



Welcome!

Welcome to our Simulation Newsletter!

This month, we begin walking through the steps of a simulation, as we did two years ago when we started this newsletter.

This time, though, we will

focus on what this means for you, the person who is asking for a simulation, rather than us, the simulationists.

We will use the next several issues to go through each of the steps of a simu-

lation to help you see how you might use simulation in your area.

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

Goals

The first question to ask about a simulation is: why do we want to do it? What’s the reason for the simulation? We know that simulation is an extra that doesn’t have to happen, so why spend your staff’s time and your money to do this?

Almost always, the goal will be something educational: at the end of the simulation, you want your people to know more about some topic. This is in line with recommendations from the major simulation

groups — creating a solid, specific educational goal is key to creating a good simulation.

Keep in mind that it is possible to have a goal that isn’t educational — see last month’s issue about systems testing, for instance. However, most times, we are looking at an educational goal.

Making your goal specific will help us create the simulation that will give you the positive result you want.

For instance, for our STICU simulations, the overall idea was “be a better STICU nurse”, but the goals were to know how to use the Belmont rapid infuser, to increase familiarity with vasoactive agents, to recognize a pulmonary embolism, and to increase critical thinking. All of these goals lead towards a better STICU nurse, but it is easier to build scenarios from those specific goals rather than “be a better nurse”.

Our Most Common Goal

Our most common request is: “Help our staff improve their response to a code.” Absolutely we can help with that!

But what part of a code response do you want to improve? Is it knowing the initial steps of a code (recognize, call for help, compressions, AED, breathing)? Is it the muscle memory of how to do com-

pressions or how to use the defibrillator?

Or is it the more abstract (and harder to measure) concepts of teamwork, closed-loop communication, and finding the cause of a code?

These are the kinds of things we need to drill down to, so that we can deliver the simulation that

will help your people the most.

Even the relatively simple “Run a code well” goal can have many different parts to it. What do you want your people to see? What do you want them to learn?

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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

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A simulated code on the Stem Cell Transplant Unit. Codes in your area with your equipment makes for better practice. Notice the Zoll in use.



A simulated trauma in the Emergency Department. Notice the blood being administered (the red IV line). This is our New HAL manikin, who can push vital signs into actual patient monitors.

Other Possible Goals

Other than “Improve code response”, what might your goals be?

One of our favorite general topics is recognition and intervention in patient deterioration. Patient deterioration is more common than codes, but also sometimes harder to spot. Catching patient deterioration is also core to the role of a health care provider.

This can also be made more specific to your area. For instance, “recognize the signs of sepsis” will be different in the Stem Cell Transplant Unit than on 3West. Or, do you want your people to practice recognizing cold sepsis rather than sepsis with a fever?

Other possible goals would be practicing with new things. The proning simulations with STICU, or simulations with new vasoactive agents for SIMU. Simulations with a new patient population, such as when 4C Transplant was created, are similar.

Remember that systems testing can also be a goal. In addition, familiarization with a new area could be a goal.

What do you want your people to see, to practice with, to have to think through in the less stressful environment that is simulation? What do you want them to have seen before so they know what to do for the real patient?

Secondary Goals

Sometimes a simulation will have a secondary goal or goals. These are goals that are less important for the simulation, but are still areas of possible improvement for the participants. For instance, in a deteriorating patient scenario, the primary goal might be recognition of the deterioration and notification of an LIP. A secondary goal might be practicing interprofessional communication in a stressful situation. Similarly, a secondary goal for our part of the Medical School’s Intern Readiness Course for fourth year medical students is how to work with a nurse.

In both cases, the secondary goal isn’t required for the simulation, but would be a positive effect of the simulation.

Journal Article Spotlight

This month’s journal article discusses the simulation process, with a particularly good discussion of goals. The article is Hepps, J. H., et al. (2019). Simulation in medical education for the hospitalist. *Pediatric Clinics of North America* (66)4. The following link should work from any UVa computer: <https://www.clinicalkey.com/#!/content/playContent/1-s2.0-S0031395519300410?returnurl=null&referrer=null>

What Do You Want Simulation To Do?

What do you want your simulation to do? If you could simulate anything you wanted, what would you want your people to see/to practice/to understand? Please feel free to talk with us about your goals, whatever they are — we can simulate a wide variety of things and help your staff provide better care to your actual patients.

We’re asking multiple times in this issue, “What do you want your people to see?” It really is the most important part of simulation. Writing the scenario, and even running it, is easy once the goals are well defined.