

# VHA National Clinical Simulation Education and Training Data Call - 2009

VHA is committed to providing the highest quality health care to Veterans. To ensure that VHA's workforce is always prepared for that mission, VHA will provide state-of-the-art clinical simulation training and education for its clinical employees and trainees. Use of this technology for clinical training in particular has been shown to reduce patient risk and improve the quality of patient care and is now a standard training modality in clinical academic training.

VHA has developed a national clinical simulation training and education program for coordinating these system-wide efforts. While the program is beginning now, the most significant progress will be in FY 10 and FY 11. The major milestones for the program include:

1. A data call of all facilities with existing clinical simulation assets, or utilizing simulation assets housed elsewhere. This will establish the "as is" state.
2. An assessment of best practices in clinical simulation training and education.
3. Development of a long range strategic plan (ideal "to be" state) for the provision of clinical simulation training and education across VA
4. Development of an action plan to implement the strategic plan.
5. Development of a national center for clinical simulation training and education.

**INSTRUCTIONS:** The Under Secretary is requesting that your facility respond to this data call to assist VHA in establishing the "as is" state of clinical simulation training and education across the system. Your facility's information will be used to help guide planning efforts and the development of a national strategy. This data call should be completed by the person(s) in your facility with the most knowledge about all clinical simulation training and education programs housed at your facility, or housed elsewhere in which your staffs participate. In many cases, but not all, this person will be the designated learning officer. The data call should be completed no later than December 23, 2009

Please select your VISN and Facility:

## Facility

### VISN

Dropdown

- VISN 1
- VISN 2
- VISN 3
- ...

### Facility

Dropdown

- Facility 1- these change as per VISN selected
- Facility 2
- Facility 3
- ...

## Point of Contact Registration

Please identify facilities the point of contact should we have further questions about the content of this survey:

### Name

#### First Name

Free Text

#### Last Name

Free Text

### Title

Free Text

### Facility

#### VISN

pre-populated text - read only

#### Facility

pre-populated text - read only

### Office phone

Free Text

### Cell phone

Free Text

### Login Name

Free Text

### Password

Free Text

### E-mail address

Free Text

## Needs Assessment

Please identify the top ten education and training needs that can be met through simulation activities.

- 1 - text input boxes.
- 2 - text input boxes.
- 3 - text input boxes.
- 4 - text input boxes.
- 5 - text input boxes.
- 6 - text input boxes.
- 7 - text input boxes.
- 8 - text input boxes.
- 9 - text input boxes.
- 10 - text input boxes.

## Simulation Usage

- A. Does your facility use simulation related activities (task trainers, standard patients, hi-fidelity mannequins, etc.) in the training of your staff and/or others.
- Yes -
  - No -
- B. Does your facility have space owned by or leased to the VA dedicated to the use of simulation education training techniques (Simulation Center)? Do not include space used for CPR mannequins.
- Yes -
  - No -
- C. Does your VA facility use someone else's space dedicated to the use of simulation education training techniques?
- Yes -
  - No -

## Sim Center

If your VA facility has a simulation center, please answer the following question:

**How is the effort staffed?** (select all that apply)

Dropdown

- VA funded position
- Affiliate personnel - under sharing agreement
- IPA (Interagency Personnel Agreement)
- Contracted Service Provider
- Other

**Funding model?** (select all that apply)

Dropdown

- Grants
- facility budget line item
- VISN line item
- in-kind from affiliate
- generated revenue
- Other

**Simulation research activities and funding source?** (VISN, Affiliate, DOD, etc.)

Free Text

**Where does center sit organizationally?** (select all that apply)

Dropdown

- Surgery
- Medicine
- Nursing
- Workforce Development
- Office of the COS (Chief of Staff)
- Local Employee Education - Designated Learning Officer
- Local Office of Affiliation - Designated Education Officer
- Other

**Background Clinical Director?** (Profession and Specialty; e.g. Physician/Surgeon, Nurse/Analyst)

Free Text

**Background of Operational Manager?** (Profession and Specialty; e.g. Physician/Surgeon, Nurse/Analyst)

Free Text

**Background of Simulation Specialist?** (Profession and Specialty; e.g. Physician/Surgeon, Nurse/Analyst)

Free Text

**If you have a Research Staff what is their background?** (Professional Field)

Free Text

**Space allocation in sq. ft.?**

Numeric (int)

**Space Ownership?**

Dropdown

- VA Owned
- VA Leased

**When was the Center started?**

Date

**Based on your Center's capacity, what is the current utilization of your Center?**

**Total number of Staffed Hours utilized per week?**

Numeric

**Total number of Staffed Hours available per week?**

Numeric

**Utilization Percent**

Numeric - Auto calc Field

**Number of hours utilized per week after Staffed Hours?**

Numeric

**What is the number of people dedicated to the Center?**

Full Time: - Numeric

Part Time: - Numeric

**Is the Center Accredited?**

- Yes/No

**If yes by whom?**

- ACS
- ASA
- SSH - Pending
- Other

**Do you have a Web Site?**

- Yes/No

If so please enter the URL.

Text - URL

## Courses/Activities

Please identify any and all simulation training and education courses or informal training activities used by your facility at any location. Please include purely clinical as well as business/administrative training (e.g., customer service).

When you have completed this form use the continue button to save these entries. You will then have the option to enter an addition course or informal training activity.

Please fill out this entire form for each course or informal training activity.

### Name of Course or Activity:

Text Input – nvarchar (255)

### Temporal Status of Course or Activity:

Radio Button

- Currently in Operation
- Planned for Activation

#### Planned Start Date:

Date - mm/yyyy

### Type:

#### Radio buttons

- Course (contains curriculum and objectives)
- Informal activity

### Description – (two sentence description of Course or Activity)

Text Input - ntext - multiple lines

### Point of Contact for the Course or Activity

#### First Name

Free Text

#### Last Name

Free Text

#### Cell phone

Free Text

#### E-mail address

Free Text

### Primary Target Audiences for this Course or Activity (select all that apply)

Dropdown

- Physician - Surgeon including all sub-specialties
- Physician - Psychiatrist

- Physician - Anesthesiologist
- Physician - Medicine including all sub-specialties
- Physician - Primary Care
- Physician - All other physicians
- Physician Assistant
- Dentist
- Podiatrist
- Optometrist
- Certified Registered Nurse Anesthetist (CRNA)
- RN - Level V
- RN - Level IV
- RN - Level III
- RN - Level II
- RN - Level I
- Nurse Practitioners
- Clinical Nurse Specialist
- LPN
- Nursing Assistant
- Pharmacist
- Pharmacy Technician
- Psychologist
- Social Worker
- Physical Medicine Therapist (for example a PT, OT or KT)
- Respiratory Therapist (for example a RRT or CRTT)
- Other certified or licensed hands-on direct patient care provider (for example a Dietitian)
- Other non-licensed hands-on direct patient care provider
- Clinical Laboratory Employee excluding administrative support employees (for example Medical Technologists and Technicians)
- Diagnostic Imaging Technician excluding administrative support employee (for example Diagnostic X-Ray or Nuclear Medicine)
- Chiropractor
- Educator/Learning Officer (for example Nursing Educator, Designated Learning Officer, Designated Education Officer)
- Chaplain
- Administrative or clerical employee working in a clinical area (for example a Ward Secretary, Radiology Receptionist)
- Police Officer
- Contract Specialist GS-1102
- Administrative employee at or above the GS-15 and Title 38 equivalent level including members of facility, VISN, and CO program office senior leadership teams
- Administrative, technical or professional employee at GS-13 or GS-14
- Administrative, technical or professional employee at GS-9 through GS-12
- Other administrative, technical, professional or clerical employee at the GS-1 through GS8
- Work Leader (WL) or Work Supervisor (WS)
- WG Employee at WG-9 or above
- WG Employee at WG-5 through WG-8



- Housekeeping Employees at WG-1 through WG-3
- Other WG Employees at WG-1 through WG-4
- Canteen Employee
- Other

**Additional Target Audiences for this Course or Activity** (e.g. Residents, Trainees, etc.; select all that apply)

Dropdown

- Physician residents and fellows--non-surgical
- Physician residents and fellows--surgical
- Medical Students
- Nursing Students - Nursing Assistant Programs
- Nursing Students - LPN Programs
- Nursing Students - RN Programs (BS)
- Nursing Students - RN Programs (MS)
- Nursing Students - RN Programs (PhD)
- Associated Health Trainees (includes Pharmacy, Psychology, etc.)
- Dental Trainees (residents and students)
- Other

**Numbers of learners trained or projected to be trained each year for this for this Course or Activity**  
(includes both target audiences above)

Text Input – int

**Training or Education Objective(s) and/or Competencies:** (One objective or competency per line)

Use the "+" to add a new line or the "x" to delete an existing line.

Multiple Text Inputs - One text input per line - will need a add button for each new line

**External Partners for the Course or Activity** (name of affiliate or business)

Text Input - ntext - Multiple lines

**Simulation Technologies Utilized** (select all that apply)

Dropdown

- Task Trainers
- Mannequin Passive
- Basic simulator
- Patient simulator
- Computer Assisted Instruction (CAI) - clinical
- Virtual Reality - clinical
- Standardized Patient (SP)
- Web-based simulation
- Blended Simulation
- Business Simulation
- Work Flow Simulation
- Computer Assisted Instruction (CAI) - business
- Virtual Reality - business
- Technology evaluation lab
- Other

**Duration of Course or Activity**

Hours - text box

Days - text box

Weeks - text box

Other - text box

**Number of times the Course or Activity is repeated per year:**

Textbox - Number

**Location of Course or Activity**

Checkbox group

- In classroom or lab
- INSITU (in patient care setting - e.g. patient room, ER, etc.)

**Continuing Professional Education Accreditation for this Course or Activity (select all that apply)**

Checkbox

- ACCME (Accreditation Council for Continuing Medical Education)
- ACHE (American College of Healthcare Executives)
- ANCC (American Nurses Credentialing Center)
- APA (American Psychological Association)
- ADA (American Dental Association)
- ACPE (Accreditation Council for Pharmacy Education)
- ACPE T (Accreditation Council for Pharmacy Education Techs)
- ASHA (American Speech-Language-Hearing Association)
- ASWB Association of Social Work Boards
- CA BBS California Board of Behavioral Sciences
- CA BRN (California Board of Registered Nursing)
- FL SW (Board of Clinical Social Work, Marriage and Family Therapy, & Mental Health Counseling)
- CA SW (Board of Behavioral Sciences)
- CA Dental (Board of Dental Examiners)
- CDR (Commission on Dietetic Registration)
- AGD (Academy of General Dentistry)
- NBCC (National Board for Certified Counselors)

**Is Course completion linked to a Certification?**

Radio Button

- Yes
- No

**Is the completion of this Course or Activity entered in the VA LMS?**

Radio Button

- Yes
- No

**If yes, how is it entered?**

Radio button

- LMS item
- Self Entry

**Is the completion of this Course or Activity entered into TEMPO?**

Radio Button

- Yes
- No

**If yes, how is it entered?**

Radio button

- TEMPO item
- Self Entry

**Is the Course or Activity linked to a Systems Redesign initiative?**

Radio Button

- Yes
- No

**If so, please describe relationship of the Course or Activity to the Systems Redesign initiative.**

Text input

**Please attach a copy of the curriculum for this Course (upload - Word document or Acrobat file)**

Upload File