



# UC Simulation

September/Fall 2015

Issue 7



**Director**

**Cameron Ricks, MD**

As we close out operations for the 2014-2015 academic year, here are some production data. The Medical Education Simulation Center accomplished 1,900 hours of simulation activities and 19,000 hours of total participant hours to a total of 7,000 participants.

Dr. Anne Beissel, a neonatologist visiting from Lyon, France has completed her 1 year Medical Simulation Fellowship.



Through financial reform and working with Medical Education, we are now able to correctly quantify and assess the overall operations with regard to utilization percentage. The residency programs continue to drive the center's deficit as a function of operations. Additionally, our unit was asked to look at our financial operations to find ways to trim the budget; through that work, I now believe that we operate a lean operation.

Furthermore, we have been working with the Advancement team to seek out donors for ongoing and expansive operations in the future. The strategic plan that was collaboratively built by key stakeholders (2013) is approximately 90% complete. As we press toward the future with re-accreditation of the School of Medicine and new leadership, we will anticipate and look forward to creating a new strategic plan to drive operational and strategic goals and objectives in the future.

I hope everyone has a great fall.

Cameron Ricks, MD



**NOTICE**

## **Pediatric Advanced Life Support (PALS)**

As of 1 July 2015:  
The Medical Education Simulation Center no longer provides the American Heart Association (AHA) HeartCode© Pediatric Advanced Life Support (PALS) course.



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American Society of Anesthesiologists®

Endorsed Program  
Simulation Education Network



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ENHANCING PATIENT SAFETY THROUGH SIMULATION

## Upcoming Dates

### September

- 15 Simulation Fellowship Meeting
- 21 Resident Skills Day

### October

- 2 UC Simulation Consortium
- 16 MOCA
- 17 MS Pediatrics Day
- 19 Simulation Staff Meeting
- 19 SBTT-Code Training
- 19 SIMIG Event 5-7p
- 29 Resident Skills Day
- 30 NS – Vital Signs Testing

### November

- 3 Resident Skills Day
- 7 LMSA Event
- 13 MOCA
- 16 SBTT-Code Training

### December

- 4 MOCA

### January

- 6-7 ATLS
- 16-20 IMSH Simulation Conference

## Closures

### November

- 11 Veteran's Day
- 26-27 Thanksgiving

### December

- 24-1 Jan Campus Closed

### January

- 16-20 Staff at Industry Conference

## Inter-professional Simulation-based Team Training (Code Training)

### UCI Medical Center, Building 50

Upcoming inter-professional code training dates presented by the Medical Education Simulation Center.

**September 14, 1pm-3:30pm**

**October 19, 1pm-3:30pm**

**November 16, 1pm-3:30pm**

### Simulation-Based Team Training at UCIMC Academic Year to Date

**Total Sessions: 0**

**Total learner hours: 0**

**Total learners Jul – present: 0**

**Total Sessions since Inception: 19**

**Total learner since Inception: 120**

July session – canceled due to scheduling availability  
August session – canceled due to learner no show

	AY 2013-2014	AY 2014-2015
Total Participants	62	58
Avg Participants/session	6.9	5.8
Min Participants	3	3
Max Participants	12	12
Total Number of Sessions	9	10

## New This Academic Year...

### Family Medicine Resident Simulation

This year, **Dr. Kathryn Larsen** (Family Medicine) and **Dr. Esther Ho** (Family Medicine) have begun to include quarterly simulation training for the Family Medicine Residency. The simulation sessions will focus on topics such as elder abuse, cardiac emergencies, post-operative complications, OB/GYN and post-partum emergencies, geriatrics, pediatrics, and delivering bad news.

### School of Medicine: Medical Education

#### Medical Student Year 1

- Clinical Foundations 1 Vital Signs Workshop
- Additional Microbiology Simulation Session
- Additional Neuroscience Simulation Session

#### Medical Student Year 2

- Additional Biochemistry Simulation Session

Total added (MS1): 6 hours / student

Total added (MS2): 2 hours / student

## *New This Academic Year... (cont'd)*

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### *Simulation Interest Group (SIMIG)*

We are Simulation in Medicine Interest Group (SIMIG), the first of its kind at UCI! The goal of SIMIG is to have medical students embrace the art of simulation as both learning and teaching tool. Simulation is an up and coming new teaching modality that provides some of the best learning experiences for students and residents. Research has shown that retention from lecture/books is only about 10%, however the hands-on experience provided through simulation leads to knowledge retention up to 85%! Overall, SIMIG intends to provide a great learning and volunteer experience for students, the community and beyond. With our involvement in upcoming events such as Ultrafest, expect to see us soon!

### *Ultrafest (February 2016)*

The Simulation Interest Group is collaborating with the Ultrasound Interest Group to add medical simulation to Ultrafest early next year.



*From left to right: Tony Nguyen, Andrew Nguyen, Jenny Seong, Logan Woodhouse, Christopher Vo, Austin Kwong*

### *UC Extension*

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For a second year in a row, a group of Spanish medical students visit the Medical Education Simulation Center. These students took part in hand-on airway workshops, lumbar puncture task training, and CPR skills. The students also had the opportunity to experience high-fidelity simulation and see how UC Irvine incorporates medical simulation and task training into the core curriculum. This year's events were led by the Simulation Fellows, Dr. Khany, Dr. Sayegh, and Dr. Alrabah.



## New Staff

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### **Danica Rogacion, BS**

*Administrative Assistant*



Hello everyone. My name is Danica Rogacion and am pleased to be joining the Medical Simulation Center. Before starting with the Administrative Assistant position in July, I was a UCI undergraduate student. I worked as a student assistant for UCIMC's Chao Comprehensive Cancer Center, Dept. of Radiation Oncology, for two years. During my four years at

Cont'd on pg. 5



### **Eilene Tellez**

*Simulation Specialist*

I am Eilene Tellez a new Simulation Technician at UCI Simulation center. Previously I worked at St Joseph Hospital in Admitting for the last 9 years. My experience consists of working in the Emergency department, and going to school for EMT, as well as Surgical Tech.

I grew up in Orange, CA. In 2006, I attended American Career College for education in healthcare,

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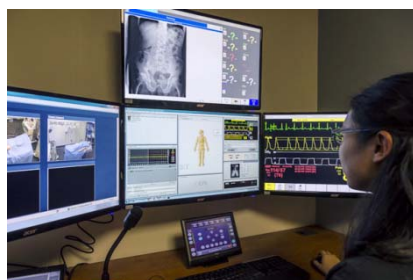
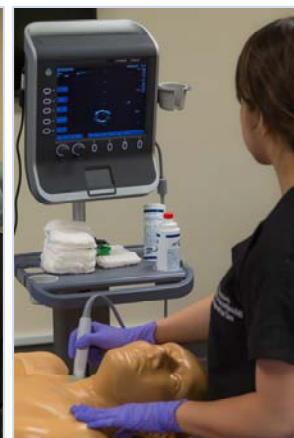
## **Simulation around UC Irvine**

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### **Perioperative Simulation Center**

A new simulation space, the UCI Health Perioperative Simulation Center, located in Building 53 at the UCI Medical Center, was developed by the Department of Anesthesiology & Perioperative Care. This small-scale simulation center is equipped with a high fidelity simulator, several task trainers and in-hospital simulation capabilities. The center is used for quality and safety projects as well as education for faculty, residents, and nursing. If you are interested learning more about the center or would like to inquire about use of the center, please visit:

[http://www.anesthesiology.uci.edu/education\\_simulation.shtml](http://www.anesthesiology.uci.edu/education_simulation.shtml)



Cont'd Danica on pg.4

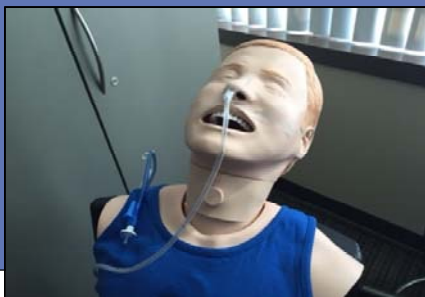
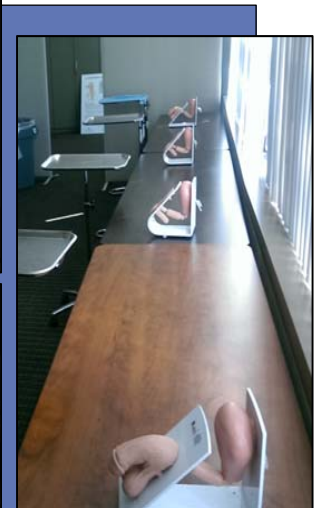
UCI, I have worked for other departments such as the Ayala Science Library's Multimedia & Resource Center (MRC) , the Associated Students of UCI (ASUCI), and the Career Center. Also, I have contributed to some research with the UCI's Institute for Clinical and Translational Science (ICTS) and UC Berkeley's Forum for Collaborative HIV Research.

I was born and raised in the Philippines, then moved to Guam for school. Although missing the simple life in both places, I have been living in Southern California and calling it home for ten years now. I am a proud Ant eater and graduated with a B.S. in Public Health Sciences in June.

Currently living in Cerritos, I love how close it is to both LA and OC area. Therefore, I find myself exploring and being a tourist of my neighboring cities. I enjoy going to the beach, visiting museums, and hiking trails.

### *Skill Workshop for Residents (GME)*

**September 9** – Graduate Medical Education and the Dr. Merrill, Chief Medical Officer, organized a skills day for 1st year residents. Residents from multiple specialties spent the day practicing skills in the Medical Education Simulation Center such as; central line insertion with ultrasound, arterial line insertion, Foley insertion, and nasogastric tube insertion. Through a total of four training dates over the next two months, a total of 250 UC Irvine residents will get a chance to receive this training opportunity.



Cont'd Eilene on pg.4

hospital assistant/surgical technology. I am currently enrolled at Santa Ana College in pursuit of her Associates in Science degree.

I currently live in Riverside county, and enjoy reading, watching movies, Bike riding, and swimming.

## DID YOU KNOW?

**Pens, permanent markers, dry erase markers, surgical incision markers and even newspaper print can stain or tattoo the simulator skin.**

**This is the reasoning behind the simulation center policy of no writing instruments near the simulators.**





## *Director of Operations*

*Keith A. Beaulieu*

*Medical Education Simulation Center*

Another academic year is down and just as quick, new medical students are buzzing around the building.



### **Budget and Planning**

The budget has been approved for the academic year and largely intact from what was submitted by the department. The decision was made to continue to operate as we did in past years concerning residencies. Medical Education felt that with recent leadership change and organizational shuffling that it would be a topic better suited for the next fiscal budget. As for operations, the Medical Educational Simulation Center will continue to service the residency programs.

Going forward, the simulation center is committed to providing high quality education through medical simulation. We continue to increase our integration within the school curriculum, and continue to push to have a presence in the simulation community.

### **Scheduling**

Danica Rogacion joined us and is handling the day-to-day business of the Simulation Program Office. She is located in Suite 2118 with me and is handling scheduling of all courses and sessions as well as maintain the American Heart Association Program for us.

All requests for scheduling can be submitted via the [www.medsim.uci.edu](http://www.medsim.uci.edu) website. If you have any questions regarding scheduling, please contact us at 949-824-8835. A copy of the simulation center polices can be found in the simulation center SharePoint or emailed to you upon request.



### **Curriculum**

Simulation session-wise, all the curricular documents and other required items have been accomplished in both Ilios and Canvas. We are still updating both platforms. Canvas is being implemented in courses this academic year. As this platform continues to be applied and utilized, the simulation center center will upload student information, instructions, handouts, links, etc... to the students just like we currently do in Ilios. We will still continue to use Ilios for the background curriculum and objectives.

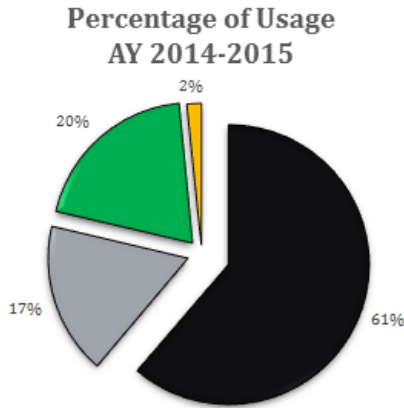
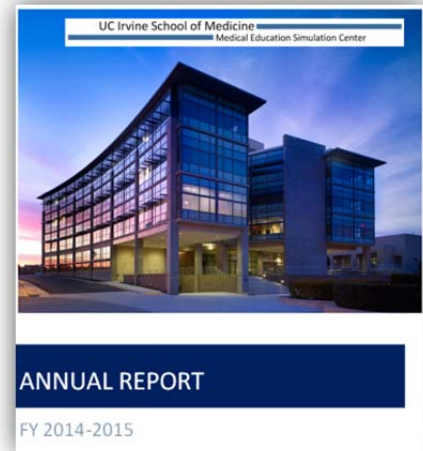
Because of the overwhelming positive reviews of simulation education, the simulation center will be adding an additional Microbiology, Biochemisrty, and Neuroscience session to the student curriculum this year. In collaboration with Clinical Skills, we have also added an "Intro to Vital Signs" session that was inserted into Clinical Foundations 1. In total, we have added 6 hours of medical simulation to the MS 1 curriculum and 2 hours to the MS 2 curriculum.

The program office is currently reviewing all curriculum ahead of the LCME accreditation period.

Curriculum resources as well as medical education and simulation resources can be found at <http://sites.uci.edu/medsim> or [SharePoint](#) page.

## End of Year Statistics

This issue includes some selected highlights from the end of year report.



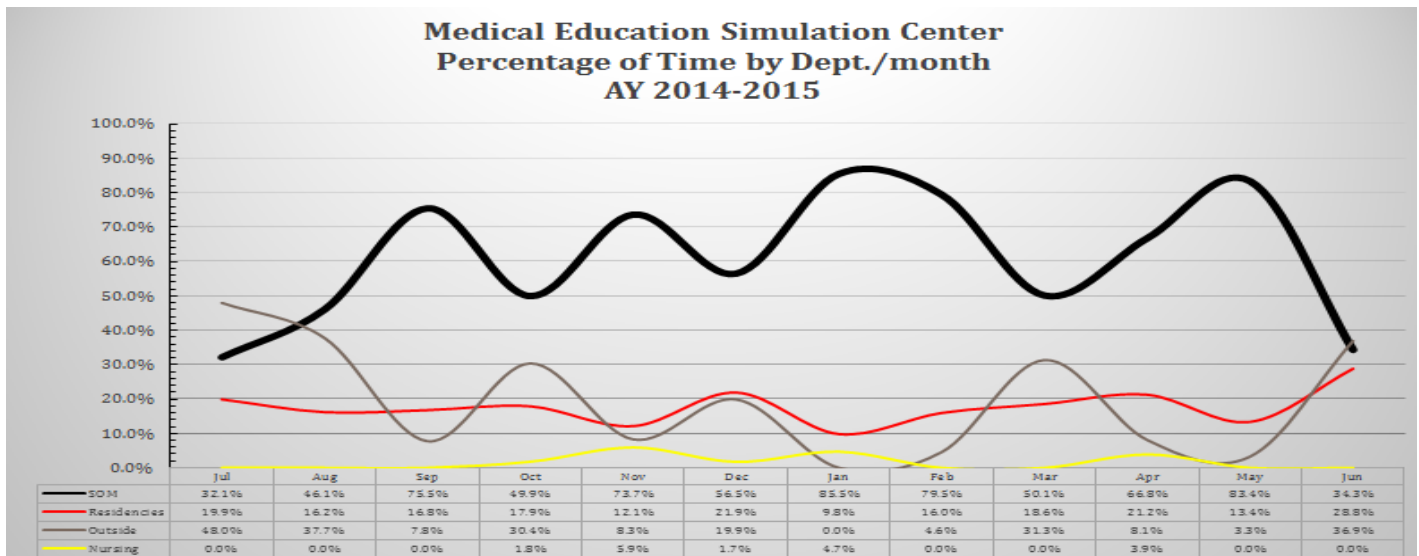
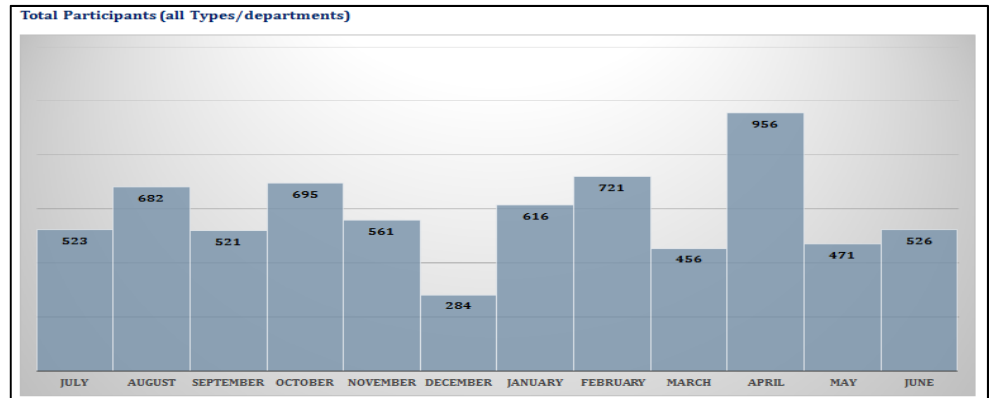
SOM	61%
Residencies	17%
Outside	20%
Nursing	2%

Total participants for 2014-2015  
Academic year = 7012

### Historical

2012-2013 = 4612

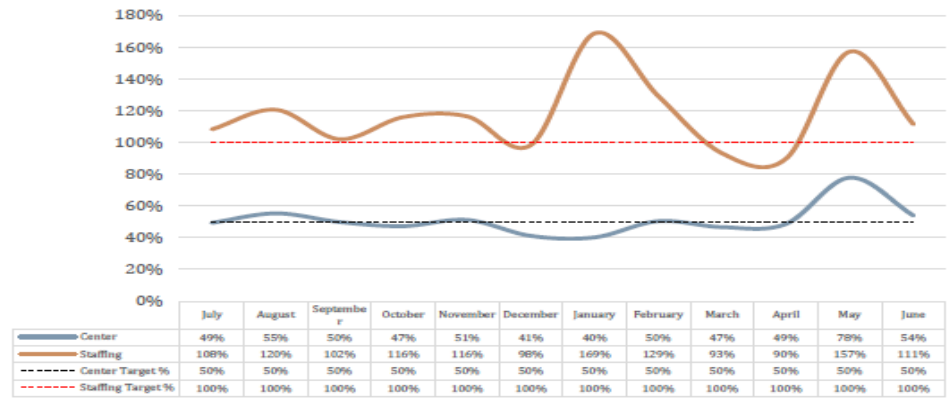
2013-2014 = 6800



### Simulation Center Utilization (center v. staff)

#### Utilization by Month

Month	Center	Staffing
July	49%	108%
August	55%	120%
September	50%	102%
October	47%	116%
November	51%	116%
December	41%	98%
January	40%	169%
February	50%	129%
March	47%	93%
April	49%	90%
May	78%	157%
June	54%	111%
<b>Overall Avg</b>	<b>51%</b>	<b>117%</b>



### Published a simulation scenario case to MedEd Portal

- Raphael D, Lin S, Canales C, Beaulieu K, Ricks C. Obstructive Mucus Plug in the Prone Position. MedEdPORTAL Publications; 2015. Available from: <https://www.mededportal.org/publication/10016> [http://dx.doi.org/10.15766/mep\\_2374-8265.10016](http://dx.doi.org/10.15766/mep_2374-8265.10016)

### Representative in international simulation organization

- Keith Beaulieu is a member of the Society for Simulation in Healthcare (SSH) Accreditation Committee
- Keith Beaulieu has been active in the expansion of the Society for Simulation in Healthcare (SSH) Accreditation program through his participation in the development of the accreditation standards' companion guides.
- Keith Beaulieu has represented UC Irvine on two (2) accreditation site reviews, both programs were accredited.

## International Simulation Conferences

### 2014-2015

#### International Meeting on Simulation in Healthcare (IMSH), January 2015

- Won 2<sup>nd</sup> place for abstract in Program Innovation, published in December 2014 edition of Simulation in Healthcare Journal. Ricks, C., Beaulieu, K., Gohil, S., Rahman, A. High Fidelity Medical Student Microbiology Simulation. Presented at IMSH 2015. Published in Simulation in Healthcare: The Journal of the Society for Simulation in Healthcare, December 2014 (9:6), Pg. 464.

#### Interservice/Industry Training, Simulation and Education Conference (I/ITSEC), December 2014

- Keith Beaulieu represented UC Irvine School of Medicine and the Society for Simulation in Healthcare

### 2015-2016

#### Submitted Presentations (IMSH)

- "Blazing a New Trail for Tele-simulation in Medical Education" Podium Presentation submission for IMSH 2016. Pending approval
- "Simulation Fellowship: Our Experience" Podium Presentation submission for IMSH 2016. Pending approval

#### Submitted Abstracts (IMSH)

- Foley Skills Competency for 2nd Year Medical Students
- Emesis during Simulation: a low cost approach
- Pitfalls of International Tele simulation
- Residents as Teachers: a randomized controlled non-inferiority trial

*Note: will find out status of acceptance in late September/early October*



## UC Simulation Consortium

On October 2<sup>nd</sup>, The Medical Education Simulation Center will be hosting the 2<sup>nd</sup> Annual Fall Simulation Consortium Meeting. Medical directors and operational directors from UC San Francisco, Davis, LA, San Diego, and Riverside will come together to discuss UC simulation in a one-day meeting.

Last year's meeting, held in San Francisco, included discussion and draft of the vision, mission, and bylaws.

Topics to be discussed this meeting include information sharing and collaborative research.

If your organization has a simulation related story you wish to share in this newsletter, please contact Keith Beaulieu, [kbeaulie@uci.edu](mailto:kbeaulie@uci.edu).



UC Irvine Medical Education Simulation Center

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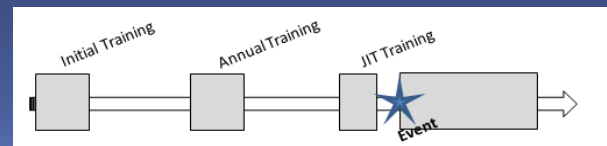
## Just – in – Time Training (JIT)

Defined: Training conducted just prior to a potential intervention

JIT training was invented after World War II by Taiichi Ohno of Toyota. This concept of training has been copied by public and private businesses, public safety, and the military.

### Implementing JIT Training steps:

1. Needs Assessment
2. Learning Objectives
3. Selection of the best method of training
4. Means of evaluation
5. Resources needed
  - a. Trainers
  - b. Funding
  - c. Supplies
  - d. Staffing
6. Planning and Logistics
  - a. Support from department or administration
  - b. Time period or time commitment of training  
Mandatory v. optional
  - c. Tracking and reporting
  - d. Remediation procedures



### Advantages of JIT Training

- Provides real-time education and feedback
- Allows for experiential Learning
- Can be done in the clinical environment or at point of care in most cases
- Helps reinforce skill retention
- Enhances ability to provide appropriate care
- Can approve learner confidence in performing psychomotor skills

### Limitations of JIT Training

- Only can be used with learners who have achieved a baseline level of competence
- Does not work well for initial Training

Reference: Palaganas J et al. (2015) Defining Excellence in Simulation Programs