UVA Health

UVa Health Simulation News

UVAHealth Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

This month, we'll discuss in detail the Surgical Trauma ICU new nurse simulations.

The Life Support Learning Center has been doing these simulations with STICU since 2013. The pandemic put us on hold for a while, but we are restarting them!

We've had really good feedback from the participants. We'll give you some examples of those on the next page.

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

Reasons for STICU Simulations

The STICU had several reasons why they wanted to run these simulations. They had nurses coming into the STICU from varied backgrounds: new Clinician 1s, nurses who had been in other areas, and nurses who came from other hospitals. STICU wanted everyone to have a common base as they start in the ICU.

That base included several different areas. One was simply an orientation to STICU and its processes. An ICU is a different from floor nursing or Emergency Department nursing, and different specialty ICUs run differently.

STICU also wanted their new nurses to see some of the low-frequency but high-acuity equipment such as the rapid infuser and the intracranial pressure monitor.

Finally, the scenarios are designed to help the nurses with STICU critical thinking. What might be wrong with this patient, what data do we need, and what do we need to do to treat this patient?

These are their educational goals! It always comes back to the goals.

History of STICU Simulations

STICU, represented by Katie George, came to the LSLC in 2013 with this great idea of doing simulations for their new nurses. We see this as a fantastic use of simulations as orientation, as we've discussed in previous issues.

Katie had her list of educational goals (see above article). Next, we had to craft the scenarios to include aspects of each of their goals. That took a lot of work because the scenarios are very complicated. We're on version 12 of some of the scenarios.

Some of those versions were tweaks we made as we ran the simulations. Sometimes, the scenario we thought was good when we built it didn't work quite well enough during the scenario run, and we improved them for the next time.

Katie George eventually moved to a different position, and Julie Lutz picked up from her. Julie also made tweaks to the scenarios.

Julie Lutz has also moved on, and now Mel Johnson is the lead for the simulations.

COVID made us stop the simulations for a while, but thanks to Julie and Mel, we are restarting them! We think this kind of simulation, to give everyone a base level of knowledge as they start a new position, is very useful!

Inside this issue:

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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Pictures!

A picture from a recent STICU simulations. We've covered faces and a name badge.

You can see the team in action. Also notice the multiple pumps and the ventilator behind the team. They are working hard on their patient (our SimMan 3G).

Building the Scenarios

Building the scenarios was a challenge. We needed to build patients in three different ways: making a deteriorating patient to make the participants think critically, needing specific special equipment, and (in some cases) coding with recovery.

We originally built four scenarios to accommodate several different ways of deterioration, all the special equipment STICU wanted to use, and several different ways to code. We've since switched to only two scenarios.

Given how much we needed to put into each scenario, they are quite long, usually running for about an hour. That gives us enough time to show the deterioration, run a code in real time, and take time to use (and frequently instruct) on how to use the special equipment.

That last part is unusual for us. We don't usually break into a simulation to teach. However, if the participants have never used a piece of equipment before, we can't just say, "Go use it."' So, we do add some teaching.

We also take an ally (it's Mel now) and keep her inside the simulation as the resident to help keep the simulation on track. If we didn't, it would be easy for the simulation to go in a direction we didn't intend, given its length.

Debriefing the Simulations

An hour-long simulation gives a lot to talk about! We modify our debriefing by going chronologically, to help the participants remember what they've done. As a result, we mix the "What went well?" and the "What would you like to do differently?" We also take notes during the simulations as otherwise we will forget what we want to bring up in the debriefing—they're that long!

The debriefings usually take an hour by themselves, given how much is in each scenario.

Journal Article

This month's article is on a simulation training program for new ICU nurses. The article is: Jung, S. J. et al. (2023). Simulation-based Training Program on Patient Safety Management: A Quasi-experimental Study Among New Intensive Care Nurses. *Nurse Education Today (126)*. The following link should work from any UVa computer: https://www-sciencedirect-com.proxy1.library.virginia.edu/science/article/pii/S026069172300117X

Examples of Feedback

Here is some actual feedback from prior sessions:

"I loved having 4 hours for this. It allowed for the most realistic simulation I have ever been a part of. I loved how everyone was very much in their roles, yet is was an environment that allowed for questions and explanations."

"The hands on practice makes you think critically."

"I think all staff (not just those new to ICU) would benefit from this a few times a year. I think it could help build better teams, better trust, and help to know and understand the strengths of our co-workers."