



EES, SimLEARN welcome new deputy chief learning officer; Veterans to benefit from new technological innovations

*By Gerald Sonnenberg
EES Marketing and Communication*



*Dr. Manny Dominguez
Deputy Chief Learning
Officer, Employee Education
System*

WASHINGTON, D.C. – Veterans Health Administration Employee Education System (EES) staff recently welcomed former Air Force Lt. Col. Manny Dominguez, Ph.D., as a deputy chief learning officer for the organization. In his new position, Dominguez oversees e-learning, broadcast media and simulation business lines to advance the EES mission and provide dynamic learning to develop a high-performance VHA

workforce. Dominguez' background and skill in technology management in DOD and civilian positions is especially significant to the SimLEARN program as it continues to advance clinical simulation training, education and research.

The Florida native came to EES after serving, most recently, as the CIO for the Air Force Medical Modeling and Simulation Training (AFMMAST) program located on the campus of the University of Central Florida. In this role, he launched the IT division which enables virtual reality medical training and environments for all medical personnel in the U.S. Air Force. He also launched the first AFMMAST portal, along with the first Air Force Virtual Medical Center. He was approached by VA staff about bringing his skill to the Department after providing a demonstration of the AFMMAST technology.

“The more I started seeing what VA wanted to do and on a grander scale, and that the leadership was really supportive and leaning forward for the health care mission, I could see they were like me,” said Dominguez. “They liked the technology, they want to lean forward and make improvements where we can use technologies that really speak to the next generation

of Veterans that are coming in after these two wars. Those Veterans are into social media, mobile devices, online learning, on-demand information, virtual world technologies; they want things to be instantly accessible no matter where they are. We need to apply health care tools and wellness information via those same modalities. The development of a VA Virtual Medical Center (VMC) will speak to them tremendously.”

Dominguez' path to VA and EES began when he served as an enlisted Marine from 1986 to 1993. He eventually became a staff assistant to Gen. Norman Schwarzkopf during Operations Desert Shield and Desert Storm in 1990-1991. He left active duty to further his education and to pursue work in the technology management field. He eventually became a CIO and an IT turnaround specialist for several civilian

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corporations. His knowledge and skill served him also as an instructor at three universities.

In 2005, he was asked to return to active duty as an officer with a new mission to use his expertise in technological innovation and project management to create an IT solution for the DOD's need for electronic medical records for the wars in Iraq and Afghanistan. Working for the Surgeon General of the Air Force at the Pentagon, he was able to transform a beta software program, test it and deploy it to the countries involved in those wars. After nine months, he successfully fielded the first Air Force Medical Service Theater Medical Information Systems Program to all Air Force sites supporting the Global War on Terrorism.

"Every month I showed how each one of the countries was coming on line and how the medical records were flowing from the battlefield to the home front for the first time in American warfare history," said Dominguez. "From the time the first responder began treatment, the records began to flow. By the time the patient reached the next echelon of care, the clinicians already knew what medications, medical procedures or treatments had been administered."

Dominguez served in this role as the director of IT services and support, as well as chief of expeditionary systems for the Office of the Surgeon General and Modernization Directorate at U.S. Air Force headquarters from 2005-2008.

After that, and over the next two years, he served as the inaugural CIO and managed the design, development and construction of the world's largest health care education campus. Called the Medical Education and Training Campus (METC) at Fort Sam Houston in San Antonio, the school enrolls more graduates per year than the three military academies combined, and graduates more than 24,000 Army, Navy and Air Force medical technicians per year. When asked where he wanted to serve next, he said, "home." From San Antonio it was home to Florida and the mission to stand up and set the technical vision for the future of Air Force medical modeling and simulation.

At EES, Dominguez plans to develop synergy between his three areas of responsibility to help bring AFMMAST-style technology to VA. This technology will revolve around projects that improve the skill of providers and the care of Veterans. This effort is already in development.

"If there are courses we need to build, there's e-learning

involved in that. If there are videos we need to make on medical scenarios, we'll get broadcasting to record and upload them to what is going to be our new SimLEARN portal," he said. "With the portal, we'll have all the best practices and procedures recorded and uploaded. Then we'll bring in all the simulation related courses we have in VA online, integrate a mobile application store and unify all the VA simulation centers so all the things 'sim' related will be under one umbrella."

"The virtual medical center project is like an ecosystem ... Everything has to gel; all the trains have to come to the station."

Parallel to that will be the development of the VA Virtual Medical Center. "For the first time with the VMC, we'll be producing things that are patient facing, as well as useful to providers and staff. The VMC project is like an ecosystem between the medical specialists feeding us content, the technologists, content managers, project management and leadership. Everything has to gel; all the trains have to come to the station," said Dominguez.

He explained that, for example, much of what will be on the VA VMC will be accessible by both patients and providers. There will also be patient education tools and virtual medical libraries, as well as the ability to do virtual group appointments, virtual classrooms and much more. The vision is to be able to provide Veterans access to providers online; for example, possibly saving that Veteran with a prosthetic leg or in a wheelchair from having to come in to a VA medical center for things like very basic consults or prescriptions refills.

Veterans can benefit greatly from Dominguez's expertise as EES strives to meet the education and training needs of VHA program offices, Veterans Integrated Service Networks and facilities.

"What we're doing is all very exciting and going to be one of the first in the world," said Dominguez. "We were able to do a proof of concept for the Air Force, but now we're going to take it up about 10 notches, and it could enhance the way Veterans have access to care via our newest emerging technologies." ❖

Under Secretary for Health presents simulation excellence awards

By Gerald Sonnenberg
EES Marketing and Communication

WASHINGTON, D.C. – This summer, the VA Under Secretary for Health presented the Awards for Excellence in Clinical Simulation Training, Education and Research from Washington DC during a virtual ceremony. The awards recognize clinical leaders supporting and advancing VHA's strategic plan for clinical simulation.

Richard Fidler, Ph.D.(c), MBA, MSN, CRNA, ACNP, (top photo, standing center) received the Excellence in Clinical Simulation Training, Education and Research Practice Award from Harry Robinson, SimLEARN national program manager, and Sheila Cullen, Veterans Integrated Service Network (VISN) 21 director. Fidler is the director, Healthcare Simulation Program, at the San Francisco VA Medical Center, VISN 21. He is also a Ph.D. candidate in a top nursing program at the University of California, San Francisco.

Jonathan Gardner, MPA, FACHE, (bottom photo, standing center) received the Clinical Simulation Training, Education and Research Executive Leadership Award from Dr. Haru Okuda, SimLEARN national medical director, and Susan Bowers, VISN 18 network director. Gardner is the director of the Southern Arizona VA Health Care System in Tucson, AZ. ❖



(VA photo by Edgardo Caballero)



(VA photo by Paul Coupard)

Nominations open for Under Secretary for Health's excellence awards

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – The VHA SimLEARN program recently announced a call for nominations for the Under Secretary for Health's 2014 awards program for Excellence in Clinical Simulation Training, Education and Research.

There are two award categories within the program: The Excellence in Clinical Simulation Training, Education and Research Practice Award; and the Clinical Simulation Training, Education and Research Executive Leadership Award.

The practice award recognizes an individual who has been

actively engaged in the direct provision of clinical simulation training, education and research at a VHA health care facility and whose practice has had national impact. The leadership award honors one VA medical center director or VISN director who has achieved distinction in promoting a significant component of the VHA clinical simulation training, education and research strategic plan.

Please select the link below for award criteria details and directions on how to submit the nominations, as well as PDF nomination forms to fill out for each award.

Nominations for the 2014 awards will be accepted through Oct. 31, 2013. Go to www.simlearn.va.gov/SIMLEARN/Awards.asp for more information. ❖

Simulation used to prepare for surgery opening

*By Mary Douglas, RN, MSN
Veteran Health Education Simulation Coordinator
Fargo VA Health Care System*

FARGO, N.D. – The Fargo VA Health Care System (VAHCS) used simulation as part of its preparedness exercises in an effort to establish readiness for the opening of their new surgical area. Dr. Mark Jensen, simulation physician champion, conducted two training sessions, in which more than 20 operating room (OR) staff participated. Additional representatives for medical officer of the day, nursing supervisor, police service, pharmacy, respiratory therapy, community living center, intensive care unit and laboratory services also participated in the exercise.

OR staff participated in providing Advanced Cardiac Life Support (ACLS) to a “patient” who had a cardiac arrest during surgery. As a result of the training exercise, the interprofessional staff became comfortable with the location of emergency equipment and was also able to identify process and procedure changes necessary to prepare for emergencies in the OR. Identification of which appropriate staff would respond to emergencies was also clarified, as a result of the



Fargo VAHCS surgical staff participating in the mock code included (left to right) Joel Vance, Judy Woodbury, Beth Grandbois, Floyd Nemer, Jerry Rohrig, Gary Ebel, and Dr. Kurt Lindquist (VA photo by Mary Douglas, RN, MSN)

simulation exercise.

The training also included a review of the procedure for handling fires in the OR. Review of evacuation procedures occurred during the session. The Fargo OR successfully opened on July 16 and is now fully operational. ❖

Out of Operating Room Management instructional course goes active on VA's Talent Management System

*By Bill Gaught, Ed.D.
SimLEARN Health Care Education Specialist*

ORLANDO, Fla. – On Sept. 4, SimLEARN deployed the Out of Operating Room Management (OOORAM) instructional course on VA's Talent Management System (TMS). The course is a collaborative effort between the VHA Office of Anesthesia Services, SimLEARN and the VHA Employee Education System.

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.

The TMS course takes approximately two hours to complete, and the target learning audience is any VHA health care provider who is responsible for airway management outside of the operating room. It is accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC).

Subject matter experts from the Office of Anesthesia Services, SimLEARN and VHA medical centers provided best practices and clinical expertise toward the development of the course. For those with access to TMS, the course number is VA 16087. ❖

First year residents learn ‘vital’ needle localization technique

By Yvonne Lin, RN, MN

Nurse Educator/Sim Lab

Charmayne Anderson, RN, MN, CNL, VHA-CM

Associate Chief Nurse/Education and

Marie Padriga, RN, MN

Senior Nurse Educator

VA Puget Sound Health Care System

SEATTLE – Dr. Adam Johnson, chief resident for internal medicine, held a one-hour procedure clinic on April 18, at VA Puget Sound Health Care System, to teach first-year internal medicine residents needle localization technique. For health care providers who place central lines on patients, needle localization technique is a vital skill during central line insertion.

Johnson described the anatomic landmarks and the approach for internal jugular and subclavian vein catheterization. He reviewed indications, contraindications (or reasons to withhold treatment) and complications for central line placement. He also demonstrated safe and sterile placement of a central venous catheter with ultrasound guidance using a central line model.

Five first-year internal medicine residents had hands-on practice inserting the needle with ultrasound guidance on a central line training model. Studies have shown that surgical



Dr. Adam Johnson, chief resident of internal medicine (right), demonstrates use of an ultrasound machine to identify the internal jugular vein while Dr. Irving Ye, internal medicine resident, observes. (VA photo by Yvonne Lin)



residents who trained with central line simulation prior to ICU rotations had improved performance placing central lines. As ultrasound has been demonstrated to increase the success of first-time central venous catheter placement and decrease the risk of complications, it has become increasingly

important for all residents to learn needle localization skill under ultrasound guidance, along with maintaining maximum sterile precautions.

The aim of this procedure clinic is to address needle localization technique and to emphasize maintaining maximum sterile precautions per Intravascular Catheter Related Bloodstream Infections (CRBSI) guidelines that are introduced by Centers for Disease Control (CDC). Prevention of CRBSI can significantly lead to increased patient safety and decreased hospital costs.

What was learned from this one-hour procedure clinic is that residents became aware of the availability of simulation training including different models. Future plans include development of a checklist that adheres to CDC CRBSI guidelines for further simulation training. ❖

Fellowship program introduces clinicians to health care simulation techniques

*Lygia Lee Arcaro, Ph.D., RN, BC
SimLEARN National Director, Nursing Programs*

ORLANDO, Fla. – SimLEARN hosted the first VHA Interprofessional Advanced Clinical Simulation Fellows as they began the Introduction to Clinical Simulation course at VHA's National Simulation Center in Orlando Sept. 4-6.

Collaborating with the Office of Academic Affiliations, SimLEARN developed this fellowship program to educate and train clinicians in health care simulation. It is also a step toward creating a workforce with the ability to manage and operate health care simulation programs. Course content included simulation use in health care, debriefing methods and role play, learning theory, levels of evaluation and more.

The Pittsburgh and San Francisco VA Medical Centers (VAMCs) were chosen as the pilot sites after competing with other VAMCs around the country. Participants were (from Pittsburgh) Fellows Marianne Burda, MD,



VAMC Pittsburg Fellowship co-directors (left to right) Mary Ellen Elias and Dr. Christopher Brackney, and Fellows Dr. Marianne Burda and Kathy Wilt practice a scenario. (VA photo by Greg Maida)

Ph.D.; Kathryn Wilt, Ph.D., RN; and program co-directors, Mary Ellen Elias, RN, MSN and Christopher R. Brackney, MD. From San Francisco, Fellows Abi Rankin-Fitzgerald, RN, MSN; MaryAnn Rich, RN, MSN; Robert Range, DDS; Meg Kohn, NP, MSN; and program co-directors, Richard Fidler, CRNA, CRNP, MSN and Jan Hirsch, MD. ❖

VISN 23 acquires dental and diagnostic simulation trainers

*By David Adriansen, Ed.D.
VISN 23 Simulation Program Coordinator*

MINNEAPOLIS – Staff at Veteran Integrated Service Network (VISN) 23 recently purchased 10 dental and radiology head phantoms for use in diagnostic and simulation training for the network dental and radiology services.

“We are in the process of implementing standardized 3D imaging across the VISN for cone-beam technology linked with a dental Picture Archiving and Communication System (PACS),” said Dr. Allan Hancock, VISN 23 lead dentist. “The head phantoms are awesome and can be used for standard panoramic radiologic dental imaging and will be a perfect aid for technical training – specifically developed for dental cone-beam, computed tomography imaging.”

“The dental heads will be a great asset for oral surgery resident, dental and hygiene assistant training,” said Dr.

Bruce Templeton, dental service chief for the Minneapolis VA. “They will help with calibration of equipment without exposing actual patients.” ❖



Dr. Bruce Templeton and Paula Haugdahl, dental assistant, work with one of the new phantom dental heads. (VA photo by William Creswell)

Houston VA gets ‘STAR’ power

*By Racquell R. Garrett, MS, RN
Lead Clinical Instructor, Simulation Lab
Rashanda Banks, MS, RN, PMHC-BC
Clinical Instructor, Simulation Lab
Eron Wahid, MSN, RN-BC, CNL
Clinical Instructor, Simulation Lab and
Elizabeth Reimschissel, MSN, RN-BC, CNL
Clinical Instructor, Simulation Lab
Michael E. DeBakey VA Medical Center*

HOUSTON – “Lights, camera, action” was the theme of the grand opening of the new simulation lab at the Michael E. DeBakey VA Medical Center (MEDVAMC) here on May 30. The red carpet was rolled out for employees to experience the opening of the Simulation, Training, Assessment and Resource (STAR) lab. The ribbon cutting was conducted by Thelma Gray-Becknell, associate director for patient care services.

The open house that followed was attended by nurses, physicians and other medical center staff, as well as Veterans. All visitors were given a brief overview explaining scheduling, lab uses and the lab’s overall goal to assist clinical staff with critical thinking, reasoning and clinical judgment.

Evidenced-based practices and adult learning principles will be used to provide training utilizing high-fidelity mannequins and low-fidelity task trainers. The lab will provide training



*Thelma Gray-Becknell (front right) and Racquell Garrett (far left) cut the ribbon on the new STAR lab as simulation lab clinical educators (behind) Rashanda Banks, Elizabeth Reimschissel and Eron Wahid look on.
(Photo by Regit Sasser)*

to all clinical staff at the MEDVAMC with opportunities to simulate real clinical experiences, as well as refresh skills.

Some of the skills include lumbar puncture, laparoscopic surgery, central line placement, chest tube insertion and management, intubation, therapeutic communication and management during a code blue. The lab will incorporate monthly themes focusing on high-risk, low volume procedures and clinical situations.

Clinical simulation will also be incorporated into nursing orientation. New nursing staff will spend the last two days of hospital orientation in the lab. Having the new staff participate in simulation will provide a base line of the nurse’s skills. This baseline assessment allows the manager to tailor the nursing orientation based on the nurse’s strengths and weaknesses.

In order to ensure that all clinical staff has access to the simulation lab, the MEDVAMC’s STAR lab will have the ability to provide education at all hours. This access will allow clinical staff who work off tours the opportunity to receive training, without the need to stay late or come in early to receive training; thus reducing overtime and comp time for the facility. Committed to providing quality care to Veterans, MEDVAMC is sure that the STAR Lab will assist in improving the quality of care provided to our Veterans. ❖



Adam C. Walms (far left), medical center director, poses with simulation staff: Rashanda Banks, Eron Wahid, Racquell Garrett, Dr. Laurie Mitchell and Francisco Vazquez, associate medical center director. (Photo by Regit Sasser)

Simulation training helps new nurses

By Yvonne Lin, RN, MN
Nurse Educator/Sim Lab
VA Puget Sound Health Care System

SEATTLE – On a cold, windy day at the VA Puget Sound Health Care System (VAPSHCS) south entrance in Seattle, someone is calling for help to assist a patient who was wheeled in on a stretcher, pending transfer into the hospital.

Charmayne Anderson, VAPSHCS associate chief of clinical nursing and education, and Marie Padriga, senior nurse educator, pioneered In Situ Emergency Response skills (ISTEARS) simulation training as part of the educational strategies for the new hire nurse orientation program.

The purpose of ISTEARS simulation training is to introduce the VAPSHCS medical emergency response system (MERS) to staff during the hospital's new hire nurse orientation using simulated patients and environments. It also allows new hire nurses to apply critical thinking and hands-on assessment prior to releasing them to their individual units. MERS consists of code blue, medical emergency team (MET) and rapid response team (RRT).

New hire nurses often encounter challenges such as getting to know the new environment while they are still being asked to deliver best practices in safe patient care. Unfamiliarity with equipment use and new systems, as well as a lack of exposure to hands-on experience during a medical emergency may influence the performance of health care providers when responding to a medical emergency. New hire nurses are identified as adult

A simulated code event during new hire nurse employee orientation got Adrian Stumpf, RN, involved by using an Ambu bag mask to deliver effective breaths. (VA photo by Christopher Pacheco, Visual Information Specialist)

learners who learn better when the content material is relevant to their specialty area and when they can apply hands-on practice, particularly during a medical emergency.

Anderson and Padriga simulate deteriorating patients using a high-fidelity simulator in a hospital public area and/or inside a simulation laboratory. Target audiences include new hire nurses from all levels, as well as nursing management personnel.

Participants use role playing on different team members during the simulated scenario. At the end of the exercise, a debriefing process of the team performance is conducted. This type of simulated learning activity was identified as very helpful to the new hire nurse group as they were able to transform clinical knowledge into action in a safe setting.

ISTEARS simulation training during new hire nurse orientation is in its third year since first being introduced in October 2010 at VAPSHCS. It was also submitted as an abstract and presented at the 2013 International Meeting on Simulation in Healthcare conference as a poster presentation, as well as published in *The Journal of Society for Simulation in Healthcare* December 2012.

This training exercise has the potential to be generalized to the entire hospital and to be conducted on a regular basis by working closely with code blue teams, METs and RRTs. ❖



VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Employee Education System

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