UVAHealth

UVa Health Simulation News

UVAHealth Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

This is the start of our fifth year! We're really excited. Thank you for reading this for so long. We hope it has been helpful for you!

We're going to use this issue to briefly review the steps of a simulation.

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

Goals

All of our simulations are structured around educational goals. The first question we ask you is, "What do you want to do?" The second one is, "Why?" What do you want your people to see? Why do you want them to see that? What do you want them to get out of it?

Everything else is structured around these questions — how we build the scenarios, what we bring with us, and how we run the simulations and the debriefing. What are your goals?

If you don't know what the specifics of your goals are, we'll have a conversation with you to help clarify them.

Creation

Once we know the goals, we'll create scenarios aimed at those goals.

This part of the literature is interesting. There's very little on how to build the scenario. Most studies just say, "Appropriate scenarios were created."

We focus a lot on this step. We structure everything the participants see around the goals. If we're making a hypovolemic shock scenario, we will: have a backstory that fits with their shock; build the vital signs to show shock (tachycardia and tachypnea before BP changes); have the patient's physical exam agree with shock (cool and clammy extremities with extended cap refill); and focus the debriefing questions around signs of shock and appropriate interventions.

We'll also make sure you review it before the actual simulations. We want our scenarios to sound like your patients.

Preparation

This part is mostly us in the Life Support Learning Center. What do we need to make this simulation happen?

We'll decide which of our manikins is best suited for this scenario. We'll add in props, such as rigged IV lines and medications the participants can give through those lines.

We'll also bring extra props: bruises in various places, a rash around the mouth, or the baby manikin has stooled in its diaper (all of these are pictures taped to the manikin).

We may need your help to find a location for the simulation or to provide specialty equipment that we don't have.

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Steps of a Simulation:

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

UVAHealth
Life Support Learning Center

1222 Jefferson Park Ave
Fifth Floor, Room 5603
Box 800309
Charlottesville, VA 22903

Phone: (434) 924-1765
Email: jph5z@uvahealth.org

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.medicalcenter.virginia.edu/mesa/simulation-newsletters

Running

There's lots to do to run the simulation. Sometimes we need to bring more than one simulationist to make everything work.

We do a Briefing for most simulations to help the participants know what's coming and what they can do in the simulations. We orient them to the manikin and give the Vegas speech: the simulation is here for you. We expect you're competent clinicians already. We want to help you be even better.

The actual simulation Run is where they start doing their patient care. As much as possible, we step back and let the simulation run, even if it feels like the participants are taking a long time. We want them to make the mental pathways they need to have, and stepping in usually won't help. We are the stage crew, not the stars.

The Debriefing is the most important part of the simulation. We focus it on two questions: "What went well?" and "What would you like to do differently next time?" We want them to celebrate their successes and what they did well. We want those mental pathways, those thought processes, to be reinforced. We ask the second question because everyone can always do something different next time. Let's talk about what those things are so that we can help the participants make those new mental pathways that they can use in caring for actual patients.

Occasionally in a Debriefing there is something we have to bring up (if no one else does), but if we do, we're going to bring it up in a gentle way so the participants are more willing to accept it.

Sometimes we'll also ask "what if" questions: what if your patient looked worse than they did? What if your patient had turned and become better earlier? What if they also had this other sign? These allow the participants to consider more than one situation from a single simulation run.

Pictures!

Prepping for a simulation in the EP Lab.

Going to the Trauma Response Nurse simulations for STICU and ED RNs. Sometimes we bring a lot of stuff with us. Can you see the simulationist?

Reset

The Reset is also mostly ours. We will clean up the simulation space (wherever that is) and make sure all our props and equipment are ready for use next time. We don't want the participants to help clean up — they've already done enough hard work. And we won't start cleaning up until after the Debrief is done.

Journal Article

We wanted to find a good overview article on how to do simulations, but there's not a lot of those out there. Even the one we used back in April 2022 is now behind a paywall. Sigh. We'll keep looking.

Assessment

We send out a survey after most of our simulations, looking for feedback from the participants. We use that information to improve our future simulations.

We also do a "hot wash" right after the simulation, ideally with the people who invited us to the sim, to see if we did what we said we were going to do.