







# Why Simulations?

- Sensory-Stimulus Theory Laird
  - more sensation = retention
- Reinforcement Theory Skinner
  - behavior as a function of consequences
- Cognitive-Gesalt Burns
  - experience to find meaning and develop insights
- Facilitation Theory Laird
  - · learners consider new ideas

## What else is there to say?

State of Simulations

Keepin' it Real

Designing Simulations

Jumping in the Deep End

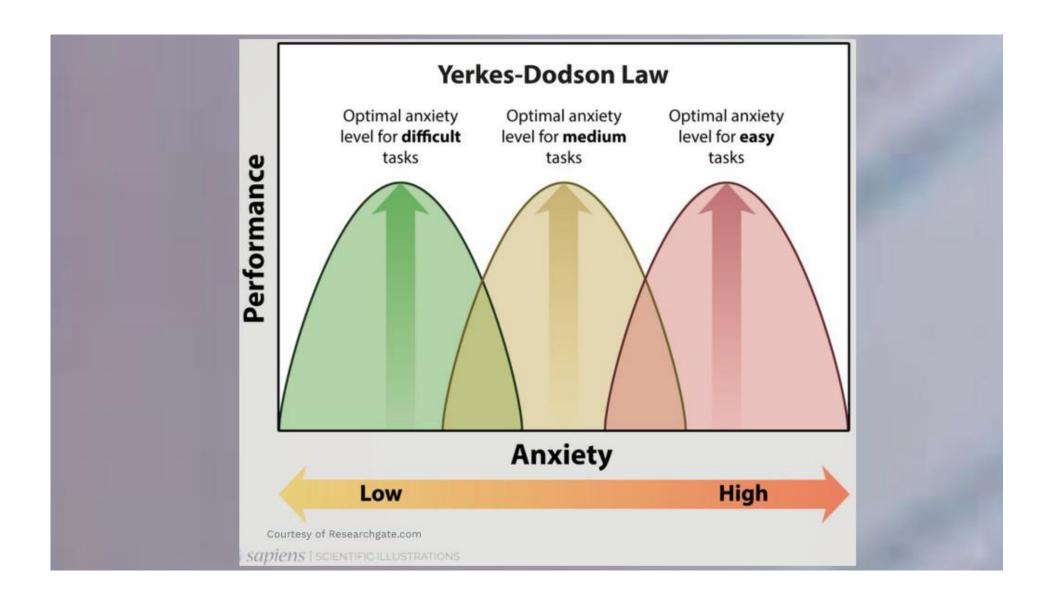
### Designing Simulations

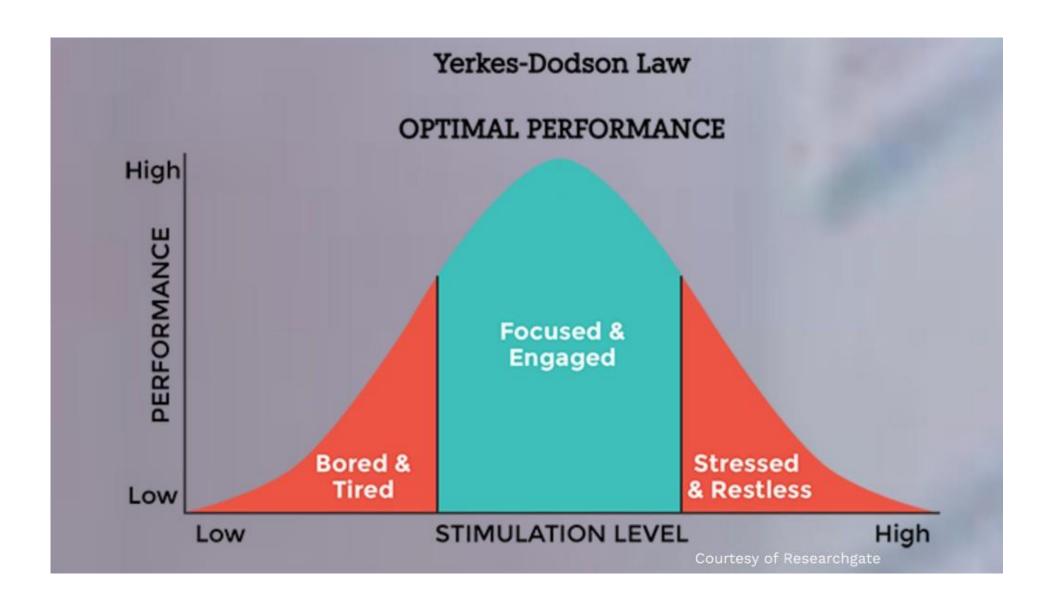
BP 82/46, HR 100, RR 38, SpO2 86%, EtCO2 61, BG 40, temp 101.1 F, 12 lead Sinus Tachycardia, GCS 8

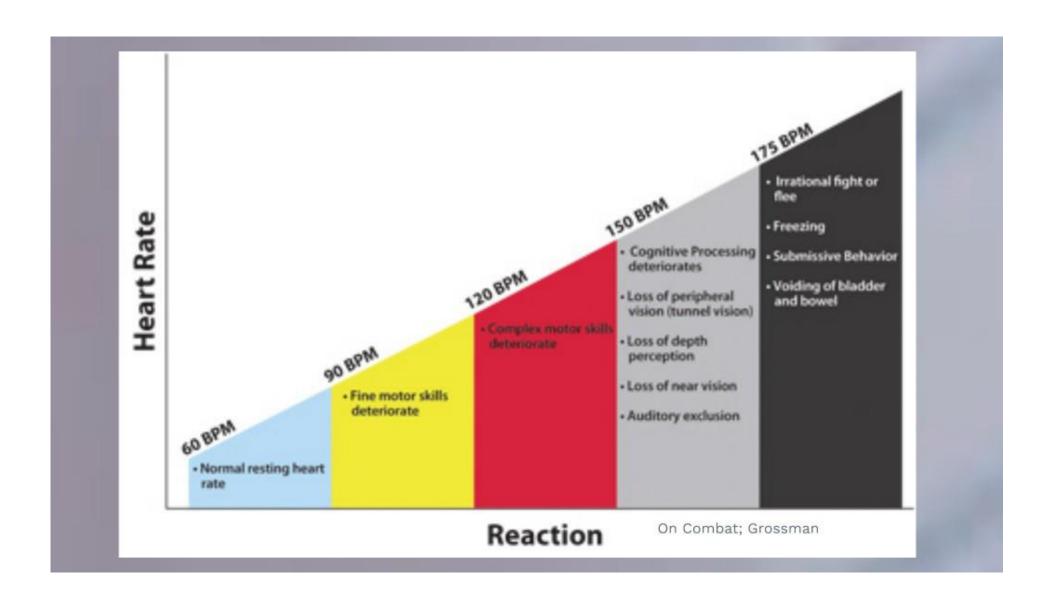
Clinical Benchmark 1: recognize ventilatory compromise – BVM ventilation Backstop: tachypnea - hypoxia – bradycardia – HOLD

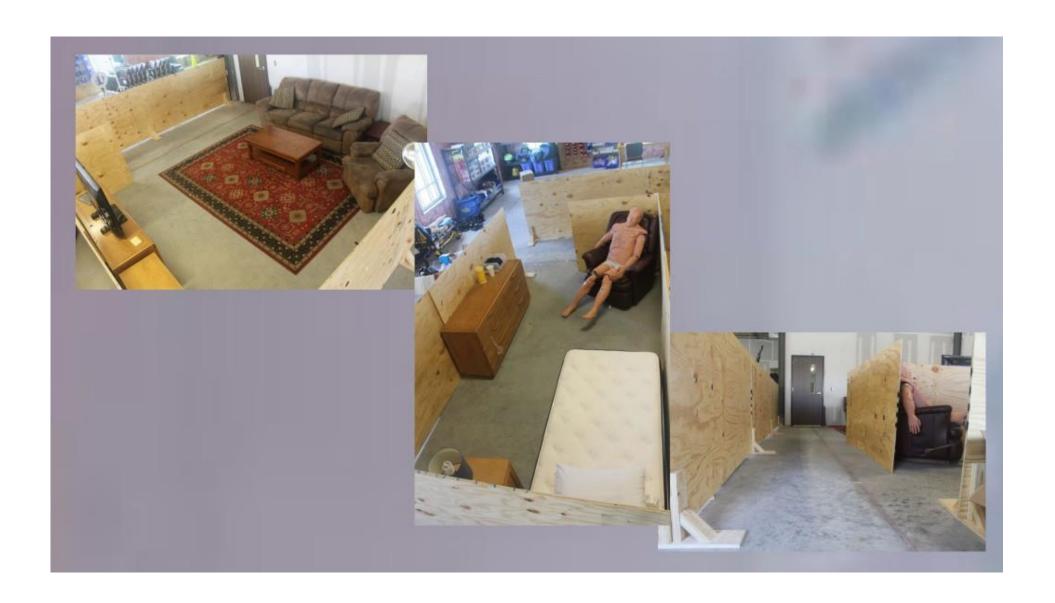
Clinical Benchmark 4: recognize hemodynamic instability – fluid challenges and pressors Backstop: hypotension – low end tidal – PEA













## What are we really practicing anyway?

#### **Breathing Control**

- · Failure to Exhale
- Trapped and Anxious
- Accessory Muscle Use
- Slow and Rhythmic
- Diaphragmatic

#### Visualization

- · Crisis Rehearsal
- Anticipation
- Surprise Factor
- Different Approaches

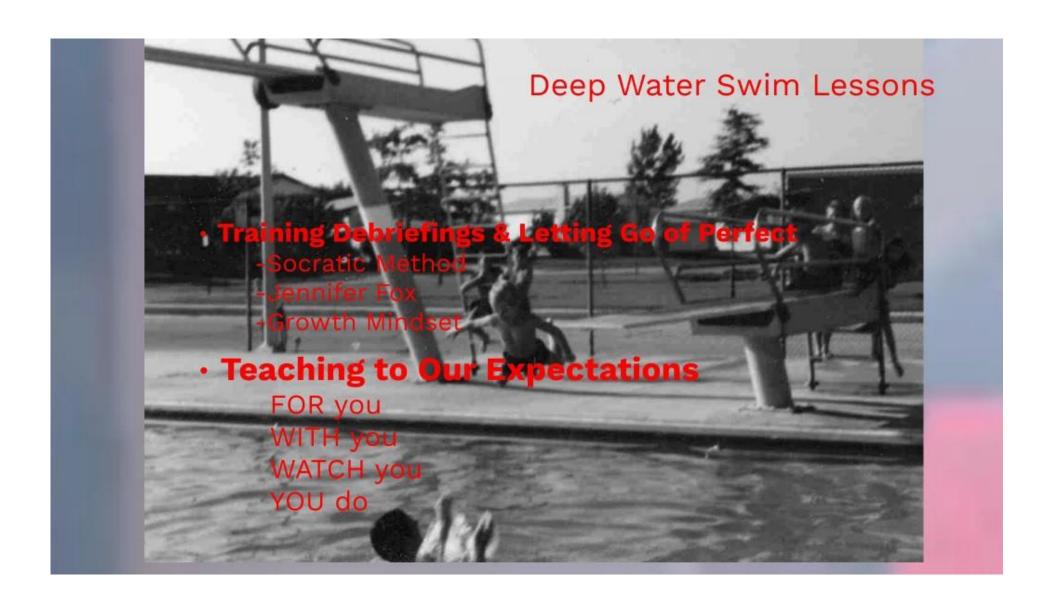
"I can see myself screwing this up."

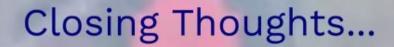
#### Self Talk

- Always Happens
- Toxic Thinking
- · Placebo Effect
- Contagious Negativity
- · If vs When
- Practicable Skill How?
  - Redirection
- · Tactical Word Choice
- · Process vs Outcome
- Identify What Needs to Happen

 Practicable Skill How?

- Redirection
- Tactical Word Choice
  - Process vs Outcome
- Identify What Needs to Happen





If we want to be professionals, we have to praction being professionals.



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