Cross-Specialty Collaboration in Society Sponsored Organizational Performance Improvement

Randolph H Steadman, MD, MS
Past Editor-in-Chief, ASA Editorial Board for Simulation-Based Training
Carole Walter Looke Centennial Chair, Anesthesiology, Houston Methodist
Conflict of Interest / Perspective

- Royalties from UpToDate on unrelated topic
- Editor-in-Chief, ASA Simulation Editorial Board, 2006-2018
- Member, ACS-ASA Simulation Collaborative Planning Committee, 2022
ASA Simulation Editorial Board

• Maintenance of Certification in Anesthesiology (MOCA®) simulation course:
  • Requirements established in 2006 in conjunction with the American Board of Anesthesiology
  • Course is at least 6 hours
  • Course participant to instructor ratio ≤ 5:1
  • Scenario themes that must be included:
    • Hypoxemia
    • Hemodynamic disturbances
    • Teamwork
Course Format

- Every participant takes a turn as anesthesiologist-in-charge for a scenario
- During other scenarios they observe, act as first responders and participate in the debriefings
ASA Simulation Editorial Board

• MOCA® simulation course goals:
  • Identify optimal care
  • Reflect on whether optimal care is currently provided in your practice
  • Develop an improvement plan that addresses gaps
  • NOT a performance assessment (NOT a test!)
Post Course Follow-up

• Within 3 days of the training, participants:
  • Evaluate the course
  • Submit 3 practice improvement plans

• Within 90 days of the training, participants:
  • Indicate whether their plans have been implemented: not at all, partially or completely
  • Indicate any barriers that were encountered
Practice Improvements Based on Participation in Simulation for the Maintenance of Certification in Anesthesiology Program

Randolph H. Steadman, M.D., M.S., Amanda R. Burden, M.D., Yue Ming Huang, Ed.D., M.H.S., David M. Gaba, M.D., Jeffrey B. Cooper, Ph.D.

ABSTRACT

Background: This study describes anesthesiologists’ practice improvements undertaken during the first 3 yr of simulation activities for the Maintenance of Certification in Anesthesiology Program.
Improvement Plan Categories

- System, 33%
- Teamwork, 30%
- Knowledge, 28%

Over 3 years: 2010-2012
1982 plans
# Plan Completion

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully completed</td>
<td>1,558</td>
<td>79%</td>
</tr>
<tr>
<td>Partially completed</td>
<td>310</td>
<td>16%</td>
</tr>
<tr>
<td>Not completed</td>
<td>114</td>
<td>6%</td>
</tr>
</tbody>
</table>
### Multivariable Analysis

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds Ratio</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurability</td>
<td>1.57</td>
<td>0.79-3.08</td>
<td>0.591</td>
</tr>
<tr>
<td>Experience</td>
<td>0.95</td>
<td>0.90-1.01</td>
<td>0.276</td>
</tr>
<tr>
<td>Total number of professions targeted per plan</td>
<td>1.29</td>
<td>1.06-1.57</td>
<td><strong>0.036</strong></td>
</tr>
</tbody>
</table>

Setting was dropped because $P>0.20$ in univariable analysis. A Bonferroni correction was made to account for multiple comparisons.
## Individuals Targeted by Plans

<table>
<thead>
<tr>
<th>Target</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>1,764</td>
<td>89%</td>
</tr>
<tr>
<td>Others</td>
<td>1,546</td>
<td>78%</td>
</tr>
<tr>
<td>Other Anesthesiologists/Anesthesia Providers</td>
<td>990</td>
<td>50%</td>
</tr>
<tr>
<td>Non-Anesthesia Physicians (e.g., Surgeons)</td>
<td>320</td>
<td>16%</td>
</tr>
<tr>
<td>Non-Anesthesia Non-Physicians (e.g., Nurses, Pharmacists)</td>
<td>525</td>
<td>26%</td>
</tr>
</tbody>
</table>

There can be multiple targets per plan. Percentages are based on total N=1,982 plans.
Leadership of the ACS AEI Program

Ajit K. Sachdeva, MD, FACS, FRCSC, FSACME, MAMSE
Director, Division of Education, American College of Surgeons

- Accredited Education Institutes 110 centers accredited throughout the world
- Accreditation involves site visit
- Conferences include annual Simulation Summit
• Joint Half-Day Sessions
• First scheduled for 2020
• Virtual sessions in 2021 and 2022
• Planning in person joint session in March 2023
Prior Joint Sessions - Virtual

• 2021
  • How Do We Restore and Advance the Value of Simulation-Based Training for the Future?
  • Themes emerged regarding what ACS and ASA can do
    • Joint activities
    • Joint advocacy
    • Joint certification
    • Joint financing
    • Joint scholarly activity
    • Joint statements
    • Joint training
Prior Joint Sessions - Virtual

• 2022 Keynote speaker: Kevin Weiss, ACGME, CLER Officer

• Breakout sessions addressed:
  • How can surgeons and anesthesiologists enhance communication and collaboration through simulations?
  • How can ACS and ASA facilitate these activities?
Simulation Summit Joint Half-Day Sessions

• Breakout groups addressed the following:
  • Ensuring effective, ongoing team communication during surgery
  • Conducting effective timeouts / huddles before surgery
  • Conducting effective timeouts / huddles postoperatively, for transfer of patients to PACU or ICU
  • Promoting effective interprofessional practice that includes OR staff, residents and others who participate in the surgical care of patients
  • Foster an understanding of each other’s roles / needs; learning how what you do impacts your colleagues
Future Directions

- ACS-ASA task force with 4 surgeons, 4 anesthesiologists, and administrative support
- Setting agenda for 2023 joint simulation summit
- Priorities:
  - Perioperative quality improvement
  - Joint faculty development / joint curricula
  - Joint instructional events / meetings
  - Multi-institutional collaboration
Conclusions

• We work as teams
• We need to train as teams