



### Welcome!

Welcome to our Simulation Newsletter!

This month, we want to talk in detail about some of the simulations we've helped run that were new or returning this year. We want to celebrate people finding more uses for simulation!

(As people who have read this newsletter know, we think simulation is right up there with sliced bread on the great inventions list.)

We'll be talking about Trauma Response Nurse simulations, 7Acute RN Clin I simulations, Radiology Resident simulations, and RADHU simulations. The

TRN and RADHU simulations are returning, while the 7Acute and Radiology Resident ones are new.

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

### Inside this issue:

<i>Welcome!</i>	1
<i>Trauma Response Nurse Simulations</i>	1
<i>7Acute RN Clin I Simulations</i>	1
<i>Radiology Resident Simulations</i>	2
<i>RADHU Simulations</i>	2
<i>Journal Article</i>	2
<i>Editorial</i>	2
<i>Pictures!</i>	2

### Trauma Response Nurse simulations

The Surgical-Trauma ICU has a program called the Trauma Response Nurse who is based in the STICU but who also responds to the Emergency Department for trauma alerts. It's a great inter-service-line collaboration.

As part of the program, STICU and the ED asked for simulations to give the TRNs an idea of what hap-

pens during a trauma alert and how the TRNs can help.

We did our first TRN simulations in December 2022 and did the next one in January of this year. Both rounds were designed to have STICU and ED nurses inside the simulations so that they had the chance to practice together. The debriefs also turned into great

discussions about why each area does what it does.

We had strongly positive feedback from both areas. These simulations are a great example of how simulations can bring different areas together.

### 7Acute RN Clin I simulations

7Acute asked us to run three simulations for their RN Clin Is. These focused mostly on respiratory issues and were paired with a discussion from the Peds Respiratory Therapists.

Two of the scenarios were slow-onset changes to allow the new nurses to practice using critical thinking. We wanted them to see a patient slowly declining (or as

slowly as we can in simulationtime) instead of crashing. We wanted them to recognize vital signs changes going beyond normal variation, recruit friends into the room, and start troubleshooting what the problem was.

The third one was a very fast simulation where one critical thing needed to be noticed and fixed.

We deliberately gave them both speeds so they could see the difference between crashing and not, but also so they could see that sometimes they need to move quickly and sometimes they have time to think.

### Steps of a Simulation:

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

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

## Pictures!



4Central nurses go through a First Five Minutes program which includes mock codes.



Family Medicine residents go through simulations as part of their orientation to UVA. Everyone should be able to practice on a manikin before they practice on a live patient.

## Radiology Resident simulations

We're excited to be part of the Radiology Resident simulations! In preparation for staffing changes at some UVA Imaging locations, the Radiology Residents wanted to be more prepared to handle emergencies they might see. Planning with three of the residents who were the group's champions, we generated three scenarios the residents could easily see at an imaging location. Their main educational goal was to be ready for an emergency in a place with new staffing patterns and therefore new responsibilities for the residents.

The feedback we're received has been positive. The debriefings were a joy to be part of, as we discussed which interventions they might choose and how to deliver those interventions. We also discussed being in the resource-rich environment of the Health Center versus being in a much smaller outlying Imaging location.

This is a prime example of how to use simulations to prepare for a new location, process, or situation!

## RADHU simulations

We love coming back to RADHU! Our first RADHU simulation was in 2014. Our most recent until this year was in 2021. Now we're back!

RADHU is an example of our bread-and-butter simulations: codes and peri-codes. RADHU doesn't see these very often but wants to be good at them when they do and so they use simulations to practice.

We worked with our RADHU contact to give them three scenarios custom-built (as we do for everyone) for their area. We did one just outside the MRI in the ERC building. We couldn't take the manikin into the MRI — manikins can't go near strong magnets!

## Journal Article

This month, our article reports on a panel discussion on uses of simulation. Look especially at Avenue 1 and 2 — we should do more of these. The article is: Gardner, AK et al. (2017). Using Simulation to Improve System-Based Practices. *The Joint Commission Journal on Quality and Patient Safety*, 43, 488-491.

We have a link for this that should work on any UVA computer: <https://pubmed.ncbi.nlm.nih.gov/28844234/>.

## Editorial

Our editorial today bases off a theme running to greater or lesser degree through all the simulations we discussed today: practice the things you don't see often but want to be good at. That way, you are proactive instead of reacting to a poor outcome. We believe UVA should do more simulations to be proactively improving patient outcomes.