

Minutes for Committee Members Meeting

Date: March 20, 2014

Time: 12:00 PM CDT

Means: Conference Call

Attendees: Ahmet Erdemir
Lealem Mulugeta
Bill Lytton
Jerry Myers

Not Available: Gary An
Marc Garbey
Lu Tian
Joy Ku
Jacob Barhak
Tina Morrison

Agenda:

1. Update from HFES in Healthcare 2014 - 15 minutes
2. Update from Joy Ku interview with Neuropace - 10 minutes
3. Survey progress update - 10 minutes
http://wiki.simtk.org/cpms/Ten_Simple_Rules_of_Credible_Practice/Survey_Design
4. Update on proposed publication on Committee's perspective on 10 simple rules - 5 min
5. Glossary - 5 min
6. Other business - 10 min

New and Continuing Action Items:

Data analysis group:

- Need to start working on a data analysis plan for the survey

Lealem:

- Add all publically available NASA-STD-7009 related documents and presentation available in Zotero database, and share with the Committee members

Ahmet and Joy:

- IRB exemption application

Notes:

- **Update from HFES in Healthcare 2014**
 - The presentation did not end up being a panel. It was organized such that the different panel members gave their own individual presentations to cultivate an open questions and discussions.
 - John Rice organized the panel Ahmet was a part of and a previous session to deliver the message that M&S is great for addressing human factors & ergonomics as well as healthcare related challenges, but we need to be careful on how we go about using M&S. Even in physical based simulations for training purposes, there are many assumptions that result in similar problems regarding overextending the applicability of the simulations for training purposes. Physical simulations are being combined with computational simulations as well which the work of CPMS are going to be very applicable to.

- Ahmet interacted with many people during the conference with some organization representatives with related activities. Those of particular interest were:
 - Human factors coordination center in DC may be an organization that we may want to engage at some point since some of their work seems to have some crossover.
 - There was a Stanford investigator who has been to a NASA mission control center and likened how they deal with their hospital control centers in a similar manner.
 - Yue Dong from HSS who Lealem met at IMSH was also present. Ahmet reconnected with Dr. Dong regarding possible future collaborations with the HSS Healthcare Systems Modeling & Simulation Affinity Group.
- In general the society and other groups seem to be in a state of trying to figure out how to use simulations most effectively and safely. It also appears that CPMS has the greatest traction in mapping the path to appropriate methods for applying M&S for healthcare.
- The event overall was good visibility for the committee.
- **Update from Joy Ku interview with Neuropace**
 - Joy was not there to talk about this, so she will give an update at the following meeting. However Bill provided some thoughts:
 - Identifying and reviewing M&S that have been used in the clinic successfully, how they were used and what was done to achieve this.
- **Survey progress update**
 - Joy provided an initial review of the survey and then it was later privately released for Joy and Lealem, two members of the executive and advisory council members were asked to review to provide feedback on the design. Ahmet is waiting for only one more feedback before submitting it through IRB exemption through Cleveland Clinic. Joy may or may not need to submit it through IRB exemption.
- **Update on proposed publication on Committee's perspective on 10 simple rules**
 - This is an activity to see if there is any value in putting effort in pursuing the publication. There are clearly some differing opinions on if we should wait until the community survey is complete, or if we should also publish the committee internal survey results. However, we will allow the committee as a whole provides feedback on this consideration. Based on the overall outcome of the committee's feedback, Ahmet and Lealem will determine if they will invest the necessary time to lead the charge in publishing the results.
 - Only two more people have yet to provide feedback. They will be given until the end of the day to provide their feedback. Ahmet and Lealem will provide a summary of the result.
 - If the decision is made to publish the results, Lealem and Ahmet will provide an outline.
 - As noted by Jerry, even if we decide to not publish the result as a single article, it may be beneficial to write short magazine or online articles on the concepts we've identified regarding credible practice. There are many options on how we can approach this.
 - At the end of the day we need to justify our time on how we invest our allocated hours to key activities, and the Co-chairs need to be considerate of other people's time
- **Glossary**
 - Lealem and Ahmet will email some advisory council members to help us to define some of the terms. This is a pending action item from the previous item.
 - In the mean while, others should feel free to define terms.
- **Other business**

- We need to also be more proactive in effectively communicating and focusing the objective of the committee. As noted by Bill, although there are many interesting areas of interest such as healthcare control centers, we need to tackle our core focus area so that we do not dilute our overall focus. These other areas have their own complexities, and possibly their own ten rules. However, as noted by Ahmet, we need to also recognize the commonalities among these other groups and areas of interest in order to effectively collaborate with each other.
- The rules and guidelines that are going to be established should not be such that they narrow the path for how M&S should be done in various areas. They should be written in such a way that they should allow guidance on the fundamental principles to be followed. However, the degree to which the principles are followed and what M&S types used should be left up to the modelers and the state of knowledge in the particular field. It is well recognized that the level of sophistication that is possible or even required in a particular area of work should not be expected to be held to the same level of rigor as another. Furthermore, the guidelines we established should be updated periodically to reflect the new state of knowledge and expectation regarding M&S in healthcare.
- The suggestion was made to reduce the meetings to 30 minutes. Given the busy schedule of every member, this may be why we are not getting a full participation every meeting. So a shorter meeting may promote greater participation. So we will try 30 minute meetings for a while to see how it works, and if we are not covering sufficient ground, we will revert back to one hour meetings.
- The suggestion was made to hold the meetings at the same time every two weeks. However, we had tried this in the past, but the dynamic nature of most people's schedule made it very difficult. So we will continue to schedule the meetings to accommodate as many people as we can for each meeting.