

SAFETY

simulation for medical practice

SIMULATION APPROACH FOR
EDUCATION AND TRAINING
IN EMERGENCY

R5.3 Turning the new training material into e-learning modules



BODYINTERACT™
VIRTUAL PATIENTS



Co-funded by the
Erasmus+ Programme
of the European Union

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

R5.3 Turning the new training material into e-learning modules

According to the project description, T5.3 consisted of building new e-learning modules with the training material developed in T5.1 and T5.2 (6 scripts of emergency situations lacking a team member and 3 scripts with the appending part concerning patient's panicked relatives).

Before enacting the scripts the same consent form for privacy disclaimer used in WP4 (T4.3) was adopted to obtain the authorization to record and deliver the e-learning modules.

These practical modules consisted of the developed clinical scenarios, which were enacted in full in the simulation centres of the academic partners. All academic partners were tasked to pilot the courses with at least 40 learners. Learners were defined as medical students, in-training doctors, healthcare professionals or physicians who wanted to learn and revive emergency medical skills.

The whole performance (with simulation device and subsequent debriefing) practical simulations were recorded following the action plan issued with WP4.

- Each simulation was recorded with a minimum of 8 learners, to fulfil the minimum total of 200 learners across the consortium
- Depending on the scenario each centre had the freedom to choose how the learners were divided, and they were used as participants in the scenario, actors for the enactment or audience members
- All learners took part in the debriefing
- Each scenario resulted in a video of 20-25 minutes, with the following structure:
 - Briefing-3-5 mins
 - Play-out of the scenario- 5-10 mins
 - Debriefing- 15 mins

The scenarios were recorded using the internal video recording software available in each centre. Video editing were done in-house by each partner and the recorded scenarios were delivered to InfoTech for uploading on the YouTube channel and inclusion in the Moodle platform in the assigned module.

R5.3 Turning the new training material into e-learning modules

The 9 e-learning modules developed in WP5 are attached below:

- Emergency situations lacking a team member:
 - Epilepsy missing nurse: <https://www.youtube.com/watch?v=2FtLJrv5nXI&authuser=0>
 - Epilepsy missing doctor: <https://www.youtube.com/watch?v=F-jQ9JFDP1o&authuser=0>
 - Thermal injury (two patients same time):
<https://www.youtube.com/watch?v=MIkf4tRixvU&authuser=0>
 - Infant dyspnea (missing doctor, team leader): <https://www.youtube.com/watch?v=E-rLjV-9HYw&authuser=0>
 - Opioid Intoxication missing doctor: <https://youtu.be/nzoo1EGVp4w?feature=shared>
 - Opioid Intoxication missing nurse: <https://youtu.be/6Ya2Pl-Kd1A?feature=shared>

- Emergency situations with panicked patients' relatives:
 - Neonatal sepsis (panicked mother):
<https://www.youtube.com/watch?v=ZafnY9Lexl4&authuser=0>
 - Hypertensive crisis (panicked relative):
<https://www.youtube.com/watch?v=EQnvsHhRmX8&authuser=0>
 - ALS-CPR (panicked relative):
<https://www.youtube.com/watch?v=VpkPIh5NYec&authuser=0>