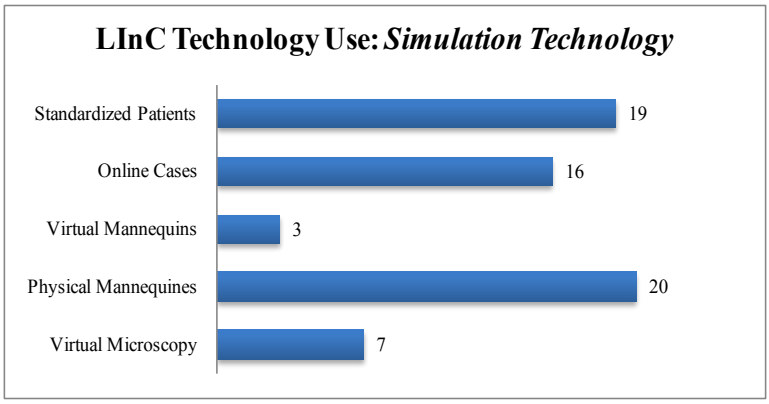
LInC Technology Use Survey for Teaching & Learning: *Simulation Technologies*

Results

Thirty-seven of 58 participants report using *simulation technology* in their teaching. The majority of respondents use simulation technologies for training and demonstration; other use is described as an effective tool-kit for problem solving, feedback, exams, and Objective Structured Clinical Exam (OSCE).



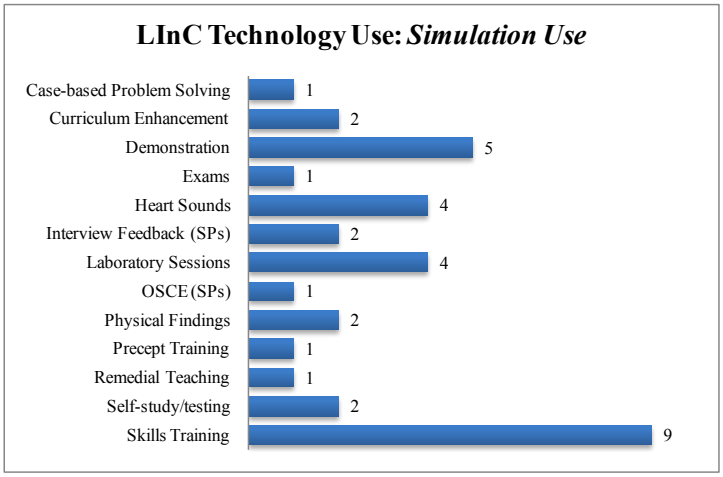
Twenty of 37 respondents report use of *physical mannequins*, citing their primary use as demonstration and skills practice specific to IV insertion, airways, heart sounds ("Harvey is a big hit!"), postpartum hemorrhage, and "uncommon emergencies". One reports using physical mannequins for remedial teaching, as well as in the classroom.

Nineteen of the 37 respondents report using *standardized patients* for 1) generating patient feedback of physical exams and interviews; 2) skills practice for clinical training; and 3) OSCEs.

Online case use was reported by 16 of the 37 respondents citing self-study and precept training as the rationale.

Seven respondents report using *virtual microscopy* in the laboratory, citing the tool as "essential for histology", and is easily incorporated into BLS Vista and PowerPoint.

Three respondents report the use of *virtual mannequins*, although the one who gave a context for use also offered the qualifying explanation that the equipment is both "*time and resource intensive*" and the "*closest thing we have…*".



UMMS user comments not included in the cover sheet…

"…small pool of SPs, students get sick of seeing the same people and often confuse previous stories with new script. Not enough diversity in our SP population. Sometimes the SP is late or forgets to come and this ruins entire session if it was highly dependent on SP (as is often the case due to expense and training investment). SP turnover and burnout; new actors may bring fresh perspective or may misplay case due to inexperience. Acting is still just acting and genuine patient responses may be lost. Students are sometimes sick of SPs and do not always want to actively participate."

…most (SPs) do a good job seeking information regarding how the faculty member wants the case to unfold

…can't beat B line - web accessible…

…not the most advanced of simulation models so only provides limited additional value.

[VM] requires scanning of slides by off-site company (little control over quality of scan and slow turnaround time), very data-intensive process - requires high bandwidth hard-wired connectivity, often slow download times and slow manipulation of images, limited ability to focus images.

The bline [sic] camera does not zoom.

…artificial/inauthentic feel (I struggled with SP as a student and even as a fellow. I couldn't be authentic, and felt as though I was under performing.)

Weakness if don't require students to do some observing on their own - without faculty direction, possibility they won't develop their own powers of observation. They don't have to be pathologists but doctors are "observers" regardless of their specialty.

…physicians care for very few simulated patients

SPs -- mixed reviews -- feels "fake" and many SPs need to "stand on their soapbox" to emphasize a certain point (i.e. a smoker that harps on students about how they approach questions about smoking)