



VA expands Women's Health practitioner training

By the Women Veterans Strategic Health Care Group and Patient Care Services

WASHINGTON, DC – The Department of Veterans Affairs has trained nearly 1,500 providers through its flagship National Women's Health Mini-Residency Program, one of many training opportunities for VA clinicians to sharpen their women's health skills.

"We have collaborated throughout VA to develop training that keeps VA providers and staff at the forefront on women's health issues," said VA Secretary Eric K. Shinseki. "This training will help VA prepare for the continuing increase in women Veterans and the accompanying complexity of their health care needs."

VA is offering an unprecedented number of creative education opportunities to its health care providers interested in women's health care. The training ranges from traditional lectures with direct instruction, to online and audio courses. It also incorporates pelvic and breast exam instruction using several types of simulation, including simulation training equipment and gynecological teaching associates.

Several courses target physicians, physician assistants, and nurse practitioners; other courses have sections geared toward wider audiences, including nurses, pharmacists, social workers and psychologists. EES and SimLEARN partnered closely with Women's Health Education to develop and deliver the courses.

"Health care providers throughout VA must understand that women have unique health care needs and that different approaches might be necessary to provide the highest quality care to them," said VA Under Secretary for Health Dr. Robert Petzel.

To reach VA's more remote locations, Women's Health Services recently partnered with VA's Office of Rural Health to sponsor 15 Women's Health Education Innovation Grants. These grants are providing resources to produce creative ideas for women's health education training at 15 VA locations nationwide. Lessons learned from this grant program will be used to shape future national training initiatives.

Additionally, the VA Women's Health Advanced Fellowship Program, which provides stipends to trainees in

health care professions, has been expanded from seven to eight sites. Previously available only to physician trainees, the program has begun an inter-professional approach incorporating



VA primary care providers use MammaCare simulation equipment to practice breast exams during the 2012 National Women's Health Mini-Residency. (VA courtesy photo)

training of associated health and nursing professionals. The Women's Health Advanced Fellowship Program is sponsored by VA's Office of Academic Affiliations.

Women Veterans are one of the fastest growing segments of the Veteran population. By 2020, VA estimates women Veterans will constitute 10 percent of the Veteran population and eight percent of VA patients.

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

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Emergency resternotomy; 'Easy as 1, 2, 3'

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WASHINGTON, DC – A new simulation scenario has made it easier for the cardiac surgery intensive care unit (ICU) team to perform emergency resternotomy at the bedside in postoperative open-heart patients at the West Los Angeles VA Medical Center.

A median sternotomy is the surgical procedure where the sternum is opened down the middle to expose the heart in order to perform open heart surgery. A “resternotomy” is repeating the procedure. The primary reason a resternotomy may take place is because of post-operative bleeding, which occurs in three percent of patients nationally.

Though rarely performed, this high stakes procedure is being practiced in order to better insure high-quality care for patients.

The cardiac surgery team conducted a formative evaluation research study in an attempt to improve the team's competency when performing an emergency resternotomy. The study resulted in a new and more efficient way to perform the procedure by developing an actual kit of tools necessary to perform the procedure in the ICU. In that way, ICU nurses who don't typically work in an operating room can support the surgeon performing the procedure in the ICU without having to be familiar with the steps of the procedure or to recognize operating room instruments, which are largely unfamiliar to them. Moreover, the new method, referred to as “Easy as 1, 2, 3,” has improved the time in getting the chest open from 18 to 5 minutes in a realistic mock code. Evidence-based guidelines show that 5 to 10 minutes provide the best outcomes.

In order to conduct this study, an audit tool was developed and tested for reliability and validity in pilot simulations.



A surgeon removes wires from the sternum of a mannequin during a practice emergency resternotomy. (VA photo by Allan Crawford, Ph.D.)



Staff at the West Los Angeles VA Medical Center practice an emergency resternotomy.

(VA photo by Allan Crawford, Ph.D.)

The simulations required a mannequin that enabled all the steps involved in the procedure to be performed, including removing the wires in the sternum that were placed during the original procedure and placing a retractor in the chest to simulate removing clots, along with massaging the heart and using internal defibrillator paddles.

Due to a limited budget, the primary researcher made an open-heart mannequin by sawing open the inside “sternum” of an outdated CPR mannequin in order to be able to wire it back together with real sternal wires from the operating room. Once the participants cut the sternal wires and placed a retractor in the chest, they were able to see an artificially created heart, as well as epicardial pacing wires and chest tubes. This realism was required to simulate the urgency of the procedure, as well as assure an accurate measurement of how long it took to open the chest.

Debriefings after the pilot mock codes were essential in finding any deficiencies in the team performance and organizational support for the procedure. The nursing staff reported very high satisfaction with the simulation and greatly improved confidence levels for performing the procedure in the future.

This training was timely in that since the simulation efforts began, the team has conducted two real, emergency resternotomies. Both patients responded positively to the procedure and went home in a timely manner.

A lecture on the making of the audit tool has been presented at several nursing research and health care simulation conferences.

For details on the “Easy as 1, 2, 3” resternotomy method, or to see one of the three videos about the project, please send an email to Margaret.Kohn@va.gov. ❖

Caring for Veterans during their last journey; Simulation can aid clinicians in post mortem care

By Sharon L. Stanke, DNP, MSN, RN, VHA-CM
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MINNEAPOLIS – Death can be a sad time for anyone, but responding to it is part of the job and part of the responsibility of being a nurse. Emotions vary for any staff nurse when it comes to death.

Could this type of situation apply to you? “My patient just died, and as a new graduate nurse, I am mournful at the bed side. Now what do I do? This is my first dead body. A colleague provides verbal instructions and helps me through the process of post mortem care.”

In response to moments like this, the Minneapolis VA Health Care System launched a post mortem simulation scenario to integrate the multidisciplinary process of care after life for its Registered Nurse Residency (RNR) program.

Management of the dying patient often elicits anxiety. The nurse will need to deal with mental anguish and the fear of death, as well as try to respond appropriately to the patient’s needs by listening carefully. Nurses should be fully prepared to accept their own feelings being redirected, as doubt, guilt and uncertainty challenge their value of life, and that death is part of life.



The body is placed in a body bag (left) and then transported to the morgue and placed in the refrigerator (below). (VA courtesy photos



Education and simulation can improve perspectives and empathetic skills, as well as promote respect for each other’s point of view and appreciation for the situation of the patient and family.

The scenario required the nurse resident to call the chaplain for last rights, notify the chief resident to assess and pronounce the time of death, inform the nursing supervisor about the death on the unit, as well as integrate morgue staff, family and decedent affairs. After death, the nurse resident prepares the body for viewing, and the family has their time with their loved one. Following the family viewing, the nurse prepares the body for the morgue, according to the request to have or not have an autopsy.

Improving the understanding of death and dying will also improve communication and effective interactions. A moderate level of death anxiety is acceptable. Health care providers who care for dying patients and their families often field questions about the uncertainty of impending death. Dying, and the resulting death, is the process of total body system failure.

Traditional education for post mortem care has been on-the-job training, and it is the same whether on the floor or in a specialty unit. It serves to prepare the patient for family viewing, ensuring proper identification and transportation of the body to the morgue, and addresses disposition of the patient’s belongings.

Instruction was provided with simulation for post mortem care, the dying process, the emotional investment to death, and the hospital policy. Debriefing explored the emotions related to death and the respect of caring for our Veterans after death. Staff value and insight included statements like, –“I find talking about death is very challenging, and my floor does not see a lot of death.” “I had no idea what to do when my patient died. After simulation I feel more comfortable responding to death.” “I found entering the morgue terrifying for me; even more so than I thought.”

Each person reacts to the knowledge of death in his/her own way. Taking care of our patients sometimes means taking care of them past the point of living. Therefore, we need to be comfortable with death being a part of life’s continuum. It is our responsibility to see that, as we care for our Veterans, they receive the respect and dignity they have earned through their sacrifice. ❖

SimLEARN implements virtual patient simulations

*By William Gaught, Ed.D.
SimLEARN Healthcare Education Specialist*

ORLANDO, FL – The VHA National Simulation Center began developing Virtual Patient (VP) simulations in the Summer of 2011 and plans to step up development and delivery of VP simulations in fiscal year 2013. These VP simulations will focus on clinical training in women's health care, stroke management and ensuring correct surgery procedures.

The courses are currently under development by SimLEARN and the National Center for Patient Safety. They will be hosted on VA's Talent Management System (TMS) as independent study courses.

A VP simulation is a type of computer-based/e-Learning where the learner plays the role of health care provider and interacts with the on-screen patient to obtain the chief complaint, patient history, conduct a "virtual" examination and make diagnostic and therapeutic decisions in the treatment of the patient.

In teaching through VP simulations, the learning occurs as a result of critical thinking and decision-

making required by the health care provider completing the VP scenario. If the learner makes a mistake in diagnosing or treating the virtual patient, they can then see the negative outcomes that result and be provided with an opportunity to correct the error.

The learner is one-on-one with the simulated virtual patient, and because VP simulations are asynchronous, this enables them to learn at their own rate. It is possible to even embed journal articles into a VP simulation, and the learner may pause and conduct a "side bar" of reading the journal article while they treat their virtual patient. Once the learner has finished the article, they may resume interacting with their virtual patient.

VP simulations are best used to practice clinical reasoning and sharpen skills in critical thinking by immersing the learning into a believable clinical story to which clinicians can relate. A VP simulation is built around a clinical storyline enabling the context by which the learner makes decisions regarding their virtual patient. These scenarios provide yet another avenue in which VHA can continue to improve the care of Veterans.

To learn more about VP simulations and their applications, contact Dr. Bill Gaught at SimLEARN. He can be reached at william.gaught@va.gov. ❖

Black Hills CLC offers simulation training

*By Emily Larimer, MSN, RN
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FORT MEADE, SD – Simulation offers a creative training method to heighten critical-thinking skills in a safer environment. As such, the Community Learning Center (CLC) here, along with other patient care areas, is offering simulation training opportunities to its nursing staff.

The program meets the need to review skills not frequently used in a nursing home setting. Earlier this year, staff created nursing care education on topics of tracheostomy care and I.V. insertions, using acquired simulation equipment to create a learning environment that does no harm to the patient.



Gayle Braun, an LPN and member of the Professional Nursing Practice Council, sets up for tracheostomy suctioning and maintenance for training. (VA photo by Emily Larimer)

During this training, Black Hills' first simulation volunteer student, Alyssa Hoffman, a senior high school student with an interest in studying medicine, demonstrated the Virtual I.V. Trainer. The Virtual I.V., offers three-dimensional graphics with a hands-on device simulating a sense of touch to the arm or hand for realism and self-direction. ❖

The 7 S's of Simulation

By David J. Adriansen, Ed.D., NREMT
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MINNEAPOLIS – With VHA's SimLEARN program underway, the concentration on starting, growing or maturing simulation education efforts within VHA facilities has taken on various forms. Those involved with championing simulation training are faced with a multitude of challenges. Using the "Seven S's of Simulation" tips for growth and management can help maximize program results.

Staff: VHA, like many organizations, is faced with staffing concerns and work overloads. The simulation education mission is likely an additional duty at most medical centers. In the absence of a dedicated simulationist or coordinator, how do you grow your program?

Recruiting health care champions is ongoing in order to stimulate program growth. Anesthesia, emergency department, respiratory therapy, operating room, clinic, physician and residency, and other academic partnerships and programs should be included under a multidisciplinary training focus. Dental, radiology, lab, medical administration, pharmacy, medical supply and even VA police should also be considered for simulation training.

Facility recruitment can be accomplished through department simulation demonstrations and networking. Does your facility have affiliations with local colleges, military or high school health career programs? For example, college or high school volunteers and military medical personnel volunteering or on approved orders can be utilized for training scenarios. Local theatrical students can even be solicited as scenario actors.

Stuff: Supplies are needed to support simulation training. Make contact with facility medical supply and logistics staff to ask them to contact you when equipment or supplies are turned in for disposal; doing so can lead to a jackpot of items to support training. Biomedical equipment and facilities engineering may have excess equipment to use as actual or simulated equipment or props for simulation labs or centers.

Hospital room renovations involving replacement of wall oxygen and suction outlets, for example, can produce a simulation wall headboard for dedicated simulation rooms. Expired medical supplies can be obtained to add realism to specific training scenarios.

How do you pay for your program? Comprehensive emergency management program funds have been approved for simulation training, and an annual call for facility improvement fund requests has been done for the last four years each spring. Joint Incentive Fund projects can be requested when a common training project can be addressed by the DOD and VA working together. VISN education and facility education budgets should include simulation training as a separate program request. Strategic Incentive Fund, Agency for Healthcare Research and Quality (AHRQ) research grants and community or state grants should be considered. For example, a grant request for simulation education exists via some American Legion posts.

Space: Every VHA facility seems to have space issues. Being a member of, or someone networked with the facility space committee, along with securing senior leadership buy-in, is important in helping prioritize the importance of simulation training having a dedicated home. Realistically, without a simulation lab or center, a successful simulation program can exist via in situ training through section leadership. Identifying ward, clinic, operating room, intensive care unit and conference rooms that can be used for a two-hour block, for a one-day or one-week timeframe, can lead to individual or group training opportunities.

When renovations or new construction are considered, have simulation training areas been suggested? What is available in your community? VHA facilities have entered into agreements to house a VA-owned mannequin in an off-site simulation lab in return for VA staff being able to receive free training at that location. Military simulation labs and centers are also a consideration for joint VA-DOD simulation training.

Support: Network, network, network. Being proactive in contacting department heads and senior leadership to offer simulation briefings and demonstrations

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helps educate and orient future simulation supporters. Establishment of a facility simulation committee will identify, focus and drive simulation training initiatives. Establishment of a simulation SharePoint Site, Outlook e-mail group address and simulation calendar help communicate simulation training efforts to facility employees. Facility employee newsletter articles on simulation training will keep interest and awareness alive.

Systems: Simulation training has grown along with technology. High-fidelity patient simulators have accompanying computer systems or laptops that require updates and are prone to all of the ills a work or home computer may experience. Partnering with facility biomedical engineers and information technology staff may be necessary to support simulation training.

Existing hospital systems may affect the signal strength from the wireless computer “talking” to the wireless mannequin. The decision on audiovisual capture and debriefing systems must be made on a local basis, and researching and visiting other simulation centers is a great point of reference before making a huge decision on a capital expenditure. Ensure use of consent forms prior to recording training events and that all negotiated rules for deleting training recordings are complied with. Besides the upfront costs of camera/audio/security entry systems, the ongoing maintenance and future required

updates must be included in the purchase decision.

Sustainment: You now have a simulator and a simulation program! How do you sustain this endeavor and keep your momentum moving forward?

Conduct a local contest to name mannequins, as well as allow photo opportunities to help advertise your activities. Having a standing simulation committee to drive your program forward with established goals and objectives helps keep everyone on track. Constantly recruiting new instructors and supporters of simulation training helps build a cadre of energized staff with a common goal of improving patient safety and team communications within your facility. Keeping this drive sustained is a constant mission!

Success: Finally, the success of your program and efforts should be measured, but understand that training even one person can lead to a positive patient outcome. Simulation allows health care workers to make mistakes and encounter medical issues less frequently seen with live patients.

Unlike the commercial in which the couple brings a particular brand of faucet to an architect to ask him to build a home around the faucet, having a simulation mannequin does not make a program. A cultural change and understanding of the effects of simulation training is important. Knowing even the use of a small task trainer can improve behavioral responses for health care providers and can have a major impact on training success. ❖

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

ORLANDO, FL – The VHA SimLEARN program recently announced a call for nominations for the Under Secretary for Health’s 2013 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/SIMLEARN/Awards.asp for more information. ❖

SimLEARN simulation instructor courses

ORLANDO, FL – SimLEARN Simulation Instructor courses are scheduled for 2013. A cooperative effort between SimLEARN and the Palo Alto Health Care System (PAHCS), these training events will encompass three separate specialty topic areas. To learn more, please select the *special events* link on the SimLEARN home page, www.simlearn.va.gov. ❖

Training News



Are You REdI? Get to know the Resuscitation Education Initiative

By *Phil Hargreaves*
REdI Program Manager

ORLANDO, FL – REdI is short for Resuscitation Education Initiative, and we are proud to be part of the VHA National Simulation Center here. For me, the REdI program is an opportunity to positively impact some of the most crucial patient care-oriented education we provide to staff across VA.

In simple terms, REdI is designed to work towards improving and standardizing the way we in VA provide education to all levels of staff on Cardiopulmonary Resuscitation (CPR). The REdI team includes a dedicated group located in Orlando, but also – and in some ways more importantly – thousands of educators and instructors across the Department.

I first started providing Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) back in Central Australia as a critical care educator. The most influential person for me was a nurse manager at the small remote outback hospital at Alice Springs. Fay just kept showing up and



teaching the same principles to any health care provider that cared to attend one of her “mock codes” in the old ICU. She really inspired me to do the same thing. If we keep it simple, and consistently get the key principles across, I believe we can truly affect positive changes in behavior and improved patient outcomes. This is what REdI hopes to achieve.

The Orlando team provides EES with a strong clinical arm that is embedding itself in each and every facility across the country. As a Transformation 21 initiative-funded program, we are a crucial element in the transformation of VA, providing the educational tools to support the enormous effort that is being put forward by our clinical teaching partners that, at the end of the day, will save lives and improve the care we provide.

But we don't want to stop there. I want each and every person working within VA to have access to the appropriate level of CPR training. So I ask you – are you REdI? Do you feel that when the moment comes that you can do your part to help save a life? If not, we are here to help. ❖

REdI adds new health education specialist

ORLANDO, FL – Lisa Martin, RN, BSN, MA, CPAN, was recently welcomed as the newest Health Education Specialist with the Resuscitation Education Initiative (REdI) program. The Orlando native brings many years of experience in resuscitation education. She most recently worked as a perianesthesia nurse in a risk management role.



“I am really excited to jump in with both feet,” said Ms. Martin. “REdI is an ambitious program, and I am excited to start working with the medical centers as they affiliate under the program.”

She joins the REdI program as its fourth health education specialist. In this role, she will apply her many years of clinical and educational experience through day-to-day contact with medical centers implementing REdI to improve care for Veterans. ❖

VA Central Office library and SimLEARN provide resources for simulation research

By Caryl Kazen

Director, VA Central Office (VACO) Library and
Vivian Stahl

Librarian, VACO Library

WASHINGTON, DC – As a VA employee, how would you like to have weekly updates of the latest literature on simulation delivered to your desktop? Every Tuesday, the VACO Library creates a PubMed/MEDLINE update on the subject of simulation for VA employees. VA subscribers to this service also receive the journal *Simulation in Healthcare* electronically.

To subscribe to *Simulation in Healthcare*, send an email to Vivian Stahl at Vivian.Stahl@va.gov, specifying that you would like to be subscribed to the “Simulation Update.” You can also subscribe electronically through the literature e-Alerts form.

In addition to updates on simulation, the VACO Library provides similar literature on subjects relevant to simulation, including resuscitation/CPR education, women’s health and more. Full-text articles from any of these literature updates can be provided for Central Office employees only by email to Ms. Stahl. All other VA employees must request full-text articles through their local VA library. You also have the option of unsubscribing from these services at any time.

VACO Library has been involved with simulation



VA Central Office librarians Vivian Stahl, left, and Caryl Kazen. (VA Courtesy Photo)

Below is a sample item from a recent weekly literature search update on simulation: *Health Promot Pract.* 2012 Mar;13(2):169-74. **Standardized patients: a promising tool for health education and health promotion**

Abstract

Standardized patients (SPs) are trained actors who are used to engage health care providers in clinical encounters for the purposes of training. In the past, SPs have often been a tool for training clinicians in “traditional” medical skills such as the taking of medical histories or conducting physical exams. More recently, however, SPs have been used to assist in the assessment of psychosocial skills, including those related to patient-centered communication, relationship building and motivational interviewing. Given this shift, it is argued that the time is ripe for exploring ways that health educators can adopt SP methodologies, whether for providing continuing education for individual providers or evaluating organizations or programs. This article introduces ways of using SPs and discusses strengths and challenges related to various approaches.

since this project began at VA in the summer of 2009.

In preparation, the VACO librarians have each attended an International Meeting on Simulation in Healthcare (IMSH) conference and participated in planning committee meetings for VA simulation conferences. Librarians have also served on the editorial board for the SimLEARN website and helped to create subject categories for the retrospective literature: high-fidelity simulation and assessment, mannequin-based simulation, simulation education, standardized patients, etc. They also added a bibliography of books on the subject of simulation to the site. In addition, the VACO librarians have presented on several community of practice calls and are available to participate in any simulation meetings to promote the literature updates.

Please send an email to Vivian.Stahl@va.gov or Caryl.Kazen@va.gov if you would like VACO Library representation at your VA simulation meeting. ❖



SimLEARN Newsletter is a product of the Veterans Health Administration National Simulation Center. The program’s operations and management is conducted by the VHA 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.