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Using Pretend Patients to Train for Real Crises

By MATT FLEGENHEIMER SEPT. 5, 2011

The patient lay motionless in a Manhattan hospital room, his face pale, his gaze glued to the ceiling. He had no pulse.

“Start CPR,” the doctor said.

A nurse began administering chest compressions. “One and two and three,” she counted, all the way to 30. The patient did not budge. The doctor grimaced.

Another nurse tried to revive the patient using a defibrillator. “All clear,” she said, claspng the paddles. A roomful of observers leaned in.

“Pulse,” the nurse finally said. The onlookers applauded.

But the doctor, Demian Szyld, was not satisfied. He looked down at the mannequin on the table in front of him.

“Hey, Tom,” he called to a technology specialist watching the proceedings from behind a laptop computer. “Why can’t we get him to moan?”

And so it was, days before the grand opening of a \$20.8 million training center nearly a decade in the planning, that staff members encountered a truism of mock emergency medicine: Sometimes even a \$75,000 mannequin, able to sweat, cry, cough or vomit, will not moan on command.

“We’re trying to get everything smooth,” Dr. Thomas Riles, the executive director of the new disaster-simulation center, said later. “We’ve got a lot of work to do.”

Created, in large part, as a response to the Sept. 11 attack, the New York Simulation Center for the Health Sciences is scheduled to officially open its doors on Tuesday on the third floor of Bellevue Hospital Center in Manhattan.

Supporters say the facility will be the most advanced of its kind in the city: a high-tech site where emergency personnel can train for just about any calamity — terrorist attacks, accidents, natural disasters — that can be replicated by a team of some of the most sophisticated mannequins to be found anywhere.

“Disasters are really uncommon, fortunately,” Dr. Riles said. “No one is ever completely prepared. But we think with a facility like this, we can simulate or practice for any eventuality.”

The project, a collaboration between New York University’s Langone Medical Center and the City University of New York, is financed by \$10.4 million each from the state and the city. Sheldon Silver, the Assembly speaker, a Democrat whose district includes ground zero, said he first sought a space for simulation training shortly after Sept. 11.

“It probably should have come out before 9/11,” said Mr. Silver, whose offices overlook the construction site where the World Trade Center towers once stood and feature a framed aerial photo of the wreckage. “But if you save one life as a result of the training, it’s all worth it.”

Organizers said hospital workers, emergency responders, medical school students and city agencies like the Fire Department are expected to make use of the center. Officials from three city agencies, all of which have their own programs for emergency training, said they had not yet scheduled any sessions.

Iris Weinshall, vice chancellor at CUNY, said the cost to train at the center may vary by group.

“If a volunteer ambulance corps came in, I don’t think the center would envision charging them,” she said. “If it was a money-making operation, like a pharmaceutical company, I think we would begin to develop a structure we could use to have a little cash available.”

New York Downtown Hospital was originally envisioned as the site for the facility, but when the space proved too small, Bellevue was chosen as the location, Mr. Silver said.

Dr. Riles said he visited similar centers across the country, including facilities at Stanford University, the University of Pittsburgh and Thomas Jefferson University in Philadelphia, for inspiration and consultation on the design.

Last week, with the scheduled opening fast approaching, construction crews labored to make up for time lost to Tropical Storm Irene. With wires still snaking across the hallway floors, Dr. Szyld, who is the associate medical director for the center, and his team carried out a practice simulation on Wednesday.

Cameras and microphones hung from the ceiling, allowing participants to watch, hear and evaluate themselves after the exercise. Two technical workers operated laptops, while three nurses, an emergency medical technician and Dr. Szyld tended to the mannequin. The facility houses more than a dozen mannequins, Dr. Riles said, with each costing \$15,000 to \$250,000.

Down a hallway, actors rehearsed their lines for opening day, during which they will serve as patients in a round of mock examinations with medical students.

“I have pains in my leg,” said Joan Kendall, fixing her white hair as she sat up on an exam table.

“Is it, uh, just your leg?” asked Jesse Means, another actor.

The mannequin, which has acrylic teeth, human blinking patterns and tiny slits from which perspiration can flow on its face, delivered a performance that was at least as convincing, responding on cue to the defibrillator shock applied by Dr.

Szyld's emergency crew.

As its pulse eased back to normal, though, the mannequin's next stop remained unclear. A few doors down, the center's mock intensive care unit was not yet ready to receive plastic patients.

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