UVA Health

UVa Health Simulation News

University of Virginia Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

If you've read all of our issues so far, congratulations! You've made it to the end of the simulation process!

This month's topic is assessment. Here, we are not assessing the participants, but rather the simulation itself. How did it go for the participants? Did we deliver what they wanted and what they needed? How did we do in our roles? Was the scenario built well? Was the simulation created well? And, overall, did we succeed in giving them the entire experience: the briefing, the suspension of disbelief and treating the manikin as an actual patient, and the debriefing, allowing them to maximize what they take away from the simulation?

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

Initial Assessment of the Simulation

When we complete a simulation, our assessment process begins almost immediately.

Once the participants have left (and we have left the simulation area, if we are doing an *in situ* simulation), we stop to have a "hot wash" (a term from Emergency Management) away from the area. We are looking to get the perishable information on how the simulation went. Did everything go as expected? How well did the simulation run? Did the participants do something we didn't anticipate? Did we respond appropriately to their actions? How was our debrief? Did we facilitate, or did we talk too much and turn it into a teaching session?

This allows us to lock in the first draft of our appraisal of our performance as simulationists.

Formal Debriefing

The overall question for the formal debriefing is: what were the goals for this simulation, and did we meet those goals?

Once we return to the Life Support Learning Center, and we're done with resetting, we have a more formalized debriefing session. While the hot wash may have pointed out opportunities for improvement, the formal debriefing is where we discuss the details of what happened and how we can improve it.

We may need to alter something in our simulation to more closely approximate the participants' reality. For instance, if a participant is holding pressure after a sheath pull, we should turn off the pulse on the manikin's foot on the same side.

We may need a piece of equipment or a prop that we did not bring. There are some things, such as 4x4s, tape, an extra extension cord, and a sign-in sheet that are now default items on our Things Needed lists.

We may need to improve our debriefing. Perhaps we missed an opportunity to bring up an important point. Perhaps we talked too much which blocked the participants from participating.

We analyze our performance the way we ask the participants to analyze their performance in the simulation.

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

Family Medicine simulation this month. Notice the yellow patient monitor in the right background.

Simulation Survey

After our simulations, we send out a survey asking for feedback. The survey is only six questions long, and one question is the survey identifier which is provided in our survey email. All the questions are free-text questions, to obtain more detailed responses than a Likert scale can.

We have also started adding what we think the takeaway points from the simulation were (both the good ones and the ones that could use improvement), and sometimes we add additional resources such as videos or documents that apply to the scenario we had.

Simulation Survey Results

As is common with surveys, our response rate is usually around 25%. The responses we do receive, though, are invaluable to us and to the sponsors of the simulations. While we can guess whether or not the simulation was useful, the real feedback from the participants is more accurate.

We have also received fantastic suggestions from the survey that have helped us to improve them. We've had specific details brought up with specific possible changes. We've also heard that our participants appreciate a debriefing that, while bringing up the important points, does so in a gentle and low-stress manner.

For system simulations, we share the results of the survey and our assessment of the situation, but with the participants anonymized (Nurse 1, Physician 2, etc.) to keep the focus on the system's response.

Overwhelmingly, across all simulations, our participants appreciate the ability to practice a high-stress scenario in a safe place, to allow them to be more confident and clinically experienced when the real situation occurs.

Journal Article Spotlight

This month's journal article is an overview of how to evaluate simulations. It's a little more abstract than what we do, but has good information in it. The article is Graham, AC and McAleer, S (2018). An Overview of Realist Evaluation for Simulation-Based Education. *Advances in Simulation, 3*(13). This link should allow you to download the article from a UVa computer: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6050705/pdf/41077_2018_Article_73.pdf.

Meet Our Staff!

Meet John Gilday, the hospital's Resuscitation Coordinator and one of our simulationists!

John has a long history as a flight nurse, ICU nurse, and paramedic before his current role. He has a wealth of knowledge about resuscitation in general and how it happens here at UVa.

Interestingly enough, his favorite simulations aren't codes. He prefers to simulate deteriorating patients, where the problem is not obvious, and use the simulation to help the participants catch problems early. He gets the most satisfaction from helping participants become more confident in their abilities and assessment skills.

We hope you'll have a chance to work with John soon!