



Welcome!

Welcome to our Simulation Newsletter!

This month, we'll introduce you to new simulationists working with us. Some are very new, and some have been working for a while.

We'll also remind you of some of our more experienced simulationists, who hopefully you've seen recently.

We'll start by giving a quick overview of our simulationist training process —

a more detailed version of this is in our January 2023 newsletter.

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

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Initial Training Class

As with most things, our training begins with a sit-down class. That might seem to be an unusual thing to start simulation training with, but a person needs to have some basic knowledge before trying to apply it.

Our class focuses on three things: what is simulation, why do we do simulation, and how do we do simulation?

Simulation is practicing real health care without using real patients. We use manikins, task trainers, or Standardized Patients.

We simulate because the basic knowledge a provider receives from a class isn't enough to be good in the real world. We not only need the basic knowledge,

but we also need practice in how to apply it.

We simulate in a gentle, collaborative, and (preferably) interdisciplinary way. Our participants are (usually) already providers. We are simply helping them be better providers.

The class is four hours long.

Simulation Release Process

After the class, there is a release process. We want our simulationists to be good before they are simulating by themselves.

The process starts with observation time. We do simulations differently than some other places, and we want our new simulationists to experience that. They have a chance to see simulations without having to be part of running them.

Then, we have them be a part of the simulation team as the operations side.

They will run the manikin, the patient monitor, and be the voice of the patient. They learn how to keep ahead of the participants, anticipating their next move and giving the appropriate feedback.

Next, they are the participant-facing part of the simulation team. They give the overview of the simulation process, orient the participants to the manikin, and give the Vegas speech that creates a safe space for simulation.

Finally, they put it all together by doing the entire simulation process themselves, including the Preparation, Run, and Reset steps listed in the column next to this. Another simulationist is with them, but is only an observer — they will only help if something really goes sideways.

And then, our new simulationist can do simulations on their own!

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 improve their clinical judgment and teamwork skills during medical emergencies.

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Our newsletter repository:

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

Pictures!



Our Acute Cards First Five Minutes simulation on July 19 — see the Shoutout! to the right!



An ED RN Clin I critical care simulation for nurses just coming off orientation. This is to let them see critically ill patients before they have to take care of them on their own. Remember, not all manikins die — but they might become very sick,

Our New Simulationists

We have several new simulationists, some of whom work here in the LSLC in different roles and help with simulations, and some who are wage simulationists.

Bekah Billings is the Resuscitation Coordinator for the hospital. She's been an adult critical care nurse before this position.

Emily Snyder is a paramedic in the Emergency Department. She has prior experience with simulations in the EMS world.

Jackie Keller is the LSLC's pediatric coordinator. She's been an EMS provider and a pediatric critical care nurse.

Sarahbeth Thomas is a nurse with the Medical Emergency Team (MET). Obviously, she has experience with critical care. She will be focusing on night shift mock code simulations, helping to bring simulation experiences to the night shift with Suzie Telfer.

Patrick Short is a nurse with an outside air medical transport service, but has prior experience with the MET team and in ICUs.

All of our new simulationists have impressive backgrounds and are doing well. We are proud of them!

Our Experienced Simulationists

We have several experienced simulationists as well.

Whitney and Jessi Lassiter are both nurses with extensive critical care experience.

Gil Somers is in the LSLC and has Emergency Department nursing and EMS paramedic experience.

John Hurt is an Emergency Department paramedic with extensive EMS experience as well.

Leza Sisley has years of EMS paramedic experience and is in the LSLC.

Suzie Telfer is a pharmacist who has also done night shift mock codes for years and will be restarting them with Sarahbeth Thomas.

Journal Article

This month, we are going to send you to the International Nursing Association for Clinical Simulation in Learning Healthcare Simulation Standards. Even if you are not a nurse, this is a fantastic deep resource on how to do healthcare simulation. The link is: inacsl.org/healthcare-simulation-standards.

Shoutout!

During an Acute Cards First Five Minutes simulation on July 19 in room 4136, a physician walking nearby heard the call for help. On coming into the room, he saw a team of people beginning CPR and was fully ready to help — he had his game face on! We had to explain that it was a manikin and not a real person.

We want to give a shoutout to this physician (whose name I didn't get) for being ready to help!