

SAEM Sim News

*Biannual Newsletter of the SAEM Simulation Interest Group
in collaboration with the Technology in Medical Education Committee*

Winter 2009

SSIH EM Interest Group

The SSIH Emergency Medicine Interest Group recently met in Orlando at the International Meeting for Simulation in Healthcare

Page 2

2008 SIG Survey

Dr. Kobayashi's survey of current SAEM SIG members.

Page 2



Simulation Academy

Some pros and cons of becoming an SAEM academy

Page 2



Center of the Month

An inside look at the Case Western Metrohealth sim center

Page 3

Consensus Conference

An update on the success of the 2008 SAEM Consensus Conference on Simulation

Page 4

Announcements

A new simulation fellowship, promotions, and more!

Page 4



Letter From the Chair

Dr. Leo Kobayashi is the SAEM SIG Chair and Co-Director of the Rhode Island Hospital Medical Simulation Center.

Hi everyone, hope your year is off to a good start! Following up on a busy and important 2008 with significant events in the simulation world (and elsewhere), the SAEM Simulation Interest Group has a whole host of new and ongoing initiatives to keep things moving! Please welcome Dr. Mike Smith MD as the new SIG secretary and Dr. Christopher Strother MD as the incoming newsletter editor! Thanks to all who have helped propel the SIG and its efforts this far, we hope to maintain the forward momentum!

With change in the air, a significant opportunity is being presented in the proposed transformation of SAEM SIG and SAEM Committee for Technology in Medical Education into a merged SAEM Simulation



Dr. Leo Kobayashi

Academy. Meanwhile, SIG subsections are independently active and generating results, such as research networks and mentorship directories to assist members in project collaboration. Efforts to provide SIG members with materials to help with simulation faculty academic promotion and facility accreditation are also in the works.

To keep things in perspective, it's already been over eight months since the 2008 AEM Consensus Conference on the Science of Simulation in Healthcare - Drs. Jim Gordon and John Vozenilek are preparing a 1-year followup event at the 2009 AEM Consensus Conference in New Orleans. In order to keep members informed and involved in these SIG activities and decision-making processes, we plan on continuing our online surveys and emails via the list serve. SAEM SIG will likely be using the www.patientsimulation.net website (set up for the 2008 Consensus Conference) as its Web home.

We look forward to working with you on these exciting programs, please feel free to contact us if you have any thoughts, suggestions or questions!

Leo Kobayashi MD, SIG Chair
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Mike Smith MD, SIG Secretary
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Christopher Strother, MD, SIG Newsletter Editor
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SSIH Emergency Interest Group

Dr. Haru Okuda is the director of the Advanced Learning Institute for the Health and Hospitals Corporation of New York City.

The SSIH's Emergency Medicine Special Interest Group (EM SIG) met at the International Meeting on Simulation in Healthcare in Orlando Florida this past January. The Emergency Medicine Special Interest Group, a subgroup of the SSIH, "is an organization of emergency medicine providers dedicated to improving the quality of emergency care using simulation as well as fostering collaboration and support of the goals and objectives of simulation groups within leading EM organizations."

We had a record, standing room only, turnout with greater than 20% new participants and spent most of the time discussing the goals and objectives for the EM SIG, as not to recreate efforts by other established EM simulation groups. To summarize, most members wanted to work on a session for next year's SSIH meeting to help promote collaboration between disciplines and other organizational members such as nursing. The decision was to develop a post-graduate workshop for next year's International Meeting on "how to create scenarios with other specialties and practitioners." Another area of focus will be to help programs develop simulation internationally for our EM counterparts.

If you have an interest in joining the EM SIG or currently not a member of SSIH and are interested, please contact Haru Okuda at haru.okuda@gmail.com.

Andy Godwin, MD & Haru Okuda, MD
Co-Chairs

Rosemarie Fernandez, MD
Secretary / Website Editor

Joshua Quinones, MD
List serve moderator



2008 SIG Survey

The results of Dr. Kobayashi's recent SIG survey show an interesting snapshot of the experience of current SIG members and the types of facilities they utilize. It also gives us some ideas of priorities to help direct the SIG in the near future.

Demographics: 30 respondents (27% of listed SAEM SIG members), all were at U.S. facilities.

Facility characteristics: 13% No fixed facility, 5% Small size (<1,000 sqft), 50% Medium size (1 - 9,000 sqft), 13% Large size (>10,000 sqft), 7% Multi-size

77% leading or facilitating between 1 and 9 simulation sessions per month

Mentoring: 45% interested in being a mentor, 21% possibly interested in being a mentor, 35% not interested

Academic Promotion + Recognition: 20% have a process in place to formally recognize simulation related academic activities, 73% do not (the majority of respondents without this type of process would find a "starter kit" containing evaluation forms, letter templates and other materials likely to be helpful), 7% did not know if their facility or program has this type of process.

Accreditation: 27% of respondents are at facilities currently or about to be accredited (ACS, ASA, others), 73% are at facilities not known to be accredited (67% of these would find other facilities' accreditation examples helpful).

SIG priorities (1 = high; 5 = low): EM simulation mentorship model+ network = 2.1, Simulation Academy development = 2.1, Assistance with faculty academic promotion + recognition = 2.6, Advocacy of EM in development of simulation facility accreditation and assistance with accreditation = 2.8

59% of respondents' facilities offer CME and related training.



Road To An Academy

Dr. Steve McLaughlin is the Regent's Professor, Vice Chair of Education, and Residency Program Director for the Department of Emergency Medicine at the University of New Mexico.

What is an academy? An Academy is considered a subcategory of national SAEM membership. The Clerkship Directors of Emergency Medicine was the first SAEM Academy. An established group can consider formation of an Academy if it has a well defined agenda and mission statement and a track record of accomplishments and leadership, such that a higher level of administrative support from SAEM will allow the Academy to function somewhat independently of the SAEM BOD for purpose of interaction with outside organizations. A Simulation Academy would replace the Committee and the IG.

What are the positives of becoming an Academy? SAEM provides infrastructure to publish a newsletter. Notice of meetings in SAEM Newsletter and other promotional literature. Meeting space and time will be made available during the SAEM Annual Meeting and other national meetings. Conference calls for the academy Chair and academy leadership. SAEM staff members will provide staff support for each academy. SAEM will develop and maintain a list serve for all members of the academy. SAEM will develop and maintain a website for the academy. SAEM will maintain separate financial accounts for each academy to include some portion of academy dues from individual academy members. SAEM BOD will solicit advice from the academy leadership concerning matters that fall under the academy's area of special interest or expertise.

What are the negatives of becoming an Academy? The major downside is that the membership dues for an Academy are higher than those for an Interest Group. The dues are officially set later in the process but would likely be \$100 per year. Of the dues, half goes to SAEM to cover the costs of the support listed above and half goes into the 'treasury' of the Academy to be used in supporting the objectives of the Academy.

LETTER FROM THE EDITOR

As a junior faculty who has practiced simulation teaching for only a few years and is new to any official role as a simulation educator, I wasn't sure what to write about for this issue. I decided, as the new guy, I would write a little about being the new guy.

First of all, I need to thank Leo Kobayashi and Ernie Wang for inviting me to participate in the SAEM SIG. In this time of exploding simulation opportunities, it is a real honor.

As new simulation faculty, I need to find a career path and a research niche. There's a big leap from having your chair say, "Congratulations, you're the new director of pediatric simulation." to actually directing a full curriculum of education and creating academic product to go with it. At my first IMSH meeting I am learning about learning theory, evaluative tools, technology and team training. There are so many layers to the simulation world that I was never exposed to in my small sim experience as a pediatric EM fellow. I was in charge of running sessions and creating cases, but who knew how much complexity and opportunity existed in formalizing the way those cases are written and evaluated? I didn't, you may have...

Fortunately, we have groups like the SAEM SIG and the SSIH to guide us newbies along. I am so happy to see the SIG developing a mentorship network. I benefited greatly from my mentor, Dr. Yasuharu Okuda, and I owe my current career path to his leadership and encouragement. There are not a lot of places to get formal simulation training, most of us learn "on the job". But we all know the dangers of recreating the wheel. Let's make sure we continue to communicate and work together. Our hope at the SIG is to create a real "team". Just like the practice of medicine requires a functional team, the development of simulation will need us all to put our skill sets together to move forward.

Thank you again for this opportunity. Please email me any suggestions you have or announcements you would like to include in future newsletters!

Sincerely,

Christopher Strother, MD

Sim Center of the Month

This month's Sim Center of the Month is the MetroHealth / Case Western Reserve emergency program. This column is here to highlight one of the many varieties of simulation programs. If you would like to highlight your program, please contact the editor. This edition's article is submitted by Drs. Mike Smith and Tom Noeller co-directors of the program.



Since its inception in 2006, the MetroHealth/Case Western Reserve Emergency Medicine Simulation Program (www.metrohealth.org/em/) has developed as a valuable educational tool for our department. We are fortunate to have access to the Mt. Sinai Skills

and Simulation Center (<http://casemed.case.edu/msssc/>), a 9,000 sq ft integrated, multidisciplinary simulation center near the main campus of CWRU. The Center includes large rooms for running high fidelity mannequin simulations and procedure training, conference rooms with AV equipment for instant video debriefing, and several "exam rooms" that are suitable for standardized patient encounters.

Our goal in starting the simulation program was to provide the residents with a high quality, integrated simulation experience. Many of our simulation days focus on a common theme. For example, during a trauma simulation the residents resuscitated adult and pediatric trauma patients followed by immediate video debriefing. Residents then rotated through several stations related to trauma scenarios and procedures. To further strengthen resident exposure to the simulated trauma experience, we used actors playing the role of a patient's family, to whom the residents had to break bad news.

Our program has had successful theme-centered experiences using this approach. As well as the trauma simulation, our foci have included pediatric, cardiac and toxicology oriented simulations.

Standardized patients have been designed to deal with medical noncompliance, discharge "against medical advice", drug-seeking/narcotic abuse, and child abuse. In 2008, we developed an intern simulation orientation. Our programs have also branched out beyond emergency medicine residents

to include training exercises for Cleveland Metro Life Flight.

Overall, we have accomplished our initial goals. Our excitement with simulation has only fueled additional aspirations. Residents have rated this highly favorable as an educational experience compared to standard lecture format. This in turn has generated enough interest in simulation among our residents that we have developed a PGY-3 resident simulation elective. If continued academic interest exists, then perhaps a fellowship might be an appropriate future endeavor. In 2009, a major objective is to take a more active role in medical student education using the Simulation Center.

With iStan (http://www.meti.com/products_ps_istan.htm), we plan in March 2009 to bring the simulation experience out of the Center and into the hospital where our residents and students work. Future plans might include development of a longitudinal simulation experience. This scenario would involve a local fire department to resuscitate and extricate the mannequin from a motor-vehicle crash, our critical care transport team to transport him to our trauma center, our EM residents to resuscitate him in the trauma bay, and then have him further resuscitated and cared for in the surgical intensive care unit. This is one way we hope to look at systems issues rather than just simple team issues at the (one) bedside.

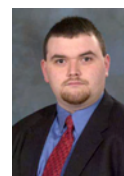
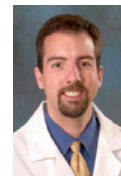
We look forward to hearing from our colleagues in simulation and hope to continue learning in this rapidly developing field.

Neither Drs. Smith or Noeller are paid representatives nor have financial interests to disclose.

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Tom Noeller, MD tnoeller@metrohealth.org

Co-Directors, Emergency Medicine Simulation Program MetroHealth Medical Center, Case Western Reserve University



2008 Consensus Conference Update

Dr. Jim Gordon is Director of the Gilbert Program in Medical Simulation at the Harvard Medical School and Associate Professor of Medicine at Massachusetts General Hospital. John Vozenilek is Director of Simulation Technology and Immersive Learning at Feinberg School of Medicine, Northwestern University. They are updating us on the success of the 2008 SAEM Consensus Conference on Simulation.

Thanks to Everyone for a great Simulation Consensus Conference and Proceedings!

We are now in the dissemination phase of the work produced by the 2008 AEM Simulation Consensus Conference. In addition to an all-user SAEM announcement (January 2009), the following email (below) was sent to approximately 4,000 educators worldwide through the list serves of the Society for Simulation in Healthcare, and the Harvard-Macy Institute (December 2008).

"We are excited to update you on the PUBLIC RELEASE of the proceedings of the AHRQ-supported research consensus conference: "The Science of Simulation in Healthcare-Defining and Developing Clinical Expertise."

This conference was sponsored by the Editors of Academic Emergency Medicine (the journal of the Society for Academic Emergency Medicine). Educators and researchers from across disciplines supported, planned, and contributed to the conference, and were instrumental in producing the proceedings/papers that we hope will be broadly applicable across specialties.

Free unrestricted access to the entire proceedings/simulation issue can be found online at <http://www3.interscience.wiley.com/journal/121498292/issue> (Acad Emerg Med, Vol 15, Issue 11, Nov 2008).

In addition, AHRQ has summarized each of the Proceedings articles and disseminated a conference summary to over 35,000 researchers and policy makers through the following AHRQ venues:

* Research Activities: (AHRQ hard copy newsletter reaching 30,000 subscribers). Archived copies can be found at:

<http://www.ahrq.gov/research/jan09/0109RA.pdf> (Proceedings summary begins on page 10) Medical Errors & Patient Safety List; (5,000 subscribers)

* Patient Safety & Health Information Technology E-Newsletter. (14,000 subscribers) Sign-up for both lists can be found at the top of the AHRQ 'Medical Errors & Patient Safety' Web page: <http://www.ahrq.gov/qual/errorsix.htm>

* Medical Errors & Patient Safety List; (5,000 subscribers)

* Additionally, AHRQ will be sponsoring an exhibit booth at the NPSF Patient Safety conference in May.

We will send copies of the journal for display at the booth.

We have acquired 1000 extra paper copies which will be disseminated through the AHRQ clearinghouse; we are also considering additional national outreach, perhaps to include mailings to medical school deans and academic medical center CEOs.

A 1-year follow-up meeting will be held at the SAEM Annual Meeting in May 2009--hope to see you there!

Sim Based Training and Research Fellowship

Director:

Dr. Teresa S. Wu, Director of Simulation Education & Research, Graduate Medical Education, Orlando Healthcare; Department of Emergency Medicine
Contact Information:

86 W. Underwood Street, #200, Orlando, FL 32806

teresa.wu@orlandohealth.com

Length of Fellowship: 1 year

Fellowship Details:

Curriculum: You will have the opportunity to organize, design, and conduct simulation based training sessions for residents training in Emergency Medicine, Internal Medicine, Pediatrics, General Surgery, Orthopedic Surgery, and Obstetrics/Gynecology. You will work closely with program directors and faculty members from all of the specialties represented in the Graduate Medical Education programs at Orlando Health, and will collaborate on research projects and grants with our world-class simulation team at the University of Central Florida, Institute for Simulation & Training. You will also have the opportunity to work closely with medical students from three local medical schools, in addition to pre-hospital providers as part of a long-standing partnership with the Emergency Medicine Learning & Resource Center (EMLRC) of central Florida. Following your fellowship, you will be prepared to launch and direct a medical simulation program for graduate medical education.

Unique Fellowship Attributes: As the Simulation Based Training & Research Fellow at Orlando Health, you will have the opportunity to work alongside international leaders in Simulation Based Training, Virtual Reality, Human Factors, and Ultrasound. The current fellowship director, Dr. Teresa Wu, has combined her simulation based training expertise and her passion for ultrasound into a Simulation Based Training fellowship unlike any other offered in the country. During your fellowship, you will have the unique opportunity to design and carry out projects focusing on teamwork, team training, advanced training technology, decision-making under stress, learning methodologies, error prevention, and performance assessment.

Promotions:

Dr. Haru Okuda was recently appointed as the Director of the Advanced Learning Institute for the Health and Hospitals Corporation (HHC) in New York City. The 10,000 square foot center will be responsible for training clinical staff at all 11 affiliated hospitals in NYC with the mission to improve patient quality and safety.

Dr. Christopher Strother was recently promoted to Director of Simulation Education for the Department of Emergency Medicine at Mount Sinai School of Medicine in New York City.

Publications:

Congratulations to everyone who contributed to the amazing consensus conference publications!

Dr. Mark Escott and Dr. Lawrence Kass of Penn State Hershey Medical Center contributed a chapter entitled "Incorporating Simulation into Graduate (Resident) Education: With Special Reference to the Emergency Department" in the new text "Clinical Simulation" edited by Kyle and Murray and published by Elsevier.

Announcement:

Morris Kharasch, MD, Pamela Aitchison, RN, and Ernest Wang, MD, Directors of the Center for Simulation Technology and Academic Research recently received two years of funding from The Jerome and Ilene Cole Foundation to support "The First 5 Minutes" Nursing Initiative. Read more on this exciting partnership at this website: http://cstarweb.com/CSTAR_BLOG/CSTAR_Blog/CSTAR_Blog.html

Want to announce or promote something or someone? Email Chris:

Christopher.strother@mssm.edu

Dr. Strother is Director of Simulation Education for the Department of Emergency Medicine at Mount Sinai Hospital in New York City and is grateful for the opportunity to edit this newsletter.

See You In New Orleans!