

## 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.

Last month, we did the Goals of a simulation. This month, we'll do Creation of the simulation's scenario. The Goals make the scenario — we need to have the participants see a situation in which they can pursue the Goals (hopefully suc-

cessfully). However, how to write a scenario is not obvious.

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

## Creating the Scenario

Scenario creation is difficult and requires thinking on a lot of different levels.

Frustratingly, it also has very little literature addressing it. Most articles describing a simulation will discuss their goals and then say, "We created scenarios appropriate for the goals."

The question is, how do you make scenarios appropriate for the goals? First, you must thoroughly understand the goals and what your allies have actually seen in their care areas.

Then, you need a one-sentence rough idea of what

would fill the goals. As an example: Your ally wants to help their RN Clin I's recognize early deterioration, practice blood administration, and analyze lab results. There are a lot of different patients who deteriorate. GI bleed patients need blood. And, GI bleed patients can show changes in their hemoglobin and hematocrit, so let's use a GI bleed patient. But, for instance, a sepsis patient wouldn't fit these three goals as well — it's rare for them to receive blood.

Another example: Your

ally wants interprofessional teamwork for a rapidly changing patient. OK, let's try an anaphylactic patient (anyone can recognize the change, LIP to order epi, RN to give it). Or, use someone specific for a patient area. For TCV-ICU, let's use a patient who just had a surgical valve repair that has failed and the patient is exsanguinating.

With thought, and in conjunction with your ally in the area, you can come up with the rough idea of the structure of the scenario.

## Big Picture Level

You have your one sentence idea. Now, we'll flesh that out a little bit. We're going to make a backstory!

We'll use the GI bleed patient from above. How long has the patient had a GI bleed? We want them to analyze lab results, so it'll

have been for a few days to allow H&H trending. How have they been doing previously? Because we want the nurses to recognize early deterioration, the patient has been doing pretty well. How quickly are they going to deteriorate? Slow enough for the nurses to

have time to recognize early deterioration but the patient needs to become sick enough to warrant blood transfusion. Again, we are using the goals to help structure the scenario.

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### Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
  - Briefing
  - Run
  - Debriefing
- Reset
- Assessment

**UVAHealth  
Life Support Learning Center**

1222 Jefferson Park Ave  
Fifth Floor, Room 5603  
Box 800309  
Charlottesville, VA 22903

Phone: (434) 924-1765  
Email: [jph5z@uvahealth.org](mailto:jph5z@uvahealth.org)

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## Pictures!



PICU nurses logroll a patient with a potentially unstable spine.



An Orthopedic Center Ivy Road team runs a malignant hyperthermia simulation in their PACU. Notice the red MH cart in the lower left of the picture.

## Mid-Level Considerations

Still continuing our GI bleed example...

Exactly how sick is this patient going to be, and how to we project that to the participants? Early deterioration means the HR and RR should be elevated but the BP is sort of normal with a narrowing pulse pressure. Skin would be a little cool, a little dry, but nothing extreme yet. The patient is becoming a little irritable (an early sign of shock). We are using this information to help guide the participants through the scenario. There needs to be a path through the scenario that allows them to successfully reach the Goals. Their positive findings help them find the path.

We also need to decide on the negative findings. The 12-lead is normal (or sinus tach), the blood glucose is normal, the pupils are normal, the abdomen is soft, and so on. Think of the negative findings as a way to guide them back to the path if they are going a different way.

## Get the Details Right

The patient and the scenario is coming into view now. Let's get the details right to fully finish the picture.

Our GI patient in the early stages of bleeding might have a BP of 116/88 but not 120/50. We need to choose the specific vital sign numbers with care to show the initial condition as well as the progression to sicker over time. How much will the patient change at each step of the scenario? If we're using props, where do they go? We can find pictures of rectal bleeding on the internet, so we can place one or two of those under the manikin. How much IV access will the patient start with (if any)? What will the report from the prior provider (if there is one) be?

One additional thing we ask our allies to do is to take the patient and make it one of theirs. Add the usual meds, previous medical history, and other things that are specific to your area.

## Journal Article

Our article this month is from the International Nursing Association for Clinical Simulation and Learning (INACSL), showing how little people discuss how to write the scenario — even INACSL doesn't. The article is: INACSL Standards Committee (2021). Healthcare Simulation Standards of Best Practice™ Simulation Design. *Clinical simulation in Nursing*, 58, 14-21.

We have a link for this that should work from any computer: [https://www.nursingsimulation.org/article/S1876-1399\(21\)00096-7/fulltext](https://www.nursingsimulation.org/article/S1876-1399(21)00096-7/fulltext).

## Editorial, Kind of

This month's editorial is really more an opinion and not quite an editorial. One of the things to consider when writing the scenario is that every participant should get something out of the scenario. Build it so that everyone has a role. Have your GI patient in the ED start with insufficient IV access so that the EDTechs can suggest more IV access and show their skills. Have the coding patient in IR be on an extended table so that the IR tech can move the table and make the situation safer for everyone. If there's an LIP, a nurse, a specialty tech, or a PCA in the simulation, have a meaningful role for each person.