

PERSONA: DIRECTOR OF MEDICAL SIMULATION; SIMULATION CENTER DIRECTOR

KEY DEMOGRAPHICS

- Physician DMSs likely completed a simulation fellowship.
- Typically young; uncomfortable with C-Suite.

KEY INFORMATION SOURCES

LinkedIn (Members)

- [Center for Medical Simulation](#) (3,568)
- [Society for Simulation in Healthcare \(SSH\)](#) (3,846)
- [HealthySimulation - Medical Simulation News & Resources](#) (3,914)

Facebook (Members)

- [Healthcare Simulation Group](#) (344)

Publications

- [Simulation in Healthcare](#)
- [Medical Simulation Training Magazine](#)
- [BMJ Simulation & Technology](#)

News

- [SIM-one News](#)
- [Advances in Simulation](#)
- [Healthy Simulation News](#)



"The pressures on healthcare today to continuously improve quality while reducing cost will make traditional training obsolete. Scalable, affordable platforms...which have a demonstrable ROI are going to radically change the traditional model for professional development and learning."¹

Dr. John Vozenilek, MD, FACEP, Vice President and Chief Medical Officer for Simulation at Jump.

GOALS

- #1: To administrate and sustain (keep alive) a program drawing upon an unpredictable, and often shrinking, budget.
 - Develop and implement tools to achieve that end with limited budge.
- To deliver value to the health system by implementing training that is both Efficient and Effective.
 - To communicate value (ROE/ROI) to C-suite executives.
- Education: To track sim center utilization, trainee results, identify gaps/deficiencies and address them.
 - To ensure that training supports accreditation and certification objectives.
 - To deliver training that engages audiences & is directly relevant.
- To implement training that fosters competencies and proficiencies that promote patient safety.

PAIN POINTS

- Legacy administration tools (pen-paper, Excel, Word, media files) are labor-intensive, time consuming and cumbersome to data mine.
 - Don't scale, nor promote standardized/best practices.
 - Trainee/class scheduling alone is a *major* headache that consumes inordinate number of staff labor hours.
- Difficult to systematically assess learner performance in real time.
- Tedious to gather and process feedback—often goes undone.

ROLE IN SALE

- "Small" sim center = decision maker.
- "Large" sim center = influencer.

EDUCATION PLATFORM SOLUTION NEEDS:

- Solution MUST demonstrate efficiency and effectiveness.
- Administrative value = liberate manually-intensive labor hours; reassign to high-value tasks.
- Clinical value = boosts proficiency, retention and ultimately, patient outcomes.
- Technical value = interoperates seamlessly with legacy systems—*doesn't cause conflicts nor outages*.
- Supports enterprise-wide locations (nurse populations, facilities, etc.)
- Draws data from legacy systems.
- Robust ROE/ROI reporting to inform executives.
- Analytics to guide the alignment of training with departmental/system needs.
- Automated education program tracking and scheduling.
- Regulatory compliant platform.
- Support/promote relevant certifications and accreditations.
- Reduce education costs.
- Increase retention and elevate overall training level.

¹ ["The Rise of Simulation in Healthcare Empowering Clinicians and Preventing Harm," Modern Healthcare, 2017, p. 7.](#)