

Preface

I was a medical student from 1972 to 1977 and subsequently specialized in anesthesia. As a student and trainee I learned how to perform procedures on patients. Sometimes I was supervised but often not, and, while I always tried my best, not all my early attempts were successful, and I know I caused complications. I thought this was how modern medicine should be taught, and with practice I became proficient in a wide range of invasive techniques. As a specialist in anesthesia, I also taught on patients but toward the end of the twentieth century discovered that simulation could be a safer alternative. Like most practitioners at the time, I thought that simulation was a relatively recent innovation in healthcare education and that I was an early-adopter of new technology. Searches for early examples of simulators only confirmed this belief. I developed an interest in using simulators for teaching and developed an airway teaching program to improve patient safety [1].

I received some invitations to present on simulation in healthcare education and wanted to provide some history of simulation in education and training. I discovered that the use of the term simulation in this setting was new but the use of what we now call simulation wasn't new at all and had been used hundreds of years ago.

In the nineteenth century in particular, as healthcare professions were established and new medical procedures were developed, simulators were often devised for novices to acquire relevant skills and avoid harming patients. I have included many quotes in this book to make it clear this is not just my interpretation of how simulation was used in earlier times. If this aspect of medical history had been preserved, vast numbers of patients would have received better care and had fewer adverse events. There has been a resurgence of interest in simulation, but it is not universally integrated in entry-level education and training in all health professions and in continuing professional development. Simulation-based training has a cost, but the true cost of training on patients is hidden.

The very early adopters of simulation faced exactly the problems that are being encountered by contemporary users of simulation including lack of funding and indifference of colleagues to new ways of teaching. We should learn from history rather than repeat it.

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Reference

1. Owen H, Plummer JL. Improving learning of a clinical skill: the first year's experience of teaching endotracheal intubation in a clinical simulation facility. *Med Educ.* 2002;36:635–42.

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