

QUICK FACT SHEET

Comparison of Network Partner Programs to the AAMC (2011) Survey Results

The Association of American Medical Colleges (AAMC) 2011 Survey was conducted to assess the current state of simulation in medical education across their 133 AAMC member medical schools (of which Dalhousie University is one) as well as 263 teaching hospitals none of which were Canadian. The AAMC survey included 6 Canadian medical schools, Dalhousie, McGill, Memorial, Universite de Montreal, Alberta and Saskatchewan. The following compares the results of the survey with the Network partners' current operational data in several key areas.

67% OF TEACHING HOSPITALS & 47% OF MEDICAL SCHOOLS

ENGAGE IN SIMULATION ACTIVITIES FOR INTERPROFESSIONAL TRAINING

Most common simulations...

COMPETENCIES addressed in inter-professional training are inter-personal communication and team training.

CONTENT AREAS using simulation as a learning mandate are internal medicine, emergency medicine, obstetrics/gynecology, pediatrics, surgery and anesthesiology.

68%

of simulation for practicing physicians is taking place at medical schools, while 67% at teaching hospitals.

77%

of medical schools use centralized facilities.

59%

of teaching hospitals are centralized.

Simulation is being used in a variety of non-clinical roles including chaplains, genetic counselors, risk managers, volunteers and industry.

ANNUAL OPERATING BUDGET

%	MEDICAL SCHOOLS (CAD Dollars)	
22%	Spend 0 to \$322, 189	
21%	Between \$323, 000 to \$644,378	
22%	Between \$645,000 to \$966, 568	
19%	Between \$967,000 to \$1,288,754	Dal FoM (C3LR & Cadaveric)
15%	Between \$1,300,000 to 2,580,000	

No current budget numbers available for FOH-embedded in programs.

%	TEACHING HOSPITALS (CAD Dollars)	
57%	Spend 0 to \$322,189	IWK
18%	Between \$323, 000 to \$644,378	
9%	Between \$645,000 to \$966,568	QEII
5%	Between \$ 967,000 to \$1,288,754	
11%	Between \$1,300,000 to 2,580,000	

SimEdNetwork

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Both medical schools and teaching hospitals show similar high levels of simulation use for residency training across the first three years. This declines through the 4th and 5th years.

Obstetrics and gynecology uses simulation with residents more frequently than pediatrics.

Simulation is still very much a learning tool to develop and assess skills of learners and has not yet evolved into an organizational improvement tool.

STAFFING

FTE= 40 hours work week over 1yr	Average	Median
MEDICAL SCHOOLS		
Unique People	12.79	6.25
Total Paid Through Budget	4.95	4
Total FTE Supported Externally	7.18	3
TEACHING HOSPITALS		
Unique People	14.98	5
Total Paid Through Budget	3.5	2.5
Total FTE Supported Externally	6.38	2.13

MEDICAL SCHOOLS COMPARED TO TEACHING HOSPITALS

69% COMPARED TO **92%** USE SIMULATION TO TEACH LEADERSHIP SKILLS
46% COMPARED TO **75%** USE SIMULATION TO ASSESS LEADERSHIP SKILLS
28% COMPARED TO **39%** USE SIMULATION TO COMPLETE RESEARCH IN LEADERSHIP

40%

of medical schools use simulation for research and 34% of teaching hospitals do too.

61% of medical schools use simulation based remediation related to **MEDICAL KNOWLEDGE**. 24% of teaching hospitals do.

52% of teaching hospitals use simulation based remediation related to **PRACTICE BASED LEARNING IMPROVEMENTS**. 25% of medical schools do.