Welcome to Day Three (and Four)!

We Are Not Saying Goodbye Yet!

This is the last IMSH Daily for 2016! But, there’s still a day and a half of content to go! Take a minute to review the program and make sure your “wish list” of courses is covered!

The Michael S. Gordon Center Lecture on Medical Education this morning features Matt Weinstein, who has been named as one of the “Top 21 speakers for the 21st Century”. Matt will focus on bringing fun and humor to team building (and the workplace). This is a keynote you won’t want to miss!

The exhibit hall is open all day today. This is your last chance to see the vendors and new technology all in one place. Also in the exhibit hall will be the awards presentation for the winning Innovation Abstracts. Swing by the exhibit hall at 11:45 am and hear the latest findings from these award winning, innovative researchers. One of these innovations could be the missing key to your puzzle!

If you haven’t yet added your brush strokes to a canvas painting, today is your last day to do so! Be sure to stop by and visit with Cecelia in the exhibit hall! Leave your mark on an enduring memory from IMSH 2016!

This evening all of the new CHSE’s, CHSOS’s, and Accredited Simulation Centers will be honored at their annual reception. You can recognize all of the individuals and centers that have

Pioneer in Simulation: Louis H. Oberndorf, MBA

The SSH Board of Directors are proud to honor Louis H. Oberndorf as the 2016 “Pioneer in Simulation.”

Oberndorf is the founder and former chairman of Medical Education Technologies, Inc. (METI), a developer of learning tools to educate healthcare professionals, ultimately improving patient safety and saving lives. Under Oberndorf’s leadership, METI grew from a technology startup with five employees in 1996 to one of the world’s leading healthcare education and simulation technology companies. In addition, he is credited with leading critical initiatives in developing new simulation-based curriculum for leading healthcare organizations around the world.

In making the formal award presentation at Monday morning’s plenary session, SSH President Chad Epps noted that the two previous Pioneer in Simulation recipients had each been involved in the invention of specific simulators.

“Today’s ‘Pioneer’ didn’t invent the simulator, but he contributed to the field in a unique way,” he said. “Today’s honoree industrialized the technology that many of us use on a daily basis. He recognized the potential of this technology as well as its potential to revolutionize the way that we educate healthcare professionals.”

Epps continued, “He watched as the first human patient
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.

**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](http://www.medsims.com)
Pioneer in Simulation – continued from page 1

simulator was developed and then took a risk after recognizing its potential, and created a company focused entirely on its advancement in medical education.

Asserting that the decision was “a risky proposition in a healthcare environment that had not yet fully embraced the value of patient simulators,” Epps said that “Today’s honoree set out to industrialize that environment; to create an assembly line process with documentation, source material, and a business plan. And then in 1994 he delivered the first vendor-developed human patient simulator to Dr. Adam Levine at the Mount Sinai School of Medicine.”

“Today’s recipient is a ‘trendsetter,’” he added. “And we are honored to recognize the risks that he took in advancing simulation technology.”

As one of the group who recommended Oberndorf for the Pioneer in Simulation award, Michael Seropian, MD, FRCP, noted that the award is not necessarily given on an annual basis, but rather focused on the recognition of great achievement in the field.

“I’ve known Lou since the 1990’s and he’s always been a huge contributor to medical simulation,” he offered, adding that his early involvement included exploration of emerging public/private partnerships focused on medical simulation.

“Lou was very forward-thinking and certainly entertained that sort of approach,” he said. He could see that it was really important that each segment of the industry really fed off each other and involved each other. And he was always asking, ‘Where does the industry need to be five years from now?’

“He’s very much a person who is unique in many respects,” Seropian added. “He looks at, ‘How can we innovate? How can we differentiate?’ As long as I’ve known him, that has been a big part of his personality. Also, it’s how he conducts business.”

Seropian reiterated that the Pioneer in Simulation award is not given for the sake of having an award, but rather in recognition of meaningful contributions to the field.

“A lot of products that METI and Lou developed really were not to just look at one sector in healthcare but to look at all the different sectors and help with the different professions across those sectors,” he said. “He understood that the industry was sizable and the question was: how do you get the healthcare industry to adopt this methodology? That ultimately impacts lives.”

He related a specific incident that helps to illustrate Oberndorf’s vision. The event took place at the 2011 annual SESAM [Society in Europe for Simulation Applied to Medicine] meeting in Spain, where Oberndorf approached Seropian, then president of SSH.

“We sat down and this is where we start the conversation of a lecture-ship in his name,” he recalled. “That was the start of the conversation that led to Monday morning’s lectureship.”

He continued, “Lou said that he really wanted to give back to the industry through the establishment of a lectureship focused on innovation, because that’s his passion. He was very, very specific that he wanted it to be about innovation.”

Seropian pointed to the power and significance of his continuing contributions of experience and expertise to a variety of organizations.

“It shows that he is also giving back in a different way,” he said. “He is almost a larger than life personality. And he is a person of great substance. That really symbolizes Lou.”

In accepting the honor, Oberndorf began, “I believe that what we’ve accomplished – the society and industry – is nothing short of extraordinary.”

“I believe that what we’ve accomplished – the society and industry – is nothing short of extraordinary.”

Identifying several of whom he described as “true pioneers” in the audience, he related earlier days of simulation when some gatherings consisted of “two large card tables.”

“But look how far we’ve come,” he said. “Both industry and the society have come together and have helped each other. And that is the story going forward as well.”

He also returned to the theme of “risk” that Epps had spoken about earlier.

“When I [talk about] the early adopters, the pioneers, they took enormous career risk,” he said. “In those days, for anesthesiologists, for deans of nursing, for the military, to take this kind of risk and adopt this technology, was in fact career threatening or career promising.”

“Look how far we’ve come,” he echoed. “Look how professional this organization, this family, has become. We have together changed the face of medical education.”

Oberndorf told the audience that if they had entered medical school or nursing school 25 years ago, they would have been entering “an educational system that was 100 years old” where they would have been taught in a manner that had been used for generations.

“But you cannot enter a professional medical education institution today anywhere in the world where you will not encounter this experiential learning,” he said. “So in that regard you are all pioneers. And you continue to innovate and continue to advance the science of experiential learning.”

Oberndorf concluded his remarks with the introduction of Alison Levine, who delivered the Lou Oberndorf Lecture on Innovation in Healthcare Simulation, titled “On the Edge – The Art of High-Impact Leadership.”

Reflecting on both the lecture and Oberndorf’s earlier comments, one observer in the enthusiastic audience offered, “It was all tied to taking chances, learning from failure, starting again, and achieving success. And that’s really the definition of innovation.”
Welcome to Day Three (and Four!) – continued from page 1

achieved this mark of distinction by the ribbons on their IMSh badge. Be sure to congratulate them on their accomplishment!

Tomorrow IMSh 2016 concludes. But don’t take-off early! There are over 50 sessions to participate in and our keynote features Kim Binsted. Yesterday we learned lessons from the top of the world from Alison Levine, tomorrow we are taking off to Mars! Dr. Binsted is the lead researcher on the NASA HI-SEAS project, which is simulating life on Mars. You will learn about the habitat, research, and team dynamics that occur during the longitudinal, long-duration simulated missions here on Earth.

So, soak up the sun, enjoy San Diego and all IMSh has to offer until we meet again at IMSh 2017!

**Highlights for Tuesday**

**Michael S. Gordon Center Lecture on Medical Education – Ballroom A, B, C 8:30 am**

Matt Weinstein, named one of the “21 top speakers for the 21st Century” by Successful Meetings, is coaching for a collaborative revolution. Learn to manage stress, build effective teams, and improvise innovation as you re-discover the joy of playing and working together.

**Award Winning Innovation Abstracts – Exhibit Hall 11:45 am**

Six oral presentations representing the award-winning abstracts submitted to IMSh 2016 will be presented. Hear the latest findings in healthcare simulation research from these innovators.

**CHSE: Preparing and Applying – 32A 11:45 am**

Are you interested in joining the ranks of certified healthcare simulation users? Hear about preparing and applying for the CHSE, CHSE-A, and CHSOS credentials.

**Highlights for Wednesday**

**Terminology & Concepts Town Hall – 24B 10:15 am**

Find out about the work being done on the healthcare simulation dictionary, as well as the plans moving forward as this living document continues to grow and evolve to support healthcare simulation.

**Closing Plenary – Using Earth-Based Simulations to Advance Long-Duration Human Space Exploration – Ballroom A, B, C 11:30 am**

Mars is closer than you think! Kim Binsted, the lead researcher on NASA’s HI-SEAS project shares new viewpoints and applications from another world of simulation. Dr. Binsted will discuss the habitat, research, and team dynamics during these long-duration Mars missions here on Earth.

—IMSh 2016 Planning Committee: Sabrina Koh, RN, MHSci(Ed), PGDip(CC), CHSE; Jared Kutzin, DNP, MS (MMEL), MPH, RN, CPPS; Christine Park, MD

---

**Connects Technology, Colleagues and Careers**

Join us as more than 200 healthcare simulation operations and technical professionals gather for SimOps 2016 at the Greenville Healthcare Simulation Center in Greenville, South Carolina.

You’ll experience:

1. Hands-on technology classes and workshops led by experts
2. Exhibitor showcase where you can explore new products and attend education classes
3. Education sessions for all levels—from beginner to senior level

Plus, you’ll enjoy non-stop opportunities to connect with simulation technicians from around the nation.

Registration opens soon, so watch your mailbox for details. [www.ssih.org/SimOps2016](http://www.ssih.org/SimOps2016)
Art at IMSH and Beyond

IN A BACK CORNER OF the exhibit hall, conference attendees are making art. With the goal of providing another, different type of shared experience at IMSH 2016, a colorful mural project takes shape each day of the meeting with a focus on one component of the “Discover, Share, Lead” theme.

Artist Cecelia Linayao of Cecelia Linayao Fine Art facilitates the project. For each of the three murals, she positions the basic design on the canvas. “So I’ve done the basic pieces and I’ve invited all of the attendees to come and paint also, so they’re an interactive part of the activity,” she said.

“Monday the speaker talked about leading a women’s team into Mount Everest, so I’ve got Mount Everest and the ‘lead’ theme here,” she said. “Tuesday the speaker is going to talk about team building and working together in the workplace, so Tuesday’s theme is ‘share.’ So it’s tied to the speaker and tied to the theme.”

“I love that people will come up and say, ‘I’m a terrible artist,’ but they want to paint,” Linayao said. “I’ve been asking people to take a picture first, and then go paint their piece, and then take a picture afterwards so they can say, ‘this is my piece of the masterpiece!’”

Linayao has a supply of various brushes, sponges and other painting tools for applying the acrylic paint on the canvas, “just so everyone tries a little bit of something,” she said. She estimated approximately 50 people participated on Sunday and anticipated even more painters Monday.

“One really cool thing about art is that it doesn’t matter what language you speak or what age you are,” Linayao said. “It’s just an interesting thing to come and do, and again, a way to carry those themes throughout the convention.

Linayao credits IMSH 2016 Planning Committee co-chair Jared Kutzin with initially crafting the idea for the project. Kutzin explained, “We do immersive education, and we teach people to work together as teams and to have a shared experience, so we wanted to have a shared experience here on the exhibit hall floor.” He said after a few early ideas about how to do the art project, “It morphed into this idea of a shared communal painting, which Cecelia is facilitating here.”

The project has come to fruition with attendees participating in groups large and small. “You can come with your hospital group, your nursing school group, your medical school group, your colleagues; you can come with your SIG or affinity group; the board of directors came down,” said Kutzin. “You can have a shared experience with somebody you’ve just met or you’ve known for years.”

When the vibrant murals are finished, they’ll be donated to Rady Children’s Hospital in San Diego, appropriately transferring venues to brighten a healthcare setting.
The large world map in SSH Central has been filling up with pins! Throughout IMSH 2016, attendees have marked where they’re from with colorful map pins, and the dynamic representation of the international nature of the conference has served as a gathering place to marvel at the wide geographical reach of IMSH.

“The goal behind the map was to help everyone understand where everyone comes from and get a visual reference to see the diversity of attendees that are here,” said Andrew Spain, MA, NCEE, EMT-P, SSH Director of Accreditation and Certification. “As another means to bridge geographical boundaries and discover common ground, Spain said, “what we really want to show is that we are coming from all over the world, and as you talk with your colleagues you’re going to find that they’re doing a lot of the same things that you do. They have the same challenges, the same solutions, the same goals, the same desire to help patients and make a difference.”

Be sure to stop by the map and place a pin to represent your home location.

Explore IMSH 2016 – SSH’s Premier Healthcare Simulation Event!

Advance Your Career at IMSH Today And Reach Your Leadership Potential with SSH

Take the First Step to Certification at IMSH
Whether you’ve been considering earning your CHSE (for educators) or CHSOS (for operations specialists) certification or just want to learn more – you’re in the right place! Discover the many benefits of professional recognition! And ask about SSH Accreditation for your simulation Program.

Gain Your Professional Certification Through SSH
After IMSH, earn certification at members-only savings! SSH certification for healthcare simulation educators and simulation operations specialists helps you advance your career, positions you as a leader and demonstrates your commitment to being the best in simulation education and operations.

www.ssih.org Questions? Ask Kathryn Pullins or membership@ssih.org

Charting Global Attendance

THE LARGE WORLD MAP in SSH Central has been filling up with pins! Throughout IMSH 2016, attendees have marked where they’re from with colorful map pins, and the dynamic representation of the international nature of the conference has served as a gathering place to marvel at the wide geographical reach of IMSH.

“The goal behind the map was to help everyone understand where everyone comes from and get a visual reference to see the diversity of attendees that are here,” said Andrew Spain, MA, NCEE, EMT-P, SSH Director of Accreditation and Certification.

As another means to bridge geographical boundaries and discover common ground, Spain said, “What we really want to show is that we are coming from all over the world, and as you talk with your colleagues you’re going to find that they’re doing a lot of the same things that you do. They have the same challenges, the same solutions, the same goals, the same desire to help patients and make a difference.”

Be sure to stop by the map and place a pin to represent your home location.

Tuesday Special
Get Involved & Get More from SSH – Join an Interest Group

Connect with fellow simulation specialists in 19 Interest Groups – professionals who share your interests. It’s easy – simply update your SSH Member Profile.

Awards IMSH 2016

Serious Games/Virtual Environments

Arcade and Showcase Awards

The following were the winners of the judging for the 6th Annual Serious Games/Virtual Environments Arcade & Showcase. Entries were judged based on innovation, the implementation of the technology and game elements, the vision for how the game/virtual environment can impact education in the health professions, and the presentation of the idea at the showcase.

There were no student entries this year.

Faculty Division

Winner: Decontamination Training Delivered Using Virtual Reality – Sharon Farra
Runner-up: Virtual Gaming Pediatric Clinical Simulation – Margaret Verkuyl

Small/Emerging Company Division

Winner: Brush Up – Dev Jacobson
Runner-up: Body Interact – The Virtual Training Hospital – Pedro Miguel Pinto

Large Company/High Resource Organization Division

Winner: MReal: The Beating Heart Experience – Reid Adams
Runner-up: VHA Employee Education System/SimLEARN Serious Educational Gaming Products Code Cart Game – Aurelio Maldonado

Presidential Citations

With highest respect and sincere gratitude, Presidential Citations are presented to:

(Merry) Beth Pettit
In recognition of her sustained leadership in directing initiatives leading to the development of pioneering technologies that change the way healthcare professionals are trained, including advances in simulation science associated with serious games and adaptive tutoring, tissue fidelity, virtual and augmented reality systems, and other leading-edge technologies applied to clinical training.

Ray Perez
In recognition of his sustained innovation in exploring the application of simulation and other advanced technologies to cognitive sciences and learning across a spectrum of high performance applications, including healthcare.

Janet Harris
In recognition of her significant national leadership in advancing the science of healthcare simulation through advocacy, development of research initiatives, program management, and financial administration.

Rose Hatala
In recognition of her service to the journal Simulation in Healthcare, and her scholarship, leadership, mentorship, and commitment to research in simulation supported healthcare education globally.

Dimitrios Stefanidis
In recognition of his service to the journal Simulation in Healthcare, and for his significant contributions to a broad spectrum of simulation centered research initiatives targeting quality and safety for surgeons and surgical teams.

Debra Nestel
In recognition for her significant contributions to advancing implementation science for simulation supported education across health professions on a global scale, and for her visionary leadership, mentorship, and scholarship in healthcare specific educational research.

Special Interest Group Awards

Melody Bethards – For service and dedication to the Society for Simulation in Healthcare as Vice Chair of the Nursing Section
Marie Gilbert – For service and dedication to the Society for Simulation in Healthcare as Secretary of the Nursing Section
Dr. Rachel Yudkowsky – For service and dedication to the Society for Simulation in Healthcare and the field of Standardized Patient Education
Dr. Joseph Lopreiato – For service and dedication to the Society for Simulation in Healthcare and the field of Standardized Patient Education
John Paige, MD – For service and dedication to the Society for Simulation in Healthcare and for all of his contributions to energizing the Surgery SIG

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.

Navigate New Possibilities in Simulation

with Optical Tracking

With highest respect and sincere gratitude, Presidential Citations are presented to:

(Merry) Beth Pettit
In recognition of her sustained leadership in directing initiatives leading to the development of pioneering technologies that change the way healthcare professionals are trained, including advances in simulation science associated with serious games and adaptive tutoring, tissue fidelity, virtual and augmented reality systems, and other leading-edge technologies applied to clinical training.

Ray Perez
In recognition of his sustained innovation in exploring the application of simulation and other advanced technologies to cognitive sciences and learning across a spectrum of high performance applications, including healthcare.

Janet Harris
In recognition of her significant national leadership in advancing the science of healthcare simulation through advocacy, development of research initiatives, program management, and financial administration.

Rose Hatala
In recognition of her service to the journal Simulation in Healthcare, and her scholarship, leadership, mentorship, and commitment to research in simulation supported healthcare education globally.

Dimitrios Stefanidis
In recognition of his service to the journal Simulation in Healthcare, and for his significant contributions to a broad spectrum of simulation centered research initiatives targeting quality and safety for surgeons and surgical teams.
Certification Ovation

TO RECOGNIZE AND CELEBRATE the individuals from more than 20 countries who have achieved certification, Tuesday is Certification Day at IMSH 2016. This growing group of certified professionals, whether a Certified Healthcare Simulation Educator (CHSE), Certified Healthcare Simulation Operations Specialist (CHSOS), or Certified Healthcare Simulation Educator - Advanced (CHSE-A), has demonstrated a high level of dedication and commitment to achieve this recognition.

"Key points that I’d like to emphasize are the value of certification, and the fact that certification is a volunteer process... Obtaining certification allows an individual to validate his or her knowledge base and competence related to the specific area in which they are obtaining the certification, either as an educator or as an operations specialist."

Certification provides a “formalized validation of specific knowledge, skills, attitudes and experience related to simulation,” according to SSH Certification Committee chair Sharon Decker, PhD, RN, ANEF, FAAN, Associate Dean for Simulation and Professor, School of Nursing, Covenant Health System Endowed Chair in Simulation and Nursing Education and Executive Director of The F. Marie Hall SimLife Center, Texas Tech University Health Sciences Center.

"Key points that I’d like to emphasize are the value of certification, and the fact that certification is a volunteer process," Decker said. "Obtaining certification allows an individual to validate his or her knowledge base and competence related to the specific area in which they are obtaining the certification, either as an educator or as an operations specialist."

The value of certification is multi-faceted, Decker explained. "It can be personal – 'I have achieved' – or it can be a value in that some workplaces, sim centers, are now expecting their employees to obtain the appropriate certification for their position."

In addition to recognizing those who have already achieved certification, workshops or events will take place during IMSH 2016 to assist individuals whose goal is to become certified in preparing for the CHSE or CHSOS certification exams. And for those who have already applied and have been approved to take a certification exam, several opportunities will occur during IMSH to do so. This year marks the first time the exams are offered onsite during the conference, enhancing convenience for those who have traveled a great distance or from an international location.

Decker said a workshop would also be offered to help those who have achieved CHSE to prepare for the process of attaining the higher recognition of CHSE-A. The advanced certification, instituted by SSH about two years ago, recognizes leaders in healthcare simulation education and requires applicants to submit a portfolio that demonstrates their professional expertise in the field. While the initial certification exams focus on the healthcare simulation professional’s knowledge, Decker said, "The portfolio requires them to demonstrate that knowledge." Recognizing that it is not an easy process, she added, "To demonstrate and achieve that advanced certification requires some commitment to pull the documentation together. So one of the workshops this year is to help individuals, literally to sit down with them, and help them start developing their portfolios."

Summarizing her message to IMSH 2016 attendees regarding certification, Decker stressed the pride and respect certification conveys. "We’re proud of the individuals that have completed the certification process," she said. "It is a huge achievement."

For additional information about certification, stop by SSH Central at IMSH 2016 or contact coordinator@simcertification.com.

Certification Exam Prep Workshops
The following CHSE and CHSOS exam prep workshops will be held throughout 2016:

- Feb 15  Tampa, FL (in conjunction with HPSN)
- Mar 10  Orlando, FL
- Mar 17  London, England (CHSE only)
- Apr 23  Springfield, VA
- May 21  Los Angeles, CA
- Jul 23  Greenville, SC
- Sep 24  Philadelphia, PA
- Oct 29  Livingston, NJ

Register online at ssih.org under the "Events" section.

Certification by the Numbers

At Sunday’s Opening Plenary Session, Certification Committee chair Sharon Decker briefly spoke about certification to the packed house, asking those in attendance who are certified to stand and be recognized to hearty ovations from the audience.

Decker cited current certification numbers: 677 individuals representing 19 countries have achieved CHSE; 18 have completed CHSE-A from three countries; and representing six countries, 63 have attained CHSOS.

"I am very pleased and very honored to recognize every one of those individuals," Decker said, concluding with a message of encouragement for increasing certification numbers. "I’d like to challenge more of you," she said. "Let’s move forward."
Babies Abound At IMSH 2016

EVEN THE MOST CURSORY trip around the IMSH 2016 exhibit hall left visitors with the feeling that “babies” are one of “the next big things” in medical simulation. A quick representative hall sampling revealed a busy nursery’s worth of simulators designed to enhance both general and specialized medical education and improve the overall safety for the youngest patients.

Holland-based Medical-X, for example, used the IMSH 2016 venue to highlight its NENA-Sim simulator for neonatal training. Asserting that the simulator is “the most realistic baby simulator at the moment,” a company production engineer said that the supporting software package allowed creation of a wide range of customized scenarios, with constant monitoring of breathing movements, eyelids, and heart rates in limbs and fontanelle. They added that the product has been available for approximately 18 months.

Although glimpsed in prototype form at IMSH 2015, one baby simulator making its first “official” IMSH appearance is Newborn Tory from Gaumard Scientific. According to Jonathan Cabral, vice president of sales and marketing for Gaumard, “Newborn Tory is really ‘best in class’ when it comes to newborn simulators. You should notice and compare to other simulators – even some of our own older models – there’s a much more lifelike silicone skin. We also put in a new endoskeleton, so you have much more lifelike articulation of the joints.”

“You’ll notice there are no cords,” he added. “We pioneered the wireless and tetherless, and so we can practice things like care in motion.”

“This high fidelity newborn manikin is really ‘best in class’ for several reasons,” he summarized. “In terms of the realism, what Tory can do is going to be helpful with respect to clinical assessment. With team skills you can do integration work and research...Really there is no other manikin on the market that can compare with Newborn Tory.”

Japan’s Koken Company Limited used their IMSH exhibit to spotlight their baby care skills trainer for nurses or midwives. Junko Iesaki, general manager of international marketing and sales, highlighted the size, weight and feel of the Koken baby series, offering, “You can feel that it’s very, very realistic. That’s the greatest advantage of the product.” She noted that the company has some sales in the U.S. and hopes to expand in that market in the future.

Laerdal focused some of the IMSH spotlight on their new product, Premature Anne. According to Jeanette Zaichkin, RN, MN, NNP-BC, “Anne” represents a 25 week, 750 gram newborn that was developed by Laerdal in cooperation with the American Academy of Pediatrics for use in the neonatal resuscitation program (NRP).

There are two different models: a task trainer and a simulator. The design focuses on newborn resuscitation during approximately the first 10 minutes of life. The task trainer model allows manual resuscitation, while the electronic simulator model would show critical information on a monitor.

Zaichkin, who has also served as a consultant for the NRP Steering Committee since 1998, said that the new design “fills the resuscitation gap between ‘SimNewB,’ which is a full term newborn, and a tiny baby. We’re supposed to be able to suspend our disbelief during simulation, but it was a little difficult for people to pretend that 8½ pound baby was actually ‘a 25-weeker.’ So we asked for a tiny baby and about three years ago they started development on this design.”

Although the task trainer was first unveiled in November 2015, it will not be ready for “off the shelf” orders until February or March 2016, with the simulator version ready approximately one month later.

CALL FOR PAPERS
Special section on Medical M&S in SIMULATION

The medical M&S field is continuously evolving and by its nature, the research is diverse and interdisciplinary. This creates a challenge for authors seeking a venue to publish research contributions that advance both fields.

To address this need, we are instituting a special section in SIMULATION dedicated to original contributions to medical Modeling & Simulation. Authors are invited to submit original research papers that leverage modeling and simulation principles to address challenging problems in any medical field. Submitted papers will be subject to the same rigorous peer-review process utilized for SIMULATION, and those accepted will be published in the special section of the journal which appears in each issue.

Submit Papers Online at http://mc.manuscriptcentral.com/simulation
(Make a note to the editor that the paper should be considered for the special section).

For further information on submission, please see the Society of Modeling and Simulation website at www.scs.org.
Planning Committee Seeks Input for IMSH 2017

AS IMSH 2016 CONTINUES TO BUSTLE, inspiring participants to discover, share and lead at the San Diego event and throughout the year, the Planning Committee co-chairs for IMSH 2017 are already actively focused on gathering input for next year’s meeting in Orlando, Jan. 28 to Feb. 1.

The trio of co-chairs has prioritized conducting an informal needs assessment and interviewing participants in San Diego to ascertain what they would like to get out of next year’s conference, according to co-chair Jesika S. Gavilanes, MA, Operations Director, Oregon Health and Science University Simulation Center. She pointed out that this type of needs assessment has not been done before.

“We want to model best practices with curricular development, so it’s important for us to hear from our learners what they want,” said Gavilanes, noting that the theme for IMSH 2017 will be determined early in 2016 based on that input. “We have a whole list of ideas, but don’t want to assume we know what everyone else is thinking and wanting in their future practice.”

“We’re open to suggestions, so we’re letting people know to voice their thoughts on what they’d like to see,” she stressed.

Planning Committee co-chair John M. O’Donnell, CRNA, DrPh, Professor and Chair, Department of Nurse Anesthesia, University of Pittsburgh, also emphasized their shared belief that the meeting should be “learner-centric.”

“The overall goal of our simulation is to be patient-centric and make sure that our simulations meet the needs of patients,” he said, “and in much the same way, we believe that our big simulation meeting should be designed to meet the needs of the educators who are leading that pathway.”

O’Donnell said, “We want the participants to know that they should be, this year, telling us what they want next year so that we can tailor the meeting to the needs of the members.”

For IMSH 2017, in addition to “embracing the whole community of simulation educators,” O’Donnell said the focus would include “evidence for the value of simulation, both the impact on patients and systems as well as the impact relative to what best practices give us the best results.” Additionally, he anticipates highlighting innovative technologies and new studies demonstrating the value of simulation. “We want to make sure that we’re flexible and that those technologies and new studies are present at the meeting, so that we remain very cutting-edge,” he said.

Co-chair Ignacio del Moral, MD, PhD, Executive Director at Hospital virtual Valdecilla in Santander, Spain, envisions IMSH 2017 as “an incredible learning experience for each of the participants at the meeting, that inspires them to go beyond.”

“I love working with Jesika and John to serve the SSH and find new ways to design a wonderful event,” added del Moral. “My goal is to understand the needs of the community to design a program that helps us to grow and innovate.”

Gavilanes described the IMSH 2017 Planning Committee as “international, collaborative and fun.” Her message to this year’s attendees about next year’s meeting is, “They’re really not going to want to miss it! It’s going to be amazing!”
Polish Society of Medical Simulation

One of the dynamic SSH affiliates with increasingly global reach is the Polish Society of Medical Simulation.

According to Michael Czekajlo, MD, PhD, the society got its start three or four years ago, while his own involvement stemmed from his position on the United States Department of State Fulbright Scholar Program. From September 2010 to June 2011, he was a lecturer under that program addressing medical simulation in education.

He describes the genesis of the Polish Society of Medical Simulation as a confluence of events, including his Fulbright lectures and increasing interest in medical simulation by the Polish Ministry of Health. In the latter case, that interest was further stimulated by Poland’s receipt of 65 million Euros to develop medical simulation for the country’s 12 medical universities.

Then we kind of founded the society,” he explained, acknowledging that he was elected the society’s first president.

Although early development of the society was fairly slow, Czekajlo noted that the pace has accelerated over the past three years, offering, “We’ve had a few different meetings and work groups but now that the money’s coming out there could be a lot more equipment and a lot more training needs. So I’m working on creating a national curriculum in Poland as well as doing a few other things.”

“The different universities have different amounts of money,” he added.

“But in the next year I’d guess that we’re going to be spending about $50 million [US dollars] for equipment and another $25 million in training and software and that kind of stuff.”

Asked about the biggest challenges faced to date, Czekajlo thought for a moment before observing, “I think one of the biggest challenges was just getting everybody on the same page. Because this is new, so it’s not like we’re dealing with things like work processes where everybody has familiarity.”

Another challenge involved the simulation equipment itself, where Czekajlo said that an appreciation had to be developed not just for the simulator itself but perhaps more importantly for putting the proper curriculum around that simulator.

And then there were the challenges of what Czekajlo termed “default
thinking” stemming from the “old Communist / Socialist system.” He offered the example of a national meeting about three years ago where “the people from Warsaw Medical University came up with a budget which was probably about the total annual simulation budget for the United States.”

“With something new, most people couldn’t put their hands around how to incorporate this into the existing system and not have a whole bunch of other personnel,” he said. “I told them that they had to have a core faculty but then they had to incorporate the simulation into the existing curriculum time. They didn’t have to necessarily add lots of additional hours, which was going to mean more faculty and everything. So the big challenge was, and it still is, how to incorporate this.”

He said that other challenges included ongoing Polish healthcare reforms, with resulting impacts on residency training, medical student education and even hospital privatization.

Returning to the 65 million Euros that Poland is receiving from the European Union for simulation education, Czekajlo said that it would translate to a level of expertise that is present nowhere else in Europe other than the United Kingdom, “where they have been doing stuff with simulation for years.”

“I told them in Poland, ‘You have a real opportunity here to be at the front lines of modeling and simulation in Europe, because it is extremely strong in Poland,’” he said.

Czekajlo’s perspective is also molded, in part, by his position on an intergovernmental body called PLUS-IP, the US – Poland Innovation Program. The agreement, signed by the US Department of State and the Polish Government, focuses on collaboration in four sectors: healthcare, biotech, military and energy.

“Our last meeting in October put everything in perspective,” he said. “The Polish government put up $100 million for this fund, the US is supposed to put up about $100 million in matching funding this summer. They identified the US and Polish fund managers at the meeting in October, so that’s moving. And they’re really looking to push things that will move innovation.”

As one example of innovation, he pointed to surgeon Maria Siemonow, who led the team that performed the first near total face transplant in the United States.

“That was about three years ago while she was still at Cleveland Clinic,” he said. “Since then she’s moved to Chicago. And she’s actually setting up a biotech lab to do regenerative medicine in Poland. The model she’s using is that she’s going to ‘offshore’ some of the high tech stuff, because they can get it done in Poland and get it done cheaper.”

Czekajlo said that he characterizes the 65 million Euros as “a great start” to his Polish medical simulation associates.

“This money is specifically designated for medical simulation for undergraduate medical education,” he explained. “That’s great. And it gives you a certain level of expertise. But why not take that and expand? I just presented a proposal this week that in five years Poland will be the EU leader in modeling and simulation in healthcare. And I’m not talking just manikins and simulators.”

“This is where we need to be talking on this Polish/American relationship,” he continued. “It’s about investing time and energy into and creating the next set of simulators to train on. But modeling and simulation also means modeling the next disaster and response. It’s modeling things in a hospital like practices and processes. So my vision would be to create a national modeling and simulation healthcare center in Poland that does the education piece and does the piece for credentialing; because simulation allows you to do an objective assessment so we get better providers, which by default should improve quality and improve patient safety.”

And Czekajlo doesn’t limit the vision to the Polish market but rather includes the entire European market, much of Asia, and a large slice of Southwest Asia.

“All 12 medical universities in Poland teach in English and Polish,” he said. They all cater to Europe and Asia. I’m on the faculty in Lublin since April. That’s in southeast Poland, close to Ukraine. And they have an agreement with the UAE; with Saudi Arabia; with Vietnam and with China, specifically with a Chinese university that’s the top one for ophthalmology.”

Pointing to the growing numbers of international students resulting from these agreements, he added, “Say you have the Vietnamese students or the Saudi students come. They’re going to get medical simulation in Poland now when it’s set up. That is definitely going to spark their interest. That’s their alma mater. They’re going to go back home and they’ll want to do medical simulation at home. They will not want to do it the old way anymore.”

“I tell them that they are creating a network,” he continued. “I say, ‘Look, you have people from 28 or 29 different nationalities coming here as students. And when they leave in several years they’re going to be in the prime of their career. If you give them a good show now, they’re going to want to work with you for the next 15 years, and you’re going to consult, send educators there to teach, and do business with them.”

In his takeaway messages for IMSH attendees, Czekajlo began by expressing his strongly held belief that simulation is part of a larger scope of education. He went on to assert that America’s leadership in simulation has led many to look at medical simulation “through the American prism of things.”

“Some people overlook or forget that healthcare systems are part of a larger cultural dynamic,” he said. “Though the medicine may be the same – doing a CT or doing a procedure might be almost the same process between here, Beijing, Berlin and somewhere in Venezuela – the payment systems are different and the expectations of people are different. So that’s going to affect how simulation is taught and utilized as well. I think that has been missed and not sufficiently addressed. But you really have to look at this from a larger 30,000 foot view, which hasn’t been very often in the past. I think we may be getting there. But I don’t think it’s been done much up until this point.”
DURANTE ESTE AÑO PASADO, la Simulación en España ha descubierto nuevas áreas de crecimiento. Cada vez más especialidades clínicas están incorporando el entrenamiento de los profesionales mediante Simulación Clínica. Así, no es raro encontrar talleres de trabajo basados en Simulación Clínica en Congresos Científicos de especialidades como Cardiología, Obstetricia y Ginecología, Radiología o Medicina de Urgencia. Otro área de descubrimiento es el entrenamiento inter-profesional de equipos clínicos mediante Simulación. Piense que los profesionales que nos dedicamos a la Simulación Clínica compartimos nuestras experiencias en numerosos foros y actividades, lo que está despertando el interés de muchos en la Simulación Clínica como herramienta para generar cambio. Compartimos experiencias y también compartimos valores, un sueño de mejorar la Seguridad del Paciente a través del entrenamiento de los profesionales, y una ilusión, la de que ningún paciente sufra un daño evitable. Un foro que lidera este movimiento es la Sociedad Española de Simulación Clínica y Seguridad del Paciente, que a través de estos años va marcando un camino y dejando una huella por la que guiar a los profesionales interesados en la Simulación. El liderazgo y la determinación de cada uno de sus miembros está facilitando la implementación de programas basados en Simulación. Las Universidades, como inicio de este cambio, están invirtiendo en talento y transformando el currículum para generar espacios para la práctica y para la reflexión de los estudiantes. Piense que cada día somos más conscientes de la necesidad de generar espacios para que los participantes en nuestras actividades reflexionen sobre cómo tomamos decisiones y cómo nos relacionamos con los miembros del equipo clínico con los que necesitamos trabajar. Este enfoque estructurado y sistemático está dejando una huella, está creando un impacto que anima a muchos a incorporar nuevos métodos de entrenamiento que facilitan la seguridad del paciente y del profesional.

Por todo esto, piense que es un momento para celebrar, la Simulación crece y lo hace de manera estructurada, estoy seguro que esto nos traerá resultados y mejoras en nuestra asistencia diaria. Feliz congreso IMSH a cada uno!!

—Ignacio del Moral, MD, PhD
Executive Director at Hospital virtual Valdecilla
IMSH’17 Executive Planning Committee Member

SIMnext Partners with Limbs & Things

SIMnext, LLC, a medical simulation research and development company based in Peoria, Ill., has introduced its new training tool, the DR Doppler Dynamic Ultrasonography Training System (DR Doppler). Formally introduced last week at the MATTER health care incubator in the Merchandise Mart in Chicago, the product is on display at the SIMnext booth (#728) at IMSH 2016.

SIMnext has partnered with Limbs & Things, Inc., headquartered in Bristol, United Kingdom, to distribute DR Doppler.

Company representatives call DR Doppler the industry’s first dynamic ultrasound training solution replicating irregular blood flow and velocity patterns based on real human data through a series of customized, application (app) driven training modules and the supporting anatomies. Unlike static anatomic phantoms, computer based training (CBT) and virtual reality products, DR Doppler provides clinicians with nuanced simulations of pathological blood flow that they very often do not have the opportunity to witness during their training outside of actual patient encounters.

They describe the DR Doppler system as driven by SIMnext’s patented waveform emulator, which houses a proprietary system that communicates via wireless communications to access specific training modules available through the DR Doppler app. The wireless communications also eliminate the need for additional hardware, allowing all software updates to be done directly through the waveform emulator.

The system pumps SIMnext’s proprietary DR Doppler blood mimicking fluid (BMF) to simulate blood flow associated with the desired pathology being taught in the training module to a growing line of anatomies that are compatible with any existing diagnostic ultrasound equipment.

“The DR Doppler system offers several advantages for clinicians and students,” said Thomas J Cusack, MD, FACR, Clinical Professor of Radiology at the University of Illinois College of Medicine at Peoria, who led the development of the curriculum that supports the training modules. “It is fully customizable to create real time healthcare situations using actual patient data and existing ultrasound equipment. This approach creates the most effective simulated teaching environment for developing the muscle memory necessary for gaining competency in ultrasound use.”

SIMnext representatives maintain that the global sales and distribution partnership with Limbs & Things is an important step in SIMnext’s strategic vision to pursue, discover, and implement leading-edge technologies and designs that will actively affect how training and simulation are used to improve patient outcomes and add to the overall wellness of the healthcare industry.

“We are very excited to be working with the Limbs & Things team on the launch of DR Doppler,” said Paul Pribaz, Executive Director of SIMnext. “By partnering with them, we will be able to make an immediate impact through their global marketing and sales network.”
Exceptional Training Makes all the Difference

Premature Anne™

Preterm infants present unique challenges and greater risks than full-term babies as they transition to extrauterine life that demands well-trained birth attendants.

Premature Anne™ is a realistically proportioned 25-week preterm infant manikin developed in collaboration with the American Academy of Pediatrics to meet specific neonatal resuscitation program (NRP) training requirements that help ensure better patient outcomes for these tiniest of babies.

Stop by Laerdal booth #1004 to learn about our programs and products that contribute to the health and well-being of newborns, infants, and children around the world.

laerdal.com
More than half of the patients admitted to hospitals each year are female.

We’re bringing to life a female simulator that prepares your students to treat them.

You asked. We listened. Meet Athena – CAE Healthcare’s new Female Patient Simulator.

Athena is the most sophisticated female patient simulator available today, with exceptional fidelity, aesthetics and functionality. Athena adds realism to your Simulated Clinical Experiences (SCEs) while enhancing experiential learning in the assessment and treatment of a female patient.

Visit caeathena.com to learn more about augmenting your simulation program today.