UVAHealth

UVa Health Simulation News

UVAHealth Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

It's the end of the year wrap-up edition! It's been an interesting year of simulation for us, with more than 1400 participants in 160 simulations during the year — and that doesn't even include the EMT and AEMT courses from the LSLC's Prehospital group!

Remember what simulation can do for you: training in your area, improved provider confidence and retention, improved patient outcomes, process improvements, and inter-service line improvements. What do you want your staff to see, to practice, to understand?

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

Clinical Simulations

There are all sorts of simulations designed to help with clinical performance.

The one most people think of is the mock code, and we run a good number of them. 8W/SCTU, Interventional Radiology, Endoscopy, Nuclear Stress Lab, and all of the First Five Minutes programs practice these. One of UVa's floors did the First Five Minutes program for all of their nurses and techs and during a code on their floor four months later performed "very, very well" per a responding Internal Medicine attending.

But there are others, as well. Your editor's favorite type of scenario is the deteriorating patient — can we identify and turn around the patient who is going downhill? How early can we find the deterioration and start to fix it? Several of the above mock codes also have a deteriorating patient aspect to them, and we also enjoyed working with non-code simulations with areas such as PICU, the ED, Family Medicine, CTU and cardiology NPs, the Internal Medicine Resident Boot Camp, the Anesthesiology Boot Camp, and MET.

Remember, we can simulate just about anything, one way or another. Is there a patient population which is particularly challenging for your area? Practice it with some simulation.

Process Simulations

There's a whole different category of simulations as well. Process simulations are less concerned with the clinical decisions of individuals and more focused on how the team is following a process or a protocol.

A great example of this was the Ivy Orthopedics simulation before they opened. This looked at two different processes — how should the overnight onsite nurses contact a physician by telemedicine link, and how should an ambulance be called and handoff of care occur during the overnight shift? Medic V was part of this simulation.

The ED Paramedic simulations were also examples of this: how does a paramedic fit into the Emergency Department?

And it was really fun to be part of a 20+-person simulations of Malignant Hyperthermia in the OPSC OR! They were even able to "call" a national resource to help walk them through the case.

Again, what do you want people in your area to see?

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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/mesa/simulation-newsletters

Pictures!

We're presenting some of our favorite pictures from the year's simulations. In most cases, we are able to crop out faces and ID badges. Where we can't, we will selectively blur some details.

The Malignant Hyperthermia simulations at the Outpatient Surgery Center. Everyone in the room is doing something or is waiting for an assignment.

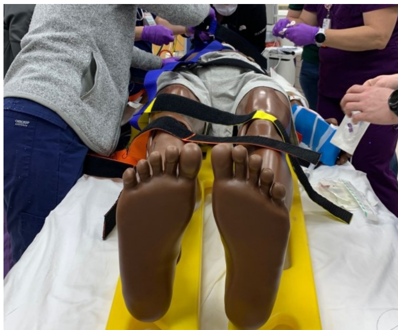
A First Five Minutes program on 5South.

Walking SimJunior out to the pivot nurse to start a simulation...

...and SimJunior comes back in to the ED Peds treatment area.

A PICU simulation baby with an intubation, a central line, a peripheral line, a UAC/UVC line, pacer wires, chest tubes, and various monitoring.

The Ivy Orthopedics patient being transferred to the care of Medic V for transport to the Emergency Department. Off to the left (not in the photo) is the mobile computer with the physician on the telemedicine link.



An ED patient arriving, with a resident at the head and six other people working on IVs, monitoring, and removing the straps.

The Anesthesiology Boot Camp, complete with an actual anesthesia machine! The machine doesn't actually connect to the manikin — but it appears as if it does and will even alarm appropriately in certain cases.