

Regional ASA Workshop on Human Simulation – A Consideration of Feasibility

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Introduction

The increasing role of simulation for “human factors” training in medical education and its role in aiding self-assessment mandate the exposure of more practicing physicians to this tool. The American Society of Anesthesiologists (ASA) requested that we explore the feasibility of planning and implementing an ASA regional workshop on medical simulation to its members; therefore, we surveyed participants at the 4th Annual International Meeting on Medical Simulation held in conjunction with the Society for Technology in Anesthesia 2004 meeting. The potential goals of such a course for both its participants and host simulation centers were explored.

Methods

A survey (“Workshop on Standardized Simulation Curriculum,” Drs. Michael A. Olympio and Sarah E. Gillespie) was distributed to all participants at the 4th Annual IMMS/STA meeting on January 17, 2004. The respondents had either active simulation experience or interest. Nine written responses from various academic centers in the U.S., Canada, Australia, and Europe were completed and returned initially, followed by three more later. The questionnaire included 43 questions covering course objectives, concrete planning issues, course personnel issues, equipment needed, potential course curriculum, scenarios to include, course syllabus, and course scoring. Opportunity was given to list additional questions and comments that should be considered during planning of the course. A one-hour workshop was also conducted at the meeting with 27 academic anesthesiologists from the U.S., Canada, Europe, and Australia. The workshop involved 1) discussion of survey questions, including the written responses that had already been received; 2) description of similar programs from Center Directors that have a curriculum in place; 3) assimilation of opinions, especially comparisons between American and International participants regarding course standardization and mandates; and 4) center-specific observations and practices noted.

Results

There was generally a positive and enthusiastic response about the ASA developing and offering such a course to ASA members. The following is a summary of group recommendations: 1) ASA developing a one-day course with four to ten participants per course, two or three teaching faculty, and one simulator operator, offered at several centers for ASA members and other anesthesia providers; 2) Perception of ultimate ASA goals: introduction to simulation, optimizing patient safety, exploring simulation for certification, teaching crisis resource management, CME alternative/professional growth, learning new techniques and equipment; 3) Curriculum to have a standardized core but include regional center strengths; 4) Scenarios that may include: trauma/massive hemorrhage, difficult airway, malignant hyperthermia, ACLS, equipment/pipeline/power failure, hypoxemia, OB, tension pneumothorax pediatric cases; 5) Cover around three to five scenarios per day; 6) Scenarios to be written by course instructors and certified by an oversight group, reviewed regularly (perhaps yearly) for validity and currency, and editing/approval by the ASA; 7) Participating simulation centers and instructors to also be certified; 8) Compensation: most centers would require a minimum daily net income for the day, ranging from \$3000-\$4000/day with costs split among participants; 9) Faculty compensation: preferred as cash (cost of a clinical day) versus compensatory time.

Discussion

Based on the responses of participants in our workshop at the IMMS and to our survey, it is our recommendation that the ASA pursue the development of a partially standardized regional simulation/human factors training course to ASA members and others. Development issues to be considered are multiple, including degree of standardization, who will design scenarios, oversight and peer review of content, implications of equipment requirements, and probable high cost to participants compared to other one-day courses.