## **SIMULUS 6 Conference Report**



SIMULUS 6 – The 6th Annual National Conference of PediSTARS in Healthcare Simulation was held on a virtual platform on 24<sup>th</sup> and 25<sup>th</sup> April 2021. The annual event of PediSTARS has always seen participation from simulation enthusiasts across the globe. This year due to the pandemic the event was held virtually, but with equal enthusiasm and participation. We had a total of 211 participants for the conference with 47 national and 27 international faculty. The participants and faculty were from USA, UK, Australia, New Zealand, Spain, Sri Lanka, Pakistan and India.

The entire event was split into 4 virtual sessions spread over a period of 2 days. The conference started off with a virtual inauguration from the PediSTARS team and our international advisors. There was a traditional lamp lighting event followed by the induction of the new executive body and board of directors. This was a historic first moment for PediSTARS since its inception. The newly inducted executive members spoke about their fantastic visions for PediSTARS; to take simulation in India to newer and higher heights. The secretary report by Dr Sujatha Thyagarajan highlighted the amazing work done by PediSTARS during the pandemic with several distance simulation sessions and community training to prepare for the pandemic. It was a "new beginning" for all of us and who better than Dr Peter Weinstock to start off with an amazing keynote talk on "changing face of healthcare simulation during the pandemic". This was followed by a brilliant research feat comprising of 6 oral and 8 poster presentations. The quality of presentations and research was so good, that it gave the judges a tough time in deciding the winners.

After a starter of "new beginnings" we went ahead with the main course of "training trough tumultuous times". Dr Adam Cheng gave us a lovely insight into virtual faculty training and its role in creating simulation leaders. We were then led through a journey of how simulation would change the face of healthcare education with its integration into the curriculum. Team training through tele simulation was the next highlight of the session followed by time travel into the future of simulation – virtual and augmented reality-based simulation training in healthcare. We realized that this is soon going to become a routine across the globe. Using simulation training in ultrasound was something that looked far-fetched until we were probed into its understanding; and realized, it is very much doable.

The session ended on a high note with a debate on whether simulation can be used for assessment. Both the speakers presented fantastic insights; but the final winners were the participants who gained so much understanding from it.

Session 3 made us go deeper into our virtual journey and we dwelled upon planning for "a safer tomorrow". The keynote was delivered by one of the gurus of simulation – Dr Vinay Nadkarni. The audience was fascinated by how simulation can improve patient outcomes and lead to clinical excellence – that is finally our ultimate goal in healthcare. Our level 3 trainees who had completed the PediSTARS FDP program were honored, and a virtual award ceremony was conducted. The awardees and their mentors spoke about the fantastic journey of the new graduates – starting from the level 1 training to now becoming simulation leaders. Team PediSTARS was delighted to have new members into its growing body of simulation leaders. With the growing mistrust between doctors and patients there is a need to make hospitals safer and better. There was a wonderful panel who took the audience through the journey of how simulation could achieve this. Unforeseen events happen all the time in healthcare and the concept of real event debriefing can help us all to improve our systems – an eye opener talk. Nurses are the backbone of the healthcare system and their professional development is very important. We had nursing faculty from the international and national arena who presented with strategies towards the same. Medical errors happen in all systems and in all countries. Disclosing the same to family is very tricky and difficult. A master at this skill and medical ethics was there to educate us all on this very important aspect and how we can achieve this via simulation. And then we ended this session with a bang – Should or should not the mannequin die during simulation. It just opened up a pandora's box for a variety of novel simulations in the Indian context.

We were towards the end of our virtual journey and we needed to carve ourselves "the path ahead". We took a jump with Dr Marc Auerbach into a worm whole to see the future of simulation and endless possibilities of innovations. Sim center leaders then enlightened us all about the strategies for optimal utilization of sim labs and possibilities for accreditation and memberships. Measuring the outcome of simulation-based training was something that we all look forward to and we found the evidence in the pudding finally. We always talk of acute care and role of simulation in training. But there is much more beyond the boundaries of ICU, ER and OTs for simulation to play a vital role. This is what the next talk told us all. It is not always about the high technology in simulation, and we had our own PediSTARS journey to showcase the world that low technology but with extreme high fidelity can also achieve a lot. We ended the session and sadly our wonderful virtual conference with another enthralling debate of face-to-face vs distance simulation.

We had 3 workshops planned out along with the conference – a hybrid model for faculty development program (FDP), curriculum development workshop (CDW) and advanced debriefing workshop (ADW). Sadly, due to the pandemic situation in India the FDP had to be postponed to another suitable date. The other workshops were done on the virtual platform. The response to both the workshops was amazing; both being completely booked more than a month before the event. The CDW had 31 registrations with training from national and international simulation leaders. The participants were taken through journey of finding the problems in their systems with the use of "needs or gap" assessment means. They would then use that to design a simulation program to train the healthcare personnel

to achieve a closure. The ADW had 2 of the global leaders in simulation – Dr Peter Weinstock and Dr Michael Shepherd mesmerizing the participants on debriefing skills. We all learnt from the masters in this skill on how to get our debriefing skill act in place. The participants got ample time to practice and get experience, which they would then use on a daily basis and become debriefing masters.

Overall, though it was the first virtual conference of PediSTARS, it was a resounding and thumping success – the sheer number of registrations, number of national and international faculty, the enthusiasm of the delegates and wonderful feedbacks all speak for PediSTARS' commitment to simulation. We wish to see all of you physically for next conference.

There are no goodbyes – We shall meet soon. Until then "Chao"!