Simulation Systems & Training Technologies

BREAKAWAY games

Simuladores para Medicina y Enfermería

Nuestros simuladores virtuales basados en evidencia proporcionan un entorno seguro de aprendizaje, crucial en el cuidado de la salud en ambientes controlados en los que los usuarios pueden practicar y perfeccionar habilidades, incluyendo el pensamiento crítico, la toma de decisiones y el diagnóstico diferencial.

Los simuladores permiten a los estudiantes interactuar con pacientes y miembros del equipo medico virtuales, proporcionando un proceso de aprendizaje controlado, medible y repetible. Nuestras simulaciones basadas en evidencia son altamente atractivas y abordan las necesidades de los estudiantes actuales y su estilo de aprendizaje interactivo a su propio ritmo.

¡Los simuladores son entornos perfectos de aprendizaje y evaluación!

¡Los participantes son evaluados en todo momento!

Nuestro éxito es atribuible a las siguientes competencias básicas:

- Aprovechamiento de nuestras experiencias previas en el diseño de herramientas, construcción e implementación de simulaciones altamente atractivas para diferentes industrias, el aprendizaje y la evaluación.
- Diagnóstico medico basado en las necesidades de nuestros clientes (programación de desarrollo, implementación de plataforma y métricas de rendimiento).
- Apoyo a la recopilación de información, reportes y presentación de datos con productos de simulación diseñados e instrumentados a propósito para la investigación, la educación y la evaluación.
- Mas de 15 años de experiencia, hoy día tenemos múltiples plataformas con organizaciones de atención médica alrededor del mundo. La atención médica representa el 70+% de Breakaway.

Los simuladores están montados en una plataforma que incluye diferentes familias de productos y área de interés.

Plataformas:

vHealthCare™ Una plataforma de simulación que apoya las técnicas actuales de enseñanza y evaluación que guía a los estudiantes a construir conocimiento a través de la resolución activa de problemas dentro de un contexto relevante. La investigación moderna muestra que el aprendizaje permanente y el pensamiento crítico se producen al ubicar a los estudiantes en el centro del aprendizaje, adaptando la enseñanza a las necesidades individuales y conectando el conocimiento con la experiencia práctica.

Los profesionales médicos también son conscientes de que la experiencia de la vida real es obligatoria para adquirir las habilidades físicas e intelectuales necesarias de los profesionales clínicos. La simulación es un tema clave que ayuda a la enseñanza y el aprendizaje. Nuestra plataforma de simulación médica ***vHealthCare™*** es una parte estratégica de este cambio de aprendizaje. Como aplicación educativa, proporciona un contexto de problemas realista donde los estudiantes toman roles clínicos, aplican conceptos y principios médicos y lo hacen en un entorno virtual.

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

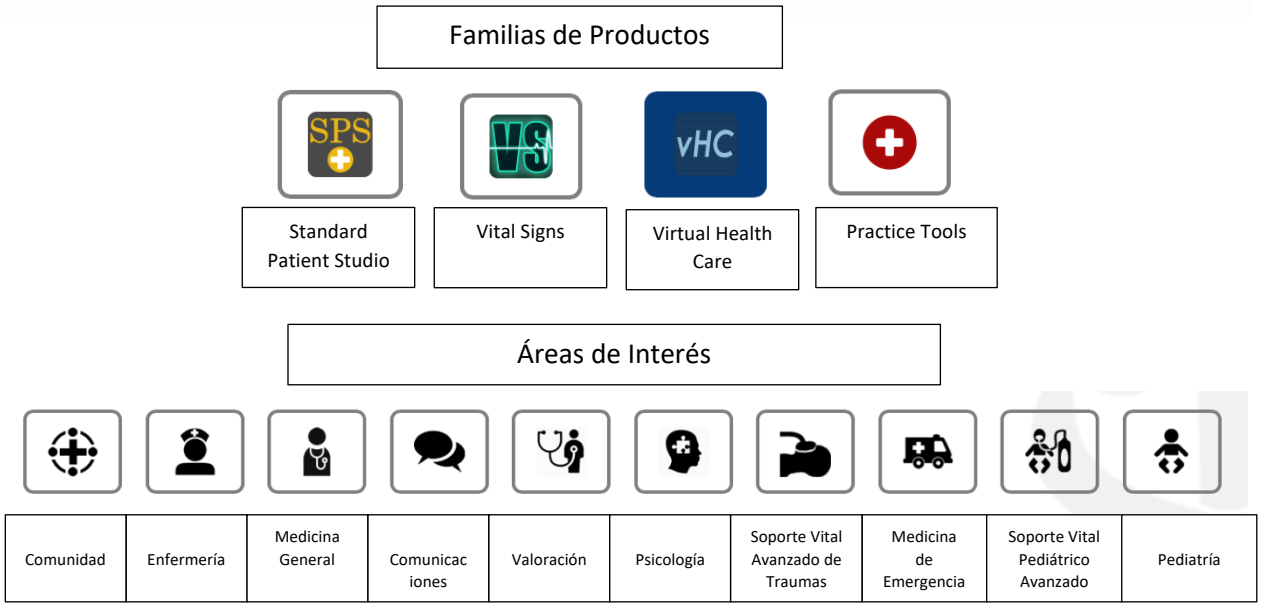
ACCME ACCREDITED

ANCC AMERICAN NURSES CREDENTIALING CENTER

vHealthCare™ es un espacio dinámico de aprendizaje virtual inmersivo para estudiantes y profesionales en el cuidado de la salud. Proporciona un entorno realista e interactivo para el profesional de la salud que incorpora descubrimiento, análisis, interpretación, rendimiento y resolución de problemas. Junto con la experiencia práctica, los estudiantes pueden tomar el mando de su educación a través de auto pruebas y evaluación dentro del programa. Este también permite a los educadores guiar a los estudiantes mediante una evaluación individual detallada.

Los estudiantes podrán acceder a vHealthCare y aprovechar el aprendizaje clínico, en cualquier momento y en cualquier lugar. Los usuarios pueden incluir profesionales de enfermería y salud, socorristas y personal de respuesta a emergencias.

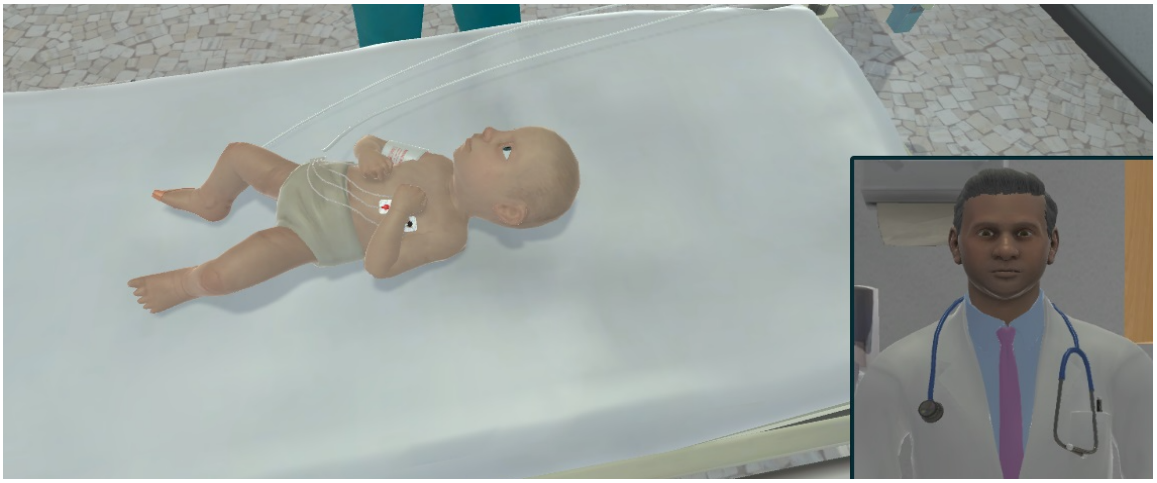
El contenido del portal puede ser clasificado por Familia de Productos y filtrado por Áreas de Interés tales como:



Simulador en Sala de Emergencia

Vital Signs es un entorno para un solo participante, diseñado para recrear el estrés y la confusión del Departamento de Emergencias, para evaluar la toma de decisiones de los usuarios bajo presión. Vital Signs ha sido validado por investigadores independientes como una herramienta de habilidades consistentes con el mundo real.

El estudiante medico atiende a una serie de pacientes virtuales y tiene el desafío de evaluarlos y tratarlos adecuadamente. Igualmente debe diagnosticar, estabilizar y dar de alta a pacientes en diferentes simulaciones realistas bajo la presión del tiempo. De la misma forma a las decisiones importantes en el cuidado crítico, existen otros eventos menores diseñados para aumentar el estrés propio de una sala de emergencias.



Simulador en Sala de Emergencia, ER (Tipo de casos)

#	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	Appendicitiis, 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		

Simulador en Sala de Emergencia, ER (Tipo de casos) continuación

#	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		

Simulador en Sala de Emergencia, ER (Tipo de casos) continuación

#	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		

Simulador en Sala de Emergencia, ER Pediatría (Lista of Pacientes)

	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

Simulador en Sala de Emergencia, ER Pediatría (Lista of Pacientes), continuación

	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

Simulador en Sala de Emergencia, Casos de Enfermería

#	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

Simulador de Consulta Virtual

La culminación de años de investigación virtual de simulación humana y médica dio como resultado una solución online virtual estandarizada.

SPS es provee interacciones entre los estudiantes y los pacientes virtuales. El proyecto aborda las habilidades de entrevista médica y diagnóstico e incluye un sofisticado sistema de evaluación de Inteligencia Artificial (AI). Estas tecnologías aceleran las habilidades de diagnosticar enfermedades de acuerdo con condiciones específicas, mejoran la seguridad del paciente y proporcionan un estándar de evaluación objetivo.

La SPS demostró un aumento del rendimiento del 68% después de 20 minutos de uso, un reconocimiento de diagnostico del 92% con una precisión del 96% de la entrevista médica y con una desviación de tan solo el 5% comparado con pacientes reales.

Simulador de Consulta Virtual, Lista de Casos

#	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	Headache for a 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

Simulador de Consulta Virtual, Lista de Casos, continuación

#	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	

Simulador para Desarrollo de Habilidades y Evaluación

Es un simulador que enseña las habilidades básicas de toma de decisiones necesarias para manejar siete casos de emergencia pediátrica de alto riesgo. Esta diseñado para estudiantes de medicina, residentes, y médicos en los sectores civil y de defensa.

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.

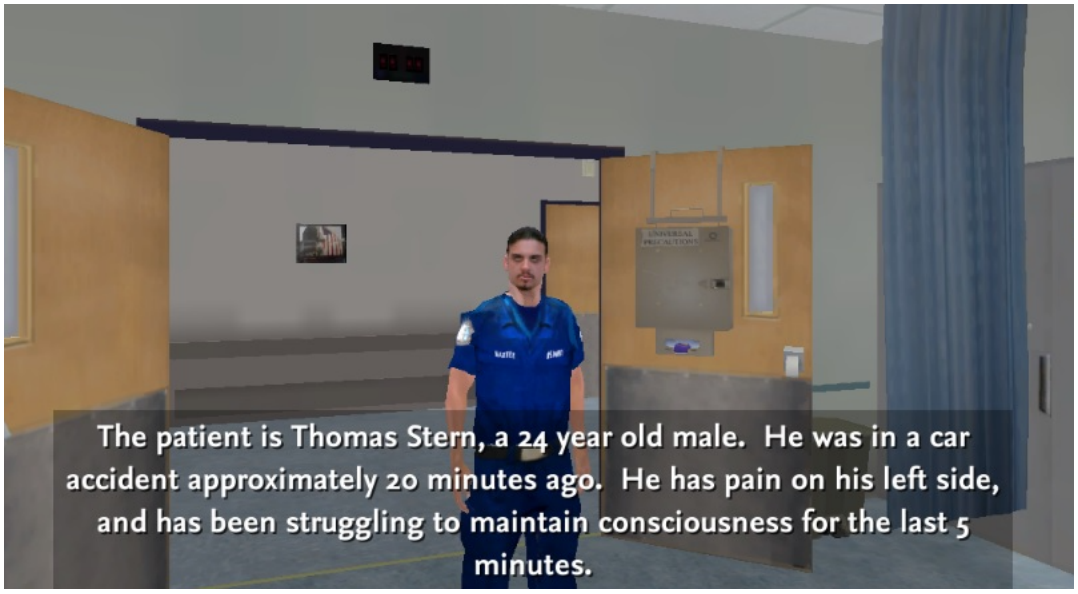
El participante es el médico tratante en un entorno de sala de emergencias en la cual debe evaluar y proporcionar el tratamiento adecuado para estabilizar al paciente.

Los estudiantes aprenden los aspectos específicos del manejo de niños en estado crítico, incluyendo la interpretación de signos vitales y las diferencias en el tamaño de los equipos y las dosis de medicamentos. El simulador registra las actuaciones en cada escenario y proporciona comentarios individualizados después del ejercicio.

El VPS ha demostrado gran valor entre los estudiantes de la subespecialidad, residentes pediátricos y estudiantes de medicina, quienes fueron evaluados antes y después del simulador.

Simulador para Desarrollo de Habilidades y Evaluación, EM, ATLS Escenario

#	SCENARIO	MAX POINTS	DESCRIPTION
1	Car accident		In this scenario, you are a physician in the ED of an urban medical center. A patient has just arrived via ambulance. Diagnose the patient's condition while keeping them stabilized and make recommendations for treatment when ready. Patient is 24-year-old male that was in a car accident.



Simulador para Desarrollo de Habilidades y Evaluación Pediatría, Escenarios

#	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].

Simulador para Desarrollo de Habilidades y Evaluación
Pediatría, Escenarios, continuación

#	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].

Simulador para Desarrollo de Habilidades y Evaluación Pediatría, Escenarios, continuación

#	SCENARIO	MAX POINTS	DESCRIPTION
7a	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.
7b	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 Herramienta de Puntuación:

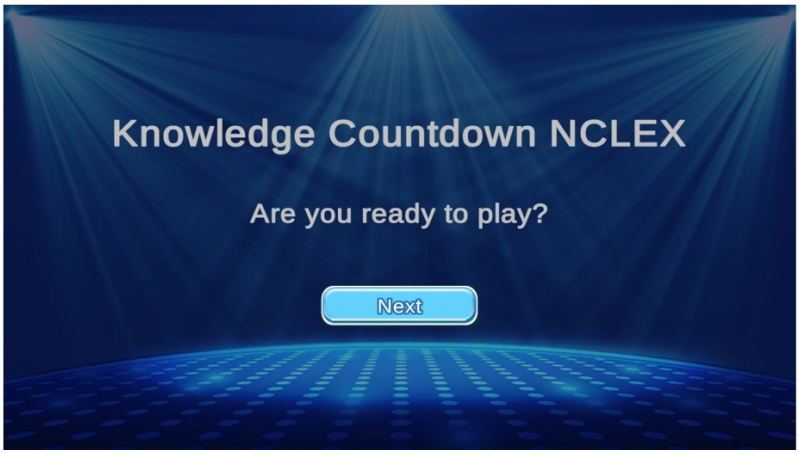
VPS registra la bitácora de cada caso y muestra las acciones y tiempos durante el ejercicio. Adicionalmente, incluye una herramienta sumatoria que lleva la cuenta de todos los puntajes adjudicados por el desempeño en los escenarios.

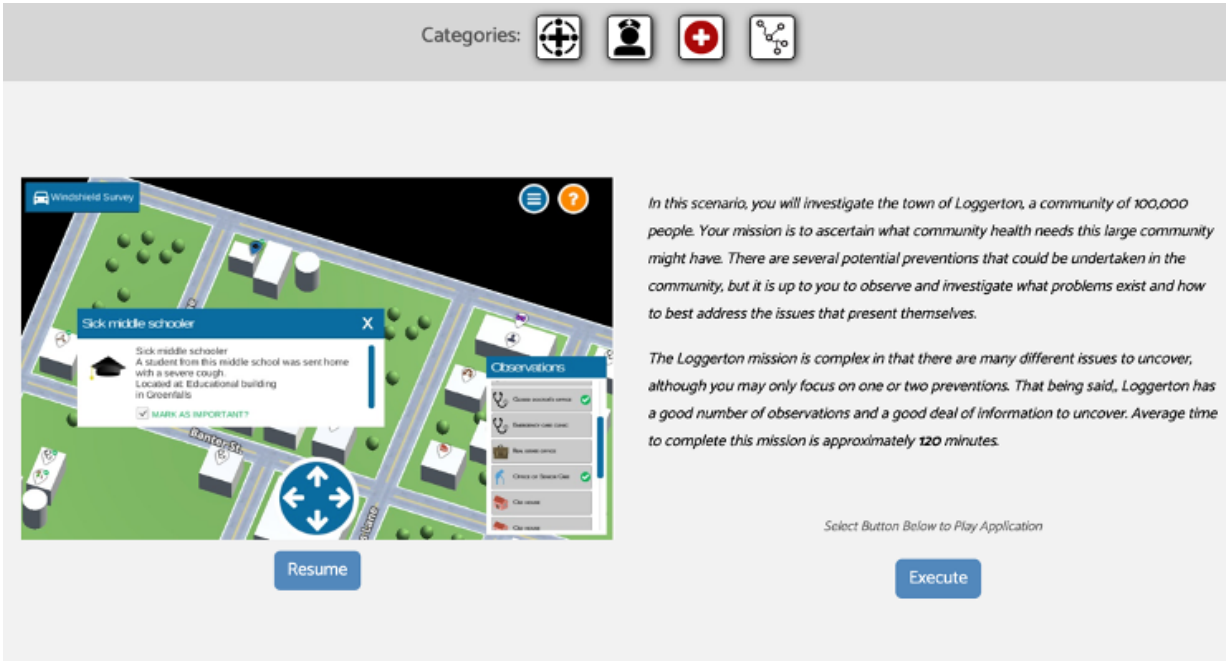
De la misma forma, se descuentan puntos por la realización de acciones peligrosas tales como errores en la medicación, administración incorrecta del tipo de fluidos IV, entre otras. Las métricas utilizadas siguen el manual del proveedor PALS y las autoridades referenciadas que se usaron para el desarrollo de los escenarios.

Simulador con Herramientas de Práctica

Contiene una gran variedad de contenidos de aprendizaje con simulación que cubren diferentes temas como:

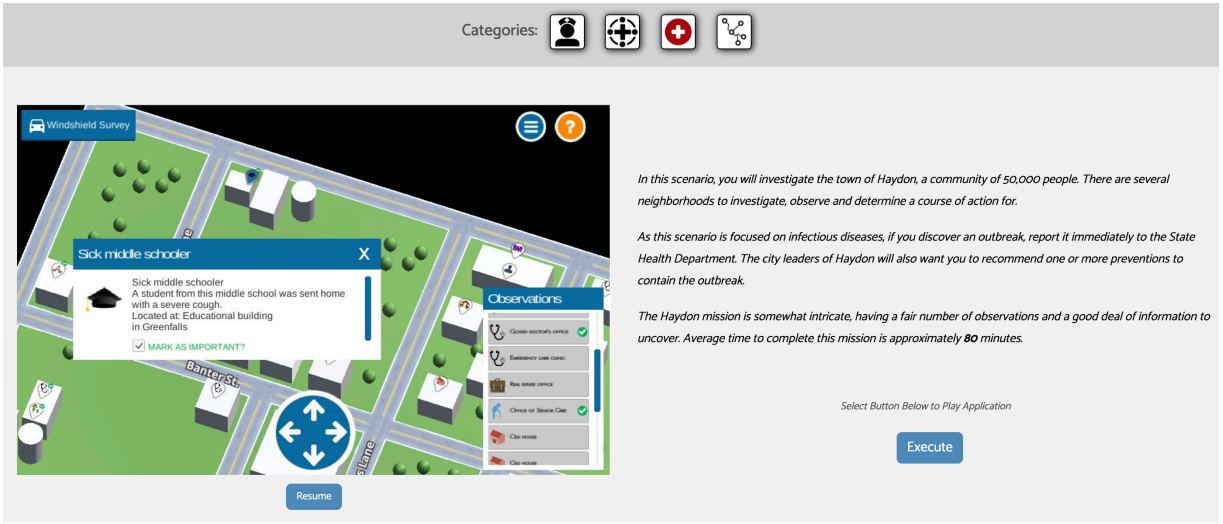
- Brigadas de salud con comunidad con énfasis en inmunización y enfermedades infecciosas
- Brigada de investigación de salud en comunidades de buen tamaño
- Preguntas de conocimiento del NCLEX del National Council of State Boards Nursing

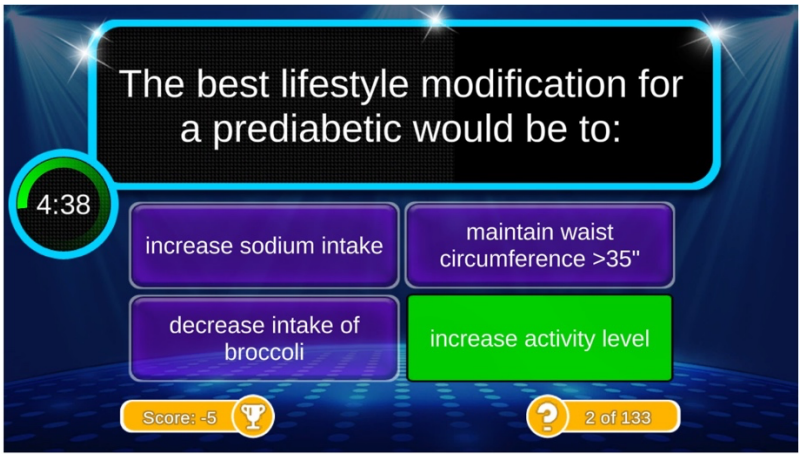




Simulador con Herramientas de Práctica, Contenido

#	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





La Asociación Internacional de Simulación Clínica y Aprendizaje (INACSL, por sus siglas en ingles, www.inacsl.org) y la Sociedad para Simulación en Cuidados de la Salud (SSH por sus siglas en ingles, http://www.ssih.org/) apoyan el uso de simulación virtual como reemplazo de horas clínicas para estudiantes de profesiones en ciencias de la salud durante la situación actual causada por el COVID-19.