

Welcome!

Welcome to our Simulation Newsletter!

This month, we will focus on simulations as part of the orientation and onboarding of new team members.

We'll start with some of

our best examples of such simulations for nursing staff on our front page, and we'll discuss examples for physicians and other groups as well as interdisciplinary groups on our back page.

Simulation is great for new

team members. Let them care for simulated patients before they have to care for real patients.

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

Inside this issue:

<i>Welcome!</i>	<i>1</i>
<i>STICU Simulations</i>	<i>1</i>
<i>PICU Simulations</i>	<i>1</i>
<i>Onboarding Simulations</i>	<i>2</i>
<i>Onboarding Simulations for Physicians</i>	<i>2</i>
<i>Journal Article Spotlight</i>	<i>2</i>
<i>Onboarding Simulations for Everyone!</i>	<i>2</i>

STICU Simulations

Our partnership with STICU for simulations for new nurses goes back to 2013. We have four core simulations that we have used in varying combinations. These are long simulations, with the Run going for an hour and the De-briefing going for another hour (see Steps of a Simulation).

These simulations are for every nurse new to the STICU. The primary goal is to acclimate them to the STICU environment, which

requires critical thinking, recognition of changes in condition, and emergent interventions, such as putting up medications quickly. They also have practice in working with others at speed.

The participants also use major pieces of equipment such as the Belmont rapid infuser, the Camino intracranial pressure monitor, BIS monitors, train-of-four, and others.

The participants also practice interacting with other

providers such as residents, RT, and Pharmacy (played by



ICU in the ERC sim room



Notice the Camino monitor in the background

PICU Simulations

Our PICU partnership is new, starting in September of this year. This is an ambitious program with monthly simulations connected to monthly class work — the participants, all new Clinician I's, see information in class and then practice it during separate simulation sessions.

These simulations cover all aspects of PICU care, in-

cluding critical thinking, moving at speed, interacting with other providers, and interacting with family (which is especially important in the Pediatric ICU).

The types of simulations also vary, with standard clinical care simulations, simulations focused on the family, and rapid-recognition simulations that last less

than one minute.

Similar to the STICU simulations, we try to recreate the PICU environment as much as possible, using monitors, pumps, (fake) medications, and other props to immerse the participants in the PICU world.

Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
 - Briefing
 - Run
 - Debriefing
- Reset
- Assessment

**University of Virginia
Life Support Learning Center**

1222 Jefferson Park Ave
Fifth Floor, Room 5603
Box 800309
Charlottesville, VA 22903

Phone: (434) 924-1765

We create simulation-based experiences for current staff and students to maintain and improve their clinical judgment and teamwork skills during medical emergencies.

Follow us on:

Facebook:

<https://www.facebook.com/UVALSLC>

Instagram:

@uva_slc

YouTube:

<https://www.youtube.com/channel/UCx-KtMNJMIYLdWKEoOjrVvA>

Our newsletter repository:

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



We are working with 3East staff to have all of them (and two nursing students!) go through our First Five Minutes program

Onboarding Simulations

As the STICU and PICU are doing, use simulations to allow your new staff to actually live what patient care will be like in your area. In addition to the simulations on the front page, we can create multiple-patient simulations in which your staff need to go from room to room caring for multiple patients. We can use Standardized Patients to simulate an ambulatory area. We can create ICU patients, IMU patients, Acute Care patients, ambulatory patients, and/or procedural area patients. We can focus those simulations on what you want your staff to see: patient changes, use of equipment, interactions with other providers, and so on.

As always, it's all a matter of what you want your people to see.

Onboarding Simulations for Physicians

Simulations for new staff aren't just for nurses. We have two longstanding orientation simulations for physicians. Both our involvement with the Intern Readiness Course in the School of Medicine as well as the Internal Medicine Resident Boot Camp (IMRBC) go back to 2013.

The Intern Readiness Course sees all the fourth-year medical students, and our part involves them in multiple simulations with a physician as their instructor to practice being the physician, not the medical student.

The IMRBC simulations are specific to UVa, using UVa equipment and treatment pathways, and with their chiefs as their instructors.

These simulations allow the new physicians or physicians-to-be to practice the change in their role: how to order medications, how to balance the need to intervene now with information collection to make the diagnosis, and how to interact with the patient and other team members. The responses from participants in both groups has been strongly positive.

Journal Article Spotlight

This month's journal article discusses onboarding simulations that are also interdisciplinary (in our opinion, the best way to do simulations!) It also shows the variety of simulations that are possible. The article is Mullen, L. and Byrd, D. (2013). Using simulation training to improve perioperative patient safety. *AORN Journal* (97) 4. The following link should work from any UVa computer:

<https://www.sciencedirect.com/science/article/pii/S0001209213001452>.

Onboarding Simulations for Everyone!

Obviously, simulations are not just for nursing and physicians. We can and want to do simulations with anyone who is part of UVAHealth.

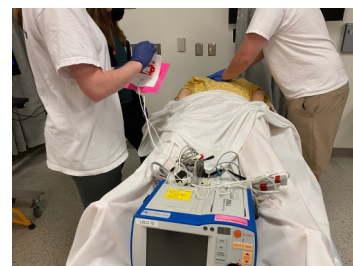
We can build simulations around anything you'd like to practice. We are excited about our New HAL who we believe could be connected to an actual vent — this might be

a great way to help orient new RTs to patient care and how UVa does it.

In addition, we are great fans of interdisciplinary simulations. If we all work together when caring for patients, it doesn't make sense to train separately. The Creation stage becomes even more im-

portant, as we need to ensure everyone will get something out of the simulation (no one is just a prop). However, when it works (such as in Interventional Radiology's quarterly simulations), it's extremely useful!

What do you want your people to see?



Exercise Physiology students from the Curry School practice how to start a code