



SimLEARNSM
Excellence in Veterans' Healthcare

Newsletter

Secretary Shinseki among first to receive REdI training

By Gerald Sonnenberg
EES Marketing and Communication

WASHINGTON, D.C. – Secretary of Veterans Affairs Eric K. Shinseki was one of 43 participants at the VA Central Office in Washington, D.C., to receive life-saving training in the first of four REdI classes held Jan. 11.

REdI, or the Resuscitation Education Initiative (REdI) program, is a national VHA program to standardize, document, track and monitor the provision of Advanced Cardiac Life Support, Basic Life Support and Advanced Trauma Life Support training throughout VHA. REdI is a business unit within the SimLEARN program.

Using American Heart Association guidelines, REdI's purpose is to provide critical train-the-trainer support to enable training to large numbers of VA medical center clinical and non-clinical employees.

Principal Deputy Under Secretary for Health Dr. Robert L. Jesse, addressed the first class. In his remarks, he introduced participants to the REdI program and emphasized the importance of being prepared for emergencies and in knowing where automated external defibrillators (AED) are and how to use them.

Secretary Shinseki also talked about his own personal experiences with emergencies and stressed the importance of knowing what to do when they happen.

“This initiative is important to anyone in VHA who works with our Veterans to make sure we have the ability to provide life-saving care for them should an emergency situation arise, and they need our assistance,” said Secretary Shinseki. “For staff members who don't normally work with our patients, it is a wonderful opportunity to learn how you can help save a life whether at work or at home. I urge you to participate in these classes when you have the chance.”

Deborah Meeson is the chief financial officer executive assistant at VHA. She attended the 3 p.m. REdI training session.

“The training was terrific, and on a personal note, I can say I feel much relieved to have some skill to help in



(Left) Secretary of Veterans Affairs Eric K. Shinseki, performs chest compressions on a mannequin during Resuscitation Education Initiative (REdI) training at the VA Central Office Jan. 11. Secretary Shinseki and 42 other VACO staff members were trained in basic life support that day. Next to him is Mary Fakes, REdI Program Manager, who led the training. (VA photo by Robert Turtil)

a crisis, at least until the professionals arrive! This is an added tool for ‘work-family balance’ in my book,” said Ms. Meeson.

REdI team member Mary Fakes, RN, REdI Program Manager; as well as Health Education Specialists Robert

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Robinson named SimLEARN national program manager

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, FL - Harry Robinson joined the VHA SimLEARN program as National Program Manager Feb. 13. He succeeds Dr. Paula Molloy, who served in that position since May 2010.

Prior to this new appointment with SimLEARN, Mr. Robinson was a senior associate with Booz Allen Hamilton here, where he served as the advanced analytics modeling and simulation lead supporting Team Orlando, a collaborative alliance of governmental and non-profit agencies, including the Department of Defense and VA, working to leverage simulation technology to improve human performance. His focus was on providing live, virtual and constructive simulation to support training solutions to accomplish individual and team training requirements.

A Veteran of the U.S. Navy, Mr. Robinson earned his commission through the Navy Reserve Officer Training Corps upon graduation from Pennsylvania State University in 1982 with a Bachelor of Science in Computer Science. He then earned a Master's of Science in Aviation Systems from the University of Tennessee and completed the Naval War College Command and Staff Course. The Philadelphia native retired at the rank of captain after 28 years of military service, and is currently pursuing a Ph.D in Modeling and Simulation



Harry Robinson. (VA courtesy photo)

from Old Dominion University.

"I'm very honored to have been selected to come on board the VHA SimLEARN team," said Mr. Robinson. "This is an exciting and challenging task to leverage the modeling and simulation domain for the conduct of training, education and research in achieving health care excellence. SimLEARN has already established a great reputation, and I look forward to contributing to its success within the VHA and, most especially, to the Veterans we serve. I welcome the opportunity to introduce myself to you and to learn your perspectives and ideas for the future." ❖

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Kraemer and Peggy Civiletti, were on hand to provide the one-hour life saving classes to a variety of staff members from various areas of VACO. Monthly classes continue at VACO. In February, an additional 42 staff members received training.

"Resuscitation training can be applied beyond the realm of clinical practice, to areas such as VA police, administrative and support service staff," explained Ms. Fakes. "For example, immediate response training for non-health care staff for witnessed emergencies and use

of the Automated External Defibrillators (AED) in and out of medical center/clinical settings can be effectively taught to VHA non-clinical staff through VHA's use of the American Heart Association Family & Friend CPR program."

The REI program is based with SimLEARN in Orlando, and is recruiting resuscitation education staff to help train other instructors at the VAMC training centers. Those instructors will then provide REI training to front-line staff across VHA. ❖

IMSH highlights world of simulation

By Gerald Sonnenberg
EES Marketing and Communication
and Robert Kraemer RN, BSN, CCRN
Health Education Specialist., SimLEARN/REdI

SAN DIEGO, CA - It took a team effort as SimLEARN staff prepared and packed for the 12th Annual International Meeting on Simulation in Healthcare (IMSH), held Jan. 28 – Feb. 1 here. IMSH provides educational opportunities for providers to teach and learn alongside other clinicians. More than 3,000 clinicians and simulation professionals from around the world attended, and 40 VHA staff members were featured presenters at the international meeting.

SimLEARN staff packed delicate high-fidelity mannequins, equipment and laptops that would be used at the event and also used to demonstrate VHA's capability and dedication to providing educational opportunities for its staff and better care for Veterans. Leading the Orlando-based group was Scott Mitchell, a SimLEARN Health Education Specialist.

"It is a tremendous challenge moving this equipment well over 2,000 miles, but IMSH provides such a great



SimLEARN staff member Tracey Robilotto, health education specialist, talks with visitors to the SimLEARN booth at the 2012 IMSH event in San Diego, CA. Forty VHA staff members were featured presenters at the international meeting. (VA photo by Gerald Sonnenberg)

opportunity to showcase the technology and collaborate with the worldwide simulation community," said Mr. Mitchell. "Every year IMSH has grown, in some cases exponentially," he added. "This is a tremendous undertaking, but it speaks to the importance and opportunity in attending an event like this." ❖

Gainesville RN receives 2012 VA Under Secretary for Health's Excellence Award

By Gerald Sonnenberg
EES Marketing and Communication

SAN DIEGO, CA - Denise Cochran, RN, BSN, a VHA employee, was presented the 2012 Under Secretary for Health's Excellence in Clinical Simulation Training, Education and Research Practice award Jan. 29.

The award was established to recognize clinical leaders who have supported and advanced VHA's strategic plan for clinical simulation. Haru Okuda, MD, National Medical Director for SimLEARN, presented Ms. Cochran with the award at a special VHA clinical simulation break-out session during the International Meeting of Simulation in Healthcare (IMSH) here.

Ms. Cochran serves as the Simulation Center Coordinator for the Malcom Randall VA Medical Center

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Haru Okuda, MD, SimLEARN National Medical Director, presents Denise Cochran, RN, BSN, with the 2012 Excellence in Clinical Simulation Training, Education and Research Practice Award. (VA photo by Gerald Sonnenberg)

Video baby monitor increases simulation realism without big price tag

By Bryan Cruthirds, RN, BSN, MBA, Simulationist/Educator; Paula Carvalho, MD, FCCP, Medical Director of Simulation; Merry Kuyper-Carson, RN, MSN, ACNS/ Education, Nursing Director of Simulation; Ellen Jones, RN, BSN, Simulationist/Educator Boise VA Medical Center

BOISE, ID - With tight budgets in mind, the Boise VA Medical Center (BVAMC) was looking for a way to enhance in-situ simulation. The mannequin used during mock codes in the hospital units included a wireless transmitter for voice, but it lacked an acceptable way to hear or see what was happening in the room without physically being at the bedside.

Some facilities have tried using a standard baby monitor during simulation, to enable the mannequin

operator to hear what was happening and to respond appropriately. The simulation education team here decided to use a color video and audio baby monitor instead. With the ability to see, as well as hear what was happening real-time during the simulation, the benefits were observed immediately.

Using an IV pole mount, the team made a bracket that allowed the camera/microphone unit to be placed at the foot of the bed. During the first mock code on the BVAMC medical/surgical unit, the mannequin operator was able to see the learner's physical touch on the "patient" when inquiring about pain location, and in turn, could cause the "patient" to respond appropriately to the actions of the learner. Because both the mannequin and the baby monitor were wireless, the operator was able to control the simulation and respond to the learner's actions from two rooms away. Being able to remotely run in-situ scenarios without immediate

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in Gainesville, FL, and was recognized with the award for her many contributions in the field of clinical simulation.

Among her accomplishments was leading the creation of a simulation center for medicine, nursing, surgery, anesthesia and respiratory therapy. Known as the Interdisciplinary Simulation Education Center (ISEC), this center has had an impact on patient safety issues throughout the Gainesville VAMC using simulation techniques. She also developed simulation-based education and training to resolve these issues, and assists in the development of simulation-based curriculum for training residents and students, and provides simulation instructor training.

Thus far, thousands of clinicians and other staff have benefited from the available ISEC training. Six hundred alone were trained last year in Advanced Cardiac Life Support. Other training included advanced airway management skills, invasive procedure training, code training for radiology technicians, and dozens of mock code drills.

Ms. Cochran developed simulation components for pelvic and breast exams for the Mini-Residency Program



Shortly after receiving her award, Denise Cochran, RN, BSN, (right) participated in a simulation with Joel Ottoson, RN, MSN, during the VHA breakout session of the IMSH event Jan. 29. (VA photo by Gerald Sonnenberg)

on Primary Health Care for Women Veterans, and she is involved in several national VHA clinical simulation projects to expand and promote simulation training.

"Everybody kicked in to develop the ISEC. Some contributed equipment, and some contributed personnel," said Ms. Cochran. "Receiving this award shows it doesn't take a lot to integrate simulation into programming. Believe and put forward the effort." ❖

Ensuring correct surgery simulation train-the-trainer

By Victoria B. Clark, MSN, RN, C
Veterans Integrated Service Network 8
Designated Learning Officer
Lake City VA Medical Center

LAKE CITY, FL - Could you envision this simulation scenario? A patient with glaucoma in the left eye was taken to surgery. The correct eye was marked, but the patient received an anesthetic “block” in the incorrect eye. Surgery was cancelled and rescheduled. During another scenario, the patient stopped the surgical team from operating on the wrong eye. Hypothetical situations like these, although infrequent, demand utmost attention and corrective action, because one incident is one too many.

To address this national and local patient safety issue, the VISN 8 chief medical officer, chief of surgery and

the VISN Designated Learning Officer (DLO) tapped into, and collaborated with, national SimLEARN center staff in developing simulation-based training for surgical staff.

Using the Ensuring Correct Surgery (ECS) Directive (2010-023) and local patient safety data to guide decisions on prioritization of simulation efforts, the curriculum development team developed a training plan with appropriate learning, application and impact objectives. The training plan included pre-requisite coursework using the Talent Management System in invasive procedures. This training targeted all clinicians who participate in invasive procedures inside and outside the operating room. The plan also called for an ECS simulation train-the-trainer format to widely and rapidly deploy the ECS simulation training throughout a very large VISN.

The train-the-trainer curriculum was designed based upon the framework of the initial collaboration

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physical presence at the bedside opens up many options and increases the realism of training.

Additional benefits to this particular baby monitor are the ability to see in the dark using infrared light (which would allow for continuous monitoring during “power outage” scenarios); battery or AC adapter operation; and the ability to record and capture images and sound from the monitor onto an attached computer. Using a USB-to-RCA converter, both still images and video footage were captured during simulations. While the video quality is not as sharp as standard video cameras, the ability to see and respond appropriately and to use the videos during debriefing, if desired, made this purchase well worth the money. ❖

(Photo right) Ellen Jones, RN BSN, a nursing education specialist at the Boise VAMC, participates in a simulation exercise using the baby monitor. The camera is mounted on an IV pole on the opposite side of the bed. The monitor is visible bottom right. (VA photo by Bryan Cruthirds)



Harbor VAMC developing better skills through simulation

By Kevin Felner, MD

Assistant Professor of Medicine, Division of Pulmonary and Critical Care, NYU School of Medicine

Harbor VA Medical Center

NEW YORK, NY - The simulation program here at the NY Harbor Healthcare System (Manhattan campus) began in 2005 when they requested and received their first simulator. They started doing airway management for their intensive care unit interns, as well as code management and advanced airway management with their pulmonary/critical care fellows.

Staff went from a small temporary space to a former dialysis center measuring 1,200 square feet, and was also able to hire Dr. Brian Kaufman, an intensivist/anesthesiologist from the New York University (NYU) School of Medicine, who dramatically helped further activity and spearhead the renovation of the space. It now has two rooms with sound-proof walls and one-way mirrors, telephones and videotaping capability in

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with various VACO offices during 2010 and 2011. This training allows participants to experience a high-fidelity simulation environment, learn crisis resource management principles, be immersed into the ECS directive, develop simulation-based scenarios, practice running the simulation-based ECS training, and conduct simulation debriefing with participants.

The ECS train-the-trainer occurred Dec. 13-14, 2011, for 1.5 days at the national SimLEARN Center in Orlando, FL. Each of the seven medical centers was asked to select two surgical clinical staff, a physician, a nurse, and/or a simulation educator to attend the workshop. At the end of their training, the attend others at their local medical centers, targeting ophthalmology clinicians first, and then deploying the simulation-based training to other surgical staff. All the ECS simulation training for Ophthalmology staff is to be completed by the end of

one room and ability to voice-in to each room.

Activity further improved when they applied for and received a VA salary line for a simulation fellow, who is selected from a pool of third-year critical care fellows (NYU pulmonary/critical care program).

Two randomized studies have been conducted with internal medicine residents (who function as rapid response and code team leaders) on leadership and professionalism. Now, the second-year internal medicine residents come annually for two-hour sessions to perform rapid response and code team training as part of their curriculum.

The simulation program has conducted monthly critical care conferences for the past two years in the simulation lab covering topics including toxicology, shock and ethical issues. This past year a two-day course for all incoming interns was held on central line placement, including indications, techniques, complications and use of ultrasound.

Work is being performed with nursing services, assisted by Nursing Educator, Leonie Navarro-Mariazeta. She has helped arrange seminars for nurses

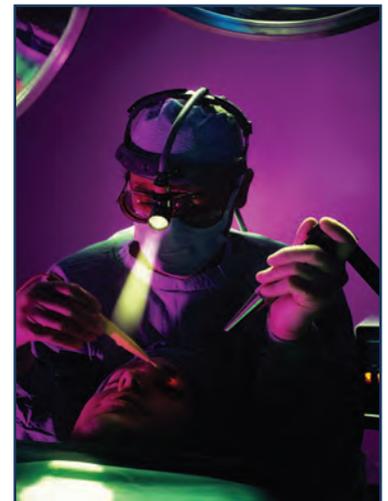
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March 2012.

An evaluation plan was also developed at the onset of the planning and curriculum development. The evaluation objectives served as the drivers for the design and content of the train-the-trainer, as well as for the subsequent ECS simulation training at the local hospitals.

Levels 1 and 2

(participant reaction and learning) evaluation were administered during and immediately after the workshop. Levels 3 and 4 (application and organizational impact) evaluation will be administered 3 months after the train-the-trainer, and again 3 months after the facility level training is completed. ❖



H.A.I.L. to the mannequin; Open house highlights VHA simulation

By Kami Willett, RN-BC, MSN, Nursing Project Manager
Gale Etherton, MD, Staff Physician
and Margaret "Peggy" Gound, PhD, Nurse Researcher
Nebraska-Western Iowa Health Care System

OMAHA, NE - On Dec. 14, Veterans, their families and VA Nebraska-Western Iowa Health Care System (NWI) staff had the opportunity to view one of two high-fidelity mannequins in the lobby of the medical center. "H.A.I.L.," which stands for Helping Another Individual Live, was the mannequin on display.

The wireless high-fidelity SimMan® 3G patient simulator is used to recreate medical scenarios for training medical personnel caring for patients.

Some of the functions the SimMan® 3G is able to perform include chest movements (breathing), heart beats (with palpable pulses), sweating, coughing, sounds (breath, heart, bowel), pupillary (eye) reactions and conversational speaking. The mannequins can be used for team training, education and communication assessment. Procedural techniques include placing intravenous lines (IV), chest tubes, intubation (breathing tubes), foley (urine drainage) among others that can be practiced in a

safe and controlled setting.

Opportunities to assess skill sets can be done with standardized scenarios and validated evaluation tools. The SimMan® 3G and the faculty simulationists open the door to innovative training opportunities without any risk or harm to live patients, thus building the confidence and expertise of medical personnel. This training modality is innovative and promises to put NWI at the forefront of health care training and evaluation.

NWI uses simulation for nursing by addressing not only procedural tasks, but designing complete scenarios that address clinical, communication, safety and critical thinking skills. This work was initiated in 2010 with the support of the Improvement Capability Grant. This NWI Simulation Program was augmented by the VISN 23 Simulation Program which provided an additional SimMan® 3G in 2011.

H.A.I.L. was named as a result of a competition held during the open house. The winning name was submitted by a Veteran's son. More than 140 staff, visitors and Veterans participating in hands-on and virtual demonstrations of the SimMan® 3G. Due to the large number of participants, another open house will be scheduled. ❖

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on what to do in the surgical ICU when there are issues with post-operative cardiothoracic patients and post-operative neurosurgical patients before the physicians arrive. Seminars have also been held on balloon-pump management, and on what to do before the physician arrives, as well as tying this to training of medical residents to do more team training.

In situ simulation is something performed all over the hospital. These include simulations for myocardial infarctions in the emergency room, with the patient (simulator) being triaged and often ending up in the catheterization lab. Frequently, code simulations in both the surgical and medical intensive care units are done, and rapid responses on our ward floors are performed to assess teamwork and leadership. Often, unexpected issues are uncovered, including those

related to equipment, communication, overhead calls and pagers. *In situ* simulations are held bi-annually in the MRI area to ensure that protocol is followed on extracting patients to manage them in a safe area. Recently, simulations of code 2000s, or mental health crises have been done. Coordination has been done with the chief of the psychiatry service who approached the simulation staff about this training.

The simulation training conducted is highly multidisciplinary. It involves psychiatrists and trainees, psychiatric nurses, VA police and simulation staff functioning as actors and helping with some of the non-psychiatric debriefing. In the future, more multidisciplinary team training involving the intensive care unit and emergency room staffs is planned. ❖

VA Healthcare System of Ohio offers ‘Motivational Interviewing in Women’s Health’ training to providers

Tamara Grimm, MSW LISW-S, Veterans Integrated Services Network 10 Lead Women Veterans Program Manager; and Rosalyn Scott, MD, MSHA, Medical Director, Dayton VA Simulation Center

DAYTON, OH – The VA Healthcare System of Ohio recently partnered with the Dayton VA Medical Center (VAMC) Simulation Center to offer a unique Women’s Health continuing medical education (CME) accredited training opportunity.

The training, titled “*Motivational Interviewing (MI) in Women’s Health*” focused on improving communication between providers and patients concerning four sensitive women’s health care topics: urinary incontinence, sexual dysfunction, military sexual trauma and sexually transmitted diseases.

MI was developed as a patient-centered counseling method to address the common problem of ambivalence about change. It is designed to strengthen an individual’s motivation for and movement toward a specific goal. MI is not about overt persuasion which usually results in the patient taking a defensive position. The goal of MI is to promote behavior change by eliciting and exploring the person’s own arguments for change and resolving his/her ambivalence. There are five basic principles of MI: express empathy; develop discrepancy (between current behavior and future goals); avoid argumentation; roll with resistance; and support self-efficacy

The training format consisted of large group didactic sessions and small group, hands-on-role play with standardized patients (SPs) from the University of Pittsburgh School of Medicine’s Advanced Clinical Education Center. The lecturers included subject-matter experts from the Dayton VAMC and Wright State University Boonshoft School of Medicine. Unique standardized patient

cases for each of the four topic areas were developed by the presenters in collaboration with the University of Pittsburgh and the Dayton VA Simulation Center.

During the SP activities, facilitators began the role play sessions by offering basic clinical information about the “patient.” Learners then took turns interviewing the SP. The SPs were trained to reinforce MI skills by providing more information, relating more openly, etc., when these skills were used. If the learners tried to forcibly persuade the patient or otherwise did not incorporate MI skills, the patient would shut down or force a communication failure.

Facilitators had the option of “timing out” sessions to highlight effective communication strategies, provide guidance when learners became “stuck,” or emphasize learning objectives from the didactic sessions. This mode of education was particularly helpful to learners, as SP interviews, are very similar to “real” patient interviews with the added advantage of being able to stop the “action” and reinforce learning points and positive feedback in real time.

There were more than 30 learners at the training. Evaluation feedback was extremely positive, with 100 percent of attendees reporting they were highly likely to change their practice based on the training. Additionally, all participants indicated they would attend a similar conference in the future.

The team which sponsored this training is now developing a computer-based, virtual patient program to reinforce the major learning objectives from each of the four patient cases. Additional CME will be given to participants who complete the online course and post-test. The course will then also become a free-standing online educational opportunity.

Due to its success, this training was incorporated into the recently funded Women’s Health Education Innovation Grant and will be repeated twice in 2012. ❖



SimLEARN Newsletter is a product of the Veterans Health Administration National SimLEARN Center. The program’s operations and management is conducted by the Employee Education System in close collaboration with the Office of Patient Care Services and the Office of Nursing Services. For more information, visit www.simlearn.va.gov or e-mail VASimLEARNGeneralInformation@va.gov.