Simulation Exchange

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Excellence in Veterans' Healthcare

A publication of the VHA SimLEARN
National Simulation Center

Your Source for VHA Simulation News

Practice makes perfect

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Simulation Exchange

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For more information, visit **www.simlearn.va.gov** or e-mail **VASimLEARNGeneralInformation@va.gov.**

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Employee Education System

In This Issue:

Two VA simulation leaders honored by Society for Simulation in Healthcare

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – Two VHA simulation leaders were selected to be part of the inaugural class of fellows in the Society for Simulation in Healthcare Academy (SSHA). Dr. Haru Okuda, SimLEARN national medical director, and Dr. David Gaba, staff anesthesiologist and director of the Patient Simulation Center of Innovation for the VA Palo Alto Health Care System in Palo Alto, California, are among 34 members of the simulation community, selected for the academy from several countries. Gaba is also professor of anesthesiology, perioperative and pain medicine at Stanford University.

In addition to being selected for the academy, Gaba also received the Pioneer in Simulation Award during the Society for Simulation in Healthcare's (SSH) International Meeting on Simulation in Healthcare event in Orlando. This is the highest award that can be given through SSH.

The mission of the SSHA is "to recognize individuals whose sustained contributions have had an impact on the field of simulation and who will continue to contribute their time and talents to advance the mission and goals of the SSH and SSHA. Individuals selected for the Academy are practitioners, researchers, administrators, operations specialists and educators who have made outstanding contributions and will be known as Fellows of the Society for Simulation in Healthcare (FSSH)."

Dr. Haru Okuda (above) and Dr. David Gaba, (pictured left) were selected as inaugural members of the new Society for Simulation in Healthcare Academy. (VA photo)

"I'm honored and proud to be in the inaugural class of Fellows of the Society for Simulation in Healthcare Academy," said Gaba. "The pioneering work in simulation that was part of what qualified me for membership in the academy was done at VA Palo Alto Health Care System, before there were commercial simulators or simulation centers. Thanks to the VA's broad vision of its role in U.S. health care I was also able to devote some of my time to being one of the seven founding members of the board of directors of the SSH, and the founding editor-in-chief of its peer-reviewed scholarly journal."

Okuda said, "I feel very honored and humbled to be selected as one of the inaugural members of the Society for Simulation in Healthcare Academy amongst simulation giants such as David Gaba and Dr. Jeff Cooper." Cooper is the founder and executive director of the Center for Medical Simulation in Boston.

Dr. David M. Gaba. (VA photo)

"The first cohort is represented by a diverse group of international, interprofessional health care simulation champions who have pioneered simulation within their respective domains," Okuda explained. "Our group has been charged with providing the vision and leadership to advance simulation in health care for the next decade. I look forward to the challenge and opportunity." ❖

On the cover:

Learn how this team helped save a life on page 3.
(Pictured left to right, front row immediate responders): Jose Rios, PA; Elizabeth Maddux, RN; (the patient) John Browning, Veteran; Dr. Steve Lee, section chief, nuclear medicine.
Back: Jose Rosario, RT, chief technologist, radiology; Brian McGlone, chief nurse, critical care; Dr. Anton Mahne, section chief, interventional radiology; Linda Healy, ARNP, BCLS/ACLS coordinator; Dr. John Hoy, associate chief of staff, radiology; Dr. Suzette Casal, deputy chief, radiology. (Not present: Laura Finfrock, OVAMC construction coordinator). (VA photo by David Boerst)

Practice makes perfect

Simulation training assists Orlando team in helping save Veteran

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – The nation's Veterans spend their military careers training and preparing for those rare times when that training may be needed to defend our nation. That same dedication to service and training holds true for VA medical professionals who prepare for those times when their skills are needed to help save a life.

Dr. John Hoy, Orlando VA Medical Center (OVAMC) associate chief of staff of radiology is a believer in using simulation and mock codes regularly to train his staff and make sure his radiology team is prepared for a medical emergency.

"Although it requires discipline to perform routine simulations, the regret of negative outcomes is much more difficult to deal with," said Hoy. That disciplined training came in handy in 2016 at the OVAMC.

John Browning, an Air Force Veteran who served in civil engineering during the Vietnam War era, is a patient at the facility. He was connected to an electrocardiogram (EKG) having just completed a nuclear medicine stress test in the radiology department.

"I remember watching the EKG when everything froze in my vision, and I couldn't hear anything," said the 65-year-old Browning, who suffered from diabetes, hypertension and dyslipidemia, which is an elevation of plasma cholesterol, triglycerides, or both.

Dr. Steven Lee, section chief of nuclear medicine, was covering the service and supervising the stress testing team for the day.

"He (Browning) reached 90 percent maximum predicted heart rate without significant symptoms and was recovering, sitting upright in a chair," said Lee. "Without any verbal or visual warnings, he suddenly became unresponsive to verbal or physical simulation."

A quick glance at the monitoring EKG demonstrated an arrhythmia, likely (pulseless) ventricular tachycardia or ventricular fibrillation. Nurse Elizabeth Maddux activated a code blue. Lee and Physician Assistant Jose Rios then placed Browning on to a bed, checked for a pulse and began chest compressions when no pulse was detected. Numerous radiology staff members responded to the code call. The automated external defibrillator (AED) was turned on, and Rios placed the chest pads on Browning.

"Chest compressions were stopped to analyze the rhythm, and a shock was advised by the AED," said Lee. "Chest compressions resumed as the AED charged. Once it was charged, compressions stopped, and a shock was delivered."

"Mr. Browning was very fortunate to be in a hospital, monitored by an EKG, and have a code cart with an AED next to him

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>
> —Dr. John Hoy

National Simulation Center hosts IMSH workshop

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – On Feb. 1, the VHA SimLEARN National Simulation Center (NSC) hosted a training session as part of the Society for Simulation in Healthcare's (SSH) International Meeting on Simulation in Healthcare (IMSH). The course, called "PTSD: Challenges in Mental Health Simulation," allowed participants to engage in a staged scenario in order to explore the principles and practice of mental health simulations. The course consisted of four parts, with each building upon the last in helping participants learn how to design and facilitate a mental health simulation.

IMSH annually brings together more than 3,000 health care simulation educators, technicians and researchers from around the world to participate in more than 300 educational sessions including workshops, presentations, debates and expert panels. This year, the event took place in Orlando from Jan. 28-Feb. 1, and about 40 attendees participated in the SimLEARN course.

SimLEARN staff demonstrated a simulation involving a Veteran who, after being assaulted by a group of men, experienced a post-traumatic stress disorder (PTSD) episode. A bystander called 911, leading to a police officer and two paramedics responding to the scene, which led to interactions between the individual actors. Following the simulation, participants discussed the value of having multiple disciplines involved in simulation, as well as the importance of the participants psycho-social safety when developing a PTSD simulation scenario using standardized patients.

George Orobitg, a U.S. Army Veteran, portrayed the Veteran in the scenario. "It was a wonderful opportunity to be involved in the PTSD scenario with my SimLEARN teammates. It is my wish that the scenario is used to develop and train educators in the future on how to better understand Veterans with PTSD and to enhance any educational template moving forward."

Dr. Mehdi Kazemi, associate chief of staff of education at the Salem VA Medical Center in Virginia, said, "The PTSD immersive session was heartfelt, educational and felt so real. We learned about approaches to writing standardized patient cases and PTSD scenarios. SIMLEARN staff were extremely helpful and went out of their way to make this educational experience meaningful. This was an excellent opportunity to witness how team members interact with each other and with the Veteran." ❖

(Left to right) SimLEARN staff, Jane Robinson, clinical faculty nurse; Jorge Nieves, simulation technician; Susan Martenson, clinical faculty nurse; Jessica Steed, health professions fellow; portray the police officer, paramedics and bystander trying to help the Veteran, portrayed by George Orobitg, simulation technician. (VA photo by David Boerst)

Continued from page 3

when he experienced a lethal arrhythmia," added Lee.

Browning had been down for a couple of minutes when his pulse returned, and he became alert. "I remember asking if I passed the (stress) test," said Browning, somewhat chuckling. "'No,' someone said to me, 'You don't pass if your heart stops.'"

He was later transferred to a hospital, and it was determined Browning needed a procedure to place a stent in his heart. He also had an automatic implantable cardioverter-defibrillator (AICD) device inserted to monitor his heartbeat. This device can deliver an electrical impulse or shock to the heart when it senses a life-threatening change in the heart's rhythm. Like a pacemaker, the AICD is small enough to be implanted. Browning has since recovered, and his recovery is at least due in part to having a medical team prepared for this type of emergency.

Hoy said, "Incorporation of formal standardized simulation training in medicine is essential. The practice and incorporation of simulation training is like anything else; it is dependent on discipline, commitment and creation of positive habits. When these positive habits are created, positive actions become second nature."

His belief in simulation partially comes from his training at Massachusetts General Hospital. But he says the core foundation in simulation training comes from the football field.

"Football has been performing simulations for over 100 years, simulating plays hundreds of times prior to game day. After game day, films are reviewed and areas of improvement are identified. The following week you are back on the practice field simulating these plays again, with corrective actions," said Hoy.

Like a team returning to the field, Browning recently returned to pay a visit to the OVAMC radiology department to thank them for their help that fateful day. He took the time to pose for a photograph surrounded by the team, and in the very room, where he was revived. Doctors told Browning it is extremely rare for someone's heart to stop while on an EKG, and is comparable to the chances of being struck by lightning.

"It was amazing it happened the way it did," said Browning. "They said it could have happened anytime or anywhere. They said I couldn't have been in a better place."

Hoy added, "This was a well-coordinated effort with seamless delivery of care. The simulation training was unequivocally instrumental in saving the Veteran's life. Many fields such as the airline industry are miles ahead of medicine with regards to simulation training integration, so the new VHA SimLEARN National Simulation Center will have a tremendously, positive impact on patient care and outcomes for our Veterans like John Browning. They deserve the best." ❖

VHA educational gaming product wins 'best in show' at international competition

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – The Employee Education System's (EES) Educational Gaming team won the 2017 Serious Games and Virtual Environments Best in Show Award for its game-based learning product, Difficult Airway Algorithm and Rescue Cricothyrotomy, or DAARC. The award was presented Jan. 31 in the Developing Commercial Interest Large Company/Corporation category during the International Meeting on Simulation in Healthcare (IMSH) Jan. 28-Feb. 1, in Orlando. DAARC competed against similar products in the 7th Annual Serious Games and Virtual Environments Arcade and Showcase competition, which is an IMSH special event.

DAARC was developed specifically by the EES Innovations Division to allow anesthesiologists and emergency physicians to safely practice decision-making and step-by-step procedures necessary in the event of a difficult airway scenario in an operating or emergency room.

"This educational game helps fill a training gap to sustain low occurrence, highly emergent skills that physicians and respiratory therapists may need at a moment's notice – patient rescue in difficult airway scenarios," said Leslie Dubow, VHA EES associate director for educational gaming, who was present to receive the award.

A screen capture from the DAARC educational game.

The difficult airway application incorporates a formative and summative blended-learning approach. Progressive learning opportunities are provided to the learner via procedural videos, a formative game and live practice with a mannequin simulator. Students are then tested on their retention of learning in a summative game.

VHA staff contributed significantly to the development of the difficult airway game as subject-matter experts and as themselves in video scenarios. They included Jessica Feinleib, MD, Ph.D., medical director of simulation and staff anesthesiologist at the VA Connecticut Healthcare System, as well as assistant professor, Yale University School of Medicine, department of anesthesiology; Dr. Arthur French, emergency physician, at the VA Puget Sound Health Care System in Tacoma, Washington; and Dr. Malcolm Klein, assistant director for training for anesthesia programs, at the VHA SimLEARN National Simulation Center in Orlando.

Receiving the award were (second from left) Jessica Feinleib, MD, Ph.D., medical director of simulation and staff anesthesiologist at the VA Connecticut Healthcare System, and Leslie Dubow (third from left), VHA Employee Education System (EES) associate director for educational gaming. (VA courtesy photo)

"Many have proposed the importance of mandatory post certification airway education," said Feinleib. "We opted for a novel composite educational tool and blended learning curriculum, incorporating serious gaming ... The target audience includes all airway team members, such as anesthesiologists, surgeons, emergency and critical care physicians, as well as respiratory therapists and critical care nurses."

IMSH annually brings together more than 3,000 health care simulation educators, technicians and researchers from around the world who participate in more than 300 educational sessions including workshops, podium presentations, debates and expert panels, as well as the Serious Games Showcase. The majority of these same participants voted for EES's winning application.

"Congratulations to the EES innovations team on this achievement. Educational gaming is an exciting new modality for us. Real time, highly adaptive, engaging scenarios are powerful for learning. The games efficiently move each learner to their individual need, and busy clinicians gain complex skills quickly. Time saved and proficiency gained contributes directly to quality of care and Veteran access," said Jim Warner, VHA chief learning officer.

Though DAARC training is currently only available to VA staff on the myEES website **here**, efforts are being made to make it available to other Federal agencies and academia ❖

(Left to right) Amy Rosauer, chief of learning resources; Kami Willett, NWIHCS simulation coordinator; and Phil Hargreaves, director of the National Simulation Network with the VHA Employee Education System, pose with one of the simulation training mannequins. The group has been working to stand up the first Mobile Simulation Training Team, which will be housed at the Omaha VAMC. (VA courtesy photo)

Mobile simulation team coming to NWIHCS

By Anna Morelock
Public Affairs Officer
Omaha VA Medical Center, Neb.

OMAHA, Nebraska – A new team will debut soon at the VA Nebraska-Western Iowa Health Care System (NWIHCS) and will be taking to the roads to conduct simulation training with providers at all levels across the region. This Mobile Simulation Training Team (MSTT) is SimLEARN's pilot for other such teams now in development.

"Clinical simulation training is the gold standard for provider-level training, and by taking the training to the providers, we're reducing their time away from care, bringing them new skills, new procedures and helping them hone their current skills," said Phil Hargreaves, director of the National Simulation Network with the VHA Employee Education System.

Up to nine MSTT staff members, including physicians, nurses and technicians, will tailor training to meet the needs of VA clinicians. Types of training may include eye exams, joint injections and advanced assessments – types of care that might involve referring a patient to a specialist. Training clinicians to provide some of these procedures can cut down on referrals to specialists and, ultimately, open access in those areas while cutting down the number of appointments for Veterans.

Hands-on simulation also helps teams prepare for low-frequency, but high-risk procedures, while building team rapport and cohesion. If the team doesn't have a needed training course on hand, they will develop it, and can also support systems testing. Scenarios for systems testing can help teams improve their processes and systems.

While not on the road delivering training at remote locations, MSTT members will supplement training and care at VA NWIHCS to keep their own skills sharp.

On a smaller scale, NWIHCS staff have already been providing mobile simulation training for two years at its rural clinics, said Kami Willett, NWIHCS' simulation coordinator. "It's been a great success."

According to Hargreaves, "Part of the reason we came here is we knew who we were coming to play in the sandbox with. The dedication and the openness and the willingness to collaborate is part of what we believe, on our end, is going to be part of the success," he added.

The first training sessions should to take place by late spring or early summer, and SimLEARN is looking to implement four more mobile training teams across the nation in fiscal year 2018. ❖

VA, local EMS practice transporting cardiac patients

By Kristy Causey, MSN-Ed, RN
Clinical Education Instructor
Central Texas Veterans Health Care System

Cath lab team members (left to right) Rocio McDaniel; Lisa Dossey; Debbie Jones; Kristy Causey; Jeanette Sefcik; Rajiv Gupta, MD; Chris Judice; and Donald Crum, transfer the "patient" from the cath table to a stretcher in order to transport them to the ICU. (VA photo by Brian Gavin.)

TEMPLE, Texas – The Central Texas Veterans Health Care System (CTVHCS) here annually partners with community emergency medical services (EMS) to practice care of patients requiring an intra-aortic balloon pump (IABP).

The IABP is a mechanical device that increases myocardial oxygen perfusion, while, at the same time, increasing cardiac output. Increasing cardiac output increases coronary blood flow and myocardial oxygen delivery.

In October 2016, the clinical education team and cardiac catheterization laboratory (cath lab) supervisor coordinated a simulation event to increase operational effectiveness while delivering high-quality, Veteran-centered care. Groups participating in the annual simulation included personnel from the cath lab, intensive care unit (ICU), respiratory therapy, community EMS, nursing education, clinical education, medical media and biomedical department.

The event began in the cath lab with the simulated placement of the IABP by a cardiologist. Immediately after placement, the cath lab team, comprised of registered nurses (RNs) and diagnostic radiology technicians (DRTs), contacted the ICU and started the transfer process. While moving the patient to the awaiting ICU bed, the team discussed the safest method for transferring them while maintaining open intravenous lines.

Britney Pfad, ICU RN (inside ambulance), assists local EMS to transfer the IABP "patient" to a higher level of care. (VA photo by Brian Gavin)

During admission to the ICU, the simulated patient's status declined into a cardiac arrest requiring the ICU team to integrate the intra-aortic balloon pump with their advanced cardiac life support (ACLS) skills standards to optimize resuscitation efforts. Upon successful resuscitation, the ICU worked with community EMS to transport the Veteran to a higher level of care.

Although the facility performs this training annually, each simulation focuses on analyzing a different piece of the intra-aortic balloon pump process. For example, in 2014, the team conducted exercises with multiple EMS contracts to determine the best placement of patient, IABP and staff inside the vehicle. This simulation revealed that only one contracted EMS service could adequately meet the needs of a Veteran on an IABP. In 2015, the simulation restructured roles and responsibilities of CTVHCS and EMS staff. Simulation efforts grew in 2015 to include the ICU staff who offered a preview of the simulation and transport processes and allowed for active participation in the latest event.

To date, the cardiac cath lab has completed more than 1,500 cardiac cath procedures, and placed five IABPs that required transfer to an outside facility. As a result of identified deficiencies in transport options, a local private facility has purchased a larger response vehicle, increasing access for the facility. Future simulations derived from this event include continued exercises with community EMS and comprehensive care of the IABP patient in the ICU. ❖

Making new VA hospitals ready to care for Veterans

An architectural rendering of the new Southeastern Louisiana Health Care System in New Orleans.

By Ted Napolitano
SimLEARN Field Activity Project Manager

ORLANDO, Fla. – SimLEARN's hospital activations team, under the leadership of Dr. Haru Okuda, SimLEARN's national medical director, and Dr. Lygia Arcaro, SimLEARN national director for nursing programs, most recently completed testing of 16 outpatient clinics of the new Southeastern Louisiana Health Care System in New Orleans. They will return in March to test eight more areas there during Phase 2. In addition, the SimLEARN team is now making plans with the Denver VA Eastern Colorado Healthcare System to begin hospital activation testing support for their facility this spring.

The team began testing new VA medical centers (VAMCs) in 2012 to work with local staff and rehearse patient flow, as well as test hospital systems for unanticipated events or situations. To this end, SimLEARN was asked to apply 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" hospitals.

Since then, the hospital activation team has conducted evaluations at the new VA Nevada Healthcare System (HCS) in Las Vegas, the Orlando VAMC in Florida and other locations, such as the new primary care building at the James A. Haley VAMC in Tampa, Florida and a medical/surgical ward at the Minneapolis VAHCS.

The partnership for testing with each hospital lasts from 18 to 24 months as each phase of moving into the new facilities is completed.

The team begins the process with leadership briefings about the strategy and interviews with clinic subject matter experts to learn of potential issues. SimLEARN develops scenarios to evaluate patient flow, work flow, response to emergency procedures and equipment, and then conducts the "in situ" 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 conducts a failure mode and effects analysis to determine the severity, probability and potential risks. This process is completed and results are briefed to hospital management weeks before the doors are opened to new clinic patients. The goal of the framework is to identify and mitigate issues before patients come in for treatment.

Is anything substantial discovered? Does the hospital staff agree with the usefulness of this approach?

Using a standardized Patient Care Improvement (PCI) Matrix designed to identify the PCI probability and opportunity levels, 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 management includes the issue, the matrix scores and recommendations to mitigate the issues. Custom reports for each area tested help service chiefs prioritize the work to mitigate any issues discovered.

The clinic staff involved in these simulations complete a survey to report their assessment of the SimLEARN hospital activation work. In the recent New Orleans survey of over 80 staff members, 97 percent responded either "Strongly Agree" or "Agree" that "I would use simulation testing in the future to identify patient safety hazards."

At the New Orleans VA, the hospital continues activating more clinics, and soon, the inpatient areas will be ready as well. SimLEARN's hospital activation team will be there to help continue the effort to improve patient safety in patient care.

For more information, SimLEARN and the Employee Education System Broadcast and Video Division created an informational video on the impact of hospital activations. It can be viewed **here**. ❖

Orlando VAMC Canteen staff practice for an emergency situation during hospital activation team evaluations in 2015. (VA photo by Ted Napolitano)

SimLEARN helps host VHA Diffusion of Excellence Summit

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – The Orlando VA Medical Center hosted the VHA Diffusion of Excellence Summit Jan. 11-13, and the VHA SimLEARN National Simulation Center, located next door, provided a number of classrooms, demonstrations of simulation techniques and technology, as well as staff to help make the summit successful.

The summit is part of VHA's Diffusion of Excellence Initiative and was led by Initiative founder, Dr. Shereef Elnahal, assistant deputy under secretary for health for quality, safety and value, and the Office of Strategic Integration. SimLEARN staff provided demonstrations on simulation techniques and classrooms for a variety of discussions. In addition, simulation nurses helped the presenters build simulations. They, along with simulation technicians acted as standardized patients, and the entire staff pitched in.

Over 100 people, primarily VA staff members, attended the summit, which was the kick-off of a six-month process in which Under Secretary for Health (USH) Gold Status Fellows begin to "diffuse" best practices that can improve VA's health system. The goal of the Diffusion of Excellence Initiative is to identify and disseminate clinical and administrative best practices, and standardize those that promote positive outcomes for Veterans system-wide.

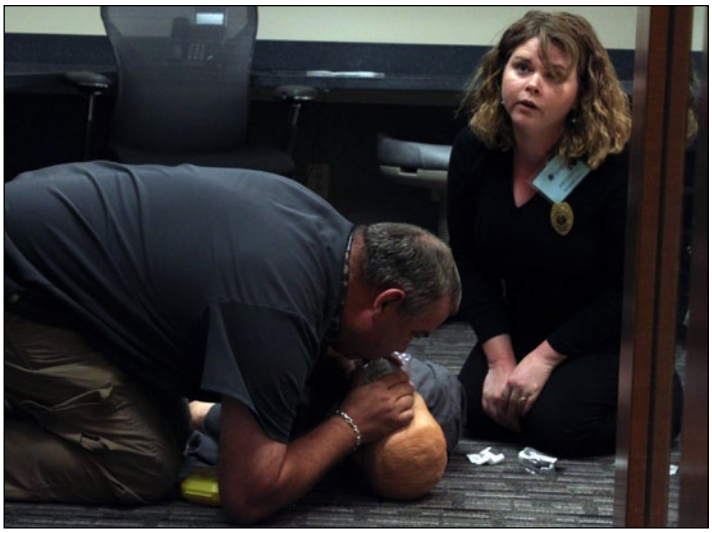
Throughout 2016, the Diffusion of Excellence Initiative named 26 front-line employees as "Gold Status Fellows" for their best practices which focused on improving access to care, coordination of care, quality and safety, Veteran experience and employee engagement. The initiative has supported the replication of their practices, with over 300 implementations now in progress or completed at over 70 facilities across the country from the first cohort. Eight of the Gold Status practices from the USH's first competition were chosen for national deployment.

The three-day summit in Orlando involved working in implementation teams to begin this process, and hearing from health care leaders on how they have spread innovative best practices in their health care systems. Gold Status Fellows worked with "Implementing Facility Fellows" to demonstrate their practices and share their lessons learned from implementation. Together, Gold Status and Implementing Fellow teams developed 6-month action plans customized to meet the needs of implementing facilities.

The Diffusion of Excellence Initiative leverages the Innovator's Network and VHA Innovations Program as catalysts to stimulate and promote innovation. It also recognizes staff who are already developing innovative best practice solutions to some of the agency's biggest problems. In doing so, VHA is empowering its top performers to help reapply their innovative best practices throughout the system.

Dr. Elnahal said, "We are so thankful to the Employee Education System (EES) and its SimLEARN staff for their continued support and partnership. From helping to coordinate this event, enabling us to have simulation-based training and providing instructional design and training expertise to help deploy our cohort 1 and cohort 2 Gold Status practices nationally. EES is helping to make diffusion across VHA a reality."

VA is transforming, and through this Initiative, and events like the Diffusion of Excellence Summit, VA is building an innovation ecosystem harnessing the power of its best and brightest members to improve the care of America's Veterans. ❖



(Photo left) LeAnn Schlamb, MSN, RN, Ed.S, SimLEARN national clinical faculty nurse, completes oral care on a "patient" while Simulation Technician Jimmy Bloodgood observes. (Above) Jane Robinson, BSN, RN, CEN, SimLEARN national clinical faculty nurse, narrates while Simulation Technician Rich Cook demonstrates cardiopulmonary resuscitation. (VA photos by Tiana Bouma)

Over 50 sites implement new RQI training

By Machelle Ferry
SimLEARN REdI Project Manager

ORLANDO, Fla. – Implementation of the Resuscitation Quality Improvement program, or RQI, is now complete at 55 sites. The new initiative by the American Heart Association (AHA) was rolled out in spring 2016 by SimLEARN's Resuscitation Education Initiative (REdI). Since then, training has taken place for many of the several thousand clinicians who have enrolled in the course.

The overall reaction to the RQI program has been positive, says Holly Curinga, MSN, RN, from the VA Pittsburgh Healthcare System.

"We have our current participants enrolled, and the past two quarters have gone great. Better than I expected," she said. "I have six more units enrolling this quarter. We will hopefully have over 200 people enrolled at the end of the quarter. We are continuing to recruit and get out there as much as we can."

As more facilities look to increase the amount of time clinical staff members are "on the floor" in their assigned units; RQI allows users to complete low dose, high frequency training at their convenience. The benefits don't stop there. Staff enrolled in RQI maintain an infinite license by completing the quarterly skills modules and cognitive videos.

Many health care providers do not perform CPR as a normal part of their daily practice, and some rarely perform CPR after the bi-annual training. The most beneficial aspect of RQI is the maintenance of competencies. By practicing CPR skills on a regular basis it produces a highly skilled CPR professional. RQI is a groundbreaking new approach to maintain competence in CPR skills.

AHA created a video and provided the following YouTube link for those interested in learning more about the program. You can view the video **here**.

If your facility is considering RQI implementation please contact Machelle Ferry **here**. ❖

New SimLEARN General Simulation Instructor course now available

By Theodore Napolitono
SimLEARN Field Activity Project Manager

ORLANDO, Fla. – VHA SimLEARN is now offering a SimLEARN General Simulation Instructor Course. This face-to-face program will be held at the VA Palo Alto Healthcare System (PAHCS) in California, and it's designed for novice and advanced medical simulation educators across varied disciplines, including physicians, nurses and associated health providers, as well as respiratory therapists and pharmacists.

Under the guidance of SimLEARN and PAHCS faculty, participants will learn to demonstrate comprehension of simulation models by selecting the best simulation modality based on training objectives and the return on investment. They will also learn to demonstrate exercises with simulation mannequins, demonstrate a metacognitive knowledge of the context in which the exercises are used as an instructional method, describe the context in which standardized patients are used in simulation training, explain the implementation of innovative techniques using simulation and much more.

The use of simulation continues to gain wide-spread acceptance in health care education. Due to the increased demand for simulation as a tool for clinical education, there is a lack of experienced clinicians who can integrate simulation into training programs at VA health care facilities.

VA staff may register for the course in VA's Talent Management System (TMS) at VA TMS Item 31479.

Scheduled Offering	Start Date	End Date
3103160	March 14	March 16
3103164	April 4	April 6
3103175	May 2	May 4
3103178	June 27	June 29
3103182	Aug. 15	Aug. 17

VA staff should use the direct TMS link:
General Simulation Instructor Course - Palo Alto

Information about this course and many others is available in the SimLEARN Course Catalog **here**.

These classes are in high demand and registration is on a first come, first served basis. Travel funding for attendees must be locally provided by the medical center or the Veterans Integrated Service Network and will be strictly monitored in an effort to keep costs within approved conference limits.

For questions about this training, please contact Ted Napolitano, SimLEARN field activity project manager by e-mail **here**, or via telephone at (407) 531-6147. ❖

Amanda Morrow, staff education consultant, demonstrates the training that took place recently. (VA courtesy photo)

Simulation helps boost confidence and skills

By Amanda Morrow, BSN, RN, VA-CCM
Staff Education Consultant
Roseburg VA Medical Center

ROSEBURG, Ore. – The short stay and operative care nursing staffs at the Roseburg VA Medical Center recently performed a simulation training day. The purpose was to complete their annual competencies for male and female catheter insertions and removals, as well as their bladder scanner training.

The training included a female station consisting of a gurney with a catheter task trainer attached to a CPR mannequin. A wig, arms and a gown were added for more realism. The bladder of the task trainer was filled with water diluted with an amber colored liquid antiseptic soap. Staff also used a mannequin with the bladder/fluid container filled for the male catheter training. The mannequin was put on manual mode with the urine switch on, and staff had "the patient" moaning continuously wearing an oxygen mask and with the eyes partially open. This was done as a constant reminder for staff to be aware and acknowledge the patient while performing simulations.

A volunteer male actor was also used for bladder scanner training for the staff nurse competency completions. Each station took the staff nurse approximately 10 minutes to review and demonstrate competency. Twelve nursing staff members were able to improve their skills in multiple modalities.

In addition to the learning and competency completion, this venue provided a great opportunity for department staff to build relationships, trust and confidence in themselves and with each other. ❖

VHA's

now an accredited learning course

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – The VHA health care educational gaming product, Crash Cart, is now accredited by the Accreditation Council for Continuing Medical Education (ACCME) and American Nurses Credentialing Center (ANCC) for 1 hour. It is posted on VA's Talent Management System (TMS). Crash Cart provides training for staff in handling medical equipment and supplies on a customized code cart in emergency situations.

Crash Cart was developed by the VHA Employee Education System (EES), and it uses current evidence- and game-based research to provide effective learning opportunities to help VHA health care practitioners acquire current medical knowledge, skills and attitudes. In the game, participants interactively learn to identify and select specific medical drugs, medications, tools, instruments and support equipment in standardized locations based on function and within individual, customizable crash carts.

There are three specific crash cart designs: the general crash cart, the difficult airway crash cart and the malignant hyperthermia crash cart. Planned updates to the game include adding several more customizable crash carts to meet a national need to include different VHA facilities' individualized crash cart procedures and practices.

For more information, please visit **here.** ❖

Musculoskeletal Instructor Training opportunities in March and April

ORLANDO, Fla. – The VHA SimLEARN National Simulation Center has upcoming classes in Musculoskeletal Instructor Training. This face-to-face course provides primary care providers the knowledge, skills and confidence to provide musculoskeletal services and have procedural proficiency to deal with the most common musculoskeletal conditions. This includes Veterans with complex rheumatic diseases presenting to patient-aligned care teams and successfully managing patients wishing a joint injection without referral to orthopedic specialists. In addition to treating Veterans with musculoskeletal complaints, the primary care providers who complete this training will function as instructors to train other primary care providers at their home facility.

More information about this and other courses is available on the SimLEARN Course Catalog **here**. ❖