

Welcome!

Welcome to our Simulation Newsletter!

This is the first issue of a new and hopefully better year. We are slowly and carefully restarting simulation, but we know how difficult patient care for real patients is now. We are ready to help with simulation-based training and education when you and your staff have had a chance to breathe and rest, whenever that may be.

Our theme for the month is Resetting. This is not the flashiest topic, but it is important.

In addition, we're going to spotlight our EMT and AEMT class simulations in an article on the second page.

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



A pediatric patient during an Emergency Medicine simulation in January 2021, with a reduced number of participants.

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Reset Overview

Resetting the manikin and props after a simulation is not the most exciting thing in the world to do. However, for several reasons, it's necessary.

Manikins and props have expected functional lives. When we clean and reset them immediately, those

lives can be extended, which saves the institution time and money.

Anything that goes over to a simulation should come back. It's embarrassing to have to go back to a patient room (luckily still empty) to get the camera you left taped to the over-the-bed

light. Not that that has ever happened...

Most importantly, we need to ensure that fake medications and devices come back with us. It is a patient safety risk for fake medications or props to make it into the real world.

Hints and Tricks for Resetting

Resetting starts once the debriefing is done (remember, don't clean up during the debriefing — if you do, you're signalling the debriefing is done). Use the Things Needed list you used to prepare for the simulation to ensure you bring everything back. As discussed above, especially make sure all the medications and props you

brought are accounted for.

Once everything is back in your home area (the LSLC for us), do all the cleaning, refilling, repairing, and replacing needed right away. While we will sometimes wait until the next morning for a late-day or night simulation, it's best to do it immediately, when you have enough time to do it all.

This keeps all your equipment ready to go and you are not stuck with a broken prop right before your next simulation.

If the equipment is reset as soon as possible, everything is accounted for, and everything is ready for the next simulation.

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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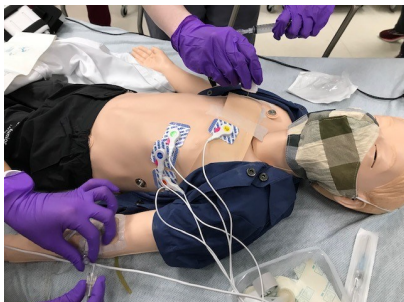
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SimJunior having an implanted port accessed during an Emergency Department simulation this month.

Meet Our Staff!

Meet our ResusciBaby infant manikin! We actually have several of these manikins.

We do not have a high-fidelity infant manikin in our 1222 Jefferson Park Avenue location, though we do have one at our Colony Plaza location.

We use these manikins in

our Emergency Nursing Pediatric Course. Even though they are low-fidelity, the combination of the manikin and a patient monitor is usually enough realism for most infant simulations.

The “ENPC baby” does allow compressions, ventilations, and intubations. As

with our other manikins, we can attach rigged IVs and other props.

Our infant manikin would love to break out of its usual role and come to simulate with you!



EMT/AEMT Course Simulations

More than a year ago, the Life Support Learning Center and Prehospital Education merged. We are continuing to teach Prehospital’s Emergency Medical Technician (EMT) and Advanced EMT courses.

In March, COVID-19 required major, immediate changes to the instructional process. The EMT and AEMT course instructors moved to heavy use of simulation to replace hospital and ambulance rotations that were no longer available.

This use of simulation is continuing and has received highly positive reviews. We can show the students exactly the patients we want them to see. The students have focused one-on-one time with an instructor during the simulation. The debriefing, an important step in any simulation, becomes even more important as the students shape their future practice with self-critiquing and feedback from the simulationists.



Walter, the SimMan 3G at Colony Plaza, is ready to simulate in class!

Journal Article Spotlight

This month’s journal article is an commentary. While it’s not part of the peer-reviewed research, it does give an overview of the use of simulation in nursing. The article is here:

ajnonline/Fulltext/2018/04000/

The_Value_of_Simulation_in_Nursing_Education.19.aspx and should be available from a UVa computer.