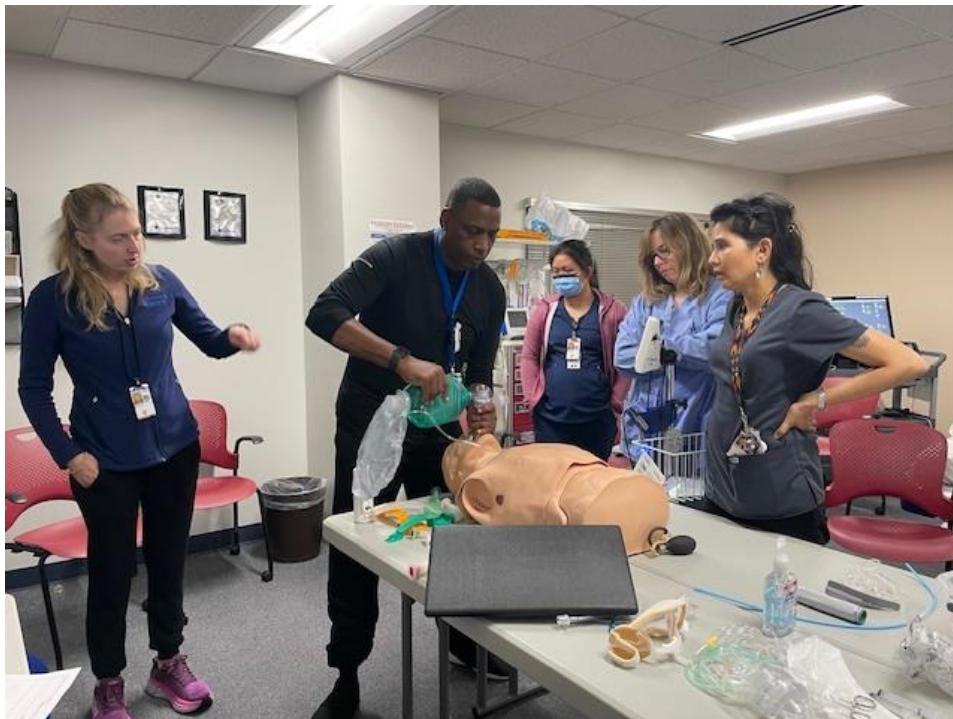




## Collaborative Simulation Training Boosts Emergency Department Skills

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*Dr. Carolan Constantine guides Thomas Berry Jr., RN, in properly attaching the Ambu bag to the ET tube after utilizing the Glidescope for rapid sequence intubation. Also pictured: Alexa Nguyen, RN, Eileen Kenyon, and Priya Fernandez. (Photo: Yvonne Lin-Chen, VA)*

Simulation-enhanced interprofessional education (IPE) is recognized as a best practice for achieving positive health care outcomes, as outlined by the International Nursing Association of Clinical Simulation and Learning (INACSL) Standards of Best Practice (INACSL, 2021). This approach emphasizes teamwork and collaboration across professions to improve patient care.

In April 2022, the Emergency Department (ED) at VA Puget Sound Health Care System (VAPSHCS) in Seattle, Wash., launched its first simulation-enhanced IPE session. Since then, the program has continued monthly. This initiative was created in response to the need for various health professionals to work together to enhance communication, teamwork, and workflow in the ED. The primary focus of the training is to allow ED staff to practice Rapid Sequence Intubation (RSI) and collaborate through simulation to troubleshoot and overcome challenges in patient care, much like real-life scenarios. The training introduces "The Vortex Approach" for optimal airway management. The Vortex Approach emphasizes the following:

- **Prioritizing objectives:** Enhancing situational awareness and reducing ineffective airway management attempts.
- **Automating responses:** Training airway managers to internalize their actions.
- **Organizing the team:** Anticipating the next action and increasing team engagement.
- **Defining optimizations:** Ensuring each airway attempt includes a change.
- **Peri-intubation oxygenation:** Reducing the risk of hypoxia.
- **Head-of-bed elevation:** Elevating the bed 30-90 degrees to improve functional residual capacity.
- **End-tidal carbon dioxide monitoring (ETCO<sub>2</sub>):** Ensuring proper ventilation.

On average, 67 ED staff members, including physicians, registered nurses (RNs), health technicians (HTs), and intermittent care technicians (ICTs), participate in this training annually.

Feedback from participants has been overwhelmingly positive, with staff citing the benefits of "hands-on practice for intubation skills," "small group, hands-on opportunities," and "valuable refreshers for mock codes, chest tube management, intraosseous insertion techniques, and site care."

The next step for this simulation-enhanced IPE program at VAPSHCS is to expand the training to include procedural sedation and central venous catheter placement.

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