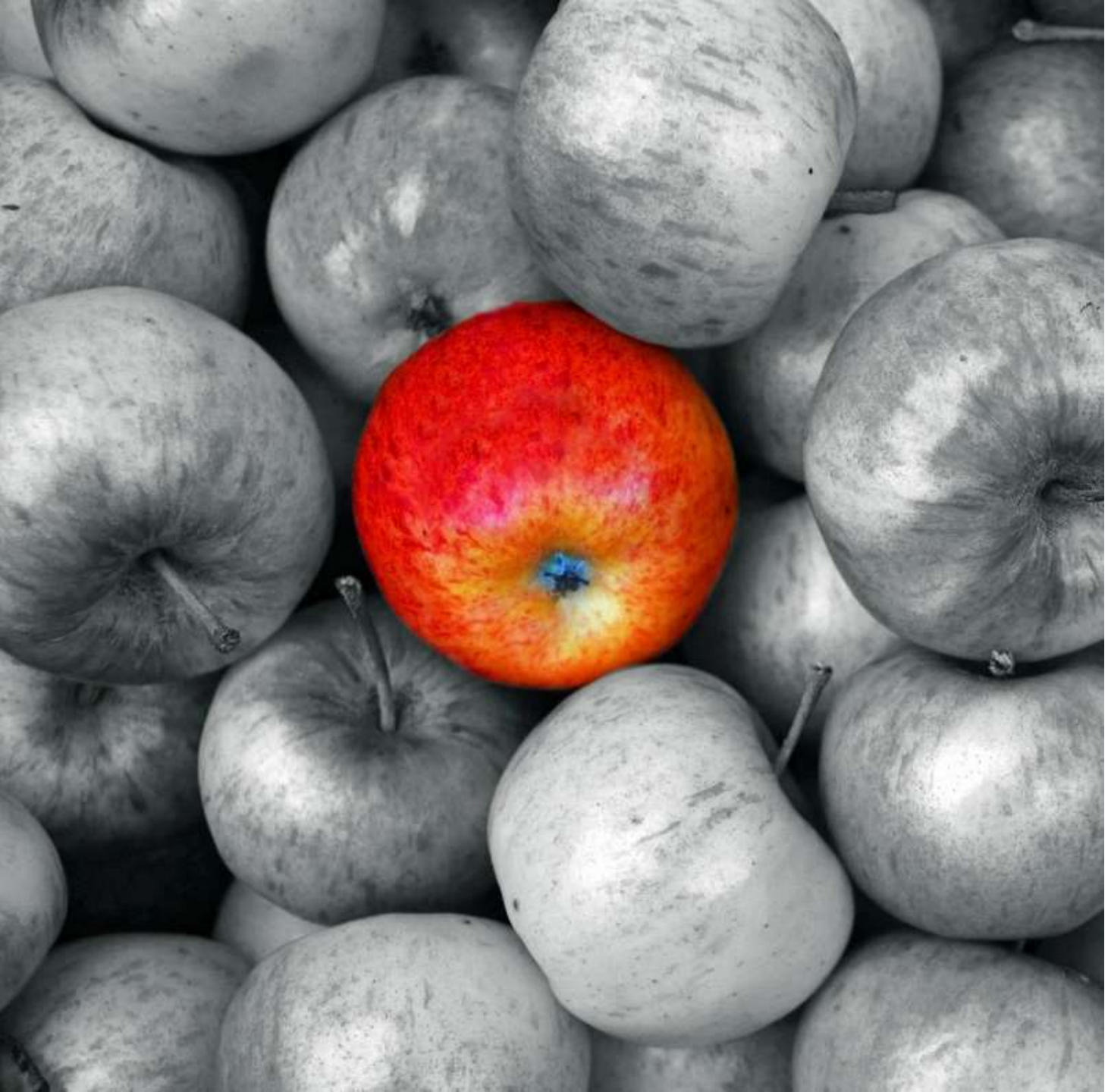


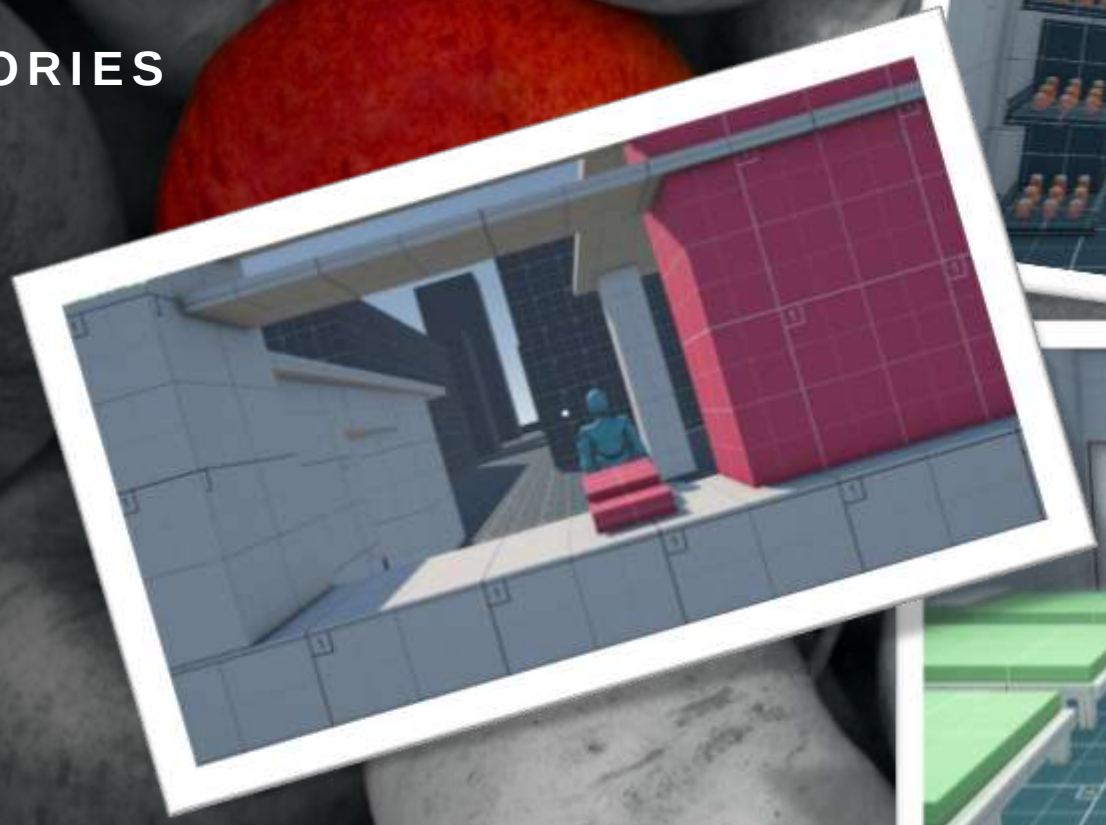
SERIOUS GAME APPLICATION PRESENTATION

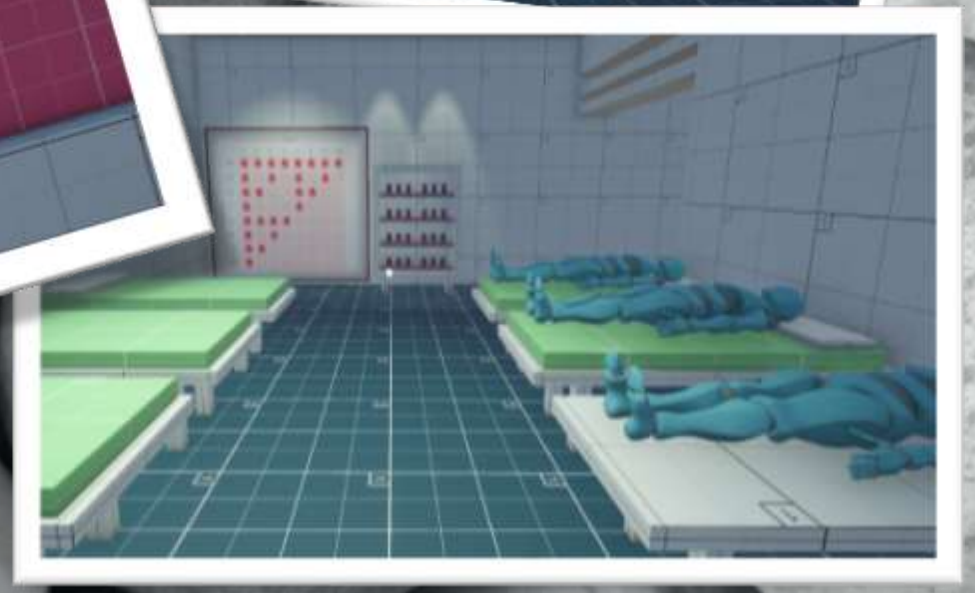
GANDI HARI TANMAI
G013000M

INTRODUCTION

- GAMEPLAY OVERVIEW
- PROBLEM ANALYSIS / MOTIVATION
- LEARNING THEORIES

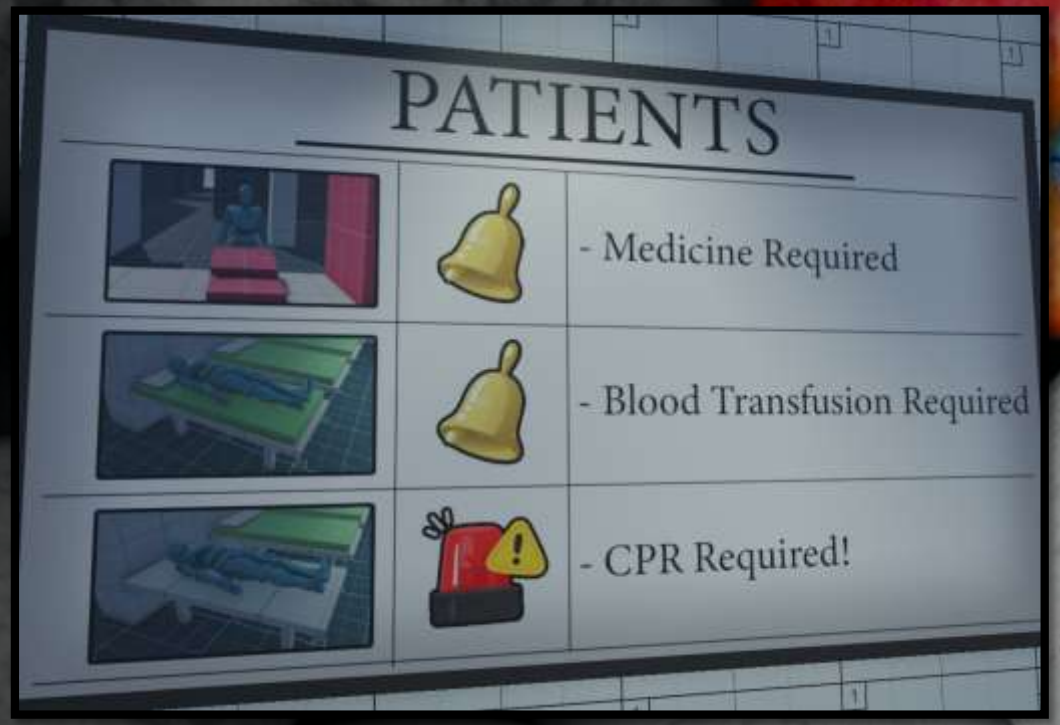


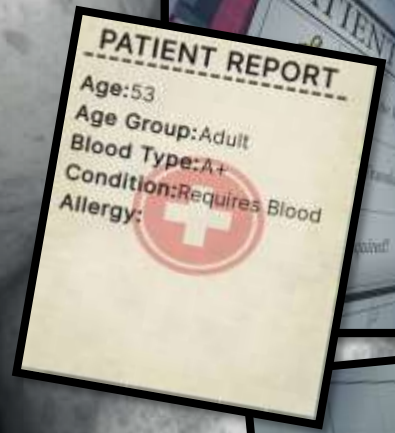




GAME LOOP

- SPAWN IN INSTRUCTION ROOM
- WAIT FOR PATIENTS
- TREAT APPROPRIATELY

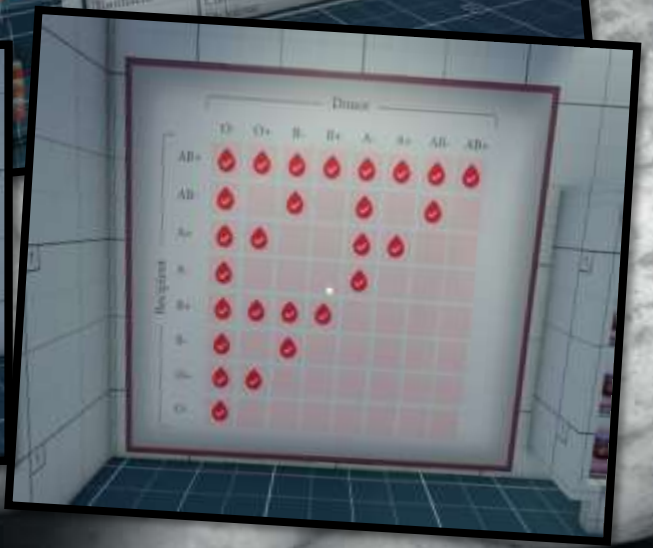












GAME LOOP – CPR

- CPR MINI-GAME
- 30 CHEST COMPRESSIONS
- 2 RESCUE BREATHS
- REPEAT UNTIL EMS ARRIVES







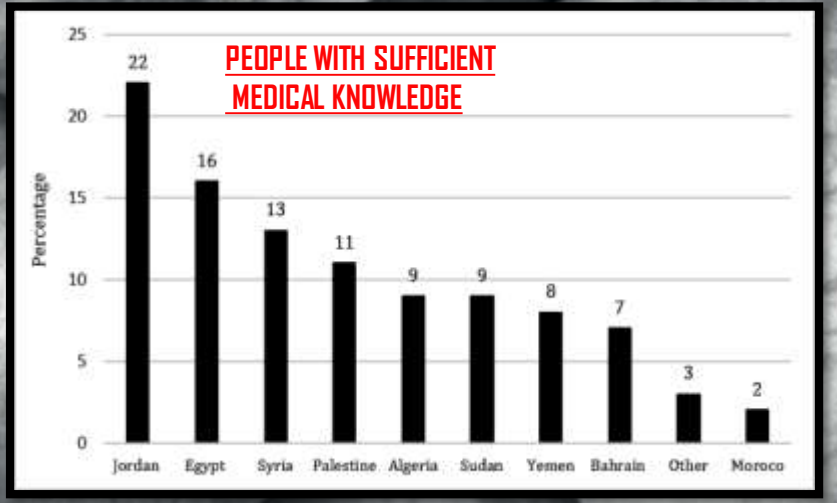
PROBLEM & MOTIVATION

- DEBRIEFING FOR HEALTHCARE WORKERS
- ALTERNATIVE METHODS FOR MEDICAL TEACHING
- BRINGING AWARENESS TO GENERAL PUBLIC
- SURVIVAL RATES: OUT-OF-HOSPITAL CARIAC ARREST
- TARGET AUDIENCE



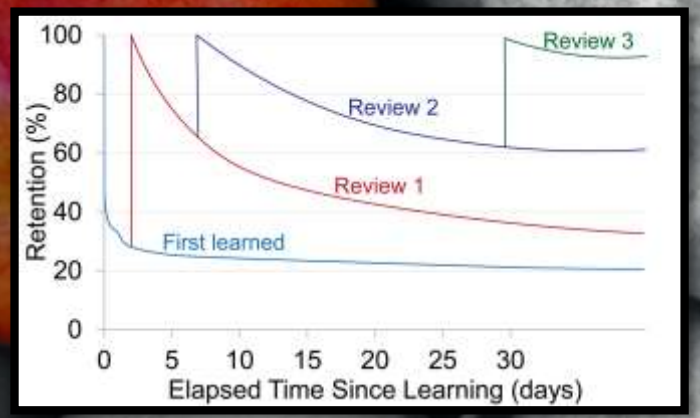
No single citizen reached the full MMK (100%). The mean MMK was as low as 32% and the range was 0 -72%. Surprisingly, multivariable analysis showed that participants with a university degree (n = 84; β (95% CI) +3.7% MMK (0.4–7.1) p = 0.03), (para)medical background (n = 34; +6.2% MMK (2.0–10.4), p = 0.004) and personal illness experience (n = 96; +4.9% MMK (1.5–8.2), p = 0.004) had only a moderately higher MMK than those without, while age and sex had no effect on the level of MMK. Interaction between university degree and clinical experience (personal or professional) showed no effect suggesting that higher education lacks synergistic effect.

MMK = MINIMUM MEDICAL KNOWLEDGE

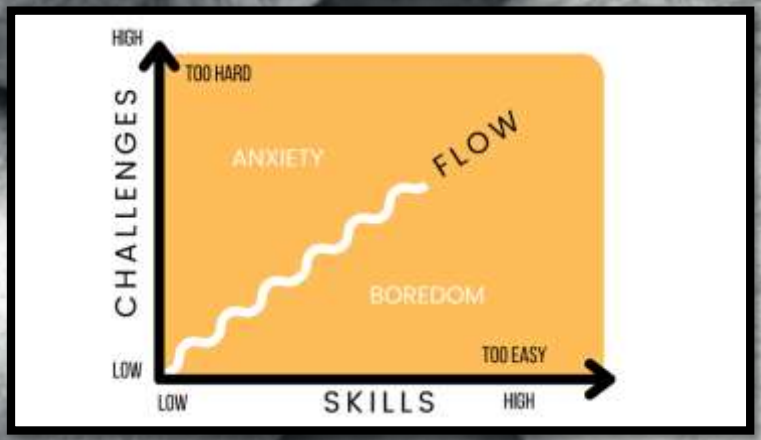


LEARNING THEORIES

- GAME BASED LEARNING – GAMIFICATION
- FLOW THEORY
- CONSTRUCTIVISM
- SUCCESSIVE RELEARNING
- SPACED REPETITION



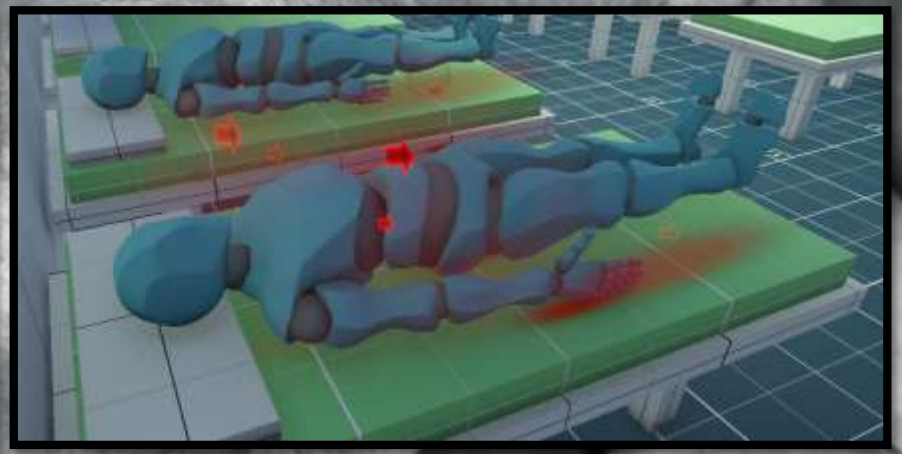


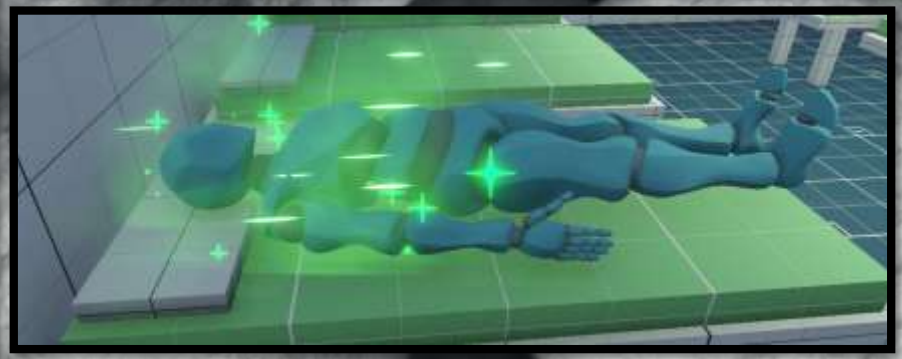


GAMIFICATION

- GAME MECHANICS SOLVE PROBLEMS
- POINTS SYSTEM
- UI
- ANIMATIONS
- SFX AND VFX
- INCREASE, ENGAGEMENT









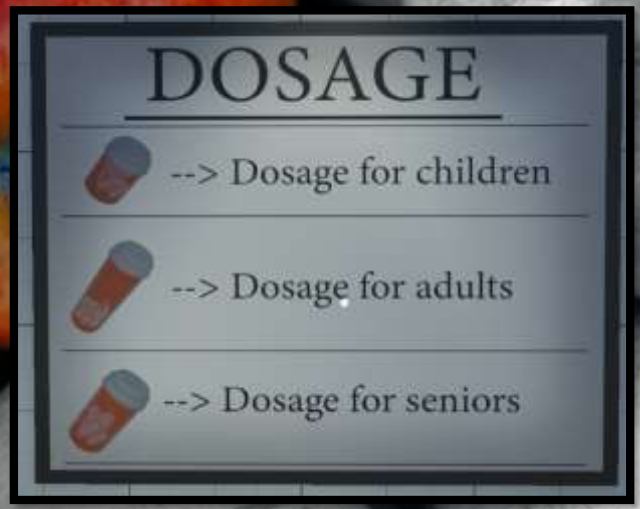




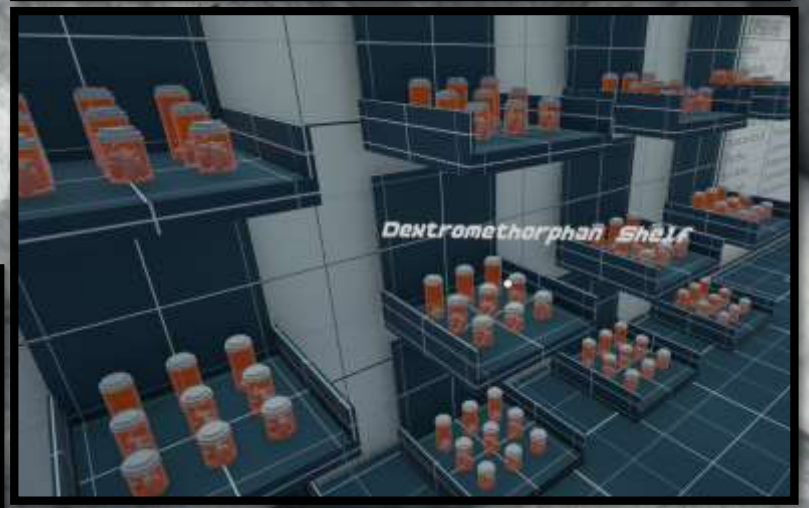
FLOW THEORY

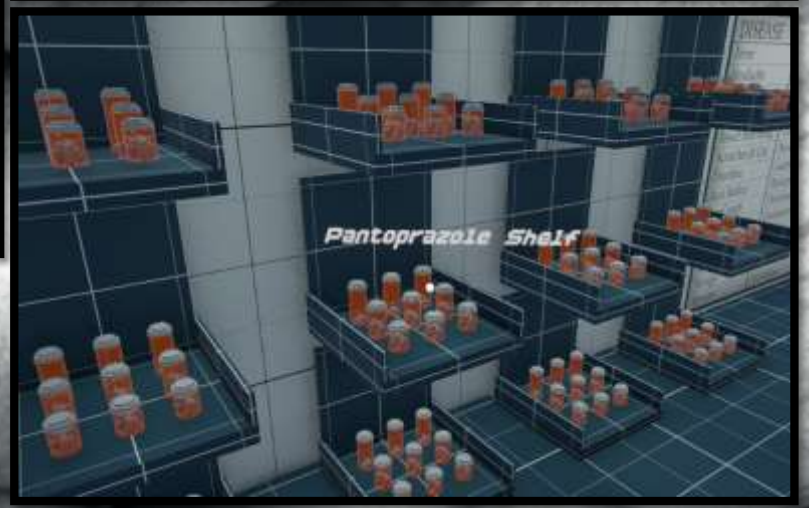
- BALANCE BETWEEN SKILL & DIFFICULTY
- MULTIPLE CONCURRENT PATIENTS
- TIME-LIMITED CPR PATIENT
- SHELF ORDER RANDOMIZATION
- NEGATIVE FEEDBACK LOOPS





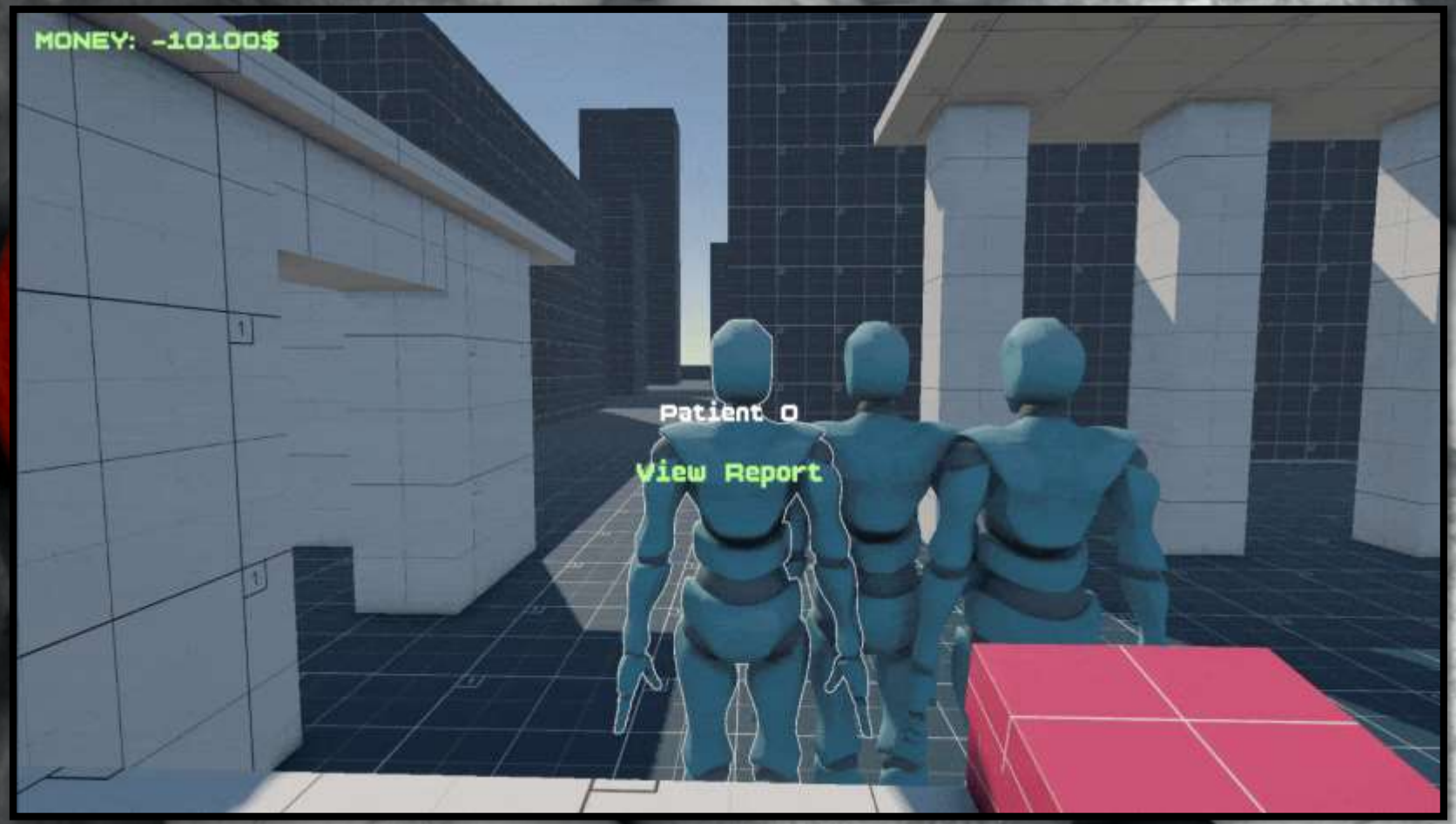
PATIENT COUNT SETTINGS	
Max Concurrent Patients	10
Max Pharma Patients	3
Max Blood Patients	4
Max CPR Patient	1





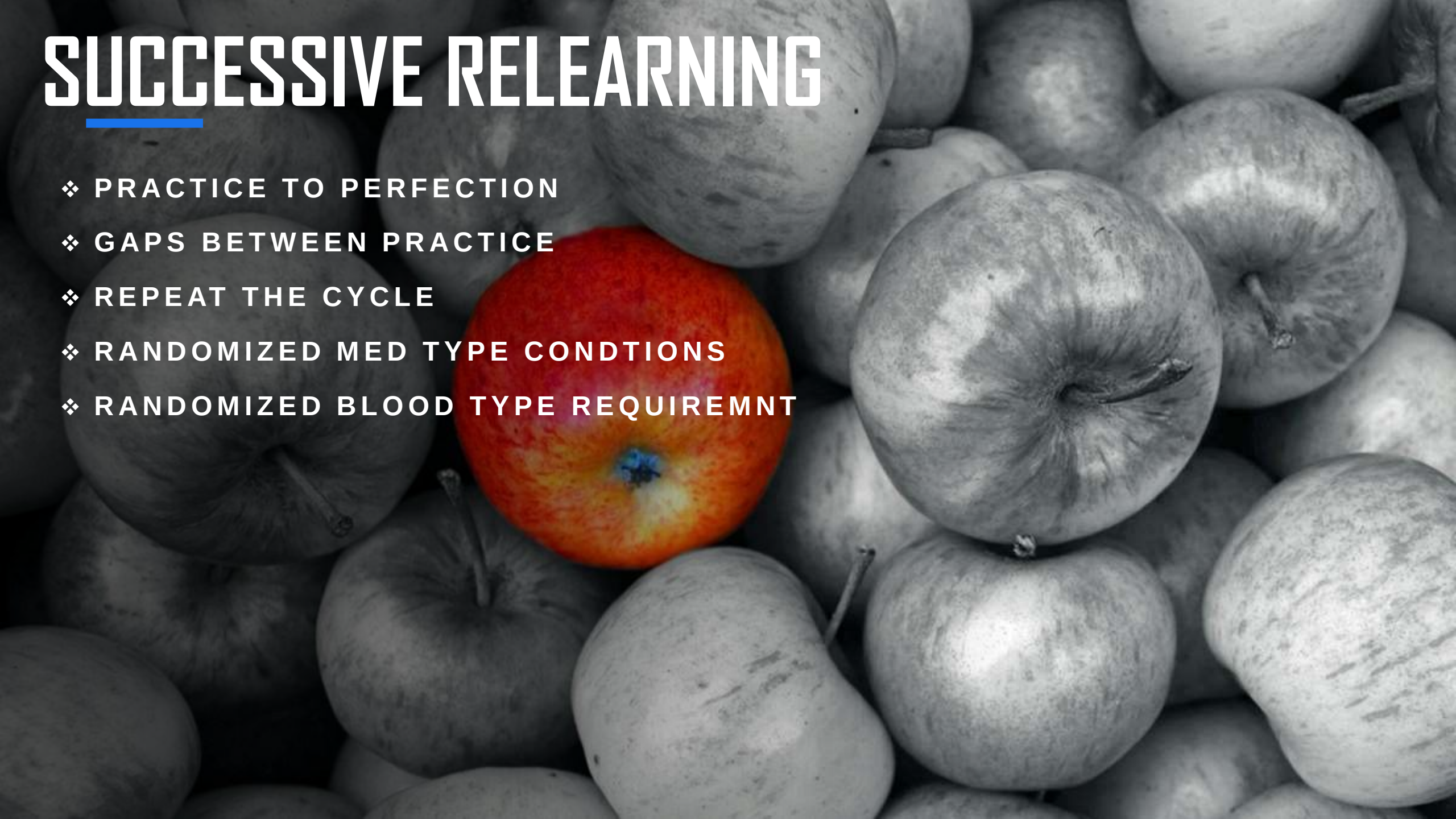
CONSTRUCTIVISM

- ACTIVE LEARNING
- TIME TO REFLECT
- MAKING MISTAKES



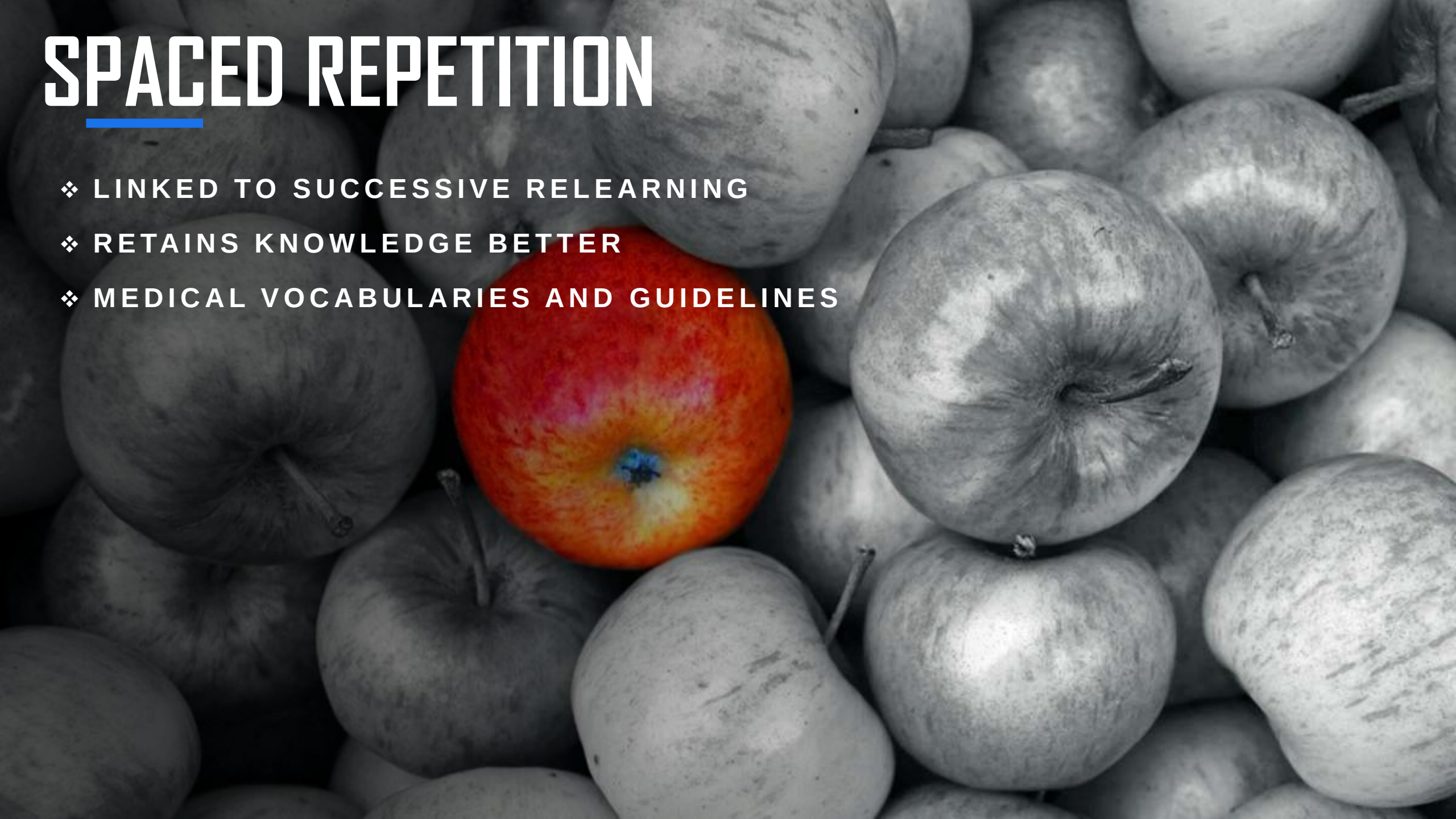
SUCCESSIVE RELEARNING

- PRACTICE TO PERFECTION
- GAPS BETWEEN PRACTICE
- REPEAT THE CYCLE
- RANDOMIZED MED TYPE CONDTIONS
- RANDOMIZED BLOOD TYPE REQUIREMNT



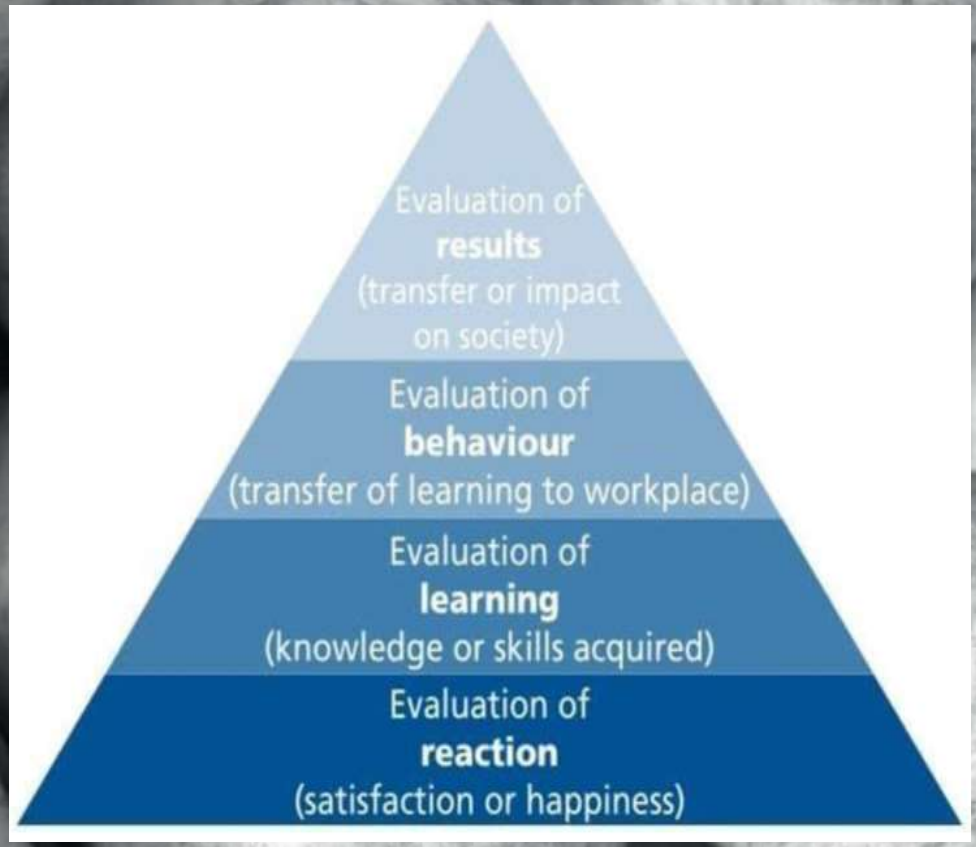
SPACED REPETITION

- LINKED TO SUCCESSIVE RELEARNING
- RETAINS KNOWLEDGE BETTER
- MEDICAL VOCABULARIES AND GUIDELINES



KIRKPATRICK MODEL

- REACTION
- LEARNING
- BEHAVIOUR
- RESULTS



CONCLUSION



- INTERACTIVITY
- EXPERIENCE

- RELATEDNESS