

## 10 things we commonly do as clinical simulation instructors but **should not do**.

### 1 **Designing activities that we find interesting and useful, but without conducting an in-depth needs assessment.**

*It is very common to plan activities based on our criteria, instead of asking participants about their needs. We must not forget that we work with adults, who are driven by internal motivators and who are only interested in activities that help solve their real problems.*

### 2 **Not preparing the participants enough before simulation.**

*We don't always talk with the participants before the simulations about the context in which they will leave their comfort zone, promoting attitudes of curiosity and respect. Sometimes we don't provide enough time to get to know the simulators and the location of materials. All this is necessary to create a psychologically safe environment.*

### 3 **Starting the action of the scenario in front of the participants.**

*What determines the most the fidelity of a scenario is how we combine the factors that contribute to maintaining physical, conceptual and emotional realism. For example, a scenario must be already "alive" when participants enter the simulation room. The way we run a scenario is more important than the complexity of our mannequin or the technology we use.*

### 4 **Running complex scenarios involving multiple distractions with non-expert participants or to practice basic skills.**

*It is very tempting to complicate the simulation scenarios so that they are an almost impossible challenge. This can make the facilitator feel that he has all the power to control the situation and that participants will learn more. However, not adapting the design of the scenarios to the profile and the degree of experience of the participants is detrimental to the learning experience.*

### 5 **Not asking ourselves if the debriefing requires single loop or double loop reflection.**

*Debriefing will lack depth if we are working on the development of multidisciplinary teams but we only assess the correctness of the actions carried out, without promoting the discovery of mental frames that influence decision making. In the same way, we may cause confusion in the participants if they need to work on clinical skills and we get "lost" in the details of human factors because we are passionate about them.*

### 6 **Congratulating the participants by telling them that they did very well.**

*The impulse to "praise" the participants to compensate for the criticisms that may arise during debriefing is very humane. However, if someone is not completely satisfied with their performance, such phrases will sound false to them and we will lose credibility as facilitators. Respect is based on sincerity and honesty.*

### 7 **Conducting a debriefing as a comprehensive review of everything that has gone well and everything that has gone wrong.**

*The debriefing is often structured only as a systematic and comprehensive review of all the correct and incorrect actions performed during the scenario. This is tedious and inefficient. In fact, debriefing is a learning conversation in which the lived scenario must be connected with other real life experiences, promoting in-depth reflection on no more than 2 or 3 topics of interest to the group.*

### 8 **Asking yes or no questions or "guess what I'm thinking" type.**

*This happens when we focus only on our vision of things and enter into "teacher mode", blocking reflection. Some participants will not share their true opinion, but will tell us what they think we expect to hear. Deep conversations start with true curiosity, asking open ended questions that make everybody really think.*

### 9 **Assessing the activity by only using a satisfaction survey, without assessing changes in behavior and results.**

*When planning activities, we often start from an idea that we find interesting. Then we design a course and include a final survey to find out what we can improve in the future. What is truly effective is to start from a problem or a real need, to ask ourselves what change in behavior and results we want to promote and to plan how we will measure them. Now we can design our course, because it will be part of the solution to a real need and we will be able to assess its effectiveness.*

### 10 **Not loving our participants enough .**

*We seldom consciously look at the relationship and attitude we have toward those who participate in our activities. The secret to being a good facilitator, the "unique commandment" beyond tricks and techniques is to love our participants and treat them with honesty, transparency and genuine curiosity. And not be afraid to show our vulnerability in front of them.*