



# Gordon Center Director Named President-Elect of the Society for Simulation in Healthcare

Barry Issenberg, M.D., director of the Gordon Center for Simulation and Innovation in Medical Education at the University of Miami Miller School of Medicine, has been named president-elect of the Society for Simulation in Healthcare (SSH).

Dr. Issenberg will serve one year as president-elect, a year as president, and a third year as past president as he transitions from this leadership position.



Barry Issenberg, M.D.

Health care simulation uses innovative technologies to mimic serious medical issues and give medical professionals real-world experiences. The Gordon Center has been advancing simulation for more than four decades, training physicians, nurses, medical students, first responders, members of the military, and others. Dr. Issenberg looks forward to sharing these lessons with a broader community.

“SSH promotes medical simulation through education, research, advocacy, and other means,” said Dr. Issenberg, who is also professor of medicine, the Michael S. Gordon Chair of Medical Education, and senior associate dean for research in medical education. “The mission is to advance simulation to prepare practitioners to provide more effective and safer care.”



## The Gordon Center and Harvey

The Gordon Center trains providers, conducts research, develops educational materials and simulation systems, and disseminates these materials and technologies internationally.

“Each year we directly train approximately 18,000 people,” said Dr. Issenberg. “About 70% are first responders who answer 9-1-1 calls. The rest are medical students, residents, nurses, physicians, and other allied health care professionals.”

One of the center’s primary technologies is Harvey, a medical mannequin that helps providers refine their diagnostic skills. Harvey was first demonstrated in 1968 by Michael Gordon, M.D., and is now in its tenth generation.

“Michael Gordon was a cardiologist, and he realized that, in a typical four-week rotation, medical students and residents could never experience every patient condition,” said Dr. Issenberg. “The idea was to develop a full-body mannequin that could simulate nearly any cardiac issue a practitioner might see during their career.”



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Harvey can easily replicate a wide range of cardiovascular conditions. The mannequin is equipped with arterial pulses in the neck, arms, and upper legs, which are synchronized with breath sounds, heart sounds, and murmurs to indicate specific problems.

The technology helps trainees refine their diagnostic skills and recognize diverse conditions when caring for actual patients. In addition to Harvey, the Gordon Center offers a comprehensive curriculum in a wide range of clinical disciplines.

“Harvey is one of the earliest devices to show skills learned on a simulator translate into better care for patients,” said Dr. Issenberg. “There are some countries that actually use it on their national licensing exam, such as Canada and places in Australia.”

Over the years, Harvey’s microprocessors have advanced and the number of conditions it can replicate has expanded. With Dr. Issenberg at the helm, the Gordon Center is now working on an entirely new generation that will take advantage of extended and augmented reality and other technologies.

## **The Society**

Dr. Issenberg hopes to leverage his position at SSH to expand



the use of simulation and teach more practitioners. So far, simulation has been difficult to scale; training 400 people is far more challenging than training 40. In addition, not everyone has space for intensive training.

“We need to think about the busy nurse or physician, who probably doesn’t have time for an eight-hour training session,” said Dr. Issenberg. “They may only have a half hour or an hour. How do we design that session to be more efficient to their needs?”

Dr. Issenberg and colleagues also want to integrate simulation more seamlessly into health professions education, to ensure learners have greater access to the technology.

“We need to examine how simulation centers can serve the academic missions of medical schools and hospitals,” he said. “How do we get out of being a silo and becoming more integrated within the health system? That’s when simulation will have a greater potential to make a wide-scale impact on patient care.”

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