UVA Health

UVa Health Simulation News

UVAHealth Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

Previously this year, we walked through each of the steps of a simulation. This month, we're going to add on to the Assessment part by discussing how simulations increase the effectiveness of participants.

The improvements include: increased skills at tasks and increased critical thinking skills, better soft skills/ communication skills, improved knowledge of hospital systems, and increased self-confidence and willingness to speak up.

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

Task Skills and Critical Thinking

Really, task skills and critical thinking are two different topics, but we only have so many articles in the newsletter.

Task skills are things such as starting a new IV, preparing and administering a medication, or performing an assessment.

Simulation allows participants to practice these skills at speed under some degree of stress. This is different from learning how to do the skill initially in a classroom setting.

Increased task skills from simulations allows real emergencies to be treated faster.

Simulations also allow participants to see how long it takes to perform tasks — which is usually longer than expected.

Critical thinking (or clinical reasoning or clinical judgment) here is the ability to think through a situation to understand the underlying cause and treat it appropriately. Again, simulations allow participants to practice doing this at speed under stress. Thinking through a situation in a classroom setting is one thing; doing it while your (simulated) patient is deteriorating in front of you is a lot harder.

In simulations, we can adjust how hard we are making the scenario to help the participants maximize their ability to practice critical thinking.

Physicians do this all the time and yet still need more practice in it. Nurses do this too, but sometimes not explicitly, so additional practice is useful.

Soft Skills/Communication Skills

One of the hardest things to do in an emergency is to communicate effectively. The pressure to get things done tends to make people want to skip communicating and just do. However, increased communication makes the emergency go smoother.

Participants in simulations have a chance to both practice communication and, more importantly, build the "muscle memory" of slowing down to communicate well. As a result, more information is shared. More team members know what the plan is and what is or may be coming up and also know what findings need to be reported up the chain.

Improved communication, especially closed-loop communication, also keeps all team members, including the Team Lead, calmer as everyone knows what interventions are being done already and why.

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.youtube.com/channel/UCx-KtMNJMIYLdWKEoOjrVvA

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

Pictures!

Emergency Medicine residents practice with a coding patient.,

So does a mixed team from TCV-ICU. We love working with mixed teams! Practice emergencies in mixed teams, because you treat real emergencies in mixed teams!

Knowledge of Hospital Systems

Knowing who to call in an emergency can be daunting. There are a lot of emergency systems: Medical Emergency Team, Adult Code Team, Behavioral Emergency Response Team, and so on. Who do I call?

In a lot of our code simulations, for instance, the participants will call for the Adult Code Team and for MET. A MET response is actually part of the Adult Code Team response — they'd be calling MET twice. It shows that they don't know the details of the Adult Code Team response.

On the other hand, sometimes they tend to forget to call the primary team, which is not part of the Adult Code Team response.

Our simulations can also give participants an idea of how long it will take for specialty team members to arrive. It can feel like it takes Medic V forever to respond, when it is usually just a few minutes. Participants will have a better idea of how long they are expected to handle the emergency by themselves.

Increased Self-Confidence

In the stressful activity that is an emergency, it can be difficult for a team member to speak up if they see something concerning or possibly incorrect. Simulations allow participants to deliberately practice this communication, both in simply doing it and in how to phrase the communication to best get the desired result. In addition, having more self-confidence in assessment and critical thinking skills makes it more likely that a provider will call others into the room as the provider is more confident they are right in what they found. This helps to prevent failure to rescue in real patients.

We are part of several simulations that specifically practice this, such as the PICU RN Clin I sims, the ED RN Clin I sims, the STICU new nurse sims, and procedural sedation simulations in multiple areas. And almost all of our simulations have some version of "I'm declaring this is an emergency and I want more friends in here."

Journal Article

This month's article discusses increased critical thinking in nursing students. This is one of the few current articles on this as this is pretty much a settled topic in the simulation world.

The article is Chow, KM et al. (2023). Is high-fidelity simulation-based training in emergency nursing effective in enhancing clinical decision-making skills? A mixed methods study. *Nursing Education in Practice, 69*; 103610, May 2023.

We have a link for this that should work from any UVa computer:
https://pubmed.ncbi.nlm.nih.gov/37002992/

Our Ongoing Opinion

Simulations help with increased skills, increased system knowledge, and increased self-confidence all leading to faster emergency response and less failure to rescue.

We should do more simulations!