

Simulation Committee Meeting Minutes

Date: 11/6/19, 5pm-6pm

Attended:

Jennifer Calzada (Sim Center Director) jcalzada@tulane.edu
Kevin Krane (Vice Dean Academic Affairs)
Patrick McGrew (Surgery Clerkship Director)
Olugbenga Akingbola (Pediatrics Critical Care)
Paul Musgrave (Medicine Chief)
Peter Siyahhan Julnes (T4 Representative)
Prisha Patel (T3 Representative)
Hannah Daneshvar (T2 Representative)
Brittany Gerstein (T1 Representative)

Post Simulation Surveys

- High level view of overall simulation post sessions survey results
- Verbatim comments are the best way for curriculums to improve over time
- Specialties that do a lot of sessions do get more feedback.
- Specialties that do assessments in simulation get more feedback
- Critical difference between residents and medical student learners is medical students often are not as well prepared with correct outcome expectations for sessions
- Medical student feedback
 - Interactive sessions that require critical thinking are most appreciated and valuable
 - More pre-work for medical students to give them more context for the procedures
 - Phlebotomy trainers are not as realistic as practicing on each other. This may be a skill that may not always be taught because physicians don't draw blood.
 - Important that learning objectives are accurate and communicated to students in advance.
 - Neurology feedback averages lower due to not all students having enough time to adequately practice both procedures. Have changed their times to be longer, which has helped, and also students can come back on their own for extra practice.
 - Practice and testing time for skills for students on away rotations can be difficult. This solution will always be a case by case basis.
 - Orientation sessions for Surgery are sometimes rushed and students don't get enough instructions on all the skills, similar issue to Neurology.
 - Pediatrics clerkship is not using the Sim Center, lost their simulation champion. Only sessions still happening are Critical Care sessions.

Who is doing what in simulation?

- Handout highlight what different specialties are doing by procedures in simulation. Lists what sessions are currently doing, we have capabilities for far more procedures.
- Top procedural skills in simulation
 - Airway management
 - Line placements
 - Ultrasound skills and u/s guided procedures
- Working on plans to purchase a large supply of u/s pocket probes to allow ultrasound training to be done for groups. Hope to be able to purchase 6-10 probes that work with our existing iPads. Practice can be done on SPs or u/s phantom blocks. Will help eliminate learners standing around watching others practice.
 - Trying to schedule a POCUS grand rounds and faculty train-the-trainer with a contact from Development; a physician at Thomas Jefferson who is a POCUS expert.
 - Medical students in EM are doing u/s at LSU simulation center – FAST exam, coronary u/s, and extremity u/s exams. This is the only u/s training that students get.

- U/S education and training is becoming a necessity at medical schools. It is being utilized by more and more specialties.
- Need to develop our own Tulane u/s education champions and expertise to potentially develop u/s courses that are stand alone.

Open Discussion

- Training for faculty running simulation, we need some specialized train the trainer sessions.
 - Debriefing specifically needs to be better at Tulane. Hard to get more time after simulation sessions are completed. Debriefing needs to be more integrated into the training itself.
 - Residents especially need training as they both receive and give feedback both in simulation and in clinical environment.
 - DASH Debriefing from Harvard is a validated methodology. We can bring a trainer down here.

FUTURE MEETING DATES:

Wednesday, February 5, 2020, 5-6pm

Wednesday, May 6, 2020, 5-6pm