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SEXUALITY, REPRODUCTION & MENOPAUSE

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What happens when the fire alarm goes off?

Nothing. Well, not exactly. People look at each other, ask if this is a real fire, and then stay where they are until they smell smoke. Then they join a long line of people slowly winding their way down the nearest staircase, talking on cell phones and trying to keep their coffee from spilling. There's no sense of urgency, perhaps because we have become accustomed to—and desensitized to—fire alarms and fire drills.

It's a catch 22: The drills train people about the evacuation procedures and accustom them to leaving the building. But, the process takes away the sense of purpose. Is there a better way to do this?

The aviation industry's use of "simulations" teaches crew members to respond correctly in unexpected circumstances, as equipment simulates events that could happen in flight—but would be too dangerous to practice in real airplanes.

Today, many medical programs are setting up simulation centers to train students, physicians, and medical teams, preparing them to function effectively when confronted with rare events or unusual or difficult procedures. Simulation duplicates the real event, but—as in the case of simulated flight training—does so without danger to the patient. Mimicking real events in real time, staff members learn how to perform their jobs without hesitation.

Do drills and checklists provide this hands-on experience? Do they create the ability to deal with the unexpected? Or do they, like fire drills, desensitize us to situations?

Last month, my column focused on checklists and asked if they are really necessary. Some readers agreed and some didn't. (See "Letters to the Editor," page 6.)

Perhaps we should ask a more fundamental question: "Does what we do work?" Should we replace our current processes with tactics to build preparedness instead of using what may work for others?

Keeping the focus on what we (or our institutions) need is also essential: We don't live in a one-size-fits-all world. A winter coat in Anchorage will not be suitable in Miami. Sure, some principles apply, but a direct copy just won't work.

Similarly, as technology changes, our procedures should take advantage of advances—and regard change as a benefit, not a hindrance. Why use paper if using electronics increases efficiency? Of course, the important part of that sentence is "if." Conversely, if paper is better, why not retain its use? We should focus on platforms for information delivery, training, and communication to best meet specific needs.

I see a society-wide tendency to forget that medical providers—not insurance professionals or administrators—care for patients. We, as healthcare professionals, need to take the time to rethink what "we" do, not be afraid to try a new process or reassess what works best for us and our patients—and stand by the outcome. This way, when the fire alarm goes off, we actually do something safely and efficiently.

Collegially,



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