



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.

We've done most of the simulation work at this point (all the design, creation, preparation and the Run). Now it's time to Reset, where we come out of the room (if we're doing an *in situ* simulation) and clean and reset all of our

stuff. It's not the most exciting part, but it needs to be done.

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

Inside this issue:

<i>Welcome!</i>	1
<i>Exiting the Room</i>	1
<i>Exiting the Room Rapidly</i>	1
<i>Resetting the Equipment</i>	2
<i>Resetting the Scenario</i>	2
<i>Journal Article</i>	2
<i>Thank You!</i>	2
<i>Pictures!</i>	2

Exiting the Room

We've prepared for the simulation, run it, and just finished the debrief. Now it's time to clean up! (I sound like a parent.)

This doesn't sound like much of a deal, but it is. Our simulation stuff looks a lot like real equipment for real patients, because it is. However, in holding to our ASPIRE values, we reuse our equipment a lot and none of that should touch a real patient.

We especially need to make sure we have all the "medications" and "fluids" we came in with. Our meds are designed to look different than actual medications and they have red "Not for Human Use" stickers on them. Even so, we can't have any stay behind.

We also need to be sure our training ZOLL defibrillation pads come out. The training pads look identical

to real pads (except for an extra side dongle), but they won't give any power at all and should not go on a real patient.

We also want the room itself to be set as much as possible as it was when we entered. We do not want to leave a mess behind to be cleaned up by the people who invited us to do simulations!

Exiting the Room Rapidly

A lot of our simulations take place in actual patient rooms. While *in situ* simulations have a lot to recommend them, one thing we have to realize is that a patient may need that room at any time. This is especially true in the Emergency Department. While we try to arrange our simulations to be during slow times, that's not always possible. As a result, we need to be able

to stop a simulation and be fully out of the room in 5 minutes or less.

If we do need to leave emergently, it's not a pretty process. We leave the manikin turned on and throw the rest of our props on top of the manikin.

When we think we have everything, we do take a few seconds and do a "room sweep", looking for

things we left behind.

Once we get into the hallway a little distance away from the room we were in, we can start to sort our stuff, pile it so that it doesn't fall off the manikin, and then actually leave the area.

Sometimes, we also try to do a rapid debrief while stacking equipment on the manikin.

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

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!



The Pediatric Emergency Department and NICU combined to practice a newborn simulation — NICU responded to the ED after being called. This is a great example of system testing, as in this month's article! The picture doesn't even have most of the people who participated!



This is what happens when the room you expect to use for the Anesthesiology Boot Camp simulations isn't available. Thank you to the Surgical Observation Unit for allowing us to use some of their space to make an "Operating Room"!

Resetting the Equipment

Once we're back in the Life Support Learning Center, we get our equipment ready for the next simulation. Manikins need to be cleaned, usually with purple wipes. (No matter how hard we try, though, we can't get all the tape stickiness off.) IV drain bags are emptied of the fluids used in the simulation. Sometimes we'll drain small amounts of fluid remaining in various bags we used into one bag to "refill" it (again, those ASPIRE values). Our simulated medications are refilled (we use normal saline which is slightly safer than distilled water). All the rest of our equipment is also cleaned and reset. Foleys are refilled with urine (actually normal saline with yellow and sometimes red food coloring). Cables and tubings are wrapped up. Things that come in packages are put back in their packages, and so on. Everything goes back where it's supposed to be in our store-room.

Cleaning up from a simulation sometimes takes more time than preparing for a simulation!

Resetting the Scenario

We also reset the scenario. Many times as we are running the simulation, we find something that could be improved in the scenario writeup or in how we are running it. What didn't go as expected? What did the participants do that we didn't anticipate? We don't want to lose that information, so we update the scenario. Our record is for the STICU New Nurse simulations — we're on version 14 of those scenarios.

In addition, we have a Things Needed list that we use to make sure we're bringing all the right stuff. We update that, as well. What did we need that we didn't bring?

Journal Article

Nobody writes journal articles on how to reset. So, we'll give you an article about system testing, instead, which was the topic of our January 2025 editorial.

The article is Adler, MD, et al. (2018). Use of Simulation to Test Systems and Prepare Staff for a New Hospital Transition. *Journal of Patient Safety*, 14(3); p 143-147, September 2018.

We have a link for this that should work from any UVa computer: <https://oce-ovid-com.proxy1.library.virginia.edu/article/01209203-201809000-00004/HTML>

Thank You!

For the fiscal year 2025, ending on June 30, we set new records in every category: number of participants in the six-month and one-year period, and number of simulations in the six-month and one-year periods.

In the 12 months, we had 2026 participants in 291 simulations. We average more than a simulation each business day!

This is all due to you who invite us into your work spaces to work with your staffs. Thank you for allowing us to help you!