underpin the latter, and both complement each other (11).

1.1.2 Teaching Competencies in Health Sciences: Health science teachers must master specific competencies for the subject they teach, and traditionally this role has been filled by a physician. This raises questions about their pedagogical training: Is clinical experience sufficient for teaching? Can every physician be a teacher? Is continuing education necessary? (12). Currently, teacher training in health sciences is geared towards continuous and specialized training and the establishment of teaching competency profiles that may be composed of key competencies such as: 1. Effective teaching and communication, 2. Curriculum planning and quality assurance, 3. Integration and adaptation to the digital age, and 4. Promotion of research and knowledge generation (13); where the first three competencies are closely related to prebriefing activities (preparation and orientation) and, in turn, to the quality of student training based on and evaluated by competencies (CBME).

1.1.3 Simulationist Competencies: Simulationists must master various aspects, including pedagogical, didactic, clinical, communicative, investigative, evaluative, ethical, and technological aspects, as well as the phases of BSE: **1.** Prebriefing, **2.** Simulation (scenario), and **3.** Debriefing (feedback). Certification of these competencies can be acquired through training and specializations offered by the SSH, such as the CHSE (Certified Health Education Educator) and CHSOS (Certified Health Simulation Operations Specialist) (14). Conceptual mastery is also a necessary competency and is not usually included in BSE research trends. Priority should be given to structural phases such as prebriefing, and the focus should shift away from scenario design, simulation, and debriefing, as this negatively impacts the preparation, orientation, and guidance of the clinical simulation-based educational process (15).

1.1.4 What is conceptualization and why does it matter in relation to prebriefing? Conceptualization is the transmission of a common meaning within a discipline through one or more words or terms (16). Defining prebriefing has been difficult due to existing terminological variations (17), which is contradictory given that it is an essential phase of EBS that requires a clear, unique conceptualization without so many synonyms or interchangeable terms that hinder its application. The main concepts and terms related to prebriefing within EBS will be described below, primarily from the SSH Dictionary of Healthcare Simulation, developed to improve communication and clarity for clinical simulation specialists. However, in its first two editions, next to the term prebriefing, the authors placed an asterisk with the note "*Term that has been identified as potentially controversial,*" something that in its current edition, the third, does not happen, but briefing, background history, orientation, and preparation are still referred to as interchangeable terms or synonyms of prebriefing.

1.1.5 Prebriefing in the SSH Health Simulation Dictionary: Prebriefing in health sciences education was adapted and transferred from the military and aeronautical fields to be designated as an information session prior to an activity, surgical procedure, clinical procedure (5,7,18), and even an evaluative one such as the Objective Structured Clinical Examination (OSCE). It is translated into Spanish as "orientación previa" or " sesión información inmediata," and its main objective is to prepare participants, establish a safe learning environment, and build student-teacher trust so that students can learn from their mistakes without fear (psychological safety). Prebriefing defines the basic rules, expectations, and dynamics of the scenario, helping to reduce defensive behaviors. It also includes planning among co-facilitators and orientation to the simulation space conducted before the simulated experience. It is currently a key component for achieving the scenario's objectives and optimizing the learning process (19).

1.1.6 Interchangeable Prebriefing Terms in the SSH Dictionary of Health Simulation: Not only is there a multiplicity of terms in an essential source like the SSH dictionary, but it has also become common for other authors to coin terms similar to prebriefing, such as prior learning, prior planning, pre-simulation preparation, pre-simulation report, and pre-simulation tasks (20-24). There is also no unified term for prebriefing in Spanish; in fact, it is more common to refer to it by its Anglo-Saxon name. And although this diversity of terms remains confusing, it is recognized that each one contributes a distinct nuance. Therefore, it is pertinent to present below the definitions found in the SSH Dictionary of Health Simulation, clarifying their scope and subsequently unifying them as a result of this research.

1.1.6.1 Briefing: The briefing is a pre-simulation activity that aims to establish a safe, clear, and structured learning environment. It is used to communicate the basic rules, objectives, agenda, and logistical aspects of the simulated experience. It contextualizes the simulation as a real clinical encounter, avoiding misunderstandings and ensuring that the entire team is aligned with the scenario's script. The briefing includes the delivery of key information, such as verbal or written reports, that prepares participants for a realistic and effective simulation (19,25).

1.1.6.2 Background history: It contributes to the simulated experience in the narrative and contextual component, complementing the preparation and orientation phases (19) in other words, it is to give the information of the case to be executed in the simulation.

1.1.6.3 Orientation: An essential step prior to the simulation, to familiarize participants with the environment, rules, objectives, and dynamics of the activity. This includes explaining the use of technologies, center rules, evaluation methods, and scenario conditions. It also prepares teaching staff and students, for example, through presentations or preliminary guides. Its purpose is to ensure that everyone understands how the simulation will be conducted, thus promoting effective and safe participation (19).

1.1.6.4 Preparation: It is a phase immediately preceding the simulation, where participants are provided with key information to facilitate their understanding of the objectives and content. It may include readings, audiovisual materials, concept maps, or other learning guides. It forms an integral part of the simulation activity. which covers everything from prebriefing to debriefing, including all the design, organization and implementation elements necessary to develop the simulated experience effectively (19).

1.1.7 Prebriefing as a Standard in INACSL HSSOBPs: Prebriefing is also described in the Healthcare Simulation Standards of Best Practice (HSSOBP) from INACSL, an institution that, since its first edition in 2011, aims to promote simulation science, share best practices, and provide evidence-based guidelines for implementation and training. Within the complete list of HSSOBPs, it ranks

second, with the following: 1. Professional Development; 2. Prebriefing; 3. Simulation Design; 4. Facilitation; 5. Debriefing; 6. Operations; 7. Results and Objectives; 8. Professional Integrity; 9. Simulation-Enhanced Interprofessional Education (IPE); and 10. Learning and Performance Assessment (2). The tenth will become important when discussing the relationship between prebriefing and assessment. HSSOBP Prebriefing It was included in 2021 because it was described in the early editions of the Simulation Design Standard. It was updated in 2025 with an emphasis on psychological safety, inclusion, adaptation to different contexts (virtual, hybrid, interprofessional), and the need for empirical evidence to validate practices.

This standard is defined as a structured process of preparing students and providing information through a briefing session immediately prior to the simulation. Its purpose is to ensure that students are ready for the educational content and understand the basic rules of the simulation experience. Among the general criteria of the HSSOBP prebriefing are the focus on understanding the scenario, mastering its concepts, and linking the briefing to the learning objectives. Furthermore, it must be adapted to the participants' experience level (17, 25-26). The HSSOBP consolidates the prebriefing as an essential pillar within EBS (cornerstone), alongside facilitation, professional integrity, and debriefing (7). Preparation aims to integrate students into a common mental model, decrease cognitive load, and reduce anxiety through prior materials and activities such as lectures, readings, audiovisuals, skills training, clinical case studies, written tests, telesimulation, and virtual simulation. The briefing session It conveys the basic rules, expectations, agenda and logistics, establishes the fiction contract and guides the environment to make it psychologically safe (26).

1.1.8 Prebriefing in the ASPE SOBP: The Standards of Best Practice (SOBP) of the ASPE, The Association of Standardized Patient Educators or in Spanish The Association of Standardized Patient Educators does not explicitly describe the concept of prebriefing, but it complements what has been previously described by focusing on standardized patients (SPs) as essential members of a simulated experience. Regarding prebriefing, these standards emphasize the need to ensure a safe psychological and physical environment for all participants (27). Prior preparation within SOBPs includes work practices, confidentiality, respect, as well as preparation and training of SPs before the simulation, and the professional development of the simulationist. It also encompasses the development of cases and support materials (scripts, medical history, protocols), which allow SPs and educators to contextualize the simulation, perform roles consistently, provide appropriate feedback, complete assessment instruments accurately, and meet learning objectives. In this sense, the prebriefing in ASPE is understood as an integral process of preparation, orientation, training, safety, quality and consistency with the HSSOBP of the INACSL (27).

1.1.9 OSCE and its relationship with Prebriefing and INACSL HSSOBP: The OSCE is defined as a practical assessment in which students must demonstrate clinical competencies at successive, standardized stations (28), and as a valid and reliable instrument for assessing technical, communicative, and ethical skills, especially in simulated environments (29-30), that is, a useful tool in Competency-Based Medical Education (CBME). The connection between prebriefing and the OSCE becomes evident when considering the tenth INACSL standard, which focuses on the assessment of learning and performance. Although this standard does not explicitly mention the OSCE, it does recognize formative, summative, and high-risk modalities, categories in which the OSCE can be included, particularly the latter two (31). In this context, prebriefing in an OSCE ensures that students understand the rules, expectations, and objectives before facing the clinical stations, promoting psychological safety and realism of the scenario. This approach not only prepares students for the assessment but also prepares instructors to conduct the assessment, thus strengthening the validity of the OSCE as a comprehensive evaluation tool. Within the USGP Medical School, the OSCE prebriefing is based on the Methodological Guide for this exam and on the research and doctoral training of the second author of this article.