Welcome!

Welcome to our Simulation Newsletter! Our theme this month is the variety of patient acuities that simulations can emulate. “Not all manikins code” is a phrase we use a lot. Simulated patients can range from fine to crashing or anywhere in between. Sometimes the best sequence of simulations has all different acuities.

What Can We Simulate?

What would you like to simulate? People who haven’t spent a lot of time around manikins sometimes assume that a simulation with a manikin will progress to a code. In some cases, that’s true. But manikins can simulate a much wider range, just like actual patients.

We have had manikins represent patients for Anesthesiology residents who simply need to intubate their patient. We’ve also had manikins represent STICU patients who are intubated on multiple drips. The available spectrum is broad. What would you like to simulate?

Why Simulate Codes?

Codes are the obvious low-frequency, high-acuity situation to practice. Most areas, even ICUs, don’t see codes very often, but need to be good at them when they occur. So let’s practice them on a plastic person.

Practicing also helps lock in the knowledge gained from BLS and ACLS/PALS classes, especially if the practice is done in situ.

Why Simulate Non-Codes?

One of the most important things for any health care provider to do is to recognize deterioration. Failure to rescue is bad for the patient and also bad for the provider, as it causes psychological distress and self-doubt.

Simulations allow providers to practice assessment and interventions with a wide variety of patients, which give the providers a better understanding of sick vs. not-sick and what a patient deterioration looks like. As a result, simulation can improve provider confidence, prevent patient codes, and reduce failure to rescue. The associated increased provider skill from simulation makes it easier to find patient deterioration early and turn patients around.

Newer providers can practice with deterioration at any level, but even experienced providers can benefit from seeing patients who are subtly declining.

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Steps of a Simulation:
- Goals
- Creation
- Preparation
- Running the Simulation
  - Briefing
  - Run
  - Debriefing
- Reset
- Assessment
How Sick Can a Manikin Be? Part 2

We're currently working on a prop that would allow ECMO to be attached to a manikin. There’s several caveats: we won’t be able to use real blood, the manikin won’t be able to return deoxygenated blood to the machine, and so on. However, it would allow the ECMO team to practice rapidly setting up for a crashing patient, including cannulation.

We have created central line access points to be able to practice central line placement during a simulation. We also have rigged central lines for deteriorating patients who already have access.

See the picture above left for a patient in the STICU who was intubated, on a vent, with a central line and PIVs, on several drips — who then got worse. The participants came into the room with the monitor quietly chirping, the vent breathing for the patient, and the pumps running, helping to bring them into the experience.

What is it you want your participants to experience?