

7th Annual International Meeting on Simulation in Healthcare: Leading to Safer Healthcare, Lake Buena Vista, Florida

The university has had a significant influence in the field of simulation training over the last few years, and has recently inaugurated its state-of-the-art multi-professional healthcare simulation centre with a number of major sponsors. The focus of the centre, originally called Hertfordshire Intensive Care and Emergency Simulation Centre (HICESC), is on providing trainees with a global working experience to prepare them to work as part of a team, uni- or multi-professional, recognising when patients are at risk, managing critical situations, and considering communication and human factor issues. The significance of this facility is that it allows trainees to put into practice safely what they will have learnt during their programme of study, including ethics, infection control, clinical skills and teamwork. The advanced audio/visual installation allows for videoing of sessions for post-experience analysis, hence encouraging and reinforcing reflection.

In January 2007, the Society for Simulation in Healthcare (SSH) organised a highly informative 2.5 day educational conference in the Orlando Disney World Resort, featuring plenary and keynote sessions, workshops, round-table discussions, and research abstracts. Exhibits of technology, software and support services from a range of more than 30 exhibitors were also available for viewing. The conference attracted over 1200 delegates with a keen interest in simulation training, doubling the number of delegates in 2006 and quadrupling the numbers from 2005. Delegates, including medical doctors, nurses, educators, administrators, psychologists, technicians, engineers and many other disciplines, came from 28 different countries.

The committee received 250 abstracts, 63 per cent of which were accepted, highlighting the commitment to improving the quality of the work presented rather than the quantity.

Following the opening remarks from the immediate past president of SSH, Dr Daniel Raemer, and from Dr Willem van Meurs, president of the Society in Europe for Simulation Applied to Medicine (SESAM), the conference chair, Dr Michael Devita, invited Dr Lucian Leape from Harvard School of Public Health to give his keynote lecture entitled 'Patient safety: what have we learned?' This was a very informative lecture reporting facts from the US Institute of Medicine report 'To err is human', highlighting the natural responses to human errors, namely denial, anger, and challenge of facts, and outlining the major adverse outcomes index of several processes such as labour/delivery. As he argued, 'Safety is a lens: it forces us to examine our processes, meeting patients' needs, reveals our fault lines'. He emphasised the importance of teamwork training and implementing safe practice, which is what we are trying to advocate through the adoption of simulation training as part of our final year healthcare undergraduate inter-professional learning module at the University of Hertfordshire. It is through the process of experiential or contextualised learning that we acquire most skills, and the particular advantage of scenario-based simulation learning is that the critical incidents are systematically followed by debriefings to encourage reflection. Most healthcare students benefit from placements, but stretched hospital staffing resources mean that they often observe without always understanding what is happening. Critical events are seldom followed by a team debriefing as there is no protected time for such activity and work has to continue. The advantage of simulation training is that we control the timing of the events or scenarios, and always facilitate a debriefing session where students can discuss their points of

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view, theories and experiences, as well as asking questions.

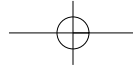
The other conference keynote speaker was Ingrid Philibert, from the US Accreditation Council for Graduate Medical Education, who talked on the impact of simulation on national goals for education and safety research. This highlights the importance simulation is now given, not only as part of the training process, but also for recertification purposes, such as in the aviation industry. It is differentiated from clinical skills training where individual skills are usually practised outside a particular context. Another highlight of the conference was the evening networking reception held in the open air with the surprise appearance of a few Disney characters. This led to many interesting international discussions on learning and teaching practices in healthcare education.

The impressive attendance at the conference resulted in the organisation of several parallel tracks in addition to the general sessions. Among these were round-table discussions chaired by a moderator, during which attendees addressed specific disciplines and areas of interest to the healthcare simulation community (including research, curriculum management, instructor development, and hardware). Following the sessions, the moderators were tasked to prepare a report on the facts and recommendations resulting from these round-table discussions for possible distribution to the simulation community (review to be published in the journal *Simulation in Healthcare* and at www.ssih.org). Other activities included 26 workshops on varied subjects (including multidisciplinary training, obstetrics, communications skills, setting performance standards, journal publication processes, faculty development, setting the stage, setting rules and expectations, disaster and terrorism training, crisis resource management, and standardised patients). The other original

feature of the 2007 conference was two parallel 1.5 day long tracks entitled 'Simulation Centre Operations Track' and 'Nursing Forum', both chaired by a panel and divided into thematic sessions with invited presenters. These sessions allowed for in-depth discussions on issues relating either to simulation centres operations or the use of simulation in nursing training. Both tracks were attended by around 150 delegates and have been repeated in 2008 to address new themes identified by the panel. A widely debated issue was the difficulty of getting established educators and healthcare professionals to undergo pedagogical training to help them become better facilitators of simulation sessions. Eminent subject specialists are rarely the best educators in a simulation context as they often take over the scenario to do bedside teaching.

For the most enthusiastic of us, 7am was the start time for the 'early bird affinity groups' meetings, timetabled every day of the conference to facilitate useful communications, networking and exchange of ideas between attendees in similar clinical areas. The conference was also preceded by a fully subscribed half-day 'Postgraduate Course on Simulation Center Development' to address the primary business, design and organisational issues of a new simulation centre. This was particularly appropriate for people new to simulation so they could gain some background knowledge before the conference.

The whole event ran very smoothly and focused on improving the trainees' learning experience to lead to safer healthcare practice. Participants were able to further their understanding of the use of simulation for education and assessment of healthcare professionals, discuss development of simulation training scenarios, learn about new training technologies, and review current research in the field. Being a co-chair of the 'Simulation Centre Operations Track', I missed



many other interesting sessions, but I am already looking forward to the next IMSH on the theme of 'Fostering excellence through innovation and collaboration', January 10–14 2009, at Lake Buena Vista, Florida.

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