September 2018: Profiles in Simulation

A Q&A with Teresa Roman-Micek, Program Coordinator for InterCEPT, in the Interventional Platform at Stanford Health Care

1. **What is InterCEPT and what does it do?**

InterCEPT is an in situ interprofessional education (IPE) program using translational simulation to examine teamwork, communication, and systems in the Interventional Platform—operating room, cath-angio lab, endoscopy, outpatient surgery center. Our work is co-led by Dr. Jim Lau (Surgery) and Sarah Hirx MSN (Mgr Interventional Platform Education) under a grant from The RISK Authority Stanford. The InterCEPT Team, developing targets for T3 translational outcomes, includes Drs. Fanning, Goldhaber-Fiebert, and Austin (Anesthesia), surgical education fellows and med students.

Our bi-weekly simulation cases are based on adverse events identified by The RISK Authority Stanford. IPE teams may be composed of attending physicians, residents, med students, nurses, scrub and anesthesia techs, operating room assistants and others, depending on the location of the surgical procedure. Participants are pre-briefed regarding the simulation ground rules and debriefed with TeamSTEPPS/Crisis Resource Management (CRM).

2. **How did you first become involved with simulation?**

Dr. Lou Halamek and Kim Yaeger RN invited me to support their work at the Center for Pediatric and Perinatal Education (CAPE) based on my experience in the School of Education. CAPE introduced me to simulation in the Neonatal Resuscitation Program (NRP) demonstrating the value of teamwork and human factors in a high-consequence industry. And since it is all about mentors—my foundation in simulation was built and continues to be reinforced by Drs. Gaba, Howard, and Susan Eller MSN at the Ctr. for Immersive and Simulation-Based Learning (CISL).

3. **What are you most passionate about in simulation?**

I am convinced of the efficacy of this methodology when I see the engagement of the participants in this immersive learning experience. Simulation engenders a physiological response—whether positive or negative—which makes it memorable. I believe that learners benefit from an education that uses multiple methods to present new concepts/skills including reading, writing, observation, peer coaching, serious games, deliberate practice, 1:1 feedback and verification of proficiency.
4. What is your involvement with SSH and what do you value most about the society?

IMSH is now a “WILL NOT MISS” event in my life!

My initial experience with IMSH was as a vendor speaking to the CAPE Simulation Instructor Program. During the breaks I would run to a workshop or a panel to get a glimpse of the pioneers who were building the methodology on the platform of patient safety. And I have now run the gamut—participating in poster presentations and workshops, demonstrating innovations, organizing workshops, hosting a mentee, attending the first SimOps conference and presenting at a SimOps pre-con.

5. Any other thoughts?

Perhaps I am blessed with an abundance of energy—but it has been fueled by my mentors. As a simulationist, the term proffered by David Gaba, MD, I have three disciplines that provide the foundation of my work—education, health care, and technology. Simulation is the tool that allows me to support the health care professionals that inspire me.

The doctors and nurses that I stand beside start every simulation program with a cardiovascular workout. They run from the NICU, the OR, the ED, the Med floor, L&D, the ICU, the CVICU, and the PICU—and they carry the same care for their patients to the med students, residents, fellows and attendings that they teach.

The knowledge that I gain from working with these varied practitioners enables me to also share my perspectives with them—as they don’t have much time to explore the educational practices being developed in other specialties—and I embrace my role!