

the way real humans do.

"Simulation training is now being required for performance assessment in a growing number of medical fields," says Ziv. "In Israel, anesthesiologists have to demonstrate professional competencies (in simulated exercises) to be licensed."

The Israeli ministry of health now requires all medical interns to complete a five-day "nightmare course" at MSR, during which they are observed in an ER alone handling in a variety of difficult situations.

Simulation exercises are even being used as part of the admissions process for medical school applicants.

"We call it the 'mensch test,'" says Ziv. "Candidates are put through a two-hour simulation during which they are observed in different environments. The object is to assess the individual's ethical judgment and maturity."

Pharmacists and social workers also receive training at the simulation center. American doctors who want to volunteer in Israel are required to attend a five-day session at MSR.

One of the missions of the Israeli Center for Medical Simulation is to assist in the creation of "sister" centers worldwide. In addition to Cleveland, there are centers in Montreal and Winnipeg, Canada, and San Paulo, Brazil. Others are planned for Rome, Italy, and in Rochester, Minn., at the Mayo Clinic. In the meantime, doctors from many countries travel to Israel to receive this unique form of instruction.

"One of our biggest challenges is the high cost of this type of training," says Ziv. "But long-term, the cost benefit makes it worth every penny."

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Dr. Amitai Ziv says new type of medical education is more effective, ethical

By: SUSAN H. KAHN Assistant Editor

"See one, do one, teach one" has been the time-honored model for training new doctors to perform medical procedures.

However, the "do one" part of that progression places patients at risk, with their well-being in the hands of nervous novices.

Since 2001, Israel has been in the forefront of a new type of medical education n simulation training n that allows hands-on practice without jeopardizing patient safety. Located within Chaim Sheba Medical Center near Tel Aviv, MSR n the Israel Center for Medical Simulation n is a "virtual" hospital with a 3,000-bed capacity. To date, the facility has trained over 19,000 practitioners in numerous medical fields n doctors, nurses, paramedics (EMS), social workers and pharmacists.

Now Cleveland is poised to take a leading role in simulation training in the U.S. In June 2004, the Mt. Sinai Health Care Foundation made a \$10 million grant for the establishment of the Case/Mt. Sinai Center for Medical Simulation; by late last year, the center began offering training in its temporary quarters. Currently housed in the VA Hospital on Wade Park Blvd., the center will eventually occupy space in the West Quad now under construction on the former Mt. Sinai Hospital site.

At the recent annual meeting of the Mt. Sinai Health Care Foundation, Dr. Amitai Ziv, founder and director of MSR, explained the importance of medical simulation.


"For years, we have been teaching medicine on the 'apprentice' model, and this creates an unsafe environment," admits the enthusiastic physician. "Simulation is a mistake-forgiving environment; it allows



Emergency room personnel practice intubating a dummy patient at MSR n the Israel Center for Medical Simulation at Chaim Sheba Medical Center near Tel Aviv.

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one to learn from his mistakes without putting patients at risk."

After 20 years in the Israeli Air Force serving as a combat pilot and instructor, Ziv became well acquainted with the efficacy of simulation training. In addition, it is the most ethical type of instruction, he says, because it respects patients' rights and observes the first tenet of medicine, "first, do no harm."

Putting the problem in perspective, Ziv cites a report issued in 1999 by the National Institute of Medicine that blames medical errors for 100,000 deaths annually in the U.S. In part, this situation is a result of reduced patient accessibility, he explains, noting that more and more medical treatment is being done on an outpatient basis.

Simulation practice focuses on the trainee, not the patient. Ziv describes MSR simulation experiences that utilize both high- and low-tech modalities.

Low-tech experiences, those in which "patients" are actors role-playing various scenarios, allow trainees to hone their interpersonal skills. In these exercises, medical personnel gain experience handling difficult situations, such as obtaining a patient's informed consent, delivering bad news, or assessing psychosomatic complaints.

"We can present a textbook case, which is not always how a real patient presents," says Ziv, adding that audio-visual equipment and one-way mirrors ensure effective debriefing and constructive feedback for trainees.

Simulation can also be proactive, offering trainees the opportunity to prepare for "nightmare" situations. Ziv showed slides of hospital personnel coping with victims of a chemical attack. They were practicing administering treatment while clothed in full HAZMAT gear, including helmets and heavy rubber gloves.

"At MSR we can recreate all clinical environments n the battlefield, a market after an attack, a hospital ER, or a clinic," says Ziv who has briefed the U.S. Office of Homeland Security.

High-tech training components include medical simulators like the GI-mentor created by Simbionix, a Cleveland-based Israeli firm. On this machine, a trainee learns to perform gastrointestinal procedures using real surgical tools while watching his actions on a screen. The mechanical "bodies" are programmed to respond