



SimLEARNSM
Excellence in Veterans' Healthcare

Newsletter



Dr. Haru Okuda

New SimLEARN National Medical Director sits down for Q & A

*By Gerald Sonnenberg
SimLEARN Staff*

ORLANDO, FL - Haru Okuda, MD, was recently named National Medical Director for the Veterans Health Administration (VHA) Simulation Learning Education and Research Network (SimLEARN) Program. In this role, Dr. Okuda leads a staff of clinical simulationists and educators in conducting research, developing curricula and best practices, and coordinating acquisitions of clinical simulation training systems in support of health care providers at VA medical centers nationwide.

Prior to joining the Department of Veterans Affairs, Dr. Okuda served as the Director and Assistant Vice President of the Institute for Medical Simulation and Advanced Learning for the New York City Health and Hospitals Corporation, the largest municipal health care system in the United States. He was also Associate

Clinical Professor of Emergency Medicine at the Mount Sinai School of Medicine, and was the former Associate Residency Director in Emergency Medicine and Director of Simulation for the medical school. For a complete biography, go to www.simlearn.va.gov.

Dr. Okuda took time from his busy schedule to sit down and share his thoughts on simulation and why it's important to VHA.

Your experience in simulation is solid and quite varied. How do you feel this new position will differ from your previous positions?

Dr. Okuda: As you mentioned, I've had the opportunity to work in wonderful systems in the past, including the academic medical system at the Mount Sinai Hospital and the public health system with the New York Health and Hospitals Program. Both are very different from each other and from the VHA.

The most notable difference in this new position as National Medical Director of SimLEARN with the VHA is the ability to help make a difference in the care of our Veterans. My only prior experience working in the Veteran's hospital system was as a medical student. I feel very privileged to be in this role.

Another difference, that I'm very excited about, is the ability to build on the existing expertise in

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simulation within the VHA system. As you know, David Gaba MD, an anesthesiologist at the VA in Palo Alto, CA, is one of the founding fathers of medical simulation. He is the lead at the SimLEARN sister site in Palo Alto, and has already begun teaching our simulation experts and champions throughout the VISNs. I am very excited to have the opportunity to collaborate with experts like him and many others throughout the VHA. I believe there has already been some wonderful work in simulation that has been done and I hope to learn and build on this expertise.

Lastly, I'd like to take advantage of VHA's sophisticated electronic medical records (EMR) system. Because VHA was one of the first to develop an EMR, we have a wonderful data base of pre-simulation activity which can only be mirrored by a few health care systems nationally. I hope to be able to develop simulation training programs using such data so that we can ultimately measure clinical outcomes improvement through the use of simulation.

What do you look forward to most in your new position?

Dr. Okuda: Meeting and working with motivated and innovative people within the VHA system that are passionate about the VHA mission, in order to help develop SimLEARN become a national leader in simulation for patient care. Moving my family out of the cold New York City winters to the warm climate of Orlando is an added bonus.

What are some of the challenges you expect to encounter?



Dr. Haru Okuda speaks to more than 200 VHA employees during a dinner at the International Meeting on Simulation in Healthcare conference in New Orleans. (Photo by Gerald Sonnenberg)

Dr. Okuda: I imagine there will be people throughout the system who will wonder, "Where's the evidence?" or "Don't I have more important things to do?" I know I won't be able to convince everyone of the benefits of simulation from the beginning, but I always ask, if it were their family member lying on the operating room table or about to get an emergency procedure done by a junior resident, wouldn't they want the resident to have practiced on a simulator 100 times before operating on their family for the first time? Simulation makes sense.

Simulation is relatively new to VHA. What are some of the advantages to utilizing it, and how will VHA staff benefit from what it has to offer?

Dr. Okuda: The wonderful thing about simulation is that it allows providers, seasoned or new, to practice procedures and skills without causing harm to patients. You want them to make mistakes during simulations so that they can learn from them and not make similar mistakes during patient care. The seasoned providers

can brush up on techniques that they've performed infrequently over the years, or learn and practice new procedures and how to use new devices. Trainees can practice in a safe learning environment so they can achieve a level of mastery prior to performing a procedure on a patient, much like a professional athlete or musician might do. Simulation is also a tool that allows for teams of providers from differing disciplines and specialties to practice communication and teamwork skills.

Another great application of simulation is to use it to test and improve systems. For example, you can run a mock code in a radiology suite of a hospital and look at the response capabilities of the code team, the availability of equipment and space, as well as assess the human factor and communication issues that arise. Then the system can be improved to limit the ability for people to make errors, such as developing checklists, establishing code cart stocking protocols, or standardization of defibrillator equipment. There are many other benefits of simulation, but I will stop here for now.

Do you think simulation will eventually replace more traditional types of training? Why or why not?

Dr. Okuda: I don't think simulation will ever completely replace a mentorship bedside teaching model of health care education, because human beings are complex, and we'll never be able to recreate them. That being said, we are already starting to replace more traditional types of training. I never understood the "see one, do one, teach one" method. It never made sense for us to be practicing on patients. With my background in violin music, when I entered medical school I never understood why it was okay to read up on a procedure, watch it done once, and then perform on a real patient, even if supervised. As a musician, one would practice scales and arpeggios over and over before ever performing a piece in front of a live audience. Also with teams, it never made sense for all of the players of a team, the nurses, doctors and associate health professionals, to study and practice in isolation,

and then come together just for the performance of taking care of a patient. An orchestra would practice together hundreds of hours prior to their performance.

Do you have a personal philosophy in how you approach simulation technology?

Dr. Okuda: Simulation is a tool that, if used correctly, can be very powerful. As with any tool, if used incorrectly or misapplied, it can be ineffective. It is always very appealing to want to use the newest technology to solve a problem, but this is not often cost effective or desirable. The way I approach using simulation for anything is to try to have a broader view of what the problem is and look to see if there are other tools or options for solving the problem. For example, if there is a clinical safety issue, would it be more effective to develop a checklist, incorporate EMR tools, or develop a policy or guideline, or consider another approach? I also like to look to see if there is existing literature in the use of simulation to address a particular problem, and then decide whether simulation is the best option. It is also important to start with the end in sight and define what the outcomes will be first, before jumping headfirst into the solution, because ultimately, we will want to demonstrate that we made a difference in patient care.

Do you have any final thoughts or advice for VHA staff reading this article?

Dr. Okuda: This is a tremendous and exciting time for the field of medical simulation. The medical world will look back years from now and say, "I can't believe there was a time when we used to train health care providers without the use of simulation." My hope is that as these future providers look back and reflect, they'll also say, "It's amazing that the VHA led the field in helping to bring simulation to where it is today." ❖



Audience members watch the Simwars 2011 Competition at the International Meeting on Simulation in Healthcare Conference in New Orleans. During the competition, the audience was able to see (left to right) a large screen displaying vital signs and tight camera shots of the teams in action; the judges just to the right of the screen; the teams treating their "patients," and the individuals running the scenarios, including providing patient sounds and voices. (Photo by Gerald Sonnenberg)

Simwars 2011 pits international teams head-to-head

By Haru Okuda, MD

National Medical Director, VHA SimLEARN Program

NEW ORLEANS, LA – A 42-year-old female arrives in the emergency department with severe, crushing chest pain. Your team assesses the patient, who is clutching her chest and is sweaty, has low blood pressure and shortness of breath. The electrocardiogram shows an acute ST-segment elevation myocardial infarction (a heart attack). Appropriately, you call in the interventional cardiologist on call to perform a life-saving procedure. Upon arrival, the cardiologist becomes incapacitated, and your patient is crashing. What do you do?

Soon after, you receive notification that a bus filled with passengers is

involved in a suspicious explosion. The first victims to arrive include a 35-year-old male who is having difficulty breathing. Blisters cover his body. There is concern a biological or chemical attack may have taken place. The incident commander instructs the team to suit up in fully-protective biohazard suits. You realize your team members can't hear you through the suit. How do you communicate with your team in order to successfully resuscitate the patient?

Later in the day, with the previous emergencies resolved, your team is in the outpatient clinic and you hear a scream from the waiting area. A

family member is unresponsive and without a pulse...

These and other challenging situations are all in a day's work at a Simwars competition. The latest Simwars event was held during the International Meeting on Simulation in Healthcare (IMSH) Conference in New Orleans from Jan. 23-26.

There, eight interdisciplinary teams from the U.S. and Canada competed in a grueling battle for the title of the 2011 IMSH Simwars Champion. This was the second year the competition was held at IMSH. So far, Simwars has been held at over a dozen national and international meetings.

The focus of the competition is to allow teams of doctors, nurses and other associated health care

providers to compete against each other in a competitive, resuscitative environment, learning about teamwork and communication skills, while allowing large audiences to benefit from the expert's input, as well as observe practice variations.

Upon completion of each case, an expert panel gives the team feedback based on their teamwork, communication and clinical management. The audience votes on the winner using an audience response system. This year, the competition was held over three days, with more than 500 audience members voting each day to select a winner. The victor for 2011 was an interdisciplinary team from the University of Alabama.

VHA teams interested in participating in Simwars or that would like general information about the SimLEARN Program should contact VASimLEARNGeneralInformation@va.gov . ❖



A team from Canada treats their "patient" while wearing biohazard suits during the Simwars 2011 competition. (Photo by Gerald Sonnenberg)

Mile-high simulation training taking flight in Denver

*By Lygia Lee Arcaro
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DENVER, CO – Margaret Claborn, a registered nurse, has been with the Department of Veterans Affairs (VA) for less than a year. She may be new to the VA, but not to simulation.

She spent much of the last five years developing components of human simulation for two local undergraduate nursing programs. She learned about simulation as a teaching strategy, and how learner outcomes were related to the life-like scenarios presented. Students were introduced to their "patient," whose condition would quickly change, prompting an assessment and use of critical-thinking skills.

Now, as one of the Clinical Nurse Educators for the Denver VA Medical Center Quality Management and Education Department, Department of Education/Telehealth, she has been making an impact integrating simulation into Veteran education. The teaching moments fit real-world situations, such as teaching diabetics how to recognize and respond to a hypoglycemic reaction. Using a mannequin to simulate a diabetic patient, the caregiver and/or Veterans themselves can learn what to expect and what to do.

Together with her Clinical and

Simulation Education Resource Team, Ms. Claborn realized space would be needed to develop a simulation center accessible to Veterans, families and staff. To meet this need, her team explored existing simulation resources within the medical community where the new Denver VA Medical Center is being constructed. Working with two community simulation centers, Ms. Claborn developed a template that helps distinguish various criteria each center has to offer, such as an analysis of space utilization, or existing simulation equipment. She reported that a space analysis is helpful in recognizing the available simulation services, reducing duplication of simulation services and identifying simulation modalities that have not been developed.

Ms. Claborn said, "Our teams are only limited by their own imagination of what can be done with simulation as a teaching modality."

Currently there are simulation informational fliers being distributed to "get the word out" to staff that simulation is a way to promote critical thinking, improve communication, improve patient safety, and improve Veteran health outcomes, which lead to decreased health care costs.

If anyone is interested in learning more about the tools developed by Ms. Claborn and the Simulation team to promote facility implementation, please contact her at Margaret.Claborn@va.gov . ❖

VA Under Secretary presents First Clinical Simulation Training Awards

By Jeffrey Bishop
SimLEARN Staff

NEW ORLEANS, LA – Veterans Health Administration employees David M. Gaba, M.D., and Timothy W. Liezert, FACHE, were recently named the first-ever recipients of the Under Secretary for Health's Awards for Excellence in Clinical Simulation Training, Education and Research.

Department of Veterans Affairs Under Secretary for Health, Robert A. Petzel M.D. presented each with the award at a special VHA Clinical Simulation break-out session during the International Meeting of Simulation in Healthcare in New Orleans Jan. 24.

Dr. Gaba was recognized with the 2011 Excellence in Clinical Simulation Training, Education and Research Practice Award for his numerous contributions to the field of clinical simulation over the past two decades. Dr. Gaba created the first modern mannequin-based, fully interactive simulator, which has since been commercialized and, along with his curricula, is in use in thousands of simulation training and education programs around the world. He has also conducted ground-breaking research in Crisis Resource Management (CRM) in clinical care settings and has designed CRM-oriented simulation instructor training designed to improve patient safety outcomes.

Dr. Gaba is Staff Anesthesiologist at the VA Palo Alto Health Care System, CA, and Associate Dean for Immersive and Simulation-Based Learning and Director of the Center for Immersive and Simulation based Learning (CISL) at Stanford University School of Medicine in California. He is also editor-in-chief of "Simulation in Healthcare," the official journal of the Society for Simulation in Healthcare.

Mr. Liezert, Director of the Orlando VA Medical Center (VAMC), FL, was recognized for his role in championing clinical simulation practice at the Orlando VAMC, and in support of VHA efforts to establish its Simulation Learning Education and



Dr. Robert A. Petzel (right), presents Dr. David Gaba with the 2011 Excellence in Clinical Simulation Training, Education and Research Practice Award. (Photo by Gerald Sonnenberg)



Dr. Robert A. Petzel (right), presents Timothy W. Liezert with the 2011 Clinical Simulation Training, Education and Research Executive Leadership Award. (Photo by Gerald Sonnenberg)

Research Network (SimLEARN) as a program of peerless excellence. An active contributor to the vibrant and nationally renowned Orlando simulation community, Mr. Liezert has established strong relationships with simulation leaders in industry, government and academia

that are greatly benefiting VHA clinical simulation programs. In the construction of the new Orlando VAMC, he has captured his vision to include in the design a clinical simulation laboratory. ❖

VHA employees attend world's largest simulation conference

*By Tim Walsh
SimLEARN Staff*

NEW ORLEANS, LA – More than 300 VHA employees were on hand for the International Meeting on Simulation in Healthcare (IMSH) Conference in New Orleans from Jan. 23-26.

At the IMSH Conference, VHA employees took part in technology workshops, tours of simulation centers at Tulane University and Louisiana State University, and sessions including “Through the Looking Glass: Simulating Cultural Change” and “How Health Professionals Think: Implications for Clinical Education.”

In addition to courses and sessions, the conference hosted an exhibit hall with nearly 65 booths. Exhibitors ranged from vendors, universities and educational groups, and government organizations, including a SimLEARN booth.

Beyond general conference activities, VHA employees attended a special VHA session that

included remarks from VA Under Secretary for Health Robert A. Petzel, M.D., and the presentation of the Under Secretary for Health's Awards for Excellence in Clinical Simulation Training, Education and Research.

Under Secretary Petzel also introduced Dr. Haru Okuda as the new VHA SimLEARN Medical Director. Dr. Okuda shared with the audience his experience as a simulation educator and his aspirations for SimLEARN. The VHA session also featured a keynote address by Lt. Col. Shad Deering, Chair of the U.S. Army Central Simulation Committee. Colonel Deering, a practicing physician, outlined the Department of Defense (DoD) approach to clinical simulation, highlighting opportunities for collaboration between DoD and VA. ❖



Tammy Novak, MSN, RN, a nursing educator from the Albuquerque VA Medical Center, NM, practices performing laparoscopic surgery using a simulation device at the International Meeting on Simulation in Healthcare Conference. She is assisted by Frank Krupka, who was a vendor at the conference. (Photo by Gerald Sonnenberg)

VA Nursing Academy transforming nursing education; Pilot program uses simulation in a practice academic partnership

PROVIDENCE, RI – The Department of Veterans Affairs Nursing Academy (VANA) is a federally funded VA National Pilot Program addressing the national nursing and nursing faculty shortage. Together, the partnership between Providence VA Medical Center (PVAMC) and the Rhode Island College (RIC) School of Nursing is one of 15 collaborative partnerships nationally selected as a part of VANA.

The RIC-PVAMC collaboration provides RIC with eight additional nursing faculty members, allowing for an increase in baccalaureate nursing enrollment by 20 students each year. VANA faculty expertise spans a wide range of practice and academic areas, allowing them to teach in many courses.

A member of the VANA faculty, Dr. Judy Murphy, VANA Simulation coordinator at the Providence VA Medical Center, functions as the simulation coordinator for both partners. In this role, she provides faculty development on simulation, consults on developing need-based simulation scenarios and evaluates simulation outcomes.

At RIC, Dr. Murphy has more than quadrupled the number of simulations, and also designed the remodeling of the nursing resource laboratory. Installation of video recording equipment and a separate control room allows for filming and remote observation. Filming of simulations provides a mechanism for students to observe and self evaluate, while setting goals for improvement. Simulation data indicate that student confidence in simulation is



Judy Murphy, PhD, RN, CNE, practices cardiopulmonary resuscitation on a mannequin during a simulation. (Photo by Thomas Antonaccio)

high, and that safety, team interaction and communication are critical take-home points.

PVAMC staff was introduced to simulation in a program designed to enhance physical assessment skills and introduce them to a new physical assessment template. Physical assessment skills were reviewed and practiced during the 8-hour program. Other simulations developed and used for both patient and staff education include pain assessment of

the cognitively impaired, medication reconciliation and recognition of stroke symptoms.

Further enhancement of the simulation program at the VA will be possible thanks to a merit grant from the Office of Nursing Services. With the funding, Dr. Murphy obtained video-recording equipment to be used at the VA to compare and evaluate different models of debriefing. Through the VANA partnership, the simulation program has been enhanced in both practice and academic settings. Future plans consist of expansion of simulation to include inter-professional simulations, and integration of health informatics technology in simulations with both VANA partners. ❖

Judy Murphy, PhD, RN, CNE; Anita Creamer, MSN, RN; John Deckro, MS, RN, ANP-BC; Anthony D'Eramo, MSN, RN; Kim DeMasi, MSN, RN, CEN, LADC; Diane Gerardi, MSN, RN, BC; and Emily Pohlman, RN, MSN, CNOR contributed to this story.



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 e-mail VASimLEARNGeneralInformation@va.gov.