# Progress on the Development of an ASA-Sponsored National Anesthesiology Simulation CME Program

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*ASA Committee on Outreach Education,[1] Workgroup on Simulation Education[2]*

## Abstract

**Introduction.** The American Society of Anesthesiologists (ASA) organized the Workgroup on Simulation Education under the Committee on Outreach Education, to determine interest, feasibility, and methods of developing an ASA-sponsored national (and perhaps standardized) anesthesiology simulation CME program. **Methods.** The Workgroup (Dr's. Olympio (Chair), Barach, Bateman, Cole, Cooper, Gaba, Gravlee, Levine, Loyd, Quinlan, Ruskin, Schaefer, Steadman, Seropian, Sinz, Taekman, Torsher, Weinger, Wilks, and Janice Plack) conducted 12 conference calls and 2 meetings. Eight Goals were established to 1) create a web-based listing of simulation opportunities, 2) determine ASA-member interest in simulation and consider standardized course development, 3&4) develop an ASA process for approving high quality programs and instructors, 5) develop promotional schemes, 6) investigate provision of CME and measurement of outcomes, 7) develop a business plan, and 8) determine capability of centers to participate. Internet research and marketing, mass mailings, and administrative meetings were conducted.

**Results.** Known anesthesia simulation entities were identified and subsequently invited to participate in the newly developed ASA website registry (via www.asahq.org), which provides a searchable database of leadership, affiliation, URL, program description, equipment, resources, courses and availability of CME. Similarly, company names and types of equipment offered were listed for manufacturers. All anesthesia simulation entities are encouraged to participate. Additionally, centers were asked to complete an "ASA Survey of Simulation Centers", and asked to participate in a promotional "Simulation Saturday" on March 11, 2006. The survey probed for their interest in participating in the ASA CME project, length, time, and type of courses they offer, and numbers of instructors, participants, experience, and physical/administrative attributes of their centers. Response frequency is low at this time. Subsequently, a letter and "ASA Member Poll on Simulation CME" was mass-mailed to all active ASA members, generating over 1100 responses. Preliminary interpretation reveals only 22% had participated in simulation CME, (of which 94% indicated a positive experience). Of all respondents, 81% were interested in future simulation CME, with 60% favoring common events, 89% for rare events, 63% for teamwork skills, 81% for crisis resource management training, 53% for FOB but 79% for invasive airway management, 55% for TEE, 72% for regional anesthesia, 68% for ultrasound-guided CVC, 49% for multidisciplinary, 51% for videotaping, 71% for formal assessment. The highest percentage (83%) wanted local training. Only 2% said they were uncomfortable with, or not interested in simulation. "Simulation Expo", a live and dramatic video conference of an anesthesia crisis, was approved for ASA 2006. Extensive deliberations continue to focus upon methods for the ASA to promote and approve an enlarging subset of high-quality participating simulation centers and instructors.

**Discussion.** Results to date indicate that ASA-sponsored simulation education in anesthesiology is highly desired by its membership and enthusiastically supported by the ASA and its Workgroup. Further advertising and development among simulation centers is necessary to expand a high quality learning opportunity for ASA members.

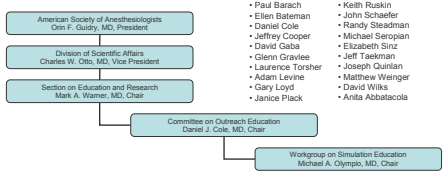
## Goal

To advance simulation education, and ultimately patient safety, through the outreach and CME missions of the ASA.

## Objectives

1. To determine and advertise current simulation educational offerings
2. To determine the curricula in simulation that would best serve the needs of ASA members
3. To develop a method for the ASA to endorse or credential simulation programs that participate in the ASA-sponsored CME project
4. To determine the qualifications of an ASA-sponsored simulation instructor and to develop a method for the ASA to credential and monitor instructors of ASA-sponsored courses
5. To promote and develop guidance on advertising, registration materials, and financial arrangements
6. To decide how best to award CME credits and whether or not to measure participant performance
7. To develop a legitimate long-term business plan for the project
8. To actively solicit the input of existing simulation centers on their willingness and ability to participate in such a program

## Structure of the ASA Workgroup on Simulation Education



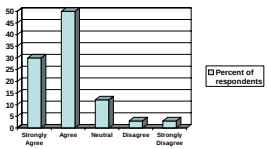

- Paul Barach
- Ellen Bateman
- Daniel Cole
- Jeffrey Cooper
- David Gaba
- Glenn Gravlee
- Laurence Torsher
- Adam Levine
- Gary Loyd
- Janice Plack
- Keith Ruskin
- John Schaefer
- Randy Steadman
- Michael Seropian
- Elizabeth Sinz
- Jeff Taekman
- Joseph Quinlan
- Matthew Weinger
- David Wilks
- Anita Abbatacola




## 1,350 Respondents to the ASA Member Poll on Simulation

- Only 23% had previous participation in simulation-CME
- Of which 76% felt it was a positive experience
- 77% felt simulation offered benefits over lecture-based CME
- Only 9% said they were uncomfortable or not interested in this type of learning
- Whereas only 51% would be persuaded to attend if video-taping were conducted, 71% would be persuaded by formal assessment of their performance and 67% did not care if others saw them practice
- 89% would be persuaded to attend if located in a convenient location, while 83% said they would attend a course at their own hospital, and 72% at an academic center

## An overwhelming number of respondents were interested in participating in simulation-based CME




## Percent of respondents who felt that simulation-CME would enhance their skills:

60%: in management of common events
89%: for infrequent, difficult events
79%: for crisis resource management

## Percent of respondents that would seek training in the following skills:

77%: alternative or surgical airway skill
54%: transesophageal echo
71%: regional anesthesia
69%: ultrasound-guided CVC placement
(*Many respondents wrote-in various ultrasound techniques)

ASA Workgroup on Simulation Education

**White Paper on the Criteria and Process for ASA Approval of Simulation Programs**

This document will address the criteria for the ASA Approval of Simulation Programs and Credentialing of Simulation Instructors. The Workgroup on Simulation Education presents this directive to ASA executive leadership to establish a formal process of revision and approval by members and leadership of the ASA. A firm directive on whether or not the Society would wish to pursue this path of approval of centers and credentialing of instructors should be delivered to the Workgroup as soon as possible so that it might continue to deliberate these recommendations for the process. Note that this document (Section XII) recommends the establishment and naming of 4 new panels to review and approve simulation programs, and to credential instructors. Our Workgroup recommends the expedited formation of these panels to continue the process in preparation for subsequent project approval by the House of Delegates in October 2006.

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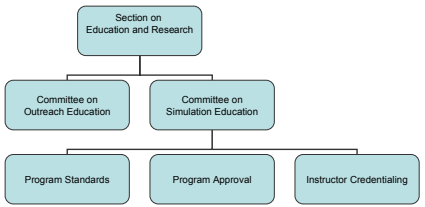
## Draft recommendations on structure of ASA program approval process




**Contents of the Draft White Paper on ASA-Approval of Simulation Centers**

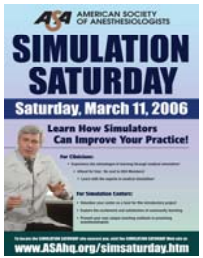
| Purpose | Benefits | Criteria | Options |
|---|---|---|---|
| Initial Standards | Evaluation of Standards | Approval | Recourse |
| Fees | Implications | Process | Risks |
| Examples | Application | | |

**Suggested Portfolio for Instructor Credentialing Process**

1. **Demographics**
2. **Evidence of in-depth experiences utilizing simulation to teach learners.** (physicians, physicians in training, nurses, medical students etc.). Examples could include but are not limited to: [These are only meant to be examples to stimulate you to consider your experiences.]
   - Participation in teaching Crisis Resource Management
     Number of courses taught
     Describe your role in teaching the course
   - Participation utilizing mannequin simulation in teaching Anesthesia Residents
     Describe your role in the educational process
     How many hours have you spent at this endeavor
   - Participation utilizing mannequin simulation for instruction in multi-disciplinary settings. An example of a multidisciplinary grouping could be intensive care residents and intensive care nurses.
     Describe your role in the educational process
     How many hours you participated
3. **The educational use of medical simulation often requires the ability to competently debrief a group of learners.** The process is expected to contain in-depth experiences in providing debriefing. Examples may include: [These are only meant to be examples to stimulate you to consider your experiences.]
   - Courses offered within your Simulation Center designed to develop debriefing skills
   - Courses offered nationally or within your medical school or educational facility designed to develop small group teaching skills
   - Regular debriefing experiences associated with mannequin simulation
   - Participation in an apprenticeship process with experienced debriefing instructors-please describe the nature of the apprenticeship process
   - Written evaluations from learners for whom you have run simulation experiences with debriefing
   - Evaluations from other instructors who have either been present during the applicants debriefing exercises or have analyzed videotapes of debriefing sessions.
4. **Documentation of reading or other professional activities have been pursued in order to develop a knowledge base concerning medical simulation, debriefing, communication skills and teamwork or related concepts.** Examples would include: [These are only meant to be examples to stimulate you to consider your experiences.]
   - A list professional meetings or workshops offered at professional meetings where the above concepts are taught.
   - A list of books, papers, websites or other readings used by the applicant to increase knowledge base of the above concepts.
   - Abstracts, papers published or lectures given on topics relevant to the above concepts.
5. **Other educational experiences utilizing medical simulation.** Please use this section to assure that we have knowledge and of all appropriate experiences relevant to this portfolio. Examples would include:
   - Experiences teaching other faculty how to use mannequin simulation in education, training, performance assessment, or research.
   - Experiences where the applicant has served as a mentor to other instructors.
   - Papers published or lectures or courses developed or presented by the applicant on the topic of mannequin based simulation techniques.

**Proposed Criteria for ASA Approval of Simulation Programs**

- Simulation program mission statement
- Educational offerings that meet minimum course criteria
- Quality of curriculum and scenarios
- Frequency and length of course offerings
- Instructor competency
- The ability to offer CME credits
- Process of assessing course effectiveness
- Fiscal viability and governance
- Capacity, location, and facility attributes
- Connectivity to patient safety and quality assurance efforts




## Simulation Expo:

- Goal: To present the ASA Simulation Initiative to the membership and to engage the membership to seek simulation training.

LIVE
Interactive, Video Teleconference
at
ASA 2006; Saturday October 14th

## We Need Your Feedback!

Please respond at:

http://www.asahq.org/simwhitepaper.htm

Your comments on the development of this simulation CME initiative are meaningful and valuable to the ASA.