Simulation + Debriefing
Why Simulation + Debriefing?

- Interprofessional
- Team-based
- Integrated into Undergrad/Graduate Curricula
- Emerging Regulatory Levers
- Potential to Promote Health Equity

Improves Care
Original Research

Association of Simulation Training With Rates of Medical Malpractice Claims Among Obstetrician–Gynecologists

Adam C. Schaffer, MD, MPH, Astrid Babayan, PhD, Jonathan S. Einbinder, MD, MPH, Luke Sato, MD, and Roxane Gardner, MD, DSc
Key findings:

• Retrospective analysis comparing the claim rates before and after simulation training among 292 obstetrician–gynecologists

• Compared with presimulation training:
  • Malpractice claim rates were significantly lower postsimulation training (11.2 vs 5.7 claims per 100 physician coverage years)
  • Attending more than one simulation session associated with a greater reduction in claim rates. (6.3 [1 session], 2.1 [2 sessions], and 1.3 [3 sessions] claims per 100 physician coverage years)
Provision of Care, Treatment, and Services standards for maternal safety
Getting Ready for 2021 Joint Commission Perinatal Standards
Lessons From the Field

Veronica Lerner, MD, FACOG;
Komal Bajaj, MD, MS-HPEd

**Summary Statement:** The new Joint Commission requirements on perinatal safety present a unique opportunity for the simulation community to actively engage with labor and delivery units nationwide. Considerations for implementation using “real-life” experience with the programmatic development of an in situ team-based simulation training program in obstetric emergencies are discussed. We urge simulationists to explore opportunities to promote culture change on a large scale to move the needle of maternal morbidity and mortality. *(Sim Healthcare 00:00–00, 2021)*

**Key Words:** In situ simulation, obstetrics, The Joint Commission, accreditation, patient safety, perinatal outcomes, team training.
HEALTHCARE DEBRIEFING: LINKING QUALITY, SAFETY, & WELLNESS
Use of a Surgical Debriefing Checklist to Achieve Higher Value Health Care

Michael R. Rose, MD¹, and Katherine M. Rose, MD²,³

54,003 cases → 4523 events/defect (92 causing harm/critical)
Figure 2. Unadjusted 30-day surgical mortality: baseline through quarter 12 of the intervention (2009-2010). Unadjusted 30-day surgical mortality, which measures death during hospitalization for the index surgery, plus readmission with death within 30 days of surgery was used.

Rose et. al 2018
Table 1. Safety Climate in Surgery: Survey Responses From MacLeod Regional Medical Center Staff (2009-2012).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Baseline (n = 156)</th>
<th>Post-Implementation (n = 132)</th>
<th>Top Peer (n = 69)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am encouraged to speak up about patient safety concerns that I have</td>
<td>72%</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>McLeod has a good safety climate</td>
<td>46%</td>
<td>90%</td>
<td>98%</td>
</tr>
<tr>
<td>I would feel safe being treated here as a patient</td>
<td>82%</td>
<td>89%</td>
<td>92%</td>
</tr>
</tbody>
</table>

* A Top Peer of the 69 hospital surgical departments surveyed.
Promoting Diagnostic Excellence Across the House of Medicine