

Welcome!

Welcome to our Simulation Newsletter!

This month, we want to describe some of our favorite simulations and why we like them. We should note: we like doing all of our simulations! But the ones we'll talk about this month have

something specific about them that we want to celebrate.

Your editor "grew up" as a nurse in the Emergency Department, so those simulations have to make the list. Also, simulations in the OR/PACU, IR, PICU,

STICU, and MET are there. In addition, any simulations for floors are fantastic (and we'd like to do more, hint hint!).

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

Emergency Department Simulations

The Emergency Department is more than just a room! (Have you seen the place? It's huge!)

We've been doing simulations for the ED since 2013. We've done adult mock codes, pediatric mock codes, mock STEMI alerts (transporting a manikin from an outside location to the ED), RN Clin I scenarios, triage process testing, procedural sedations, paramedic orientations, pediatric simulations, and adult critical simulations.

For most (though not all) of these, the simulations are interprofessional. They are the essence of *in situ* simulations: participants simulating with all the people they work with in real life in the place where they work. That's one of the biggest reasons we like the ED — true interprofessional *in situ* simulations.

In addition, the ED sees everything. That gives us a huge palette of medical problems to choose from.

The participants have a

chance to practice their clinical care for both common and rare conditions while also practicing their teamwork.

Related to this, we separately do single-profession simulations with the Emergency Medicine residents consistently since 2018. The physicians we work with there, especially Drs. Kathryn Mutter and Margaret Sande, are so creative!

Interventional Radiology Simulations

Interventional Radiology is also a favorite of ours. We've been doing simulations with them since 2016. A lot of our simulations with them have been codes, but we've also done STEMIs, contrast reactions, malignant hyperthermia, strokes, hypoglycemia, and local anesthetic systemic

toxicity.

Like the ED, IR does interprofessional simulations, with techs, nurses, residents, and attendings. It's wonderful watching them work together. After one scenario we watched as a tech showed the physicians how to move the IR table. They truly work as a team.

IR doesn't have the variety of situations that the ED does, but they also practice their teamwork in simulations as the ED does.

IR is not designed as an area that sees emergencies, but they know they will, so they prepare for them. Kudos to IR!

Inside this issue:

<i>Welcome!</i>	1
<i>Emergency Department Simulations</i>	1
<i>Interventional Radiology Simulations</i>	1
<i>PICU Simulations</i>	2
<i>Floor Simulations</i>	2
<i>Journal Article</i>	2
<i>Upcoming Scheduling</i>	2
<i>Pictures!</i>	2

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/medicalcenter/simulation-newsletters>

Pictures!



A team including a physician, nurses, a paramedic, and a tech coding a patient in one of the ED resuscitation bays.



Medical Students helping our Noelle manikin give birth during the Intern Readiness Course. Noelle actually has a baby manikin come out! We can simulate a lot of different things.

PICU Simulations

We've been working with the Pediatric ICU since 2017. We've done procedural sedation simulations and open-chest simulations with them. We're also now doing RN Clin I simulations with them: a robust cycle of 4 hours of simulations every month for 10 months.

The PICU simulations we've done have been nurse-only as Dr. Laura Lee in PICU already does interprofessional code simulations for PICU physicians and nurses.

The length of the Clin I simulations cycle is huge, in our opinion. In addition to improving clinical skills and teamwork, those simulations may also help with nurse retention by showing the commitment of PICU to its newest nurses, helping them to improve and feel more confident in their abilities.

Also, it's just fun to be able to watch them grow as nurses!

Floor Simulations

We're great fans of doing simulations with acute care floors. Simulation is not just for ICUs! We just don't do floor simulations enough. Acute care NECs, we'd love to come simulate with you!

We have done several simulations with the General Medicine acute care floors. In addition to our First Five Minutes program that reviews the initial code response, we were proud to help with their capnography rollout. They did CBLs, followed by return demonstrations, followed by a unique type of simulations we called snowball simulations: a participant would come in, watch someone else do a simulation, then do one themselves as someone else watched them. Each simulation was 20 minutes long (including the debrief), so they were able to be covered on the floor to come away for the simulations. It's one of our favorites because we were able to craft simulations that met their specific needs.

Journal Article

This month, our article discusses a simulation program designed to find problems no one knew about in a cardiac cath lab. We like this article because it emphasizes that simulation can find unrecognized safety threats. It is our strong opinion that UVA should do more of this. The article is: Jafri, FN et al. (2024). Stress Testing the Cardiac Catheterization Laboratory: A Novel Use of In Situ Simulation to Identify and Mitigate Latent Safety Threats During Acute Airway Management. *Simulation in Healthcare*, 19(2), 75-81.

We have a link for this that should work on any UVA computer: <https://oce-ovid-com.proxy1.library.virginia.edu/article/01266021-202404000-00002?sequence=1&clickthrough=y>.

Upcoming Scheduling

We are anticipating an upcoming increase in requests for simulations. Our calendars are filling up and we want to make sure everyone has their simulation needs met as quickly and efficiently as possible. If you have simulations you want to run with us, please contact us early! Right now, we're pretty full through June and are scheduling in July.