



'It was all a dream'

Perceived benefits and limitations of a clinical game-based simulation by Year 3 osteopathy students

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BACKGROUND

Simulation-based healthcare education

- Integral to healthcare programs **for many years** (Aebersold, 2016)
- Has been found to **improve patient safety** and **benefit patient outcomes** (Goldshtein et al., 2020).
- Permit to create **guided sequences** adapted to precise **learning objectives** and **needs** (Alinier, 2011)

Simulation-based healthcare education

- Controlled environment where **students can make, assess, and address errors** without fearing adverse consequences (Issenberg et al., 2005)
- Some research works have explored the benefits of simulated environments for **clinical training education in osteopathy** (Fitzgerald et al., 2017; Fitzgerald et al., 2019)

Different types of simulation-based education





Simulation Hospital – Metropolia University, Helsinki, Finland
<https://mph.metropolia.fi/en/simulaatio/index.htm>



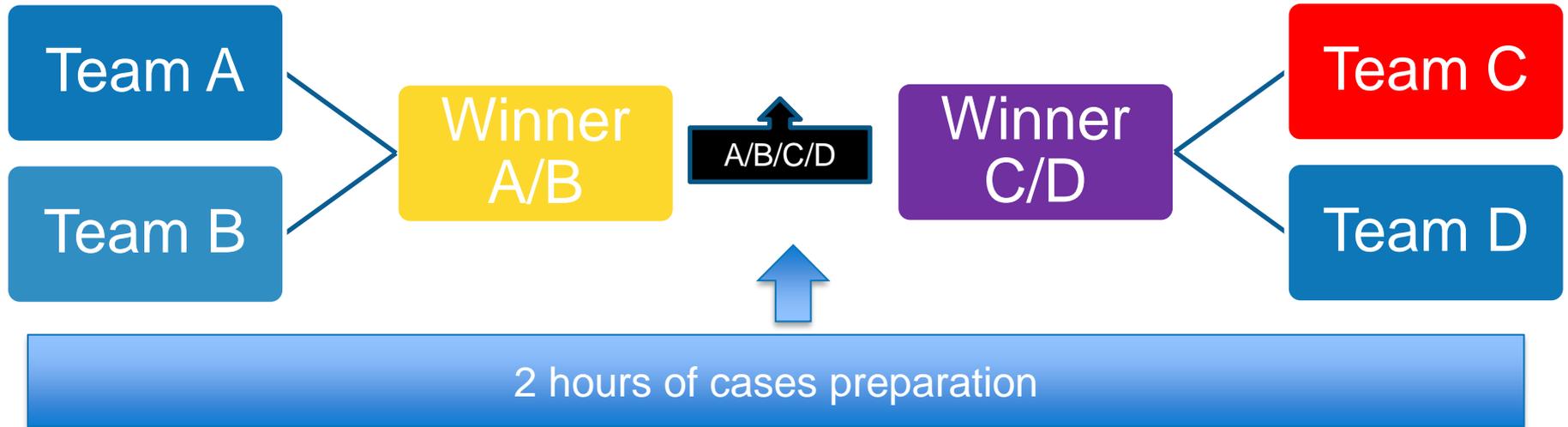
Clinical battle – IO-RB September 2022



Clinical battle course sequence

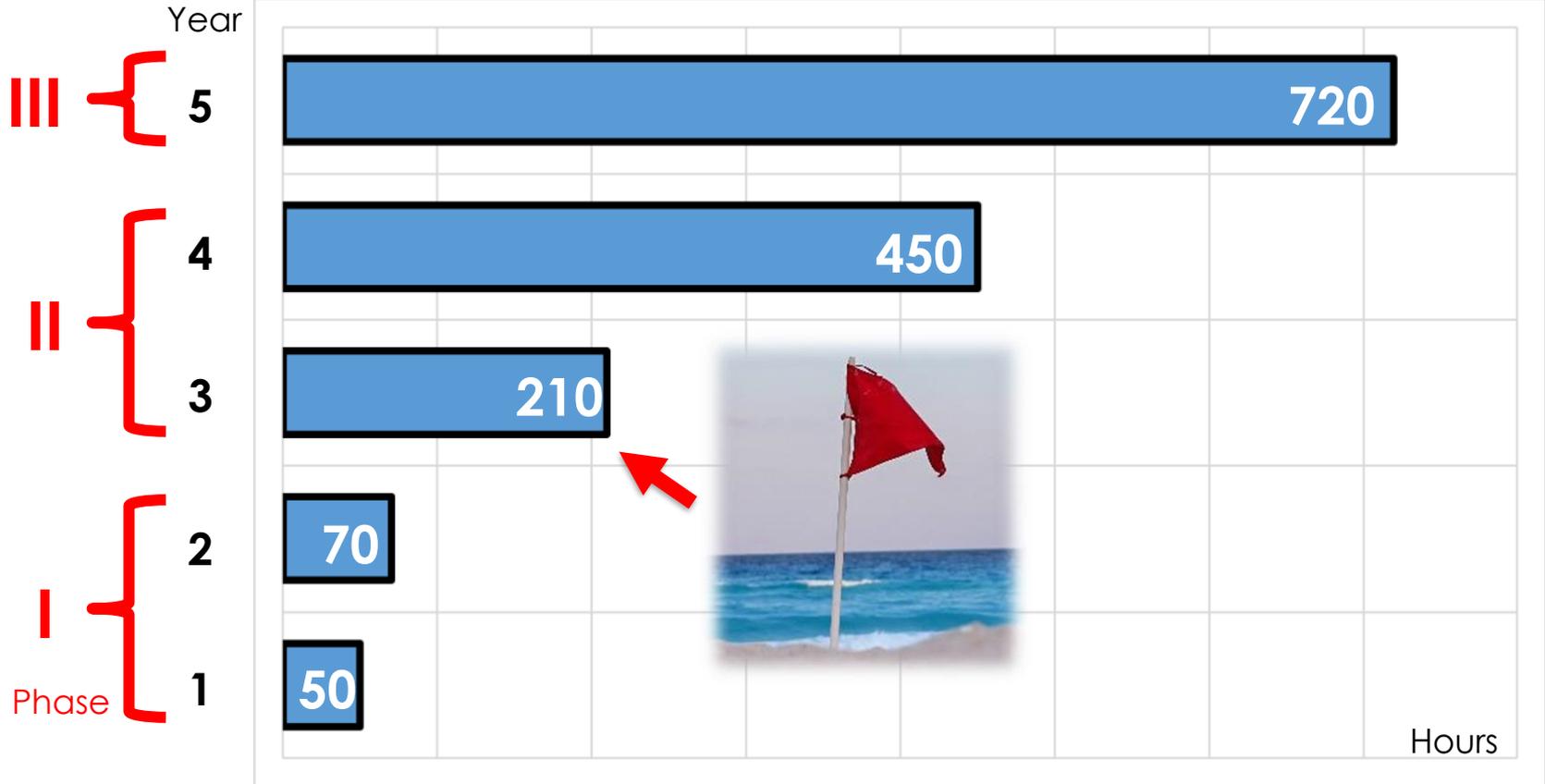


CLINICAL BATTLE WINNING TEAM

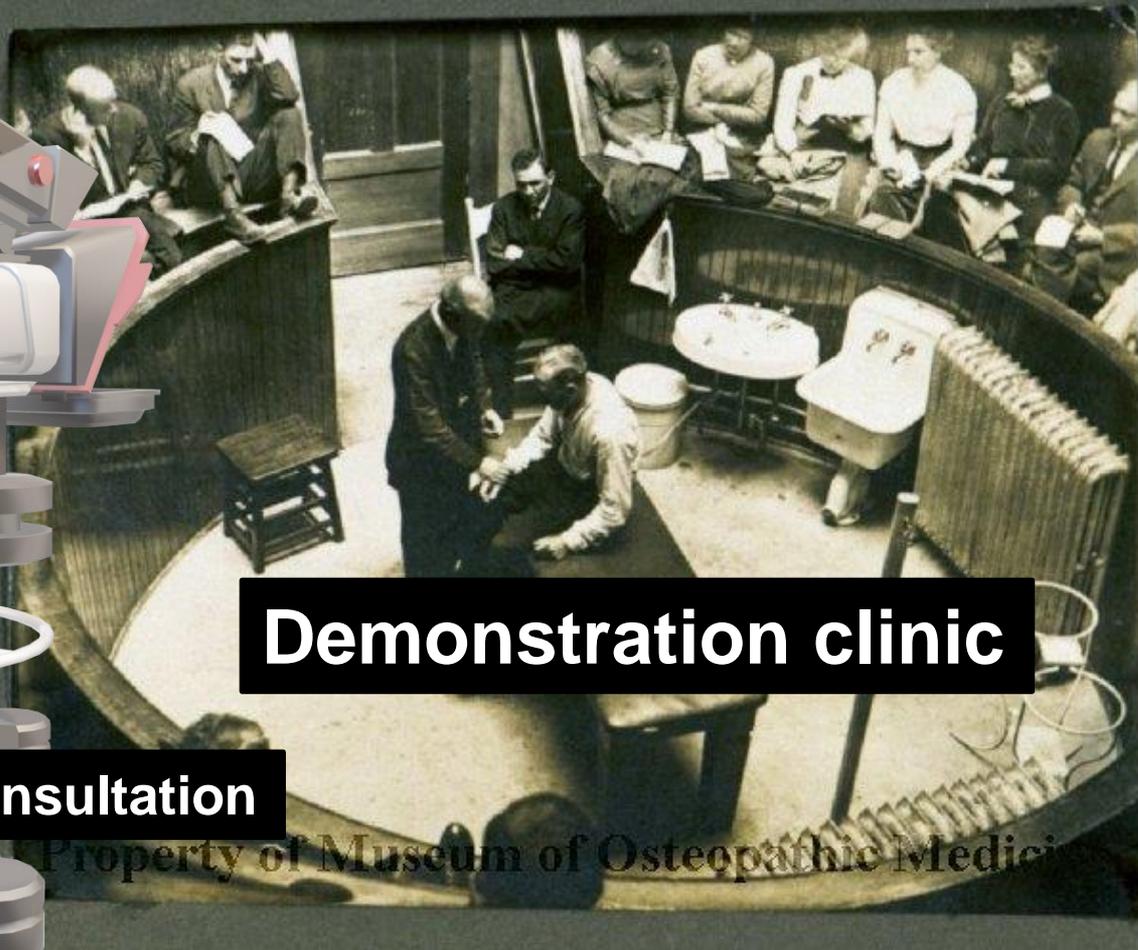
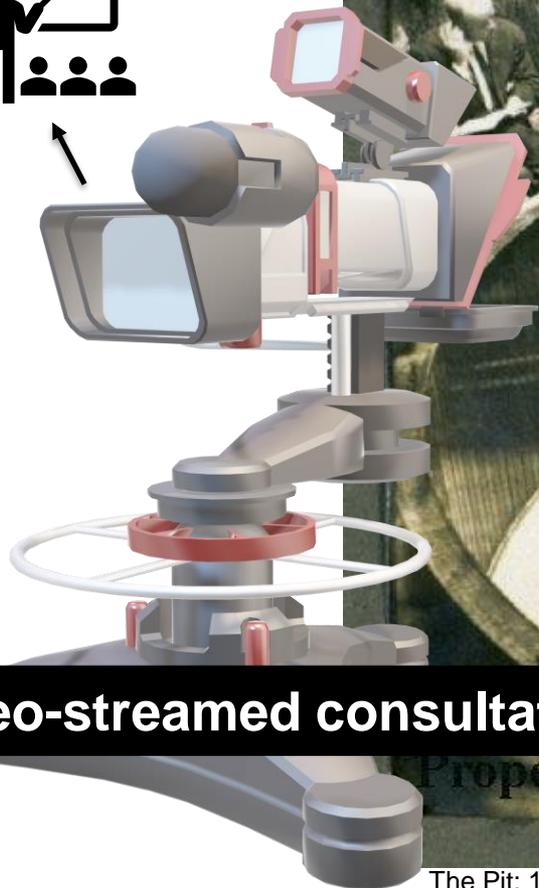




Regulation background



Hours per year dedicated to clinical education in osteopathic curriculum in France



Demonstration clinic

Video-streamed consultation

Property of Museum of Osteopathic Medicine

The Pit; 1910-1912.

<http://momicoH.pastperfectonline.com/photo/9998035A-EA60-4700-9848-304503523904>

Aim of the study

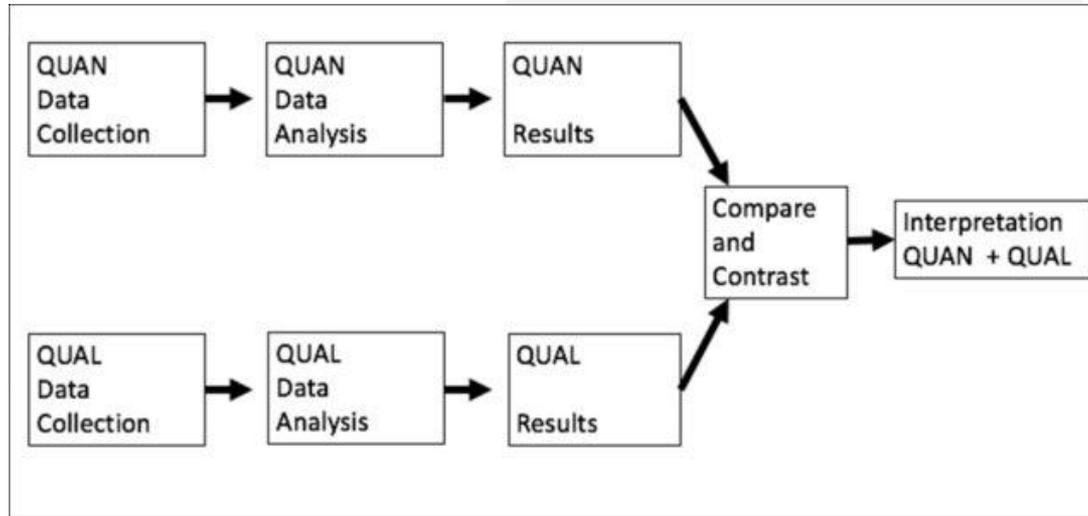
- To explore Year 3 osteopathy students' **perceptions** of the **benefits** and **limitations** of 3 clinical training educational modalities:
 - clinical battle (simulation-based intervention)
 - demonstration clinic
 - video-streamed clinic



METHOD

Design

- A two-part **concurrent triangulation mixed-method** design was used to explore students' perceptions in this study.



(Creswell, 2007)

Participants and setting



- Year 3 osteopathy students from the IO-RB (n=68) were invited to participate to...
 - a **questionnaire-based survey**
 - **semi-structured interviews**

...at the end of a **12-week clinical course** (between September and December 2020).

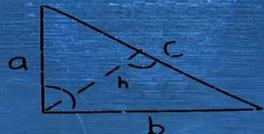
- Each training modality was **32 hours long** delivered **8 hours per week**.
- The 3 clinical training modalities were guided **by a team of 6 different tutors**.



$$\left(\frac{a}{b}\right)^n = \left(\frac{b}{a}\right)^n = b^n$$

$$a^2 + b^2 = c^2$$

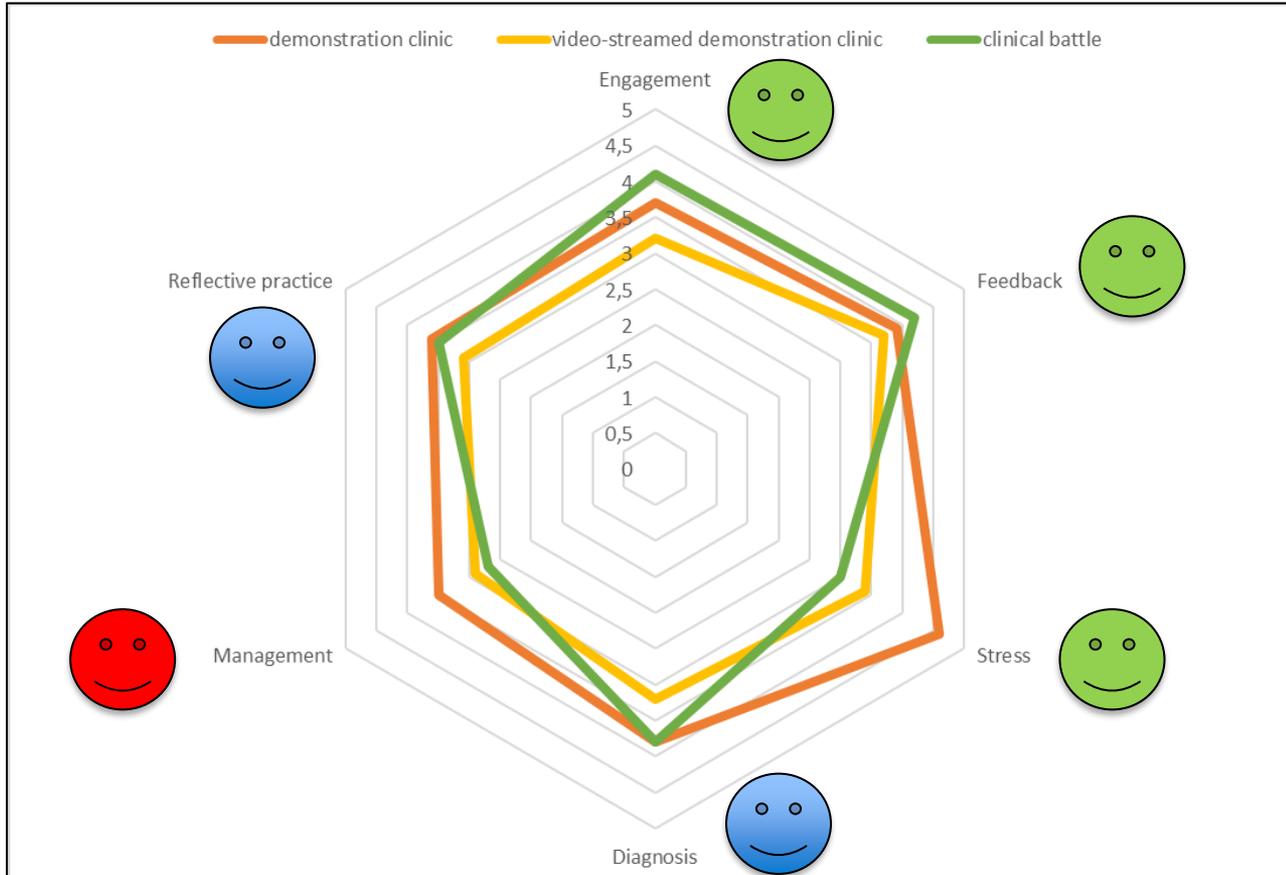
7



$$76 \quad 9 + \sqrt{5}$$

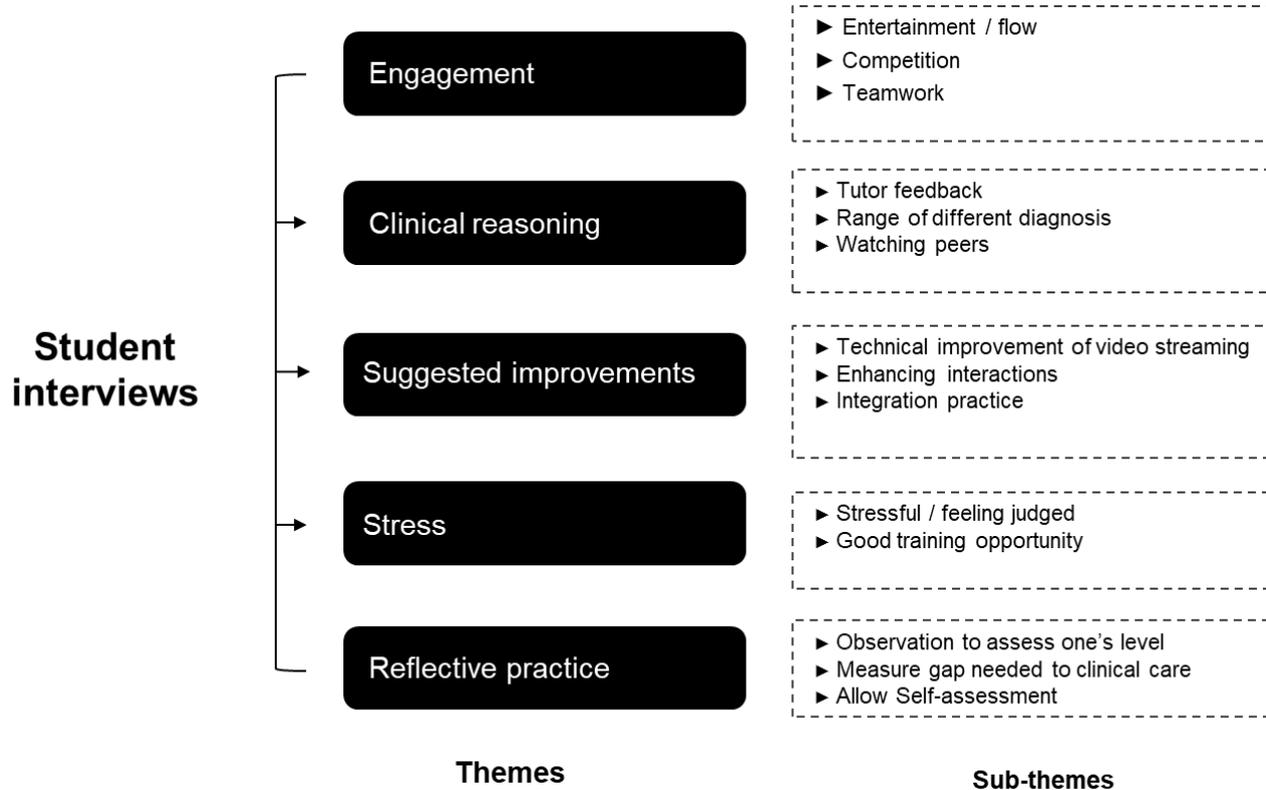
RESULTS

Quantitative survey



Mean Likert score for each theme

Qualitative survey



Identified themes and sub-themes through qualitative analysis of responses to interviews.



CONCLUSION



Take Home Message

- Simulation was perceived:
 - to be as effective as the observation of a real consultation for elaborating a diagnosis and reflective practice
 - as a safe environment to elaborate a diagnosis without the fear of making a potentially harmful diagnosis.
 - to enhance exchanges with the tutor and for gaining feedback

Thank you for your attention



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