



Next generation of providers training to recognize and treat delirium

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CHARLESTON, SC – The Ralph H. Johnson VA Medical Center here is closely affiliated with the Medical University of South Carolina, and rotates an average of 1,200 trainees each year through a variety of clinical services. In the course of their clinical rotations, many of the students and residents will encounter and treat Veterans who have delirium.

As a staff psychiatrist in the substance abuse treatment clinic, I consulted on a number of cases of delirium due to alcohol withdrawal. It always struck me that trainees, physicians, nurses and other staff always had a variety of responses to, and misconceptions about, patients with delirium. Therefore, I began incorporating a talk on the topic for all of the residents and students who rotated through the substance abuse service. When our affiliate opened the doors to a state-of-the-art simulation center, a call for modules went out across the campus. After some brief discussions with the local simulation experts, I decided that delirium was fair game for a new module for the center.

The modules initially targeted medical students. Students worked in small groups (we have found that a group of three students is optimal), and they are handed a chart and told to see a patient who has been acting “odd,” according to the nurse. The students walk into one of our simulation rooms and encounter a SimMan® who is babbling incoherently, shouting abrasively, or perhaps even acting somewhat normally. If the patient is approached systematically, the students soon realize that the patient is confused, and they are then faced with trying to determine the underlying cause of the delirium while they stabilize the patient. To add realism, and some excitement, the patient will become increasingly agitated if he is not treated appropriately. Additionally, if the students do not manage the case effectively the patient may have a seizure, develop an arrhythmia or become unresponsive.



Jeffrey Cluver, M.D., conducts training on a mannequin with two students at the Ralph H. Johnson VA Medical Center. (VA courtesy photo)

There are several modules with different underlying causes of delirium, including alcohol withdrawal, neuroleptic malignant syndrome and pneumonia. The modules have been very well received, and we have been gathering survey data as part of an institutional review board-approved protocol. An added benefit

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An original 'Sim Champion' retires after distinguished VA career

By Gerald Sonnenberg
EES Marketing and Communication

WASHINGTON, DC —

SimLEARN would like to thank one of its original "Sim Champions," Louise Van Diepen, Acting Chief Learning Officer, VHA Employee Education System, for her tireless efforts in support of VHA simulation. Ms. Van Diepen retired May 18 after more than 30 years of Federal service.

Ms. Van Diepen also served as the EES Principal Deputy Chief Learning Officer. In this role, she oversaw SimLEARN, VHA's clinical simulation training, education and research program, EES' strategic planning, program evaluation, performance measurement; and Federal shared training programs. She was co-chair of the Learning Organization Transformation Subcommittee and the Mandatory Training Subcommittee of the National Leadership Council's Workforce Committee.

Previously, Ms. Van Diepen was the VHA chief of staff. She also served as VHA's Assistant Deputy Under Secretary for Health for Clinical and Operations Support. In that role, she supervised 14 senior executive service chief officers and oversaw the execution of their national programs.

Throughout her VA career, Ms. Van Diepen held



*Louise Van Diepen.
(VA courtesy photo)*

positions at VA Central Office (VACO), a VA medical center and at two private corporations. She began her national program leadership at the VACO in 1988 as the head of clinical pharmacy/quality management programs for VHA. In 1994, she left government service to pursue private sector opportunities with a national corporation, participating in information technology development as the clinical director of software development, and was subsequently recruited to an executive leadership position. She returned to government service in 1999 and resumed various clinical management and leadership roles in the Office of the Medical Inspector and the Office of Quality and Performance.

Ms. Van Diepen earned her bachelor's and master's degrees in pharmacy from the University of New Mexico. She was formerly an adjunct faculty member and pharmacy residency director at the College of Pharmacy of the University of New Mexico. She is a licensed pharmacist in three states: Virginia, California and New Mexico. She is also nationally certified in geriatric pharmacy and is a fellow in the American Society of Health Systems Pharmacists. She is a recipient of the Meritorious Presidential Rank Award, VA Distinguished Career Award, Secretary's Exceptional Service Award, the Arthur Flemming Award for Leadership and a number of Under Secretary commendations.

The SimLEARN staff and Simulation Community of Practice wish her "fair winds and following seas." She has left a lasting legacy that will serve as the foundation for improving clinical workforce development and patient outcomes for our Veterans. ❖

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has been the development of our psychiatric residents as facilitators for the modules. The residents who participate as facilitators have commented that they feel more confident in their ability to recognize and treat delirium as a result of their participation as teachers.

We plan to gather more empirical data on the impact the students' role as facilitator has had on their comfort level in managing delirium by way of an addendum to our current protocol. We hope to publish a description of our modules, along with the data gathered from our surveys, in the coming months. ❖

New REdI program manager on board

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, FL – Phil Hargreaves, MSN, RN, joined the SimLEARN program as the REdI program manager on April 23. Mr. Hargreaves is a native of Sydney, Australia, and has been living in Asheville, NC, since immigrating to the United States in 2001. He began his VA career in 2002.

Mr. Hargreaves has worked as a critical care staff nurse, nurse educator and nurse manager during his 28-year career. He has also worked in a multitude of clinical environments including complex “big city” intensive care units, as well as in remote Central Australian



Phil Hargreaves, MSN, RN (VA photo by Gerald Sonnenberg)

Aboriginal communities.

During his career he has been heavily involved in clinical informatics and leveraging technologies to enhance the role of the clinician and improve patient outcomes. During his time at the Asheville VA Medical Center, Mr. Hargreaves served as the medical intensive care unit nurse manager, facility patient safety officer and, recently, as faculty in the VA Nursing Academy program. He has led national and Veteran Integrated Service Network information technology and equipment technical advisory panels. Most recently Mr. Hargreaves was detailed to the Assistant Deputy Undersecretary for Workforce Services to help stand up the new office in D.C.

He earned his bachelor’s and master’s of nursing degrees through Monash University in Australia, and is currently pursuing a doctorate in nursing practice. Mr. Hargreaves is particularly interested in health care leadership in human resource management and development, especially as it pertains to the personal impact on expert clinicians as they transition into leadership roles. ❖

Fakes receives Certificate of Commendation

WASHINGTON, DC – Robert A. Petzel, M.D., VA Under Secretary for Health, awarded Mary Fakes a Certificate of Commendation at the VHA National Leadership Council meeting May 16.

Ms. Fakes was recognized for her leadership in successfully implementing REdI in VHA. The REdI program supports the critical training needs of VHA clinical providers and improves the quality, consistency and documentation of resuscitative care for Veterans.

In her service to this important health care transformation initiative for more than two years, Ms. Fakes led a team of 12 highly skilled, multi-disciplinary personnel to provide much-needed simulation-based courseware and equipment to field activities for conducting vital Basic Life Support and Advanced Cardiac Life Support training. Ms. Fakes was recently selected as the VHA Employee Education System National Coordinator for Project Management.

To learn more about the REdI program, visit www.simlearn.va.gov/REdI/. ❖



VA Under Secretary for Health Robert A. Petzel, M.D., with Mary Fakes during the presentation ceremony. (VA photo by Ken Norris)

Simulation training key to meeting the health needs of women Veterans

By Women Veterans Health Strategic Health Care Group

WASHINGTON, DC – Women's Health is meeting its goal of training thousands of VHA providers in women's health care topics partly by using state-of-the-art simulation equipment. Women's Health, in partnership with SimLEARN, purchased MammaCare® Clinical Breast Exam Simulators for each of the 21 Veteran Integrated Service Networks (VISNs). Recently, 200 VA staff completed training that will allow them to teach enhanced breast exam techniques using the simulators to other staff members in their VISNs. The simulator is a tactually

accurate breast model placed on a pressure-sensitive tablet. It comes with different breast inserts containing various lesions to teach providers the difference between the feel of normal, nodular breast tissue and the feel of small lesions. The simulator gives trainees feedback on proper palpation methods and how to examine the breast in a thorough, systematic manner. Location and pressure are recorded on a portable computer and results are stored for statistical analysis.

"Performing a breast examination is a complex skill," said Laure Veet, M.D., Director of the Women's Health Education office. "It's something that must be taught and practiced. The simulators are designed to allow providers to perfect their techniques and become more comfortable and confident about performing the exams."

One-day to one-and-a-half day, face-to-face training was conducted at 18 VISNs. In addition, two VISNs held one day video teleconference training. Most of the sessions were attended primarily by physicians, nurses and nurse educators. More than 90 percent of participants said the training improved their confidence and performance in breast examinations.

Clinical breast exams are considered an important method in identifying abnormal breast tissue for further testing. A 2010 study by the Mayo Clinic Department of Surgery and Mayo Foundation found that out of 592 cases of breast cancer, 43 percent presented as palpable masses that were discovered during clinical breast exams.

"Clinical breast exams are a critical component of comprehensive women's health care. By learning to do it more proficiently, we're improving care for our women Veterans," said Dr. Veet.

Women's Health offers a range of educational and training opportunities in women's health topics. The offerings include hands-on instruction, as well as online and audio courses designed for physicians, physician assistants, nurse practitioners, staff nurses, pharmacists, social workers and psychologists.

For more information about other women's health training opportunities, email the Women's Health Education Team: VHAWHET@va.gov or visit vawww.infoshare.va.gov/sites/womenshealth/education/default.aspx. ❖



Samina Iqbal, M.D., Director of Women's Health at the Palo Alto VA Medical Center and a Senior Consultant for Women's Health, practices with one of the simulators during a women's mini-residency in Orlando, FL. (VA courtesy photo)

San Francisco, Palo Alto simulation programs support PANAC meeting

PALO ALTO, CA – With its early roots in anesthesia, clinical simulation is widely recognized and accepted in the perioperative environments as a routine method to teach and learn. Clinical simulation is becoming an increasingly popular way to engage and excite professionals in continuing education conferences as well.

Over the past few years, Rich Fidler, CRNA, NP, MSN, Director of Healthcare Simulation at the San Francisco VA Medical Center (VAMC), has supported the PeriAnesthesia Nurses Association of California (PANAC) meetings with clinical simulation scenarios. Based on feedback from the nurses attending these meetings, the amount of simulation experiences in these conferences is increasing.

Drawing on a wealth of clinical simulation resources within Veteran Integrated Service Network (VISN) 21, Gloria Luu, RN, MSN (PANAC District 3 Chair) orchestrated a collaborative effort during the most recent meeting between the Palo Alto and San Francisco VAMCs. Both centers have strong simulation programs. Kyle Harrison, MD, is a well-recognized leader in clinical simulation from the Palo Alto VAMC. He is also fellowship trained in anesthesiology simulation and crisis resource management (CRM). Mr. Fidler is known for interprofessional, *in-situ* simulations applied to systems probing and problem solving.

The program was hosted at the Palo Alto VAMC and included a morning focused on incorporating principles of an evidence-based practice into perianesthesia nursing practice with a review of 12-lead ECG interpretation by Mr. Fidler, a discussion of evidence-based practice and the discussion topic of “Views of Critical Care Management.” The entire afternoon of the program was dedicated to simulation scenarios, with audience members participating in teams. The simulation afternoon was also infused with mini-lectures by Dr. Harrison, who discussed principles of CRM and improving team communications and shared updates for current advanced cardiac life support guidelines.



PeriAnesthesia Nurses Association of California (PANAC) participants discuss simulation scenarios. (VA courtesy photo)

These simulations were conducted using a SimMan®3G, not in a sim lab or hospital room, but in a classroom. Although environmental fidelity was not optimal, this is a great example of using a high-fidelity mannequin and a realistic scenario to engage participants. Dr. Harrison and Mr. Fidler co-facilitated group debriefings and received a number of comments and suggestions for improvement from the audience and participants.

Overall, this program was very well received by participants, with many of them asking for more simulation experiences as the focus of the next conference. This project demonstrates an opportunity to tap into the talent and resources within VISN 21 to develop synergy between two simulation programs.

This program represents a small part of an ongoing relationship that the Palo Alto and San Francisco VAMCs have developed to capitalize on manpower and equipment. On a larger scale, this demonstrates the commitment of the VA to support educational endeavors of professional organizations that demonstrate the VA's commitment to excellence in education and clinical practice. ❖

EDITOR'S NOTE: In addition to being key subjects in the article, Mr. Fidler, Dr. Harrison and Ms. Luu provided information for this article.

REdI program achieves AHA training center status

*By Robert E. Kraemer, RN, BSN, CCRN
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DALLAS – VHA's REdI program was recently selected as an American Heart Association training center. The AHA has established a network of training centers to broaden its outreach of emergency cardiac care (ECC) educational courses in order to strengthen the "chain of survival."

"This selection will allow REdI to continue to move forward in shaping comprehensive resuscitation education at VHA, allowing programs to now become affiliated under REdI," said Mary Fakes RN, MSN, VHA Employee Education System national project management coordinator and former REdI program manager.

The REdI program is a national program to standardize, document, track and monitor Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS) and Advanced Trauma Life Support (ATLS) throughout VHA. It is designed to enhance the care for Veterans, employees and communities.

Staff at training centers have several responsibilities:

- Maintain the proper administration and quality of their ECC courses
- Maintain the day-to-day management of their instructors
- Provide all their instructors and training sites with consistent and timely communication of any new or updated information about national, regional, or training center policies, procedures, course content or course administration that could potentially affect an instructor in carrying out his or her responsibilities;
- Serve as the principal resource for information, support and quality control for all AHA ECC instructors aligned with the training center

The REdI program is based with SimLEARN in Orlando. Staff provide their medical expertise to train other staff to provide REdI training at VA Medical Center training centers. For more information, please go to www.simlearn.va.gov and click on the REdI graphic. ❖

REdI brings training to Dallas



DALLAS – Lisette Ronga, West Palm Beach VA Medical Center in West Palm Beach, FL (left), and Tracey Martin-Trone, Marion VA Medical Center in Marion, IL, participate in an exercise during the Resuscitation Education in the VA Conference in Dallas, TX on March 21.

The purpose of the three-day knowledge-based conference was to orient VHA Resuscitation Education staff about the vision and strategy to address resuscitation training, education and research needs. The conference targeted, but was not limited to, physicians, nurses, education staff, Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) instructors, training center and site coordinators. ❖
(VA photo by Gerald Sonnenberg)

VA Loma Linda, AACN leaders spearhead collaborative simulation training

*By Sofia Puerto, PhD, CCRN, MPH, FNP
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LOMA LINDA, CA – The VA Loma Linda Healthcare System and American Association of Critical Care Nurses Inland Empire Chapter (AACN-IEC) recently teamed up to provide a one-day workshop to address hot topics in Critical Care Nursing utilizing scripted scenarios.

AACN-IEC offers bi-monthly educational programs using guest speakers and journal club sessions. This year, the group wanted to be more innovative by adding multiple realistic simulation training scenarios using a university's simulation center. They were able to conduct the training within the Loma Linda University School of Medicine Medical Simulation Center.

The collaborative plan included running three high-technology simulations simultaneously. The simulations focused on topics gleaned from previous program evaluations featuring evidence-based practice, new trends and the Joint Commission national patient safety goals.

Participating industry sponsors were asked to display their products in one of four methods: A 30-minute interactive session; a demonstration where the product could be used in current industry protocols; a demonstration of their product using the Joint Commission recommendations; or how their product could be used to solve current safety issues.

An emphasis was placed on the fact that this program allowed the attendee to participate in a high-technology simulation followed by a group debriefing featuring video review and structured feedback.

Six VA educators were assigned to each simulation. Only two had experience using simulation as a teaching methodology. Faculty from the medical simulation center met with the VA Loma Linda educators on a regular basis, providing tutorials, templates to develop scenarios and dry-run sessions to polish the simulation

offerings. Courses offered were: Intensive Insulin Therapy Protocols for the Critically Ill Patient; Early Goal-Directed Therapy in the Treatment of Severe Sepsis and Septic Shock; and Benefits of Hypothermia in the Post Cardiac Arrest Patient.

At registration, each participant received a color-coded bag with supplies and materials. Color coded groups were formed to organize the rotations, which gave participants an opportunity to network with other professionals. In order to receive eight continuing education units, each participant was required to attend at least five industry-sponsor stations in addition to the three high-technology simulation sessions.

Critical care nurses, representing 23 institutions, attended and brought with them a wide range of specialties, generations, educational backgrounds and practice roles.

A pre- and post-learning assessment tool was developed and piloted for each scenario, with six RNs randomly selected to test for content validity. Pre- and post-training data showed that in the pre-assessment, the levels of confidence with the subject matter was higher for the sepsis and insulin protocols in comparison to the hypothermia protocol. Levels of confidence showed a gain in the post-assessment analysis for all three high-technology simulations, with the greatest gain shown for the hypothermia scenario. Participants also displayed a high-degree of satisfaction during the debriefing sessions for all simulations.

The overall program evaluation indicated that the participants were satisfied or very satisfied in all categories for high-technology simulations and industry-sponsored presentations. The items measured included material presentation, delivery of content, effectiveness of printed materials and learning environment. Participants indicated a high degree of satisfaction with the medical simulation center tour.

The intent of this program was to familiarize critical care nurses with high-technology simulation and expose them to this type of teaching methodology. Program evaluations clearly indicated that the overall goal was met, and there was significant improvement in learning. ❖

Grant helps VISN 10 primary care providers receive advanced training

By Rosalyn P. Scott, MD, MSHA, Medical Director Dayton VAMC Simulation Center; Tamara Grimm, LISW-S, VISN 10 Network Lead Women Veterans Program Manager; and Michael Stogsdill, PA-C, Manager, Dayton VAMC Simulation Center

DAYTON, OH – VHA Veteran Integrated Service Network (VISN) 10 is utilizing a Women’s Health Education Innovation Grant award to train women health care providers to deliver more comprehensive care for women Veterans. VISN 10 has seen an 8.2 percent increase in women Veteran enrollees and currently provides care to more than 16,900 women Veterans.

The six-month educational program focuses on integrating the Women’s Health Mini-Residency curricula and monthly, expert-led clinical case discussions via teleconference, with simulation-based activities delivered using a mobile simulation center that travels to facilities throughout the network. The mini-residency lectures were recently made available on the VA Talent Management System (TMS). In addition, a one day conference on Motivational Interviewing in Women’s Health was held May 17 in Cleveland, OH. Another is scheduled for June 26, here.

Although the program targets primary care providers, all providers are welcome to participate. Clinic nurses are encouraged to participate in the mannequin-based simulations. A checklist for nursing competencies is also available.

The mobile unit can be expanded to 900 square feet and is comprised of four areas: a waiting area with individual video screens; patient examination room; nurse’s station and small office. It will make three rotations around the network of medical and Community Based Outreach Clinics taking approximately 6 weeks to complete each one.

Rotation One focuses on normal breast and



The mobile simulation center. (VA courtesy photo)

pelvic examinations and the Pap test. Rotation Two includes a cardiac emergency in the clinic setting, chronic pelvic pain and abnormal breast findings. As a special service to the CBOCs BLS recertification check-offs will be offered during Rotation Two. Rotation Three simulations are comprised of a gynecologic emergency, use of contraceptive devices and an “unknown” patient case scenario. At each mobile unit stop, local subject matter experts partner with staff from the Dayton VA Medical Center Simulation Center to provide training. The center’s physiologic female mannequin features interchangeable breast and pelvic pathologies and computerized task trainers for both breast and pelvic examinations.

The day-long standardized patient program on Motivational Interviewing in Women’s Health held last year is being repeated twice during the grant period. At the suggestion of previous participants, a component on time management during the office visit has been added. A computer-based virtual patient program for TMS is also being developed to reinforce the major learning objectives from each standardized patient scenario.

Initial feedback from participants in this program has been positive. The network has applied for continuation funding and looks forward to providing a wider range of simulation-based training delivered in a mobile unit with the use of both simulation and subject matter experts. ❖



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.