



ASPE Participates in the GNSH 2015

By ASPE President, Karen Lewis

ASPE has been represented at the annual Global Network for Simulation in Healthcare (GNSH) Summit since its inception in 2010. This year, Vice President for Operations, Karen Reynolds, and I participated in the Summit from August 2nd to 5th, 2015 in Stavanger, Norway. The meeting provided us with opportunities to network and discuss, both formally and informally, the issues and opportunities facing the global field of simulation-based training/education. Participants represented a unique mix of experience from around the world that included senior academics, senior clinical and corporate executives, clinicians and other experts in the field of healthcare simulation. The ability to discuss key issues affecting many countries at a strategic level is a key benefit for attendees (see list of member organizations below), and the program allowed for groups to conduct in-depth discussion and exchange of ideas on select value-based topics related to simulation based training/education.

The 2015 discussions were conducted in the Utstein Style process, which is a proven method for building common understanding and consensus. This process is a historic part of the formation of International Liaison Committee on Resuscitation (ILCOR) and the outputs of this summit are expected to be foundational for GNSH and the global simulation community.

All members of GNSH and their constituents were asked to complete a survey prior to the meeting in Stavanger. Many of you may remember completing the survey in July of this year. Over 300 individuals responded, which helped to identify the perceived key stakeholders for driving and developing simulated practice across the healthcare environment. The top 5 from the survey were identified as:

- Hospital Executive Leadership
- Professional Associations
- Insurers/Payers
- Educators
- Policy Makers

The attendees were split into 5 working groups focused specifically on these stakeholders and then developed consensus in the following areas:

1. Identification of high level value domains specific to the stakeholders and their associated context.
2. Identification and definition of value sub-domains for each high level value domain.



3. Discussion to agree on specific, measurable data points to demonstrate value within a domain.
4. Identification of tools required to collect data from the specific domain.
5. Identification of key messages about simulated practice that will answer identified stakeholder needs

I co-lead the Policy Makers group and Karen Reynolds worked with the Professional Associations group. Each of the working groups was able to work through the respective tasks. The meeting produced a significant number of ideas and associated data that is being reviewed and collated by the Executive Committee of GNSH. In December, a number of Summit attendees will further distill and analyze the data at a “pressure-cooker” event with the goal of publishing GNSH-authored manuscripts about this work through peer-reviewed journals and other formats.

The mission of the GNSH is to bring together “a global network of organizations, committed to enhancing patient safety and quality of healthcare by promoting the appropriate use of simulation through collaboration, advocacy and support.” I feel that we have made great strides toward that mission this year and will keep you informed about the results over the next few months.

GNSH Member Organizations

Non-Commercial

1. Associação Brasileira de Simulação na Saúde, Brazilian Association for Simulation in Healthcare (ABRASSIM)
2. Association for Simulated Practice in Healthcare (ASPiH)
3. Association for Standardized Patient Educators (ASPE)
4. Australian Society for Simulation in Healthcare (ASSH)
5. Canadian Network for Simulation in Healthcare (CNSH)
6. Dutch Society for Simulation in Healthcare (DSSH)
7. French Society for Simulation in Healthcare (AFSARMU)
8. International Nursing Association for Clinical Simulation and Learning (INACSL)
9. International Pediatric Simulation Society (IPSS)
10. Japanese Society for Instructional Systems in Healthcare (JSISH)
11. Korean Society for Simulation in Healthcare (KoSSH)
12. Latin American Association of Clinical Simulation (ALASIC)
13. The London Deanery
14. Polish Society for Medical Simulation (PSMS)
15. The Royal College of Physicians and Surgeons of Canada (RCPSC)
16. Spanish Society for Simulation in Healthcare (SESSEP)
17. Swiss Association in Simulation in Healthcare (SASH)



18. Society for Simulation in Healthcare (SSH)
19. Society in Europe for Simulation Applied to Medicine (SESAM)

Commercial

1. B--Line Medical
2. CAE Healthcare
3. Education Management Systems
4. Innovation in Learning Inc. (Clinispace)
5. Laerdal Medical
6. Limbs & Things LTD
7. *Simbionix (pending) – Now 3D systems*
8. Simulab Corporation
9. Surgical Science