DAY TWO OF IMSH FOCUSES on Leadership! We encourage you to find content that prepares you to continue to lead the field of healthcare simulation into the future. If you’re so inclined, take on a leadership role early this morning in one of the Section, SIG, or Affinity Group meetings taking place before our keynote. Don’t worry if you missed a meeting this morning; there are plenty more opportunities tomorrow (just check the agenda builder)!

Have you seen the movie “Everest”? If you have, you will agree that the view is breathtaking! But why do people challenge the unthinkable? What is their mindset? What makes a great team and/or a great leader? This morning, the Lou Oberndorf Lecture features Alison Levine, who will be explaining lessons in leadership from the top of the world! Alison has completed the adventure grand slam by summiting the highest peak on each continent and skiing to both the North and South Poles. Her leadership lessons will inspire you and provide important lessons for our simulation programs and healthcare teams.

Today, there are over 100 different sessions in eight content categories for you to choose to attend, as well as a full day of exhibit hall hours giving you the opportunity to explore, connect, and discover the latest in simulation.

Andreatta Highlights Participation and Collaboration

REFLECTING ON HER observations and experiences as Immediate Past-President of the SSH Board, Pamela Andreatta PhD, EdD, MFA, CHSE, began by characterizing 2015 as “a pivotal year” for the society.

“We found ourselves at a point of maturation as a professional society,” she explained. “And that required us to restructure and reconsider our governance and our processes, policies, procedures and the way we go about not only our internal business as a professional society but also our partnerships with other professional societies and other affiliate organizations.”

As a result of that maturation, she said that the past year has been spent “very deliberatively and very mindfully looking at every aspect of how we function as a professional society, both for our members and also for the broader community of simulation as it relates to healthcare – not only in the United States but globally as well.”

Andreatta said that the deliberative examination had required the collaboration and participation of nearly all SSH members.

“They all stepped up,” she said. “And that is the message I’d like to send loud and clear: We appreciate that our members voiced not just their opinions but also their

–continued on page 4

–continued on page 7
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.

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**MedSims by Medscape**

MedSims replicates the realism and unpredictability of actual practice through case-based scenarios for a true-to-life learning experience that features:

- **Gwen R.**
  “I’ve been taking my medicine and doing my physical therapy exercises, but I’m having a lot of trouble walking.”

- **Terry T.**
  “My right arm is bothering me, and the physical therapy isn’t helping much.”

Learn more at: [http://www.medsims.com](http://www.medsims.com)
Poster Sessions in the Spotlight

A combination of 143 posters and 175 e-posters at IMSH 2016 shine the spotlight across the broad spectrum of simulation issues and developments. This year’s gathering marks the inaugural appearance of the e-poster option.

Thomas Kai, Graduate Medical Education and Simulation Coordinator at Brooke Army Medical Center, highlighted his organization’s simulator design for control of post-partum hemorrhage. “It was developed by one of our technicians, David Delarosa, together with Dr. Delaney,” he said. “And about 90 percent of the parts used are recycled products.”

He showed how primary elements of the design combined a used Ambu bag and used skin from a manikin simulator. “Before there wasn’t a trainer that you could actually do compression type sutures on,” Kai observed. “But with this you can practice how to tie the compression sutures. And it’s inexpensive. In fact, it’s almost free to make. And it can be used over and over again. And when it gets to the point that some part is no longer good, you just introduce another recycled element.”

Standing beside her poster presentation, Lisa Varrenhorst, MSN, RN, CHSE-A, Clinical Nurse Education Sim Specialist at Sanford Health in Sioux Falls, SD, said that her project presentation reflected the fact that many times nurses come to their hospital with a fear of simulation. “Basically what we have done is to phase out their orientation, using things like the same manikin throughout their orientation, to hopefully build retention and to lessen their fear of not performing well and better ascertain whether they are ready to come off orientation at the end.”

Although the session of poster rounds was completed on Sunday evening, the poster and e-poster presentations will remain up throughout IMSH 2016.
Welcome to Day Two – continued from page 1

techniques and technologies.

While in the exhibit hall, get your hands on a brush, put on your artist hat, and help create the second of three murals being created at IMSH 2016. Small groups can help complete each mural by adding their brush strokes to the communal canvases. Once complete, they will be unveiled at our closing keynote and will adorn the walls of a local children’s hospital. Meet a new friend or bring your simulation center team to help us complete these canvases. If you don’t think you have an artistic bone in your body, don’t fret. Cecelia, our local artist, will be there to guide you every step of the way. It only takes a minute to make a mark that lasts a lifetime! Be sure to stop by so your name can be added to the list of artists!

Some of Monday’s Highlights
Lou Oberndorf Lecture on Innovation in Healthcare Simulation – Ballroom A, B, C 8:30 am
Alison Levine is an adventurer, explorer, and mountaineer who has climbed the highest peak on every continent and skied to both the North and South Poles, a feat that less than 30 people in the world have ever accomplished. Her lessons on leadership, resiliency, risk taking, and managing changing environments will kick-off Day 2!

SSH Business Meeting - Ballroom 20 D 5:45-6:45 pm
Be sure to attend the annual business meeting to hear from the Board of Directors and learn about the future direction of the Society.

Select Leadership Content on Monday
Leadership in Context (Panel Presentation) – Room 23B 10:00-11:30 am
Effect a Culture of Change (Panel Presentation) – Room 28B 1:00-2:00 pm
Leadership Training through Simulation (Workshop) – Room 24B 2:15-3:45 pm
Leading Change: Substitute Simulation for Clinical in Nursing Education (Panel Presentation) – Room 24B 4:00-5:30 pm

—IMSH 2016 Planning Committee
Sabrina Koh, RN, MHSc(Edu), PGDip(CC), CHSE, Jared Kutzin, DNP, MS (MMEL), MPH, RN, CPPS
Christine Park, MD

Video Wall Knows All
IMSH 2016 MARKS THE second year for the SSH Video Wall. However, unlike last year, when the screen was just used to show movies or still photographs, this year’s iteration provides information for all attendees related to events that are happening here at the conference as well as other SSH involvement areas, including accreditation, certification, membership benefits, upcoming conferences, and schedules of upcoming courses.

“Those sorts of things are all part of being a member within the society,” offered Andrew Spain, MA, NCCE, EMT-P, SSH Director of Accreditation and Certification. “And we wanted the screen to include a lot more than just a few videos and pictures. So by splitting it out on multiple screens, as well as having additional highlights, we can provide a lot more content for people to enjoy throughout the conference and see various things going on that they might not have been able to make it to.”
Laerdal Medical and SonoSim Announce Commercial Release of Laerdal-SonoSim Ultrasound Solution

Laerdal Medical, a leading provider of simulation solutions for healthcare, and SonoSim, Inc., a leading global provider of ultrasound education and training, used the IMSH 2016 venue to announce the commercial release of the Laerdal-SonoSim Ultrasound Solution for SimMan3G and SimMom, that facilitate enhanced medical training across a complete spectrum of trauma care, critical care, cardiac resuscitation, early-stage pregnancy, late-stage pregnancy cases and other training scenarios.

Representatives for the two companies note that the Laerdal-SonoSim Ultrasound Solution for SimMan3G and SimMom “brings ultrasound training to life with computerized manikins that can breathe, blink, and bleed just like humans, bridging classroom learning and real-life clinical experience without putting actual patients at risk.”

They added that the integration of the SonoSim Ultrasound Training Solution into Laerdal Medical’s patient simulator platform provides an easy-to-use and highly realistic ultrasound training and proficiency assessment tool.

“Laerdal and SonoSim have partnered to provide a full spectrum of ultrasound training and assessment offerings. The commercial release of the Laerdal-SonoSim Ultrasound Solution is the result of more than a year of research, development, and cooperation between our companies,” said Dr. Dan Katz, VP Business Development of SonoSim.

“The Laerdal-SonoSim Ultrasound Solution provides the most realistic and thorough manikin-based, ultrasound training and assessment platform available,” added Clive Patrickson, CEO of Laerdal Medical. “The solution will be available to retrofit onto the installed base of thousands of simulators worldwide. We look forward to seeing the benefits of our combined efforts translate into saved lives and improved patient outcomes.”

And It’s Open!

With a flourish of oversized scissors, SSH officers declared the exhibit hall open on Sunday afternoon. A large crowd attended the ceremony and quickly flowed into the hall to view more that 200 exhibits from over 100 companies and more than a dozen government agencies.

Let us show you our new products including PROMPT Flex range

- Demonstrations daily
- Prize draw for an Amazon Echo
- See our full range of new products
Interest in Accreditation Growing!
Believe it or not, the SSH Committee for Accreditation of Healthcare Simulation Programs is starting its sixth year!

During 2015 we completed the first round of re-accrediting programs that were part of our pilot. Since 2010, 74 programs worldwide have become accredited (65 full, 9 provisional). The accredited programs can be found in eight countries. This is an exciting time in the field of simulation, and accreditation is a way in which a program can highlight its work and show its value to the world.

Programs applying for accreditation must meet core standards as well as standards in at least one of four areas of accreditation (Assessment, Research, Teaching, Systems Integration). Because interest in accreditation has grown since 2010, the Committee added Provisional Accreditation in 2013 (intended for less mature programs that do not yet have outcomes necessary for full accreditation) and Mid-Cycle Accreditation in 2014 (for currently accredited programs that want to add an additional area of accreditation).

Each program that is reviewed by the Accreditation Committee receives a detailed feedback report identifying strengths, weaknesses, and areas for improvement.

Programs that have gone through the accreditation process report the benefits of accreditation as:
- Identification of best practice in healthcare simulation.
- Identification of benchmarks to improve business operations.
- Improved standardization of processes.
- Improved patient safety efforts through support of simulation modalities.
- External validation of individual simulation programs.
- Improved organizational, community, and learner confidence in the quality of education and services.
- Improved local support, resources, and commitment.
- A competitive edge obtaining grant funding.
- Enhanced staff recruitment and development.

One of several individuals offering their assertions of the value of accreditation on the SSH website is Amy Holbrook, Operations Manager, Clinical Evaluation Center, West Virginia School of Osteopathic Medicine. She notes, “For us, it was important that we get the accreditation for our center to validate the fact that the programs that we’re producing, the documentation that we’re keeping, the debriefing that we’re doing are meeting national standards and that we are staying on the forefront of simulation.

“For us, it was important that we get the accreditation for our center to validate the fact that the programs that we’re producing, the documentation that we’re keeping, the debriefing that we’re doing are meeting national standards and that we are staying on the forefront of simulation.

So our affiliation with SSH and the accreditation process was one way for us to feel like we were meeting that goal.”

The work of the Accreditation Committee has been robust over the past year. Following up from last year’s development of companion documents, it was realized that the standards needed to be reviewed and revised. So the Accreditation Committee has done an amazing job and the standards are currently in the hands of SSH board members, key simulation experts and our affiliates to ensure we capture the diversity of the field.

If you are interested in learning more about accreditation, IMSH 2016 offers multiple related sessions, and members of the Accreditation Committee are available at IMSH to answer questions or provide more information about accreditation. Please visit SSH Central at IMSH if you would like more information.

—Juli Maxworthy, DNP, MSN, MBA, RN, CNL, CPHQ, CPPS, CHSE
Andreatta Highlights – continued from page 1

desires, their needs and their objectives. They informed the direction that the society will move during the next phase of our development.

As evidence of membership participation, she highlighted “unprecedented” participation in two elections, and member input into restructuring of governance, bylaws, processes and policies.

One result of the increased participation has been an increase in SSH membership.

“And we are seeing more early participation in all of our events,” she added. “That includes our main meeting – IMSH, which is our flagship enterprise – but also in the meetings we are hosting and co-hosting that are more specific to unique areas within our membership, like, our Sim Ops or our Asia-Pacific meetings. And we are going to continue to develop those regional and partner meetings around the world as a result of that.”

“I am incredibly proud of our members,” she continued. “This is a volunteer endeavor for everyone. They are all extremely busy professionals who are very esteemed in their professional practices. And yet they are still showing up with their volunteer energy and time and deciding to commit that to the Society for Simulation in Healthcare.”

“I am humbled by that, personally, and I am extremely grateful to them for supporting our Board of Directors under my leadership this past year in making a substantive shift to be more inclusive and transparent in our governance and organizational practices,” she said. “I want to thank them for their patience during this year of transition. It has not been without its challenges. But the end results are so positive that I would actually go back and do it again, even though it was incredibly challenging.”

Andreatta also offered her thanks to SSH industry partners “for their patience as we shift gears and begin the process of including them more as professional partners rather than as side-by-side associates in our collaborative endeavors. We are working really hard toward having more synergies between the way we go about our businesses and I am really grateful to them for their patience as we have moved towards accommodating their needs in a more purposeful way.”

Continuing her look toward the future, Andreatta offered, “Now that we have these structures in place, we are moving into a year of really solidifying and enacting them into practice. So I want to encourage our members to continue to speak up, be heard, participate and help our Board of Directors and our incoming President Chad Epps in effectively implementing those changes.”

Asked about any messages for IMSH attendees, she pointed to the constant technology developments and changes across all elements of the society, noting, “I encourage our members and attendees to talk to professionals from the other areas of practice. If you’re a clinician, get out and talk to the technology people. If you’re in technology, go and speak to the education professionals and the clinicians and understand how what you develop gets utilized in clinical practice or education.”

“That’s the beauty of IMSH: We all come together as one entity,” she said. And we come from around the world. So you have clinicians from around the world. You have educators from around the world. You have computer scientists, game developers, and medical device developers from around the world. And they are all here in one space. That’s where IMSH is different from any other meeting in our professional practices...”

Navigate New Possibilities in Simulation with Optical Tracking

Real-world image-guided surgery systems use Electromagnetic and Optical Tracking Technologies – why shouldn’t simulators do the same?

Visit Booth #723 for a demo of the 3D tracking technologies trusted in clinical use.
IMSH ATTENDEES GOT A TASTE OF "hyper-realistic" training on Saturday afternoon during a pre-conference workshop designed to address the growing need for simulation teams to provide "active shooter" simulation training across multiple levels of care. The event, which was conducted at the Strategic Operations facility on the back lot of Stu Segall Productions television / film studio, was directed by the Navy Medical Center San Diego, Bioskills and Simulation Training Center and Rocky Vista University College of Osteopathic Medicine, and featured the use of "Cut Suit" human-worn surgical simulators as well as multiple state-of-the-art manikin simulators.

Prior to the actual simulations, attendees explored multiple aspects of the exercise they were about to witness, including the emergency room set-up and manikin simulators’ capabilities, the moulage process and the movie-lot facilities where the simulated action would soon take place. Two separate scenarios involving active shooter situations were conducted twice, allowing attendees to observe the entire process from law enforcement personnel entering and controlling the situation, transporting the "victims" to the ER and the chaotic scene that ensued with the simultaneous entrance of multiple trauma patients.

In addition to providing IMSH attendees with key lessons regarding replicating these types of complicated exercises at their own facilities, the scenario provided parallel training benefits to a broad spectrum of multi-agency first responders, including police SWAT team members, California Highway Patrol representatives, sheriffs, military personnel and a group of student paramedics halfway through their initial course of instruction.

Several IMSH participants noted that the hyper-realistic aspects and multi-disciplinary approach of the scenario were valuable to them in planning their own simulation events, with one expressing appreciation to the planners for the "awesome" experience, and another asserting that what she had just participated in was by far the best simulation exercise of its kind she had ever seen.
Walking the Show Floor

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Cyber
DIS IEEE 1278.1x or HLA 1516 Capable
Disaster Relief/Planning Simulations
Distance Learning
Distributed Simulation and Learning
Educational Products & Services
Electronic Components
Electronic Training/Synthetic
Engineering/Damage Control Trainers
Exercise Management
Flight Simulation & Training
Gaming
Homeland Security Simulation & Training
Instructional Systems Design
LVC (Live, Virtual, Constructive)
Manufacturing
Medical Simulation & Training
Mission Planning/Mission Rehearsal
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Research & Development
Shiphandling Trainers
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Simulation Software
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www.ssih.org Questions? Ask Kathryn Pullins or membership@ssih.org

Keep the Connection Through SSH
After IMSH, stay informed on all areas of applications and research in healthcare simulation technology by joining SSH. Your membership includes a free subscription to the bi-monthly Simulation in Healthcare journal. More than just great research, the Journal is conveniently available in print, online, and an iPad app.

Monday Special
SSH Members: You Could Win Free Membership for 2016
Drop your card in the basket at the Concierge Desk in SSH Central and you could win a free year of membership for you or a colleague – a $175 Value!

Hurry – visit the Concierge Desk at SSH Central, located in the lobby of the Convention Center before 6:00 pm on Monday! Winners announced at an upcoming plenary session.

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www.researchandclinicalstrategy.org
¿Qué Está Sucedendo con La Simulación Clínica en Chile y en Latinoamérica?

EN RELACIÓ A ESTA PREGUNTA podemos señalar que una visión interesante y objetiva la otorgan las evaluaciones obtenidas en el IV congreso de ALASÍC 2015 que acaba de ser realizado en el mes de noviembre en Santiago de Chile.

Los resultados de este evento dan cuenta de enormes cambios que se están presentando en Latinoamérica, en los que destacan países que están por primera vez presentes, países que crecen en forma acelerada, países que se consolidan en docencia e investigación, otros comienzan a desarrollar redes de colaboración, grandes proyectos de capacitación y formación docente, en fin, es un hecho que la simulación finalmente llegó a esta región. Este fenómeno parte en países del Caribe, continua con varios de Sudamérica y finaliza en nuestro lejano país Chile. Éste junto a Brasil están cada vez más consolidados y junto a Colombia y México están siendo las grandes potencias para el desarrollo de la simulación clínica.

Habiendo sido Chile la sede del evento latinoamericano, fue SOCHISIM como sociedad local de simulación la encargada de su desarrollo y ejecución, su directiva trabajó intensamente por alrededor de un año junto a miembros de ALASÍC desarrollándose una red de colaboración que dio al evento una connotación internacional extraordinaria. Fue relevante y notable el rol del comité científico que fue conformado por varios países como Chile, Brasil, México y Portugal. Se recibieron cerca de 130 trabajos científicos y después de una cuidadosa selección, el resultado significó la participación de 15 países, hito que jamás se había vivido en Latinoamérica. Es relevante destacar que nuevamente este congreso contó con la participación de SESAM, sociedad europea que facilitó la participación y trabajo de sus miembros durante el congreso, lo que fue valorado por todos los asistentes.

Sumado a lo anterior es interesante destacar la participación de dos universidades, Universidad de las Américas y Universidad Finis Terrae que por su trayectoria y la experiencia de sus equipos docentes en simulación pudieron llevar a cabo los talleres precongreso, permitiendo así que estas actividades se desarrollaran con un máximo realismo y variedad de escenarios.

Evolución de la Simulación en los últimos tiempos

No hay duda de que el país pionero en integrar la simulación en el currículum de carreras de salud en Latinoamérica fue Colombia, siguió por Brasil, y finalmente en este orden aparecieron las sociedades correspondientes que están proporcionando el impulso en cada uno de sus países.

El desarrollo de la simulación en Latinoamérica ha surgido principalmente desde las universidades, pero hay casos como Brasil, en que instituciones clínicas como el Hospital Albert Einstein y el Hospital de Sao Paulo han desarrollado la simulación in situ. Probablemente, es el resultado de adherir el concepto de “seguridad del paciente” planteados por la OMS al trabajo en salud, y además de las políticas gubernamentales que están apoyando dicha iniciativa. Este desarrollo también está comenzando a ser considerado en Argentina en el ámbito obstétrico neonatal, donde el Hospital Garrahan con su Fundación Jeffries participó y colaboró estrechamente con el equipo directivo de la escuela. Es el primer currículum de enfermería que incorpora temas de seguridad del paciente, cultura de seguridad y calidad y donde se adquirió el título con un examen cuyo 40% de la calificación se está haciendo con simulación, esto es único en Latinoamérica. Ello ha significado capacitar a sus docentes e invertir en un centro de simulación que cumple con determinados estándares, para garantizar la calidad del proceso. El programa además incorpora las competencias “The Quality and Safety Education for Nurses”(QSEN), dado que desde sus inicios la Dra. Pamela Jeffries participó y colaboró estrechamente con el equipo directivo de la Escuela. Es el primer currículum de enfermería que incorpora temas de seguridad del paciente, cultura de seguridad y calificación y donde se trabajan en simulación clínica a lo largo de la carrera.

Han pasado más de 6 años y el equipo docente ha crecido y es multidisciplinar (enfermeras, médicos, psicólogos, kinesiólogos, etc.), además ha incorporado docentes internacionales como es el Dr. Augusto Scalabrini de Brasil, lo que ha permitido que esta universidad comparta su conocimiento a través de cursos, diplomados y otras actividades académicas diversas, siendo un polo importante para el desarrollo de la simulación.

Quedan mucho por desarrollar, pero sin dudas IMSH es una instancia de crecimiento y aprendizaje del cual muchos latino participan. Una vez más deseamos éxito a sus organizadores y a disfrutar de San Diego 2016.

—Eliana Escudero Z. EM. MG., Directora Escuela Enfermería Universidad Finis Terrae Presidenta Sochisim
—Claudia Morales B. EM Coordinadora Escuela Enfermería Universidad Finis Terrae. Tesorera Sochisim
—Marcela Avendaño B. EM MG Secretaria Académica Escuela Enfermería Universidad Finis Terrae.
Award-Winning Abstracts
IMSH 2016

1st Place - Research Abstract
Simulation Based Multi Professional Obstetric Anesthesia Training Conducted In Situ vs. Off Site Leads to Similar Individual and Team Outcomes: A Randomized Trial
Jette Led Sørensen; Cees Van der Vleuten; Susanne Rosthoj; Doris Ostergaard, MD, PhD; Vicki LeBlanc, PhD; Marianne Johannsen; Kim Ekelund; Charlotte Krebs Albrechtsen; Berit Woetmann Pedersen; Bent Ottesen

2nd Place - Program Innovation
Do Teamwork And Communication Concepts Learned In the Simulated Environment Transfer to the Trauma Bay?
Darlene Bourgeois, MSN, RN; Sandra Mackey, BSN, RN; Dmitry Nepomnayshy, MD

3rd Place - Program Innovation
Procedure To Procedure Transfer In Laparoscopic Simulator Training: A Randomized Trial
Flemming Bjerrum; Jette Led Sørensen; Lars Konge, MD, PhD; Susanne Rosthoj; Jane Lindschou; Bent Ottesen; Jeanett Strandbygaard, MD, PhD

4th Place - Research Abstract
Human Patient Simulation Can Positively Change Attitudes Towards Interprofessional Collaboration and Learning Among Physical Therapy and Nursing Students
Dawn Ferry, CRNP, NP-C, CHSE; Robert Wellmon, PT, DPT, PhD, NCS; Kristin Lefebvre, PT, PhD, CCS

5th Place - Research Abstract
Exploring the Cohesion-Performance Relationship In Interprofessional Teams During a Simulation-Based Patient Safety Course
Jill Sanko, PhD, MS, ARNP-BC, CHSE-A

1st Place - Program Innovation
Approach to Confederate Training Within the Context of Simulation-Based Research
Mark Adler, MD; Frank Overly, MD, FAAP; Vinay Nadkarni, MD, MS; Jennifer Davidson, RN, BSc; Ronald Gottesman; Ilana Bank, MDCM, FRCPA, FAAP; Kimberly Marohn, MD; Stephanie Sudikoff, MD; Vincent Grant, MD, FRCPA; Adam Cheng, MD, FAAP, FRCP

2nd Place - Program Innovation
Saving Lives Through Skype. Remote Debriefing: A New Paradigm for Low Resources and Rural Hospitals In the Developing World?
Anne Meaklim, MB Bch BAO PG Cert Clinical Ed

3rd Place - Program Innovation
Immersive Sensitivity Training to Foster Attitudinal Changes In Hospital Personnel Related to Dementia Care
Juliette Cedar Wang, MSN, RN, GNP-BC, CHSE; Janine Canecchia, MSN, RN; Matthew Kostelnik; Juan Marti, BA, MICP; Jason Puch, BS

1st Place - Technology Innovation
Haptic Augmented Reality Lumbar Puncture Simulator: Pilot Evaluation
Cristian Luciano, PhD; Alexandra Van Meter; Martin Matulyauskas; Patrick Kania; Pat Banerjee; Rachel Yudkowsky, MD, MHPE

2nd Place - Technology Innovation
Pulmonary Edema Hack
Stormy Monks, PhD, MPH, CHES; Scott Crawford, MD

3rd Place - Technology Innovation
Development of a Novel In-Situ Simulator for Teaching Compression Sutures for Postpartum Hemorrhage
Heather Delaney, MD; David Delarosa; John Hardy

Special Interest: emergency Medical Services
Raymond Ten Eyck, MD, MPH1; Kelsey Mayrand, BS1; Eric Fisher1
1Wright State University, Dayton, Ohio, United States

Service Awards
Gavel Award – For service and dedication to the Society for Simulation in Healthcare Board of Directors as President:
Pamela Andreatta, EdD, PhD

For service and dedication to the Society for Simulation in Healthcare Board of Directors:
Adam Cheng, MD, FRCPA, FAAP
Paul Phrampus, MD
Tom LeMaster MSN, RN, MEd, REMT-P
Hyun Soo Chung, MD, PhD
Debra Nestel, PhD
Pamela Jeffries, PhD, RN, ANEF, FAAN

For service and dedication to the Society for Simulation in Healthcare as Chair of the Internal Relations Committee:
Ilya Shekhter, CHSE
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We changed a few things.
(Actually, we changed everything.)

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