



SimLEARN staff debuts OOORAM training for clinicians

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, FL – SimLEARN is VHA's national program for advancing clinical simulation training, education and research across VHA. This training now includes Out of Operating Room Airway Management (OOORAM).

OOORAM training, using a train-the-trainer curriculum, began Jan. 23-24 at the VHA National Simulation Center in Orlando where SimLEARN is based. Ten instructors from Veterans Integrated Service Network 8 (VISN 8) attended the pilot course. VISN 8 is comprised of Florida and other parts of the southeastern U.S.

Urgent and emergent airway management is often required outside of an operating room. It is critical that appropriate individuals who respond to the airway management needs of the patient are trained and qualified to perform airway management. OOORAM training targets clinical simulation educators and instructors across varied disciplines who have significant experience in dealing with or overseeing OOORAM, as well as a substantial role or responsibility for performing airway management training.

"Historically, airway management has been taught in the classroom setting using pictures and slides, and then 'practiced' directly on patients," said Dr. Haru Okuda, SimLEARN national medical director. "VHA SimLEARN OOORAM

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The simulation control room at the VHA National Simulation Center. (VA photo by Gerald Sonnenberg)



(Photo left to right, back row) Joining SimLEARN Medical Director Haru Okuda, M.D. (front right), participants in the January training included Drs. Ana Goncalves and Myriam Garzon; Denise Cochran, RN; Drs. Malcolm Klein, Felipe Urdaneta, Kyle Harrison and Richard Shelsky; Lisette Ronga, RN; Brian Mirello, CRNA. (Front row, left to right) Drs. Howard Maisel and Evelyn Alba and Janet Sprehe, RN. (VA photo by Greg Maida)

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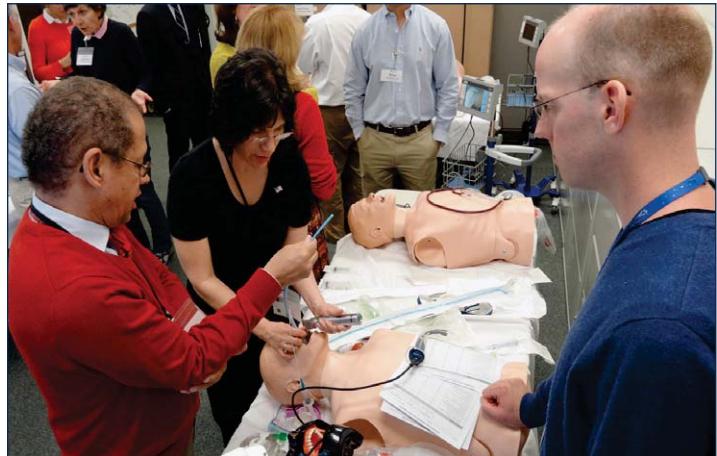
training is significant because it breaks this outdated traditional paradigm and requires providers to practice and be assessed on simulators prior to managing airways and performing procedures on patients.

"The other benefit of this training is that it focuses on critical decision making around airway management and not just the procedural skill. Our ultimate goal is improved care for our Veterans," he added.

There are several primary components to the SimLEARN curriculum: subject matter assessment (class instruction and written test); task skills training; and OOORAM simulation scenarios, followed by debriefings that are delivered to enhance the learning. The course combines classroom, small group and hands-on simulation activities so that participants can develop the skills necessary to deliver, implement and debrief simulation-based OOORAM training in their local work centers.

Tamas Szabo, M.D., Ph.D, is a staff anesthesiologist at the Ralph H. Johnson VA Medical Center in Charleston, SC; as well as assistant professor of anesthesia and perioperative medicine at the Medical University of South Carolina in Charleston. He was also a participant at the OOORAM training.

"The training was exceptional, and the whole staff was enthusiastic and incredibly dedicated," said Szabo. "The atmosphere was very open and encouraging. I especially enjoyed the diversity of professions in our group with three



(Left to right) Dr. Malcolm Klein; Lisette Ronga, RN and Dr. Kyle Harrison work together during an OOORAM training exercise. (VA photo by Greg Maida)

anesthesiologists, one emergency room physician, three registered nurses and one anesthesia technician."

"Although we enjoyed the simulation aspects of the training, I think the most learning came from the debriefing. During that time, we evaluated ourselves, as well as each other, with guidance from our facilitators, in a non-judgmental way," added Szabo. "I would describe it as shared learning; where we all came together from different professions, backgrounds and experiences and shared all of that knowledge with each other so we could all learn from someone else's mistake. There was a positive atmosphere and a real excitement about making real improvement in practice to better serve our Veterans."

Learners who complete the course come away with the skills needed to instruct an OOORAM course to train local health care providers. This includes the ability to identify the key points of OOORAM; show the courses of action needed in both urgent and emergent airway management situations; and organize task skills training and OOORAM scenarios, along with facilitation of debriefing after simulation.

"It's exciting that we are becoming operational," said Harry Robinson, SimLEARN national program manager. "It's great to see how motivated our staff is when we get an opportunity to accomplish our mission in delivering simulation-based training. At early stages, we're also inquisitive for feedback from our students on what can be done to improve all facets of the training." ♦



Drs. Myriam Garzon, Howard Maisel, Felipe Urdaneta and Richard Shelsky conduct OOORAM training on a "patient" in the VHA National Simulation Center training room. (VA photo by Greg Maida)

Cardiac incident inspires office to get REdI

By Jacklyn VanMark
Public Affairs Officer
Sheridan VA Medical Center

SHERIDAN, WY – It was a little after lunch when the Sheridan VA Medical Center (VAMC) human resources (HR) team was pulled into an event that changed their lives. Monty Webb, an HR assistant at the Wyoming facility, had not been feeling well all week.

"He mentioned to me that he had not slept well the night before, and he wasn't looking like he felt good," said Ralph Rumpz, an HR assistant. "We had just finished lunch and gone back to our desks when Monty suddenly came back to the office where I sit and ran his wheel chair into the desk."

At that point Rumpz knew there was something wrong. Webb was making a snoring noise and was not responding. "Right away I had the receptionist call a code and grabbed our HR Manager Jim Hardin."

"It was like, WOW! They were all doing different things, and it looked like a whirlwind; but they all had a job and were doing it."

Hardin and Rumpz checked for a pulse as the code team members made their way to the office. As soon as the team arrived, they were able to move Webb from his wheel chair to the floor and start cardiopulmonary resuscitation (CPR). At that point, the HR staff moved away and watched as the team went into action.

"It was like, WOW!" Rumpz said, as he and others watched the organized chaos around Webb. "They were all doing different things, and it looked like a whirlwind; but they all had a job and were doing it."

Once the team determined Webb had little to no pulse, they continued chest compressions and used the automated external defibrillator (AED). Lance Vaughn, nurse manager for the Mountain View Living Center, performed chest compressions. "I've been doing this in ICUs (intensive care units) and emergency rooms for



(Photo, left to right, back row) James Hardin, HR manager; Lance Vaughn, nurse manager, Mountain View Living Center; Ralph Rumpz, HR assistant; and Michael Bohne, RN. Front: Monty Webb, HR Assistant.
(VA photo by Jacklyn VanMark)

years," Vaughn said. "The reason we were successful is the HR staff called a code right away, and each member of the team did their jobs well."

Within eleven minutes of calling 911 the emergency crew was also on the scene and Webb was sitting up as they transported him to the local (non-VA) hospital.

As Webb looks back on the event, he says he was scared, but thankful the medical staff at the VA knew what to do and executed it well. The HR staff knew how to call a code, but this event has brought things closer to home.

Soon after, calls to attend SimLEARN's Resuscitation Education Initiative (REdI) classes increased. REdI is a national program to standardize, document, track and monitor the provision of advanced cardiac life support (ACLS), basic life support (BLS) and advanced trauma life support (ATLS) training throughout VHA. It provides critical train-the-trainer clinical training support in the field's efforts to provide training to large numbers of medical center clinical and non-clinical employees.

Because of this incident and the availability of REdI training, all of HR has become certified in basic life support, and the facility is pushing its "2 Minutes or Less" campaign. The 2 Minutes or Less campaign is designed to get all staff proficient in what to do during the first two minutes when a person has a cardiac event.

Kyle Rhone, an RN clinical educator, is the brains

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Innovation

Dayton dental clinic uses simulation to practice for airway emergencies

By Rosalyn Scott, M.D., MSHA, Simulation Center Medical Director; Michael Stogsdill, PA-C, Simulation Center Manager; and Debi Sampsel, MSN, RN, Simulation Coordinator
Dayton VA Medical Center

DAYTON, OH – After recently treating a few patients with potential airway issues in the dental clinic, Dr. Byron Wade, chief of dental service at the Dayton VA Medical Center (VAMC), invited the simulation team to conduct hands-on training for airway emergencies in the dental clinic. The simulation team met with the chief of dentistry to determine learning objectives and develop the scenarios that would be used.

Together, they developed four learning objectives: demonstrate knowledge of dental clinic emergency procedures; apply BLS and ACLS principles; operate code cart equipment with a specific focus on airway management; and practice teamwork, notification protocols and communication skills.

The clinic is staffed by 7 dentists, 10 dental assistants and 2 dental hygienists. Four dentists are certified in advanced cardiac life support (ACLS), and the remaining clinical staff is certified in basic life support (BLS).

Simulation-based training has several advantages over lab-based training. It promotes experiential learning in the actual environment in which the provider is expected to use these skills and can involve the entire team, including support personnel; not just those who can be spared for off-site training. Training at a specific patient care location



Brandie Laquaglia, dental assistant, and Patti Burnell, nurse educator, listen as Dr. Richard Vance asks a question during a simulation exercise. (VA photo by Ray Kummer)

can reinforce problem solving skills, identify resource issues that might not be apparent in a laboratory setting and identify latent hazards and deficiencies in the clinical environment.

Two simultaneous clinical emergencies were developed to occur during the clinic's morning "huddle." The scenarios depicted patients experiencing airway compromise during routine procedures. One "patient" was in the oral surgery suite, and one was in an examining room. A second oral surgery suite was set up with an

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behind the program. Rhone and his team have developed three months of activities to encourage staff to take the REdI classes. "This is so important. As an emergency room nurse, I know how important those first two minutes are, and those (minutes) are what helped save Monty," said Rhone.

The first month had staff members naming and dressing the mannequins. "We wanted the staff to see the mannequins as real; but also to realize that they

really are the first responders at their kids' soccer game or the grocery store," added Rhone. "It isn't just up here (in education) and the medical staff that need to know what to do."

The REdI program at the Sheridan VAMC is well on its way to bringing staff up to speed and giving them the confidence to perform CPR during an emergency.

Currently, Webb is home and working on some lifestyle changes. "I wouldn't be alive today without the HR and medical staff. When I get back on my feet, I will be the poster child for the program." ♦



Mock code held in Ft. Meade inpatient mental health unit

By Emily Larimer, MSN, RN

Clinical Educator

Black Hills Health Care System

FT. MEADE, SD – On Jan. 9, a mock code was held within the inpatient mental health department. The scenario depicted a simulated Veteran suddenly slouching over during a group therapy session.

Mark York, nurse manager for the department, led the mock code blue team which quickly arrived following an overhead page. A staff member was posted at the locked

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intubation head for providers to practice intubating after completing the exercise.

There was a brief “hotwash,” or after-action discussion, following each scenario; followed by a longer debrief for the entire group. The participants seemed enthusiastic about the opportunity to practice infrequent, high-stakes events.

The ACLS-trained providers adhered to critical steps in the early management of airway emergencies and provided leadership. Closed-loop communication was exemplified, and the staff was able to respond to mid-course corrections suggested by the simulation facilitators.

A number of important areas for development and



Jody Best, dental assistant; Dr. Shawn Bell; and Danielle Carroll, dental assistant, practice resuscitation techniques on a mannequin in the Dayton VAMC dental clinic. (VA photo by Ray Kummer)

door and directed the responders to the location of the code for timely arrival.

CPR was initiated, and a crash cart, newly located in the Community Learning Center (CLC), was rushed to the scene by two CLC nursing staff within one minute of the code being called. York utilized SBAR (situation, background, assessment, recommendation) to communicate the patient’s medical and psychiatric history and current medication regimen as code blue team members continued to arrive.

The scenario was completed after the simulated Veteran patient was revived following two simulated shocks, medication and great teamwork. ♦

strategies for improvements were identified. In one instance, the staff was not familiar with the location of specific items within the code cart or all of the processes for documenting and storing code records. The simulation team recommended that photographs of each drawer in the code cart be available on top of the cart and that a better tool for documenting events be developed.

A lot of discussion was also had about how to deliver cardiopulmonary resuscitation (CPR) effectively on a patient in a dental chair because the chair does not lay flat or low enough to sustain adequate compressions. Step stools will now be put on the code cart, and a dental chair is going to be delivered to the simulation lab so the team can further investigate the best approaches to CPR. It was also determined that, as a routine, the mobile dental cart in each room should be removed during a crisis to allow more space for the code cart and staff.

During the major debrief, the staff felt they were not as organized as they should be. Though they were knowledgeable about basic resuscitation skills, the care teams did not feel as though they had enough practice within their clinical groups in handling emergencies. As a result of this experience, each dental care team will be scheduled for training sessions in the simulation center at least every six months. Annual training will now be held for the entire staff.

This experience showed the advantages of in-place, hands-on training and led to a multi-level plan that enhances the readiness of the dental service to manage emergencies. ♦

Nursing skills fair incorporates simulation

By Loree Doyle, MN, APRN, CNS-BC; Pamela Parker, MN, APRN, CNS; Julie James, BSN, RN; Tammara Kelly, MN, RN; and Barbara Anderson BS, RN
Southeast Louisiana Veterans Health Care System

NEW ORLEANS – The Southeast Louisiana Veterans Health Care System (SLVHCS) in New Orleans recently conducted a “nursing skills” fair for staff so they could hone the competency skills critical to patient care and safety. SLVHCS is a system of clinics experiencing an increase in complexity and scope as it begins to ramp up for activation of a replacement medical center now under construction.

The VA medical center in New Orleans was devastated by Hurricane Katrina in 2005, and this is the first nursing skills fair to be held since that storm. The fair is designed to enhance and demonstrate competency skills, as well as address the needs of national initiatives directed toward competency assessment.

The Nursing Education and Professional Development Council selected the content based on a facility needs assessment. The event included nursing skills and competencies for which registered nurses and licensed practical nurses must be proficient, but may not have the opportunity to practice on a regular basis. Unlike previous fairs, this event featured hands-on training using new equipment from SimLEARN'S Resuscitation Education Initiative (REdI).

Nurses had an opportunity to practice skills like IV starts, Foley catheter insertion, and blood pressure auscultation on advanced life support (ALS) mannequins, dynamic electrocardiogram (EKG) rhythm interpretation using a simulator, 12-lead EKG using a 12-lead task trainer and treatment of asthma using the ALS mannequin. Hands-on practice using simulation equipment increased excitement, active learning and peer-to-peer discussion.

This learning event also provided an opportunity to identify procedure and practice disparities. Some instructors benefited from formal training in simulation while others had not. Even instructors new to simulation rapidly adapted to this new teaching tool.



SLVHCS nurses Tanesha Stephens, RN, and Barbara Anderson, RN, become familiar with an automated external defibrillator during the nursing skills fair. (VA photo by Leachel Cook-McMillan, RN, CCM)

Blood pressure assessment, although a low-complexity station, became popular with both students and instructors. Instructors liked the ability to change the blood pressure settings and volume from student to student and also to be able to know with certainty what reading the students should obtain.

One of the more complex simulations was a realistic acute asthma station where the wheezes were audible without a stethoscope and tachypnea (rapid breathing) was evident. The nurse's emotional response to respiratory distress portrayed by the mannequin heightened their engagement in the learning station.

A multidisciplinary team of instructors presented 21 stations attended by 95 nurses. Overall evaluation scores were 3.9 on a scale of 1 - 4. Four stations were rated excellent. The lessons learned were that simulation increased the engagement of learners; instructors who were new to simulation can readily adapt to the technology; dynamic programs offered an opportunity to engage the staff in practice discussions and more time is needed when including simulation stations in training. ♦

Simulated skin used to support dermatology procedure training

By David J. Adriansen, Ed.D., NREMT
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VISN 23 Simulation Program Coordinator
Minneapolis VA Health Care System

MINNEAPOLIS – On Feb. 22, dermatology and family medicine residents from the University of Minnesota participated in a three-hour dermatological procedural skills workshop at the Minneapolis VA Health Care System's (MVAHCS) simulation center. Using pigs' feet and simulated skin, 40 family medicine residents received training from 16 dermatology residents on shave and punch biopsy techniques, simple excisions and cryodestruction of different skin lesions.

Dr. Neal Foman, residency program director and staff dermatologist at the MVAHCS, organized the training.

"This is the first time commercial simulation skin has been used to support the dermatology skills course," said Foman. "It was well received and led to a successful training experience."



Dermatology resident Adam Byrd, M.D., shows Family Medicine resident Kathryn Brown, M.D., suturing techniques on a pig's foot. Simulated skin is shown to the right of the foot. (VA photo by April Eilers)

"Training is usually conducted using porcine 'pig' skin, and future courses will now offer the trainees opportunities to learn with different skin models." ♦

Patient safety and simulation team up for hands-on learning

By Kathleen Fisher MS, RN, CCRN, CCNS/APN
Nursing Education & Simulation Coordinator
Patricia Boylan MSN, RN, CCRN, CNL
Patient Safety Manager
Jesse Brown VA Medical Center

CHICAGO – At Jesse Brown VA Medical Center (VAMC), the simulation nurse educator and patient safety manager joined forces for Patient Safety Week March 3-9.

A "Room of Doom" was created to help educate all interdisciplinary staff on possible errors that might occur in the day-to-day hustle of acute inpatient care. In addition, a medium-fidelity mannequin was used, and errors were purposely set up that might cause harm to a patient.

The Room of Doom was set up in an unoccupied

patient room and left open 24 hours each day throughout the week so that all health care providers on all shifts could participate.

During training, a case scenario was typed out and left at the bedside of the "patient" for reference, and an answer sheet was available. In addition, instructions were posted for staff to find the error and match it up with the National Patient Safety Goal.

At the bedside, an SBAR (situation, background, assessment, recommendation) report was available along with a "visitor seated at the bedside." Some of the errors were more obvious than others, such as, medications left at the bedside, the bed set high off the floor and a suction catheter left in the patient's tracheostomy. Other errors included the patient wearing a blood ident-a-band that didn't match the patient ID band, the wrong isolation sign on the door, and the wrong leg marked for surgical procedure.

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VHA SimLEARN hospital activations team completes evaluation of new Las Vegas VA Medical Center

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, FL – VHA's SimLEARN staff completed the third phase of simulation-based evaluation of procedures in preparation for VA Southern Nevada Health Care System's (SNHCS) hospital activation in Las Vegas. This was the last of three separate phases involving visits to the medical center; the first two phases were completed during the summer and fall of 2012.

These efforts involved close coordination and collaboration with VISN 22, VA-SNHCS leadership, and field and external simulation subject matter experts like SimLEARN's national medical director, national director of nursing

programs, project managers and simulation specialists / technicians.

This use of modeling and simulation serves to identify improvement opportunities prior to commencement of patient care service delivery. This is done by evaluating the effectiveness and risks in accomplishing routine, emergent and crisis processes and procedures.

The assessments in this phase encompassed both inpatient and outpatient areas including endoscopy, surgery, cardiac catheterization, intensive care unit, mental health, administrative offices, laboratory, medical evaluation clinic, radiology, dialysis and interaction with security personnel. Simulation testing focuses on equipment, patient flow and workflow, and the evaluation results will identify areas of concern, patient care improvement opportunities and recommendations for risk mitigation measures. ♦

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Though the answer sheet addressed six patient safety goals, there were a total of 38 possible errors. Eight-eight percent found the top 10 errors. The average number of errors found was 17.

The activity seemed to be well received, and all

staff who participated received a certificate of participation. Staff members also reported that they learned "things they never knew."

What was learned is that this simulation-based training is possible to use across a wide range of experience and education levels. It was also multidisciplinary in that it provided nursing students, medical students, residents, social workers and respiratory therapists the opportunity to also participate.

Patient safety and nursing education plan to team up for future simulation scenarios and utilize their combined efforts to increase staff awareness and improve patient safety. ♦



Kathleen Fisher (left), MS, CCRN, CCNS, APRN/simulation and Patricia Boylan, MSN, CCRN, CNL/patient safety manager, work on a "patient" during training. (VA photo by Cristy Trasmonete)



SimLEARN
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