# Modular Healthcare Simulation and Education SystemTM (MoHSES) Survey

Information submitted should not include company “proprietary” or “confidential” information. The general area of treatment and the associated needs for the manikin will be tabulated among the responders and shared without reference to a specific company. The requirements generated from this survey will be used to help create a collaboration process for MoHSES. The general findings of this survey will be complied and shared with all participating and reported to the US Army, sponsor of this effort.

This survey is divided into 4 parts to help us collect information on present and desired capabilities for the MoHSES platform that will be included in the Standards. These parts are: Point of Contact, Clinical Training Needs, Engineering Aspects, and Feedback on MoHSES Concept.

Thank You for your participation.

# Part 1 Point of Contact Information

**Point of Contact 1**

|  |  |  |
| --- | --- | --- |
| First Name | Last name | Title |
|  |  |  |
| Email | Phone | Company |
|  |  |  |
| Address | | City, State, ZIP Code |
|  | |  |

**Point of Contact 2**

|  |  |  |
| --- | --- | --- |
| First Name | Last name | Title |
|  |  |  |
| Email | Phone | Company |
|  |  |  |
| Address | | City, State, ZIP Code |
|  | |  |

**Point of Contact for Medical Advisor –** If you have a primary medical advisor assisting in your product development, our MOHSES supporting physicians and the American College of Surgeons would like to be able to contact them to discuss the clinical aspects you are trying to fulfill with your manikin. For this reason, we are asking POC information about your medical advisors.

**Medical Advisor 1**

|  |  |  |
| --- | --- | --- |
| First Name | Last name | Title |
|  |  |  |
| Email | Phone | Company |
|  |  |  |
| Address | | City, State, ZIP Code |
|  | |  |

**Medical Advisor 2**

|  |  |  |
| --- | --- | --- |
| First Name | Last name | Title |
|  |  |  |
| Email | Phone | Company |
|  |  |  |
| Address | | City, State, ZIP Code |
|  | |  |

# Part 2 Clinical Training Needs

In this section, we are asking for educational information regarding the interventions your training device supports. This information will provide the MOHSES team a better understanding of the training you support and what you consider the most important clinical aspects of the training regimen.

Please describe the training module(s) you provide:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Module |  | | | |
| Description of Module: (medical procedure, location in manikin, objectives of training) | | | | |
| Status (In development, prototype, mature product) | | |  | |
| Do you provide a continuum of care training with this module? (Does the module require an assessment of the situation before, during and after)? | | | | |
| Is “transfer of care” provided in training? Assessing and acting on patient needs for transport? | | | | |
| Does your training require an assessment of patient condition? Please describe assessment needs (before, during, after): | | | | |
| Before (Y/N) | | During (Y/N) | | After (Y/N) |
| What Action(s) | | What Action(s) | | What Action(s) |
| Does your training needs include Pain Management? | | | | |
| Where is the location of pain? | | | | |
| Before (Y/N) | | During (Y/N) | | After (Y/N) |
| What Action(s) | | What Action(s) | | What Action(s) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Psychological Management | Before (Y/N) | During (Y/N) | | After (Y/N) |
| What actions do you require? | | | |
| Nervous System Assessment | Before (Y/N) | During (Y/N) | | After (Y/N) |
| What actions do you require? | | | |
| Triggers to take action | What triggers do you use to indicate procedure was done correctly? | | | |
| What triggers do you use to indicate procedure was done incorrectly | | | |
| Effect of your system on other body systems | Does your module effect other physiological system of the manikin? Please describe. Example: Does medical procedure change pulse rate, blood pressure, pain, nervous system… | | | |
| What are your inputs and outputs from other body systems? Please describe. Examples: injection of medication causes heart rate changes, patient describes pain level… | | | |
| Virtual Patient | Do you utilize a virtual patient? (Yes/No) | |  | |
| If you utilize a virtual patient, what vital signs do you display during the procedure? (pulse, respiratory rate, heartbeat, temperature, blood pressure) | | | |
| Before | During | | After |
| Role of Ultrasound | Please describe the role of ultra sound during your medical procedure, if any | | | |
| Before | During | | After |
| Interface to Physiology Engine | Do you interface to a physiology engine? What type? | | | |
| Would this be of value to you? | | | |

# Part 3 Engineering Requirements for Module

The MOHSESTM program would like to assess the engineering design requirements of your module. The following data is associated with the physical operation of your module.

|  |  |  |  |
| --- | --- | --- | --- |
| Fluid | Fluid Type(s): |  | |
| Fluid Reservoir Size: |  | |
| Fluid Flow rates (CM3 /sec) Min to Max |  | |
| Fluid tubing size: |  | |
| Fluid interconnection: |  | |
| Fluid line cleaning required: |  | |
| Pump Electrical power |  | |
| Air | Air flow rates (CM3 /sec) Min to Max |  | |
| Air pressure required (PSI) |  | |
| Electrical Power source | Voltage and Current Supplies |  | |
| Battery | Duration of operation |  |
| Rechargeable |  |
| Internal/External to Manikin |  |
| Voltage |  |
| Reusable/Disposable? |  | | |
| Water Proof? |  | | |
| Calibration Required |  | | |
| Type of Data Interface (USB, Ethernet, custom) | |  | |
| Operating temperature range |  | | |
| Weight of trainer |  | | |
| Anatomically Correct |  | | |
| Software | Open Source |  | |
| Development Environment |  | |
| Special Requirements |  | | |

# Part 4 Feedback on MOHSESTM Concept

In this section, we would like to get your feedback on the concept of the Modular Healthcare Simulation and Education System: The positives, negatives and areas of improvement and your willingness to participate in the development.

The rating scale for these questions is as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Not Interested at all,  Count me out | Slightly not interested | Neutral, could go either way | Somewhat Interested | Very Interested, count me in |
| **1** | **2** | **3** | **4** | **5** |

1. How willing are you to partner with our team in development of the Modular Healthcare Simulation and Education System? (1-5) ☐

If interested, what are the reasons you are interested?

|  |
| --- |
|  |

If not interested, why? (Check all that Apply)

|  |  |
| --- | --- |
|  | Financial (Cost to change) |
|  | Technical |
|  | Market Size |
|  | Space & Connection issue with my module |
|  | Other: |

1. How likely are you to modify your trainer to be compatible with the MOHSES standards? (1-5) ☐

|  |
| --- |
| What are your barriers to convert your trainer to become compatible with other MOHSES modules? |
|  |

1. Do you see any benefits or added value in connecting your trainer to the MOHSES? (1-5) ☐

1 – No benefit 2- Little benefit 3- Some benefits 4 – Good benefits 5- Very beneficial

|  |  |
| --- | --- |
| What are the benefits you expect to see? |  |
| If none, what can we change so it would be of value to you? |  |

1. Is there value to you in having access to standardized anatomic data so that you can build an anatomically correct module?
2. What do you recommend we do to grow the community of MOHSES module developers?

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| --- |
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