

Welcome!

Welcome to our Simulation Newsletter and to the new year!

It's our fourth year of having the simulation newsletter. We hope it's useful for you!

This issue is going to focus

on the training we give to our own simulationists. We don't let just anyone out there working with your staff — our simulationists need to know what they're doing!

Our training is a step-wise

release process, where they run each part separately before running a whole simulation by themselves.

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

Orientation Class

As with most areas of knowledge, you need some book learning first. We run a four-hour orientation class for our new simulationists. The heart of it is the discussion of how we do simulations. The topics focus around three major themes.

What is simulation?

We can use manikins, task trainers, or people to simulate patients in clinical situations or to test processes.

Why do we do simulations? Some of what we

do is really hard. We need to make clinical judgment calls and intervene with patients quickly. Practicing that on fake patients is preferable to going in cold on real patients. Everyone's first code should be on a plastic patient.

The Life Support Learning Center does medical emergency education, so all of our simulations will be some sort of medical emergency.

How do we do simulations? We are gentle. We

will bring up what needs to be brought up, but not in a harsh way. We are helping and guiding, not grading.

The course also has time to work with the manikins, their controls, and our props, as well.

Our new simulationists now have an idea of how simulations are structured and what they'll see when they observe simulations in the next step.

Observations

After the orientation class, our new simulationists start observing simulations. They're there only to see how someone else does it.

They're looking for the things we discussed in the orientation class. For instance, how was the scenario built to reach the goals of the simulation? How did the simulationist brief the

group to introduce the participants to the manikin and how to work with it? How did the simulationist run the manikin during the simulation? Did the simulationist tweak the scenario a little to give the participants more time or a hint as to where to go?

One of the biggest things to observe is the debriefing.

The debriefing is usually the most challenging part of the simulation from our perspective — there is so much to think about when leading a debriefing — and the observer can see how someone else does it.

Once the new simulationist is comfortable observing, we move on.

Inside this issue:

<i>Welcome!</i>	1
<i>Orientation Class</i>	1
<i>Observations</i>	1
<i>Journal Article Spotlight</i>	2
<i>Operations-facing Practice</i>	2
<i>Participant-facing Practice</i>	2
<i>Flying Solo</i>	2

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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Journal Article Spotlight

Just as Benner described how nurses move from beginning to expert, this month's journal article is on how simulationists have an experience sequence with different criteria for each of the stages.

The article is Thomas, C. M. and Kellgren, M. (2017). Benner's Novice to Expert Model: An Application for Simulation Facilitators. *Nursing Science Quarterly* 30(3), 227-234. The following link should work from any UVa computer: <https://journals-sagepub-com.proxy1.library.virginia.edu/doi/full/10.1177/0894318417708410>



An Emergency Medicine simulation, with the team looking at an ultrasound of their infant patient while the ally (an Emergency Medicine attending) looks on. There are lots of things we can simulate!

Operations-facing Practice

Next up is operations-facing practice. Here, the new simulationist works the manikin during the simulation. They don't do the briefing or the debriefing. They simply run the manikin and monitor and provide feedback as the voice of the patient.

We start here to give the new simulationists the ability to focus on one skill set — running the manikin. They need to pay attention to what's happening in the simulation, but only to make the manikin respond correctly. Do we need to adjust what the manikin is doing to help the participants get to where they need to be? If so, how? Are the participants doing something unusual so that we need to figure out how the manikin will react, such as giving an unexpected medication? They are not looking for debriefing items yet — just making the simulation work.

We have them in this role until they're comfortable with it, then move to the next role.

Participant-facing Practice

The next area to practice is the participant-facing role. This is harder than the operations-facing side. Here, the new simulationist does the briefing and debriefing, but does not run the manikin.

All of our simulationists have a version of the Vegas speech (what happens in Vegas stays in Vegas and that this is a safe space) which is important to get right. It sets the tone for everything that's about to happen. Getting the briefing right makes the rest of the simulation go smoother.

The new simulationist also needs to pay close attention during the simulation to see what needs to be brought up in the debriefing. Simulations can move fast, so the new simulationist needs to be able to collect data for the debriefing by watching the simulation to catch what went well and what could be done differently. And then, the new simulationist needs to run the actual debriefing, which itself is very busy from our point of view: how can I help the participants see all of the above in a safe and supportive way?

The debriefing is the most important part of the simulation. We want them to have time to practice this with another simulationist present. So, they get to do this role several times until they are comfortable, and then it's on to doing this solo.

Flying Solo

When the new simulationist is comfortable with both the operations and the participant sides of the simulation, it's time to bring them together. While we call it "flying solo", there's still another simulationist in the room as backup — they just shouldn't need to help. The hardest part of this step is in paying attention during the simulation run to both make the run happen smoothly and have discussion topics for the debriefing. Keeping track of all that can be complicated. So we let them practice it with another simulationist present.

Once the new simulationist is comfortable with this, then they are released and able to run a simulation on their own!

We believe our training process is robust. After each simulation at each step of the process we have our own debriefing to discuss how we did. Did we deliver what we were asked to do? What went well, and how could we improve the next simulation?