



Welcome!

Welcome to our Simulation Newsletter!

We're going to discuss some of the secondary gains that simulation can provide.

This month's secondary

gain will be better knowledge of how every person on the team performs their role.

Sometimes, we don't know how other team members get things done — stuff just happens. Simu-

lation allows us to see what we all do.

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

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Team Member Knowledge

Several years ago, we were doing a code simulation in Interventional Radiology. In the debriefing, one of the radiology techs brought up the importance of moving the table (what the patient lies on) back over the main part of the table base. Otherwise, the table will rock during compressions and may break.

This is not something I had ever thought of. I'm glad the tech spoke up.

The rest of the team members were also glad. There was also a brief discussion about how to move the table, which most of the team members didn't know how to do.

So, we ended up with a tech teaching physicians and nurses something important and then showing them how it is done.

Not only is this a great example of team members

helping each other know about their roles, it's also an interprofessional example of it.

We should practice and work together like this more often. Talk with us if you want to set up simulations!

Length of Task

During an emergency, time seems to change its length, appearing to speed up or slow down. Trying to keep a time sense is difficult.

In addition, in classes or during "talk-through" simulations, we tend to do time jumps to move forward though the situation.

This makes it hard to have a sense of how long something is going to take. It's very easy to say, "You want

a second IV? It's in," when it's never that easy in real life.

Doing simulations in real time (our preferred mode) can help participants understand how long it takes to perform certain tasks.

If a patient is seizing and a nurse is asked to get and administer lorazepam 2 mg IV, it'll be at least two or three minutes for that to happen. The nurse has to

go to Pyxis, withdraw the correct med in the correct concentration, draw it up, clean the IV port, flush the line, give the med, and flush the line again.

Doing this in simulation helps everyone else on the team understand how long it takes to do certain tasks.

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>

Different Angles and Priorities

The various professions that care for patients come in with different priorities and different ways of looking at the patient. This can come out in the debriefings, especially after interprofessional simulations.

An example of this is in trauma scenarios. Sometimes, physicians will not want to give much pain medicine to a trauma alert patient because they are concerned that removing the pain will cause the blood pressure to drop, while nurses will advocate for some degree of pain control because no one wants to leave a patient in terrible pain. Both of these are reasonable concerns.

The debriefing is a place where those two priorities can be discussed and understood. The hope is that everyone involved will understand each other's viewpoints better to be able to work together more smoothly when caring for the next real patient.

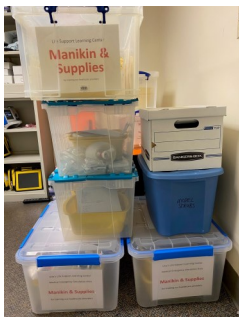
Coherence

Put team member knowledge, knowing the length of tasks, and understanding different priorities together, and you have a team that is more coherent. Team members will work together more smoothly and be better able to anticipate what each person needs. Team Leads can give orders and then know how long they need to wait for tasks to be completed, allowing the team members to be uninterrupted in their tasks. Team members will have a better knowledge of how the situation likely will flow. Everyone will work better together, improving their care of the patient.

Pictures!



ED nurses are suctioning a trach. We rigged a special manikin to be able to do trach simulations.



BEHIND THE SCENES: We set a record in September with 29 simulations (for 240 participants!). This is a picture of just the prop boxes for one week of simulations in which we had 10 simulations scheduled!

Journal Article

This month, our article discusses debriefings for interprofessional groups and how to maximize the benefit for all participants. The article is: Chipman, ML et al. (2024). Engagement Across Professions: A Mixed Methods Study of Debriefing After Interprofessional Team Training. *Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare*, 19(4), 228-234.

This is one of the best debriefing articles I've read.

We have a link for this that should work on any UVa computer:
<https://pubmed.ncbi.nlm.nih.gov.proxy1.library.virginia.edu/37440428/>

Editorial

We are going to repeat last month's editorial here, as a lot of the our points in this month's newsletter are related to interprofessional simulations: Simulations are a great way to practice interprofessional teamwork, and other than practicing on live patients is the only reasonably realistic way to practice. We strongly believe we should be performing more interprofessional simulations to improve interprofessional teamwork.