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California Simulation Alliance

a program of HealthImpact



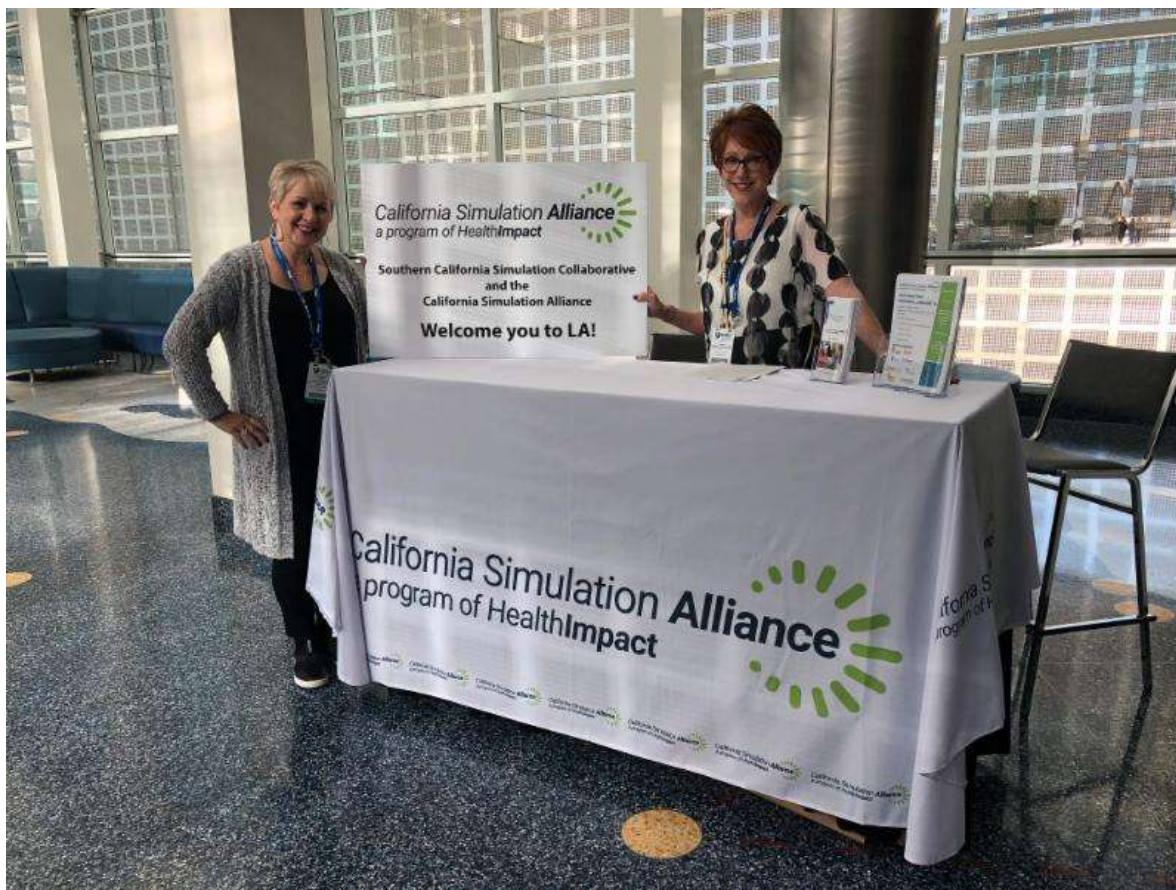
CSA Newsletter

www.californiasimulationalliance.org

Winter 2018

Welcome to our first newsletter of 2018. The CSA officially turns 10 years old this year and we have a lot to celebrate! As a program of HealthImpact, we are a self-sustaining program with no grant funding! As a non-profit organization, we are sustained through your generous subscription funds, our revenue from our courses, scenario sales, programs and our generous industry partner contributions! When you see any of our partners, please thank them!

We manned the "Welcome to Los Angeles" table at the International Meeting on Simulation in Healthcare (IMSH) in January in LA. (Thanks to all of our wonderful volunteers!). We met many of our subscribers and many new friends. Several CSA subscribers presented at the IMSH meeting conducting everything from a pre-conference to a breakout session to a workshop or panel. We were well represented! The International Nursing Association for Clinical Simulation and Learning (INACSL) is around the corner in June, 2018 and will be held in Toronto! Please let us know if you are attending and/or presenting!



We have many exciting courses planned for 2018, including a conference in the Los Angeles area. If you would like further information or want to become more involved in the CSA, contact us!

Best regards,

KT and the CSA team

Industry Partner News

News from Laerdal and the CSA:

Your Professional Development Is Our Priority

Using simulation to teach nursing has been proven to be as effective as traditional clinical methods when faculty have the needed administrative support, equipment, and simulation training.

Simulation Education Solutions for Nursing (SESN), launched in partnership by the National League for Nursing (NLN) and Laerdal Medical, helps schools and programs successfully implement highly

CSA Scenario Library Updates

Our scenario library is expanding with new scenarios with a focus on interprofessional collaboration, caring for the mentally ill medical-surgical patient, the LGBTQ client in primary care, opioid addiction in the primary care client. We also anticipate new scenarios in the perioperative setting coming soon and sepsis in the pediatric setting.

We are always looking for new scenarios for the CSA Library. If interested in contributing, you'll find that the new .pdf fillable form is user friendly and time efficient. This is available on the

effective simulation training for nursing students.

New in 2018, CSA course offerings are available through the SESN program. Aligning these courses into the program brings a completely integrated solution to facilities seeking faculty development support through professional development workshops. To schedule a consultation for a program assessment or to learn more about the workshop offerings visit laerdal.com/CSA

PocketNurse sent us this blog about creating a scenario library:

Art and Science of Developing a Scenario Library by Greg Vis

"Development of scenarios is a discipline onto itself. While the best source for scenarios is often real-life encounters, these encounters must be adapted to a format that allows consistent experience delivery for students. There are numerous professional resources available for the rigorous development of high-quality scenarios. The Society for Simulation in Healthcare is a leading interprofessional society that advances the application of simulation in healthcare through training, reference materials, and workshops..."

[Click Here](#) to read more.

Simulation Job Postings

**Kaiser School of Medicine
Director, Simulation**

[Click Here](#)

**Stanford, Children's Hospital
Manager, Simulation Program**

[Click Here](#)

**Samuel Merritt University
Simulation Technology Specialist**

[Click Here](#)

CSA website, for subscribers, in the Scenarios section.

We are in the process of our bi-annual scenario review and update and are looking for clinical expertise in multiple areas to assist in this process. There is limited funding and a hard deadline of April 1, 2018. We anticipate that the scenarios will take from 1-2 hours to update the evidence base, medications and current practice. Can you help us? Please contact Marjorie Miller at mmiller@nurse-edconsulting.com to express your interest and your availability.

UC Davis Betty Irene Moore School of Nursing and the CSA

The exciting work that we have been doing with UC Davis group continues! In December, we facilitated a one day workshop on debriefing, providing opportunities for this interprofessional group to gain or expand skills for use in academic and in situ settings. This group is creating multiple scenarios for the Primary Care setting and used some of the scenarios as triggers for practicing their debriefing skills. In addition to creating scenarios for the Primary Care setting, the group adapted the CSA template for this setting. This template is available for members in the Scenarios section of the CSA website.

Contact Us

For CSA courses and subscription inquires, contact [Tianda](#).

For customized simulation courses specific to your institution, have us come to you! Contact KT for further information.

Do you have any simulation photos you would like to share? Send them our way (with consent of those photographed) and we will feature them in our next newsletter.

Simulation news in your organization? Send it our way!

Family Presence and the Use of Simulation to Train Facilitators

Hospitalization is a stressful event for both the patient and family (individuals who are relatives or significant others to the patient) and this is further intensified in the pediatric population. The stress is further increased during invasive procedures and emergency care with the worst being the cardiopulmonary resuscitation (CPR). The traditional medical model has excluded family presence believing that the sight of a loved one in pain or undergoing lifesaving measures would be traumatic. Within the pediatric population though, family presence is much more of the norm since children cannot advocate for themselves and the parents are acknowledged as the comforters. Recently, there is a shift within the adult population to support family presence at all times including during medical events suggesting that it is beneficial and meets their psychosocial needs (American Heart Association, 2010).

While the evidence supports family presence from the family and patient perspective there is some debate from the medical providers. Multiple studies over the years have reported opposition to family presence with the most common concerns being the belief that they family would interfere with the team's activities, the event would be too traumatic and that the event may adversely influence staff performance (Demir, 2008, Köberich, Kaltwasser, Rothaug, & Albarran, 2010). A balance is required and this involves a coordinated approach with trained facilitators; without support negative impacts may occur (Feagan & Fisher, 2011).

Beyond having institutional support, which may come in the way of a policy, education for staff to train them how to facilitate family presence, especially during medical crisis, is imperative. Many facilities have leveraged the support of the Chaplains and Social Workers to be the primary Family Presence Facilitators (FPF's). Nursing is also a critical group as they provide the most direct care. Simulation provides a unique opportunity for this type of training. Many hospitals have Patient and Family Councils whose voice is used to ensure excellent care delivery. A number of hospital now have trained the patients and family members to be actors in simulation scenarios; they both are able to guide and coach during the scenario and to add critical feedback during the debriefing. As opposed to Standardized Patients real patients and family members are able to bring their authentic experiences to the scenarios.

Simulation-based training has been conducted to train FPF's at the VA hospital in Palo Alto and the goal is to create a standardized program for other VA's to follow. At Cedars-Sinai pediatric unit simulation is also being used to practice involving patients and families in multidisciplinary care rounds and for disclosing concerns

and potential medical errors. By utilizing simulation, teams can work out the details in what works and what does not add value when inviting families and patients to provide input in their care plan and contribute to the discharge planning. Simulation allows an avenue for families to show the care team what works and what can be improved on. Simulation training allows for a non-judgmental place to practice conversations and improve communication and discuss perceptions with a united purpose.

In conclusion, family-centered care recognizes the needs of family members and emphasizes their important role during patient's illness and even during resuscitation events. Healthcare providers require knowledge of the evidence and training to support family-centered policies (Sak-Dankosky, Andruszkiewicz, Sherwood, & Kvist, 2014, Salmond, S. W., Paplanus, L. M., & Avadhani, A. (2014).

Submitted by

Courtney Caufield, MSN, NE-BC, CENP, CPN (CSA subscriber)

Cynthia Shum, DNP, MEd, RN, CHSE-A (CSA faculty)



CSA Regional Collaboratives Updates

Rural North Area Simulation Collaborative (RN-ASC)

The RN-ASC met at the Rural SimCenter in Chico, on October 27th, 2017 for a day of education and sharing. Thirty-five collaborative members came together for an educational program and innovation sharing. We had representation from 4 schools and 2 hospitals. The educational program consisted of demonstrations of Wearable Technology for use with standardized patients, and an advanced infant simulator. In addition two simulation based research projects were showcased. Chico Flight Crew members Jenny Humphries and Tom Stedman presented their innovative simulation work at the Air Medical Transport Conference in Fort Worth Texas! "Out Of the Sim Lab and Into the Ship- Live Helicopter Simulation" The local RN-ASC members found that there are programs that have and are developing clinical flight simulators but that the Chico crew is the only group that has accomplished live helicopter simulations. The use of an actual ambulance and helicopter adds to the scenario fidelity. The flight crews train quarterly to improve patient safety by participating in simulation training. Contact Becky Damazo at BDamazo@csuchico.edu for further information.

Bay Area Simulation Collaborative (BASC)

The next BASC meeting will be a phone conference meeting on April 9, 2018 from 11-1pm. Dial-in information will be sent out prior to that date. Please forward to others who would be interested in attending. The next meeting will be in the summer- July/August timeframe. If you would like to host this event please email Lina Gage-Kelly at agage-kelly@samuelmerritt.edu. Contact Lina Gage Kelly at agage-kelly@samuelmerritt.edu or Lisa Sabatini at lsabatini@usfca.edu for further information.

Southern California Simulation Collaborative (SCSC)

The next SCSC meeting will be held at Glendale Career College, May 8th at 10 am. We are actively looking for a co-chair for the group. If interested, contact Kim Baily at kimbailysim@gmail.com

CSA Education Courses and Conferences

For course descriptions and more information, please visit the [CSA website](#)

2018 CSA Course Calendar

Simulation Intensive

April 26-28, 2018

Torrance, CA

Cost: \$1,250 CSA Subscribers; \$1,500 Non Subscribers

[Register Here](#)

19.5 CEUs

Simulation Intensive

June 4-6, 2018

Sacramento State University

Cost: \$1,250 CSA Subscribers; \$1,500 Non Subscribers

[Register Here](#)

19.5 CEUs

Simulation Intensive

August 16-18, 2018

San Marcos, CA

Cost: \$1,250 CSA Subscribers; \$1,500 Non Subscribers

[Register Here](#)

19.5 CEUs

Debriefing Workshop

October 25, 2018

Visalia, CA

Cost: \$300 CSA Subscribers; \$350 Non Subscribers

[Register Here](#)

6.5 CEUs

*Do you have 15 or more who could benefit from any of our CSA Training Courses? Let us come to you! Please contact [KT](#) for rates and more information.

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