



Practice until you can't get it wrong.

Welcome!

Welcome to our Simulation Newsletter!

This month's topic focuses more on the simulationists rather than the participants. Sometimes we are the least-experienced person in the

area where we are simulating. We are not acute medicine nurses, we do not do cardiac catheterizations, and we don't give anesthesia. But we still do simulations involving these.

What's involved in that? How do we handle that?

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

A Sense of Humility

Before we come into an area, we've done research on the topic we're simulating (we had to so that we could write the scenario). That doesn't mean we're experts, though sometimes we can make it seem like we are.

In the debrief, there might be questions or comments

that we don't know the answers to. We've found the best way to handle that is to be honest and humble and say, "I don't know. What would you do?" We may also say, "My background is in a different area and we do X there. What do you do here?"

And then we are learning.

We'll ask why you would do the thing you're suggesting. We want to know what you do and why so we can learn.

You'll notice, though, that our follow-up questions also make the participants think about why they do what they do.

Research and Learning in the Room

As we are working with more and more groups, there are more and more scenarios for which we don't know much about the underlying conditions, especially for situations that haven't been part of our own personal experiences. In those cases, we do research on the scenario before we write it, so that when we come into the simulation, we have some knowledge of the situation we're simulating.

We're going to call out

ourselves (by which we mean Jon Howard) here: some of our research starts with Wikipedia. But we do more, using NIH materials, StatPearls, Up-To-Date, and Lippincott. We also use our best resources: our allies with whom we are going to simulate and UVa's own policies and order sets.

Our record was for a request for a Hypoplastic Left-Heart Syndrome (HLHS) scenario. That took a week of learning to figure out how that series of opera-

tions works!

But (going back to the previous article), we can also learn in a different space — the simulation room. We learn in the debrief just as the participants do. We will use what we learned in future versions of that particular simulation or in future other simulations. For instance, we've done HLHS simulations in multiple areas now, working off what we learned from our previous times running it.

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Steps of a Simulation:

- Goals
- Creation
- Preparation
- Running the Simulation
 - Briefing
 - Run
 - Debriefing
- Reset
- Assessment

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Pictures!



Groups of Family Medicine residents practice in three different simulations. Family Medicine uses faculty as their primary debriefers.



Some of what we do is much more prosaic. Here we are, making new Foley catheters for simulations. Yellow food coloring is useful!

A Fresh Set of Eyes

Coming in as the not-expert sometimes is helpful. When you've done something again and again in the same space, you tend to do the things you did before. We come in without any previous experience and only the knowledge we have from our outside resources. Occasionally, this allows us to see things that other people may not have because everything is new to us.

For instance, we've made suggestions about safety poster placement, where the MHAUS caller might be during an MH OR emergency, and what kind of epinephrine to use during an anaphylactic emergency.

We might be right, and we might be wrong, but we're willing to make suggestions even if we're not the experts.

Scheduling

Spoiler alert: this article is a bit of an advertisement for ourselves.

We are doing a lot of simulations these days! Even with Amy Turner coming onboard as a full-time simulationist and other people helping (Jackie Keller, Emily Snyder, and Bekah Billings), we're still very busy. We ran 328 simulations in calendar year 2025 — more than one every business day!

We are scheduling about three months out at this point. If you have flexibility, we may be able to find space sooner than that. If your simulation must happen at a specific time or a specific day of the week (especially Wednesday morning), we may need to go farther out.

Our edge case is a simulation scheduled for May 2027. Several areas have scheduled through the end of 2026. We can plan as far forward as you want.

Let us know what you want to do and when you want to do it!

Journal Article

This month's article is old but important. We heard about it at the most recent International Meeting on Simulation in Healthcare (IMSH) conference. We strongly agree with it.

The article is Ziv, A. et al. (2003). Simulation-based medical education: An ethical imperative. *Academic Medicine*, 78(8); 783-788.

We have a link for this that should work from any UVa computer: <https://oce.ovid.com/article/00001888-200308000-00006/HTML>.

Our Ongoing Opinion

You may have noticed our new phrase at the top of page 1: "Practice until you can't get it wrong." It's a variation of a phrase we took from another simulationist: "Amateurs practice until they get it right. Professionals practice until they can't get it wrong." That seemed a little negative to us, so we tried to come up with something more positive-sounding. However, the basic idea is still there. Practice the hard things in a situation that's safe so that when you have an actual patient, your patient will be safe.