

Welcome!

Welcome to our Simulation Newsletter!

This month, our focus is on simulations as part of interprofessional education.

Since various professions work together, the optimal way to train for emergencies would be to train together. Quoting our Simu-

lation Room Guiding Principles: “Physicians make lousy simulated nurses, and nurses make lousy simulated physicians. People learn a lot more about each other’s roles and capabilities when those roles are played by people in those actual professions.” This also applies for Respiratory Thera-

py, Pharmacy, and other professions.

Practicing teamwork works best when the whole team is present.

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

Interprofessional Simulations: Goals and Creation

The process for creating and running an interprofessional simulation is both the same and different than that for a single-profession simulation.

All the steps are still the same. What are the goals? How do you want those goals to show up in the simulation? How do we run and debrief the simulation?

Each step, though, will be more complicated. Start with the goals. Each profession needs to have goals that are appropriate and relevant for its participants. We are not in favor of writing scenarios where some participants are props. Creating a good scenario for interprofessional education therefore is likely to be more complicated than for a single-profession scenario.

As an example, recently we ran a pediatric simulation in the Emergency Department, designed for physicians, nurses, paramedics,

and techs. The child had ingested a detergent pod. While the child was not obviously sick at the start, there were clues that the airway might be compromised in the future.

The goals for the nursing, paramedic, and tech staff were to perform a quick initial assessment, recognize the potential danger to the child, and bring the physicians in early.

The goals for the physicians were to perform an initial H&P, recognize (in conjunction with the nurses) the potential danger to the child’s airway, and make the decision about whether or not, and when, to intubate the child.

Both groups needed to work smoothly with each other, communicating what needed to be done and why.

We built a scenario that had reasonable and useful goals for each group partici-

pating. If Pharmacy had been able to be present, they could have helped with induction agent choices. If Respiratory Therapy had been able to be present, they could have helped with intubation and knowledge of the dangers of a chemically-burned airway. The scenario was successfully designed to have value for anyone participating in it.

Debriefing the simulation may have its own challenges, as we’ll see on page 2.



The picture is from a previous Emergency Department Pediatrics simulation involving a newborn. Participating are a resident, two nurses, and a medical student.

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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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A picture from a recent PICU RN Clin I simulation. The child in the scenario is about to be intubated. Noticed the prepped meds on the bed.

Shameless Plug

It had to happen sometime... This is the shameless plug for simulations from the Life Support Learning Center.

Simulations can be for any group or subgroup of people in your area. We can simulate nearly anything (with var-

ying levels of realism — it'd be hard to do an actual craniotomy on our manikins).

If you have a situation that you want your people to have more practice with in a controlled setting, simulation is for you.

If you want your people to practice a new procedure or situation, simulation is for you.

We can simulate inside units, across units, and/or across professions (as this month's theme shows).

We do this with no charge to any UVa organization.

Reach out to us (Jon Howard, jph5z@hscmail.mcc.virginia.edu) if you are interested or even just want to bounce some ideas around!

Interprofessional Simulations: Debriefing

As with the creation of an interprofessional simulation, the debriefing also has additional aspects to consider.

The ideal case is for a content expert from each profession to help with the debriefing. This doesn't always happen. In that case, the facilitator should do two things: do research ahead of time to learn as much as possible about the thought processes and actions available to each profession that is participating; and be willing to say when they have gone past their knowledge base and are unable to directly participate in the debriefing (an example: the facilitator knows an antibiotic should be ordered, but may not know how to decide on which one).

The facilitator also needs to balance the debriefing so that there is some time spent on all the goals and discussion topics. A debriefing that only talks about one profession's performance is not as useful to the rest of the participants.

Interprofessional Simulations: Examples

Interventional Radiology has been running interprofessional simulations with us for five years. Their scenarios are in their IR labs, with the full complement of IR personnel: techs, nurses, resident, fellows, and attendings. Everyone performs their actual roles from the real world. Everyone participates in the debriefing. It is a fantastic way for a group to come together to practice a simulated emergency so that their responses during actual emergencies is improved.

Any simulation in the Emergency Department has the potential to be an interprofessional simulation, involving physicians, nurses, techs, paramedic, Pharmacy, Respiratory Therapy, Patient Access, Security, and others — especially our unannounced mock codes.

Journal Article Spotlight

This month's journal article discusses Emergency Department simulations for new nurses and residents. In particular, it does a great job of describing the scenario development including the goals for each profession. The article is Roncallo, H. R. et al. (2020). An Interprofessional Simulation-Based Orientation Program for Transitioning Novice Nurses to Critical Care Roles in the Emergency Department: Pilot Implementation and Evaluation. *The Joint Commission Journal on Quality and Patient Safety* (46)11. The following link should work from any UVa computer: <https://www-sciencedirect-com.proxy01.its.virginia.edu/science/article/pii/S1553725020302075>.