INTRODUCTION
• Simulation is increasingly used in rapid response and medical emergency team (RRT and MET) training. It is particularly useful when starting and sustaining a rapid response system within a hospital.
• Recently, the validated programs of a well-established simulation center have been shared with other centers by institutional collaboration.
• The purpose of this study is to evaluate whether a standardized simulation-based crisis team training program would be successfully transferred to another simulation center.

METHODS
• The crisis team training (CTT) course developed and validated in an academic simulation center (WISER - University of Pittsburgh) was transferred to another academic simulation center (SimTiKi - University of Hawaii) utilizing specific curriculum transfer strategies in 2007.
• Four components of the CTT course
  - Web-based pre-course curriculum before coming to class
  - Brief didactic lecture reviewing key concepts of team performance
  - Skills performance sessions: simulation scenarios using the Laerdal SimMan UPS with video-recording
  - Facilitator moderated debriefing using a novel web-based interactive debriefing tool

• Curriculum transfer strategies
  - WISER curriculum was transferred to another academic simulation center (SimTiKi - University of Hawaii) utilizing specific curriculum transfer strategies in 2007.
  - The web-based pre-course curriculum was helpful 4.37±0.72 4.52±0.67 0.015
  - The simulation was helpful 4.37±0.72 4.52±0.67 0.015
  - The web-based pre-course curriculum was easy to use 4.01±0.75 4.16±0.77 0.538

• Statistical analysis:
  - SPSS version 13.0 for Windows
  - Chi-square test and Fisher’s exact test with Monte Carlo method for categorical variables and Student’s t-test for numerical variables
  - We compared the data from web-based real-time course data aggregation evaluation instruments for the courses conducted at the two centers in calendar year 2009.
  - We compared the data from pre-class surveys (14 questions), pre-test score (26 questions), post-class evaluation (51 questions) and objectively measured during-class task completion rates of two centers.

RESULTS
• 205 trainees in 16 classes at WISER and 255 in 21 classes at SimTiKi participated. The pre-class survey and post-class evaluation were completed by 193 participants (94%) at WISER and 196 (77%) at SimTiKi.
• There were no significant differences in trainees’ postgraduate experience in healthcare, previous course experience, self confidence and competence during a crisis team response and their own field of training, and pre-test scores between two centers.
• Pre-class attitude toward full scale patient simulation (5-point Likert scale; 1=strongly disagree, 5=strongly agree)
  - I am uncomfortable with simulation-based competency training 2.21±0.80 1.99±0.71 0.004
  - ...because I am embarrassed to perform in front of others 2.43±0.96 2.21±0.81 0.001
  - ...because I do not believe it is valid 3.85±0.77 1.07±0.64 0.005
  - ...because it is unrealistic 2.03±0.89 1.92±0.73 0.011

• During-class task completion rates of two centers

• Post-class evaluation of two centers.

CONCLUSIONS
• A standardized simulation-based RRT and MET training program of an established simulation center was able to transfer successfully to another simulation center, using a structured curriculum transfer methodology.
• Despite pre-course differences in comfort with simulation training, task completion and performance between the two centers were similar.

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