



WISER

Simulation Improving Healthcare

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2015 SBIRT Conference Held in Pittsburgh

The University of Pittsburgh School of Nursing teamed up with the Institute for Research, Education and Training in Addictions (IRETA), National SBIRT Addiction Technology Transfer Center (National SBIRT ATTC) and AIDS Education and Training Center to host a two-day Screening, Brief Intervention, Referral to Treatment (SBIRT) inter-professional conference which was held in Oakland June 9th and 10th.

Day one of the conference, held at the Hilton Garden Inn, started off with Keynote speaker Eduardo Salas, PhD followed

by a series of workshops where participants could learn more about SBIRT foundations, how to integrate it into special populations, as well as considering SBIRT and various substances. Day one concluded with a digital poster session with presentations by Carolyn Edney, MSW, Stephanie Gamble, PhD, Jametta S. Magwood, PhD, and Patrick N. Moore, MA, LPC.

The second day of the conference was split between lectures at the hotel and SBIRT sessions at the Peter M. Winter Institute for Simulation, Education and Research (WISER). Topics discussed included “How to Implement a Simulation” presented by John O’Donnell, RN, CRNA, MSN, DrPH, Michael Neft, DNP, MHA, CRNA, and Daniel Battista, MBA, and “How to Design an Educational Session with Standardized Patients”, presented by Valerie Fulmer, BA, Adam Kukic, MA, and Marie Fioravanti, DNP, RN. Participants were able to partake in an SBIRT session at WISER where Standardized Patients demonstrated scenarios allowing participants to analyze and apply the concepts of SBIRT.



Tech Tip: SimMan 3G Tip #1

Using an advanced high technology simulator in your center such as SimMan 3G presents new day-to-day challenges for operators and facilitators.

When maneuvering your 3G you'll find his head and neck to have a wider range of motion, when compared previous simulators like SimMan classic. This advancement in realism can cause some concern for the simulators safety in terms of day-to-day operations. Next time you move your 3G place a cervical collar on the mannequin. It provides support to the head and neck and reduces risk of damage to the simulator.



WISER Quick Tip

Having trouble getting your defibrillator pads to work with your simulator? Here is a quick tip you can try. Obtain a piece of sheet metal from your local home building center. Take and cut two 3" diameter circles out of the metal. Next drill a hole big enough to fit the original screw thru the hole. Then take and remove the nut and washer from original disc. Place the 3" disc behind the original and slip the screw thru both holes. Attach washer and nut from back side. Your finished modification should look something like that in Figure 1.



Figure 1



Figure 2

Now attach your discs to the simulator and test them using the defibrillator. With much more surface area for the pads to stick to, you should get fewer if any "poor pad contact" errors reading on the defibrillator. We have been getting good results from this modification when it comes time to place pads on simulator for defibrillating, cardioverting and pacing. For a more permanent solution you can have your local machine shop make thicker and more durable discs from a heavier piece of metal (See Figure 2).

WISER Hosts Tsinghua Scholars

Each year, the University of Pittsburgh School of Medicine host exchange scholars from Tsinghua University in China. As part of their program at Pitt, WISER conducts simulation based training programs that teach the students skills that can be applied in everyday life. Dr. Li Zhang (Anesthesiologist and WISER Facilitator) and Dr. Min-sin Huang (Surgery and WISER Simulation Fellow) taught over 30 students basic airway management, CPR and initial treatment of a person experiencing a medical crisis.



WISER offers this program to Tsinghua Scholars on an annual basis.

13th Annual Safar Symposium

An engaging and intellectual crowd gathered to hear speakers discuss Simulation Now and into the Future on the morning of Friday, May 22nd, 2015 for the 13th Annual Safar Symposium. The WISER portion of the symposium was held in Oakland and also broadcasted live.

This year's symposium featured lectures from subject matter experts about state-of-the-art simulation programs. The experts covered topics about the use of virtual environments and how they are transforming learning in the clinical and classroom setting, the use of simulation in real environments, and how current certification and testing methodologies are affecting the outcome of a student's learning experience. Following each lecture, the floor was opened to the audience for questions or thoughts about the future of simulation education.



The 13th Annual Safar Symposium WISER speakers included:

Jeffrey M. Taekman, MD - Professor of Anesthesiology, Assistant Dean for Education Technology, Director, Human Simulation and Patient Safety Center Duke University Medical Center
"The Promise of Virtual Environments and Serious Games in Healthcare"

Eric B. Bauman, PhD, RN - Assistant Dean, DeVry Medical International's Institute for Research and Clinical Strategy, Associate Director, Center for Excellence in Simulation Education, DeVry Education Group
"Game Mechanics, Game-Based Learning, and Simulation: Developing Translational and Transformative Clinical Education"

Andrew Musits, MD - Simulation and Medical Education Fellow, Peter M. Winter Institute for Simulation, Education and Research (WISER), Clinical Instructor of Emergency Medicine, University of Pittsburgh and UPMC
"In-situ Simulation and Resuscitation: Where Plastic Meets Practice"

William McIvor, MD (Moderator) - Professor of Anesthesiology, Associate Director of WISER for Medical Student Education, University of Pittsburgh Medical Center and School of Medicine
"Simulation in the Maintenance of Certification in Anesthesiology (MOCA) Process"

Neal Benedict, PharmD - Associate Professor, Pharmacy and Therapeutics, University of Pittsburgh School of Pharmacy, Critical Care Pharmacist, UPMC Presbyterian Hospital
"Integrated Progress Testing Through Blended Simulation to Assess Clinical Readiness in a PharmD Curriculum"

The morning concluded with closing remarks by WISER Director, Dr. Paul Phrampus and the Director of the Safar Center for Resuscitation Research, Dr. Patrick Kockanek. On behalf of the Dr. Phrampus, Dr. Kockanek and the rest of the Safar Center and WISER staff we would like to thank the speakers and the guests for making this another successful Safar Symposium.

"I made use of the opportunities that life offered to do some good."

– Peter Safar

UPCOMING CONTINUING EDUCATION EVENTS

○ HOW TO RUN A SUCCESSFUL SIMULATION CENTER

12/2-3/2015

○ MOCA

11/7/2015, 12/12/2015, 1/30/2016, 2/27/2016

For more course offerings visit www.wiser.pitt.edu

DID YOU KNOW?

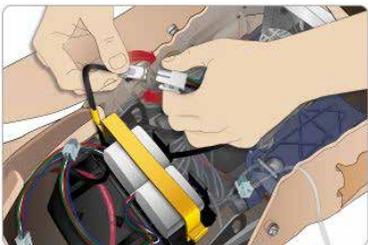
that WISER's original manikin cost \$250,000 in 1994?



Tech Tip: SimMan 3G Tip #2

Using an advanced high technology simulator in your center such as SimMan 3G presents new day-to-day challenges for operators and facilitators.

SimMan 3G has the ability to run on his internal battery or external power. If you plan to run him on external power exclusively (to avoid mannequin failure during a course) be sure to disconnect his internal batteries, as to not over charge and ruin the internal battery. Also, when running the simulator on external power, after shut down, unplug the power cable from the simulator. Even when powered down the simulator will attempt to recharge the batteries and will never properly shut down unless unplugged from the power source.



WISER offers new TechSim Course

WISER is proud to offer a new training program created for Simulation Operations Specialists, TechSim! This training program is designed to educate simulation operations specialists on the key tasks associated with the daily operations and maintenance of a simulation center. Topics of this program include: supporting courses, simulation center technology, scenario creation, repair and maintenance, running simulation sessions and much more!



We are offering both an online and onsite program. Access to TechSim: Online (\$150) will allow you to navigate content topics at your own pace. If you prefer a more hands-on experience, participants are encouraged to attend a 1.5 day interactive training program, TechSim: Onsite (\$495). If you have already taken the online program, a \$150 credit will be applied to your onsite course fee. The onsite program features a self-paced, online exploration of relevant topics followed by onsite, interactive workshops.

Participating simulation centers include WISER, SimTiki - University of Hawaii, Summa Health Virtual Care Simulation Lab and The Gordon Center @ University of Miami.

For more information visit: <http://www.wiser.pitt.edu/techsim>

Benign Esophageal Hands-On Conference

WISER successfully hosted the hands-on portion of the Department of Cardiothoracic Surgery's Annual Benign Esophageal Conference on Thursday May 14th 2015.

The didactic portion of the program was presented by guest faculty Jeffrey M. Marks, MD, FACS, FASGE Professor of Surgery and Director of Surgical Endoscopy from Case Western University in Cleveland, OH.



Trainees and practicing physicians from UPMC and outside institutions, spent the afternoon rotating through stations to review and practice procedures including Per-Oral Endoscopic Myotomy (POEM), Esophageal Endoscopic Mucosal Resection (EMR), Stents and Overstitch endoscopic suturing. While the participants were going through each station, a simulcast of a live procedure, led by James D. Luketich, MD, FACS, was broadcast for the participants to view.

WISER looks forward to hosting this portion of the conference again next year.

Take Your Child to Work Day

On Thursday April 23, 2015, seventy three children of UPMC Passavant employees enjoyed a special educational session at the hospital's WISER Center during "Take Your Child to Work Day".

The children, ages 9 through 13, were surprised to find "Mr. Smith" (Sim Man) in distress. He presented with chest pain and dizziness. Amy Thompson, MSN, RN-BC UPMC Passavant, WISER Center Manager, immediately applied monitor leads and oxygen. Suddenly, Mr. Smith went into asystole and the children were instructed to start CPR. Taking turns using the hand-over-hand technique and bag valve mask, they managed to bring Mr. Smith back to life, but his heart was in ventricular tachycardia. The AED was applied, and Mr. Smith was defibrillated into sinus rhythm.

Once Mr. Smith was feeling better, Joseph Dunham, Simulation Specialist, revealed himself from behind the one-way mirror and explained how Sim Man worked and showed the children a variety of his functions, including how to inject medication into the IV, his respirations, and demonstrated a difficult airway.

The children also had the opportunity to view a class in session, with new Nursing Assistants and Patient Care Technicians learning how to care for patients on day-to-day basis. While initially timid around Mr. Smith, the children jumped right in assisted with patient care simulation and enjoyed their time with us.



Tech Tip: SimMan 3G Tip #3

Using an advanced high technology simulator in your center such as SimMan 3G presents new day-to-day challenges for operators and facilitators.

Some features of SimMan 3G may not be used on regular basis at your center. Specifically his diaphoresis, secretions, and bleeding features. Keeping these reservoirs clean and flushed when not in use is critical to the safety and functionality of the simulator. To learn the steps of properly flushing your liquid reservoirs refer to your SimMan 3G manual.



The Role of the Simulation Specialist During a Mock Code

At WISER, we have seen a significant increase in requests to conduct in situ mock codes from many of the hospitals within the health system. As a result of the growing demand, we have worked to develop a formal process, and outline responsibilities for the team members conducting the in situ program. A key member of the team is the Simulation Operations Specialist (SOS).



The SOS is responsible for testing the equipment that is going to be used during the scenario. It is essential to verify that the simulator software recognizes ventilations, compressions, and pulse checks, as well as defibrillation. In generating the follow-up report, the information captured on the scenario log is used to validate the actions of the care team and the presence and/or absence of an action.

Once the simulator is tested, the SOS will package the equipment for transport to the in situ location. Upon arrival at the designated location, the SOS is responsible for setting up the simulator, and again validating functionality. The SOS must ensure that any cables or tubing are not creating an obstruction or hazard for the team, or interfere with equipment functionality. The cables or tubing's cannot obstruct the bed from being moved away from the wall, and cannot create a tripping hazard for the staff.

WISER's process requires a minimum of 2 simulation team members be present during the mock code. One person is responsible for operating the simulator software, in addition to observing and documenting times, actions and comments heard during the scenario that are important to review during the debriefing immediately post event, as well as inclusion in the follow-up report of the assessment activity.

If the SOS is not operating the simulator, rather functioning in the role of the observer, we try to position the SOS so that they have a different view of the activities, preferably across from the person operating the simulator. This allows for additional documentation/validation of activities, an opportunity to capture additional verbal feedback that may have been missed, as well as a second set of eyes.

Following the event, the SOS is responsible for repacking the equipment and returning to the simulation lab. Any notes taken should be gathered and reviewed with the individual who will be generating the report, along with the simulation activities log. This is a process that we have found works well in our health system and the results continue to trigger additional growth in this program.

Director's Corner

Greetings Friends of WISER,

Where did the summer go? Time flies when you are having fun. As you can see from this newsletter, we are having a lot of fun at WISER. We started over the summer when they very successful Safar Symposium. Speakers from around the country delighted us with their presence and wisdom in describing uses of simulation to advance the mission of perfecting healthcare.

Since we are such a busy center with a talented crew of simulation specialists it is no surprise to see this issue packed with descriptions of technical fixes and training. The technical workforce in simulation is an incredibly important foundation that allows us to leverage much of the power and technology of simulation to create the innovative education that we provide. The creativity of many of the technical specialists in simulation continues to amaze me.

Lastly our discussion on mock codes, or in situ simulation, is one that is critically important for our support of the UPMC Health System. Further, I think it describes part of what I think the true value of simulation over time will prove to be, that is creating an impact on true patient safety. The exciting part of the mock code program is that it represents true prospective patient safety. Most patient safety efforts in health systems today focus on what has already happened and injured or harmed a patient. Mock code seeks out understanding and proactive corrections of those threats that loom in the environment before they become an actual harm to a real patient.

While the mock code programs do represent a significant amount of effort, as a patient safety leader I can attest to the fact that they are a critically important evaluated step in the identification and potential elimination of harm or delays in care that may come to patients. Until Next Time,

Happy Simulating,



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