UVA Health

UVa Health Simulation News

UVAHealth Life Support Learning Center

Volume 6, Issue 10

October 2025

Welcome!

Welcome to our Simulation Newsletter!

This month, we'd like to talk about simulations in preparation for something new, using the West Complex OB/GYN Clinic procedural sedation simulations as one example.

We've done procedural sedation simulations in multiple areas (mostly ICUs) for years now. The most interesting part of doing them in the OB/GYN Clinic is that they had not done procedural sedation simulations at all previously. In addition to this being clinical training for their nurses, the simulations were also test runs for their area. We should do more of these!

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

Pre-Rollout Simulations

We do a lot of simulations that are designed to improve clinicians' individual skills. Mock codes and RN Clinician I simulations are examples of these.

Procedural sedation simulations are also examples. We do procedural sedation simulations in lots of areas: PICU, ED, STICU, TCV-ICU, NICU, and just recently CCU. Their clinicians can do all their monitored procedural sedations with us. So, usually these simulations are for improving clinicians' individual skills.

The OB/GYN Clinic nurses needed to do their monitored procedural sedations, too. However, the key thing here was that they did the simulations in their clinic before they started doing the procedures. In addition, their physicians participated.

They had already thought about how they were going to perform procedural sedations. By running simulations in their area, they were able to find things that needed to change before they ever had a patient.

They could try out their processes, be confident that most of them would work as planned, and modify the rest to work better and be safer for their patients.

In addition to clinical skills, the simulations were able to improve their systems — all prior to seeing a single patient.

We appreciate being able to work with the OB/GYN Clinic and applaud their forward thinking!

New Patient Simulations

SIMU has just started receiving ENT surgery patients. That patient population has very specific needs and fragile patients that can deteriorate quickly.

We reached out to them to see if they wanted to practice their new patients with our manikins. This allows them to see new types of patients and how they go downhill without doing it on actual patients.

We are still running these simulations but the early feedback is that the simulations are useful. They can practice very time-sensitive interventions without any risk to a real patient.

We won't know for sure (it's hard for us to do outcomes research) but we hope these simulations will help SIMU provide better care to their new patients!

Inside this issue:

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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https://www.medicalcenter.virginia.edu/mesa/simulation-newsletters

Pictures!

Family Medicine residents practice with a pediatric patient who is dehydrated. The nurse in the middle is an LSLC simulationist.

Heart & Vascular team members practice a mock code with an interprofessional team.

New Process Simulations

Back in 2014, we helped STBICU (as it was known back then) practice proning a patient. For a patient in an ICU, this is a complicated process that requires several people from various professions such as nurses and respiratory therapists. It is easy to lose an IV, a central line, or an ET tube during a proning.

In the simulations, we started by proning a medically complicated patient. We rigged the various lines and tubes so that it would be easy for them to come out if the team was not careful. The patient was not able to tolerate being proned (a known possibility), so the team had to practice emergently un-proning the patient, again without losing any lines.

Both of these maneuvers are actions that should be practiced on a manikin before they are done on a real patient. Kudos to STBICU for being proactive this way!

New Area Simulations

Any time we have a new area or location, we should do simulations in the area to help clinicians become familiar with the space.

In 2023, the transplant infusion clinic opened in the West Complex. Before they opened but after the space was finished, we ran simulations for a mixed-profession group (nurses, physicians, pharmacists, and a Medic V representative) to practice recognizing and responding to an emergency in their new place.

The feedback we received from our surveys was strong and appreciative. One physician who participated in an early session emailed colleagues saying they should definitely participate in the remaining ones.

We also did some simulations around the opening of the new Emergency Department in 2019. Our only regret about those is that we didn't do nearly as many as we should have.

Journal Article

This month's article is a personal favorite, discussing simulations in preparation for the opening of a new free-standing Emergency Department. We appreciate the variety of situations they came up with! We especially like the food order guy.

The article is Kerner, RL et al. (2016). Simulation for Operational Readiness in a New Freestanding Emergency Department. *Simulation in Healthcare, 11*:5; 345-356, October 2016.

We have a link for this that should work from any UVa computer:
https://pubmed-ncbi-nlm-nih-gov.proxy1.library.virginia.edu/27607095/

Our Ongoing Opinion

Any time we have a new procedure or process, a new patient population, or a new area, we should do simulations before the new thing happens to make sure we are providing the best care possible for our patients. Let us orient ourselves using our plastic manikins instead of real patients!