



Temple-Telegram.com

Practice Makes Perfect

- TC students use simulation lab to rehearse for real life trauma situations -

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Published June 19, 2007

TC Students use simulation lab to rehearse for real-life trauma situations

It was trial by fire.

There was a dialysis patient bleeding out, a trauma victim with exposed bowels, compound fracture and other injuries, and a post-surgery cardiac patient with complications. Some of the patients didn't fare too well, but in the end, all could be revived to teach another day at the Temple College Simulation Center.

A group of physician assistants from across the country were in Temple last week for a critical care workshop with some times spent with the programmed mannequins at the simulation center.

Because of restrictions in the number of hours residents and fellows may work, physician assistants are filling in more in intensive and critical care units, said Laurie Benton, a physician assistant at Scott & White.

In the past, Ms. Benton said, many physician assistants have come from the military or were trauma critical care nurses with plenty of experience, but recently younger people have been recruited and the workshop provides the type of training needed for the physicians assistants to be effective in critical care unit situations.

Using the simulation enables the participants to practice and make mistakes on the mannequins, not on real patients, she said.

In the control room, the heart rate, blood pressure, oxygen and other elements essential to survival are maneuvered. Operators also set up patterns for different medical situations.

Coker said on one level, those participating in the simulation know they're working with a mannequin, but the use of costuming and makeup and someone providing noises or a voice for a patient create an atmosphere where participants will often suspend disbelief and interact with the simulator like it's real.

"That's the goal," he said.

An error common to novice healthcare workers is to treat the monitor, Coker said.

"They're chasing numbers on the monitor rather than looking at the patient," he said.

A group of the physician assistants attending the workshop fell into that trap during one of the simulations.

The dialysis "patient" had unhooked his line and blood was everywhere, but the physician assistants called in to assist by a frantic dialysis technician, played by Ms. Benton, didn't notice. Of course it didn't help that the technician (Ms. Benton) was doing everything she could to distract them from their work.

Following the simulation the participating physician assistants were told their first order of business should have been to remove the agitated technician from the room.

Another group was warned following the simulation about getting distracted by non life-threatening elements of a case.

While working on the trauma victim, some group members became overly concerned about the blue tinge of the patient's right leg, indicating the leg wasn't getting proper blood flow, rather than focusing on the more immediate issues — respiration and heart function.

Sharon Kulesz, with the America Academy of Physician Assistants office in Virginia, said there's a need for these types of workshops.

"We had a hundred people on the waiting list for this workshop," she said.