IMSH 2016 is finally here! With over 3,000 members representing many professions from around the globe, we are so excited you are able to join us at the world’s largest healthcare simulation meeting!

This year we invite you to discover the possibilities of simulation, share your experiences with others, and lead us into the future of healthcare education. IMSH is the premier conference for healthcare simulation educators, technicians, and researchers. There are over 300 educational sessions in a variety of formats including workshops, podium presentations, debates, and expert panels. The agenda offers general and expert content in eight major content areas: Accreditation & Certification, Assessment & Outcomes, Instructional Methods, Leadership, Learning Theory, Program Administration, Research & Development, and Technical Operations. We invite you to stretch your minds and discover new content!

Whether you are a new or seasoned IMSH attendee, we encourage you to take advantage of all of the networking opportunities that exist at IMSH. With colleagues and industrial partners joining us from around the world, you can explore solutions to current and future challenges, broaden your ideas and make new connections to further your simulation programs.

THIS Week, AT THE International Meeting on Simulation in Healthcare, the largest gathering in the world for our field, there will be new opportunities to explore or examine the fundamental reason that we do what we do: enhance patient safety. SSH, as a society, is at a critical turning point in bringing to the surface of our consciousness that patient safety is both the ultimate objective and the outcome of simulation in healthcare.

Hundreds of sessions here at IMSH will detail new and fascinating ways that simulation is being used in all aspects of healthcare education, assessment and research. This is the “what” of healthcare simulation. It’s time, however, to put more emphasis on the “why” of simulation – patient safety. Certainly, many healthcare simulation centers have “safety” or “patient safety” in their name. But for many, there is an opportunity to focus more on the patient safety aspects of what we do.

Last year SSH highlighted simulation’s role in patient safety by advertising in USA Today.

Stable Wireless Internet – only $1.00 per day - visit Info Booth E1503

For Schedule Updates, Check the Video Wall

6th Year for Serious Games and Visual Environments Arcade
External Strategic Relations
NTSA Invites Engagement
Come to the Government Corral
SSH Sunday Special Offer

Simulation in Healthcare: Let’s Talk About the “Why”

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Proven patient simulation

Advanced Simulation Education

MedSims patient simulations present patient-care encounters in an immersive instructional environment. Each patient case challenges learners to recognize and diagnose a disease, establish and tailor an individual treatment management plan, and determine ongoing disease management. Similar to a physician’s early years of education, MedSims cases resemble the “rounds” approach, wherein learners gain point-of-care information about the status of patients, make decisions, and receive expert guidance on their choices.

**AN IMMERSIVE USER EXPERIENCE:** An intuitive and visual approach to navigation, including realistic patient video interviews, offers an engaging and clinically relevant experience for learners.

**CONSISTENT SCENARIO WORKFLOW:** A standard case-to-case simulation timeline provides a reliable framework for participants.

**USER-GUIDED DECISION-MAKING:** Open-ended decisions, rather than limited multiple choice options, allow learners to think critically about their actions and to apply their knowledge in point-of-care situations.

**CLINICAL GUIDANCE REINFORCEMENT:** A sophisticated feedback engine provides both “just-in-time” and delayed feedback approaches to enhance individual understanding of causality and promote behavior change.

**SAFE PRACTICE FOR IMPROVED OUTCOMES:** Learners make decisions in a safe, real-world environment for increased confidence in practice aimed at reducing errors and improving patient outcomes.

**PERFORMANCE INSIGHTS:** Actions taken and not taken by learners at each point-of-care decision point within a simulation provide insights into performance and needed further education. Learners are able to view their own achievements as well as peer-to-peer ranking to gauge personal performance.

**ROBUST REPORTING ANALYSIS:** Comprehensive reporting on assessment and treatment decisions is analyzed by patient case, learner specialty, and interaction level.

**ACCESSIBLE EDUCATION:** MedSims activities are fully mobile-optimized, enabling simulation access anywhere, any time, on any device.

Learn more at: http://www.medsims.com
Welcome –continued from page 1

The plenary sessions have been refocused and refined, but remain relevant to the work we do every day. The exhibit hall hours have been extended and new interactive elements have been added to the exhibit hall floor. We hope these changes enhance IMSH for everyone!

We also want to encourage members to get even more involved with SSH and IMSH by attending an Affinity Group, SIG, or Section meeting. These groups are a great way to get involved with the society, learn about the opportunities that exist within SSH, and network with peers from around the world. Over the next few days there are myriad ways to get involved. You can join us at the annual business meeting, meet a new friend at IMSH Central, or attend one of the many events happening throughout IMSH, including tonight’s Ignite the Night Party!

We would like to give a big Thank You to SSH staff and the Submission and Abstract Review Teams for their commitment over the past year. There is a tremendous amount of work that takes place behind the scenes, without which this conference would not be possible.

Here are some highlights for Sunday:

**Mentor-Mentee Program**

The Mentor-Mentee program continues this year as new conference attendees are paired with experienced attendees to help navigate the conference and develop relationships that last well beyond the conference.

**IGNITE IMSH! – Ballroom 20 A, B, C – 2:00 pm**

Join us for the Opening Plenary - IGNITE IMSH! Impacting Lives Five Minutes at a Time will feature a rich interface between healthcare, patients, and simulation educators on the IMSH main stage. Six inspirational stories and a reading by a Pulitzer Prize winning poet will be presented in a dynamic and inspiring format. Get ready to Ignite IMSH 2016!

**Exhibit Hall Ribbon Cutting – 3:30 pm**

Join over 200 vendors who will be demonstrating their newest innovations and technologies.

Also in the exhibit hall this year is a brand new immersive experience. All members of the SSH Community are invited to add their touch of color to a canvas. Guided by an award-winning artist, each day a new image will take shape with the help of IMSH attendees. Bring a colleague, bring a team, or come make a new friend as we work together to create an enduring image from IMSH 2016!

**Spectrum of Ideas– Hall D – 4:00 pm**

Discover creative “fixes” and ideas in healthcare simulation during the Spectrum of Ideas. Low cost, low resource solutions, modifications to existing equipment, and the latest high-tech ideas will be on display.

**Serious Games and Virtual Environments Arcade – Ballroom 20D – 4:00 pm**

Discover the variety of virtual learning and game-based applications in healthcare simulation during this showcase. This innovative forum will introduce learners to the latest developments in virtual environments and game-based learning.

**Professor Rounds – Exhibit Hall D – 4:00 pm**

Meet and dialogue with the simulation researchers who have posters accepted in this year’s Technology Innovation Abstract category. Learn about the cutting-edge research today and the impact on current practice.

**Ignite the Night Reception – Exhibit Hall C – 7:00 pm**

Come party! Kick-off the start of IMSH in style, reconnect with old friends and make some new ones as we celebrate, network and dine with music, and a few surprises!
The Serious Games and Virtual Environments Arcade & Showcase Enters its 6th Year!

THE 2016 INTERNATIONAL MEETING ON SIMULATION IN HEALTHCARE (IMSH) will provide conference attendees with the opportunity to engage educational designers and innovators with some truly amazing technology. The Arcade and Showcase will feature many veterans of educational technology as well as a variety of newcomers using virtual environments and games to support clinical education. The SSH has had an exciting year as it relates to virtual environments and serious games. The Society’s own journal, Simulation in Healthcare, recently published its first refereed article on game based learning. In addition, the Serious Games and Virtual Environment SIG teamed up with the National Academies of Science Institute of Medicine (IOM) to facilitate a Serious Games and Virtual Environment Arcade and Showcase at Envisioning the Future of Health Professional Education: A Workshop.

This year’s Arcade and Showcase will take place immediately following the Sunday opening plenary session from 4:00-6:30 pm, in hopes of making the Arcade and Showcase as accessible as possible to all conference attendees.

The growing success of the Arcade and Showcase can be attributed to the many dedicated SIG leaders including:

- Dr. Katie White, University of Iowa
- Dr. Jeffrey Takeman, Duke University School of Medicine
- Dr. Aurel Mihai
- Beth Bryant, Games for Health
- Jerry Stapleton, University of Illinois - Chicago

Other notable past and present contributors include but are not limited to:

- Dr. Thomas “Brett” Talbot, University of Southern California
- Phil Bertulfo, University of Illinois – Chicago
- Dr. Moses Wolfenstein – University of Wisconsin, Extension
- Dr. Ben Devane – University of Iowa

Without the support of those mentioned above, SSH leadership and many others, the Arcade & Showcase would not be continuing to grow and expand its reach beyond the confines of the annual IMSH conference. Since the Inaugural Serious Games and Virtual Environment Arcade and Showcase in 2011, the Arcade and Showcase has grown to become one of the most popular events at IMSH.

Game-based teaching and learning has followed much the same trajectory as mannikin-based simulation in healthcare education. Just as many leading clinical educators once dismissed mannikin-based simulation as playing with dolls, game-based teaching and learning was once similarly dismissed. Leveraging game-based learning and virtual environments provides a layered learning approach to healthcare education. It scaffolds and supports mannikin-based simulation and supervised clinical training.

Game-based teaching and learning provides clinical educational opportunities in safe low-risk environments, as do immersive virtual learning environments. Both prepare students for clinical practice and provide essential professional development for clinicians. Game-based teaching and learning and educational experiences within immersive virtual environments should not be seen as a replacement for real-life clinical training opportunities or even educational experiences taking place with standardized patients or in mannikin-based simulation laboratories. Instead, in growing frequency, educators use game and virtual environment-based learning experiences as another available modality that helps prepare students for clinical practice.

The use of game-based teaching and learning, as well as virtual learning environments, is becoming increasingly mobile. This extends the reach and availability of traditional teaching and learning spaces such as classrooms, simulation and standardized patient laboratories, and supervised clinical sites. Game-based teaching and learning tools and virtual environments provide the opportunity to provide learners with anywhere, anytime and just in time experiences that map back to program goals and curriculum objectives.

Videogames, digital games and virtual environments, by their
very nature, are capable of tracking learner achievement and providing real-time feedback to both learners and faculty. In this sense digital technology, including video games, mobile applications and virtual environments, becomes both formative and summative. Evaluating student achievement as performance is consistent with the practice of the many clinical professions found throughout healthcare.

Games and virtual environments engage contemporary students in familiar ways where progress is intuitive and reward comes from mastery. Integrating digital technology, including games, applications and environments, is imperative for the success of our students as they enter increasingly complex clinical environments that are also dependent on digital technology. Sebastian Deterding, a leading scholar on game-based learning, noted that games are machines for gaining competence. Noted scholar Mark Prensky argues that we must create and instill a sense of digital wisdom within our students so that they will be able to appropriately access and leverage vetted technology to support their scholarship and later professional practice.

This year’s Serious Games and Virtual Environment Arcade & Showcase promises to provide another year of engaging and interactive experiences for all who attend. Attending the Arcade & Showcase provides conference attendees with unique access to academic and industry leaders in the game and virtual environment teaching and learning movement. It also provides an interesting collaborative forum for new innovators and thought leaders just joining the games and virtual environment movement. The Arcade & Showcase is decidedly non-commercial; rather it encourages presenters to interact with not only conference attendees visiting the event, but also with one another.

The Arcade and Showcase features a panel of judges who provide feedback to all presenters. Best-of-Show awards are made to in four categories: Academic – Faculty, Academic – Student, Developing Commercial Interest and Commercial Interest. When you attend the Arcade & Showcase you see everything the judging panel sees. You have the opportunity to interact with presenters, their games and environments in an interactive and engaging way. The Arcade & Showcase is by its nature a highly interactive hands-on experience.

Refreshments and snacks are provided to encourage mingling and discussion – See you at the Arcade and Showcase!

—Eric B. Bauman, PhD
Simulation in Healthcare – continued from page 1

with a consumer-based message about how simulation affects everyone. And as a Society, we are looking at ways to strengthen our collaborative relationship with other organizations like the National Patient Safety Foundation (NPSF).

This week we will be meeting with representatives of the NPSF to discuss how SSH can play a greater role in promoting the National Patient Safety Awareness Week coming up March 13-19. We will also be exploring ways to advance simulation at the 2016 Patient Safety Congress in May. On Wednesday this week, the Senior Director of Programs at NPSF, Allison Perry, will lead a presentation entitled Enhance your Organization’s Meeting by Using Simulation: The National Patient Safety Foundation Story (#17569) along with Jeff Cooper, Jared Kutzin and Connie Lopez.

And there will be additional sessions that address the role of patient safety:

- Maximizing the Impact of Simulation on Patient Safety through Systems Integration (#17842)
- Simulation and Resilience: Tackling Patient Safety in a Different Way (#17099)
- The Safety Dance: Partnering IPE and Patient Safety Initiatives (#16521)

My hope is that you, as attendees, have an opportunity to take part in these sessions. And as part of the bigger picture, we should all be thinking about how simulation provides demonstrable, measurable increases in patient safety.

Several published studies highlight the role of simulation in improving patient safety and outcomes. We know that by implementing a simulation based program of in-situ resuscitations, survival rates can be increased. We also know that simulation based training and competency assessment in central line placements leads to reductions in infection rates.

Many also report anecdotal, nonpublished cases where simulation had a huge impact. In the past year I’ve learned of hospital beds that wouldn’t fit into elevators, locked stairwells that impede quick responses, code carts that were misplaced, and code buttons that weren’t connected. Each of these findings, through simulation, make the case for improved patient safety.

There are also funders, like the Agency for Healthcare Research and Quality (AHRQ) that have recognized the role simulation plays in patient safety. In 2011, AHRQ funded 11 multi-year grants to evaluate the use and effectiveness of simulation in improving the safety and quality of healthcare delivery. Many of the funded investigators are present at IMSH this year.

As you absorb all you can at IMSH, I encourage you to consider how to translate what you learn into how it improves patient safety. The better we, as simulation professionals, can articulate how our work impacts patient safety, the more likely our institutions will be willing to invest in our work and continue the cycle of improving patient outcomes. Let the knowledge you gain at IMSH make you a more effective lobbyist for patient safety and healthcare simulation.
Military Eyes Medical Simulation Coordination


At last month’s Interservice/Industry Training, Simulation and Education Conference (I/ITSEC) in Orlando, Florida, US Army Colonel Dan Irizarry, MD, Clinical Advisor to the DHA JPO-MMS, described a number of initiatives that will further enhance that effort.

Irizarry began by outlining the broad medical simulation needs across the military healthcare system, which he divided into both hospital-based and pre-hospital requirements.

“There is a broad spectrum of requirements within the military healthcare system,” he said. “And each of those requirements is not only a broad spectrum of simulation in terms of the types of simulation we have to do, but we also have an enormous student population.”

He noted that many of the pre-hospital requirements focused on the individual soldier, offering, “We know that 90 percent of lives are saved on the battlefield by the first responder. So, if we don’t train those first responders to the right level, it doesn’t matter if the medic touches them or the hospital touches them; they will not make it to that location. So we have to train every soldier, sailor, airman and marine with good simulation.”

From a broader perspective, he pointed to the “wide swath of students” who required basic and more advanced levels of training by the military healthcare system.

“From a hospital-based perspective we have basic life support; everyone gets CPR training,” he said. “And then we have to train all the way up through the sustainment of surgical skills in hospitals where we might not do as many surgeries as we would like in particular areas, because the throughput of the military hospital system from a population perspective is different.”

“So there’s a huge requirement for types of modeling and simulation and there’s a huge requirement in the depth and breadth of who we have to train with simulation,” he said.

Against that “huge requirement,” Irizarry described the current state of DoD medical simulation as “varied across the services.” He offered the analogy of “garden plots” that exist outside many European cities, explaining that different plots exhibited different types of growth.

“Well, the military healthcare system simulation requirements are really a bunch of garden plots,” he asserted, pointing to different curriculums between services and a resulting variability in the acquisition and funding of simulations.

He highlighted the DoD’s Joint Trauma Healthcare System, which includes mechanisms to move casualties through a “chain of trauma care.”

“But what we don’t have is a Joint Trauma Training System,” he said. “We have a trauma system, but we don’t have a training system that supports that trauma system.”

Irizarry told the I/ITSEC audience that the JPO-MMS is coordinating with organizations across the Department of Defense and using a “family of systems” model in an effort to link systems so that the simulations support that Joint Trauma Training System vision.

Moreover, JPO-MMS is just one part of a system that not only includes coordination with requirements generators but also organizations like the Department of Veterans Affairs.

“We’re going in the right direction,” he concluded. “It takes time to build momentum and to build stakeholder buy-in, but we’re getting that. And at the foundational levels we’re starting to see contracts and other processes come together that will improve cost, schedule and performance over time.”
External Strategic Relations

ACCORDING TO SANDRA J. FEASTER, RN, MS, MBA, Chair of SSH External Strategic Relations Committee and Assistant Dean of Immersive and Simulation-based Learning at Stanford Medicine, the last several months have marked an “interesting transition” for the External Strategic Relations Committee and its three subcommittees: Strategic Relations; Affiliations; and Government Relations.

“A change in society bylaws brought the committee restructuring,” she explained, adding, “There are lots of touch points and, need less to say, this is an exciting committee to be chair of.”

Feaster described the committee members as “the ones who reach out and work with media and communications; that work at the legal level to make sure that all of the affiliation agreements are compliant; and that are also mindful of the strategic relations that we enter with other organizations.”

She offered the example of the Government Relations subcommittee, whose efforts include “meeting with elected officials and educating them about simulation.”

“Fortunately for us, television has helped,” she said. “People know about manikins and simulation from watching shows like ‘E.R. And ‘The Little Couple’ with Jennifer Arnold has done a lot for educating people about it, too.”

“They get the idea, particularly the staff and young assistants we talk to, who say that they’ve seen it on TV,” she said. “Now what they want to do with it might be a whole other ball of wax, but they at least get it and I think people are starting to understand what it is that we do.”

Educational efforts include “main thrusts” regarding the values of SSH accreditation and certification.

In addition to outreach toward elected representatives, Feaster said that the committee is also exploring opportunities with the Department of Defense and other government agencies, “where we think that we can have a larger impact with our education efforts.”

In addition to that sort of government educational outreach, she pointed to a number of critical and evolving affiliations with other organizations.

“The Association for Standardized Patient Educators (ASPE), for example, are the people who play the roles of patients for clinicians or whoever,” she said. “We have an affiliation with them. But now it looks like that affiliation may turn more strategic. And that’s a good thing.”

One of the society’s strategic partners is the National Training and Simulation Association (NTSA).

Feaster said that the relationship stretched back “about five years,” adding that she had been at the very first dedicated “Healthcare Pavilion” at NTSA’s annual Interservice / Industry Training, Simulation and Education Conference (I/ITSEC) event.

She noted that NTSA had come from a largely military background but was rapidly getting into different areas.

“I think the military piece of it is going to continue to be interesting,” she said. “And three to five years ago it wasn’t entirely clear how we were going to fit in this same space together. But now that’s getting a little more gelled.”

“Admiral Robb has got a great view on things and how it should work,” she added. “Early on it was more focused on what I call ‘the plastic people’ sometimes – the manikin based simulation – and then the military started moving into virtual environments and some of those other areas. And I think that’s where it’s going to start coming together.”

Feaster offered the notional example of training clinicians who are moving from military field environments back into civilian hospital life.

“When they’re in the field and somebody is injured, they’re not doing laparoscopic surgery,” she said. “They’re getting in, taking care of business, and getting those folks patched back together. There’s not as much finesse. And then when they go home they may have started losing their skills in something like laparoscopic surgery or losing their skills in a different area. It’s a different world when you get back into the civilian side of medicine.”

“So I think there are some good opportunities in looking at how to use simulation to do some of that re-entry,” she added. “We’re not there yet. But I think that can be something we can help with.”

Looking across other existing and potential affiliations, Feaster emphasized the “value added” contributions of SSH as the “touch points across disciplines, across organizations, across societies. We’re so multi-dimensional with our membership. There are physicians, nurses, technicians, physical therapists, vendors and others. And all of those have different organizations. Hopefully we can bring all of that together.”

“The affiliates are very important to us,” she continued. “They span the globe. And we want to make sure that they get value from their affiliation with us and that we are able to work together with them and have them come to us as experts as well. We really want SSH to be that global touch point.”

In her takeaway messages regarding the committee, she began by urging patience regarding strategy and focus.

“Sometimes it takes stepping back and really looking at things to go forward,” she said. “And I think we’re in that reflection and build stage. The society has been around for a while now. And there have been transitions. But now we’re almost going from an entrepreneurial company to a real company – in a way – so I see it as things becoming operationalized.”

“We are trying to build and expand out synergistic relationships in a focused and strategic way,” she summarized. “And we want to be mindful and respectful of the other organizations and their interests, too. Everybody may have a different emphasis, but we need to look for synergies. And I think that’s what we’re doing in looking at where we want to go.”

“We’re just catching our breath and seeing how to put the gas on now,” she concluded.
NTSA Invites Engagement

AS THE PRESIDENT OF THE National Training and Simulation Association (NTSA), I am pleased to have the opportunity to put some strategic issues on the table as we join SSH at this year’s IMSH conference and exposition. It is truly a great event that addresses an important aspect of everyone’s life.

My position allows me to observe the state of training and simulation across many sectors of our economy. In this time of tremendous growth in technology and communications, we see and fully embrace the need for sectors to challenge assumptions and move into the digital age. The corporate world is racing to embrace technology and innovate their way to the next customer service or product. However, large enterprises like defense, education and healthcare represent aggregations of large self-directed entities and specialties that lack a central vision or authority to drive change. Large brick and mortar overhead, a convoluted business model, and strongly felt institutional bias prevent these sectors from being agile, efficient and customer-focused. At the same time that they are responsible for the care and safety of every individual, they are fighting for their own survival. Given the digital economy that is upon us, what can we do to move these institutions into the 21st century and capitalize on the capabilities and efficiencies made available by advances in computing, big data, simulation and analysis?

The symptoms of stress in the US healthcare system include rising healthcare premiums and deductibles, large healthcare providers struggling with the effects of the Affordable Care Act, and poor participation in the healthcare exchanges. The system suffers 100,000 accidental deaths every year which is a staggering statistic for an industry dedicated to patient care. Who would get on an airplane if we killed that number of people in air crashes? As a pilot, I spent a lot of time in the simulator honing skills and reaching new levels of performance.

So, where is the mandate for change? Who are the agents of change and what tools are available to move healthcare into the digital age? How do we manage change across a wide range of specialties that are tribal in nature and resist change? How do we bring policy, insurance companies and care providers together in a common vision for the future? How do we bring the power and efficiency of new technology and communications into common solutions for reforming the system? How do we replace litigation with effective learning, training, performance and outcomes?

These challenges are daunting, but change will happen whether we like it or not and organizations like SSH and NTSA can bring together the stakeholders and shape the mandate for change.

At the operational level, we must encourage assimilation of new healthcare concepts and forward leaning technologies. Tactically, we can attack waste and inefficiency in every task and bring simulation into training and education in a revolutionary way. We can cut the time and cost to train and maintain skills. We can provide high resolution simulators and augmented reality systems to the care providers. We can bring artificial intelligence, intelligent agents, avatars and tutors to the workforce and workplace. We can take healthcare out of the hospital and into the home using new age sensors, displays and communications. We can create a digital footprint of the patient through advanced sensors and data management before, during and after illness in ways that will motivate them to stay healthy, identify anomalies early on and mitigate consequences after treatment. We can help individuals spend as much time looking inside their body as they do outside. FitBit is just the beginning.

As we enjoy the tremendous content within the IMSH conference and absorb the new capabilities on the show floor, please engage SSH and NTSA leadership on your thoughts on healthcare reform and how we can better engage policy makers, healthcare providers and the healthcare industry to come together to inspire change. Simulation is surely one of the tools that must be part of the solution, but its full capabilities will not be realized until the tribes get together and embrace simulation as not only a technology that is good for the patient, but critical to the survival of the entire healthcare system. Come see us at the NTSA booth and let me know your views on simulation in healthcare.
ONE AREA OF THE IMSH 2016 exhibit hall certain to draw attendee interest is the Government Corral, which highlights the current state of several government research and development efforts while also providing a forum for the exchange of ideas among government, industry, academia, and healthcare providers.

According to participants, the Government Corral is a modern reflection of what some describe as historic parallels between research and development efforts by the Department of Defense and the early development of medical simulation technologies.

"There’s always been an affinity, a closeness, and a collegiality existing between this evolving professional society and the government," observed Dr. Gerald Moses (Gerry), Vice-Chair of the Government Relations Committee and Program Manager for Medical Simulation at General Dynamics Information Technology. "And that cordial relationship is clearly evident at IMSH, where the Government Corral provides the opportunity for DoD-sponsored research projects that are particularly relevant to medical simulation to be highlighted."

He noted that the corral area of the exhibit hall usually houses "about a dozen projects," that "help keep people apprised as to what’s going on with government research and also who is being funded by the government."

"One of the things that we are looking for with the corral is that we want the civilian side of medical education and the simulation industry to be able to see the research and the other work that the DoD side is doing," added Dayna K. Downing MBA, MHA, Chair of the SSH Government Relations Committee and Program Manager for Simulation Operations at Children’s Health in Texas. "We hope that the exposure will also provide for some feedback from the civilian side, because we want the DoD side to be able to understand what they can do to make their work marketable to the civilian side as well."

Downing noted some recent examples where that type of two-way communication has allowed emerging products to be "shifted just a little bit."

"And this is a place where that can happen," she said.

"One thing that seems to help is that clearly most of these people are not strangers to each other," added Moses. "Many of them have been funded by DoD. They have common interests. They have very good awareness of what each other is doing. So there tends to be a lively exchange among the demonstrators as well as between the demonstrators and the exhibit hall visitors. I find it very cordial. There are a lot of renewed friendships, handshakes, communication and dialogue. I find it to be an exciting and dynamic section of the IMSH exhibits."

According to Downing, one of the committee’s goals is to enhance the exposure of the corral area at IMSH.

"It may take longer than just one year," she acknowledged. "But we want to give the area more exposure, because there needs to be a better understanding of the importance of the relationship and how it works."

Moses strongly agreed. "I think it’s very important to characterize where we want to go in terms of communication with the government, and that everyone is awakening to the fact that we need to continue improving those communications," he said.

Asked about her takeaway messages regarding the Government Corral, Downing reiterated the society’s desire to strengthen the relationship with the government.

"We as a society need to be interacting more effectively with government representatives," Moses echoed. "But Dayna’s point is the message. We need to do this. And we are doing it. We are dedicating commitment and assets to doing it."
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“REMEMBER:
When crisis strikes, we don’t ‘rise to the occasion,’ we ‘sink to the level of our training.’”

— “On Combat,” Lt Col David Grossman (ret)

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2015 WAS A VERY INTERESTING YEAR for medical simulation. On a positive note, we saw more industry progress within the SSH than we had during the corporate council’s entire eight year history. At the same time, in our new lean medical economy, Simulation Centers’ operating budgets are being held flat or even reduced. The excitement seen in the last 10 years cooled because as an industry we haven’t yet communicated the true economic value of medical simulation. From an industry standpoint, 2015 was what we hope will be the beginning of a transition between a startup phase and the sustainable years of simulation center operation.

As the simulation industry has evolved so, of course, has SSH. I first became involved eight years ago, when representatives from four long-term industry exhibitors got together and formed what would become the steering committee for the newly instated SSH corporate council. Our group met with members of the SSH to articulate the council mission. A major driver at that time was to create a common voice for industry within the society, primarily focused around managing the exhibiting process. We made great progress over the first four or five years, including distributing an annual exhibitor survey. Then, the energy in the council slumped as we collectively asked ourselves “now what’s next?”

In 2014 we decided in order to create a more strategic agenda, we’d need to have organized leadership within the steering committee. So, I was elected to serve as the first chair of the corporate council. One of my first goals in this position was to encourage greater collaboration between industry and medicine (academic and non-academic) by including an industry representative on the SSH Board of Directors. This led to me being selected to serve on the SSH board in 2016, becoming the first industry member to do so in the history of the organization. Aside from being deeply honored, I believe this is a major accomplishment for industry and, in my opinion, a positive move for the society as a whole.

Now back to the challenge for 2016 and beyond. Today medical simulation is considered a valid and effective substitute for practicing on patients. However, it has become stuck as a cost center in academic institutions and teaching hospitals, failing to show the true economic value of simulation to the overall healthcare delivery model. In order to advance medical simulation for education and assessment in all clinical environments, we need to create a sustainable business model that adequately resources this scope of an endeavor. We need to focus on solving the problem – improving patient outcomes and reducing medical errors.

“In order to advance medical simulation for education and assessment in all clinical environments... we need to focus on solving the problem – improving patient outcomes and reducing medical errors.”

——Doug Beighle, Chair Corporate Council SSH
Simulación Médica en México

En México existen algunas de las evidencias más antiguas del uso de herramientas para la enseñanza de la salud, muy similares a las que actualmente empleamos para realizar la simulación médica. De acuerdo a Owen (1), estas herramientas eran la representación de múltiples enfermedades osteoarticulares y enfermedades infecciosas en figuras hechas en barro, piedra, papel y tela en las culturas Totonaca, Mexica, Mayas, las cuales se empleaban para la enseñanza de los médicos de estas culturas (2).

Los códices son un conjunto de documentos realizados por miembros de los pueblos indígenas de Mesoamérica antes de la conquista española donde se plasma cierta evidencia sobre la enseñanza médica desde estos tiempos. En el códice Florentino se describen prácticas terapéuticas como la intervención de especialistas para la atención del trabajo de parto con conocimientos anatómicos y fisiológicos importantes en esta área (2).

A lo largo del siglo XX, el aprendizaje y evaluación de las competencias de los profesionales de la salud se llevó a cabo por medio de la práctica de las mismas directamente con los pacientes en los hospitales, siendo ocasionalmente supervisados por un médico de mayor experiencia, con las implicaciones legales, éticas y de seguridad para el paciente, el aprendiz y su instructor.

A partir del año 2000, comienza un gran cambio en la enseñanza de la salud en México al implementarse en todo el país la enseñanza basada en competencias en la mayoría de las escuelas y facultades de medicina y enfermería. Con ello, la simulación médica comenzó a figurar como una herramienta fundamental para cumplir con los preceptos básicos de esta estrategia educativa, impulsando la adecuación de espacios en las escuelas y la adquisición de equipos para lograr dicha meta.

Para la enseñanza de las técnicas quirúrgicas y la rutina que se lleva a cabo en un quirófano, se empleaban modelos animales en quirófanos de las escuelas de medicina, sin embargo, el evento que marcó el inicio de la práctica en la simulación médica y aumentó el interés tanto de académicos como de clínicos fue la publicación de la reforma al Código Penal en el Distrito Federal sobre el maltrato a los animales (3), publicada en enero del 2013. El artículo 350 de dicha reforma establece que practicar la disección in vivo con fines científicos innecesarios o que existan, y no se apliquen, técnicas alternas para evitarlos o realizarse en lugares o por personas que no estén debidamente autorizadas por la normatividad aplicable, se considerarán actos de crueldad a los animales y serán castigados con 3 a 6 meses de prisión.

Ello condujo a la implementación forzada, y un tanto empírica, de la simulación como técnica de enseñanza y evaluación en las escuelas de medicina. Al inicio, los médicos y educadores comenzaron a aprender simulación por la asesoría que brindaban los vendedores de equipos, permitiendo la apertura y creación de una multitud de laboratorios y centros de simulación en toda la república mexicana con inversiones considerables en equipos e instalaciones, pero con una escasa capacitación en las técnicas de enseñanza por simulación.

Por esta razón, algunos médicos mexicanos comenzaron a capacitarse en el extranjero en Universidades e instancias como la sociedad europea de simulación (EUSIM). Con este entrenamiento promovieron la capacitación del personal en sus respectivas universidades y hospitales, destacando los fundamentos educativos reales de la simulación como herramienta para el aprendizaje y la enseñanza basada en competencias.

En Junio de 2013 se fundó la Asociación Mexicana de Simulación Clínica (AMESIC) con la intención de promover en el personal de la salud de México el interés por el conocimiento e investigación en la Simulación Médica. Esta asociación organiza una reunión anual nacional para profesionales en educación para la salud, en el marco del congreso de la Asociación Mexicana de Facultades y Escuelas de Medicina (AMFEM).

En los últimos años se han organizado múltiples eventos a nivel nacional relacionados con la simulación médica como la primer competencia interinstitucional de Simulación Médica organizada por el Instituto Politécnico Nacional, el Congreso Nacional de Simulación Médica organizado por la Universidad Autónoma del Estado de Hidalgo.

Aún existe una gran resistencia por parte de algunos profesionales de la educación médica que no consideran a la simulación como una alternativa en la enseñanza por competencias comparada con los métodos tradicionales. Otra gran barrera ha sido el alto costo de los equipos y instalaciones necesarios para recrear un alto grado de simulación realista para poder ofrecer una simulación adecuada para los niveles avanzados de enseñanza.

En México existe un refrán que dice ¡A darle el mole de olla!, cuyo significado es una invitación a hacer alguna cosa con buen ánimo y sin demora. El mole de olla es, en opinión de muchos, uno de los platillos más deliciosos que puedan existir en el país; y por lo mismo, no debe desdesearse ninguna oportunidad de disfrutarlo. Y de esta forma hemos asumido el reto de implementar la simulación en nuestro país superando estas dificultades, encontrando en ellas la oportunidad de explotar la creatividad con la creación de instrumentos con los recursos disponibles, con la convicción de que nuestro objetivo es ayudar a mejorar la seguridad de los pacientes y mejorar la educación de los profesionales de la salud.

—Edgar Herrera MD, M.Sc
Medical Simulation Coordinator, Health Sciences Faculty – Anahuac University Mexico

3) Gobierno, D. F. (2013). Delitos contra el ambiente, la gestión ambiental y la protección a la fauna capítulo IV de delitos cometidos por actos de maltrato o crueldad en contra de animales no humanos Gaceta Oficial Del Gobierno Del D.F., (11533), 3.
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