

Medical Affairs Advisory Committee Meeting
November 18, 2020

Members Participating by Zoom: Jill Cherry-Bukowiec, Ivo Dinov, Chandon Kumar-Sinha, Lisa Low (Chair), Cormac Maher, Benjamin Moy, Krupa Patel, Suomya Rangarajan, Marshall Runge (Dean), Deirdre Spencer, John Tranfaglia, Terri Voepel-Lewis

Absent: Ajjai Alva, Jawad Al-Khafaji, Stephanie Chervin

Presenters: **Jim M. Cooke, MD**
Associate Professor, Department of Family Medicine
Executive Director, Clinical Simulation Center

Lisa Low, MD

- Opened the meeting with introductions of members
- Thanked all for input and reviewed the Specific Charge 2020 2021
 1. Explore any changes in healthcare and implications for curricular innovations (e.g. COVID-19, telehealth initiatives, use of simulation training, and the financial impact of the changes in health care).
 2. Explore national and global health care issues with a focus on anti-racism and the role of UM.
 3. Assess the impact of interprofessional education and training initiatives within UM and nationally.

Topic of Discussion: **Changing Gears in Simulation-based Training During the COVID-19 Pandemic**

Overview:

- The Clinical Simulation Center (CSC) was launched in 2004 with 1500 sq. ft. facility providing GME training for 12 Clinical Departments.
- Partnership expanded in 2007 to include UMMS & UMHS, and demand has prompted a series of expansions.
- Two facilities: 14K sf between Towsley and Med Sci 2 provides over 4000 hrs/yr of high fidelity training for over 14,000 learners/yr.
- Four 24/7 access iSim spaces, 5 simulated hospital rooms (EC3, Mott ICU, VV delivery, 2 UH rooms) and 4 modular bays with fully integrated MM systems.

SC During the First Wave:

- UM & UMMS classes cancelled on 3/12.
- CSC ramped down to training “essential to the care of patient in the health system of for infection control training”.
- Loaned equipment for clinical care to RICU, Mott 12W and SICU
- Critical Care Orientation for 392 RNs (5/hour course 2x/day)
- Supported on-unit training (done regularly, but ramped up)
- Launched on-line virtual reality ACLS refresher for faculty

Protocol development & training:

- COVID-specific intubation video followed by on-unit simulation
- 93 physicians (EM, ICU & Anesth., 54% faculty, 46% residents)
- Improved PPE & procedure self-efficacy
- Prompted many revisions to algorithm

Research Response:

- MM, VA, CHEPS, SOE Collaboration on ‘Variation in Aerosol Production Across Oxygen Delivery Devices’
- Dr. Rooney & RDI lab organized campus and private 3D printing community to produce 5,000 face shields

Migration of Training:

- Robot-based support for events
- Migration of ACLS to on-line/on-demand format (2000 trained per year)
- Blended simulation – streaming live simulation to remote learners with group participation
- Migration of all learning management systems to hands-free capability (check-ins, evaluations, etc.)

Responses at other institutions:

- Converting simulation space to clinical space
- Redeployment training (all professions & specialties)
- New equipment testing/training (strategic national stockpile vents)
- PPE training/manufacturing
- COVID-specific training (transport, RSI, cardiac arrest)
- Device development (vent splitter, critical shortage equip, intubation box/tent)

Moving forward – the second surge:

- Mitigating risk (density, etc)
- Staffing, maintaining a healthy workforce
- Scaling effective solutions

Questions from members:

- How to you scale to train more in critical care? Embedded Champions, looking to train a level up, virtual or on-line training.
- What next challenges are for the next phase? We don't know what educational needs there maybe, must be able to build infrastructure rapidly to pull together.
- Do federal regulations impact your work? Procedures are national formed, but not by the Federal govt. Protocols and processes are developed by national entities – programs. Safe work place/OHSA – yes.

Dr. Runge's closing comments:

- CSC has done exceptional work, it's a great place to visit. (Virtual tour is available on clinical website.)
- Masks, social distance, hand hygiene – plea to others to practice will prevent the spread.