Health Care and Nursing Simulators

Our virtual case-based simulations provide an environment for meaningful, on-demand, discovery-based learning of crucial health-care expertise in controlled settings in which users can practice and refine an array of skills, including critical thinking, decision making and differential diagnostics.

The technologies overcome a host of challenges in both the near and long-term future of medical education that will decrease opportunities for clinical experiences. Virtual case-based simulations are ideal to induce critical thinking and develop differential diagnostic skills. Immersion is an established learning strategy for complex content such as medicine.

Virtual case-based Simulators are perfect learning environments and assessment tools!
Students are being assessed every moment!

We believe our success is attributable to following core competencies:

- Taking advantage of our previous experience in the designs of highly attractive simulators for different industries, learning, and assessment.
- Technology diagnostic: our technology preferences are based on our client constraints (development schedule, project cost, and deployment platform) and performance metrics.
- Supporting data collection, reporting and presentation with game and simulation products purposefully designed and instrumented for research, education and assessment.
- More than 15 years of experience, today we have multiple platforms with health care organizations around the world. Healthcare accounts represents for 70+% of our business.

The Simulators are mounted on a platform that includes numerous product families and focus areas.

Platforms:

vHealthCare™ a simulation platform that supports today's teaching and assessing techniques which guides learners to construct knowledge through active problem solving within a relevant context. Modern research shows that lifelong learning and critical thinking occur by placing students in the center of learning, by tailoring teaching to individual needs and connecting knowledge to hands-on experience.

Medical professionals are also aware that real-life experience is mandatory in acquiring the requisite physical and intellectual skills of clinical practitioners. Simulation is an emerging key theme affecting teaching and learning. Our simulation platform ***vHealthCare™*** medical simulation development platform is a strategic part of this learning shift. As an educational application, it provides a realistic problem context where students take on clinical roles, apply medical concepts and principles and do it in a virtual environment.

Con ***vHealthCare™*** se pueden obtener créditos de:

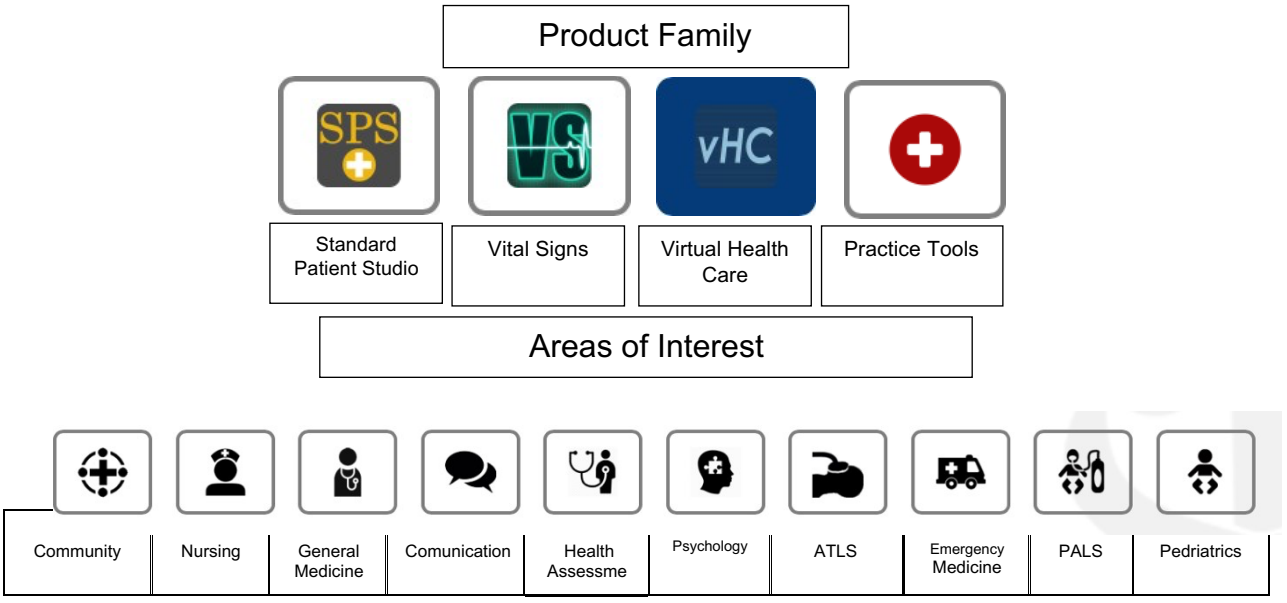
ACCME ACCREDITED

ANCC AMERICAN NURSES CREDENTIALING CENTER

vHealthCare™ is a dynamic immersive virtual learning space for students and practitioners in health care. It provides a lifelike, interactive environment for the health care professional that incorporates discovery, analysis, interpretation, performance, and problem solving. Along with hands-on experience, students can take command of their education through self-testing and assessment within the program. The program will also allow educators to guide students by detailed individual assessment.

Students will be able to access *vHealthCare* and take advantage of clinical experiential learning, anytime, anywhere. Users may include nursing and health professionals, first responders, and emergency response personnel.

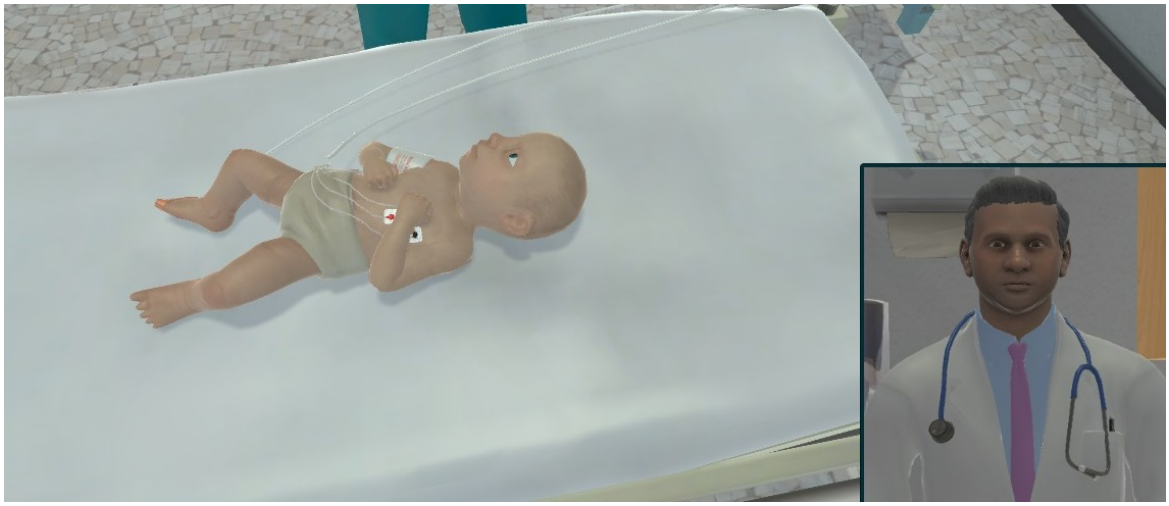
The content of the portal can be classified by Product Family and filtered by Areas of Interest such as:



Vital Signs™ Simulator

Vital Signs is a single participant designed to recreate the stress and confusion of the Emergency Department to assess user decision making under stress. Vital Signs has been validated independently by researchers as achieving physician behaviors and outcomes consistent with real world practice.

The student must diagnose, stabilize and make discharge decisions for multiple simultaneous realistic patient simulations under time pressure. While making critical care decisions the student must also deal with different minor events designed to increase their stress and better simulate the distracting and hectic environment of an emergency room.



Vital Signs Simulator, ER (Grouped by Type of Case)

#	CASES	COURSE TYPE	DESCRIPTION
1	Subdural Hematoma	Older Adult Cases Course Code VSEDS2320Z2	This scenario involves a mix of older adult patients (58-yo plus) who present to the ED with different issues. These issues include headache, hypertension, CHF, rectal bleeding, fractures, head injury, and life-threatening injury sustained in a vehicle accident. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED
2	Fractures, 01		
3	Fractures, 02		
4	Fractures, 03		
5	Chronic Heart Failure		
6	Hypertension		
7	Musculoskeletal		
8	Arteriovenous Malformations		
9	Aortic Transection		
10	Sepsis, 01	Infection Cases Course Code VSEDS3320Z3	This scenario focuses on patients arriving at the ED with a variety of symptoms such as fever, pain, and weakness of limbs that suggest infections. Their ailments include sepsis, febrile seizure, cellulitis, osteomyelitis, appendicitis, neonatal fever, and transient synovitis. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
11	Sepsis, 02		
12	Cellulitis		
13	Neonatal Fever		
14	Transient Synovitis		
15	Osteomyelitis		
16	Febrile Seizure		
17	Appendicitis, 01		
18	Appendicitis, 02		
19	Fever Neutropenia		
20	Septic Shock		
21	Ankle Pain, 01	Injury Cases #1 Course Code VSEDS4320Y4	This scenario contains patient cases with injuries that resulted from accidents, assaults, or were self-inflicted. These injuries include fractures on different parts of the body, ingestions, gunshot wound, and head injury. As the ED doctor, you determine the initial treatments, primary and differential diagnoses, and disposition of the patients from the ED.
22	Ankle Pain, 02		
23	Gunshot Wound		
24	Arm Pain, 01		
25	Arm Pain, 02		
26	Motorcycle Collision, 01		
27	Motorcycle Collision, 02		
28	Nausea, 01		
29	Nausea, 02		
30	Assault		
31	Bicycle v. Auto		

Vital Signs Simulator, ER (Grouped by Type of Case)

#	CASES	COURSE TYPE	DESCRIPTION
32	Arm Pain, 01	Injury Cases #1 Course Code VSEDS53020Z5	This scenario covers a mix of patients with injuries that resulted from accidents, assaults, or were self-inflicted. These injuries include sprains, fractures, ingestions, gunshot wounds, and head injuries. As the ED doctor, you determine the initial treatments, primary and differential diagnoses, and disposition of the patients from the ED.
33	Am Pain, 02		
34	Arm Pain, 03		
35	Ankle Pain, 01		
36	Ankle Pain, 02		
37	Motorcycle Collision, 01		
38	Motorcycle Collision, 02		
39	Fall		
40	Suicidal Attempt		
41	Gunshot Wound		
42	Bicycle v. Auto		
43	Appendicitis, 01	Pediatric: Common Disease Cases Course Code VSEDS6320Y6	This scenario involves a mix of pediatric patients who present to the ED with different issues that are fairly common. These issues include influenza, asthma, mononucleosis, impetigo, anaphylaxis, urticarial, tachycardia, and more. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
44	Appendicitis, 02		
45	Asthma		
46	Bronchiolitis		
47	Anaphylaxis		
48	Impetigo		
49	Influenza		
50	Tachycardia, 01		
51	Tachycardia, 02		
52	Urticaria		
53	Mononucleosis		
54	Volvulus, 01	Pediatric: Digestive Cases Course Code VSEDS7320Z7	This scenario contains pediatric patients who present to the ED with digestive problems. These problems include vomiting, volvulus, pyloric stenosis, appendicitis, and intussusception. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
55	Volvulus, 02		
56	Vomiting, 01		
57	Vomiting, 02		
58	Appendicitis, 01		
59	Appendicitis, 02		
60	Intussusception		
61	Pyloric Stenosis		

Vital Signs Simulator, ER (Grouped by Type of Case)

#	CASES	COURSE TYPE	DESCRIPTION
62	Neonatal Fever, 01	Pediatric: Infant Cases Course Code VSEDS8320Y8	This scenario focuses on infant patients (under 1 year of age) who present to the ED with different issues. These issues include neonatal fever, bronchiolitis, meningitis, pyelonephritis, febrile seizure, and pyloric stenosis. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
63	Neonatal Fever, 02		
64	Bronchiolitis, 01		
65	Bronchiolitis, 02		
66	Febrile Seizure		
67	Pyloric Stenosis		
68	Pyelonephritis		
69	Meningitis		
70	Fever Neutropenia	Pediatric: Rare Disease Cases Course Code VSEDS9320Z9	This scenario involves a mix of pediatric patients who present to the ED with different issues that are somewhat rare. These issues include leukemia, brain tumor, septic arthritis, status epilepticus, angioedema, fever neutropenia, and more. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
71	Septic Arthritis		
72	Brain Tumor		
73	VPS Obstruction, 01		
74	VPS Obstruction, 02		
75	VPS Obstruction, 03		
76	Status Epilepticus, 01		
77	Status Epilepticus, 02		
78	Anaphylactic Shock		
79	Angioedema		
80	Leukemia		
81	Croup, 01	Pediatric: Respiratory Cases Course Code VSEDS10320Y1	This scenario covers a number of pediatric patients who arrive at the ED with respiratory problems. These problems include asthma, croup, bronchiolitis, and bacterial tracheitis. As the doctor on shift, you are responsible for initial treatments, deciding the primary and differential diagnoses, and disposition of the patients from the ED.
82	Croup, 02		
83	Bronchiolitis, 01		
84	Bronchiolitis, 02		
85	Asthma, 01		
86	Asthma, 02		
87	Asthma, 03		
88	Bacterial Tracheitis		

Vital Signs Pediatric ER (List of Patients)

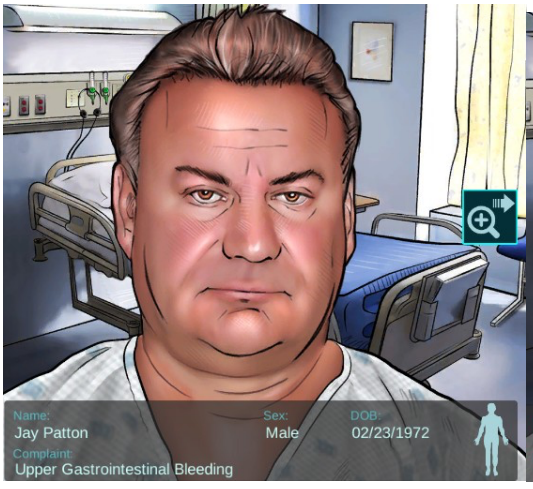
	AFFLICTION	PATIENT NAME	GENDER	AGE (YEARS)
1	Ped - AbdomCatastrophe01	Tate McCollins	Male	0.1
2	Ped - AbdomCatastrophe02	Vincent Wang	Male	0.1
3	Ped - AbdomCatastrophe03	Buttons Jackson	Male	0.1
4	Ped - AbdomCatastrophe04	Chuck Upchuck	Male	0.1
5	Ped - AllergyAnaphylaxis01	Little Debbie Liu	Female	9
6	Ped - AllergyAnaphylaxis02	Jeanine Jennings	Female	9
7	Ped - AllergyAnaphylaxis03	Colin Darwin	Male	11
8	Ped - AllergyAnaphylaxis04	Dakota Carmichael	Male	11
9	Ped - Bronchiolitis01	Robbie Simms	Male	0.7
10	Ped - Bronchiolitis02	Bobby Simms	Male	0.7
11	Ped - Bronchiolitis03	Toby Simms	Male	0.7
12	Ped - Bronchiolitis04	Coby Simms	Male	0.7
13	Ped - Cancer01	Sally Jennings	Female	5
14	Ped - Cancer02	Johnny Spicoli	Male	7
15	Ped - Croup01	Spiffy Caufman	Male	1.3
16	Ped - Croup02	Katrina Wiez	Female	1.2
17	Ped - Croup03	Bennie Hack	Male	1
18	Ped - Fever Neutropenia01	Freddie Grange	Male	8
19	Ped - Fever Neutropenia02	Sally Parks	Female	9.6
20	Ped - Fever Neutropenia03	Rosco Caliente	Male	7.1
21	Ped - Fever Neutropenia04	Lidia Gutierez	Female	8
22	Ped – Impetigo	Bobby Blubland	Male	1.4
23	Ped - Limp01	Chucky Brewbaker	Male	3
24	Ped - Limp02	Jerry Jyllenhal	Male	3
25	Ped - Limp03	Dillon Dusenburg	Male	3.3
26	Ped - Lower Extremity Injury01	Fallon Peters	Female	17
27	Ped - Lower Extremity Injury02	Conner Snow	Male	12
28	Ped - Lower Extremity Injury03	Jennifer Hashimoto	Female	17
29	Ped - Lower Extremity Injury04	Jonah Sweet	Male	13.7
30	Ped – Mononucleosis	Melissa Cutelips	Female	16
31	Ped - NursemaidElbow01	Amil Putri	Male	2
32	Ped - Appendicitis01	Payal Mohanijan	Male	12
33	Ped - Appendicitis02	Jenny Lawrence	Female	13

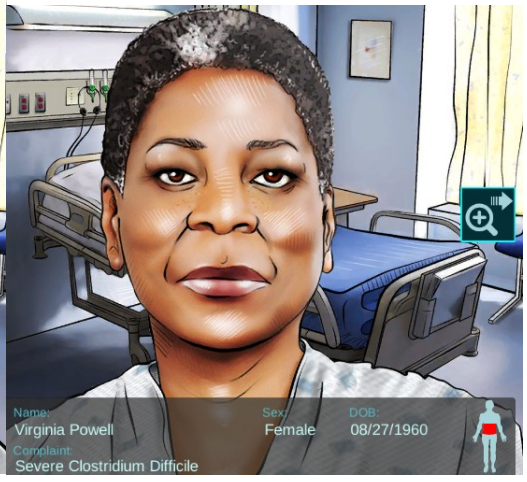
Vital Signs Pediatric ER (List of Patients) continued

	AFFLICTION	PATIENT NAME	GENDER	AGE (YEARS)
34	Ped - Appendicitis03	James Urierte	Male	11
35	Ped - Appendicitis04	Aisha Oppenheimer	Female	16
36	Ped - Asthma01	Wilson Willy" Topaz"	Male	5
37	Ped - Asthma02	Xin Chao	Female	8
38	Ped - Asthma03	Billy Crupps	Male	6
39	Ped - Asthma04	Julie Park	Female	7
40	Ped - Ingestion01	Mandy Petrello	Female	15
41	Ped - Ingestion02	Amanda Waller	Female	15
42	Ped - Ingestion03	Trixie LeCoeur	Female	15.1
43	Ped - Neonatal Fever01	Winston Rothchild III	Male	0
44	Ped - Neonatal Fever02	Jonny Justborn	Male	0
45	Ped - Neonatal Fever03	Julian Caeser	Male	0
46	Ped - Neonatal Fever04	Fiona Fuentes	Female	0.1
47	Ped - Neonatal Fever05		Female	0.1
48	Ped - Neonatal Fever06	Sasifras Wilson	Female	0.1
49	Ped - Neonatal Fever07	Fedora Slayer	Female	0.1
50	Ped - Vomiting01	Skippy Cho Dilinger	Male	1.2
51	Ped - Vomiting02	Clarence Balsawood	Male	1.2
52	Ped - VPSObstruction01	Michael Thomas	Male	10
53	Ped - VPSObstruction02	Hippie McDaniel	Male	10
54	Ped - VPSObstruction03	Pauly Dolan	Male	10
55	Ped - VPSObstruction04	Marion Meadows	Male	10
56	Ped – Pregnancy	Sissy Wambles	Female	16
57	Ped - Seizure01	Heather Simms	Female	0.8
58	Ped - Seizure02	Jake Hiller	Male	1.6
59	Ped - Seizure03	Solomon Kane	Male	1.6
60	Ped - Seizure04	Peter Parker	Male	1.6
61	Ped - SVT01	Denzel Smith	Male	1.9
62	Ped - SVT02	Freddie Sanborn	Male	1.9
63	Ped - SVT03	Tackie Tackerson	Female	1.4
64	Tutorial – Headache	Missy Tutorial	Female	32.5
65	Ped - Upper Extremity Injury01	Samuel Sorelimb	Male	6.1
66	Ped - Upper Extremity Injury02	Ravi Red	Male	7.3
67	Ped - Upper Extremity Injury03	Julio Verde	Male	8
68	Ped - Upper Extremity Injury04	Billy Badarm	Male	8.2

Vital Signs, Nursing Cases

#	AFFLICTION	GENDER	AGE
1	Postoperative Hip	Male	72
2	Pneumonia	Male	23
3	Large Bowel Resection	Female	54
4	Left-Sided Heart Failure	Female	79
5	Urinary Tract Infection	Male	68
6	H1N1 Influenza	Female	27
7	Stroke	Female	58
8	Ruptured lumbar disc	Male	42
9	COPD Exacerbation	Male	72
10	Clostridium Difficile	Female	58
11	Pancreatitis	Female	42
12	Diverticulitis	Female	65
13	Unstable angina	Male	54
14	Cellulitis	Male	46
15	Acute Kidney Injury	Male	74
16	New Onset Seizure	Female	24
17	Sickle Cell Crisis	Male	51
18	Cystic Fibrosis	Male	21
19	Gastrointestinal Bleeding	Male	46
20	Infective Endocarditis	Male	72





Virtual Doctor Visit Simulator

The culmination of years of virtual human and medical simulation research is an online virtual standardized patient solution.

The SPS, is capable of rich, natural language interactions between learners and Virtual Standard Patient. The project addresses medical interviewing and diagnostic skills and includes a sophisticated assessment (AI system). We believe that these technologies can accelerate condition specific diagnostic skills, improve patient safety and provide an objective assessment standard.

The SPS demonstrated >68% case performance gains after 20 minutes of use, 92% recognition & 96% accuracy for medical interview natural language, and automatic medical performance assessment accurate within 5% as compared with trained human evaluators.

info@S2-T2.com

Virtual Doctor Visit Simulator, Case List

#	CATEGORY	AGE	GENDER	ACTUAL CONDITION
1	Abdominal Pain	38	Female	Nephrolithiasis
2	Back Pain	47	Female	Spinal Metastatic, Breast Cancer
3	Back Pain (Strenuous)	52	Male	Lumbar Muscle Strain
4	Chest Pain	55	Male	Angina
5	Chest Pain and Nausea	44	Female	Unstable Angina
6	Cough and Chest Pain	37	Female	Acute Bronchitis
7	Difficulty Breathing	38	Male	Acute Allergic Reaction
8	Difficulty Sleeping	32	Female	Major Depression
9	Ear Hurts	15	Female	Otitis Externa
10	Excessive Fatigue	55	Female	Diabetes Mellitus
11	Fatigue	57	Male	Diabetes Mellitus Type 2
12	Feels Off	51	Female	Menopause
13	Headachefora Few Days	35	Male	Cluster Headache
14	Heartburn	58	Male	Esophageal Cancer
15	Heartburn (Ongoing)	43	Female	GERD
16	Knee Injury	19	Male	MCL Tear
17	Knee Pain	19	Female	Patellofemoral Pain Syndrome
18	Long-Term Joint Pain	37	Female	Rheumatoid Arthritis
19	Memory Issues	65	Female	Alzheimer's Dementia
20	Painful Headache	46	Female	Subarachnoid Hemorrhage
21	Painful Urination	61	Male	Benign Prostatic Hyperplasia
22	Parent Referral	25	Male	Paranoid Schizophrenia
23	Parental Intervention	25	Male	Paranoid Schizophrenia
24	Progressive Joint Pain	67	Female	Rheumatoid Arthritis
25	Schizophrenia	23	Male	Schizophrenia
26	Shortness of Breath	67	Male	Pulmonary Embolism
27	Sleep Issues	51	Male	PTSD
28	Therapist Referral	32	Male	Major Depression
29	Tired Cougher	25	Male	Mycoplasma Pneumonia
30	Trouble with Headaches	24	Female	Migraine
31	Unintentional Weight Loss	34	Female	Grave's Disease
32	Vaccine Mother	Mom, 1 year old	Female	Anxiety about vaccinations
33	Visual Disturbance	34	Female	Optic Neuritis

Virtual Doctor Visit Simulator, continued

#	CATEGORY	AGE	GENDER	ACTUAL CONDITION
34	Intervention	43	Male	Bipolar Disorder
35	Lingering Cold	12	Male	Asthma
36	Sore Throat (4 days)	17	Female	Strep Throat
37	Sore Throat	58	Male	Drug-Induced Esophagitis
38	Medication Series 1	32	Male	Depression
39	Medication Series 2	32	Male	
40	Medication Series 3	32	Male	
41	Medication Series 4	32	Male	

vHealthCare™: Virtual Pediatric Simulator (VPS)

The VPS is a Simulator that teaches the core decision making skills needed to manage seven high-stakes pediatric emergency medicine cases. It is designed for medical students, residents, physicians and medics in both the civilian and defense sectors.

A 10 year-old child with a history of peanut allergy is brought to the ED for evaluation of difficulty breathing and vomiting 20 minutes after accidentally ingesting peanuts.

The student is the treating physician and is placed in a first-person perspective in an emergency room setting. Throughout each scenario, the student must make the appropriate assessments and provide the appropriate treatments to stabilize the patient. Students learn the unique aspects of managing critically ill children including vital sign interpretation and differences in equipment sizes and medication dosages.

The simulator records the performances on each scenario and provides individualized feedback to the student.

The VPS was demonstrated excellent discriminant validity among subspecialty attendings, pediatric residents, and medical student who were evaluated before and after the simulator.

vHealthCare™ Simulator, Scenario

#	SCENARIO	MAX POINTS	DESCRIPTION
1	Anaphylactic Shock	80	In this scenario, a child presents to the ED in anaphylactic shock after eating peanuts. The patient is in respiratory distress with wheezing, has facial swelling and is hypotensive. This scenario is designed to train and assess learners on the assessment and treatment steps for a child in anaphylactic shock including intravenous fluid (IVF) administration, the use of bronchodilators, the proper dosing of intramuscular epinephrine and the use of other medications such as antihistamines and steroids. The scenario follows current recommendations for the treatment of anaphylactic shock [The diagnosis and management of anaphylaxis practice parameter: 2010 update. Lieberman P, et al. J Allergy Clin Immunol 2010; 126(3):477-80].
2	Septic Shock	116	The septic shock scenario, a child presents to the ED in septic shock. The patient is obtunded, hypotensive and displays a characteristic meningococcal rash. The scenario is designed to train and assess learners on the assessment and treatment steps for a child in septic shock including oxygen administration, aggressive IVF administration, antibiotic administration and the administration and proper dosing of vasopressors. In this scenario, attempts at IV access fail and the learner must select between the proper next step of placing an intraosseous line or the improper next step of attempting to place a central venous catheter. The scenario teaches and reinforces the Surviving Sepsis guidelines [Surviving Sepsis Campaign: international guidelines for management of severe sepsis and septic shock, 2012. Dellinger RP, et al. Intensive Care Med 2013; 39(2):165-228.]
3	Seizure and Apnea	64	In the seizure and apnea scenario, a child presents to the ED actively seizing. The patient has a partially obstructed airway due to vomit and is hypoxic. The scenario is designed to train and assess learners on the assessment and treatment steps for a child with respiratory insufficiency, partial airway obstruction and seizure activity. In this scenario, the learner must choose to assess and suction the airway, perform bag-mask ventilation and administer an anti-seizure medication. The proper sizes of equipment (resuscitation bag size, mask size) must be selected as well as the proper rate at which to perform the bag-mask ventilation. The scenario follows the assessment and treatment recommendations as presented in the PALS Provider Manual [AHA/AAP Pediatric Advanced Life Support Provider Manual, 2011 Edition, American Heart Association, Dallas, TX].

vHC

Scenario, continued

#	SCENARIO	MAX POINTS	DESCRIPTION
4	Respiratory Failure	77	In the respiratory failure. The infant is wheezing, demonstrating periods of apnea and is hypoxic. The scenario is designed to train and assess learners on the assessment and treatment steps for an infant in respiratory failure. In this scenario, the learner must choose the proper sizes of equipment to perform bag-mask ventilation (resuscitation bag size, mask size) followed by selecting the proper sizes of equipment for tracheal intubation (endotracheal tube size, laryngoscope blade size). The proper depth of tube placement must be selected. In this scenario, the learner has the option of providing rapid-sequence intubation medications to the patient. If utilized, appropriate RSI medications and doses must be selected. The scenario follows the assessment and treatment recommendations as presented in the PALS Provider Manual [AHA/AAP Pediatric Advanced Life Support Provider Manual, 2011 Edition, American Heart Association, Dallas, TX].
5	Bronchiolitis	70	In the bronchiolitis scenario, an infant present to the ED with mild bronchiolitis. The patient is wheezing and is minimally distressed but not hypoxic. This scenario is designed to train and assess learners on the assessment and treatment steps for an infant with mild bronchiolitis. These steps include an initial airway, breathing and circulation assessment. The scenario is designed to teach the current recommendations from the American Academy of Pediatrics regarding the assessment and treatment of bronchiolitis which discourage testing and discourage the use of bronchodilators and steroids for infants with bronchiolitis. [Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. Ralston SL, et al. Pediatrics 2014; 134:e1474-e1502]. Learners lose points in this scenario for obtaining tests or administering bronchodilators or steroids.
6	Diabetic Ketoacidosis (DKA)	62	In the DKA scenario, a child presents to the ED with altered mental status. The scenario is designed to train and assess learners on the assessment and treatment steps for a child with altered mental status including the rapid recognition of DKA through focused laboratory testing including bedside glucometer testing. The scenario follows the current recommendations on treating children in DKA which emphasize limited IVF bolus administration and not administering insulin boluses or sodium bicarbonate. [Rosenbloom AL. The management of diabetic ketoacidosis in children. Diabetes Ther 2010 Dec; 1(2):103-20].

Scenario, continued

#	SCENARIO	MAX POINTS	DESCRIPTION
7	Supraventricular Tachycardia (STV), Stable	96	In the SVT case, an infant present to the ED in SVT. This scenario is designed to train and assess learners on the assessment and treatment steps for an infant in SVT including the initial assessment steps to determine that the patient is stable (pulse check, heart rate, blood pressure checks). The learner must decide on the best initial treatment for this patient which is to perform an ice pack to the face vagal maneuver. The learner must decide against improper vagal maneuvers (carotid massage, ocular pressure). When the infant fails to respond to the ice pack maneuver, the learner must decide on the next step which is to administer adenosine using a two-syringe technique.
8	Supraventricular Tachycardia (STV), Unstable		In the second half of the SVT case, the patient becomes unstable (altered mental status, poor perfusion, hypotension). The learner must decide on the next appropriate step in treating the patient which is to perform synchronized cardioversion. The learner must decide on the correct dose and the proper synchronized mode to perform the cardioversion. The scenario follows the assessment and treatment recommendations as presented in the PALS Provider Manual [AHA/AAP Pediatric Advanced Life Support Provider Manual, 2011 Edition, American Heart Association, Dallas, TX].
	Total	565	

VPS Scoring Tool:

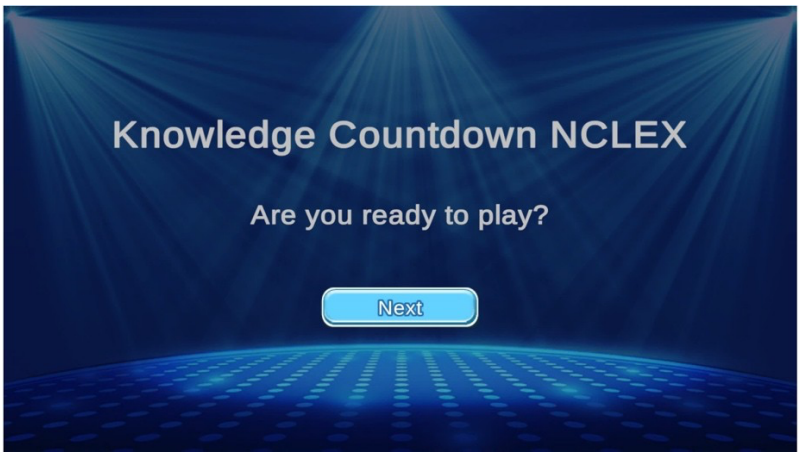
VPS records the log of each case and displays the actions and times during the exercise. In addition, it includes a summation tool which keeps track of all scores awarded in the scenarios for results. Likewise, points are deducted for performing dangerous acts such as wrong medication, incorrect administration of IV fluids, and others.

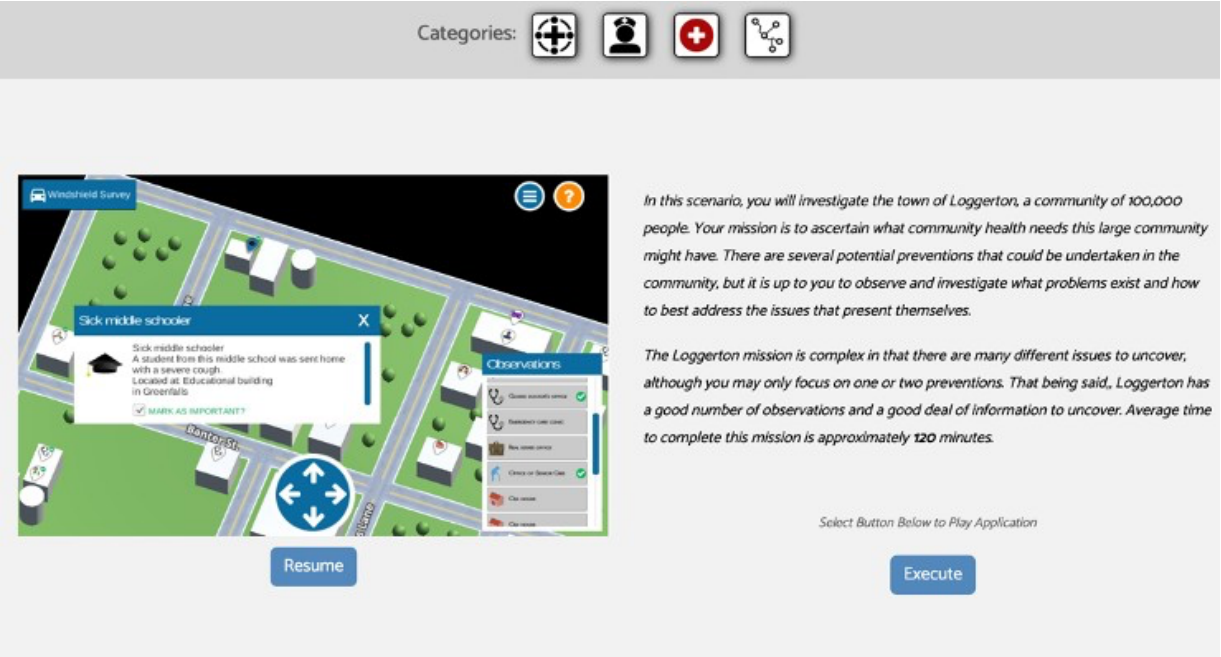
The metrics used suit the PALS provider manual as well as the referenced authorities that were used for the development of the scenarios.

Practice Tools Simulator

It contains a wide variety of simulation learning content that covers different topics such as:

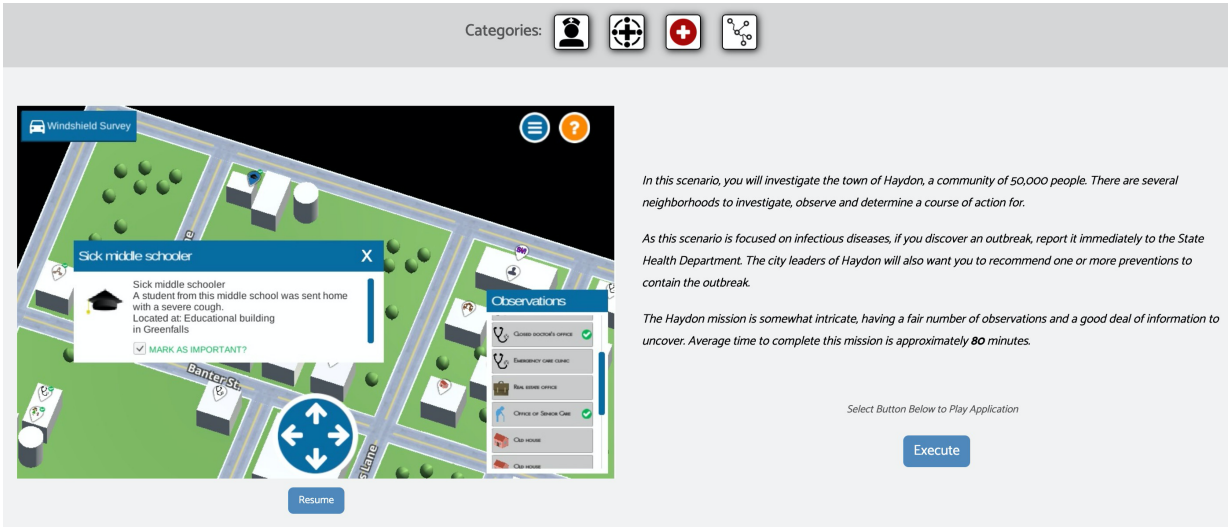
- Community health brigades with an emphasis on immunization and infectious diseases
- Health research brigade in large communities
- NCLEX knowledge questions from the National Council of State Boards Nursing

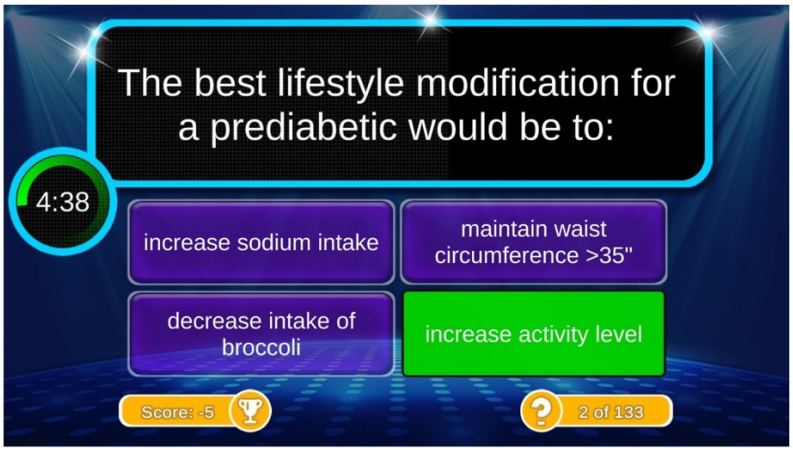




Practice Tools Content

#	Name	Description
1	NCLEX	NCLEX (National Council Licensure Examination) Trivia is a fun trivia game covering all sections of the nursing exam that the NCSBN (National Council of State Boards of Nursing) developed.
2	Knowledge Club Countdown	Trivia Game Testing Your Medical Knowledge
3	Community Health Nursing - Tutorial	This is a tutorial mission for the Community Health Nursing Game.
4	Community Health Nursing - Loggerton	This is a sizable community health investigation mission.
5	Community Health Nursing - Haydon	This is a community health mission focused on Immunization and Infectious Diseases





The International Nursing Association of Clinical Simulation and Learning (INACSL, www.inacsl.org) and the Society for Simulation in Healthcare (SSH, www.ssih.org) support the use of virtual simulation as a replacement for clinical hours for students currently enrolled in health sciences professions (i.e. nursing students, medical students) during the current public health crisis caused by COVID-19.