

## Welcome!

Welcome to our Simulation Newsletter!

We are going to start this year by going through the steps of a simulation again. Each month will be one of the steps. We last did this in 2022.

## Goal Types

If you ask us to help you with simulations, one of the first things we'll ask is, "What are your goals for the simulation?" We ask that before asking about dates, times, participants, or anything else.

The goals drive everything about the simulations.

We need your goals to determine what the scenarios will be, what props we need, how long they'll be, and what we might discuss in the debriefing — everything.

This month, we'll start with the goals of a simulation. The goals of your simulation determine everything else about the simulation. They are the starting point for everything and will determine how the scenarios are written and how the

Frequently, we receive two types of goals: individual clinical improvement and systems testing/improvement.

Individual clinical improvement goals are aimed to improve individual providers' individual behavior. This has been simulation's bread and butter for years. Think of mock codes, RN Clin I simulations, and intern boot camps. We want individual providers to be better at what they do after these simulations.

Systems test-

simulations are run.

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

ing/improvement goals aim to make the system better. Think of proning simulations, malignant hyperthermia simulations, and simulations done in new areas or with new procedures. We want to find and fix problems with the system as a whole.

There's going to be some overlap between the two, but the scenarios will likely be built and run differently depending on the type of goals desired.

patient care better. We can use them in many ways to make those improvements, but we need to stay focused on using simulations to improve patient care.

## Inside this issue:

---

<i>Welcome!</i>	1
<i>Goal Types</i>	1
<i>Why Should We Focus on Goals?</i>	1
<i>Clinical Improvement Goal Examples</i>	2
<i>Systems Testing and Improvement Goal Examples</i>	2
<i>Editorial</i>	2
<i>Pictures!</i>	2

## Steps of a Simulation:

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

## Why Should We Focus on Goals?

Ensuring that we know the goals of a simulation helps to keep us on track. Manikins are fun to play with. It would be easy to design and run a scenario because "It would be so cool!" or "We need to show off this cool new feature!"

Those simulations may not

be useful, though. While the simulations may in fact be cool, if they don't help improve our patient care, then they're mostly a waste of time and effort.

Focusing on the goals keeps us on track to use the manikins for the reason we bought them: to make our

**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)

We create simulation-based experiences for current staff and students to improve their clinical judgment and teamwork skills during medical emergencies.

Follow us on:

**Facebook:**

<https://www.facebook.com/UVALSLC>

**Instagram:**

@uva\_slsc

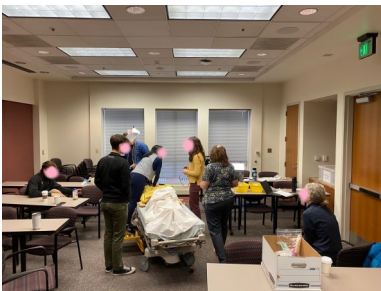
**YouTube:**

<https://www.youtube.com/channel/UCx-KtMNJMIYLdWKEoOjrVvA>

**Our newsletter repository:**

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

## Pictures!



Emergency Medicine residents practice a code.



Emergency Department nurses check a hypoglycemic patient's pupils while giving D50.

## Clinical Improvement Goal Examples

Goals for a mock code might include early recognition of the code, improved chest compressions, improved communication between providers, and increased familiarity with the defibrillator. Let's make sure we're good at resuscitating patients!

Goals for RN Clin I simulations may include general familiarity with the flow of their area, earlier recognition of deterioration, and improved communication with LIPs. We want to help the nurses move along the pathway from novice to competent.

Intern boot camp goals are analogous to the RN Clin I goals: general familiarity with the flow of their area, earlier recognition of deterioration, and improved ability to organize and structure a team of providers.

## Systems Testing and Improvement Goal Examples

Systems testing looks at how the system works, and not as much about how individual providers perform.

When STICU started proning patients in 2014, we helped them roll out the process using a manikin. They were able to practice who was where doing what during a proning process and also during an emergent un-proning.

The Outpatient Surgery Center has made several improvements in their Malignant Hyperthermia responses because they have practiced the process with simulation (see our December 2024 issue for more on this).

In 2023, the Transplant Infusion Clinic moved to a new location. They used simulations to allow their providers of all types to practice being in the new space and revise how they would respond to an emergency.

Systems simulations allow you to find problems before they can affect your patients.

## Journal Article

Our article this month is a call to action for simulationists and patient quality professionals to collaborate to improve patient care. The article is: Lu, A., et al. Call to Action: Quality and Simulation Professionals Should Collaborate. *Simulation in Healthcare*, 19(5), 319-325.

We have a link for this that should work from any computer:

[https://journals-lww-com.proxy1.library.virginia.edu/simulationinhealthcare/fulltext/2024/10000/call\\_to\\_action\\_\\_quality\\_and\\_simulation.7.aspx](https://journals-lww-com.proxy1.library.virginia.edu/simulationinhealthcare/fulltext/2024/10000/call_to_action__quality_and_simulation.7.aspx)

## Editorial

This month's editorial emphasizes what we've said a couple times already in this issue: We should do more systems testing simulations. If we want to be good at something, we should practice it and assess how we've done. That helps individual providers be better, but it also helps the team as a whole function more smoothly. If our processes are laid out well, our care for patients is better. Simulation allows us to rapidly improve processes without any risk to real patients. We should actively look for processes we can improve by simulating them.

What processes on in your area might be improved by simulation?