



## Early Detection of Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) Events

### Summary

- Users practice diagnosing illnesses that could pose a threat to public safety and indicate the presence of bioterrorism agents by interacting with a simulated patient, David Martinez
- Intended for healthcare providers who screen patients for initial diagnoses, including doctors, nurses, and medical first responders
- David's specific complaints and condition change with each play, which encourages repeated practice
- Users receive both ongoing feedback on their progress and a post-conversation score on their mastery of the learning objectives
- Funded in part by the U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center

### Scenario

- User assumes the role of an Urgent Care/Emergency Room healthcare practitioner
- David behaves differently in each conversation, based on a combination of his illness, personality, and mood
- During the conversation, users can:
  - Discuss current symptoms, medical history, social history, and travel history
  - Perform a visual exam to assess David's physical symptoms
  - Perform other routine exam tasks
  - Gather pertinent information, offer a diagnosis, and determine an appropriate patient management plan for David based on one of the following illnesses:
    - Chicken pox
    - Rocky Mountain spotted fever (RMSF)
    - Smallpox
    - Viral hemorrhagic fever



### Learning Objectives

After achieving mastery through repeated conversations, the user will be able to:

- Conduct a complete and thorough patient history
- Complete a medical exam while taking the appropriate safety precautions
- Make a differential diagnosis between chicken pox, RMSF, smallpox, and viral hemorrhagic fever
- Determine an appropriate patient management plan
- Maintain an appropriate bedside manner

### Seat Time

- Approximately two hours of e-learning material that includes:
  - Symptoms, diagnoses, and treatments of chicken pox, RMSF, smallpox, and viral hemorrhagic fever
  - Guidelines for effective patient communication
- Simulated conversations last 30 - 45 minutes
- The average user will require 10 - 12 hours to achieve mastery of the learning objectives, but can learn the basics in as little as a few hours.  
NOTE: Figure does not account for longer-term "refresher" sessions, which will vary by user

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