



Welcome!

Welcome to our Simulation Newsletter!

This month, we are focusing on the Intern Readiness Course. This is a two-week-long course in the School of Medicine that all of the fourth-year medical stu-

dents attend. Depending on their specialty, the students see between six and twenty-four scenarios over the two weeks.

The Life Support Learning Center became part of this in 2013, when we saw ten

medical students. This year, we saw 113.

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

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IRC Overview

The Intern Readiness Course is designed to prepare medical students for the change to residency. There are lectures, group discussions, simulated pages from nurses, and Life Support Learning Center simulations.

Each of the simulations represents a common medical emergency that an intern might see in their first few weeks. They are not particularly complicated: an asth-

ma attack, chest pain, and anaphylaxis are examples.

The students are not expected to know everything about every case. Instead, the students use these cases to practice doing something constructive in the first few minutes while help is moving towards them.

Most of them will start in a group of three where one is the lead physician. They are expected to work with their colleagues as well with

a nurse.

They are expected to get a new set of vital signs, do an assessment, ask for other reasonable first-line data (a new 12-lead ECG or a new blood glucose), and intervene for life threats such as low oxygen saturations or hypotension.

The goal is to give them the confidence that they know how to start treating a patient with an emergency.

Progression

The Acute Care/Internal Medicine group saw four rounds of six simulations each, for a total of 24. The other groups — Pediatrics, Surgery, and OB/GYN — saw fewer.

There is definitely a progression as the AC/IM group moves through the two weeks. They start out a little slow, sometimes taking some time before doing an assessment or asking the nurse to obtain in-

formation such as vital signs.

As they go through the simulations, they become more comfortable with asking for information and doing their assessment. They also become more comfortable making the sick/not-sick decision — how sick is this patient? — as well as treat/don't treat decisions — what do I need to do right now? By the end, they are much more efficient and thoughtful!

The debriefs are led by a physician, who shares their own decision algorithms and how they aim for such emergencies to play out.

Even in the groups that see a smaller number of simulations, the growth is still visible, as the students learn from each other's performance.

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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Our newsletter repository:

<https://www.medicalcenter.virginia.edu/medsa/simulation-newsletters>

Secondary Gains

The primary goal for the program is to have stronger interns at the start of their intern year. There are other benefits from the program, too.

Many medical students don't have much interaction with nurses, but they will as interns. The simulations allow them to practice working with a nurse, and especially (in your editor's case) one who is old enough to be their father. Communicating effectively with nurses is an important part of being a physician.

It allows them to practice assigning roles when they have not done that before. Delegating tasks and then following up on those delegations is a skill that improves with practice.

And, finally, there is practice with communicating with a patient during an emergency, which is different than during routine care.

Implications for Others

Obviously, few areas of the hospital can afford a focused two weeks of simulations. However, several areas are currently offering similar if smaller versions of this, including the Emergency Department, PICU, STICU, and 3W. PICU actually runs 40 simulations over ten four-hour blocks during the course of a year. Please ask us for more information of what others are doing if you are interested in something like this, especially for your new staff!

Pictures!



We bring over lots of stuff. That's four stretchers' worth of equipment!



We set up our "patient rooms" in Pinn Hall 2ABC. You can see a headwall in the back as well as a patient monitor to the right. The table on the right also has lots of props on it. Yes, he's doing compressions — we do practice a code once with the AC/IM group.



A picture from 2022. Three physicians up as a team evaluating their patient.



Pediatrics gets its practice, too. Notice the nurse inside the simulation working with the physicians. The pediatric physicians worked in pairs in this round.



Our Noelle manikin gives birth — as she did for the OB/GYN group!



Alumni and instructors! Both these instructors were in IRC as students!