



Indiana University Health



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# The Simulation Quarterly

## The Simulation Center at Fairbanks Hall

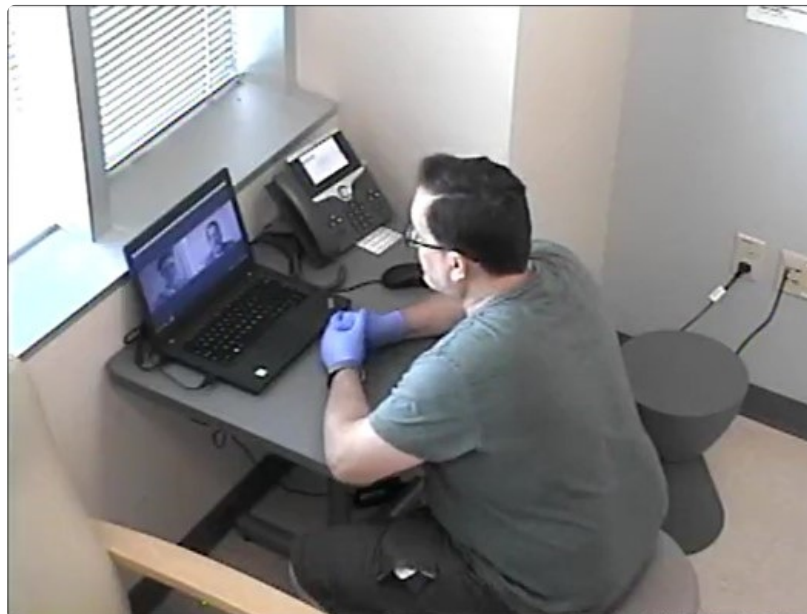
Volume 1, Issue 1 - Winter 2021

### Welcome to our first quarterly newsletter!

Hello and welcome! This is the first of hopefully many quarterly newsletters sent out from the Simulation Center at Fairbanks Hall. This newsletter is a place for you to learn more about the center: who works here, what opportunities we offer, what exciting innovations are being created here, and more. Whether you're a client who's new to the variety of options that simulation offers or a seasoned simulation facilitator, we hope to offer valuable and timely information to enrich your experience with us. Please consider subscribing to the newsletter so you never miss an issue!



### Would You Like to Open Zoom? Simulation during COVID-19



Michael Davis, standardized patient trainer, conducting an OSCE over Zoom

As we all know, the past several years have been challenging ones. The COVID-19 pandemic has affected every part of our lives, and simulation is no exception. However, lockdown didn't signal an end

to the work of the simulation center; rather, it gave the team and all of the facilitators a chance to create new opportunities and find creative ways to continue sharing the benefits of simulation safely. Over the next several issues of the newsletter, we'll talk about some of the ways that we've found to continue using simulation during the pandemic, both in our usual capacity and specifically to further efforts to fight the pandemic. Feel free to use these ideas to inspire work of your own or send in your thoughts on how to keep using simulation in times when we can't be face to face; we'd love to hear from you!

This quarter, we're going to look at some of the ways we've been able to continue utilizing our standardized patients (SPs) through a variety of virtual encounters. One of the primary ways we've been able to continue hosting SP events is through Zoom OSCEs. The SPs continued coming into the center, where a laptop with a camera and microphone was placed in each exam room. Door notes were shared with the participants on Zoom, where they then conducted a telehealth encounter with the SP. The SPs still portrayed their specific cases as they do when the learners are able to be at the center in person. While most physical exam maneuvers clearly aren't possible in this situation, participants were able to practice taking the patient's history, as well as how to interact with patients virtually. Because telehealth is on the rise, this became an advantage for the participants; they were able to practice how best to interact with the camera and explore ways to troubleshoot any technology issues in the moment, which will hopefully contribute to their success later on. Participants may not necessarily realize and take into account all of the minute differences between in-person and telehealth encounters. Completing OSCEs via Zoom reminded them to wear their badges somewhere visible to the camera, to make sure to look at the camera lens rather than their computer screen, and to speak loudly and clearly so that their microphone picked up their voice well. These and other aspects of telehealth are skills that learners may not even have realized they needed to work on unless they'd been able to complete their SP encounters virtually.

Zoom was also used for breaking bad news and death notification training events. These types of trainings translated easily to a virtual platform, allowing providers to practice navigating intensely emotional situations with feedback and debriefing from the safety of their own spaces. All of the non-verbal skills involved in telehealth discussed above became even more important when the participants were presented with an emotionally fraught and challenging encounter to navigate, such as informing family when a patient dies. Using a video platform like Zoom to conduct these trainings also preserved the ability of the participants to work in groups and receive instant feedback and advice from their peers as well as from the facilitator. As someone who has participated in these trainings as an SP, I've seen firsthand how impactful and useful they can be. Zoom allowed us to continue hosting these important events even while we were unable to physically come to work.

Check in with our next issue to hear about some of the ways we were able to use simulation to contribute directly to the efforts to fight COVID-19!



### Equipment Spotlight

This is the Laerdal SimMan 3G, one of the adult manikins we have here at the center. The SimMan 3G is currently one of our highest-fidelity manikins. He's able to simulate a wide range of conditions and symptoms, from neurological to cardiac to pulmonary. We're able to change his pupil size and response to light, have him seize, or simulate altered speech patterns. He has palpable pulses as well as different heart and breath rhythms. If you need a specific lung or heart sound, never hesitate to ask the techs if it's available; you may be surprised at the variety of options on offer. The 3G can be intubated, both with a regular or difficult airway. If he's set up with an IV, learners can push medications. We can also create any moulage you might like (for those who don't know, moulage is any simulated wound, bruising, injury, etc., usually achieved with makeup). We'd be happy to work with you on anything you can think of that might enhance the fidelity of your scenario and meet your learning goals and objectives, and the SimMan 3G offers lots of opportunity for these innovations!

### Mark Your Calendars!

Consider joining us for our next Faculty Development Day, coming January 12, 2021. Contact the simulation center for more information or to sign up.



### Meet the Staff

Hello! I'm Sarah Tam, one of the simulation technicians at the sim center as well as your editor-in-chief. In the future, this section will feature short conversations with different staff members here at the center where they'll describe how they came to work in simulation, what they do here, and anything else they'd like to share! For this first issue, I thought I'd introduce myself as the person behind the newsletter, so you know who you're hearing from each quarter. I've worked as a simulation technician in the virtual hospital for almost two years, and I've been a standardized patient for four years. I came to simulation as an actor and grew to

enjoy this fascinating way of teaching and learning. I particularly enjoy running sims with baby manikins, as well as any scenarios with moulage where I can put my theatre skills to good use. I'm looking forward to sharing more of the behind-the-scenes work going on here through this newsletter, as well as hearing from all of you!



### Want to share your ideas?

We're always looking for contributions to our newsletter. If you have thoughts you'd like to share, an announcement or event to let everyone know about, or a journal article to feature, please reach out to the editor at [stam@iuhealth.org](mailto:stam@iuhealth.org). We look forward to hearing from you!

### Research to Note:



**Influence of  
Socioeconomic Bias on  
Emergency Medicine  
Resident Decision  
Making and Patient  
Care**

[Read More >](#)



**Use of Simulation to  
Improve Emotional  
Competence at End-of-  
Life Care for  
Healthcare  
Professionals and  
Students: A Scoping  
Review**

[Read More >](#)



**Virtual Simulation  
Games as an  
Educational Tool for  
University First  
Reponders in Canada:  
A Usability Study**

[Read More >](#)

### Looking for a community?

If you're searching for like-minded people, as well as a place to catch up on all things simulation, join the Central Indiana Simulation Consortium! The Consortium connects you to other folks working in simulation and serves as a massive resource whether you're firmly established or just starting out. For more information, contact Johnny Cartwright at [jfcartwr@iu.edu](mailto:jfcartwr@iu.edu).

### Quarterly Journal Club

The fall journal club, led by Mariju Baluyot and Hani Alsaedi, addressed simulation training for ECMO in the critical care setting. The three studies that were featured tested different aspects of incorporating simulation-based training into traditional ECMO training. [One study](#) compared teaching ECMO management



with traditional methods to teaching with simulation-based methods and found that simulation-based methods translate to longer-term retention of skills. [The second study](#) incorporated simulation-based ECMO training and found that it increased the maintenance of skills and the confidence of the participants. [The third study](#) aimed to evaluate a critical care nurse curriculum for ECMO and found that the proposed curriculum increased skills exam scores among its participants.

Sign up for next quarter's journal club [here!](#)

## Stay Up to Date!

Never miss an issue! Subscribe to our newsletter to receive all of the latest simulation center news, simulation innovations, research highlights, and more. Email [stam@iuhealth.org](mailto:stam@iuhealth.org) for more information.

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