

Welcome!

Welcome to our Simulation Newsletter!

This issue will focus on the School of Medicine's Intern Readiness Course (IRC), a two-week course for 140

medical students. As part of that, the students have from 6 to 24 simulations with us.

In addition to showing pictures, we'll discuss what

we needed to consider for the steps of a simulation.

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

Goals for IRC Simulations

The participants in the IRC are fourth-year medical students at the end of their medical school experience. They have a lot of book knowledge, but very little experience in being the Team Leader.

So, our goals are pretty

basic: be able to go into a room and do something constructive for the first five minutes.

All our scenarios are focused on the entry into the room and initial steps. Can they recognize sick vs. not-sick? Can they recognize

emergent patient needs (oxygen, fluids) and order them? Can they work as a team with nursing staff to get things done?

Clinical decision-making, while important, was definitely a secondary goal in these scenarios.

Creation of Scenarios

All the scenarios are common emergencies the participants might see in the first week of internship. Most are relatively straightforward, as our goals focused on entry into the room and not clinical decision-making. For a new provider, though, a straightforward scenario may not be easy.

Each scenario allowed the participants to choose relevant diagnostics (new vitals, blood glucose, 12-lead EKG, breath sounds) and many, though not all, had an immediate intervention also needed (usually oxygen or fluids). In most scenarios, the patient did not progress through steps, because we were focusing on entering the room — but a small

number of scenarios did.

On the last day, the scenarios were a little harder. If the participants didn't pick the correct diagnostic, it would be very difficult to decide what to do — but once they had the correct diagnostic, the correct interventions became much easier.

Preparation

We created "patient rooms" in Pinn Hall 2ABC and G1/G2. In addition to the manikins, we brought "headwalls" and multiple props.



Pinn Hall 2ABC with headwall



Pinn Hall G1/G2 without headwall

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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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Running IRC Simulations

Since most of these simulations only had one step, it's easy to run them from the operations side. The difficult part is in making the simulation reasonable for a brand-new provider. Things that might be easy for a provider with a couple years' experience are not necessarily easy for a new provider.

We had extra prompts available (the anaphylactic patient starts showing a rash and having voice changes) and they could "call their upper level" to get advice. On the final day, with the harder scenarios, the simulationist playing the nurse was allowed to provide more help.

The biggest thing, though, was simply to allow them time to process what was happening and what they needed to do. New providers shouldn't be rushed; instead, we should allow them to build the pathways they need to care for a patient having an emergency.



Two participants standing up as the physicians



Two participants with the instructor as the "upper level resident" during the simulation

Debriefing

Our standard debriefing questions are still used: "What went well?" and "What would you like to do differently next time?" As much as possible, we let the students debrief themselves. After all, next year they are physicians and will need that skill. Right now, since they are still medical students, though, we do sometimes need to step in to provide the answer. It's an interesting balance to strike. Allowing silence, to allow the students to think, usually pays off as someone in the group will come up with the answer.

At the start of the course, we help remind them of the basics of entering a room in which a patient is having an emergency: check ABCs, ensure an IV, and so on. As the course progresses and the students improve, the debriefing conversation naturally moves more towards clinical discussion of the patient.



Debriefing a scenario in the Surgery section of the course.

Assessment

Assessment for this course occurs in several ways.

This is one of the few times the Life Support Learning Center is part of a formal course. However, the simulation part of the course isn't formally graded — the students know how they did.

Our assessment of our

own performance starts at the end of each two-hour block, when the instructor and simulationist check with each other about how the block went and if any changes need to be made.

The course itself also receives feedback from the students, both formal-



ly and informally.

We also receive feedback from the service lines. Surgery is asking to expand the simulations available to



them next year, which is positive feedback!

We love working with the Intern Readiness Course each year!