



SimLEARN team helps prepare new VA Medical Centers to care for Veterans

*By Gerald Sonnenberg
EES Marketing and Communication*

ORLANDO, FL – A SimLEARN Hospital Activations Team is currently traveling to new VA Medical Centers to work with local staff to rehearse patient flow and test hospital systems for unanticipated events or situations. Recently, the team completed two of six phases at the new VA Southern Nevada Healthcare System (VASNHS) facility in Las Vegas.

The testing plan used simulation to identify and mitigate potential hazards prior to any patient care services being performed at the new hospital. The simulation testing phases included a pre-assessment, subject matter expert pre-planning teleconferences, simulation testing and evaluation.

“The use of simulation to evaluate the opening of new clinical facilities and clinical processes is a cutting edge use of simulation in the literature,” said Dr. Haru Okuda, SimLEARN national medical director and team leader. “As part of our process, it is critical that we work closely with the local staff to identify their potential areas of vulnerability, as well as conduct sequencing based on their needs.”

More than 100 VASNHS team members from 14 different clinical and non-clinical areas participated in the simulation testing, which focused on equipment, patient flow and workflow. The SimLEARN team put the VASNHS staff and equipment through rigorous testing during at least 18 patient flow scenarios and 17 emergency scenarios, and used a high-fidelity mannequin along with SimLEARN staff members acting as standardized patients.

The next steps for testing include hazard mitigation, the development of a preliminary and final report, community of practice calls and completion of additional evaluations to determine improved on-the-job application of skills attained and business impact of the simulation-based assessment. Further simulation testing phases will occur in concert with the facility sequencing plan.

continued on page 2 ...



Dr. Haru Okuda (far right) works with VA Southern Nevada Healthcare System staff during a simulation in their new facility. (VA photo by Terry Exum)

In This Issue:

SimLEARN team helps prepare new VA Medical Centers to care for Veterans 1-2

Taking it to the next level; Standardized patients now used in motivational interviewing training..... 2-3

New bar code software simulation helps reduce risk of medication errors 4

Bay Pines establishes simulation program 5

Clinical Safety Investigation (CSI): The power of observation and impact of crucial communication..... 5-6

SimLEARN welcomes new staff..... 6

REdI training comes to St. Cloud..... 7

REdI training expanding to VAMCs across the nation..... 7

VA BHHCS conducts influx of casualty exercises 8

Academic partnerships help drive simulation training..... 8

Taking it to the next level: Standardized patients now used in motivational interviewing training

By Annette Brooks, Ph.D.
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ALBUQUERQUE, NM – The New Mexico VA Health Care System (NMVAHCS), in the tradition of the VA's commitment to innovation and research, has tackled the issue of motivational interviewing, or MI, head on. Specifically, NMVAHCS is bringing standardized patients (SPs) to the world of health coaching. SPs are actor/patients that have been trained to allow providers to practice skills in a simulated exam setting, and MI is a health coaching approach that focuses on exploring and resolving ambivalence and centers on motivational

processes within the individual that facilitate change. It is rapidly growing in popularity by medical providers.

Medicine is good at addressing specific, individual problems such as colon cancer, pneumonia or a torn ligament. Give providers a disease, and they can usually do something about it. But for many, when faced, for example, with an elderly woman with colon cancer, high blood pressure, arthritic knees and who smokes, the provider is not always sure what to do.

The tendency is to do what he or she has been trained to do – and do well. With only a brief 15-minute primary care visit, most primary care providers triage by zeroing in on either the most potentially life-threatening problem or the problem that bothers the patient the most, and then develop an appropriate treatment plan for the patient.

Those in health care are becoming increasingly aware

continued on page 3 ...

... continued from page 1

“We had great enthusiasm from their staff and tremendous leadership support, both from their VISN and facility,” said Dr. Okuda. “We were able to identify many

improvement opportunities that the facility was able to implement prior to patient care. We're hoping to use this knowledge as we transition to other facilities.”

The simulation-based approach

was developed collaboratively between SimLEARN and VASNHS leadership, with Dr. Okuda and Terry Exum, SimLEARN project manager, facilitating phases A and B of the simulation testing.

This facility was the first for the SimLEARN Hospital Activations Team. The next facilities to be tested will be in Orlando and New Orleans when construction of those new facilities is complete. ❖

Dr. Haru Okuda (far left) and Larry Davis, SimLEARN training specialist, evaluate the response of two VA police officers during a simulation where an individual had collapsed in the medical center parking lot. (VA photo by Terry Exum)



... continued from page 2

that the time-proven method of “work-up, diagnosis, and treatment,” while it may work well with appendicitis and pneumonia, does not work as well with conditions that require lifestyle changes, such as high blood pressure and smoking.

Lifestyle medicine is becoming more recognized as a new and essential field of study, and health coaching is at the core of this emerging field.

MI is an experientially based skill-set. In other words, the more you practice the more efficient you get, and the less you practice the more inefficient you become. Finding ways of assisting busy medical providers to implement a new skill set in a practice has been an issue with which trainers and administrators have long struggled. Role play with colleagues helps, but it has real and obvious limitations. MI's popularity is due largely to its research base (2,000+ research articles; 75+ meta analyses) and proven results with lifestyle-based health outcomes.

In 2011, NMVAHCS, with assistance from its affiliate University of New Mexico Office of Assessment, successfully implemented a pilot project supported with grant funds to incorporate SPs into a three-day, VISN-wide, Patient Aligned Care Teams (PACT) MI training. The pilot project trained over 100 PACT and affiliated providers from all VISN 18 facilities and was lauded, due in large part to the inclusion of

simulated patient experiences. The NMVAHCS Education Service, bolstered by this success, received more grant funding which allowed them to collaborate with the Care Management Plus Program to add a third day to their established two-day training.

The objective was to provide a full day of “real” experience using the new health coaching skills (primarily MI) learned in the previous two days. Twenty-four registered nurse (RN) champions, representing all seven facilities from VISN 18, were afforded the opportunity to practice in small groups of three to four people. The practice and feedback process was adapted from a model developed by the National Center for Prevention (NCP). The model consolidates learning through practice, individualized feedback, observation and providing feedback to colleagues. So far, this level of practice and feedback doesn't seem to have ever been made available to front-line staff; it is more typically seen in NCP MI train-the-trainer scenarios within VA.

Feedback has been positive and falls into three general themes: practice with SPs demonstrates how health coaching/MI actually works; permits providers to troubleshoot difficulties and misunderstandings; and sparks ideas for implementation.

If the medical community is to keep up with the aging population and accompanying chronic conditions requiring crucial lifestyle changes, front-line staffs need to be engaged in the ongoing paradigm



shift in patient care.

Change is not easy, and simply teaching the concepts may not be enough. The NMVAHCS has a strong commitment to training champions throughout the VISN and has been targeting PACT and specialty providers for training in motivational interviewing since 2010. With the addition of SPs and simulated exam settings, the opportunity to practice these skills on simulated patients takes health coaching training to the next level.

SPs provide the chance to work out some of the initial doubts and struggles in the presence of mentors and with minimal risk. As a result, providers return to their home clinics more engaged and more likely to implement their new skills. SPs in health coaching provide an important, even vital, bridge from idea to practice.

To learn more about MI, visit www.motivationalinterviewing.org. ❖

New bar code software simulation helps reduce risk of medication errors

By Jonathan Bagby, MSN, MBA, RN-BC
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Bar Code Resource Office

MECHANICSVILLE, VA – Bar Code Medication Administration (BCMA) is a software program developed by VA that combines computerized provider order entry (CPOE) through the Computerized Patient Record System (CPRS) with pharmacy verification in the Inpatient Medications package in VistA. It is used by nurses and other clinical staff to reduce medication errors and aid in documentation of medication administration.

Every BCMA user must undergo initial training in the software and submit to a competency evaluation before they are allowed to administer medications to Veterans. BCMA training crosses both the cognitive and psychomotor domains of learning and is an ideal candidate for simulation-based training.



BCMA training requires a computer with network access to the test/training or “mirror” version BCMA application, as well as other clinical applications necessary to safely administer medications (e.g. CPRS, Vitals, VistA Imaging, etc.), a bar code scanner, patient identification wristband, and medication labels. Additional equipment for the simulation includes a bed, patient mannequin and placebo or empty (and cleansed) medication containers (vials, ampoules, bags, etc.).

Ideally, the training area should mimic the clinical area in which BCMA would be used. For example, a typical

hospital room with a bed, patient, curtains, bed-side table, over-bed table, etc. A mobile workstation, with a computer and scanner of the same type used in the medical center, enhances the entire experience and allows the user to get a sense of how they must interact with the equipment and software. Using a mobile workstation requires a wireless access point to be in range of the training room, so you will need to communicate this need to local IT staff if one is not available.

Patient wristbands are usually printed prior to the class and would be attached to the patient mannequin, but printing and placement of the patient wristband in the training could be included.

Prior to the training session, the instructor must ensure medication orders are entered in the training version of CPRS and verified by a pharmacist in the Inpatient Medications package in VistA. The instructor will need to acquire unit dose medication labels to match the medication orders, using actual medication containers whenever possible. Unit dose medication labels are reusable, but patient-specific intravenous (IV) medication labels will need to be printed when the pharmacist verifies these orders. Therefore, maintaining a good relationship with the pharmacy, or automatic data processing applications coordinator, is important in helping accomplish this.

If you are simulating IV or IV piggyback (IVPB) administration, you will need to generate new IV/IVPB labels prior to each class. You can ask your pharmacist to print several labels for each medication. Typically, each user would only use one label per medication, per class. At about one class per month, you would only need to print new IV/IVPB labels every few months, depending on how frequently the test account was refreshed.

Don't forget, when the test/training account is refreshed, all the orders for the training patients will need to be re-entered, and labels will also have to be reprinted at that time. Many sites create the BCMA training medication orders as quick orders in the “live” version of CPRS. By assigning the quick orders a very high number, a clinical application coordinator, or CAC, can essentially “hide” the orders from the casual user in CPRS. That way, when the test account is refreshed, the instructor does not have to recreate the orders from scratch. ❖



(VA photo courtesy of Dr. Jerold Saef)

Bay Pines establishes simulation program

By Scott Mitchell, BS, HMC(SS)
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BAY PINES, FL – On Sept. 6, the Bay Pines VA Health Care System (VAHCS) hosted SimLEARN National Leadership. The Simulation Core Work Group highlighted the initial steps taken to establish an on-site medical simulation training program. This includes Ensuring Correct Surgery and Mammacare/Women's Care SimLEARN Initiatives, as well as site-specific projects like resident/student “Boot Camp,” cardiac exam training, and behavioral simulations geared toward shared decision making and end of life discussions.

In the photo above, staff pose for a photo during the visit. They are (back row, left to right) Neil Coogan, RN, nurse education; Rhonda Omslaer, RN, BSN, LHRM, JD, supervisory health education officer; Haru Okuda, MD, SimLEARN national medical director; Henry Park, MD, deputy associate chief of staff, education, medical director of simulation; James Haley, Tampa, FL VA; Scott Mitchell, BS, HMC(SS), SimLEARN health care education and simulation specialist; Sandra Spaziano, RN, nurse education. (Front row, left to right) Jerold Saef, MD, asst. chief, cardiology, and facility simulation champion; Diane Johnstone, RN, MSN, NEA-BC, acting chief nurse/acute care, chief nurse/education; Lygia Arcaro, Ph.D., RN, BC, SimLEARN national director, nursing programs. ❖

Clinical Safety Investigation (CSI): The power of observation and impact of crucial communication

By Jean Pryzkucki, RN, MSN, CIC
Carrie Tierney, RN, MSN, CNL
Lee Richard, Ph.D., RN and
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SAN ANTONIO – South Texas Veterans Health Care System's Clinical Safety Investigation (CSI) is an annual simulation training event offered to all nursing staff during National Patient Safety week. CSI planners are an interprofessional nursing team that includes nursing education; infection prevention and control; and patient safety.

CSI's aim is to increase staff awareness on key national patient safety goals; Team Strategies and Tools to Enhance Performance and Patient Safety principles; and components of critical communication. The team accomplishes this through interactive participation and simulation debriefing.

Clinical simulation was developed into three parts including a participant hands-on evaluation of simulation setting, a cinematography script and an interactive debriefing. The CSI journey began with a 10-minute observation of a simulated bedside environment to identify safety breaches like unlabeled lab vials, urinary drainage bags above the level of the bladder and non-occlusive central line dressings. A skit with the CSI teams, which served as actors, followed the observation exercise.

The script was developed using a format divided into dialogue, associated activity and technical directions. It was used to highlight safety breaches, inadequate family education and communication breakdowns between health care team members. It was also critical to ensure the same information was disseminated at each event.

The one-hour training sessions were offered several times each day. Major focus areas were catheter associated urinary tract infections, hand hygiene, inadequate hand-offs and inappropriate isolation precautions.

continued on page 6...

SimLEARN welcomes new staff

ORLANDO, FL – SimLEARN recently welcomed Gregory Maida, Jason Pollock and Vanessa Aycock to the Orlando-based program.

Maida joined the SimLEARN program as the program's first national center activity coordinator. In this role, Maida is responsible for operations at the SimLEARN National Simulation Center.

He retired from the Army as a colonel after a 30-year career. Maida earned his commission through the Army Reserve Officer Training Corps upon graduation from the University of Rhode Island in 1983 with a bachelor of science in business. He then served in numerous command and staff positions, including at the Pentagon. He also deployed four times in support of Operations Iraqi Freedom and Enduring Freedom. Maida last served as operations and training officer for a 10,000-soldier Army Logistics Division where he developed and implemented live, virtual and constructive training missions to improve individual and team effectiveness.

Maida has master's degrees in public administration and in national resource strategy. The Rhode Island native is currently pursuing his program management certification.

Pollock is a new SimLEARN simulation technician. He previously served with the U.S. Army School of Aviation Medicine where he taught joint-service flight medic, en route care and flight surgeons courses.

... continued from page 5

Each member of the CSI team conducted a debrief starting with a review of participant observations and identification of safety breaches. Correct protocol and review of evidence-based guidelines were also emphasized.

Participation has grown from 31 staff members the first year to 85. All of the participants rated the training as excellent on a four-point Likert scale, and qualitative evaluations revealed an indication of acceptance of the learning methodology and a desire to attend future simulation events.

To learn more, please contact Kaye Alford at Katherine.Alford@va.gov. ❖

Pollock served in the U.S. Navy for 21 years and retired as a chief petty officer. His assignments included search and rescue medical technician, inland rescue air crewman and crew chief for fixed wing aircraft and multiple helicopters. He served three combat deployments to Kuwait and Iraq where he flew on medical evacuation missions and instructed training courses for helicopter enlisted flight, technical rappel and night-vision goggles.

He holds a bachelor's degree in professional aeronautics from Embry-Riddle Aeronautical University in Daytona Beach, FL.

Vanessa Aycock just began her 29th year with VA, now as a health education specialist with SimLEARN's REdI program. Aycock transferred from the Washington, D.C., VAMC, where she was the surgical risk manager for the last seven years. Before that, she was an intensive care unit staff nurse and worked as an emergency room nurse in northern Virginia.

In 2006, she retired from the Virginia Army National Guard as a lieutenant colonel, where she was a training officer. She has been an instructor for advanced cardiovascular life support and basic life support for over 20 years. Her specialties include critical care nursing, as well as emergency nursing.

Aycock is from Roanoke, VA, and recently relocated to Orlando. She holds a bachelor of science degree in nursing from Radford University and a master of science degree from Old Dominion University. ❖



Kaye Alford holds a chest tube drainage system for the CSI. (VA photo by Guadalupe Hernandez)

REdI training comes to St. Cloud

*By Mary Douglas, MSN, RN, PSM/SSC
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ST. CLOUD, MN – After 15 years of contracting out Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) classes, St. Cloud VA Health Care System held its first BLS and ACLS instructor/provider courses as a result of the Resuscitation Education Initiative (REdI).

Five St. Cloud employees went through a two-day course to become ACLS instructors. At the end of their course, the instructors held their first classes under the supervision of REdI instructors. Employees who obtained their instructor certification are Jay Collins, MD, SSC service line director; Bill Goodmanson, CRNA, SSC/ASC; Alice DeLane, RN CNL, SSC/ASC; Jane Chounard, RN, SSC, and Richard Mix, RN, SSC. David Eubanks, MH, assisted in teaching the ACLS course.



Mary Jo Stangl, RN, PSM, practices the bag valve mask skill under the direction of ACLS instructor students, (left to right) Bill Goodmanson, Alice DeLane and Jane Chounard. (VA photo)

In addition to the ACLS instructor course, a two-day BLS instructor class also took place on campus. At the end of the two-day course, a half-day BLS renewal class was given, with 10 employees completing the class. ❖

REdI training expanding to VAMCs across the nation

*By Peggy Civiletti, RN, ADN, BHA, CCRN
REdI Health Education Specialist*

ORLANDO, FL – Resuscitation Education Initiative (REdI) health education specialists, along with Phil Hargreaves, REdI program manager, spent the last six months training Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) instructors. Their efforts continue to promote REdI's mission of providing critical train-the-trainer clinical training support using American Heart Association (AHA) guidelines and beginning the training of large numbers of VA medical center clinical and non-clinical employees.

This training enables REdI training site affiliates to provide required AHA BLS and ACLS training on site in the facilities. This reduces travel and contract costs that would be required to contract non-VHA providers. It also decreases the amount of time staff members are away from the bedside



of their patients. Providing the training on site also enables program directors to advance the quality of training provided to staff.

In all, 49 new BLS instructors and 26 new ACLS instructors were trained at sites including the St. Louis VA Health Care System, St. Cloud, MN VA Health Care System; Philadelphia VA Medical Center (VAMC); South Texas VA Health Care System in San Antonio; and Coatesville VAMC in Coatesville, PA. Future training courses are scheduled at VA medical centers in Poplar Bluff, MO; Roseburg, OR and Bronx, NY. Additional instructor training courses will be provided. ❖

VA BHHCS conducts influx of casualty exercises

By David Egermier
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Black Hills Health Care System

FORT MEADE, SD – Staff at the VA Black Hills Health Care System (VABHHCS) recently conducted influx of casualty exercises. The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 19,000 health care organizations and programs in the U.S., requires that “for each site of the hospital that offers emergency services or is a community-designated disaster receiving station that exercises include an influx of casualties.” It must sufficiently “stress” the staff’s capabilities and resources, and allow the hospital command center to evaluate the situation and discuss responses.

The exercises simulated a post active shooter scenario in the MRI lab and the urgent care waiting room. Not only did staff have to respond to a patient in cardiac arrest, but also two serious injuries and a fatality. Staff performed CPR, triaged the victims and prepared them for transport. Additionally, many members of the medical staff had not seen the MRI layout and how it functions. Thanks to an impromptu tour of the MRI clinic, a lot of the mystery of what occurs there was explained. During the exercises, the hospital command staff met and discussed possible needs and responses. From VA police security to public affairs media responses, numerous issues were addressed and walked through.

Though small in scale, these exercises met The Joint Commission requirements and added to the “body of knowledge” on how to deal with this kind of scenario. An active shooter incident is high on the VABHHCS hazard vulnerability list, and the more we train for it, the better prepared we are for it.

A full-scale, joint exercise between VABHHCS staff and local community first responders is planned. Remember, your response to these drills and input will not only allow you to respond with confidence to a major event, but also may save lives. ❖

Academic partnerships help drive simulation training

By Kathryn Rugen, Ph.D., FNP-BC
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Simulation Specialist
Jesse Brown Chicago VA Medical Center

CHICAGO – At the Jesse Brown VA Medical Center (JBVAMC), there is a dynamic partnership with academic affiliates at the University of Illinois at Chicago (UIC) College of Medicine, the Graham Clinical Performance Center (GCCP); the University of Illinois at Chicago College of Nursing; and Northwestern University College of Medicine. The simulation laboratory started about three years ago and there are several examples showing that the partnerships have been invaluable to staff in transforming the JBVAMC program.

JBVAMC and the GCCP have developed or are in the process of developing shared curriculum on various simulation scenarios, to include moderate sedation, recognition of deterioration in patient status (rapid response, code), out of operating room airway management, ventilator-associated pneumonia bundles, and septic shock bundles.

JBVAMC has also had the opportunity to share equipment to enhance its simulation training. Items like a 12-lead EKG machine, nasogastric tube trainer, arms for phlebotomy and/or IV insertion have been used for its annual nursing competency review. In turn, the GCCP has borrowed the JBVAMC ventriloscope and moulage kits for simulation.

In addition, JBVAMC and GCCP staff worked together to develop various presentations, as well as provide UIC trainees with simulation experience that included both the hands-on and debriefing aspects.

These collaborations continue as well, in the form of participation in a Chicago metropolitan-area consortium hosted by the GCCP, which develops scenario-building templates to be used by all consortium members. ❖



The SimLEARN Newsletter is a product of the Veterans Health Administration National SimLEARN Center. The program’s operations and management is conducted by the VHA 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.