

List of Current Simulation Equipment

CRDAMC Simulators

CAE	Endoscopy System
Gaumard	Baby Hal
Gaumard	NOELLE S551 Birthing Simulator
Gaumard	NOELLE S555 Birthing Simulator
Gaumard	NOELLE 3G Birthing Simulator
Gaumard	Pedi Blue
CAE	Laparoscopic Simulator
Laerdal	SimMan Classic
Laerdal	SimMan 3G
Laerdal	SimMan Essential
Laerdal	SimNewB/SimBaby
Laerdal	SimJR/MegaCode Kid
CAE	Echocardiography (US trainer)

Tasks Trainers

AirSim	Airway Trainer Adult
AirSim	Airway Trainer Pedi
Armstrong	IV arm/hand
Blue Phantom	Central venous access system
Blue Phantom	Epidural/Lumbar (US model)
Blue Phantom	Femoral line
Blue Phantom	Foreign body U/S simulator
Blue Phantom	Pedi Vessel US Model
Blue Phantom	Pelvic sonogram trainers (US torso)
Blue Phantom	Peripheral Nerve Block US Model
Blue Phantom	Thoracentesis
Blue Phantom	2 Vessel US Model
Blue Phantom	4 Vessel US Model
Childbirth Graphics	Leopold's Maneuvers
Gaumard	Foley Male

Tasks Trainers (cont.)

Gaumard	Vasectomy Trainer
HMS EZ	I/O Gun
Kyoto Kugaku	Central line trainer
Kyoto Kugaku	IV Arm/hand
Kyoto Kugaku	Lumbar puncture Simulator
Laerdal	Arterial stick arm
Laerdal	Baby Arti
Laerdal	Baby Stap
Laerdal	Foley Female
Laerdal	Fundus Skills Trainer
Laerdal	NG Tube Trainer
Laerdal	Umbilical Cath. Task Trainer
Life Form	Chest Tube Trainer
Life Form	Circumcision Trainer
Limbs and Things	Injection model - Elbow
Limbs and Things	Injection model - Foot
Limbs and Things	Injection model - Hand/wrist
Limbs and Things	Injection model - Knee aspiration
Limbs and Things	Injection model - Shoulder
Limbs and Things	Skin pad jig with pads for suturing
Limbs and Things	Suture tutor Trainee kit edition
Limbs and Things	Episiotomy Trainer
Limbs and Things	Toenail Trainer
Medisim	IUD Trainer
Mobile Obstetric	OB Emergency Simulator (MOES)
Simulab	FAST SCAN Ultrasound Trainer
Simulab	Thoracentesis
Sonosite	Ultrasound w/vag. probe
Verathon	Ranger Glidescope Trainer

Central Simulation Committee Mission Statement

The CSC will strive to be a leader, both nationally and internationally, in the area of simulation training and will apply all of its efforts to ensure that our providers are “Trained, Competent, Safe, and Ready” to complete the critical mission of caring for our Soldiers and their Families.

Sim Lab Contacts

Central Simulation Committee (CSC) members

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Located in BLDG 36000 on 3 East

We support the following services with patient care sustainment/proficiency training initiatives: Physicians, Nurses, Physician Assistants, Health Technicians and Residency Programs.

With advanced notice of 48-72 hours we can facilitate training events ranging from Obstetric Emergencies, Code Blue to Trauma Training.



Simulation Lab

“Trained, Competent, Safe, and Ready”



About the Simulation Lab and the CSC

The CRDAMC Simulation Lab is a branch of the office of Graduate Medical Education and is committed to promoting medical simulation as a way to:

Ensure provider competency

Reduce medical errors

Improve patient safety

Reduce health care costs

The Central Simulation Committee (CSC) was formed in April 2007. CRDAMC is one of 10 Military Treatment Facilities (MTFs) selected to meet this need. Funding is provided by the Advances in Medical Practice (AMP) and the Army Medical Command (MEDCOM). The CSC members are Directors of Medical Education, Specialty Advisors (appointed), Simulation Medical Director (appointed), Simulation Administrator, and Program Directors from each of the 10 MTFs (TAMC, Madigan AMC, Womack AMC, Wm Beaumont MC, Darnall AMC, DeWitt ACH, Eisenhower AMC, SAUSHEC/Brooke AMC, Martin ACH, NCC/WRAMC/USUHS).

What is Medical Simulation?

Simulation is a training and feedback method in which learners practice tasks and processes in lifelike circumstances using models or virtual reality, with feedback from observers, peers, actor-patients, and video cameras to assist improvement in skills. Computer-based

medical simulation provides a realistic and economical set of tools to improve and maintain the skills of health care providers adding a valuable dimension to medical training similar to professional training in aviation, defense, maritime, and nuclear energy. Medical simulators allow individuals to review and practice procedures as often as required to reach proficiency without harming the patient.

In medicine, sophisticated mannequins, known as patient simulators provide health care professionals with a computer-based patient that breathes, responds to drugs, talks, and drives all clinical monitors in the operating room, e.g., blood pressure and pulse rate.

Task trainers provide a simulated subset of functionality, such as how to give a Smallpox inoculation or how to insert a chest tube.

Computer-based training provides software programs that train and assess clinical knowledge and decision-making skills. Simulated/standardized patients allow students to interact with actors trained to act as patients providing students with valuable feedback on, among other things, bedside manner.

Medical simulation is a cross-disciplinary effort that brings together physicians, nurses, and allied health professionals across a variety of disciplines with computer scientists, researchers, educators, and human factors engineers.

Why use Medical Simulation?

Currently, there are hundreds of schools in the United States providing “hands on” health care education to medical, nursing, and allied health students. These schools predominately use the apprenticeship model as a main teaching style, often referred to in medicine as “do one, see one, teach one.”

A health care provider’s ability to react prudently in an unexpected situation is one of the most critical factors in creating a positive outcome in a medical emergency, regardless of whether it occurs on the battlefield, freeway, or hospital emergency room.

This ability, however, is not a skill that one is born with, but rather it is learned and developed with time, training, practice, and repetition.

Today, advances in technology have created new and better, methods for teaching the practice of medicine and reinforcing best practices. One of the most exciting innovations in health care is in the field of medical simulation.

As reported in the “Advanced Initiatives in Medical Simulation”: Medical errors kill as many as 98,000 people annually at a total national cost of between \$37 to \$50 billion for adverse events and between \$17 to \$29 billion for preventable adverse events. Institute of Medicine Nursing shortages, which are

expected to reach 20% by the year 2020, are forcing some health care facilities to implement mandatory overtime for nurses and increased patient care loads, contributing to an already high number of stress related errors.

Bioterrorism threats and concerns are forcing institutions and governments to reconsider how quickly providers can be trained and ready to react to a health crisis. Reserve troops are deployed into combat situations with insufficient time and resources to prepare them to provide medical care in battlefield conditions. Medical residents are operating under strict new rules that limit them to an 80-hour work week leaving less time for direct interactions between students and instructors.

Employing medical simulation techniques can help move medicine from the old “see one, do one, teach one,” method to a “see one, practice many, do one,” model for success.

Advanced Initiatives in Medical Simulation.

“What is medical simulation?”

“Why use medical simulation?” [Online]

26 November 2007.

<http://www.medsim.org/whatisimulation.php>