Pedagogical evaluation of an augmented reality thoracentesis simulator for medical student training

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Thoracentesis or pleural puncture (PP) is a common invasive procedure, with many clinical indications, that can induce anxiety in both patients and healthcare professionals. However, when performed by a trained operator, the risk of complications remains minimal.

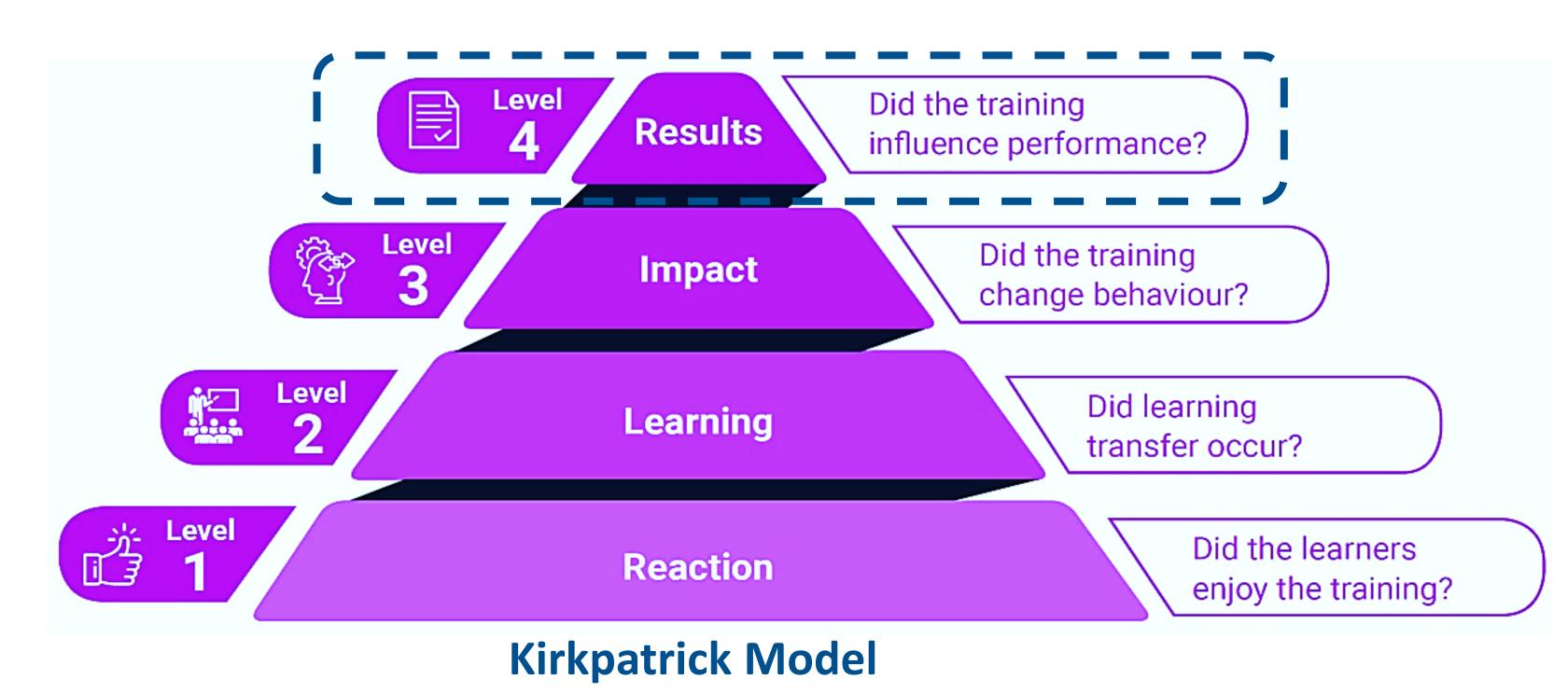
Teaching of thoracocentesis to medical students is usually made directly on the patient. Within the last years, new medical simulation tools have been developed, helping for student training, and to increase the safety and the comfort of the patients.

"Never the first time on a real patient"

Simulator

It is important for these simulators to be realistic, user-friendly, and their educational value should be validated through clinical studies.

The Department of Respiratory Medicine at Strasbourg University Hospital, in collaboration with a local company, expert in the production of simulation devices, has developed an augmented reality thoracentesis simulator (Sim&Care). This simulator is integrated with a virtual reality headset, bringing realistic sensations to get through the different parietal structures of the chest wall, especially the skin and the pleura, with a haptic force feedback system.





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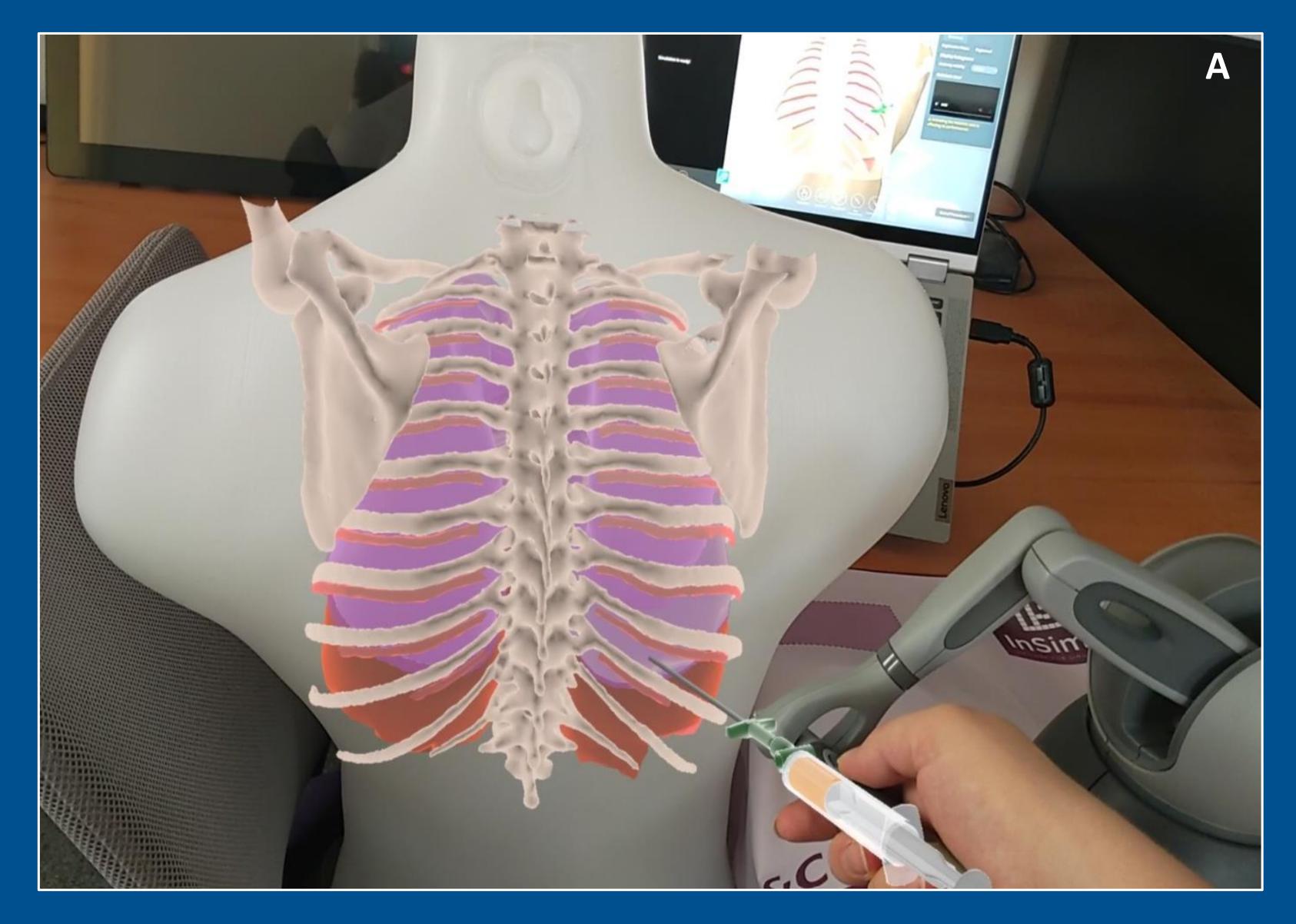






Figure : A. Augmented reality view with thoracentesis needle. B. Medical student in training. Virtual reality headset and articulated arm with haptic feedback. C. Simulation training session.

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Dynamic view !

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No conflict of interest to disclose



(UNISIMES).

For this study, we selected a composite **primary outcome** :

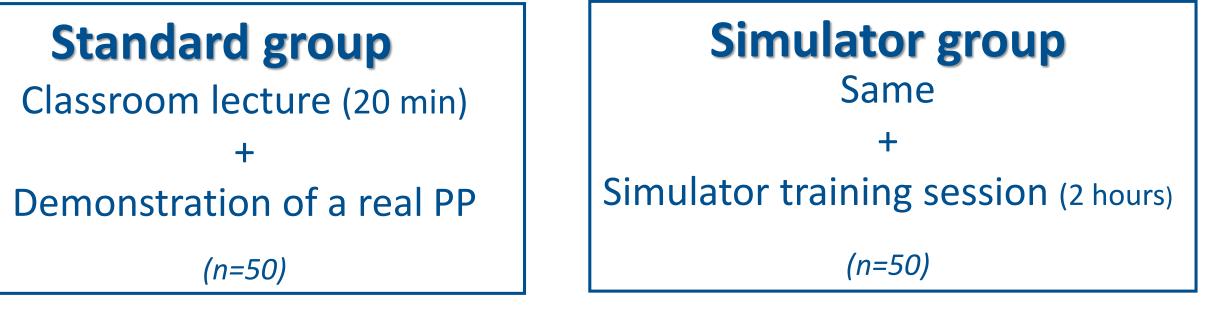
We also collected data (secondary outcomes) about the length of the PP, the anxiety felt by the student or patient during the PP, and then a simulator evaluation by students.

Inclusion rate on August 1st, 2024 : **40** students and **13** patients

The study began in January 2024 for 36 months. The first feedback from our students are really encouraging.

Study protocol (ARPEGES)

This study was approved by the North-West III ethic committee.



The simulation training sessions take place in our university simulation center

• Successful PP with minimal assistance from the supervisor (oral advise) • Successful PP with important help from the supervisor (manuel intervention) • Failure (full supervisor intervention)

References

 Opstad K. BTS Clinical Statement on Pleural Procedures. British Thoracic Society. 2022 Jun. • Feller-Kopman DJ, Reddy CB, DeCamp MM, Diekemper RL, Gould MK, Henry T, et al. Management of Malignant Pleura Effusions. An Official ATS/STS/STR Clinical Practice Guideline. Am J Respir Crit Care Med. 2018 Oct;198(7):839–49. • Wayne DB, Barsuk JH, O'Leary KJ, Fudala MJ, McGaghie WC. Mastery learning of thoracentesis skills by internal medicine residents using simulation technology and deliberate practice. Journal of Hospital Medicine. 2008;3(1):48–54. • Duncan DR, Morgenthaler TI, Ryu JH, Daniels CE. Reducing latrogenic Risk in Thoracentesis: Establishing Best Practice Via Experiential Training in a Zero-Risk Environment. CHEST. 2009 May 1;135(5):1315–20. • McSparron JI, Michaud GC, Gordan PL, Channick CL, Wahidi MM, Yarmus LB, et al. Simulation for Skills-based Education



in Pulmonary and Critical Care Medicine. Annals ATS. 2015 Apr;12(4):579–86.