

## Welcome!

Welcome to our Simulation Newsletter!

We are going to discuss simulations at an abstract level this month. Everyone is familiar with simulations in which we practice a code, but there is a lot more to simulations than

that. While we discussed “more than just codes” last month, they were still mostly plastic-manikin simulations. This month, we’re going even more abstract than that, such as tabletop and VR simulations.

If you’re thinking of using

simulations in your area, be open to lots of different ways simulations might work for you!

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

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## Definition of Simulation

A simulation doesn’t have to have a plastic manikin (though it helps in many cases). A simulation doesn’t have to have any body, real or fake, at all. A simulation is simply a process of pretending to do something.

To be a simulation in health care, all we need to be doing is pretending to be taking care of patients. We need something to represent the patient(s), some-

thing to represent the clinicians, and something to represent various resources.

We can use actual mannequins (the type that stand in stores) as our manikins. We can use dolls. We can use whatever we have on hand, if necessary.

Even the “talk-through” simulation that we don’t like to do can be useful. The participants need to

imagine their patients, ask the simulationist for all of their data (exam finding, vital signs, patient responses, and so on), and just think about what they’d want to do. There’s a place for simulations like that.

The biggest thing to decide when figuring out what kind of simulations to do is: what’s your goal?

## Goals Determine the Simulation

We’ve discussed this topic before, too. The goals of your simulation drive how the scenario is built.

Use that now in a more generalized way. If the goal is to simulate the flow of patients in a new Emergency Department, then plastic manikins are not the answer — no one can afford 226 plastic manikins. But we can afford a map of the new

ED with Post-It notes representing the patients. We can create patients with chief complaints and track pretend “nurses” and “physicians” as they see their patients. That will allow us to get an idea of how the flow will go in a location that’s not even built yet.

Our simulation goal could be better care for one patient (an excellent goal and

we do those simulations all the time). Or it could be better care for all patients of this type. Or it could be better care for each patient in a particular service line, or for all patients in that service line, or all patients in the hospital.

See how the goal can be broader? We can simulate lots of things other than single-patient care.

### Steps of a Simulation:

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

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## Pictures!



7Acute nurses practice a trach emergency. The patient's trach "Go Bag" is in the picture's lower part.



ED nurses practice caring for a pediatric trauma patient.

## Different Types of Simulations

There are so many different types of simulations. We can use plastic manikins to represent patients. We can use real people, Standardized Patients, to represent patients. We can use virtual reality setups to represent patients or have our simulations on a computer using electrons to represent our patients.

We can even use pieces of paper to represent patients. We discussed Post-It patients in the previous article but we can also use pieces of paper on real stretchers with real Emergency Department staff as part of a Mass Casualty Incident simulation.

We can use almost anything to represent patients. The determining factor is: what's your goal?

## Different Types of Better Patient Care

Simulations can help improve health care on so many different levels.

The obvious one is direct patient care. Clinicians are practicing their patient care skills on a plastic patient. This can be standard patient care (or "Let's practice a code!") but also can be things such as patient education or delivery of bad news.

As long as you have more than one participant in those simulations, though, you're also practicing teamwork between individual clinicians. Let's practice working together to improve care.

There's also teamwork between different types of clinicians. We very much prefer interprofessional simulations so that physicians, APPs, nurses, techs, RTs, pharmacists, and others can practice together.

But we can also simulate and therefore practice flow within and between various departments. There is a game called "Friday Night at the ER" that does this, for instance. We can do simulations of our own to see how this works.

We can simulate just about anything!

## Journal Article

This month's article is an editorial that discusses various types of simulations for multiple casualty incidents. Unsurprisingly, since we've chosen it for this month, it talks about a lot of the same topics we've discussed in this issue.

The article is Moss, R. and Gaarder, C. (2022). Exercising for Mass Casualty Preparedness. *British Journal of Anaesthesia*, 128:2; e67-e70, February 2022

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

<https://www.sciencedirect.com/science/article/pii/S0007091221006863>

## Our Ongoing Opinion

This is a saying we've heard from another simulationist: "Amateurs practice until they get it right. Professionals practice until they can't get it wrong."

Let us help you practice!