UVA Health

# UVa Health Simulation News

University of Virginia Life Support Learning Center

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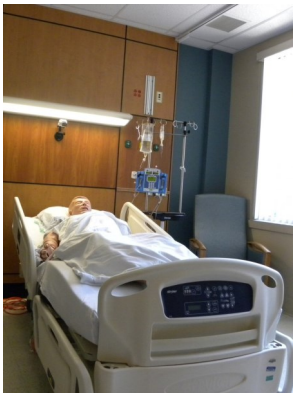
## Welcome!

Welcome to our simulation newsletter!

As part of our discussion of the steps of simulation, we will discuss the Run section of Running the Simulation.

The Run is the actual simulation. How do we do that? How do we create in the moment the sense that the participants are caring for an actual patient? And how do we bring them the experience that we built to fulfill our goals for the simulation?

Please send us your feedback! *Our contact information is in the top left corner of the second page.*



From our archives: Manikin at TCH in 2013

## Overview of the Run

The Run is what people think of when they think of a simulation. This is the actual simulation itself, with a manikin (or a Standardized Patient) being treated by a care team.

Usually, there's a moment or two at the start as the participants come into the simulation and choose to suspend disbelief. This is part of the reason for realism (as opposed to fidelity) — to allow them to recognize the manikin as a patient.

As things happen in the simulation, the participants are usually drawn further and further into the simulated world. We can see them moving faster. The tension level rises.

At the end of the Run, the simulationists should make a distinct, obvious break from the simulation world so the participants can come back into our actual reality and prepare to Debrief (next month's topic).

## Run Operations

The Run is where all the work in your Creation and Preparation steps comes together. Operationally, this means you need to know what the progression through the simulation is expected to be.

Most times, the Run is organized in Steps, where the patient progresses from one state to another. Use your equipment to make that change smoothly. The participants will need to assess whether or not the changes are just normal variation or actual changes they need to react to.

Know your Steps, so you know when to make the progression. Time in a simulation can be fluid — if the participants almost have what you want, then let them have a little extra time to complete their thinking. If they have a solid grasp of what's happening, time can speed up a bit.

Know what your manikin can do. If the participants are assessing something the manikin can't do, you'll need to feed the information to them. Have props or your information ready.

Remember that you're the stage crew, not the star. Do that which will make the best experience for your participants.

**Inside this issue:**



**Steps of a Simulation:**

- Goals
- Creation
- Preparation
- Running the Simulation
    - Briefing
    - Run
    - Debriefing
- Reset
- Assessment

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We create simulation-based experiences for current staff and students to maintain and improve their clinical judgment and teamwork skills during medical emergencies.

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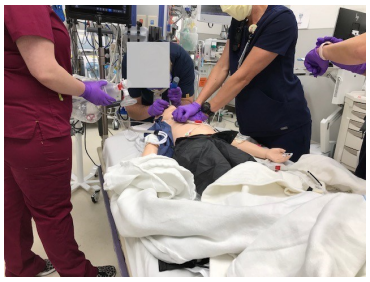
# Run Theory

Simulationists are here to provide an experience for our participants. They've taken their time to come be with us, and we've taken our time and effort to create an experience for them. As a result, we need to keep that desired experience front and center.

While running the simulation and doing what we discussed in Run Operations, the simulationists also have another, more abstract, level of thinking occurring. We need to keep a focus on the Goals that we used to make the scenario. We shouldn't make the simulation harder or easier for the participants — we should just make it what it is. It is hard enough running the simulation without trying to change the objectives in the middle of the simulation. We created the scenario as we did for a reason, and we should keep to that reasoning.

If something changes during the simulation — if the participants go in a direction we did not expect — then we need to do some fast thinking. Are we still working in a way that helps our Goals? Are we going too far afield? If we need to bring the participants back to the path we want them to go, how can we do that? What reasonable signs or symptoms can the patient provide to help the participants back to the path we want them to follow? Are we in a simulation with a simulationist "ally" (someone who knows what the simulation background is and who is playing a role inside the simulation) who can help guide the participants' thought process? Or would it be better to provide them with some extra time to think it through themselves?

Focusing on the Goals keeps the simulation on track and provides your participants with the experience you wanted them to have.



SimJunior in an Emergency Department seizure scenario that went to code. We have blurred the intubator's face

# Journal Article Spotlight

This month's journal article is Sharara-Chami, R., et al. (2020). In Situ Simulation: An Essential Tool for Safe Preparedness for the COVID-19 Pandemic. *Simulation in Healthcare, 15*(5), 303-309. This link should allow you to download the article from a UVa computer:
http://re5qy4sb7x.search.serialssolutions.com/?sid=Entrez:PubMed&id=pmid:32910106 and click on "get article".

This article discusses the importance of simulation at the systems level as well as the clinical level, and especially as a way to prepare for a known upcoming event.

# Meet Our Staff!

Meet Jose Larraburu, one of our simulationists!

His primary role in the Life Support Learning Center is as a BLS instructor. Many UVAHealth employees have had BLS with Jose!

In addition to teaching BLS, he is a simulationist instructor with the LSLC Prehospital program. Also, he volunteers as a paramedic with Western Albemarle Rescue Squad.

His specialty is in code or peri-code situations, working off of his BLS and paramedic backgrounds. One of his favorite simulations to run is the First Five Minutes program.

Jose loves to have participants actively participate in our interactive style of debriefing. He wants participants to feel confident in their ability to self-critique and also to show what they know!

We hope you'll have a chance to work with Jose in a simulation soon!