



INTEGRATING SIMULATION TECHNOLOGY INTO THE CURRICULUM

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2008-2009 Educational Workshops
Classroom Strategies and Best Practices



WHY USE SIMULATION?

- PARTICIPANTS CAN LEARN *WITHOUT RISK* TO PATIENTS
- OPPORTUNITY TO *REPEAT* A SKILL TO MASTERY
- *CUSTOMIZE* SPECIFIC LEARNING OPPORTUNITIES
- LEARNING CAN BE DONE AT *CONVENIENT* TIMES
- *IMMEDIATE* FEEDBACK CAN BE PROVIDED TO THE LEARNER
- LEARNING AND EVALUATION CAN BE DONE IN A *VISCERALLY CHARGED BUT NON-THREATENING* ENVIRONMENT
- LEARNERS *LOVE IT!*



LEARNER EVALUATION DATA

(BASED ON A 5-POINT LIKERT SCALE)

SUB I (MS 4) 2008-2009

REALISM OF SIMULATION

3.68

TEACHING VALUE OF SIMULATION AND
DEBRIEFING

4.87



LEARNER EVALUATION DATA

RADIOLOGY RESIDENTS (PG1-PG4)

2008-2009

REALISM OF SIMULATION

4.13

TEACHING VALUE OF SIMULATION AND
DEBRIEFING

4.88



LEARNER COMMENTS

- "Vince experience was awesome. Please integrate it into an earlier time in med school."
- "SimMan and Smartboard debriefing was OUTSTANDING! This sort of practical experience with follow-up learning makes me wish that I had it earlier and wherever I go for Residency does as well."
- "Simulator was the best experience I had throughout all of medical school. I feel cheated that I didn't get to use it more and earlier. This is how medical teaching/education should be done."



CURRENT USE OF SIMULATION TECHNOLOGY AT SSOM

UME

- MS 1 & MS2- PCM 1 & 2 (Large group setting using Harvey, Cardio Pulmonary Patient Simulator)
- MS 1- Function of the Human Body (Large group setting)
- MS 2- Pharmacology (Large group setting)
- MS 4- Sub I
- MS 4- Emergency Medicine Elective
- MS 4- Anesthesia Elective
- MS 4- Prep for Internal Medicine Internship Elective



CURRENT USE OF SIMULATION TECHNOLOGY AT SSOM

GME

- Anesthesiology
- Pediatrics
- Radiology
- Emergency Medicine

OTHER

- Cardiology Grand Rounds (Harvey)
- EMS
- Lifestar