

Welcome!

Welcome to our simulation newsletter!

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

How do we set ourselves (the simulationists) and the participants up for success? What do the participants

need to know before they start the simulation to allow them to dive into the experience as much as possible? And what if we can't brief the group before the simulation (we'll talk more about this on page 2)?

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



SimJunior being transported to Colony Plaza for AEMT class

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Overview of Briefing

The briefing is a session before the simulation that sets the stage for the participants. What are the ground rules? What can the manikin do and what can I do to the manikin? Why are we doing this?

Some participants are uncomfortable with simulation. Others are new to

their roles, and not confident of their abilities. However, experienced providers may also be uncomfortable with simulation as they may think that a simulation will show that s/he isn't as "good" as that provider previously thought.

That's why setting the stage is so important. The

simulation is a learning opportunity, not a judgment. If the participants participate, follow the ground rules, and treat the manikin as a real patient, they will find something useful for their practice. Knowing this makes it easier for participants to be successful in the simulation.

Ground Rules

What are the ground rules? We usually bring up several areas:

Manikin: What can and can't the manikin do? The participant wants to know what they can find on the manikin and what they need to ask for. We sometimes turn on the manikin (as a normal patient) before the simulation to allow people to acclimate to the manikin and what it can do.

Participant: Participants can be very focused on this.

Can I check pulses? Can I defibrillate? Can I start an IV? Different people have had different prior experiences with simulations, and so want to know what they area allowed to do.

Vegas speech: What happens in Vegas stays in Vegas, and that's true of simulation, too. We're using this as an experience to help your knowledge. The details of what happened shouldn't be discussed outside of the simu-

lation. This is a way of ensuring emotional and self-image safety for the participants.

All together: We're all in this together for the experience. Nothing punitive happens — the simulationists will not "kill" the manikin based on provider actions. We just want to help you be a better provider. The success of the participants in the simulation is the success for the simulationists.

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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Our newsletter repository:

<https://www.medicalcenter.virginia.edu/medical-emergency-simulation-area/simulation-newsletters>



SimJunior in an Emergency Department trauma scenario. Note that his open femur fracture isn't visible unless the providers adequately assess the patient

Meet Our Staff!

Meet SimMan ALS, one of our high-fidelity adult manikins!

His primary role with us in the Life Support Learning Center is in our ACLS courses (there are actually four SimMan ALS manikins in the LSLC).

However, sometimes Sim-

Man ALS comes out of his comfort zone to be part of our simulations. With COVID restrictions, we sometimes need to have a larger number of smaller groups, and so we will bring him along as a partner to our other, more simulation-focused manikins.

As a Laerdal product, we

has the usual capabilities, such as pulses, chest rise and fall, breath sounds, pupillary reaction, and interaction with Zolls and other monitors.

We hope you'll have a chance to work with SimMan ALS on a simulation soon!



What's the Point?

Participants should understand why we are running simulations, and so we discuss this in the Briefing. Some of our topics include:

The participant's care of actual patients should improve if the participant is willing to suspend disbelief and treat the manikin as an actual patient.

We don't "test" actual performance, though participants will have an idea of how they did. We want you to see what you did, and then you can talk about why you did what you did. In addition to clinical performance improvements, the debrief will help you be able to self-critique.

As long as participants walk out of the simulation with more knowledge, the simulation is a win for everyone, including future patients.

System-level simulations are slightly different. For them, we are testing a process — and so we are not necessarily looking at the actual clinical care, but rather how the process went.

No-briefing Simulations

A few simulations, mostly system-level ones, don't allow time for a Briefing (such as the In-House Adult Mock Codes). We simply show up and start.

In those cases, we try to notify participants before the event that a simulation will happen sometime soon, and include other information usually given in a Briefing. We also are willing to step in more during the simulation for the "What can I/the manikin do?" questions. We know it's harder — we'll work with you on it.

We have found that teams that do a lot of simulations carry over their Briefing knowledge from one simulation to the next.

Journal Article Spotlight

This month's journal article is Tyerman, J., et al. (2019). A Systematic Review of Health Care Presimulation Preparation and Briefing Effectiveness. *Clinical Simulation in Nursing*, 27(C), 12-25. This link should allow you to download the article from a UVa computer:

<http://re5qy4sb7x.search.serialssolutions.com/?sid=Entrez:PubMed&id=pmid:27635748>.

This article discusses the important of Briefing (and goes deeper into what can be used as presimulation preparation). Please see our newsletter repository address above!