Original Article

Nursing consultation in reproductive planning: scenario validation and checklist for debriefing

Consulta de enfermagem em planejamento reprodutivo: validação de cenário e checklist para o debriefing

Consulta de enfermería en planificación reproductiva: validación del escenario y checklist para el debriefing

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Abstract

Objective: To develop and validate a scenario and its checklist for debriefing on nursing consultation in reproductive planning for use in clinical simulation as a teaching strategy in nursing education.

Methods: This is a methodological study developed in five stages: overview, scenario, scenario design progression, debriefing and assessment. The study was carried out between April and December 2019 at a public university in the Federal District. A total of 7 participants were needed to validate the scenario (3 nursing students in the role of actors and 4 professionals in the role of judges). Based on judges' analysis and completion of a Likert-type scale, which assessed aspects related to the scenario script and its use as a teaching tool, Content Validity Index (CVI) was calculated. It was defined as validated if it reached a CVI ≥ 0.90. Other variables related to the profile of judges were expressed as absolute and relative frequencies.

Results: The scenario had a mean CVI of 0.98, representing high agreement among judges as to its suitability as a teaching tool. Only the item "Materials and equipment available to students" had a CVI below the established (0.75); however, all suggestions proposed by the judges for its adequacy were accepted.

Conclusion: The scenario developed in this study obtained a satisfactory CVI value, characterizing itself as validated, fit and reliable for its application in clinical simulations as a nursing teaching method.

Resumo

Objetivo: Elaborar e validar um cenário e seu *checklist* para o *debriefing* sobre consulta de enfermagem em planejamento reprodutivo para a utilização em simulação clínica como estratégia de ensino na formação do enfermeiro.

Métodos: Trata-se de estudo metodológico desenvolvido em cinco etapas: *Overview*, *Scenario, Scenario Design Progression, Debriefing* e *Assessment*. O estudo foi desenvolvido entre abril e dezembro de 2019 em uma Universidade Pública do Distrito Federal. Para a validação do cenário foi necessário um total de 7 participantes (3 alunos de enfermagem no papel de atores e 4 profissionais especialistas no papel de juízes). A partir da análise dos juízes e preenchimento de uma escala *Likert*, que avaliou aspectos relacionados ao *script* do cenário e ao seu uso como ferramenta de ensino, calculou-se o Índice de Validade de Conteúdo (IVC). Foi definido como validado se alcançasse um IVC ≥ 0,90. Outras variáveis relacionadas ao perfil dos juízes foram expressas em frequências absoluta e relativa.

Resultados: O cenário obteve um IVC médio de 0,98, representando elevada concordância entre os juízes quanto à sua adequação enquanto ferramenta de ensino. Apenas o item "materiais e equipamentos disponíveis aos alunos" que obteve IVC abaixo do estabelecido (0,75), entretanto todas as sugestões propostas pelos juízes para sua adequação foram acatadas.

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Conflicts of interest: nothing to declare.

Conclusão: O cenário desenvolvido neste estudo obteve valor de IVC satisfatório caracterizando-se então como validado, apto e confiável para a sua aplicação em simulações clínicas como método de ensino em enfermagem.

Resumen

Objetivo: Elaborar y validar un escenario y su *checklist* para el *debriefing* sobre consulta de enfermería en planificación reproductiva para la utilización en simulación clínica como estrategia de enseñanza en la formación del enfermero.

Métodos: Se trata de un estudio metodológico desarrollado en cinco etapas: *Overview*, *Scenario, Scenario Design Progression, Debriefing* y *Assessment*. El estudio se desarrolló entre abril y diciembre de 2019 en una Universidad Pública del Distrito Federal. Para la validación del escenario se necesitó un total de 7 participantes (3 alumnos de enfermería en el papel de actores y 4 profesionales especialistas en el papel de jueces). A partir del análisis de los jueces y el rellenado de una escala *Likert*, que evaluó aspectos relacionados con el *script* del escenario y a su uso como herramienta de enseñanza, se calculó el Índice de Validez del Contenido (IVC). Se lo definió como validado al alcanzar un IVC ≥ 0,90. Otras variables relacionadas con el perfil de los jueces se expresaron en frecuencias absoluta y relativa.

Resultados: El escenario obtuvo un IVC promedio de 0,98, representando una elevada concordancia entre los jueces con relación a su adecuación como herramienta de enseñanza. Solamente el ítem "materiales y equipos disponibles para los alumnos" obtuvo un IVC inferior a lo establecido (0,75), sin embargo todas las sugerencias propuestas por los jueces para la adecuación fueron acatadas.

Conclusión: El escenario desarrollado en este estudio obtuvo valor de IVC satisfactorio, caracterizándose luego como validado, apto y confiable para la aplicación en simulaciones clínicas como método de enseñanza en enfermería.

Introduction

For various reasons, women from developing countries who want to avoid pregnancy cannot, and most of them end up getting pregnant in an unwanted way. Undesired and unplanned pregnancies increase maternal, perinatal and child morbidity and mortality rates due to the later onset of prenatal care, which is a frequent fact in this population, in addition to the lesser commitment of these mothers to care during pregnancy, childbirth and the puerperium.[1]

Maternal, perinatal and child mortality rates would be reduced if reproductive rights were more accessible, promoting health care for the population and favoring more autonomy in social, economic and health aspects due to individuals' ability to make conscious decisions, based on knowledge. In the long term, unwanted or unplanned pregnancy can still have repercussions on family relationships, predisposing children to situations of violence, which can generate permanent trauma.[1]

A country that cares for the reproductive planning of its population is more likely to improve education and reduce poverty.[1] With this in mind, in 2015 member countries of the United Nations launched the 2030 agenda with 17 global goals for the Sustainable Development Goal (SDG), in which goal number 5 refers to achieving gender equality and empowering all women and girls. Among the actions of SDG 5 is the guarantee of universal access to reproductive rights and sexual health.[2] Therefore, it is perceived that access to sexual and reproductive rights is a global concern.

In Brazil, reproductive planning is regulated by Law 9,263 of 1996. The State must provide health actions and services that promote access to information and to all methods of conception and contraception available within the Unified Health System (*Sistema Único de Saúde*), in order to guarantee the free decision of citizens about their reproduction.[3] Despite this regulation, unplanned pregnancy is still prevalent in our country, exceeding 50% of all pregnancies.[4]

The effective implementation of reproductive planning involves from cultural and social aspects to operational aspects of the health system. In Brazil, issues such as failures in the systematization of health services and actions, difficulty in accessing or unavailability of contraceptive methods, lack of knowledge for correct use and low quality of care provided by health professionals are gaps identified by researchers.[3,5] To minimize these gaps, healthcare professionals must be prepared to work in reproductive planning since graduation.

Nurses are essential professionals to develop actions in the field of sexual and reproductive health.[6] Their training based on active teaching methodologies favors theoretical-practical knowledge and the improvement of skills for professional practice, and one of the active methodologies increasingly used in nursing is clinical simulation.[7,8]

Clinical simulation stands out as an innovative and effective teaching methodology, able to fill gaps in learning and articulate theory and practice through real cynical situations in a safe and controlled environment, based on learners' autonomy.[7] Scenario elaboration and validation studies have been gaining visibility in the scientific community by obtaining a more trustworthy scenario to reality with the scenario validation method.[9,10]

Given the above, this study aimed to develop and validate a scenario and its checklist for debriefing on nursing consultation in reproductive planning for use in clinical simulation as a teaching strategy in nursing education.

Methods

This is a methodological study that followed the stages proposed by Guilbert and Adamson (2016), based on the International Nursing Association for Clinical Simulation and Learning (INACSL) recommendations.[11] It is noteworthy that the first four stages were essentially theoretical, conducted by the researchers and the fifth stage corresponded to the scenario and checklist validation for debriefing.

- **Stage 1 – Overview:** reflection on issues that supported the scenario preparation. From the definition of the theme on which the scenario would be addressed, its learning objectives as a teaching activity and an extensive reading to gather up-to-date scientific evidence, in this stage, the researchers thought about basic organizational issues so that the created scenario was viable and reproducible. At the end of this stage, the theoretical subjects that would be recommended to educators to address in the classroom were considered before the students were included in the scenario.
- **Stage 2 – Scenario:** preparation of a scenario based on a solid theoretical basis, relevant clinical case and an environment close to reality. In this stage, the clinical case base of the scenario was elaborated according to everything that was defined in the previous stage.
- **Stage 3 – Scenario Design Progression:** elaboration of simulation events plan (roles/actors, scripts, and when applicable dummy/simulator and its configuration). In this stage, with the base clinical case defined, the entire script was prepared with the lines and actions of each character and definition of which characters would be actors or simulators.
- **Stage 4 – Debriefing:** elaboration of an assessment instrument and definition of discussion points for the scenario debriefing to be validated. To guide and standardize the assessment of professors who use this scenario in the future, a checklist for debriefing was elaborated. The instrument was structured into categories, such as observations for professional attitude, investigation and conduct. It is noteworthy that the evaluated aspects contained in each category were defined based on the learning objective to be achieved in relation to knowledge expected from students and also in adequacy to the clinical case data adequacy exposed to students and estimated time for execution of the scenario.
- **Stage 5 – Assessment:** assessment by judges of all documents produced along the previous stages from the observation of the simulation of the elaborated scenario and completion of specific instruments elaborated by the researchers. In this stage we sought to reproduce the scenario as a teaching activity, with students inserted in the scenario and a professor conducting the activity. At the end, debriefing was also carried out so that the judges could assess the applicability of the proposed checklist for debriefing. At the end of this stage, there was a round of conversation with judges so that each one could expose points of improvement for the final version of the scenario and checklist.

The study was carried out between April and December 2019. Data collection took place at the Care Skills and Simulation Laboratory (LHSC - *Laboratório de Habilidades e Simulação do Cuidado*) of a public university in Brasília, FD, Brazil.

Seven volunteers were needed, three nursing students representing the actors (one representing the simulated patient and two representing the stu-

dents inserted in the scenario) and four professionals specialized in the area of women's health acting as judges. The number of students was defined from the script and the number of judges followed the recommendation in the literature, which provides for a minimum of three individuals.[12]

Recruitment took place electronically (E-mail and WhatsApp®) and through direct contact. The inclusion criterion for nursing students was passing the Comprehensive Care for Women's and Children's Health, a mandatory course. For students, there were no exclusion criteria.

It should be noted that the actors had access to the scenario script before carrying out the validation in a one-to-one meeting with the researchers. Students inserted in the scenario did not have access to any information previously, they only received a list of contents that should be studied for proper performance in the scenario. The actions planned for the characters during the scenario were defined based on the expected actions of inserted students and learning objectives.

The criteria for inclusion of professionals as judges was based on the Scoring System for Selection of Judges, adapted from another study, by obtaining a minimum of four points.[13] One point was assigned for each graduate degree obtained, two points for professional experience in maternal and child care, two points for professional experience in nursing education in the maternal and child area, two points for experience with research development or guidance in the maternal-infant area or simulation, two points when there were publications in the maternal-infant area and two points when there were publications on simulation. To calculate the score, data from the resumes of *Plataforma Lattes* was considered. It was considered as an exclusion criterion professionals occupying positions that did not allow their clinical performance for two years or more, because it was understood that recent scientific updates might not be known to professionals, impairing their assessment of the simulated scenario in the validation process. Judges were selected from *Plataforma Lattes*, refining the search for researchers living in the Federal District, as it is a one-to-one validation and an unfunded study. Researchers who had publications on simulation and/or validation of scenarios were sought.

The variables studied related to judges' profile included age, data related to education (course of origin, graduate degrees obtained) and professional performance (types of activities carried out in the career, time of professional experience and with simulation, and also publications in women's health and simulation).

The variables studied related to scenario validation included analysis regarding the plausibility of clinical case, realism, adherence to scientific evidence, adequacy of the complexity of the scenario to students' level of knowledge, information provided to students before and during simulation, defined learning objectives, promotion of critical thinking and ability to prioritize nursing actions, materials and equipment available in the scenario, aspects evaluated and synthesis and feedback in debriefing.

Data were obtained by completing data collection instruments developed by the researchers. Data analysis took place in a spreadsheet of Microsoft Excel®, version 2016. For the elaboration of judges' profile, data were expressed in absolute and relative frequencies. Symmetrical variables were expressed as mean and standard deviation and asymmetrical variables as median and interquartile range. To verify the scenario validation, Content Validity Index (CVI) was calculated, which describes the percentage of agreement between experts regarding content adequacy and relevance. To calculate the CVI of each item assessed, the number of responses called "Adequate with minor adjustments and Totally Adequate" was divided into a Likert-type scale containing four alternatives (Totally inappropriate; Inappropriate, but can be redone; Appropriate with minor adjustments; and Totally appropriate) by the total number of responses to the item. At the end, the mean CVI was calculated, which consisted of a mean of CVIs of assessed items.[12] A mean CVI ≥ 0.90 was established as an acceptable minimum.[9]

The study was submitted and approved by the Institutional Review Board, under CAAE (*Certificado de Apresentação para Apreciação Ética* - Certificate of Presentation for Ethical Consideration) 03107418.5.0000.8093. All volun-

teers who participated in this research signed the Informed Consent Form and the Image and Sound Use Authorization Term.

Results

The scenario and checklist validation for debriefing included the participation of four judges who assessed and proposed suggestions for content adequacy and scenario improvement. Of the four judges, two scored seven points on the Judges Scoring System, while the other two scored nine and 16. Table 1 presents the profile of the study judges. It is noticed that they are still young professionals, but working in different scenarios in maternal and child nursing and in clinical simulation. It is noted that in professional performance and experience with simulation, some judges scored more than one answer.

Table1. Characterization of the study judges

Characterization	n(%)
Age (years)*	27.25 ± 0.96
Training	
Graduate degree in nursing	4(100)
Graduate titles	
Specialization	2(50)
Master's degree	2(50)
Doctorate degree	0(00)
Professional performance	
Assistance	1(25)
Teaching	4(100)
Graduate student	3(75)
Experience time (years) *	4.75 ± 1.5
Experience with simulation	
Professor	4(100)
Researcher	2(50)
Participation as a judge previously	3(75)
Simulation experience time †	2. 2.5 (2.0 – 3.75)
Publications in the area of women's health	2
Publications on realistic simulation	1

* Variable expressed as mean ± standard deviation; †Variable expressed as median and interquartile range

The scenario elaborated has as learning objectives to work on students' knowledge about reproductive planning and its specificities; its relationship with risk factors and contraindications for the use of contraceptives according to the profile of the woman assisted; systematization of nursing care for the proper conduct of the consultation, in addition to students' ability to properly welcome and advise patients according to their demands.

The scenario is developed from a nursing consultation in a Basic Health Unit (BHU). In it, a woman who has not used contraception since the birth of her seven-month-old child seeks the nurse after her menstruation returns to request a new contraceptive prescription. She requests to go back to using the same contraceptive that she was using before pregnancy, which is a combined oral hormonal contraceptive, but it has several risk factors for cardiovascular problems and other possible thromboembolic events, which are: age > 35 years; smoker; hypertensive; Body Mass Index (BMI): 29kg/m^2; migraine history; and family history of Stroke, Hypertension, Diabetes Mellitus and thrombosis. Also, the patient is still breastfeeding her baby.

In order for the simulated environment to be close to reality, a nursing office at a BHU was built using a table, four chairs, a stretcher, a ladder, and a trash, in addition to materials such as stethoscope, sphygmomanometer, pen, desk calendar, prescription pad, blank sheets, illustrative/educational material on sexual and reproductive health, which is usually found in BHU offices. The estimated time for the execution of the scenario is up to 20 minutes, with the collaboration of a simulated patient to interpret the postpartum woman; and two students inserted in the scenario to carry out consultation.

A checklist was also validated to assist and organize professor assessment during scenario development. The instrument contains three central axes (Professional attitude; Research; and Conducts) with the topics to be evaluated. Based on this assessment, a professor conducts debriefing after simulation. Chart 1 synthesizes the scenario script and checklist for validated debriefing.

Judges' responses, through CVI, allowed the evaluation of relevant aspects about the proposed scenario and evaluation instrument. Table 2 summarizes judges' evaluation.

After presenting the simulation to the judges, each one had up to 10 minutes to comment on the scenario and instrument for debriefing. At this time, the judges suggested adding support materi-

Chart 1. Clinical case script and checklist for validated debriefing

Scenario: Nursing consultation on Reproductive Planning
Scripts or actions and speeches of each simulated patient:
The scenario already begins in the office and then students call the patient.
The woman arrives looking tired and a little panting because she came from home walking.
- **Woman:** Good afternoon, I wanted you to give me a prescription for contraceptive *Ciclo 21* that I already took before I got pregnant, because my period came back and I don't want to get pregnant again. I was also wondering if there's a problem, I took it along with my high blood pressure meds.
If asked about the patient's lifestyle
- **Woman:** I eat poorly, and I cannot do regime, I also do not do any physical activity because I do not have time, I take care of the children, work and still clean the house. I've been smoking since I was 20 years old to be able to de-stress (laughs), I've tried to stop, but I can't let go of this addiction.
If asked about the patient's clinical conditions:
- **Woman:** I found out that I have high blood pressure for about two years, since my second pregnancy, but now I take Atenolol and Losartana to control it, until it has worked because I used to have migraines and since the birth of my second baby I no longer have.
NOTE: the intention with this speech is that students be at the attention that migraine occurred during the period that she used *Ciclo 21*.
If asked about the patient's family history:
- **Woman:** My dad also has high blood pressure and my mom has diabetes. My grandfather died of a stroke and I think an aunt of mine had a problem with her leg veins, but I'm not sure what it was.
If asked about the history of contraceptive use and reproductive planning:
- **Woman:** I have 3 children (the oldest aged 6, the middle one with 2 years and the last with 7 months). The first was a surprise, as soon as I started dating my husband, after this baby I took *Ciclo 21*, only I started to get sick with him, feel dizzy and a lot of headache. Sometimes I'd forget to take it and get pregnant with the second one. After that second baby I wanted to put the IUD, but I did the inscription and never called me, so I got pregnant with the third when he was 1 year and something. Now I do not want to get pregnant at all and as they never called me to put IUD, I decided to go back to contraceptive.
Among all contraceptive methods reported to the patient, if she opts for surgical sterilization, her speech may be:
- **Woman:** I'm going to talk to my husband at home about the ligation, see what he thinks, and come back for the paperwork.
Your husband didn't come to the consultation because he was at work. The patient will comment in the consultation that the spouse does not accept to use a condom, nor that she uses the female condom because he considers proof of fidelity not to use and that he cannot even hear about vasectomy because he thinks it leads to impotence.

NOTE1: the patient identification data are of free choice to professors who use this scenario in teaching, because they do not interfere in the patient's clinical history.
NOTE2: Actors may be instructed to place improvised speeches in the dialogue as students guide the methods as a way to better assess students' knowledge by their professors.

Student Expected Skills and Knowledge Checklist				
	*NP	†I	‡PA	§A
PROFESSIONAL ATTITUDE				
They introduced themselves at the beginning of the patient's consultation.				
They were receptive when receiving the patient at the consultation.				
They used effective communication with qualified listening.				
At the end, they made themselves available to the patient for new care and follow-up, if necessary.				
INVESTIGATION				
They investigated about the patient's lifestyle				
They investigated about personal history				
They investigated about the patient's family history				
They investigated the contraceptive methods previously used by the patient.				
They investigated about the gynecological-obstetric history				
They investigated on breastfeeding				
CONDUCTS				
They explained clearly the relationship of risk factors and breastfeeding with contraindication of combined oral hormonal contraceptive method.				
They provided the patient with information about the physiology of female and male reproductive tracts and how fertilization occurs.				
They provided different options of hormonal and non-hormonal methods to the patient.				
They provided clear full explanations of all contraceptive methods.				
They allowed the informed choice of the patient in the decision about the method(s) to be used.				
After the patient's decision, they focused the information on the specificities of the chosen method.				
They requested feedback from the patient at the end of the consultation about what she understood about the methods to make sure that the past information was understood.				
They have guided that condoms are the only method that protects against sexually transmitted infections (STIs)				
They made themselves available to talk to their partner and clarify their doubts				

*NP: Not performed; †I: Inadequate; ‡PA: Partially adequate; §A: Adequate

als in the office to didactically help nurses' explanations (students inserted in the scenario) during the consultation. Thus, the list of materials for the scenario now contains items such as female and male condoms, packs of contraceptive pills, emergency contraceptives, injectable contraceptives, diaphragm, intrauterine device (IUD) and illustrative table of contraceptive methods fixed in the simulated office. However, anatomical models of the female pelvis containing the uterus and other organs, vulva and rubber penis, which the judges had initially suggested, at the end of the discussion it was agreed not to include them in order not to compromise the realism, since in practice

Table 2. Scenario and clinical case validation through Content Validity Index

Assessed items	Totally inadequate n(%)	Inadequate, but can be redone n(%)	Adequate with minor adjustments n(%)	Totally adequate n(%)	CVI
Plausibility of the clinical case	-	-	-	4(100)	1.0
Realism	-	-	1(25)	3(75)	1.0
Adherence to available scientific evidence	-	-	-	4(100)	1.0
Complexity in relation to the level of students' knowledge and skills	-	-	1(25)	3(75)	1.0
Case report	-	-	-	4(100)	1.0
Information provided to students prior to simulation	-	-	-	4(100)	1.0
Data provided to students during simulation	-	-	1(25)	3(75)	1.0
Support provided to students during simulation	-	-	-	4(100)	1.0
Learning outcomes	-	-	-	4(100)	1.0
Promotion of critical thinking	-	-	-	4(100)	1.0
Promoting the ability to prioritize nursing assessments and interventions	-	-	-	4(100)	1.0
Promoting autonomous problem-solving	-	-	1(25)	3(75)	1.0
Simulated environment	-	-	1(25)	3(75)	1.0
Materials and equipment available to students	-	1(25)	2(50)	1(25)	0.75
Aspects assessed in debriefing	-	-	-	4(100)	1.0
Reflection and analysis of actions in debriefing	-	-	-	4(100)	1.0
Synthesis and feedback to students in debriefing	-	-	-	4(100)	1.0
Mean CVI					0.98

the BHU do not contain such materials available in offices (with rare exceptions).

In the instrument for debriefing, despite having considered it as Totally adequate, the judges proposed, in the investigation axis, to change the item "They investigated about the patient's clinical conditions" by "They investigated about personal history", as it encompasses more information than just the patient's clinical data. They also suggested adding the item "They investigated about the gynecological-obstetric history", as it is important to know about the patient's sexual/reproductive behavior so that she can develop necessary and individualized actions in reproductive planning. All suggestions were accepted.

In the "Conduct" axis, the item "They provided different options for non-hormonal methods to the patient" was replaced by "They provided different options for hormonal and non-hormonal methods for the patient", as it is the patient's right to receive clear and complete information on all contraceptive methods made available by the Ministry of Health, in order to ensure a free and informed choice by the patient. The items "They provided clear full explanations of all contraceptive methods" and "After the patient's decision, they focused the information on the specificities of the chosen method" were added. The item "They made themselves available to talk to their partner and clarify their doubts" was also added, since the responsibility to plan/prevent a pregnancy is not only the woman's, but the couple's as well as the partner's right to be aware and informed about the contraceptive methods available.

Discussion

A successful clinical simulation includes that learning objectives are achieved and students develop the expected clinical reasoning and skills, promoting better performance in their future professional performance.[10] For this end, it is necessary to develop well-designed scenarios following a rigorous methodology with well-structured stages.

To construct the scenario in this study, complex stages were followed based on the learning objectives proposed for the scenario. Similar stages of building scenarios and clinical cases have been identified in other research; however, no study was found on the development of scenarios for nurses' role in reproductive planning, which gives this study an unprecedented character. Studies on scenario validation for nursing education with similar themes validated scenarios on the management of postpartum hemorrhage, obtaining a CVI > 0.90; clinical cases for nursing care to the adoles-

cent public, with a CVI of 0.81; scenario about humanized delivery and birth, with CVI of 0.899 and Cronbach's Alpha of 0.908.[7,10,14,15] The statistical data of the studies mentioned above are in accordance with the CVI found in the present study, which obtained 0.98.

When choosing judges, it is recommended to consider their education, titles, performance, specialization in the area, publications and research on the subject, among other criteria.[12,13] It is noteworthy that all judges in this study work in teaching, which can provide a great contribution to theoretical-scientific updates in nursing as well as the view of a professor on the feasibility of using the scenario as a teaching tool.

Simulation is a tool that provides a new way of learning, since students are at the center of the process, actively participating, and the professor is a facilitator. Students point out that some situations experienced in clinical simulation actually occurred in a practical field, giving them greater confidence and resourcefulness for nursing care. Moreover, the simulated scenarios help to control emotions in real situations faced in the profession, in addition to providing opportunities for practice in unusual situations in practical activities with real patients, providing better preparation of nursing human resources and improving the care provided to the population.[16,17]

Student-centered teaching is reinforced in the debriefing stage, which is defined as essential for student learning. At that time, students express their feelings and emotions in a welcoming dialogue with their professor, and the professor leads a reflection on their performance, being able to debate about what was experienced within the scenario, which actions were correct and which could be improved. Students receive immediate feedback, aiming to improve their future performance in their professional practice.[18] Given the importance of debriefing, an instrument to guide professor assessment during student observation and conducting the debriefing discussion was also validated.

Clinical simulation at graduation and in professional training can improve the quality of care by providing technical and non-technical improvement in a controlled environment. The need for trained professionals to work in sexual and reproductive health is poignant, especially in Brazil, a country with social inequalities that impact on difficulties for effective reproductive planning actions.[19]

Teaching with clinical simulation complies with the Brazilian National Curriculum Guidelines for undergraduate nursing, which proposes an association between theoretical and practical content, as well as updating of teaching methods.[20-22] Although curricula are still very traditional in Brazil, there has been a movement of change in recent decades with the expansion of active teaching methodologies, including simulation.

As limitations, the absence of previous publications on studies of validation of scenarios in reproductive planning stands out, which could have contributed to a scientific basis and enriched the discussion and the absence of judges active in reproductive planning at the BHU; however, as professors work on a smaller scale in practical activities with students at the BHU, it is considered that there was no harm to their assessment.

Conclusion

It was concluded that the developed scenario was validated, obtaining a satisfactory CVI value, representing agreement among judges as to its suitability as a nursing teaching tool. The item that obtained a CVI below that established was revised and the suggestions proposed by the judges were considered. The scenario is validated to be used as a teaching-learning resource for nursing undergraduates regarding reproductive planning. It is considered that the use of this teaching tool contributes to the preparation of future nurses, promoting more autonomy, security and confidence in their role in reproductive planning care. It is hoped that this scenario will be reproduced by other educational institutions as an instrument to facilitate learning and that it can stimulate further research in reproductive planning and clinical simulation in nursing. Despite being relevant in Brazil, the reproductive planning theme has not yet been explored in vali-

dation studies of simulated scenarios. Given the autonomy of nurses at the BHU, it is important that undergraduate courses prepare their undergraduates so that they have competent nursing human resources in the labor market.

Collaborations

Ramos DF, Matos MP, Viduedo AFS, Ribeiro LM, Leon CGRMP and Schardosim JM contributed to the study design, data analysis and interpretation, article writing, relevant critical review of intellectual content and approval of the final version to be published.

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