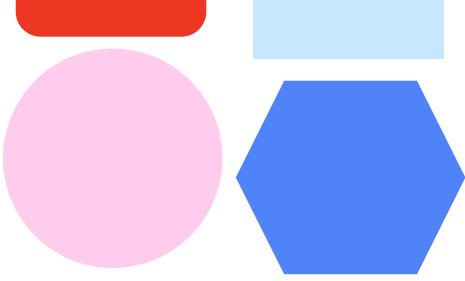


Education

The Østergaard Declaration

A European Society of Anaesthesiology and Intensive Care Statement on Advancing Simulation-Based Education and Training

Launched in 2026 at Euroanaesthesia, Rotterdam, The Netherlands



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The Østergaard Declaration Dedication



In recognition of a lifetime of exceptional leadership and transformative contribution to medical education and patient safety, we are honoured to name this Declaration after Doris Østergaard, Professor of Medical Education and Simulation at the University of Copenhagen and Director of Research at the Copenhagen Academy for Medical Education and Simulation (CAMES). An experienced anaesthesiologist and educator, she has dedicated her career to advancing simulation-based education and training to improve clinical performance and reduce medical error. Through her research, policy work, and leadership in ESAIC and beyond, Østergaard has helped establish simulation as a cornerstone of modern patient safety strategies, emphasising interdisciplinary teamwork, effective communication, and systems-based approaches to care. Her work continues to guide the evolution of healthcare education and the pursuit of safer clinical practice worldwide.

Crina L. Burlacu
Chair ESAIC Simulation Subcommittee

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Preamble

Simulation-based education and training (SBET) represents one of the most transformative developments in modern healthcare education and practice. SBET is no longer optional; it is a core professional, organisational, and ethical imperative. It improves individual procedural, social, and cognitive competence, strengthens team performance, reveals latent system vulnerabilities, and directly contributes to patient safety. Its effectiveness is supported by decades of strong evidence.¹⁻⁶

However, this extensive body of research¹⁻⁶ along international consensus^{7,8} has not translated into consistent integration across European education and healthcare systems. Access and implementation vary widely, funding is inconsistent, and faculty time is often unprotected, with simulation still frequently treated as ancillary rather than essential healthcare infrastructure.^{9,10} Consequently, established best practices—including standardised, curriculum-based national SBET programmes¹¹⁻¹³ are not consistently implemented, creating inequities in training quality, workforce preparedness, and patient safety outcomes.

The European Society of Anaesthesiology and Intensive Care (ESAIC) asserts that this gap between evidence and practice is no longer tenable.¹⁴ The focus must now be on the systematic, sustainable, and equitable implementation.¹⁴ SBET must be recognised as critical healthcare and educational infrastructure, requiring governance, strategic investment, and professional accountability.^{6,13-16} This shift demands moving from viewing simulation as a supplementary educational tool to recognising it as a system-critical intervention underpinning patient safety, workforce competence, and organisational performance.

The ESAIC pledges to lead this transformation, providing guidance and strategic direction to ensure that these principles are translated into professional education and practice across anaesthesiology, intensive care and perioperative medicine, interprofessional collaborative care practices, and organisational systems.

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ESAIC Vision: Key Statements

The following **Key Statements** define how SBET shall be embedded across professional training, team development, and organisational governance, ensuring it becomes a cornerstone of safe, high-quality, and resilient care for all patients.¹⁴

- **The effectiveness of simulation in all domains of anaesthesiology, perioperative medicine, and intensive care has been firmly established;** it is time to turn evidence into action through implementation. The central challenge has shifted from evidence generation to governance, integration, and sustainability. Implementation science should be used to facilitate simulation.
- **Simulation is a patient safety intervention that improves individual learning, addresses human factors, strengthens teams, and healthcare systems.** Its value lies in developing competence for individuals and teams, thus preventing patients' harm.
- **Equitable access to high-quality simulation should be a priority.** There is an equity issue in access to simulation. Fragmented implementation risks widening disparities between institutions, regions, and countries.
- **Psychological safety, feedback, and debriefing are core components of simulation.** Simulation relies on structured reflection during debriefing, enabling individuals and teams to learn from experience, explore errors openly, and transfer learning into practice to improve care.
- **Simulation must be embedded across the entire professional lifespan.** From initial specialist training to continuing professional development, simulation should be used regularly, shifting from passive to experiential, interactive, and interprofessional learning throughout a professional's career.
- **Faculty development and professional recognition of simulation-related roles are prerequisites for sustainable simulation programs.** Simulation requires expertise in educational theories, simulation design, facilitation, debriefing, human factors, and systems thinking.

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- **Simulation necessitates protected time for learners and trainers.** Simulation-based training needs careful planning of activities, as well as prepared learners and faculty. Simulation should not be seen as an add-on, but as a substitute for other less effective activities. Activities should be delivered within normal working time.
- **Simulation should be evaluated by its contribution to safety, quality, and resilience, not by cost-effectiveness alone.** Value-based approaches are needed to move beyond narrow return-on-investment models. Educational and healthcare institutions should support simulation activities given the positive effects.
- **In addition to being an educational approach, simulation-based education in anaesthesiology is now an essential and strategic healthcare infrastructure.** It underpins patient safety, quality improvement, workforce resilience, and system performance by enabling both transformational learning at the individual and team levels and transformative change at the organisational and system levels.
- **European anaesthesiology has a unique opportunity to lead through coordination rather than uniformity.** Shared principles, adaptable frameworks, research networks, and collaborative implementation can strengthen anaesthesiology, perioperative medicine, and critical care across diverse healthcare systems.

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From Vision to Action: Strategic Continuity and Implementation

In response, ESAIC recognises that leadership, policy, and coordinated action are required to turn this vision into reality. To achieve sustainable, Europe-wide implementation, ESAIC pledges to pursue the following **Actionable Objectives**.¹⁴

- **Adoption of the European Simulation Curriculum** for anaesthesiology specialist training¹¹ across National Anaesthesiologists Societies to ensure uniform excellence in SBET, underpinned by thoughtful adaptation to the specific context, healthcare systems, and cultural frameworks of individual jurisdictions.
- **Alignment of the Simulation Curriculum with the domains and competencies of the European Training Requirements**¹⁵ creating a seamless integration of training and certification standards.
- **Foster Collaboration and Exchange** including sharing of resources between institutions, such as programme outlines, content, simulation scenarios, and faculty, to avoid duplication, maximise efficiency, and build networks of excellence.
- **Support Simulation Faculty Training and Development** to ensure expert facilitation and sustainable educational leadership.

Through these actions, ESAIC will continue its role as catalyst, convener, and steward, supporting the implementation of these principles and objectives across Europe.

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Call to Action: Commitment and Adoption Across Europe

ESAIC calls upon all stakeholders—educators, clinicians, institutions, and policymakers—to embrace this vision, commit to its implementation, and ensure that SBET becomes a universally accessible and fully integrated component of professional education and practice.

National Anaesthesiologists Societies are invited to adopt this Declaration, aligning their programmes with its principles to support harmonised, high-quality SBET across Europe.

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