

SIMULATION EXCHANGE



A publication of the VHA SimLEARN
National Simulation Center

Your Source for VHA Simulation News

Under construction



SIMULATION EXCHANGE

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The new VHA SimLEARN National Simulation Center is closer to completion in this photo taken from inside the new Orlando VA Medical Center on the Lake Nona, Florida, campus. (VA photo by Ramon Garcia)

From the editor

The *SimLEARN Newsletter* was introduced a little over five years ago as an instrument to help communicate news regarding VHA's then-new simulation-based education program called the Simulation Learning, Education and Research Network, or SimLEARN. In that short amount of time, simulation advances and training opportunities for clinicians and other medical professionals have grown significantly, and interest in what is happening with simulation within VA has also grown to include a wider audience within and outside of VA.

As a publication grows in readership, it is often beneficial to periodically refresh the design. Therefore, we are introducing an updated newsletter with a new name, *Simulation Exchange*.



The name comes from a collaboration of simulation community professionals known as simulation champions and represents what the newsletter

truly is; an exchange of ideas and information about what is happening in VHA's simulation community. We hope you find the design appealing and easy to read.

Thank you for reading our previous editions of the *SimLEARN Newsletter*, and we hope you enjoy reading *Simulation Exchange*. ❖

Lights, camera, Larry!



(Left to right) Ramon Boty Garcia, SimLEARN audiovisual production specialist, and Larry Davis, SimLEARN simulation technician, film an instructional training video at the VHA SimLEARN National Simulation Center on how to dress a 110-pound mannequin. The team films in house, which saves on contracted production costs, and they have produced some 30 training videos in the last year using VHA equipment and one of the simulation training rooms, which doubles as a studio. Davis is featured in all of the videos, and has become a little more well known in the simulation community because of it. "I enjoy being in front of the camera," said Davis. "Our motivation is to educate those who provide health care to our Veterans. We want those across VA to use these mannequins to their full potential. By training on these devices, we take some of the practice out of practicing medicine." (VA photo by Gerald Sonnenberg) ❖



The new Orlando VA Medical Center currently undergoing simulation evaluations. (VA photo by Reginald Kornegay)

SimLEARN hospital activation team helps make new VA hospitals ready to care for Veterans

*By Ted Napolitano
SimLEARN Field Activity Project Manager*

ORLANDO, Fla. – In 2012, a SimLEARN hospital activations team led by Dr. Haru Okuda, SimLEARN’s national medical director, began traveling to new VA medical centers (VAMC) to work with local staff to rehearse patient flow and test hospital systems for unanticipated events or situations. Having previously conducted evaluations at the new VAMC in Las Vegas, the team is currently involved in the activation of outpatient clinics in the new Orlando VAMC at Lake Nona, Florida.

In performing these evaluations, the SimLEARN team applies simulation technology to tackle one of the greatest challenges facing medical practitioners and hospital risk managers which is to identify previously unknown clinical issues as VA “stands up” replacement hospitals.

The problem of identifying unknown issues is complicated by several factors: current teams can be broken up and reorganized with new employees; everyone is working in unfamiliar, new facilities; the equipment and technologies are new or upgraded; and new health care services are offered, often requiring new therapies.

The team begins the process with leadership briefings about the strategy and interviews with clinical subject-matter experts to learn of potential issues. SimLEARN develops scenarios to evaluate patient flow, work flow and equipment, and then conducts the simulation of patient processing with team members and clinic supervisors capturing information about issues that arise. The information is reviewed by SimLEARN’s team, which completes a failure mode and effects analysis to determine the severity, probability and potential risks. This process is completed and results are briefed to hospital leadership weeks before the doors are opened to new clinic patients, with the goal of the framework to identify and mitigate issues before patients come in for treatment.

At the 1.2 million-square-foot Orlando VAMC, the SimLEARN team has conducted activation simulations for the primary care, dental, audio and speech pathology, eye, mental health, physical medicine and rehabilitation clinics, as well as the Canteen. Yet, there are more activation simulations to come, including surgery, the emergency room and inpatient care during the multi-phase approach of bringing the large facility on-line.

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VA Roseburg uses simulation to test new Veterans facility

By Amanda Morrow, BSN, RN
Veterans Health Education Program Coordinator
VA Roseburg Healthcare System

ROSEBURG, Ore. – After months of planning and construction, the VA Roseburg Healthcare System’s (VARHS) new Lodge building in Oregon was ready to open. But was it? To be sure, a plan was developed to do pre-move patient safety assessment simulation scenarios.

The Lodge is a 20-bed unit with a home-like atmosphere especially designed for Veterans with dementia. The assessments were done with the collaborative effort of education department staff, as well as the Lodge and VARHS River House Community Living Center staff.

During training, an “ill” mannequin was placed in an employee restroom, an unresponsive mannequin was placed in a bed and another mannequin with a laceration was placed in a tub in one of the tub rooms. Staff met and walked through several scenarios testing the alarm system, call system, door locks, safe patient handling equipment, dining area equipment and the courtyard for safety.

Filling in a grid developed for tracking this assessment enabled them to record, report, make assignments and follow up on several identified safety issues. The AEDs needed mounting, the phones needed to be installed, the



The new Lodge facility at VA Roseburg. (VA courtesy photo)

alarms’ volume was too low and several issues with doors and locks were identified. The team returned two weeks later to review the grid and assess the progress. Many of the issues had been addressed and a few others were identified. Training needs were identified, and a plan for training staff was developed. Jennifer Spiker, CNL, RN, from River House, held several training events with Lodge staff.

The group worked together with several services to have a successful transition from their previous location in building two, to their new home. ❖

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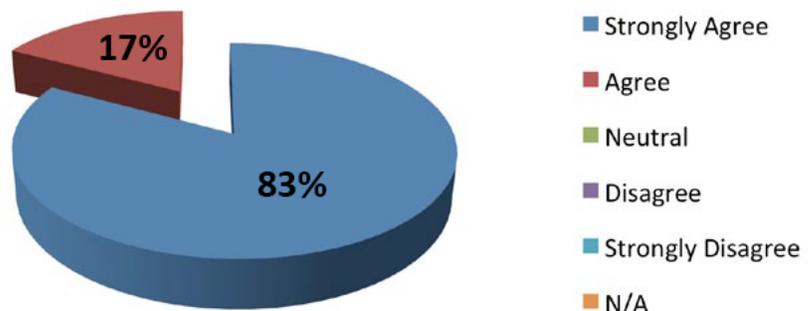
RESULTS

The clinic staff involved in these simulations reported in a survey that they saw how simulation testing improved workflow and patient flow issues. The graphic (right) illustrates they also would use it again.

In addition, a standardized patient care improvement (PCI) matrix designed to identify the PCI probability and opportunity levels was used. The findings from the simulations are scored from “likely to occur immediately” down to “unlikely to occur and would not affect patient care.” The report to leadership includes the issues, matrix scores and recommendations to mitigate the issues.

As VA continues to improve facilities to care for America’s Veterans, SimLEARN’s hospital activation team plans to be there to help continue the effort to improve patient safety in patient care. ❖

I would use simulation testing in the future to identify patient safety issues



Orlando VAMC Canteen staff practice for an emergency situation during hospital activation team evaluations. (VA photo by Ted Napolitano)

Mini-residency helps VA providers improve care for women Veterans

By Kami Willett, MSN, RN-BC, Simulation Coordinator/Clinical Educator
Donna Higgins, LCSW, Women Veteran Program Manager
Nebraska-Western Iowa Health Care System

OMAHA, Neb. – The Women Veteran’s Health Care Program at the Nebraska-Western Iowa Health Care System (NWIHCS), in collaboration with SimLEARN staff, held a mini-residency training course at the Sorrell Center, University of Nebraska Medical Center (UNMC), on May 8. Women’s Health Services developed this training to assist VA providers interested in becoming designated women’s health providers. This training allows clinicians who are interested in caring for women Veterans to provide high-quality training tailored to the specific needs and requirements of our women Veteran patients. The mini-residency training provided at VA affords preparation on gender-specific topics, designed to improve the quality of health care services for women.

Dr. Stephanie Hartman, women Veteran’s medical director, said, “The purpose of the training is to support primary care providers with knowledge and skills related to women’s health and, specifically, women Veterans health, in order to provide excellent, comprehensive care to our women Veterans.”

Women are the fastest growing subgroup of U.S. military Veterans. More than 400,000 women Veterans are currently utilizing the VA health care system. These numbers are expected to dramatically increase in the next few years.

By delivering this training at the local level, 21 NWIHCS clinicians had the opportunity to enhance their knowledge of women’s health topics. Women Veterans have unique health care requirements, and being familiar with their needs is necessary to offer them the highest quality care possible. The event covered a range of health care topics and included lectures, case discussions, face-to-face training and hands-on training with breast and pelvic simulation trainers throughout the day, which allows providers to improve health care performance to our Women Veterans.

The use of simulation equipment in a learning environment improves clinicians’ best practices and enriches their interactions with women Veterans. SimLEARN utilizes the train-the-trainer model to competently prepare clinicians in a training environment by replicating actual patient treatment.

Dr. Erica Cichowski, a participant at the mini residency, said, “The mini-residency was a well-organized, relevant update on the care of women Veterans. I gained several new tools that will allow me to provide even better care to my female patients.”

Providers received 7.5 hours continuing education credit for the day’s events. The collaborative efforts of VHA’s Employee Education System and the UNMC

Center for Continuing Education, allowed this event to be successful. Dr. Rachel Bonnema, UNMC, a subject matter expert in women’s health, was the keynote presenter at this event. ❖

Robert Hanson, Physician’s Assistant-Certified, and Dr. Gale Etherton conduct hands-on breast examination training. (VA photo by Kami Willett)



Dayton VAMC introduces new simulation center

By John Hale
EES Senior Communication Advisor

DAYTON, Ohio – On June 12, VISN 10 and the Dayton VA Medical Center (VAMC) held a successful ribbon cutting and grand opening for the new Dayton VAMC Simulation Center. The event brought attention to Dayton’s new 17,000-square foot state-of-the-art facility, and showcased the VA Virtual Medical Center (VA VMC) under development by EES.

The facility holds six simulation rooms, three task training rooms and five debriefing rooms. The center also contains a nurse’s station, a medication and code cart room and an auditorium with 125 seats. The VISN, VAMC and medical directors spoke before more than 120 attendees, including VA staff, the Dayton community, health care professionals, Veterans and the press. Dr. Rosalyn Scott, simulation center director and medical advisor to the VA-VMC, introduced the keynote speaker, Margaret Dunn, dean of the Wright State University medical school.

Follow-on demonstrations were provided to a large number of community visitors viewing VA’s use of virtual technologies to train health care professionals and improve access to Veterans.

The demonstrations included:

- The simulation center’s labs
- Mobile simulation
- The VA Virtual Medical Center facilitated online by Manny Dominguez, EES deputy chief learning officer
- “Decision simulation” technologies (DecisionSim and CommSim) being pioneered in VA
- A virtual classroom/campus showing the VA partnership with Wright State University to help returning Veterans successfully integrate into college
- Telehealth capabilities across the VISN ❖

VHA facilities earn simulation certifications

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – SimLEARN staff awarded simulation certifications to 20 medical centers on July 1. These certifications are scheduled to be awarded to qualified facilities twice each year: in June and December.

Facility certifications last for two years; are renewable and a distinctive accomplishment. A certification serves to strengthen the VHA National Simulation Network in increasing clinical workforce skills, improve Veteran patient outcomes and support the ten essential strategies for the VHA Blueprint for Excellence. Facilities that participate in the simulation certification program are actively confirming their commitment to quality improvement, patient safety and accountability in improving Veteran patient outcomes.

There are three tiers of certification: basic, intermediate and advanced. There are also categories of criteria that must be met including, but not limited to, funding/budget; simulation modalities/equipment; space; personnel assigned; faculty and instructors; simulation technology operations, maintenance and programing course attendance; accredited curricula/programs; center utilization; offered curricula; outcomes/evaluation of courses; needs assessment; collaborative efforts; and evidence of scholarship.

Each facility representative is interviewed, and the advanced centers

receive a site visit from the simulation certification team members who review the applications and conduct the interviews. Meetings are held to review all applications with SimLEARN senior leaders. They then participate in the site visits for facilities seeking the advanced tier. Lastly, the final meetings are held to determine which facilities have met the criteria for certification.

The Minneapolis VA Health Care System's simulation program received an advanced certification after seven years of expanding its simulation program as part of the VISN 23 simulation program.

"Becoming one of the first four Advanced Tier Simulation Programs within VHA really validated the years of work involved in our simulation program journey," said David Adriansen, Simulation Center Manager. "From the days of just learning how to operate a mannequin, to now understanding serious game creation and usage, Tele-ICU remote simulation and virtual surgical simulation, the technology and learning curve is immense. However, it offers both the simulationist and trainee gratification that lives are impacted via the many positive outcomes for our Veterans."

The certification is applicable to VHA facilities and VA partners. Having been designated a certified simulation program means there is recognized expertise and implemented strategies to improve health care simulation by providing standardization and knowledge of best practices.

A facility can request certification after one year of existence while meeting the basic level criteria. A non-binding email of intent and certification application is required. Please contact the team by sending an email to **EES Facility Simulation Certification**. ❖

Facility Certification Levels and Locations Advanced Certification

- Durham VAMC - Durham, North Carolina
- Minneapolis VA Health Care System (VAHCS), Minnesota
- San Francisco VAHCS
- Southern Arizona VAHCS, Tucson, Arizona

Intermediate Certification

- Cincinnati VAMC, Cincinnati, Ohio
- VA Eastern Kansas HCS, Topeka, Kansas
- VA Nebraska-Western Iowa HCS, Omaha, Nebraska
- Salem VAMC, Salem, Virginia

Basic Certification

- Boise VAMC, Boise, Idaho
- VA Central California HCS, Fresno, California
- Chillicothe VAMC, Chillicothe, Ohio
- VA Connecticut HCS, Newington, Connecticut
- Memphis VAMC, Memphis, Tennessee
- VA Northern Indiana HCS, Fort Wayne, Indiana
- VA Puget Sound HCS, Tacoma, Washington
- VA Roseburg HCS, Roseburg, Oregon
- VA Caribbean HCS, San Juan, Puerto Rico
- Sheridan VAHCS, Sheridan, Wyoming
- Sioux Falls VAHCS, Sioux Falls, South Dakota
- St. Cloud VAHCS, St. Cloud, Minnesota

Sim staff takes training on the road

By Barbara S. Johnson, RN, MSN
Nursing Supervisor
Aleda E. Lutz VA Medical Center

SAGINAW, Mich. – In 2012, staff at the Aleda E. Lutz VA Medical Center developed and engineered a full-size cargo van to take simulation training to its nine Community Based Outpatient Clinics (CBOC) and 166 staff members there. Simulation offers endless possibilities to improve the quality of Veteran care through comprehensive training in a safe learning environment. However, the traditional simulation lab may not be accessible to all staff members. The simulation van allows one trainer to take simulation scenarios to staff instead of having them travel to the Saginaw facility; thereby decreasing the cost of travel and training. Among its features, the van has storage, a wheel chair lift for loading and unloading and room for a simulation mannequin and gurney. ❖



The medical center's simulation training van makes simulation training possible for more staff. (VA courtesy photo)



Anesthesiologist Dr. Irena Rozet (center) teaches during an anesthesia simulation. (Left to right) Rachel Douglas, anesthesiology resident; Arthur French, M.D., emergency department physician; Dr. Rozet; Henry Wright, CRNA; Anda Cornea, anesthesiology resident; and Alex Lee, anesthesiologist. (VA photo by Yvonne Lin-Chen)

Cricothyrotomy insertion: **Seldom-used technique could save your life**

By Henry Wright, CRNA
Arthur French, MD, FACEP, CAPT, USPHS (Ret.)
Acting Medical Director/Chief, Emergency Medicine Section
Yvonne Lin-Chen, RN, MN, Nurse Educator/Simulation Lab
Marie Timbol-Padriga, RN, MSN, Senior Nurse Educator
VA Puget Sound Health Care System

SEATTLE, Wash. – Nineteen VA anesthesiologists, certified registered nurse anesthetists (CRNA) and anesthesia residents participated in emergency cricothyrotomy simulation training April 14 at the VA Puget Sound Health Care System. Cricothyrotomy is a critical but seldom-performed emergency procedure. It is the final step in the difficult airway algorithm in the event a patient cannot intubate or ventilate.

Many practicing anesthesia providers do not routinely perform or require this skill. Of the participants, the most experienced provider could account for only one instance in his career where this technique was utilized. A correctly performed cricothyrotomy may be lifesaving in a “cannot ventilate, cannot intubate” situation. The goal of this training was to give anesthesia providers the chance to familiarize themselves with the technique and equipment

for both the Seldinger and surgical techniques.

During this training, the relevant anatomy of identifying the cricothyroid membrane and demonstrating both the Melker Kit with Seldinger technique and surgical technique were reviewed.

After the review, teams of four learners each broke off into five stations. The learners were asked to go through the process of attempting intubation and mask ventilation, then calling for and utilizing a cricothyrotomy kit. The learners were asked to complete this procedure within 40 seconds upon identifying a patient requiring cricothyrotomy.

The future training goal is to keep anesthesia providers or other clinicians updated yearly and comfortable with this lifesaving skill. ❖

REFERENCE:

Buonopane, C. E., Past, V., Sottile, D., Del Vecchio, L., Maturo, A., Merola, R., Panunzi, A., Urciuoli, V., & D’Orazi, V. (2014). Cricothyrotomy performed with the Melker set or the QucikTrach kit: Procedure times, learning curves and operators’ preference. *Il Giornale di Chirurgia Journal of Surgery*, 35(7/8), 165-170.

Metterlein, T., Frommer, M., Ginzkey, C., Becher, J, Schuster, F, Roewer, N., & Kranke, P. (2011). A randomized trial comparing two cuffed emergency cricothyrotomy devices using a wire-guided and catheter-over-needle technique. *The Journal of Emergency Medicine*, 41(3), 326-332.

Take 60 seconds to save a life; REdl training helps prepare staff, Veterans in CPR skills

By Agustin Hernandez, B.S.H.S., NR-Paramedic
Educational Programs Specialist/VAMHCS Program Director
REdl/Simulation Center Coordinator/
Co-Chair Resuscitation Committee
VA Maryland Health Care System

BALTIMORE – In celebration of National cardiopulmonary resuscitation (CPR) and automated external defibrillator awareness week June 1-7, the VA Maryland Health Care System's Resuscitation Education Initiative (REdl) staff conducted a one-day event at the Baltimore VA Medical Center where Veterans and non-medical staff received hands-only CPR training.

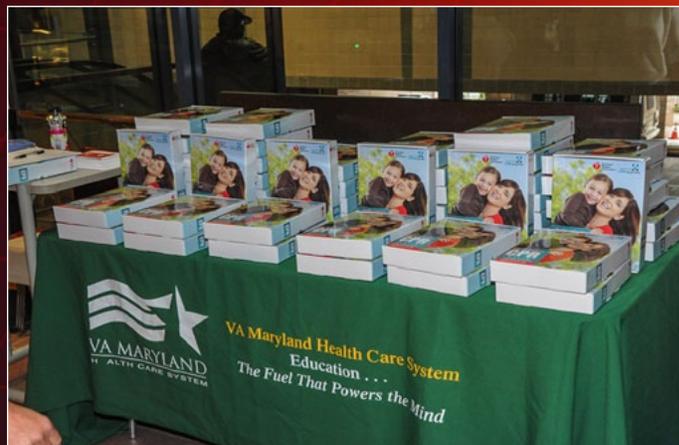
The training attracted 147 participants, including 95 staff and 52 Veterans, who took the time to learn how to save a life.

Each year, more than 326,000 out-of-hospital cardiac arrests occur in the U.S., according to the American Heart Association (AHA 2015). Seventy percent of those cardiac arrests happen at home, and survival depends upon how quickly an emergency response and chest compressions are initiated while waiting for medical personnel to arrive (AHA, 2015; Sinz & Navarro, 2013). For people in cardiac arrest, every passing minute without receiving CPR contributes to poor survival outcomes, as every minute without blood flow decreases the chance of survival by 7 to 10 percent (Sinz & Navarro, 2013).

The training focused on two major steps in resuscitation success—recognizing the emergency and beginning chest compressions promptly. For staff, emphasis was placed in the initiation of a code blue by calling 6999 in the hospital. For Veterans, the training focused on notifying emergency medical services (EMS) by calling 911 such as when at home and finding an unresponsive person. In addition, participants learned how to respond by only providing chest compressions until medical personnel arrive (hands only).

To assist participants with their compressions, facilitators used a metronome set at a rate of 110 compressions per minute and monitored the depth of the compressions using a mannequin. The mannequin provided a loud click when the compression depth of at least two inches was achieved.

During the training, facilitators stopped participants after two minutes of compressions. Participants achieved successful skills demonstration when they



Display of Adult CPR Anytime Kits provided to participants during the CPR & AED Awareness Week at the Baltimore's VA Medical Center in Maryland

maintained the compression rate of the metronome throughout the two minutes and at least 75 percent of the compressions were at the correct depth without residual leaning.

Participants received a training kit to take home and share with their family members. The kit was provided by REdl and included a video and an inflatable mannequin on which to practice chest compressions. It is hoped that by providing this tool, the learning of this simple life-saving skill on that day could double, triple or even quadruple the number of people that could potentially one day save a life.

"I am glad that I learned how to give chest compressions, now I want to be certified in CPR," said a non-medical staff member after completing the training.

Considering the great response, the team plans to repeat the training again next year. ❖

REFERENCE:

American Heart Association (2015). *Hands-only CPR*, fact sheet. Retrieved from http://heart.org/HEARTORG/CPRandECC/CommunityCPRandFirstAid/CommunityPrograms/CPR-AED-Awareness-Week_UCM_473487_SubHomePage.jsp

Sinz, E. & Navarro, K. (Eds.). (2013). *ACLS for experienced providers: Manual and resource text*. USA: American Heart Association

Simulation, debriefing used to increase confidence when performing assessments

By Deborah M. Corrigan, MSN, RN, OCN
Nurse Educator-Mental Health
St. Cloud VA Health Care System

ST. CLOUD, Minn. – The Clinical Opiate Withdrawal Scale (COWS) is a nursing assessment tool for Veterans experiencing opioid (pain medication) withdrawal. St. Cloud VA-mental health staff now have this tool and collaborate with St. Cloud simulation professionals to educate nursing staff using simulation and debriefing.

The goal is to increase a nurse's success and confidence level using the tool for the development, implementation and evaluation of a Veteran simulation. Literature suggests that rapid and accurate assessment of opioid withdrawal is important in the clinical management of opioid-dependent patients in both in-patient and outpatient settings (Thompkins, 2009).

The reason for these efforts is that evidence indicates that larger numbers of Iraq and Afghanistan Veterans are surviving injuries that were typically fatal in prior wars (CDC, Grand Rounds: Prescription Drug Overdoses, 2012). However, a study conducted in 2012 on those U.S. Veterans (Seal, et al., 2012) reveals that among them, mental health diagnosis, especially PTSD, was associated with an increased risk of receiving opioids for pain, high-risk opioid use and adverse outcomes.

There is currently very little application of simulation devices and dedicated simulation scenarios in psychiatric and mental health nursing. A narrative-based patient simulation technique is an education style suited to promoting essential mental health nursing skills such as critical thinking, communication and decision making. St. Cloud VA Mental Health built scenarios in this style to reflect the specific unit to be educated, (i.e. outpatient clinic, acute locked unit or residential rehab). All participating staff completed a pre- and post-simulation survey (a five-

item Likert scale on improved assessment skills, comfort in assessment and confidence in performing the COWS assessment). A copy of the COWS tool was included, as well as instructions to observe and complete the assessment based on their observations. The simulation included an introductory scenario describing the Veteran's background, pain level, goosebumps and anxiety.

Then a staff member performed the assessment and a simulation technician configured the simulator vital signs, tearing, vomiting, sweating, pupil dilation and tremors. Pain level, gastrointestinal upset, goosebumps and anxiety are predetermined responses using a sim tech, microphone and head-set functionality. The debriefing session consisted of discussion on each of the 11 COWS assessment items, the individual staff numerical assignments and total score.

The initial simulation survey revealed 100 percent of staff recorded a "neutral" response on the pre-sim survey. Post-simulation surveys showed 100 percent increase to "agree" and 50 percent to a "strongly agree. While research in this field needs improvement, mental health simulation-based education is effective and complements education in patient care settings. ❖

REFERENCE:

CDC, Grand Rounds: Prescription drug overdoses. (2012, January 13). Centers for Disease Control and Prevention: *MMWR*, 1-8.

Pantziaras, I., Fors, U., & Ekblad, S. (2015). Training with virtual patients in transcultural psychiatry: Do the learners actually learn? *Journal of medical Internet research*, 17(2). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376199/>

Seal, K. H., Shi, Y., Cohen, G., Cohen, B. E., Maguen, S., Krebs, E. E., & Neylan, T. C. (2012). Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *JAMA*, 307(9), 940-947.

Tompkins, D. A., Bigelow, G. E., Harrison, J. A., Johnson, R. E., Fudala, P. J., & Strain, E. C. (2009). Concurrent validation of the Clinical Opiate Withdrawal Scale (COWS) and single-item indices against the Clinical Institute Narcotic Assessment (CINA) opioid withdrawal instrument. *Drug and alcohol dependence*, 105(1), 154-159.



Building confidence and competence

RN preceptors, like Michelle Tilly (pictured right) are working with new nursing staff like Lisa Bebeau to complete area specific competencies in the simulation laboratory at the VA Roseburg Health Care System in Roseburg, Oregon. Preceptors are individuals with demonstrated competence in a specific area who serve as teachers/coaches and leaders to develop and validate the competencies of another individual. The Roseburg education department collaborates with nurse managers and preceptors to complete the necessary area specific competencies using simulation mannequins and task trainers. The skills check off/competencies included a male catheter insertion and care, nasal gastric tube placement and care, chest tube and drainage system care and other skills. (VA photo by Amanda Morrow) ❖



FELLOWSHIP CORNER

In 2013, SimLEARN partnered with the VHA Office of Academic Affiliations to create the Advanced Interprofessional Fellowship in Clinical Simulation. Since then, there are now six fellowship sites including VA medical centers at San Francisco; Pittsburgh; Durham, North Carolina; Dayton, Ohio; Gainesville, Florida; and Providence, Rhode Island. This Fellowship Corner was created to highlight the activities and accomplishments of VHA simulation fellows over the course of their one-year fellowships.

Durham VA Medical Center:

Margaret G. March, M.Div., BCC, Simulation Fellow 2014-2015. March co-authored an article for *PlainViews*, a chaplain journal, entitled "How One Death Changed the Culture of the Durham VA Medical Center," demonstrating an intersection of pastoral care, simulation, CPR and a family presence policy. She will serve as a without compensation staff member with the Durham VA Medical Center chaplain service beginning this fall.

Jeffrey K. Longnion, M.D., Simulation Fellow 2014-2015, utilized his clinical background in anesthesia to enhance the training curriculum for out of operating room airway management and central venous line placement programs, as well as our code response teams. A software program he wrote allows for immediate data analysis and graphic display of the team performance, which enabled the facilitator to provide feedback using specified parameters such as depth/rate

of chest compressions, time off chest and time to defibrillation. Dr. Longnion has transitioned to the Boise VA Medical Center in Boise, Idaho, to work as an anesthesiologist.

The following three fellows have joined the DVAMC simulation team for 2015-2016. All bring a wealth of clinical and educational experience and will be developing individual projects over the upcoming year as they integrate into the DVAMC simulation program.

Velinda Jo Chapman, M.Ed., BSN, RN, is an experienced Nurse Educator in both the academic and hospital settings.

James E. Nilson, M.D., Ph.D, has a strong background in cardiothoracic surgery and academic teaching.

Robert G. Taylor, Jr., CRNA, MSN, brings vast knowledge of the perioperative environment.

VA Pittsburgh Health Care System: **Lorin Grieve**, PharmD, worked closely with the pharmacy department to develop DecisionSim modules incorporating game-based theories for interdisciplinary anticoagulation management training. Grieve was also part of a human factor research team that conducted an evaluation of two automated chest compression devices. This team received a Gold Award at the 2015 Excellence in Government awards program in the category for Outstanding Contribution to Science.

Daniel Wolf, MS, worked closely with the VA Pittsburgh emergency preparedness committee coordinating and implementing a facility-wide disaster drill. He partnered with community and academic affiliate emergency response experts to develop targeted and realistic goals for longitudinal disaster drill planning for VA Pittsburgh.

San Francisco VA Health Care System:

Jose Generoso, M.D., has been working on developing knowledge, skills and abilities to empower nursing staff to take immediate action in common hospital emergencies. This has been well received and his simulation results are driving changes in policy and procedures.

Cindy Klopovic, RN, MSN, CNL, is working on understanding the optimum training platform for expanding the use of automated CPR compression device LUCAS-2 for in-hospital staff members.

Renee Latoures, RN, MSN, CNS, is working on several projects including better understanding the use of manual versus AED mode in hospital rapid response and code blue providers. She is also finishing a manuscript describing changes in mannequin pulmonary mechanics and how this can be altered or used more effectively for high-stakes simulations.

Yahya Acar, M.D., is exploring the effectiveness of checklists for the evacuation of high-risk, high-complexity patients from operating rooms and intensive care units. ❖