Supporting the Patient Experience

The theme to this year’s International Meeting on Simulation in Healthcare intentionally began with a committed reminder that every-patient has been, and will continue to be, the constant throughout this simulation journey. “Because that is why we go into healthcare
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Supporting the Patient Experience

Faculty & Staff Development

iSIM: Improving Simulation Instructional Methods

- Interactive simulation instructor courses blending educational theory, evidence-based best practices and hands-on application
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Global Obserververships and Fellowships

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The theme to this year’s International Meeting on Simulation in Healthcare intentionally began with a committed reminder that everything conceived and brought to life in healthcare simulation is driven by our patients and improving their experience.

That spirit is evident throughout the IMSH venue – with some form of ‘patient’ appearing in many of this year’s 145+ companies’ booths on the Exhibit Hall floor. It is evident in the education tracks as instructors dive into various aspects of the patient experience and explore how simulation can continue to marry itself to help improve and/or sustain a stellar patient experience.

“While our vision for the future continues to evolve, why we do what we do has not, and that reason is patients,” said Aaron Dix, a member of the IMSH 2020 Planning Committee, in his opening remarks at the Sunday plenary. “The patient has been, and will continue to be, the constant throughout this simulation journey. “Because that is why we go into healthcare and what ignites our passion for simulation – to keep families whole!”

The reason SSH and many others continue for deeper integration of simulation into healthcare, frankly, is because old methods many times do not produce a sufficient level of care. For example, learning in healthcare too frequently employs an apprenticeship model. In many disciplines, as opportunities to learn and practice come along, it is hoped that learners encounter enough situations to ensure that they become competent.

Ultimately, this is a haphazard way to learn and puts learners and patients at a disadvantage. However, thankfully, pioneering systems have been developed, used, and are showing how critically fruitful they are.

Over the last 19 years, Professor Tim Draycott, this morning’s keynote speaker, has led the development of a new academic department in Bristol that is recognized as a world-leading intrapartum and safety research center. It has generated more than £15 million in funding. Professor Draycott leads the PRactical Obstetric Multi-Professional Train-

Continued on page 6
Introducing - Nursing Anne Simulator
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Come to booth 502 to meet the newest member of the Nursing Anne Simulator platform.

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From basic assessment to advanced practice, Nursing Anne Simulator allows students and nursing professionals the ability to practice core skills, build their clinical knowledge and experience highly realistic patient encounters that will prepare them to provide the highest level of care. This engaging and lifelike simulator enables nurses to practice a wide range of competencies, both as a skills trainer and as a highly realistic patient simulator.

Stop by booth 502 to check out the newest additions to this modular platform or visit Laerdal.com/NursingAnneSimulator

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The way Juli Maxworthy sees it, her move to Society for Simulation in Healthcare (SSH) President-Elect wasn’t a leap into SSH’s executive leadership, but more of a next step in her engagement with the Society.

“Over the past decade, I have served in a number of leadership roles,” Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE, FSSH, said. “The combination of those opportunities, along with my sabbatical that was planned, coincided with applying to serve as President-Elect. The timing was right for me to put my hat in the ring to be considered for this amazing opportunity.”

With regard to “time,” it is a time of growth for SSH. The Society’s membership numbers have shown steady growth over the past few years, IMSH attendance and engagement numbers continue on pace at record or near-record numbers, and the expectation is for continued upward trending.

“Having been part of SSH for over a decade, I am excited about the growth of the Society,” Maxworthy said. “We currently have over 4,600 members.

“As a board member for the past three years, I have been pleased to see the infrastructure that has been continuing to grow with additional policies and procedures. Evidence of the maturity of the Society is that for the first time we will not have bylaw changes.”

Positive signs such as these aren’t limited to within SSH, either, according to Maxworthy.

“As far as the healthcare simulation landscape, I am encouraged by the growth of the simulation operations sector,” she said. “The new publication STORM is indicative of the interest and need for this information to be disseminated more broadly.”

That kind of foundation sets the stage for a couple of exciting growth areas for SSH heading into 2020 and years after. Included on the list for Maxworthy is working with SSH President Bob Armstrong.

“We are fortunate to have someone with Bob’s background moving the Society forward with an expanded interest in system modeling as well the growth in the VR and AR arenas,” Maxworthy said.

Elsewhere, Maxworthy noted the continued growth of offerings using technology to provide SSH members virtual access to programs, as well as enhancements to programs.

“The new Simulation Fellowship Program standards are being piloted, and it is exciting to have these to guide the structure of these programs,” Maxworthy said.

In 2020, Maxworthy also hopes to work with Armstrong and the entire SSH Board in addressing a challenge that can affect SSH members and healthcare simulationists in general.

“We hear that members are not always financially supported by their organizations to attend our meetings or to fund research,” Maxworthy said. “We are a mature enough organization to develop a strong philanthropic arm of the Society to provide these needed resources to our members.

“We currently have the Beverlee Anderson Education Scholarship Fund that was started in her memory. We need to expand funding sources for our members, and my intention is to ensure that at least one more funding source is developed during my year as SSH President.”

Transparency and increased communication also are on Maxworthy’s radar.

“I also intend to hold town hall meetings after each board of directors meeting to provide a forum to disseminate information to our members in real time,” Maxworthy said. “The hope is to develop better linkages between the board and our members.”

As far as the healthcare simulation landscape, I am encouraged by the growth of the simulation operations sector.”

While all of that is on tap for the future, she said things learned and discussed at IMSH 2020 shouldn’t be put on the shelf.

“As we enter the third decade of the Society, I urge attendees to not let what they have learned at IMSH end after they get on the plane back home to their institution,” Maxworthy said. “Please utilize the SimConnect space to continue conversations and connections that have been made at IMSH, so we can continue to grow the field and increase the dissemination of best practices globally.”

You can get plugged in with SSH’s SimConnect at ssih.org/Home/My-SSH and clicking the “SimConnect” button.
Who is Your “One?”

Monday morning’s plenary session began by reflecting on the origins of the International Meeting on Simulation in Healthcare (IMSH) 20 years ago, and closed with a moving and inspirational message about making a difference going forward, without constraints of impossibility.

Jeffrey Groom, IMSH 2020 Planning Committee co-chair, noted that the Society for Simulation in Healthcare (SSH) and IMSH both started out as the International Meeting on Medical Simulation (IMMS). While the meeting fundamentals were the same, Groom offered, “We didn’t have the diversity in disciplines and specialties, and we didn’t have the diversity in terms of international exchange.”

While that diversity has certainly grown over 20 years, Groom added, “One thing that hasn’t changed, even though our name has evolved and our Society has evolved, is our commitment – our commitment to what we do and our commitment to our patients.”

Planning Committee co-chair Keith Littlewood echoed that concept, comparing program content from that initial 2001 meeting to today’s, and identifying similarities in topics. “The terminology has changed a little bit, but these concepts run throughout today’s IMSH,” he said. “To me, it’s a wonderful affirmation that we’re remaining true to our core values and aspirations, even if we haven’t found all the answers quite yet.”

Littlewood introduced Dr. Bosseau Murray, a representative of the first IMMS Planning Committee. Murray said it has been “a pleasure and an honor to serve the Society,” and provided his perspective on changes healthcare simulation has undergone since that first meeting 20 years ago.

Citing examples of how modeling over the past two decades has affected the science of simulation, he concluded, “By using a multitude of experts from a multitude of disciplines and professions, I believe that we can continue to provide simulation training at the very, very high level.”

SSH President KT Waxman presented Presidential Citations to individuals who “go above and beyond” in making a positive impact to the simulation field. Waxman indicated additional Citations would be presented at Tuesday’s plenary session.

Following Waxman’s remarks, Lou Oberndorf, for whom the Monday plenary lecture is named, introduced keynote speaker Mick Ebeling, who engaged the audience with his enthusiastic message, The Fallacy of “Impossible.”

Ebeling, founder of Not Impossible Labs, came from a background in animation production and technology. In describing the core of what the company does, Ebeling said, “Our mission is to change the world through technology and story.”

Ebeling explained that the world he came from was technology for the sake of design and animation; for the sake of characters and graphics. “Now the world that I play in is still technology, but technology for the sake of humanity. And what that means is we will look at the world through a lens of ‘what’s absurd’ – when you see something and say, ‘that’s just not right; that shouldn’t be that way.’”

Then, he said, “With makers and hackers and software engineers, we try to figure out how to create a solution that will solve whatever that absurdity is. And we try to make it accessible for people.”

The “story” is how information is shared, Ebeling said, “So the way that we tell our stories is through this lens called ‘Help one. Help many.’” He then described several examples of how he and his colleagues identified individuals who were in situations that he saw as “absurd” – an artist who had ALS wanting to communicate with his brother; a 12-year-old boy whose arms were amputated in an explosion in war-torn Sudan whose arms were amputated in an explosion and who would have rather died than be a burden to his family; and a jazz musician who had Parkinson’s Disease and could no longer do what he loved.

Ebeling described how, in these examples and many others, they developed technologies to help these individuals, which translated to helping countless others.

And then we find our ‘one’ and then we just say, ‘this has to be done. We have to do this.’”

“Why do we pull all this off?” Ebeling continued. “It’s because we shouldn’t. The reason we pull this off is because we approach everything with this beautiful limitless naiveté. And then we find our ‘one’ and then we just say, ‘this has to be done. We have to do this.’”

Ebeling cited several examples of things that were once thought impossible that are commonplace now, stating, “It’s our job while we’re on this planet to do whatever we can to put our shoulder into pushing things that are impossible possible.”

“The question I really want...
Plenary Session and Keynote: The Michael S. Gordon Center Lecture on Medical Education with Tim Draycott – Delivering Better Birthdays: Developing the Evidence and Securing the Funding for Simulation
Exhibit Hall C – 8:30-9:45 am

IMSH EXPO
Exhibit Hall AB – 9:30 am-3:00 pm
Lunch – 11:30 am-1:30 pm: Hall closes – 3:00 pm

Couch Conversations
Various topics and locations [check SSH Events App] – 11:30-11:45 am and 2:30-2:45 pm

SimVentors Showcase Featured Presentations
Exhibit Hall AB – 12:15-1:15 pm

International Reception with Affiliation Signing Ceremony
Solana (Marriott) – 5:00-6:30 pm

WEDNESDAY: JANUARY 22
Couch Conversations
Various topics and locations [check SSH Events App] – 10:00-10:15 am

Plenary Session and Closing Keynote with Victoria Brazil: Translational Simulation: Targeting Competency, Culture, or Community?
Exhibit Hall C – 11:45 am-12:45 pm

LEARNING LAB

Tuesday 21st Jan
1:30pm - 3:30pm
ROOM 5B

USING THE PROMPT BIRTHING TRAINER FOR DIFFICULT BIRTHS, FEATURING PLENARY SPEAKER PROFESSOR TIM DRAYCOTT

Prof. Draycott will highlight his team’s ongoing research relating to Interprofessional Training for Obstetric emergencies using the PROMPT Birthing Trainer.
With SSH planners reporting 4,212 total attendees as of Monday afternoon, IMSH 2020 continues the Society’s 20 year growth record.

Supporting the Patient Experience – continued from page 1

ing (PROMPT) course, with Cathy Winter, that has been successfully implemented in more than 70 countries globally.

His program of simulation research has been recognized by multiple national and international prizes, and Tim was awarded Hospital Doctor of the Year for his intrapartum emergencies work.

Results are showing. Real case studies in returns on investment for simulation are coming to light. And, the critical reminder as they do is to remember why pioneers such as Draycott and many others are so driven in their projects: they are Driven by their Patients.
The International Meeting on Simulation in Healthcare | January 21, 2020

**Presidential Citations 2020**

**Don Combs**  
For his work as Treasurer and Board Member over the past six years.

**Joe Lopreiato**  
For his work on the Healthcare Simulation Dictionary, his Board service over five or six years; and C-Suite Luncheon leadership.

**Geoff Miller**  
In recognition of his leadership of the MOC [Meetings & Oversight Committee], having pulled together our updated playbook and numerous policies and procedures.

**IOT [Inter Organizational Task Force] Task Force**  
For strengthening the relationship of our affiliates, INACSL, and ASPE, and working to educate simulationists in rural areas.

**SSH Knowledge Map Task Force, led by Susan Eller**  
For developing the interactive research map, which is a tremendous resource to our members.

**Jenny Rudolph**  
For her contributions to the science of simulation, specifically work on debriefing and psychological safety.

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**SSH Central**

**LOCATION:** Hall 1 Lobby  
Stop by SSH Central to meet your colleagues and to say hello!  
You’ll also find:

- IMSH Information
- IMSH Ribbons
- IMSH attendee map [come place your pin!]
- Healthcare Simulation Community information
- Mentor/Mentee meeting location
- SSH Accreditation information
- Certification information – CHSE, CHSOS, CHSE-A

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Driven by the Future...Around the World

Reflective of the international growth of simulation technologies and their medical applications, SSH and their affiliate organizations are using IMSH 2020 to spotlight a broad spectrum of global simulation efforts and activities.

Healthcare Simulation in New Zealand: Looking to the Future

In New Zealand, simulation has been at the core of interprofessional education at the Faculty of Medical and Health Sciences, University of Auckland, for several years. Urgent and Immediate Patient Care (UIPC) is a 2-4 day interprofessional simulation-based course that is offered to 5th year medical and final year nursing, paramedicine, and pharmacy students. By using simulated patients and manikins, students are given an opportunity to practice their non-technical skills, such as communication, teamwork, and leadership, and develop insight into others’ skills and roles.

Other already established simulation courses available for healthcare practitioners include MORsim (Multidisciplinary Operating Room Simulation), which is a program designed to improve communication and teamwork in the operating room to reduce patient harm, and thereby improve surgical outcomes.

Through organizations such as the New Zealand Association for Simulation in Healthcare (NZASH), healthcare professionals in New Zealand are able to actively engage and collaborate with educators, researchers, and practitioners who are interested in simulation. The society, established in 2004, advocates for the use of simulation in New Zealand healthcare, supports development thereof, and helps to connect people and organizations through conferences and simulator training.

However, in spite of these initiatives, New Zealand is a young player on the simulation stage. While there is growing interest in augmented reality, virtual reality, and virtual patient simulations, more work and funding is required to implement these technologies into practice and meet the changing face of healthcare and healthcare education.

Expanding Healthcare Simulation in Brazil

Simulation in healthcare is recent in Brazil. The methodology used to teach students is still old, based on the concept “see one, do one, teach one” from Halsted, and needs to be reviewed. The creation of many medical schools in the last five years decreased the quality of teaching, resulting in unprepared medical professionals that are not able to provide a treatment that guarantees patient safety.

Medical schools started to create simulated hospitals and training centers to avoid using patients to teach students. This process is slow because most of the reference medical schools are public and rely on the government’s money to function. The simulators are expensive and often underutilized. There are no training programs or capacitated personnel to create scenarios or chronograms.

One solution for these problems is private training centers that provide services to hospitals and institutions. They offer a physical structure, simulators, capacitated professionals, and training programs. Instituto Simutec was the first training center in Brazil to use only virtual reality simulators to provide training.

The experience in Hospital de Clínicas of Porto Alegre shows how this type of business is promising for medical care in Brazil. They are redesigning simulation training by optimizing the use of the simulator between different institutions that do not have money or knowledge to have their own training center and customized training programs according to the customer needs. However, after four years, Instituto Simutec already trained more than 1,500 students and is generating papers and research to demonstrate that this methodology works and can be a solution to improve healthcare in Brazil.
Greetings from PediSTARS. India is witnessing exciting achievements in patient care through simulation. There has been a breakthrough in ways the country is looking at simulation since 2013 when PediSTARS took a bold step – a journey into the less traveled route of simulation. Simulation is becoming the buzz word – redefining training from didactic lectures into real-life scenarios for medical students and team training for advanced critical care doctors and nurses.

Simulation has become a norm not only in all pediatric national and regional conferences, but also in adult medical and surgical conferences. Simulation Training in Emergency Pediatrics (STEP), Neonatal Simulation (NEOSIM), and SUCCESS [advanced ICU simulation], have trained more than 3,000 doctors and nurses. In addition, PediSTARS has created a pool of nearly 300 simulation facilitators through faculty development programs supported by the International Pediatric Simulation Society (IPSS) and the International Network for Simulation-based Pediatric Innovation, Research, and Education (INSPIRE).

In September 2018, the whole country was in a festive mood, celebrating SSH Global Healthcare Simulation Week and fighting sepsis through in situ simulation training. That effort saw 130 trainers from five countries join hands with PediSTARS, training 901 doctors and nurses in 57 centers (53 from India) to save lives from sepsis. October 2019 saw similar excitement, with healthcare teams across India uniting to train in communication skills through simulation.

Some of the other activities are:
2. Yearly “World Trauma Day” countrywide SIMULATHON with a trauma theme.
3. India’s first adult neurocritical care simulation at a national neurocritical care conference in August 2018.
4. The Indian Medical Association (adult), with PediSTARS’ help, recently conducted its first simulation symposium.
5. A simulation instructor course for trainers of national ambulances.
6. The “Active Bleeding Control – Stop the Bleed” project to save road injury victims – simulation training of 1,000 bystanders with Children’s Hospital Philadelphia.

Despite these advances, challenges are still plenty. However, India has great potential and it is our turn to transform India and neighboring countries.

Creating Community to Create Change – PediSTARS
Pediatric Simulation Training and Research Society India

Geetha Ramachandra, Vice President
PediSTARS India

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The Society for Simulation in Healthcare’s (SSH) International Meeting on Simulation in Healthcare (IMSH), now in its 20th year, has undergone a tremendous two-decade era.

It has seen healthcare simulation move from backroom wish to booming industry as both companies and careers have blossomed. IMSH has moved from “kinda quaint” its first year in Scottsdale, Arizona, to the healthcare simulation industry’s premier event – setting attendance records last year in San Antonio, Texas.

Two members of the SSH staff have witnessed a fair number of IMSH events in their time, and shared a little about the event from their own IMSH historical perspectives.

You just never know …
Judy Larson, SSH Director of Meetings and Exhibits, recalled a favorite memory that involved creating an opportunity for a young company about a decade ago.

“I believe the year was 2010 in Phoenix. The exhibit hall already had sold out, and this company contacted me about exhibiting,” Larson said. “They were from Canada and growing in simulation and wanted to have more of a presence. I reworked the sold-out hall to be able to squeeze in one more booth, and they took it.

“I had always worked in international associations and had a soft spot for international companies, and especially Canadian.”

That soft spot and inclusive spirit from Larson turned into a rock-solid foundation for a long-term relationship with SSH.

“That Canadian company was CAE, which now has one of the largest footprints on the IMSH exhibit floor. And you know the rest of the story.”

20 Years of IMSH: Staff Anecdotes

Experience preferred
SSH Membership Coordinator Ashley Grossman has experienced IMSH’s growth from different perspectives over the years – starting back in 2010. In that time, attendance figures have more than doubled. Phoenix (in 2010) saw 1,866 in total attendance, while San Antonio (in 2019) witnessed 4,104.

“My first experience at IMSH goes back to Phoenix in 2010 – the 10-year anniversary of IMSH,” Grossman said. “I was able to gain some experience by presenting two research posters. I also spent a good bit of time in the exhibit hall in the booth of the sim center I was working for then.”

Grossman enjoyed her first IMSH and saw her role with the event grow the very next year.

“My next experience at IMSH was New Orleans in 2011, where I had the privilege of serving as the secretary of the IMSH 2011 Planning Committee,” Grossman said. “This included participating on the committee’s weekly calls, taking minutes on all of the calls, and attending the in-person planning meetings.

“This experience opened my eyes to the vast amount of time and detail that goes into planning an event such as IMSH.

Once I arrived on site, I helped with both registration and in the Presenter Center.”

Grossman later transitioned to SSH staff, where she has helped produce the increasingly engaged IMSH attendee experience. She said things have seemed to continue their upward trajectory in terms of the event’s growing number of opportunities and experiences.

“It seems that each year I attend, it just kept getting better and better,” Grossman said.
CAE Leverages Capabilities While Incorporating New Technologies

Just over 10 months after her appointment as president of CAE Healthcare, Rekha Ranganathan is excited about "her first IMSH," which she anticipates to be "the Super Bowl of healthcare simulation."

She explained that the company, which has been "under the CAE umbrella" for about 10 years, has grown to be "one of the top three players in the simulation space," with a current global footprint of 14,000 simulators in more than 80 countries around the world.

"As a technology company in this space, we have had a few 'firsts to market,' if you will," she said. "As examples, we were among the pioneers in terms of driving simulation using AR and VR technologies. We're also a leader in ultrasound solutions."

She said that one major focus area at IMSH 2020 will be using augmented reality on their extended portfolio, citing examples like the launch of the CAE Ares ER Emergency Care Manikin with six different scenarios, the Vimedix Ultrasound Simulator with 11 different AR scenarios, and birthing manikin designs with post-partum hemorrhage and other labor and delivery scenarios.

The new technologies will be showcased using the Microsoft HoloLens 2.

Another significant focus area for CAE at IMSH 2020 will be the expansion into training and training solutions that are offered to enhance customer professional development and education.

"That's more of a soft product," she said. "It's about how we can leverage our CAE Healthcare Academy to work with our customers on specific training needs that they have."

Ranganathan offered three key "takeaway messages" about CAE Healthcare's presence at IMSH.

"Most importantly, we are endeavoring to make sure that we are delivering more innovative and integrated technologies that improve training outcomes for physicians and nurses," she began.

"Our second key message is going to be about making healthcare safer," she added. "And that safety is not just in the context about making a safer environment for patients, which is paramount, but also making sure we are addressing workflow issues for staff when they are approaching complex procedures."

Ranganathan continued, "Our third takeaway message is our focus more about clinical education and training solutions across the professional lifecycle. That not only includes integrating digital environments like AR and VR but also showing that we have solutions for areas like data analytics."

She concluded, "We want to really make sure that we're working with hospitals and academic institutions that may or may not have a simulation center to really focus on addressing their training needs.

IMSH 2020 Research Awards

WINNING ABSTRACT – Training Thoracic Ultrasound: A Blinded, Multicentre, Randomized Controlled Trial of Simulation-based Training versus Training on Healthy Figurants (#1055-000944)
Pia Pietersen; Rasmus Järgensen; Lars Konge; Ole Graumann; Søren Helbo Skaarup; of Southern Denmark, Odense, Denmark; 3CAMES Rigshospitalet, Copenhagen, Denmark; 4Bisbebjerg Hospital, Copenhagen, Denmark

WINNING ABSTRACT – STUDENT/TRAINEE Simulation-based vs Traditional Education of Medical Residents for Mechanical Ventilation (#1055-000324)
Niroshnan Thiruchelvam, MBBS, MD, 0PA, FACP; Mariela Madrilejos, BA1; Robert Chatburn, MHS, RRT, RRT-NPS

FIREs Manuscript Accepted for Publication in Simulation in Healthcare
Using Simulation to Measure and Improve Pediatric Primary Care Offices Emergency Readiness (#1055-001035)
Amanda Garrow, PhD, RN, CHSE1; Pavan Zavari, MD, MEd, CHSE, FAAP2; Matthew Yuknis, BA, MD, FAAP3; Kamal Abulebda, MD, CPhys4; Marc Auerbach, MD, MS1; Eileen Thomas, EdD, RN, CEN, CHSE1

FIREs Manuscript Accepted for Publication in Simulation in Healthcare Participation in a Systems Thinking Simulation Experience Changes Adverse Event Reporting (#1055-000194)
Jill Sanke, BSN, MS, PhD, NP, ARNP-BC, CHSE-A1; Mary McKay, DNP, FNP, CNE1

1University of Miami School of Nursing and Health Studies, Miami, Florida
2Indiana University School of Medicine, Indianapolis, Indiana; 3Riley Hospital for Children at Indiana University School of Medicine, Indianapolis, Indiana; 4Yale University School of Medicine, New Haven, Connecticut

SimVentor Showcase Winners

Serious Games and Virtual Environments (SGVE) Arcade and Showcase: Table #112 (Rachel Clipp, PhD – Kitware Inc) Trauma Simulator
https://ssh.expotogo.com/session/info/4699

Low Cost Low Resource: Table #121 (Michael Pickett MSN, APRN, PNP-BC – Texas Children's Hospital) Wearable Task Trainer
Proof of Concept Design and Implementation
https://ssh.expotogo.com/session/info/4722

Mobile Applications: Table #145 (John Lutz, BS – WISER – University of Pittsburgh) The Use of Google Cloud Technology in Large Scale Assessments
https://ssh.expotogo.com/session/info/4687

Simulation Platforms and Devices: Table #172 (Jacques Zaneveld, PhD – Lazarus 3D Inc) Patient Specific Surgical Rehearsal Models built using 3D Printing
https://ssh.expotogo.com/session/info/4679
News in Brief

Cardionics Acquired by 3B Scientific

Cardionics (Booth 919), a leader in auscultation simulation products and services, was acquired in July 2019 by 3B Scientific, a leading manufacturer of anatomical and biological education and simulation products.

“The combination of 3B Scientific and Cardionics is ideal to take advantage of the global distribution capabilities of 3B Scientific,” according to Cardionics Chief Operating Officer Andy Strandell, who will continue in his role with Cardionics.

Todd Murray, CEO of 3B Scientific, added, “Cardionics’ auscultation products provide strong synergies and an excellent focused offering to complement the overall 3B Scientific simulation line.”

Mentice Showcases First-of-Its-Kind Flexible Coronary Training Solution

Mentice (Booth 326) is showcasing the first-of-its-kind flexible Coronary Essentials training solution at IMSH 2020.

Following the theme of this year’s session, Inspired by Our Patients. Driven by the Future, a company release notes that the Mentice solution “covers a multitude of patient conditions helping residents and fellows in interventional cardiology master their angiography skills and attain a solid understanding of Percutaneous Coronary Intervention (PCI). The solution offers flexibility to proctors by allowing them to remotely introduce, in real-time, complications and manipulate scenarios using an iPad.”

“The ability to remotely introduce complications in real-time while trainees are performing a procedure on the Mentice simulator tremendously enhances the learning experience and brings simulation even closer to reality,” said Kwan Lee, MD, University of Arizona College of Medicine cardiology associate chief and associate program director for the cardiovascular disease fellowship program.

Laerdal Medical Shows Latest Simulator Advances

Laerdal Medical (Booth 502) representatives highlight the company’s “strong presence” at IMSH 2020.

A company release notes that “Laerdal combines the latest developments in technology with the expertise of people to make learning more effective and simple to help save more lives.”

In 2019, Laerdal announced its acquisition of B-Line Medical and unveiled a vision to create the world’s premier debriefing, assessment, and training learning management solution.

At IMSH 2020, Laerdal is showing SimCapture being used as a fully integrated solution, complete with a simulator, scenarios, video capture, and reporting.

Laerdal’s booth will also showcase a range of solutions developed in collaboration with strong industry partners.

In addition to the booth, Laerdal and B-Line Medical will be offering Learning Lab Sessions during the conference, with topics focused on Mother as a Member of the Birth Team – Respectful Care During Pregnancy, Labor & Delivery, Improving Medical Care in the Home – Reducing Family Stress and Return to ER for Children with Tracheostomy, and Large Scale Automation and Simulation Center ROI.

AirV Labs demos include:

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Government Research in the Spotlight on Government Row

One of the popular returning elements at IMSH 2020 is Government Row, where attendees can get a “first look” at a range of government-sponsored simulation projects.

One representative example of these projects highlighted this year is a new fasciectomy trainer developed by Orlando, Florida-based SIMETRI, with support of the US Army Futures Command.

The training materials simulate critical surgical procedures performed on serious burn patients, during which precise cuts are made through a patient’s burned skin to relieve constriction caused by burn wounds.

According to Angela Albán, President and CEO of SIMETRI, traditional surgical training has relied only on cadaver dissection and supervised operating room training, with both methods facing challenges due to scarcity of resources and time.

“We’ve done a lot of basic research on the underlying materials required to simulate the visual effects and the feel of cutting through the burned tissue,” she explained, noting that some facilities currently train with ad hoc materials like yoga mat and plastic wrap.

“It works,” she acknowledged. “It gets a training point across. But it’s not practical. We’re looking to provide something that can be attached to an existing manikin and might take an hour at most. Additionally, it can also be repaired with the proper adhesives and then be used again, whereas what they currently have can’t be reused.

“We want it to be affordable and realistic,” she added, “and realistic not just in appearance but also in the amount of pressure that you have to apply on the scalpel to cut through the burned tissue. This provides that visual and haptic response as well as cues that tell you how far you need to cut or whether you need to cut further.”

The new material design, which is slated to enter military user testing this spring, is being exhibited in two configurations at IMSH 2020: on a Laerdal module and as a stand-alone trainer.

Working Together for Healthcare Safety

One organization that has been working closely with the Society for Simulation in Healthcare (SSH) on the issue of healthcare safety is the National Training and Simulation Association (NTSA).

“It is ironic that Americans are currently consumed with international dramas but not clamoring for solutions to one of the greatest causes of preventable death in America: negative patient safety outcomes in our healthcare system,” offered RADM (Ret.) James Robb, NTSA president. “We believe it is critical that our organizations continue our discussion on how the SSH/NTSA team can increase awareness and promote the use of simulation as a tool to drive down costs and improve patient outcomes.”

He noted that he looked forward to discussing these issues with IMSH attendees, describing it as “a tremendous conference and show.”

Robb stated that healthcare safety has been an NTSA priority for several years, pointing to healthcare sector growth at NTSA’s annual Interservice / Industry Training Simulation and Education Conference (I/ITSEC), held in Orlando, FL in early December.

“As the host of the I/ITSEC conference, we have continued to look for ways to raise awareness inside and outside the healthcare community to the benefits of using simulation in training our medical workforce and improving hospital operations,” Robb explained. “We hosted a roundtable at I/ITSEC 2018 with stakeholders inside and outside the Department of Defense who believe patient safety is in crisis in America. In 2019, we created a Patient Safety working group that has worked throughout the year to research the problem, pursue ongoing efforts and identify a group of stakeholders that could inform our strategy and the way ahead.”

He continued, “Additionally, during the December 2019 I/ITSEC, we convened the group for a follow-on roundtable event, which was attended by SSH leadership. Roundtable participants included representatives from the Defense Health Agency, the Centers for Disease Control and Prevention, the Department of Energy, NASA, the US Army Futures Command, the Army Program Executive for Simulation Training and Instrumentation, and the Agency for Healthcare Research and Quality. Representatives from large healthcare organizations, like Advent Health, also participated.

“We realize that solutions to this dilemma involve increasing awareness, changing policies, aligning objectives across the entire system, identifying best practices and communications, and a strong dose of transparency and accountability,” he said. “We also think it critical that all national efforts in this regard become aligned to a common set of priorities, goals, and metrics.”

He added, “I believe patient safety is a silent tragedy in our country that must be addressed in the near term but with a long-term strategy. We believe that action needs to be taken at all levels, from Congress to the people, in a way that puts the people first in the approach. If you have ideas we can put forward to Congress, please pass them along.”

Looking ahead, Robb offered, “We intend to continue to work the problem and solicit your help in finding and promoting solutions. On February 24th we will convene a group of legislators in Jacksonville, Florida to discuss how Congress can help with guidance and resources, and you all are invited. Additionally, we will continue to build the patient safety content at I/ITSEC 2020 next November. We appreciate and look forward to working this critical issue with SSH and other key partners with the specific intent to highlight how improvements in medical simulation can be a key element of the solution.”

The International Meeting on Simulation in Healthcare | January 21, 2020
IMSH 2021:
Bringing Learning to Life

The IMSH 2021 Committee hopes you come to New Orleans next January for the learning and stay for the “human.”

Spend any amount of time – even a very short one – in the healthcare simulation industry, and you’ll immediately notice the influence that technology now holds. Augmented reality, virtual reality, software, lasers, holograms, robotics, and more all are finding an increasing role in simulation.

Within that training, said fellow co-chair Dr. Matthew Hackett, highlighting the education-to-real life bridge that simulation provides will also be a key component to next year’s IMSH.

“As the planning committee discussed possible themes, we felt the transition from learning to providing care was critical,” Hackett said. “Simulation brings the classroom environment to life and bridges the gap between book learning and hands-on care.

“By focusing on simulation as the bridge,” Hackett continued, “we emphasize that both sides of the bridge are important – with educational principles and learning design on one end and real-life patient care activities on the other.

“In this regard, it is vital that simulationists integrate life with learning, since even the soundest educational principles fall flat if real-world patient care considerations are not addressed.”

While “human” will be a central component in New Orleans, the official theme – Bringing Learning to Life – manifests itself in other ways outside of educational opportunities.

“My favorite part of every IMSH is the connections that I make with others interested in simulation,” said co-chair Denise Foy, RN-BC, MSN, CHSE. “There are several networking opportunities, both formal and informal. You never know when the person beside you on the escalator will have the solution to a challenge you have been facing.”

While networking is something that virtually every other association and event pushes, doing so at IMSH is especially vital because the opportunity to meet and converse with like-minded professionals can be rare at home for many simulationists.

“The primary reason for every conference is to gain knowledge that will enhance your practice,” Foy said. “You can select from hundreds of education sessions and opportunities to learn and get inspired by national speakers.”

“You can also get informed about the latest research in simulation, discover new simulation tools and technology in the exhibit hall, and see the future of simulation in the SimVentors Showcase and the Serious Games & Virtual Environments Arcade & Showcase, Foy added. “There is truly something for everyone.”

And, of course, just being in New Orleans can be reinvigorating.

“We will be in New Orleans, a city known to be vibrant and filled with life,” Foy said. “You can be sure the trip would not just be professionally beneficial, but energizing and fun as well.”

IMSH 2021 is scheduled to take place January 9-13. Watch your email and check ssih.org for updates throughout the year.
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