

## Welcome!

Welcome to our Simulation Newsletter!

This month, we will go with a slightly different type of theme: Thanksgiving.

It's that time of year, with Thanksgiving having just happened, and so we want-

ed to thank everyone we have worked with during this year and over the several years since we started doing simulations.

We'll also celebrate you and what you've done with simulations this year.

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

## Thanks to You for All Your Work

Our thanks go to all of you, especially since we are in the second year of a pandemic in which getting things done has become difficult.

We appreciate all that you do, whether that be clinical care, onboarding new staff members, or giving additional education to new and experienced staff members.

Health care is difficult to do well even in normal times, and the last 20 months have been anything but normal.

You and your staff members have continued on, doing the best you can (as you have always done) even with these challenges. Keep on. You still make human connections and provide patient care even behind

the masks and additional PPE. You still assess the right things, collect the right data, and make the right treatment decisions.

Your patients appreciate you and what you do for them.

## Thanks to You for Continuing to Simulate

We in the Life Support Learning Center are a support group. We don't do direct patient care as part of our LSLC jobs. Our job is to assist you in improving your clinical care. In addition to our classes such as ACLS, PALS, NRP, and AMLS, we also do simulations.

November has been a great month for simulations, with eighteen separate simulation events in the month, the most since May of 2019. We were able to work with

more than 120 physicians, nurses, paramedics, PCAs/PCTs, and other staff members.

Our simulations are another way to help your staff know how to respond to a code, detect a deteriorating patient before they code, or handle a low-frequency but important event in your area. We help them take what they've learned in classes and apply it to your patients in your area.

We are honored that you continue to bring us in to

help your staff function at the highest level possible. The feedback we receive from our simulation surveys continues to be strongly positive. Please contact us to see how we can help your staff continue to provide excellent care and be confident in their abilities!

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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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**Our newsletter repository:**

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



Anesthesiology Boot Camp simulation from July 2021. It's a real anesthesia machine that seems like it's attached to the manikin. The participants use the actual machine they will use with real patients.



The Intern Readiness Course telemedicine simulations from March 2020, when we had just a few days to totally revamp how to do simulations. Notice the participant (face blurred) on the monitor.

## Onboarding Simulations

One quick extension from last month's topic. The Emergency Department (ED) has added paramedics to their provider mix. This is a new role for them and for the ED. The paramedics are similar to nursing staff, though not completely, and are able to do much more than the ED Tech (the ED's PCT). We worked with the ED to create simulations for the paramedics to help them understand how their role in the hospital is similar to and different from their role in the field. The feedback we're receiving is that the simulations have helped them considerably!

## Journal Article Spotlight

This month's journal article discusses the positive effects of simulations on the participants. We used an article describing nursing students as it is difficult to find research describing current health care providers (non-students), which we see as an area that needs additional research. The article is Dante, A. et al. (2021). The lived experiences of intensive care nursing students exposed to a new model of high-fidelity simulation training: a phenomenological study. *BMC Nursing* (20)1. The following link should work from any UVa computer:

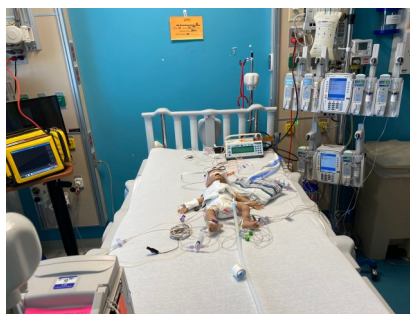
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Hyperbaric Oxygen chamber simulation from March 2020. Defibrillators can't be used in the Hyperbaric Oxygen chamber due to fire risk, so codes would be run in the hallway outside the chamber.



Going on a road trip at 0615 in May 2021 for Endoscopy simulations at 0700 that day — four simulationists bringing four manikins and equipment to Endoscopy.



Our new Premie HAL manikin this month, simulating a newly post-cardiac surgery patient. Notice the multiple pumps including a syringe pump, the ET tube, the OG tube, the chest tube, and the A-wires. He also has NIRS monitoring on.



A STICU simulation from October of this year. Notice the mock code cart and drug box (thank you Storeroom and Pharmacy!) as well as the use of the Zoll.