

VHA training providers in health care for women Veterans

Submission by the Women Veterans Strategic Health Care Group (10P4W) and Patient Care Services

ORLANDO, FL - A groundbreaking training program to further VA's goal of implementing comprehensive primary care for women at all VA sites continued in July when the Veterans Health Administration (VHA) Employee Education System (EES) partnered with VHA's Women Veterans Health Strategic Health Care Group (WVHSHG) and SimLEARN.

More than 300 health care providers were trained during a large-scale mini-residency in Kissimmee, FL, including the 1,000th provider trained through the first part of the program. Developed by WVHSHG, the Mini-Residency Program on Primary Health Care for Women Veterans is furthering VA's goal of implementing comprehensive primary care for eligible women at all VA sites.

The Combined Mini-Residency incorporates pelvic and breast exam instruction using several types of simulation, including simulation training equipment and gynecological training associates.

The conference used examination and training space at the University of Central Florida School of Medicine Simulation Center, where 30 trained standardized patients (gynecologic teaching assistants) from the University of South Florida conducted sessions on pelvic and breast examination.

"We launched these mini-residencies in 2008 as a way to proactively prepare our providers for the record influx of women Veterans," said Patricia Hayes, Chief Consultant of WVHSHG. "I am thrilled that we have trained so many providers, and confident that every woman Veteran who comes to VA will be seen by a provider who is interested and proficient in women's health care."

The number of women Veterans using VA health care has doubled in the last decade. This is largely due to the growing number of women serving in the military, as well as increased awareness by women Veterans of the high-quality health care services offered by VA.

Of the 22.7 million living Veterans, more than 1.8 million are women. They comprise nearly eight



(Right) Lisa Roybal, from the Loma Linda VA Medical Center in California, discusses anatomical products used to train proper pelvic exam technique. (Photo by Mary Kay Hollingsworth, VISN 8 Communication Manager)

percent of the total Veteran population and six percent of all Veterans who use VA health care services. VA estimates women Veterans will constitute 10 percent of the Veteran population by 2020 and 9.5 percent of VA patients.

In addition to the large-scale training in Florida, seven regional training events are occurring nationwide

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over the coming months.

The mini-residency program consists of two courses, each taking two-and-a-half days to complete. Part I focuses on the needs of women Veterans of childbearing age and is made up of lectures, group discussions and hands-on instruction. Part II complements the first course and includes participation by a clinical pharmacist experienced in women's health prescribing issues.

Since the event in June, more than 1,100 VHA primary care providers have completed Part I, and almost 900 providers have completed Part II.

The mini-residencies are an ongoing program. WVHSHG is also developing ways to allow health care providers trained in women's health to maintain their proficiencies and stay up to date on the latest advancements in women's health care. ❖

Additional initiatives for women Veterans

In addition to implementing the mini-residencies, the Women Veterans Health Care program has collaborated across VA to enhance the health care offered to eligible women Veterans. This progress and initiatives include:

- Adopting key policies to improve access and enhance services for women Veterans
- Implementing comprehensive primary care for women Veterans
- Conducting cutting-edge research on the effects of military service on women's lives
- Improving communication and outreach to women Veterans
- Enhancing mental health and other services designed to meet the unique health care needs of women Veterans, including those grappling with homelessness

For more information about VA programs and services for women Veterans, please visit: www.va.gov/womenvet and www.womenshealth.va.gov

Be REdI to help save a life **New program offers life-saving knowledge to staff throughout VHA**

*By Gerald Sonnenberg
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ORLANDO, FL – Nearly anyone can help save a life. For those who work with our Veterans, that opportunity could come at a moment's notice. That's the primary reason the Resuscitation Education Initiative (REdI) was developed.

REdI is a national program to standardize, document, track and monitor the provision of Advanced Cardiac Life Support (ACLS), Basic Life Support (BLS) and Advanced Trauma Life Support (ATLS) training throughout VHA.

"Historically the methods for the provision of ACLS, BLS and ATLS training has varied across VHA," said Mary Fakes, RN, REdI program manager. "There has been no centralized system of records to document, track and monitor completion of initial training and recertification of VHA workforce in ACLS and BLS. VHA, through the REdI program, has an opportunity to become a national leader in resuscitation education through the establishment of this national resuscitation training and education program."

REdI is a new initiative within the SimLEARN program. REdI will provide critical train-the-trainer support to staff at VA Medical Centers in accordance with American Heart Association (AHA) guidelines. Those trained staff members can then provide clinical training to large numbers of medical center clinical staff, as well as offer cardiopulmonary resuscitation (CPR) training to non-clinical employees.

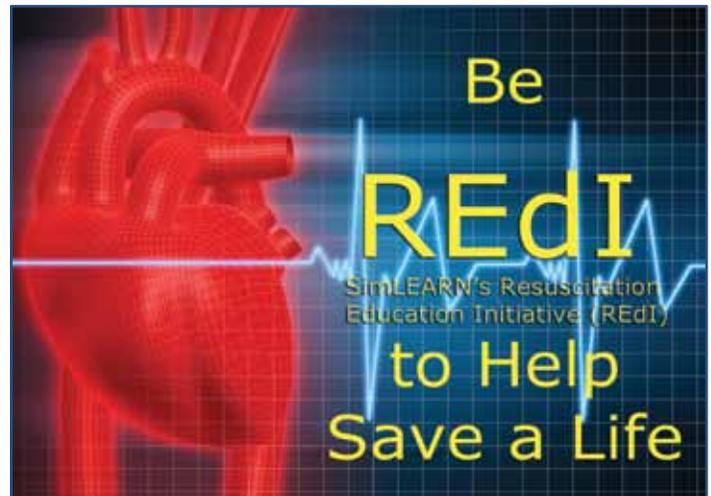
"Resuscitation training can be applied beyond the realm of clinical training to areas such as VA police, administrative and support service staff," explained Ms. Fakes. "For example, immediate response training for non-health care staff for witnessed emergencies and use of the Automated External Defibrillators (AED) in and out of medical center/clinical settings can be effectively taught using the American Heart Association Heartsaver AED program to VHA non-clinical staff."

Initial REdi CPR training classes are scheduled to begin at the VA Central Office (VACO) in October. In addition, an Automated External Defibrillator (AED) class, called Heartsaver AED, will be held in November.

The goals of the REdi program are to expand the number of employees certified in ACLS, BLS and ATLS, to advance the quality of patient care and to improve documentation of resuscitation training.

The program is based with SimLEARN in Orlando and is hiring resuscitation education staff to help train other instructors at the VAMC training centers. Those instructors will then provide REdi training.

For more information, please go to www.simlearn.va.gov and click on the REdi graphic. ❖



Durham VA group making a difference in patient care

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DURHAM, NC - The Durham VA Patient Safety Center of Inquiry (PSCI) is a grant-funded quality-improvement group made up of clinicians, educators, business experts and engineers who study human factors. PSCI members work together to find new ways to provide safer, more reliable and higher quality



*A Durham VAMC cardiac responder team practices.
(Courtesy photo)*

medical care to Veterans.

The group uses lab-based and high-fidelity mannequin simulation at the medical center or clinic as a core component in its approach to quality improvement. Simulation is being used to train clinicians in a variety of skills, including moderate sedation; the redesign of a safer hand-over process from the operating room to the intensive care unit; and development of non-technical skills such as teamwork, communication and leadership amongst members of the Durham VAMC cardiac arrest responder team. They also support traditional nursing and medical education efforts, such as basic life support and acute care life support.

The code response team project has been considered particularly effective. A high number of simulated codes, or emergency exercises, were conducted each month under the philosophies of psychological safety and interdisciplinary training, with an emphasis on teamwork and focus on systems. This project is not only improving the care delivered at the bedside, it is also helping to change institutional perspectives regarding clinical education, the importance of teams and culture of safety.

“The (code response systems) processes that have been identified as faulty and then changed allow the code response system to function more smoothly,”

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according to Rose Burke, Medical Intensive Care Unit Nurse Manager. “The lab process alone has improved the wait time to get samples to the lab and get critical results returned. This serves to increase the timeliness and effectiveness of post-resuscitative care provided to patients.”

From the training of non-technical skills, to process modeling, systems probing and skills acquisition, the Durham VA PSCI uses the versatility and power of high-fidelity simulation as a core tool to improve the quality and safety of care delivered to Veterans. More importantly, the PSCI uses simulation as a catalyst for the institutional adoption of a culture of safety.

Thaddice Dodson, code team member, captured the spirit of PSCI efforts when he said, “I am proud to be part of the professional team of physicians, nurses,



Durham VAMC cardiac responder team members practice life-saving techniques. (Courtesy photo)

technicians and other supporting responders. (The work is) inspirational, motivational and world class. I applaud this effort and all involved!” ❖

Nursing conference brings simulation professionals together

*By Gerald Sonnenberg
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ORLANDO, FL – The International Nursing Association for Clinical Simulation and Learning (INACSL) held its 10th annual conference June 15 – 18 in Orlando, FL, and VHA simulation professionals were there providing expertise.

This conference – for educators, researchers, managers and staff development professionals – provides an environment to disseminate and gain current knowledge in the areas of skills/simulation lab management and simulation enhanced education. Nurses and other health care professionals had the opportunity to network with colleagues and exhibitors, discuss best practice research, address safety-related outcomes, explore competencies



LeAnn Schlamb, Cincinnati VAMC nurse coordinator and simulation coordinator, addresses a group attending the 10th annual INACSL conference in Orlando, FL., in June. (Photo by Brian Dery, audiovisual production specialist, Orlando VAMC)

and share challenges.

Among the presenters was LeAnn Schlamb, RN. For three years, the Cincinnati VA Medical Center nurse educator and simulation coordinator incorporated

simulation into the Nursing Orientation. She did this by conducting a new employee assessment simulation in linking simulation to nurse retention with novice nurses at the Cincinnati VAMC.

Ms. Schlamb explained that the novice nurse graduates are able to have new experiences, such as operating the defibrillator during a mock code through simulation. During the mock code or other simulated emergencies, the novice nurses are able to assume various roles. They begin CPR, start advanced techniques and use new equipment to shock the mannequin, as well as fill other roles commonly seen during cardiac or respiratory emergencies.

“Simulation really transitions the new graduate for practice. They get to see the newest in equipment and are able to achieve various levels of experience, which is different from their nursing school programs,” explained Ms. Schlamb.

Simulation doesn't just cover emergencies or novice nurses. Recently Ms. Schlamb hosted a class for assistant nurse managers using simulation and role play to deal with conflict identification and management.

“Rolling out a National Curriculum: Challenges and Opportunities” was the topic of a presentation by Dr. Lygia Arcaro, PhD, RN. Her presentation highlighted how a large organization reviews options and arrives at a decision to advance topics that elevate to national

curriculum status.

Dr. Arcaro discussed challenges and opportunities that arise from a national rollout and acceptance from the field, while taking into consideration how the simulation curriculum is developed. Curriculum testing in the simulation lab and deploying the content across the entire organization were also addressed.

Finally, poster presenters Katie Fisher, RN, and James Kotek, PharmD., from the Jesse Brown VA Medical Center in Chicago were awarded 3rd Place in Practice at the conference. Their poster, “Magic Potion: Two Parts Collaboration and One Part Simulation Equals Rapid Sequence Intubation (RSI) Education,” highlighted rapid sequence intubation education in the emergency department and intensive care units at the Jesse Brown VAMC. Prompted by a recent evidence-based practice database, they decided to work collaboratively on the project to get the information to health care professionals.

Ms. Fisher, a registered nurse, and Dr. Kotek, a clinical pharmacy specialist, conducted the second phase of introducing new employees to programs such as RSI with the use of task trainers and mannequins. Their ultimate goal was to provide information to the clinical staff working in the medical center.

For this phase, employees set sail for a “competency cruise” while on duty. “The auditorium was set up to resemble a cruise ship with passports, lanyards and where each competency station was a country,” said Ms. Fisher. “The employee took their cruise through 20 countries set up as skills stations, had their passport stamped after taking a pre- and post-test and ending their cruise with all results being recorded in the Talent Management System database.”

During 4 hours of “sailing,” Ms. Fisher used the mannequin for the mock code station and another mannequin for employees to demonstrate taking a 12-lead EKG. “The program was so interactive that everyone wanted to try (the mannequins),” she said. ❖



The poster design of Dr. James Kotek, left, and Ms. Katie Fisher was awarded 3rd Place in Practice at the conference.

(Photo by Brian Dery, audiovisual production specialist, Orlando VAMC)

Simulation learning with an impact; Celebrating 10 years of a resident needle stick injury prevention program

By Annemarie Leyden, Ed.D

Chief of Learning Resources, Brooklyn Campus

BROOKLYN, NY – Staff at the VA New York Harbor Healthcare System-Brooklyn Campus began promoting needle stick safety more than 10 years ago because of the high concern for the safety and well-being of VHA health care professionals.

At the Brooklyn Campus, staff became aware of an increase in needle stick injuries during the same time of the year when internal medicine physician residents would first come on duty at VA. An analysis of the early injuries showed that blood draws and IV starts were the predominant causes of the needle sticks.

A review of the data collected by the safety committee revealed that resident injuries accounted for 65 percent of the facility's needle stick injuries annually. According to 2009 Occupational Safety and Health Administration data, an estimated 5.6 million workers in the health care industry and related occupations are at risk of occupational exposure to blood-borne pathogens, including human immunodeficiency virus, hepatitis B virus and hepatitis C virus.

A special task force explored the cause of the needle sticks and met to develop an action plan for prevention. After literature searches and focus group meetings were conducted, the committee welcomed Dr. June Fisher, a noted pioneer in safety devices, to shed additional light on a pathway for prevention. From the results of the focus groups, barriers to safe practices were uncovered, organizational issues were examined, and with



Dr. Fisher's input, plans for improvement were put into place.

The residents played an essential part in formulating plans needed to prevent injuries. A number of system changes were enacted, such as adding extra phlebotomists, along with practicing venipuncture techniques on simulated arms and purchasing equipment to aid in maintaining safety precautions for the staff. The Chief Resident became a champion for the program, thus promoting peer learning. Further, a culture of safety was established by reinforcing safety learning in daily activities and establishing a "no blame" message for reporting injuries.

The employees benefited from the knowledge of needle stick injury prevention. Dr. Leyden reported staff morale improved as they became more engaged in the process, and today there are few injuries reported. During the past fiscal year, no needle stick injuries were reported in the internal medicine resident group. Activities such as poster presentations, impact evaluations, monitoring and follow-up have caught the attention of the Centers for Disease Control and Prevention, which has cited the VA New York Harbor Healthcare System's program as one of two successful programs in the country for needle stick injury prevention.

For more information, contact Dr. Leyden at Annemarie.Leyden@va.gov. Article Reference: www.osha.gov/SLTC/bloodborne pathogens/index.html ❖



Climbing to the peak of simulation outcomes on ‘Pill Hill’

By Sue Thurston

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PORTLAND, OR – The Portland VA Medical Center (PVAMC) Simulation Program, located at the top of Marquam Hill, or “Pill Hill,” as it is also called, because of the several medical facilities in the area, is experiencing brisk growth with the recent acquisition of a new wireless mannequin and other simulation equipment. The equipment was provided by VISN 20 under the sponsorship of VISN 20 Designated Learning Officer (DLO) Jacalyn Hardy and PVAMC DLO and Chief of Education Dr. Kelly Goudreau.

The overarching goal for the equipment is to provide simulation learners with a safe environment in which to practice the many aspects of patient safety, while incorporating the recently released core competencies of interprofessional collaborative practice from the Interprofessional Education Collaborative (IPEC).

The four IPEC competencies -- value / ethics, roles / responsibilities, communication and teamwork / team-based care -- will be interwoven into all simulations. (See page 8 of the summer issue. Visit www.simlearn.va.gov/docs/lib/pr/Simlearn_summer2011.pdf)

The mannequin will assist learners to practice safe, quality care through a number and variety of simulations. Examples of planned simulations include rapid decline, respiratory failure, code or rapid response situations, sepsis and shock. A series of “code 99” emergency drills have been arranged for health care

providers in the intensive care unit. The outcome measures will consist of team dynamics, leadership and communication using the core competencies for interprofessional collaborative practice.

A second use is to assist discharged patients who are on a home ventilator. The goal is for the Veteran and/or family member or caregiver to feel competent when handling the complex equipment. The objective is for a respiratory therapist to first teach caregivers in a simulation setting, where they can touch, learn and practice on the home ventilator.

In consideration of the increasing number of women Veterans, PVAMC has incorporated a virtual pelvic exam model. This model allows simulation training for learners from women’s health and general primary care practices to apply safe quality care. Through the objective assessment of technical and hands-on clinical skills, practitioners can achieve competency for exams on women patients. This will be transported to Community Based Outreach Clinics for learning purposes.

A central line insertion task trainer was also obtained to assist providers, medical students and residents in developing skills and proficiency in placing a central line. A series of locally created DVDs has also been prepared regarding sterile technique, donning and doffing protective personal equipment, and placing a central line.

As we enter a new era of providing safe quality care to our Veterans, simulation plays and will continue to play an increasing role to practice skills for technical proficiency, communication, leadership, teamwork, and values and ethics in a safe learning environment. ❖

Nominations for Under Secretary for Health awards open through Oct. 31

The VHA SimLEARN program recently announced a call for nominations for the Under Secretary for Health’s 2012 awards program for Excellence in Clinical Simulation Training, Education and Research.

There are two award categories within the program: The Excellence in Clinical Simulation Training,

Education and Research Practice Award; and the Clinical Simulation Training, Education and Research Executive Leadership Award. Please select the link below for award criteria details and directions on how to submit the nominations, as well as PDF nomination forms to fill out for each award.

Nominations will be accepted through Oct. 31. Go to www.simlearn.va.gov/awards2012/ for more information. ❖



Registered Nurse Micah Zimmerman works with a mannequin during simulation training at the Minneapolis VAMC. (Courtesy photo)

Simulation training helping improve critical care knowledge for new nurses

*By Sharon Stanke, DNP, RN
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MINNEAPOLIS – Traditional orientation for nurses entering the work force has a rich history of on-the-job training to provide effective patient care. The intensive care unit (ICU) requires a nurse to integrate highly complex skills, critical thinking and cognitive knowledge. However, rapid changes in technology and other advances in health care in the last decade have mandated major revisions in the basic critical care education of the professional nurse.

A new evidence-based practice (EBP) change project is designed to better prepare novice nurses who have less than 1 year of critical care experience to care for critically ill patients.

Traditional education can leave a novice nurse not fully prepared. One way critical care educators can improve the care of hemodynamic (blood flow) and pharmacology patients is to decrease the amount of time these patients are considered unstable. Under the care of an experienced nurse, post-operative open-heart patients were typically unstable 30 percent of the time, compared to

being unstable 52 percent of the time under the care of a novice nurse.

To improve patient stability and novice nurse performance, educators at the Minneapolis VA Health Care System provided a three-day simulation seminar for ICU novice nurses. The curriculum was designed to increase critical thinking, analysis and synthesis of hemodynamic and pharmacological agents with in situ simulation training that took place in the surgical ICU. Each nurse worked through five scenarios, which lasted 45 minutes to 2 hours each.

Following the simulations, the new EBP demonstrated a 172 percent improvement in open-heart surgical patient hemodynamic stability while under the care of novice nurses. Patient hemodynamic instability was measured 17 percent of the time, down from 52 percent, while on vasoactive medication, which affects blood pressure and heart rate. The significant improvement gained in the novice nurse's patient management skills after simulation exceeded the experienced nurses.

The most effective simulation training allows learners to engage an uncomfortable or life-threatening situation without the fear of failure. This allows learners to stretch their abilities to reach goals as seen in the Minneapolis simulation program for novice nurses. ❖



Staff members of the Minneapolis VAMC work with a mannequin during simulation training. (Courtesy photo)



SimLEARN Newsletter is a product of the Veterans Health Administration National SimLEARN Center. The program's operations and management is conducted by the 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 email VASimLEARNGeneralInformation@va.gov.