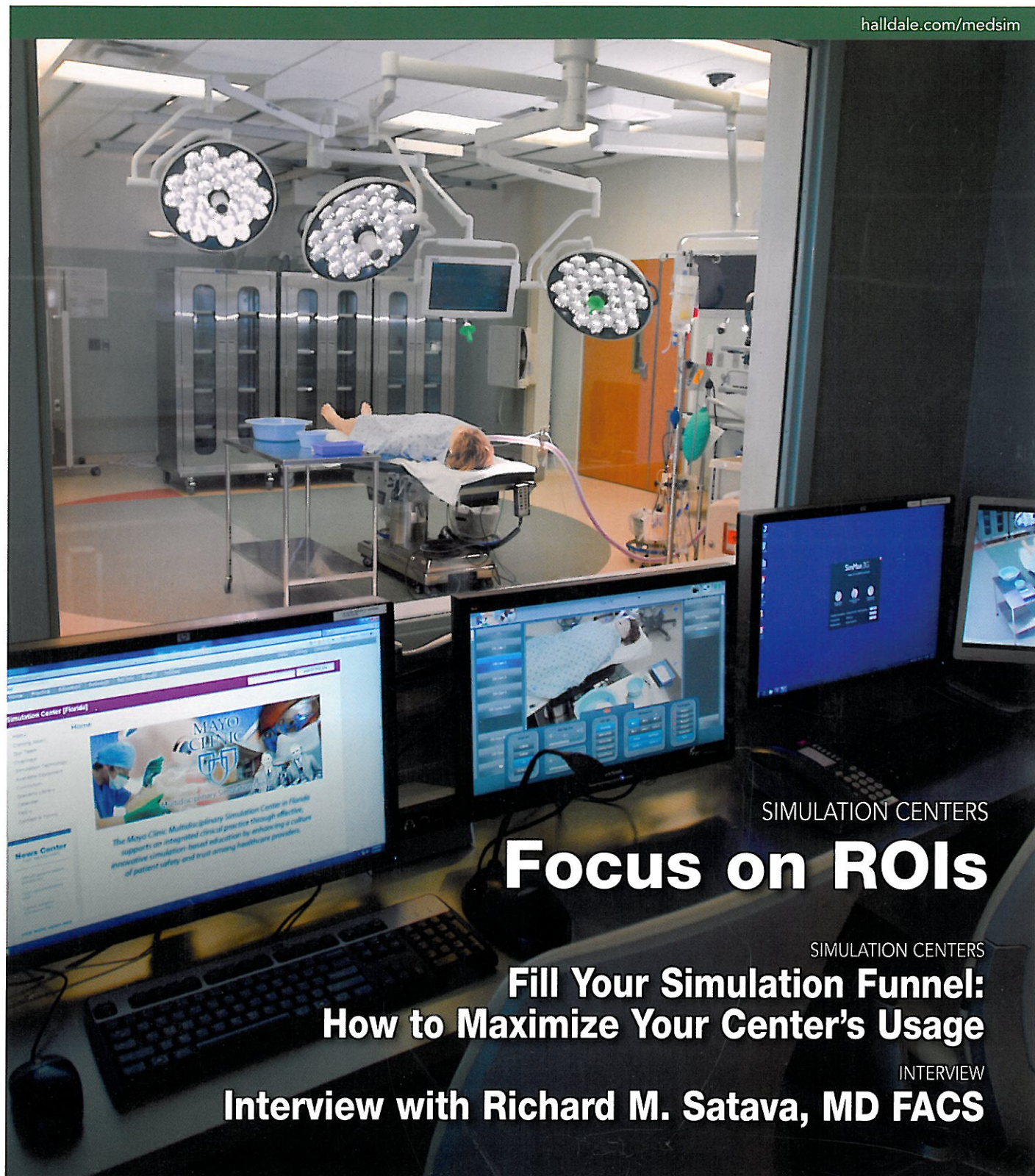


# medsim



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SIMULATION CENTERS

## Focus on ROIs

SIMULATION CENTERS

### Fill Your Simulation Funnel: How to Maximize Your Center's Usage

INTERVIEW

### Interview with Richard M. Satava, MD FACS





## Fill Your Simulation Funnel: How to Maximize Your Center's Usage

Jennifer Calzada, MA, provides insights on medical simulation center management from a corporate sales support perspective.

**Y**our institution has spent a year and millions of dollars planning and building a state-of-the-art medical simulation center. But just because you build it, doesn't necessarily mean people will come. How do you ensure that administration feels they are getting their money's worth and that your center is maximizing usage?

Here at the Tulane University School of Medicine, we borrow strategies from the corporate sales world, which is where I came from prior to becoming the Director for the Tulane Center for Advanced Medical Simulation & Team Training, which officially opened in January 2009. That means we are constantly filling the funnel.

### Filling Your Usage Funnel

So what does that mean? The funnel analogy is common in sales. It demonstrates that sales is a process and you are constantly working with multiple clients at multiple stages of that process. At the top of the funnel are your targets and you should have many of them at once, as not all will become clients. As targets move down through the funnel, they become a more likely prospect to become a client. One way of looking at it is there are four stages – targets, prospects, clients and repeat clients.

The world of simulation training is not unlike this sales process with the same targets, prospects, clients and hopefully repeat clients. Even if your center only works with your institution's internal learners, you will still have people at various levels

of acceptance of simulation as a training method.

Initially when you open, every department at your institution should be a target. You should continually be going through this process – identify a target, sell them on the benefits of medical simulation and turn them into a valid prospect, work with them to create and run their course, and hopefully repeat.

Some will rapidly move to being a client on their own. You will also have some you need to present how simulation can enhance their current method of student education or staff training. Supply them with articles on how simulation training has been done at other centers, and walk them step-by-step through writing a curriculum. If all goes well on their first simulation course, hopefully they'll come back and become a repeat client.

Whether a group is part of your institution or is external and would have to pay a fee, the process should be the same. Target, present, support, execute, and repeat. This is a simplistic view of

Anesthesiology residents work through a critical airway case before debriefing with department faculty and an educator.

All images:  
Tulane Center for Advanced Medical Simulation & Team Training/Bethanie Dardant



usage funnel process to build simulation business in your center.

### Tulane Sim Center, in the Beginning

The Tulane Center for Advanced Medical Simulation & Team Training opened the doors in January 2009. While the opening was slightly ahead of the curve for the rapid rise in simulation activities in medical colleges, simulation was certainly long established at many institutions across the US. That means that there existed many different models of how to run and operate a simulation center.

During the planning phase prior to opening the center and the first year after opening, Tulane faculty and staff visited dozens of centers and attended an equal number of meetings that all had a different example of "here's how we do simulation."

The question we had for ourselves was "what do we want to be when we grow up? How do we want the Tulane Sim Center to be known?" The answer to these questions came from this methodi-



Anesthesiology resident preparing for neonatal airway management.

cal process that relies as much on the corporate business world as it does on education and healthcare.

The first step was to establish a strong leadership team, who could work as a unit, but each member had strengths in their own domain to create a whole and solid team.

The Tulane Sim Center is run by a group of three Directors. Jennifer Calzada, MA, is the main center Director and

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runs day-to-day operations and planning. Jennifer's background is from the corporate world with a 20-year history from the communications and media industries and experience in marketing, research and corporate sales support. While probably seen by some as an unusual hire choice, that sales support mentality would later become important.

Jim Korndorffer, MD, MHPE, FACS, is the Medical Director, as well as Program Director for Surgery and Assistant Dean for GME (Graduate Medical Education). His primary responsibility is for the efficacy of curricula at the Sim Center and supporting faculty in their curriculum creation. Surgery has been one of the specialties on the forefront of utilization of simulation. As former head of the Tulane Minimally Invasive Training Center, he was a natural fit for the Sim Center.

Kevin Krane, MD, is the Director of Team Training, as well as Vice Dean for Academic Affairs and Professor of Medicine. His role and responsibility at the Sim Center is developing the strategy for team training curriculums at Tulane. Dr. Krane has been a TeamSTEPPS Master trainer since 2008 and was instrumental in Tulane becoming one of five national TeamSTEPPS Training Centers for AHRQ's National Implementation Program.

The second step was to determine our mission, to plant our flag in the ground for what the center should accomplish. The Tulane center was established with the mission to develop training to improve the quality and efficacy of healthcare, improve education, reduce medical error to improve patient safety, allow for multidisciplinary research, provide an environment for healthcare development and set a standard for national education, training and certification. Yes, it is bold and audacious and reaches high, as a mission statement should. If it were easy and quickly achieved it would not have been much of a journey to accomplish our mission.

Lastly, and it's what we live day in and day out, is how would we operate? How would we work with faculty? Establish new courses? Train learners? The answer, in short, any way and every way they wanted. And this is where

Tulane departs from some other simulation centers.

From the very beginning we acknowledged that we, the Sim Center, were not the experts. Yes, we are the simulation experts at Tulane, but simulation is not the goal. Simulation is the tool to teach specific content, but simulation is not what learners come to the center to practice. Therefore, the mentality of sales support and service became important. The Sim Center was set up as a service that supported educational and training objectives, primarily for the Tulane School of Medicine, but increasingly more, even for external partners and clients.

### The Simulation Process at Tulane

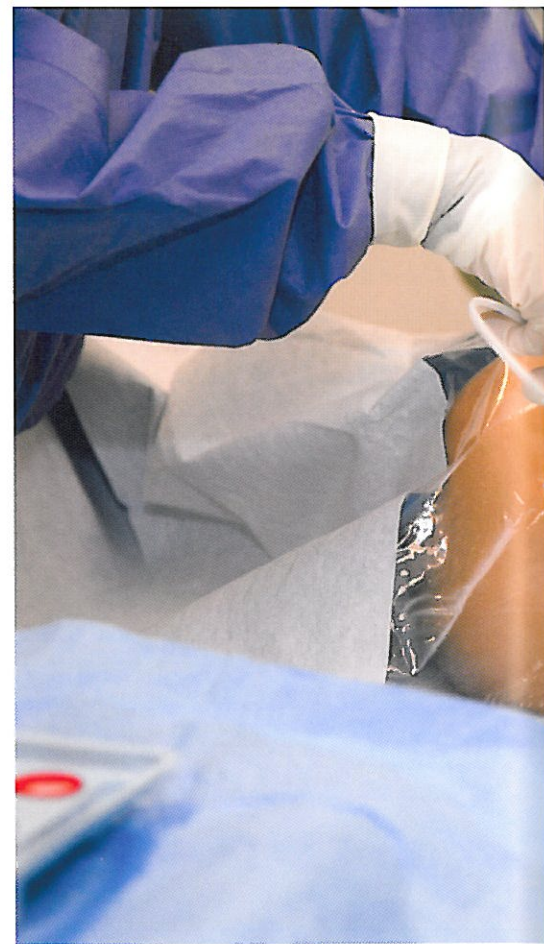
We support Course Directors, from both Tulane and elsewhere, in their goal to achieve learning objectives. We do recommend a clear and proven path for successful attainment of the objectives – including:

- Written curriculum plan;
- Didactic course materials;
- Facilitator and debriefing training for faculty and instructors;
- Familiarity with simulation equipment;
- Advance scheduling of training time;
- Sessions that include didactic, small group simulation and effective debriefing;
- Course evaluations from learners, faculty and simulation staff.

We encourage all these steps, but do not mandate. Our list of simulation activities fit the funnel image, with a larger number doing only a few of these steps and a smaller number accomplishing all steps.

We have found it's better to let a course director take short cuts and fail to meet objectives and help them understand what steps would help overcome gaps, than to mandate every step from the beginning and end up with departments and faculty who simply choose to not use simulation at all. Sometimes failure is the best lesson.

We have always considered ourselves the open source version of simulation. We provide the structure, the support and the tools; you tweak them to work how you want to meet educational



goals. But after four and a half years, how has this manifested itself?

Initially, much of our activity came at the GME level and to this day continues at a steady level. The opportunity, for interns especially, to be able to do repetitive practice for cases that are rarely seen is one of the hallmarks of patient safety. Additionally, it is ideal for interns to have their first encounter with equipment and hospital specific protocols in simulation, rather than in-patient care areas.

Undergraduate medical education and especially the pre-clinical years, has been our biggest growth area in recent years. Based on faculty feedback, we determined that Clerkship Directors felt they were wasting time in simulation teaching procedures that they felt were too basic, but couldn't be skipped. Therefore, in the last two years, we have worked with faculty to push the acquisition of certain basic skills down to the beginning of medical education. We determined procedures that were valuable across many specialties and started holding simulation sessions starting within the first two months of medical school.

These procedural sessions are timed with the appropriate medical knowledge, as much as possible, during Anatomy, Pharmacology, Foundations in Medicine





IJ and subclavian central line placement are important procedures for interns to master.

and the Mechanisms of Disease courses. While the simulation sessions are not teaching a procedure to proficiency, they play an important role in engaging students early in their education and help students truly learn and interact with the content, rather than faculty teaching at them.

### Tulane Sim Center is Open to All

Just as we have with Tulane residents, fellows and medical students, we work with external clients in any way that fits their goals and objectives. A benefit of being a private institution is that at the Tulane Sim Center, we are able to fill in our time with unaffiliated, paying clients. This is also a benefit to the region, bringing medical simulation opportunities to institutions that would never consider building their own center.

During the four and half years since our opening, we have held courses from a few hours up to a week long for a wide variety of institutions, including:

- Franklin Medical Center Emergency Department of Winnsboro, LA;
- Aureus Research for clinical trial coordinator training;
- Remote Medical Education for remote paramedic training;

- Our Lady of the Lake of Baton Rouge, LA;
- Ochsner Hospital of New Orleans;
- Cardiovascular Institute of the South for cath lab training;
- Gastroenterology Associates and North Valley Health Center of ND for endoscopic training;
- Louisiana Organ Procurement Agency for organ packing and transport;
- Wasit University of Iraq for FLS training and testing.

Some of these clients, such as Aureus Research and Remote Medical Education, came to us with their curricula fully developed and with experienced instructors, we simply provided the space, equipment and simulation tech support. Others came to us with just an idea and we supported them from curriculum development through instruction and sometimes testing.

During the four and half years since the Tulane Sim Center opened, the field of medical simulation has grown tremendously. Some would say the industry has exploded and with this growth has also come rapid change and advancements. There are as many different ways to manage a simulation center and conduct a simulation course, as there are centers. So if you are new to the field, how do you start?

We say you start with a funnel. Get a lot of instructors to do a few things and work your way through them to have a few who accomplish everything and use them as your star examples. Then to add some more, target, present, support, execute and repeat. **medsim**

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