# IMPLEMENTATION OF SIMULATION WITH NEW BUISINESS MODELS

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#### Introduction

Diffusion of simulation is often limited by financial ressources. We tried to join ressources of different institutions reducing costs to test the business model in the low and middle tech sector of simulation (Sept.2010-Apr. 2011).

### **Objectives**

1) Merging human, material and financial ressources of involved institution sto establish a cooperation model for the upgrade to highly advanced & realistic simulation. 2) Planned / structured composition at participants level of interprofessional/interdisciplinary standardized paediatric & neonatal simulation based life support courses.



#### Methods

I) Screening of of ressources :

- -firebrigade: course venue, logistics, trainings materials, instructors
- -MHH Continuing Education of PICU-nurses: logistics & limited liquid money
- -MHH Paed. Cardiology and Intensive Medicine: formal issues, instructors, supplementary material -ERC Paed. Working group and IPSS-members (IPSS Intern. Paed. Sim. Soc.): teaching competencies, concepts and innovation. Internet-offer aimed to physiscians to reach interdisciplinary course composition and more liquid money.
- -Involvement of ERC-instructors in training by longterm assistance of their training-curriculum II) Integration of ressources in one joint business/educational experimental project
- III) recruitement of participants of the paramedic area (pre-hospital emergencies), of PICU-nurses in training and physicians involved in paediatric/neonatal emergencies: course of paramedics of firebrigade, Continuing nursery education course for PICU and paediatric anaesthesia, free offer via ERC-website and mailing-lists. IV) integrating selected future instructors during EPLS-provider courses (European Paediatric Life Support) with continous follow up. Some of them received enhanced traning before instructor course neonatal and paediatric highly advanced simulation training provided by Lou Halamek (CAPE Stanford California) in out-hospitalsetting (Red Cross Center Lower Saxony).

## Results

- 1) Course composition: participants: 12.: paramedic course of firebrigade, staff emergency ambulance, 15 p.: course paed. intensive / anaesthesia care (15 p.), 7 web-based recruited participants: 4 paediatricians, anaesthesist, 1 surgeon, 1 NICU-nurse.
- 1) Course faculty: physicians, nureses, paramedics experienced in paediatric/neonatale intensive / emergency medicine. 5 full-instructors fully paid & 6 instructors in training 2) productive exchange of experiences by professional groups / disciplines
- 3) only 25% of liquid money of a normal training needed.

## **Conclusions**

Combination of ressources may extend simulation training to areas where Simulation is not established due to financial reasons. Our mixed-setting brings interdisciplinary/-professional joint simulation training in those areas joining in- and o ut-hospital professionals. High level of sodidfaction of all involved persons. Next edition is scheduled.



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