

Cross-Specialty Collaboration in Society Sponsored Organizational Performance Improvement



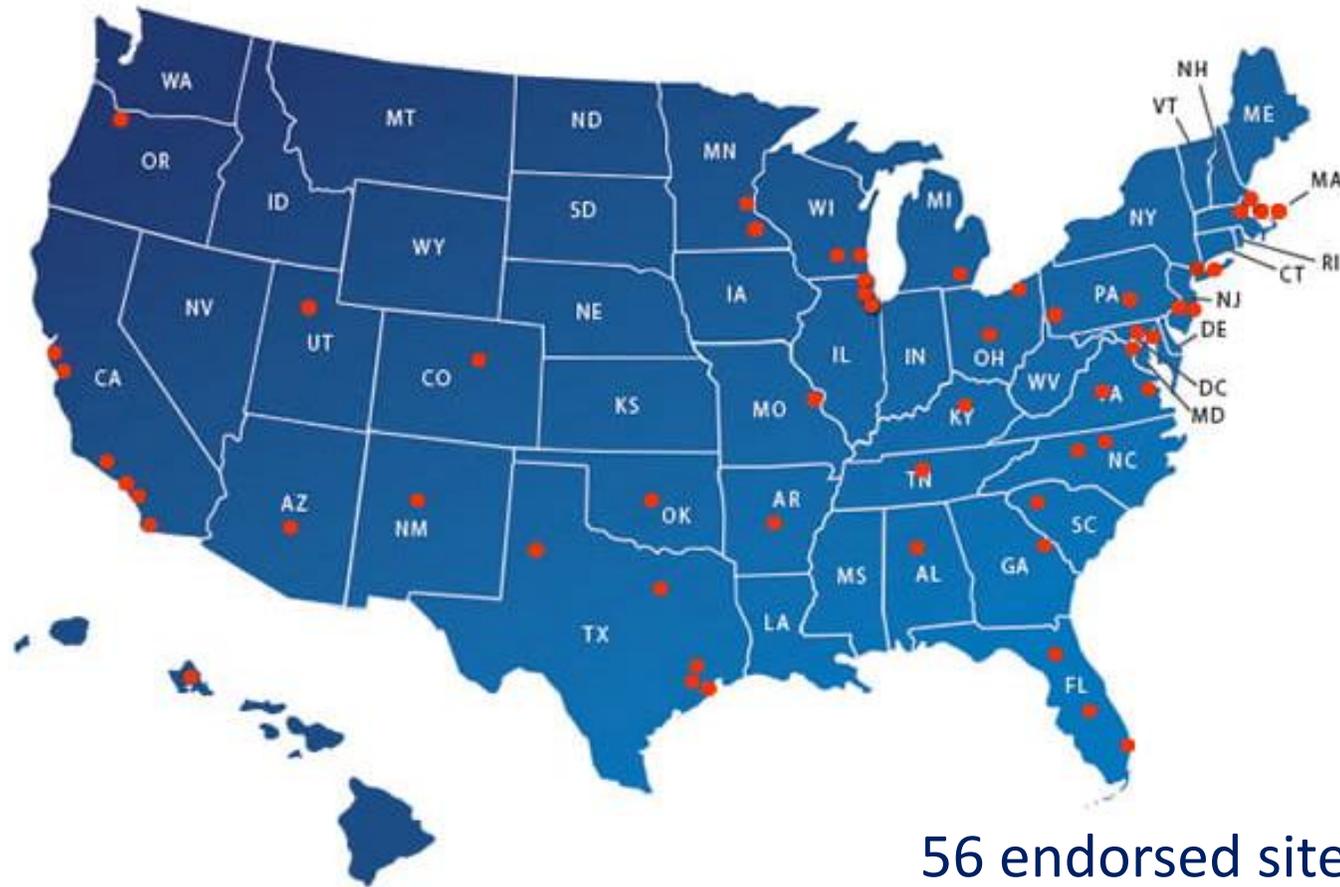
Randolph H Steadman, MD, MS

Past Editor-in-Chief, ASA Editorial Board for Simulation-Based Training

Carole Walter Looke Centennial Chair, Anesthesiology, Houston Methodist

Conflict of Interest / Perspective

- Royalties from UpToDate on unrelated topic
- Editor-in-Chief, ASA Simulation Editorial Board, 2006-2018
- Member, ACS-ASA Simulation Collaborative Planning Committee, 2022



56 endorsed sites

ASA Simulation Education Network

Simulation Education
Network

American Society of Anesthesiologists™

ASA Simulation Editorial Board

- Maintenance of Certification in Anesthesiology (MOCA[®]) simulation course:
 - Requirements established in 2006 in conjunction with the American Board of Anesthesiology
 - Course is at least 6 hours
 - Course participant to instructor ratio $\leq 5:1$
 - Scenario themes that must be included:
 - Hypoxemia
 - Hemodynamic disturbances
 - Teamwork

Course Format

- Every participant takes a turn as anesthesiologist-in-charge for a scenario
- During other scenarios they observe, act as first responders and participate in the debriefings

ASA Simulation Editorial Board

- MOCA[®] simulation course goals:
 - Identify optimal care
 - Reflect on whether optimal care is currently provided in your practice
 - Develop an improvement plan that addresses gaps
 - NOT a performance assessment (NOT a test!)

Post Course Follow-up

- Within 3 days of the training, participants:
 - Evaluate the course
 - Submit 3 practice improvement plans
- Within 90 days of the training, participants:
 - Indicate whether their plans have been implemented: not at all, partially or completely
 - Indicate any barriers that were encountered

ORIGINAL INVESTIGATIONS IN EDUCATION

Practice Improvements Based on Participation in Simulation for the Maintenance of Certification in Anesthesiology Program

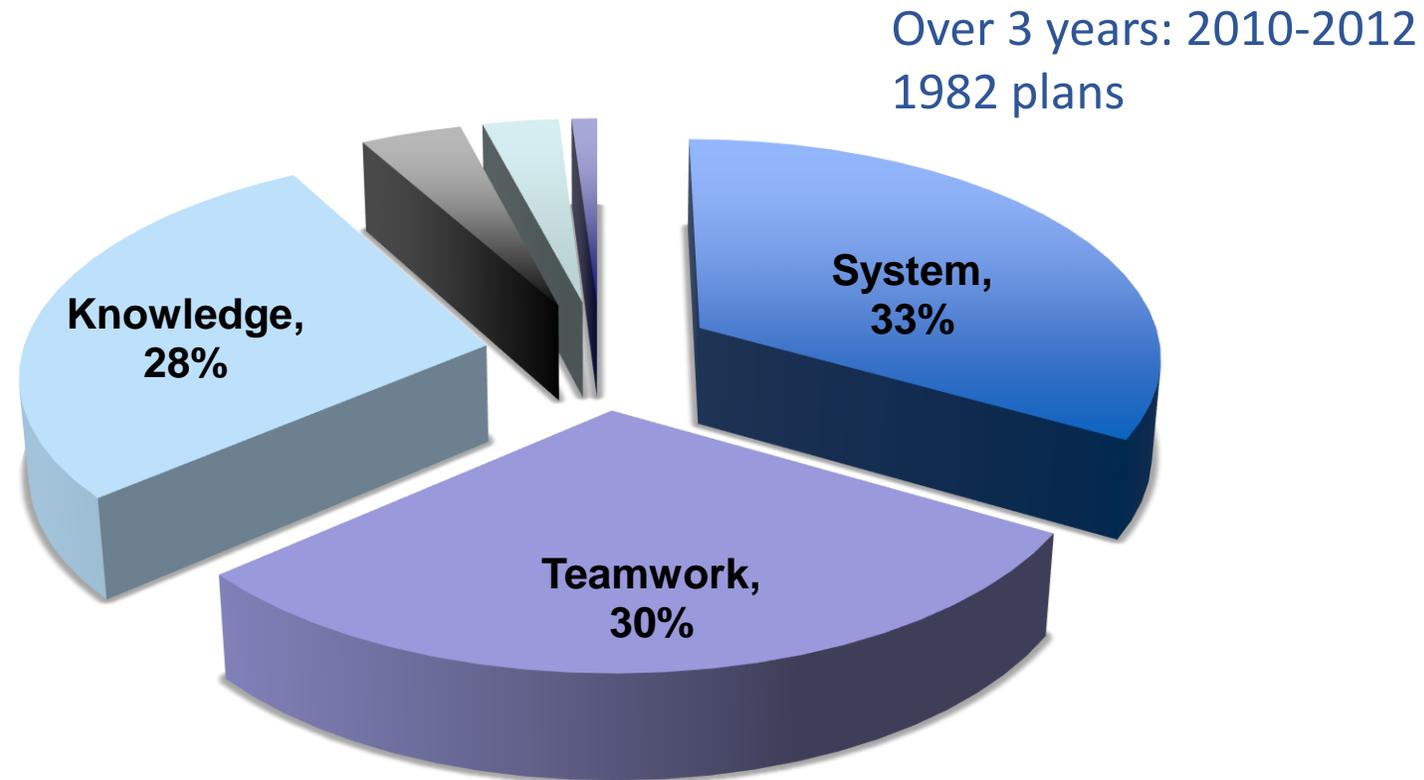
Randolph H. Steadman, M.D., M.S., Amanda R. Burden, M.D., Yue Ming Huang, Ed.D., M.H.S., David M. Gaba, M.D., Jeffrey B. Cooper, Ph.D.

ABSTRACT

Background: This study describes anesthesiologists' practice improvements undertaken during the first 3 yr of simulation activities for the Maintenance of Certification in Anesthesiology Program.

Anesthesiology 2015, 122: 1154

Improvement Plan Categories



Plan Completion

	N	Percent
Fully completed	1,558	79%
Partially completed	310	16%
Not completed	114	6%

Multivariable Analysis

Predictor	Odds Ratio	95% CI	P value
Measurability	1.57	0.79-3.08	0.591
Experience	0.95	0.90-1.01	0.276
Total number of professions targeted per plan	1.29	1.06-1.57	0.036

Setting was dropped because $P > 0.20$ in univariable analysis.

A Bonferroni correction was made to account for multiple comparisons.

Individuals Targeted by Plans

Target	N	Percent
Self	1,764	89%
Others	1,546	78%
Other Anesthesiologists/ Anesthesia Providers	990	50%
Non-Anesthesia Physicians (e.g., Surgeons)	320	16%
Non-Anesthesia Non-Physicians (e.g., Nurses, Pharmacists)	525	26%

There can be multiple targets per plan. Percentages are based on total N=1,982 plans.



Leadership of the ACS AEI Program

Ajit K. Sachdeva, MD, FACS, FRCSC, FSACME, MAMSE

Director, Division of Education, American College of Surgeons

- Accredited Education Institutes 110 centers accredited throughout the world
- Accreditation involves site visit
- Conferences include annual Simulation Summit



American Society of
Anesthesiologists[®]

- Joint Half-Day Sessions
- First scheduled for 2020
- Virtual sessions in 2021 and 2022
- Planning in person joint session in March 2023

Prior Joint Sessions - Virtual

- 2021
 - How Do We Restore and Advance the Value of Simulation-Based Training for the Future?
 - Themes emerged regarding what ACS and ASA can do
 - Joint activities
 - Joint advocacy
 - Joint certification
 - Joint financing
 - Joint scholarly activity
 - Joint statements
 - Joint training



Prior Joint Sessions - Virtual

- 2022 Keynote speaker: Kevin Weiss, ACGME, CLER Officer
- Breakout sessions addressed:
 - How can surgeons and anesthesiologists enhance communication and collaboration through simulations?
 - How can ACS and ASA facilitate these activities?



Simulation Summit Joint Half-Day Sessions

- Breakout groups addressed the following:
 - Ensuring effective, ongoing team communication during surgery
 - Conducting effective timeouts / huddles before surgery
 - Conducting effective timeouts / huddles postoperatively, for transfer of patients to PACU or ICU
 - Promoting effective interprofessional practice that includes OR staff, residents and others who participate in the surgical care of patients
 - Foster an understanding of each other's roles / needs; learning how what you do impacts your colleagues

Future Directions



- ACS-ASA task force with 4 surgeons, 4 anesthesiologists, and administrative support
- Setting agenda for 2023 joint simulation summit
- Priorities:
 - Perioperative quality improvement
 - Joint faculty development / joint curricula
 - Joint instructional events / meetings
 - Multi-institutional collaboration

Conclusions

- We work as teams
- We need to train as teams