UVAHealth

UVa Health Simulation News

UVAHealth Life Support Learning Center

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Welcome!

Welcome to our Simulation Newsletter!

We'll discuss new provider orientation simulations in this issue. We've discussed this in prior issues, but we're coming up on the summer new hire season, so we're doing it again!

Simulations for new hires is an excellent use of simulations. For brand-new, just out of school clinicians, they provide a chance to see sick patients who aren't actual patients. For more experienced clinicians who are new to an area, they provide a look at the kind of patients the clinicians will see and how that area cares for them. Either way, simulations can help your new providers.

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

Sick vs. Not-sick

In our opinion, one of the most useful simulations for a new provider of any level is recognizing sick vs. not-sick. All of our patients are sick in some way, but sick vs. not-sick is deciding whether or not the provider can go down the normal pathway for a known problem or whether the patient has decided to take a hard right turn off the pathway and is trying to deteriorate.

In other words, these are simulations to help prevent failure to rescue.

Deterioration happens in many ways. Some are very fast and are easy to spot, and some slowly happen over a long time. We can run simulations for both.

We can do simulations that show rapid changes in vital signs. The patient could also show changes in mental status, skin condition, or pupillary reaction. Some examples would be surgical bleed, acute MI, medication reaction, and pulmonary embolism.

We can also do slow onset changes with small changes in vital signs and slow mental status deterioration. These would be to help encourage providers to call in others — "could you just eyeball this patient and see what you think" — and do more to dig for additional changes. Some examples would be sepsis, hypoglycemia, subdural hematoma, or electrolyte problems.

Both types of simulations help new providers recognize deterioration.

Patients Specific to Your Area

Another type of scenario for a new provider would be area-specific patients. Providers new out of school frequently have had generic instruction on patient care topics. However, every area has their own quirks. For instance, generally a patient is febrile at 38.5C or above, but the Stem Cell Transplant Unit uses 38.0C as a temperature guide and they know that many of their patients may go to sepsis without showing a fever at all. We can do scenarios to help providers recognize neutropenic fever.

Everyone knows something about what a seizure is, but 6Central has specific things they do in their response. We can build scenarios to help providers new to 6C know those processes.

What patients do you have that are specific to your area that you would want new providers to see?

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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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https://www.youtube.com/channel/UCx-KtMNJMIYLdWKEoOjrVvA

Our newsletter repository:

https://www.medicalcenter.virginia.edu/mesa/simulation-newsletters

Pictures!

Medical Students assessing a patient in a Pediatric session of the Intern Readiness Course.

Medical Students working with an agitated patient (one of our simulationists acting as a Standardized Patient) in the Intern Readiness Course.

Practicing Interactions with Others

Another area that new providers don't always have experience with is communications with others, especially people in other professions. Simulations can be a way for the new nurse to understand how to contact a physician and give an SBAR report; for a new physician to understand that broadcasting and closed-loop communications are useful for the whole team; and for everyone to practice communications with pharmacists and respiratory therapists, which are sometimes not discussed much in schools.

Current Examples

We are already doing a lot of these simulations with various groups, in some cases for years. The feedback we receive from the participants and from our allies in those areas has been positive. Some examples of what we're already doing:

PICU RN Clin I simulations: Ten 4-hour blocks over the RN Clin I's first year.

ED RN Clin I: Previously, two round of simulations, but now increasing to twelve 4-hour blocks over the first year (similar to PICU).

7Acute RN Clin I and 3W RN Clin I: One round of simulations for new nurses.

STICU new nurse simulations: One round of simulations for nurses of varying experience coming into STICU.

Anesthesia Resident Boot Camp and Internal Medicine Resident Boot Camp: One round of simulations for new physicians.

Journal Article

This month, our article discusses a combined simulation program for both physicians and nurses new to the Emergency Department. The article is: Roncallo, HR et al. (2020). An Interprofessional Simulation – Based Orientation Program for Transitioning Novice Nurses to Critical Care Roles in the Emergency Department: Pilot Implementation and Evaluation. *The Joint Commission Journal on Quality and Patient Safety 46*(11), 640-649.

We have a link for this that ought to work on any UVa computer: https://www-sciencedirect-com.proxy1.library.virginia.edu/science/article/pii/S1553725020302075?via%3Dihub.

Retention

We have no studies to indicate this yet, but it's possible that in addition to improving clinical care, running orientation simulations can help with retention. The simulations are a tangible demonstration that UVa wants their new providers to succeed. In addition, the simulations may give providers confidence that they can handle emergencies and so be willing to stay with our high-acuity patients.

Anecdotal evidence from the PICU RN Clin I simulations indicates this is happening.