

SIMULATION EXCHANGE



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National Simulation Center

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In This Issue:

Simulation training, education and research expertise earns three VHA leaders top honors2

VHA educational game runner up in international competitions3

Know what to do in a medical emergency4

National Simulation Center update4

SimLEARN offering point of care ultrasound course4

Interprofessional simulation training helps staff prepare for real-life crises5

Simulation used to combat opioid overdose5

San Francisco simulation center conducts transesophageal echocardiogram training6

Educational gaming provides new training environments for VA health care clinicians7

Managing violence risk in home health; An effective use of simulation training..8

Fellowship corner: Simulating auditory hallucinations a valuable learning experience9

Sample list of training courses10

On the cover:

Christian Penaranda, Student Registered Nurse Anesthetist (SRNA) and Daniel Rice, SRNA (far right), are trained by Assistant Program Director Jonathan Reed (center), CRNA, DNP, in the technique of retrograde intubation. Read the story on page 5. (VA photo by Lisa Lucas)

Simulation training, education and research expertise earns three VHA leaders top honors

By *Gerald Sonnenberg*
EES Marketing and Communication

WASHINGTON, D.C. – Three VHA leaders were singled out for their expertise in leadership and mentoring in the field of clinical simulation training to earn the 2014 VA Under Secretary for Health's Awards for Excellence in Clinical Simulation Training, Education and Research.

Rosalyn P. Scott, MD, Master of Science in Health Administration (MSHA), and David J. Adriansen, Ed.D, Nationally Registered Emergency Medical Technician (NREMT), are the recipients of the Excellence in Clinical Simulation Training, Education and Research Practice Award. Isabel Duff, MS, is the recipient of the Excellence in Clinical Simulation Training, Education and Research Executive Leadership Award.

Dr. Scott is the associate chief of staff for medical education, as well as the Veterans Integrated Service Network (VISN) 10 simulation champion located at the Dayton VA Medical Center (VAMC) in Ohio. She also serves in several positions at the facility, including the chief of thoracic surgery at Dayton, and a joint appointment at Wright State University as a professor of surgery and biomedical, industrial and human factors engineering.

In 2010, she was appointed lead of the VISN 10 simulation enterprise. Since then, she has amassed a variety of accomplishments and provided leadership by creating the first VISN-wide simulation consortium. She led the upgrade of the Dayton Simulation Center to a new 17,000-square-foot VHA regional resource and enhanced future staff bench strength by initiating and co-directing the VISN 10 Interprofessional Advanced Fellowship Program in Clinical Simulation. This set standards within VISN 10 and ensured each simulation educational activity helped provide the highest quality treatment to Veterans.

The second awardee, Dr. David Adriansen, is the manager of the Minneapolis VAMC Simulation Center, where he champions clinical simulation for VISN 23. Like Dr. Scott, he has a long list of accomplishments in simulation education.

He authored a unique analysis of simulation capabilities within the Midwest and led the development and execution of the VISN 23 clinical simulation program which has simulation training initiatives at 11 VA facilities, one university and two non-VA hospitals. His operational and clinical expertise is crucial in driving decisions on what curriculum to create and which training is best supported via simulation. He also improved clinical proficiency and performance with simulation throughout VISN 23 facilities.

The third recipient, Isabel Duff, served as the director of the VA Southern Nevada Healthcare System's (VASNHS) new VAMC in North Las Vegas until her retirement in May 2015. This facility was the first new medical center constructed in VHA since 1995.

During her tenure, she demonstrated an uncompromised personal commitment in many ways. This includes successful implementation of clinical simulations during the final construction phase of the facility by ensuring simulation became a standard operating practice and key foundation to safely educate, train, identify and mitigate issues prior to providing patient care. She participated in all facets of the simulation process working with the Simulation Learning, Education and Research Network's (SimLEARN) hospital activations team and her staff from development to clinical scenario design, environmental evaluation, as well as leadership debriefings.

"Since the inception of the USH Simulation Awards in 2010, we have identified and recognized VHA staff members who are national and international leaders in health care simulation," said Dr. Haru Okuda, SimLEARN national medical director. "The quality of the recipients from this year continues to ensure VA maintains its innovativeness and advantage in progressing simulation-based health care training for the clinical providers in order to improve Veteran care and contribute to the field of health care simulation."

For even more about the accomplishments of the award recipients, [click here](#). You can also learn more about the awards by visiting the SimLEARN [awards page](#). ❖

VHA educational game runner up in international competitions

By Gerald Sonnenberg
EES Marketing and Communication

ORLANDO, Fla. – A Veterans Health Administration (VHA) health care educational gaming product was named runner up at the 6th Annual Serious Games and Virtual Environments Arcade and Showcase.

The game, called Crash Cart, provides training for staff in handling medical equipment and supplies in a standardized way in emergency situations. It placed second in the Large Company Division at the annual International Meeting on Simulation in Healthcare (IMSH) Jan. 17-20.

Crash Cart was developed by the VHA Employee Education System (EES) for VHA's Simulation Learning, Education and Research Network (SimLEARN) program, and was a featured application during IMSH.

Crash Cart 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, place, select and apply 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.

The application uses game design elements of rules, structured play, challenges and competition, along with visual and audio aesthetics, to immerse and motivate participants to actively use cognitive processes to solve the emergency crash cart's various technical, pragmatic layout and functional health care problems. Crash Cart avatars also provide immediate formative feedback on a participant's performance level, and they provide a final recorded summative score. In addition, VHA facility-specific internal leaderboard scores provide for friendly multi-player competition.

VA's Chief Nursing Officer, Dr. Donna Gage, Ph.D., RN, NE-BC, said, "A few minutes can mean the difference between life and death, and trying to find necessary equipment and medications in an unfamiliar crash cart can cost valuable minutes. The Crash Cart simulation game offers nurses a safe, on-demand way to become familiar with emergency equipment and medications to improve the timeliness, accuracy and consistency of emergency response and improve the survival rates of our Veterans."

"Educational gaming and simulation training plays a key role in the advancement of the knowledge, skill and technique of our medical providers to improve the care of our Veteran patients," said Jim Warner, VHA chief learning officer. "Improving the care we provide to

those Veterans is the sole focus of every educational tool we develop."

The IMSH event in San Diego, California brought together more than 2,500 health care simulation educators, technicians and researchers from around the world who participated in more than 300 educational sessions including workshops, presentations, debates and expert panels. It was also the second such event where Crash Cart placed high on an international stage. In December, the educational tool was a finalist at the 2015 Interservice/Industry Training, Simulation and Education Conference (I/ITSEC) Serious Games Showcase and Challenge held in Orlando. I/ITSEC is described as the largest simulation-focused conference in the world.

"I am grateful on behalf of the team for recognition of excellence from two international professional organizations and look forward to completing more innovative products for the educational benefit of those who serve Veterans," said Leslie Dubow, EES associate director for Educational Gaming.

Educational gaming provides employee engagement opportunities with new educational products using gaming technology. The Crash Cart game is available for training by VHA staff through the VA Intranet. VA staff can access the Crash Cart and other applications on the educational gaming part of the MyEES site [here](#).

For more information about educational gaming, see page 7. For more information about SimLEARN, please visit their website [here](#). ❖

Know what to do in a medical emergency

By Amanda Morrow, BSN, RN
Staff and Patient Education Consultant
VA Roseburg Healthcare System

ROSEBURG, Ore. – At the VA Roseburg Healthcare System, there is approximately one medical emergency each quarter. That would be four per year, with as many in the outpatient setting as in the inpatient units. Something as critical as the response to a medical emergency done only four times per year needs to be planned, supported and practiced for a successful response free of confusion and chaos.

The process of managing a medical emergency is a well thought-out, well-documented plan in most medical centers. The clinicians have processes, memos, policies, guidelines and even manuals for responding to emergencies. Yet each time there is an emergency, the reaction may be different.

Questions often occur very quickly in an emergency such as, “Who is doing compressions? Where is the crash cart? Where is the bag-valve-mask device? Is help coming soon? This confusion can be fixed by providing familiarization with the equipment, rehearsing the roles and reviewing the processes. Staff must check out the available equipment by becoming familiar with how it opens, how it turns on and how it works.

Would a “huddle” (code team briefing) help?

If the team takes a few minutes to huddle, plan and make role assignments, it can be better ready to help save a life. One approach is to be proactive, pull the code team together and talk about roles. Huddles are not a new idea; they are used widely to create a shared understanding in many high-reliability organizations such as the aviation industry, nuclear power plants, military operations and in the procedural areas of health care.

Take Mock Codes and other simulations seriously

These events are considered high-risk, low-volume events. Training can be disruptive and cumbersome, but it is necessary to success. Success is doing the best you can with what you have. That is Basic Life Support at its finest. Knowledge, great up-to-date equipment, the support of other trained health care providers and non-health care providers, as well as the support of bystanders is vital.

Practice and knowing what to do can improve the chances of saving a life. ❖

National Simulation Center update



The new VHA SimLEARN National Simulation Center is close to completion in this photo taken Feb. 8 from inside the new Orlando VA Medical Center on the Lake Nona, Florida, campus. (VA photo by Ramon Garcia) ❖

SimLEARN offering point of care ultrasound course

By Patricio Bruno, D.O., FAAFP, FHM
SimLEARN Physician Faculty

ORLANDO, Fla. – SimLEARN is offering a new introductory course in point of care ultrasound training or POCUS. Scheduled to launch this spring, POCUS will teach entry-level principles of ultrasonography for use by physicians at the bedside.

The course will have a hands-on simulation component in addition to didactic material on the principles of ultrasonography and its potential implications in developing and narrowing a differential diagnosis. While it will not produce experts in ultrasonography, it will, at a minimum, offer a deeper appreciation for the potential benefits of bedside ultrasonography and, at most, teach useful techniques that may be incorporated.

Ultrasonography of the heart, lungs, abdomen, kidneys and musculoskeletal systems will be discussed and practiced. In addition, students will have time to learn aspects of the sonogram hand-positioning, anatomic landmark identification and technique. The course is intended for ultrasound-naïve physicians with an interest in exploring the use of bedside ultrasonography.

POCUS has possible uses in various clinical settings such as the intensive care unit, emergency department and outpatient primary care office or hospital ward. Some valuable potential assessments include preliminary myocardial dynamics; pulmonary diagnostic rule outs, abdominal pathologic identification, vascular identification and access and musculoskeletal issues. Ambulatory physicians, hospitalists, intensivists, urgent care and emergency physicians may gain benefit from the POCUS course.

The faculty for POCUS are national experts in point of care ultrasonography from various disciplines. Together with the SimLEARN team, the national POCUS faculty has developed a curriculum that is evidence-based and geared to teach learners from introductory levels to those with some ultrasound experience.

The course will be offered at the VHA SimLEARN National Simulation Center. VHA employees may view other courses and details on the SimLEARN Portal [here](#). ❖

Interprofessional simulation training helps staff prepare for real-life crises

By Jane Robinson, BSN, RN, CEN
Christian Penaranda, BSN, SRNA,
and Lauren Vanderhoeck, BSN, SRNA
Memphis VA Medical Center

MEMPHIS, Tenn. – Staff at the Memphis VA Medical Center recently partnered with the VA National Center for Patient Safety to conduct simulation training in its new simulation center. This two-day training focused on providing 75 physicians, nurses, respiratory therapists, surgical technicians, trainees and other staff with improved skill in team work, communication among staff and debriefing as a means of improving patient safety.

The participants were randomly divided into three groups. Each group rotated through three different rooms set up to represent different scenarios. Each of the simulation rooms was equipped with a state-of-the-art mannequin depicting real-life responses to the simulated events. Participants responded with interventions and equipment needed to manage the problems presented.

The first room was set up as an emergency department bay and focused on crew resource management. Using VA's SimLEARN Out-of-Operating Room Airway Management scenarios, participants were asked to manage a "patient" with a known difficult airway who presented to the emergency department in respiratory arrest. Participants were challenged to identify the unique considerations this type of patient presents and to determine what resources and skills were needed in this situation.

The second room was set up as an operating room where, participants received training in managing a fire. This training module was developed and conducted by VAMC Memphis-based U.S. Army Graduate Nurse Anesthetist Program (USAGPAN) doctoral students. The students, all of whom are VA employees in training, selected simulation training as the capstone project for their doctoral degrees.

The simulation participants were shown a video on how to mitigate operating room (OR) fire risk and how to respond in case of a fire. Once in the OR, the "patient" was prepped, draped and intubated. During the course of the procedure, an airway "fire" ignited. Dry ice was used to simulate smoke. Once the smoke was seen, participants quickly responded by implementing the airway fire management protocol.

The final room was a cardiac arrest simulation. Most participants were already certified in Advanced Cardiac Life Support, so the main focus of this scenario was on the importance of soft skills like effective communication during and debriefing after a crisis. Participants learned that without timely feedback from each of the team members, the team leader doesn't have all the information needed to make the best decisions. Likewise, without feedback from the team leader, the group could not anticipate and prepare for upcoming interventions. Both of these problems put the patient at risk for a poor outcome. Debriefing after the "code" allowed the team to discuss what worked, identify areas for improvement and set the stage for improving team work in the future.

This training seemed to be well received by all participants and has laid the groundwork for simulation scenarios as a mainstay in interprofessional clinical training. ❖

Simulation used to combat opioid overdose

By Deborah M. Corrigan, MSN, RN, OCN
Mental Health Nurse Educator
St. Cloud VA Health Care System

ST. CLOUD, Minn. – St. Cloud VA Health Care System (VAHCS) staff initiated a high-risk opioid relapse prevention group called the St. Cloud VAHCS Residential Rehabilitation Treatment Program. This group trains Veterans, families and significant others on relapse prevention, rescue breathing and demonstration in the use of Naloxone Rescue Kit simulations to prevent overdose death. Using mannequins, staff can simulate an individual experiencing an opioid overdose, the recommended treatment and the recovery response.

U.S. drug overdose deaths have doubled since 1999, reaching 43,982 in 2013, and heroin and prescription opioids are major causes of these deaths. Naloxone is a highly effective treatment for combatting opioid overdose, and if administered properly at the time of overdose, naloxone reverses overdose symptoms and saves lives. Family, friends, significant others are encouraged to attend, as are any others, that might be involved in a Veteran's recovery.

Most people who reported using the kits to reverse an overdose were drug users, and many of the reported reversals involved heroin overdoses (Wheeler, Jones, Gilbert, & Davidson, 2015). Overdose Education and Naloxone Distribution (OEND) models targeting high-risk persons have reduced overdose rates in targeted populations and communities. These OEND models provide Veterans at risk of overdose and their significant others with education on preventing, recognizing and responding to an opioid overdose, along with a naloxone kit with instructions for safe administration (Pelzel, 2014).

Veteran's known to be at risk from overdose of opioids should carry emergency naloxone, especially when contact with treatment or care is associated with transient increased risk, such as at the start and conclusion of opioid substitution treatment, release from prison, discharge from a hospital or residential care, or dropping out of any of these treatments (Strang, Bird, Dietze, Gerra, & McLellan, 2014). ❖

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San Francisco simulation center conducts transesophageal echocardiogram training

By Yahya Acar, MD, Simulation Fellow
and Richard Fidler, Ph.D, CRNA, Co-Director
San Francisco VA Medical Center Simulation Center

SAN FRANCISCO – The San Francisco VA Medical Center (VAMC) purchased an ultrasound simulator as part of a Cardiac Surgical Safety Simulation program. This ultrasound simulator can show both normal and pathologic views for all abdominal, transthoracic echocardiogram (TTE), and transesophageal echocardiogram (TEE) training, and is the only one in the San Francisco Bay Area.

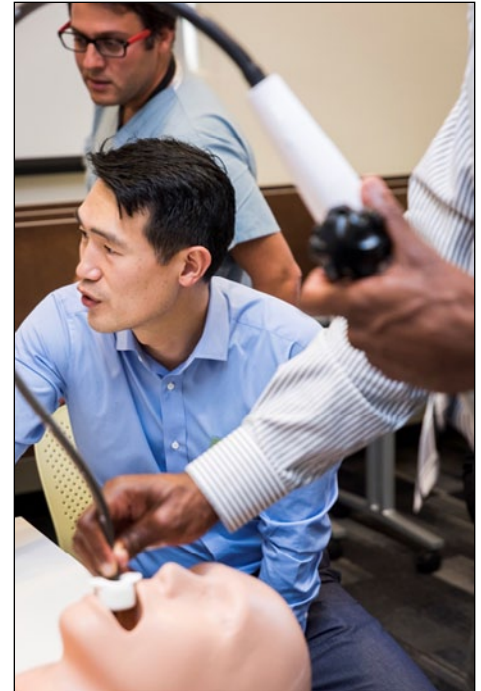
The San Francisco VAMC has been offering ultrasound simulator training particularly targeted for the residents and clinical fellows.

Arguably, the most expensive asset in education is well-trained educators, and it is important to bring together the correct levels of educator and equipment for an effective educational experience. The San Francisco VAMC Simulation Center has invested time, resources and personnel to make this

educational opportunity possible for students and practitioners.

On Sept. 26, the California Anesthesia Medical Student Symposium was held at San Francisco General Hospital (SFGH) by the University of California San Francisco School of Medicine, Department of Anesthesiology and Perioperative Care. This one-day course was held to introduce anesthesia residency programs in the University of California system to 3rd- and 4th-year medical students.

During the one-day session, the students participated in hands-on training on five different stations: airway 1, airway 2, anesthesiology simulation scenarios, ultrasound for vascular access and nerve blocks, and TEE. SFGH requested incorporation of the TEE station from San Francisco VAMC due to its staff's expertise.



Dr. Wilson Cui explains the TEE procedure with the technical support of Dr. Yahya Acar (background) to a medical student performing the training. (VA photo by Dr. Adam Collins)



(Above) A medical student performs an aortic dissection while training on a transesophageal echocardiogram trainer. (VA photo by Dr. Yahya Acar)

The TEE station was well-received by students who had the opportunity to participate in a 7-10 minute hands-on TEE training session, where each learned the basics of ultrasound simulator physics and gained familiarity with normal and focused pathologic TEE views.

During the training, the medical students seemed excited to be part of a high-tech training event that increased their skillset.

As an institutional policy, the San Francisco VAMC Simulation Center is open to future collaborations for ultrasound simulator training, as well as any other educational purposes. These collaborations can be intellectual, technical, manpower support or all. ❖

Educational gaming provides new training environments for VA health care clinicians

By Leslie Dubow
Education Employee System
Associate Director for Educational Gaming
VHA SimLEARN National Simulation Center

ORLANDO, Fla. – The Veterans Health Administration (VHA) Employee Education System’s (EES) Educational Gaming program is part of a new EES Innovation Team. This group provides cutting-edge development in business intelligence systems, Veteran access to virtual health care information and services and employee engagement in new educational products using gaming technology.

In the last year, Educational Gaming developed four serious, game-based learning products using commercial, game-based mechanics, structured play, rules, aesthetics, challenges and game thinking to immerse learners, motivate action, solve problems and promote learning with formative and summative feedback. Six more game-based products are in production for 2016.

The team applies “gamification” to VHA learning. In other words, the gaming team designs serious games to help learners develop specific, predefined and professional health care knowledge, skills and attributes. However, the team also uses some of the attributes of casual or leisure game design to inject engagement, immersion and fun into the products where appropriate.

Through interactive immersive digital computer and mobile gaming technology, game-based learning recreates real-world contexts, events and tasks focused on specific learning goals, objectives and competency-based training anywhere or anytime to enhance professional development and medical health care

performance. These realistic, interactive, immersive, motivational and contextualized scenarios help improve the transfer of acquired knowledge, skills and attributes to the everyday health care work environment. Learning games also optimize meaningful learning experiences by combining compelling and evocative design with contemporary education and training practices. The learning game provides achievable goals using challenges posed in environments requiring solutions through the demonstration of domain understanding. Participants identify and solve problems, think critically and complete tasks over time in different virtual places.

Good learning games compel learners to be fully engaged through intrinsic and extrinsic motivations. They evoke enjoyment and interest in solving problems and meeting new challenges with success. And, a well-designed game provides compelling opportunities for intentional learning in applied practice. Furthermore, learning games’ contextually-specific experiences maximize practice in safe environments that simulate hands-on learning and help increase competent applied performance.

Technically, most of the Innovations products will be delivered via a web browser or mobile application. During the first year, the team completed a game application (iOS or Android) that familiarizes learners with donning and doffing personal protective equipment.

Just as in major film studio productions, learning games require the collaborative efforts of diverse team members. Serious game development is like an all-in-one digital amalgam of the performing and visual arts disciplines with the educational, instructional, curricular,

New games available on the SimLEARN Gaming Portal

- **Tele-ICU*** A multiplayer game allowing an entire tele-ICU team to practice together in a realistic and safe, shared environment
- **PPE Mobile App*** A browser and mobile-based application that allows the learner to practice donning and doffing personal protective equipment
- **Goals of Care Conversations***

A simulation allowing a learner to practice goals of care discussions and treatment decisions with artificially intelligent patients

- **Crash Cart*** A single-player game enabling development of a customized crash cart that becomes the training aid for familiarity with where instruments are on the cart (and competing against others for spots on the local leaderboard)

*Future games include a single-player game providing experiential learning in shift management decisions for the charge nurse; a multi-game blended learning solution (includes a mannequin module) for emergent responses to difficult airway scenarios; and a game providing medical-surgical nurses virtual practical experience with a rapidly deteriorating patient.

psychological and medical disciplines.

The Innovations team is currently working with VHA subject-matter experts to develop storyboards for new games available in late 2016.

VA staff can see available games and see what is in production on the SimLEARN Gaming Portal, [here](#). ❖

Managing violence risk in home health; An effective use of simulation training



(Left to right) Standardized patients Nannie Tyree and Maurice Thomas play a female Veteran and an upset male family member, while Megan Pera, a mental health simulation coordinator, acts as a home-based clinical employee during a training session. (VA photo by Robert Kummer)

*By Jesse Burgard, Psy.D.
VISN 10 Simulation Consortium
Dayton VA Medical Center*

DAYTON, Ohio – Imagine being a VA home-based clinician and your workplace is a Veteran’s home. When arriving at that home to provide an initial assessment of a female Veteran’s home health care needs, a genteel woman greets you at the door and smiles warmly before inviting you in. She slowly shuffles to an easy chair and sits down; spent from the short walk to the door. After offering you a seat, she barely gets a few words out before an interior door suddenly opens. An angry man in his 30s immediately begins a tirade about the VA. You are alarmed, and even more so when he raises his voice and heads toward you.

Home-based VA clinical employees at all Ohio medical centers and community based outpatient clinics were offered the voluntary opportunity to participate in this Veteran Integrated Service Network (VISN) 10 Simulation Consortium Behavior Management training. Those who previously took the training experienced the scenario described above, which was created by VA simulationists and standardized patients.

With the exception of the Dayton VAMC site, the training was housed in a mobile classroom and brought to each VA site of care. Dayton employees received training at the main simulation center.

Learners participated in a 10-minute pre-survey of their knowledge and comfort level with managing disruptive behavior. A 15-minute didactic refresher was then provided, which re-oriented learners to the principles of the VA Prevention and Management of Disruptive Behavior (PMDB) program’s “*Supplement for Community Based Workers*” handbook (2013). Then, it was time to make the simulated home visit, which lasted 10 minutes or less. The experience ended with a group debriefing and post-survey.

This project filled a need in assisting VA home-based clinicians in facing their unique challenges and mitigating violence risk. Learners were presented with the following challenges in the simulation: working alone in an unfamiliar environment, the absence of nearby security personnel, presence of objects that could be used as weapons, and threatening behavior exhibited by unexpected inhabitants of a dwelling.

Experiencing violence in the home care setting is often surprising, unpredictable, dangerous and occurs relatively infrequently compared to general care delivery activities. For these reasons, the use of simulation was believed to be an ideal method of enhancing training of staff by providing a relevant and engaging experience.

Simulation had the advantage of allowing staff to practice the skills learned in a traditional training environment that re-created the

external contextual cues of the workplace such as an uncertain home environment, and the internal experiences of the clinician, like heightened anxiety.

A review of pre- and post-evaluation data found that self-rated knowledge, skill and comfort level with managing a disruptive individual in a home environment significantly improved after the experience. Learners also expressed a preference for simulation and other demonstration-oriented training over the more common didactic or manual-based information sharing.

Anecdotally, there was wide variation in learner behavior. Some staff stayed seated for the duration of the experience, despite the disruptive individual approaching their personal space. Others immediately rose from their seat and moved to a safer position while verbally engaging the perceived threat. Still, others immediately recognized the items in the room that could be used as weapons and chose to exit out the “front door” within moments of the arrival of the disruptive individual.

Debriefing sessions were often active discussions about perceived level of risk and the steps staff took to mitigate it.

If you are interested in conducting similar training, please contact Jesse Burgard at jesse.burgard@va.gov. ❖



(Photo inset left) Clinton Crete facilitates the empathetic experience for a medical student (wearing headphones) during a simulation of what it might be like to take a mental status exam while having auditory hallucinations. (VA courtesy photo)

Simulating auditory hallucinations a valuable learning experience

By Clinton Crete, LCSW
Fellow-Advanced Clinical Simulations
Providence VA Medical Center

PROVIDENCE, R.I. – Last fall, the Providence VA Medical Center’s (VAMC) Interprofessional Simulation Center began piloting learner-centric auditory hallucination simulations. The main objective of the training is empathy enhancement, and the ancillary benefits are practice and exposure to conducting a Mini Mental status exam (MMSE) or Montreal Cognitive Assessment (MOCA). Based on the simulation-specific feedback, it is proving to be a valuable learning exercise for both students and professional practitioners.

The simulation uses a downloaded

soundtrack of voices simulating psychosis/schizophrenia, and involves different levels of cognitive and/or psychomotor tasks to increase the level of fidelity and (safe) psychological stress levels on participants. While the participant is in the role of the patient, the facilitator plays the role of provider administering a lengthy MMSE or MOCA and providing them the experience of feeling what it might be like to go through it as a patient with distressing voices in one’s head. The level of fidelity is based on the level and learning preferences of the participant.

This particular simulation was engineered using public, non-copywritten, open source computer resources, and the framework and curriculum developed in house. Inspiration for developing

it came from both a global and local interprofessional need to develop more mental health-based simulations, and it is relevant given that simulation fellows and many allied health professionals are from social science backgrounds; not solely medical science backgrounds.

This simulation supports, reinforces and extends on current research. Bunn and Terpstra (2009) conducted a large simulation on empathy with medical students. In fact, Bearman, Palermo, Alle and Williams (2015) reviewed 27 studies on simulation and empathy. They concluded that simulation is a great way to enhance empathy for students in health care professions. Taylor, Coffey and Kashner (2015) also published an editorial in the journal *Health & Social Work* calling for more interprofessional education for health care workers. Both Taylor and Kashner are listed as affiliated with the VA system.

The simulation was also separately presented and demonstrated at Rhode Island College’s “Promising Practices” conference in the Fall of 2015 – with overwhelmingly positive feedback. So far, the feedback shows that a mental health-based simulation can be administered and possibly mainstreamed for both field-based students and professionals alike. A more robust version is being used academically within the Rhode Island College School of Nursing curriculum, and a student-led team called for it to be integrated into the local curriculum.

For more information, please contact Clinton.Crete@va.gov. ❖

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RESULTS

Auditory Hallucinations simulation specialty exit survey results with ten medical students and four nurses. Simulation sessions took an average of 28.92 minutes.

Participants used a 7-point Likert Scale to rate the training with 7 being “Strongly Agree”:

“Importance” to individual’s profession = 6.28 average

“Empathy is essential” in my practice = 6.92 average

“Usable” in my practice = 6.35 average

All 14 participants want more mental health simulations and found it to be a productive use of their time. Nine of 14 found the simulations more difficult than expected.

Variety of training courses available through SimLEARN course catalog

Below is a sample of several courses now available through the VHA SimLEARN National Simulation Center. VHA employees may view the entire course catalog, get registration details and other information by going to the SimLEARN Portal [here](#).

Out of Operating Room Airway Management (OORAM) Instructor Training

This two-day, face-to-face course combines didactic and hands-on simulation activities so participants can develop the skills necessary to design, develop, implement and debrief simulation-based OORAM training in their work centers.

Code Team Simulation Instructor Training

The purpose of this face-to-face training is to address the gap of qualified clinicians who can facilitate code team training using simulation. This course combines didactic, small group and hands-on simulation activities so participants can develop the skills necessary to design, develop, implement and debrief simulation-based health care training in their work centers. This training targets clinical simulation educators/instructors that have significant experience in dealing with or overseeing the function of code teams and who will have a substantial role or responsibility in performing code team training, including nurses, physicians and associated health providers. This program is not designed for novice/aspiring clinical simulation instructors.

Introduction to Basic Simulation Instructor Training

The purpose of this face-to-face training is to address the gap in qualified clinicians who can facilitate health care training using simulation. This course combines didactic, small group and hands-on simulation activities so participants can develop the skills necessary to design, develop, implement and debrief simulation-based health care training in their work centers. After the training is completed, faculty members will participate in scheduled monthly SimLEARN Community of Practice conference calls in order to assist them with implementation of simulation into the health care training programs at their facilities.

Women's Healthcare

This is a series of courses on the Talent Management System (TMS) to provide training to clinical providers in women-unique diagnoses and procedures. There are emergency medicine courses to practice diagnosis and management skills for women presenting in urgent care clinics and emergency departments. In addition, there are courses in triage, managing sexual assault and how to properly perform breast and pelvic examinations.

Tele-ICU

The purpose of this training is to address the gap of qualified instructors within Veteran Integrated Service Networks needed to train clinical staff members at new and existing Tele-ICU facilities. This video teleconferencing course is taught by the VHA SimLEARN National Simulation Center to train clinical simulation instructors who will be training health care providers on how to use Tele-ICU technology to improve care for Veterans in rural areas. The course includes facilitation techniques for presenting the Tele-ICU Provider Training curriculum, and assessing providers who attend the Tele-ICU Provider Training course. ❖

VHA employees may view the entire course catalog, get registration details and other information by going to the SimLEARN Portal [here](#).

More VHA facilities earn simulation certifications

ORLANDO, Fla. – SimLEARN staff recently awarded ten new simulation certifications. These certifications are scheduled to be awarded to qualified facilities twice each year; in June and December.

Facility certifications last for two years and are renewable. They are a distinctive accomplishment.

There are three tiers of certification: basic, intermediate and advanced. Below is the full list of certified facilities with the new facilities in **red**.

Advanced Certification

- Durham VAMC - North Carolina
- Minneapolis VA Health Care System (VAHCS), Minnesota
- **Pittsburgh VAMC, Pennsylvania**
- San Francisco VAHCS, California
- Southern Arizona VAHCS, Tucson, Arizona

Intermediate Certification

- Cincinnati VAMC, Ohio
- VA Eastern Kansas HCS, Topeka, Kansas
- **Michael E. DeBakey VAMC, Houston, Texas**
- VA Nebraska-Western Iowa HCS, Omaha, Nebraska
- **Sacramento VAMC, California**
- Salem VAMC, Virginia

Basic Certification

- Boise VAMC, Idaho
- VA Central California HCS, Fresno, California
- Chillicothe VAMC, Chillicothe, Ohio
- VA Connecticut HCS, Newington, Connecticut
- **Fargo VA Health Care System, North Dakota**
- **Grand Junction VAMC, Colorado**
- **Iowa City VAMC, Iowa**
- **Jesse Brown VAMC, Chicago, Illinois**
- Memphis VAMC, Tennessee
- **National Center for Patient Safety, Ann Arbor, Michigan**
- VA Northern Indiana HCS, Fort Wayne, Indiana
- **VA North Texas HCS, Dallas, Texas**
- **Providence VAMC, Rhode Island**
- VA Puget Sound HCS, Tacoma, Washington
- VA Roseburg HCS, Oregon
- VA Caribbean HCS, San Juan, Puerto Rico
- Sheridan VAHCS, Wyoming
- Sioux Falls VAHCS, South Dakota
- St. Cloud VAHCS, Minnesota

A facility can request certification after one year of existence while meeting the basic level criteria. A non-binding email of intent and certification application is required. Please contact the team by sending an email to **EES Facility Simulation Certification**. ❖