



Welcome!

Welcome to our Simulation Newsletter!

We are going to start this year by going through the steps of a simulation, as we have in previous years. Each month will be one of the steps.

This month, we discuss assessment, the final step of the simulation. How did we do as simulationists and how did the participants do in the simulation? We need to remember that simulation as we do it is not for a grade — it's to practice

difficult situations with a safe patient who can't be harmed.

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

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Survey: What Did We See or Discuss?

After our simulations, we send a survey to all the participants asking what went well, what could use improvement, what were their takeaways, what suggestions do they have for us, and would they recommend simulations to others.

(The first two questions ask about the LSLC's performance but a lot of participants take it to mean themselves.)

In our email asking them to fill out the survey, we list several things, usually 4-12 topics, where they did something well or could do it differently. These topics either happened in the simulation or were part of the debriefing discussion afterwards. We deliberately don't say if they did them well or not — we just state that we talked about it. We also don't call out individual people — we simply

mention actions that went well or didn't.

The survey items are a type of debriefing that's done after the end of the simulation, though it's really more feedback, since it only goes in one direction. Still, participants have told us it is useful for them. It can be read when they want to, rather than doing a debriefing right after a simulation has just ended.

Survey: How Can the LSLC Improve?

As stated above, the first two questions ask how the LSLC did as simulationists. We ask our participants what we did that went well and what we could do differently next time — we need to evaluate our performance and it helps to hear what others think.

We've received lots of good suggestions in the past. We've modified our scenarios, the structure of a simulation session, and even

our own communication styles from survey responses.

Just as we ask of our participants, we need to receive the survey responses with a level of humility. While we think we do a good job of simulating, we might not be right. We need corrections and adjustments to ensure that we keep doing simulations well.

In addition, we do not know everything about eve-

ry area in the health system. We should listen to the experts, the people who work there, to help us understand what they do and why so that we can improve our scenarios.

The surveys are a way to have a discussion about how we, the LSLC and the participants, made the simulations happen.

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!

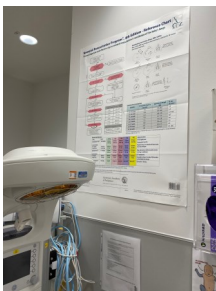
Pictures of the changes in the Peds ED.



Supplies repositioned on the infant warmer.



Warmer now has a built-in oxygen/air mixer, similar to NICU models.



Reference poster has been moved next to the warmer (visible in the lower left).

Survey: How Was This Useful for You?

We ask the participants what the takeaways were for them partly to see what they thought were the most important parts of the simulation but also to help them reflect of the simulation as a whole and essentially self-debrief again.

We appreciate hearing what was most useful for the participants. Sometimes they think of things that we didn't expect! It also helps us calibrate what we should expect from people at different points in their careers.

Thinking through the scenario, looking for the takeaways, gives each participant a chance to ask themselves the standard questions we ask in a debriefing: what went well and what could they do differently? However, they have more time to consider the questions, on their own, without someone else interrupting their thought process. The solo consideration for the survey is a different debriefing process than a group debriefing. Neither is better or worse than the other; they just do different things.

Formal Recommendations

Rarely, we see something in the simulation that we feel really needs to be addressed. In that case, we'll do a formal recommendation of what we saw, how we think it should change, and why.

We've made suggestions about equipment that isn't working or that is needed, different medication routes, and who should be in the room during an emergency.

We are very careful about making these recommendations. We are simulationists, not medical directors or nursing managers. We don't have the power to require anyone to change anything. However, doing simulations allows us to sit back and see how a process actually works. We will speak up if we see something that needs to be changed, just as we would want participants to speak up during a debriefing or during actual patient care.

Journal Article

This month's article is on judging the return on investment for simulation, which is another way to assess simulations and is difficult to do.

The article is Metcalfe-Smith, RD. (2025). Return on Investment with Health Care Simulation. *Nursing Administration Quarterly*, 49(1); p 44-50, January/March 2025.

We have a link for this that should work from any UVa computer: https://journals.lww.com/naqjournal/fulltext/2025/01000/return_on_investment_with_health_care_simulation.7.aspx

Changes

Going along with the "Formal Recommendations" article above, we were part of a combined services simulation in the Pediatric ED. The simulation went well, but there were several things we saw that we made recommendations on. These are the results.

The type of infant warmer has been changed to be consistent with NICU equipment. There is a specific set of supplies that are laid out on the warmer before an infant comes in. A reference poster has been moved to be close to the infant warmer.

We're happy our work could be a part of improving actual patient care! Simulations can improve systems, not just individual clinical skills!