If there is a particular moment in time when simulation in healthcare began to achieve the recognition that it deserves as a specialized field and profession, Gerry Moses believes it was when the report “To Err is Human” was published by the Institute of Medicine in November 1999.

The well-known report focused the healthcare community on medical errors, as it found that upwards of 100,000 people died every year as a result of preventable medical errors.

“Everyone knew that something needed to be done,” Moses said. At the time, he was the Director of the Clinical Applications Division of the U.S. Army Medical Research and Materiel Command, Telemedicine and Advanced Technology Research Center in Fort Detrick, Maryland. “Medicine had awakened to the importance of simulation.”

And so had Moses. After developing a portfolio of managed research on simulation training for the Army, Moses would become the director of the MASTRI Center (Maryland Advanced Simulation, Training, Research and Innovation) at the University of Maryland Medical System in Baltimore.

The center started in an empty wing of the hospital in 2006 and grew under his leadership into a respected and accredited facility with a surgery skills lab and combat support simulation lab, developed with the U.S. Air Force.

Moses is today the director of development for SimCore Technologies. He has long been actively involved with SSH and has tracked its growth from the first meeting of about 80 people hosted by a hospital in Florida in the early 2000’s. He says that as the field as grown, we have all benefited from advances in patient safety that have been made through simulation training.

“Simulation is being required as part of medical training and medical evaluation of competence,” he said. “In some respects it is further along than anyone could have imagined 10 years ago. We have the capability of replicating medical challenges – how to enter the heart, for example - through simulation.”
“One would have to look back in time and say thank goodness I live in this age. I would not have wanted my gallbladder taken out in 1999. Improvements in patient safety and better clinical outcomes can be traced to the advent of medical simulation training.”