

# *Computer Games and Virtual Environments for Medical Education and Research*

Walt Scacchi  
Institute for Virtual Environments and Computer Games  
University of California, Irvine  
[ivecg.uci.edu](http://ivecg.uci.edu)

Presented 2 May 2015, at “AIME”ing for Excellence in Clinical Medicine Education, UCI School of  
Medicine, Irvine, CA

# Overview

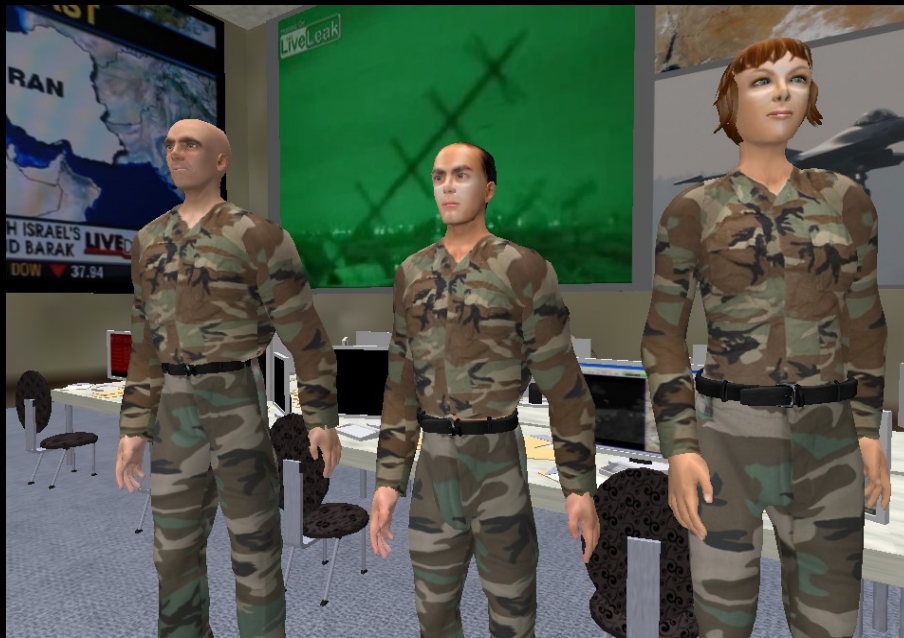
- Background motivation
- Innovations in Medical Education: *Some ideas*
  - Clinical practice
  - Basic science and translation into clinical practice
  - Collaborative experience technologies
- Medical Education Platforms
- Funding partnership opportunities: *some ideas*

# Motivation

What are we interested in doing?

- *Empirical research and technology prototyping* of computer games/virtual worlds (CGVWs) that support challenge problems in science, health care, medical education, and more
- Collaborate with academic partners and external R&D sponsors
- Engage in high risk, adventuresome research projects
  - *Game-Based Telerehabilitation for Stroke Patients*

# Advanced training center concept using low-cost Virtual World technology



# Game-based VW simulator interfaces for immersive *medical education*: a spectrum of *cost* vs *realism*

- Virtual humans (game-based)
- Animal surrogates (surgical pigs)
- Cadavers
- Manikins
- Human subjects

\$500 vs. \$5000 vs. \$50,000 vs. \$500,000 vs. \$5,000,000



# Game-based VW simulator interfaces for immersive motorsports racing experiences: a spectrum of cost vs realism



\$500 vs. \$5000 vs. \$50,000 vs. \$500,000 vs. \$5,000,000

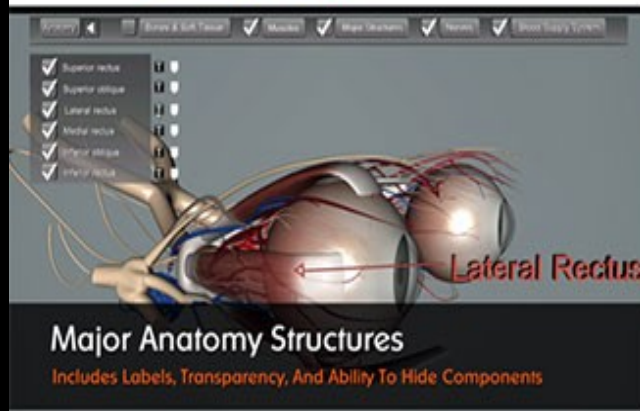
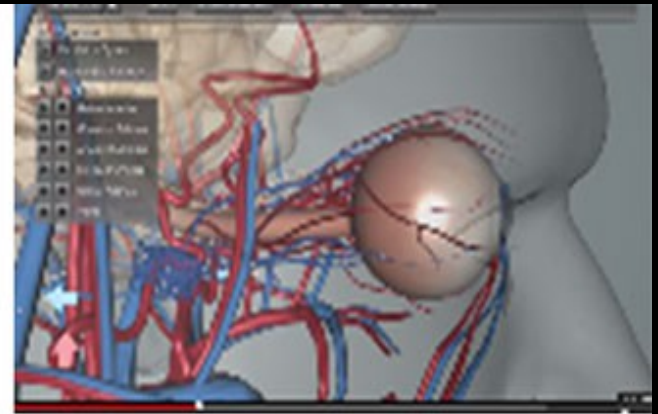
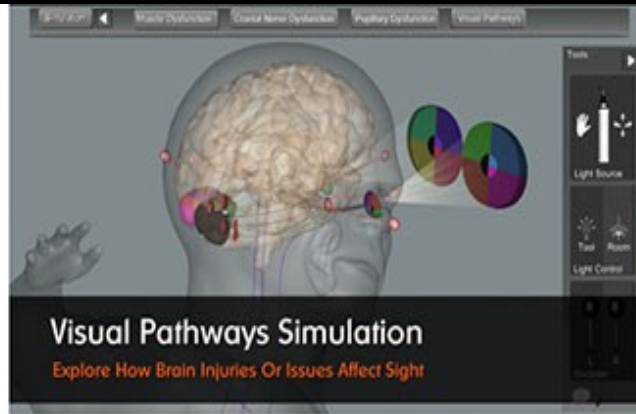
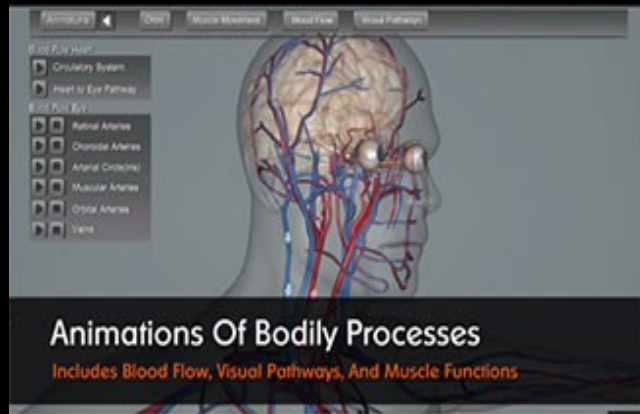
# Game-based VW simulator interfaces for immersive *medical education: low-cost* vs *realism*?



Virtual human in *Surgeon Simulator*  
2014 (iPad/PC game)



# Commercial, high fidelity virtual anatomical training systems





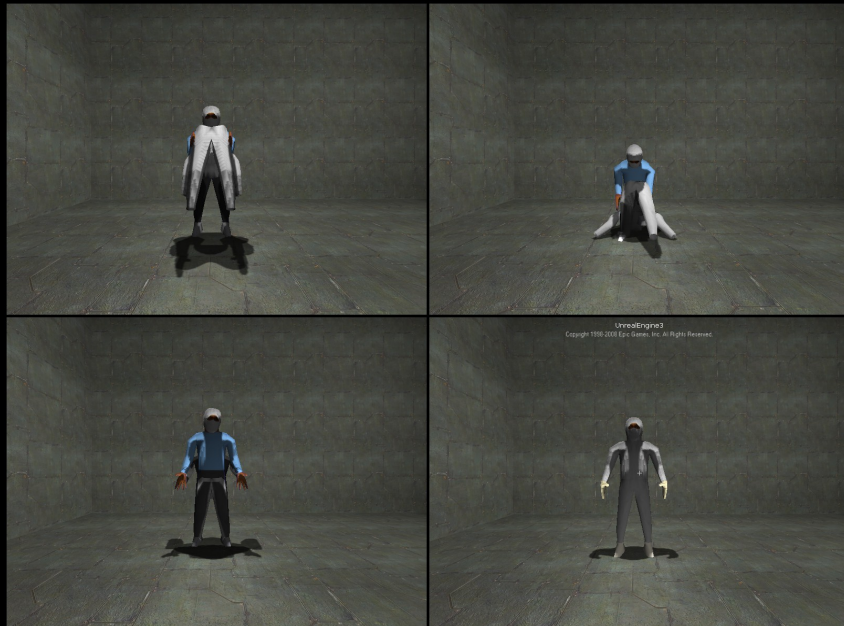
# Commercial, high fidelity virtual clinical laboratory training systems



# Commercial, virtual medical clinic simulator



# Avatar-based training of “gowning processes” for clean rooms, biohazards, or surgical preparation





# Human-avatar verisimilitude

- Virtual human avatars can enable low-cost, high fidelity medical education experiences
  - Assumes avatars can enact “intelligent behaviors” (pre-programmed or scripted)
- Student can interact with avatars in different roles, both individually and in groups/teams.
  - Student::patient
  - Patient::family-member::physician
  - Surgical team
- Group/team interactions can be heterogeneous
  - *collaborative or in conflict*
  - *multi-site play* (home, school, distant locale, etc.)

# Clinical education *platforms*

- Classrooms
- Teaching laboratories/facilities
- Clinics and hospital
- Mobile devices (tablet, PC, smartphone)
- Web (including medical social media)
- Cross-cultural centers
- VW medical clinics/hospitals

# CGVW for Medical/Clinical Devices

- Diagnostics and (big) data analytics
- Patient sensing or monitoring
  - Mobile/remote patient (tele)monitoring
- Interventions
- Therapeutics
- Recovery and Rehabilitation
- Patient Care Device Education



# How best to provide education with complex intervention technology?



# How best to provide care device education to patients?

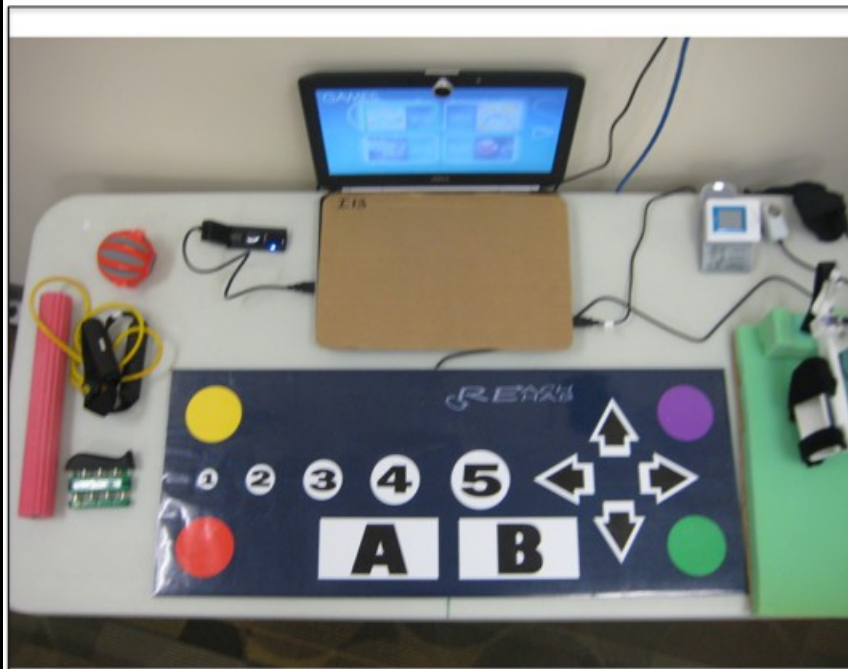


# Basic science and translation into clinical practice

- *Neurosciences*
  - Neurobiology and Behavior
  - Anatomy and Neurobiology
  - Neuro-rehabilitation
    - Game-based stroke telerehabilitation



# Game-Based Telerehabilitation for Stroke Patients

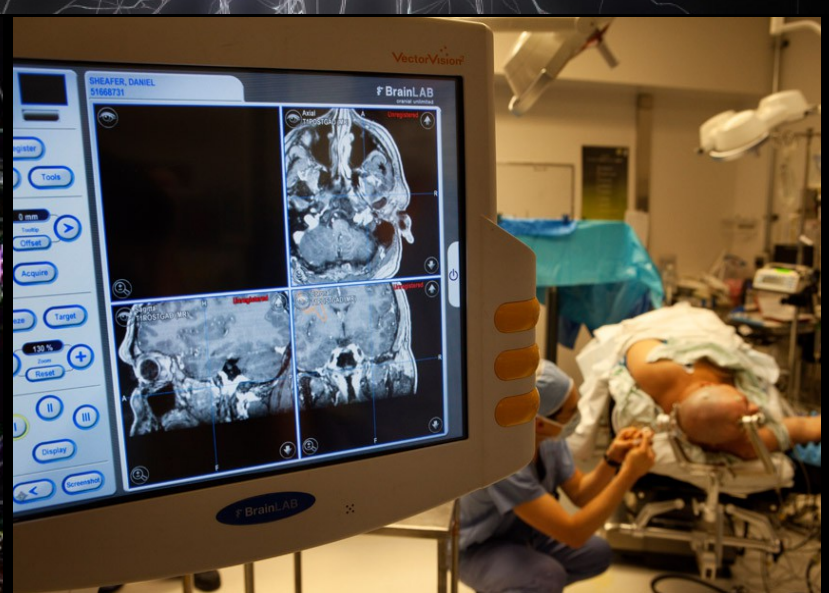
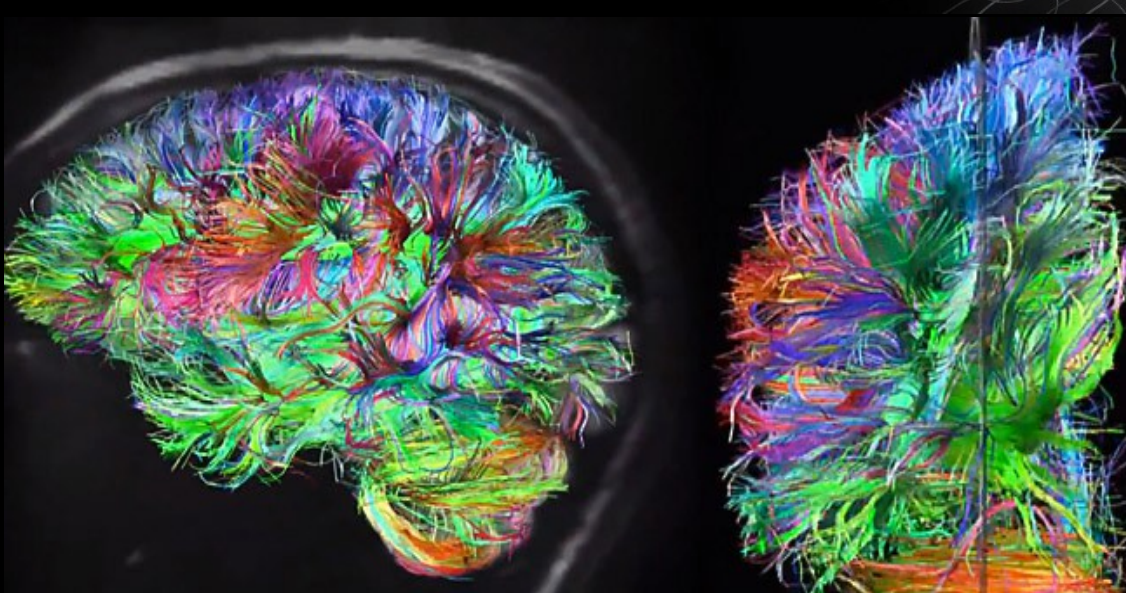
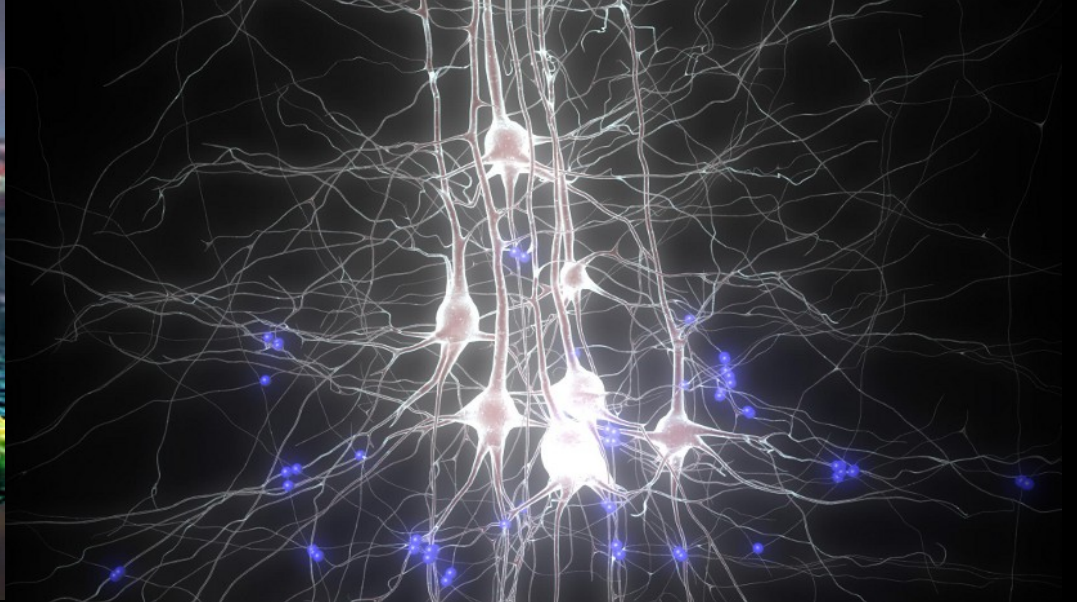
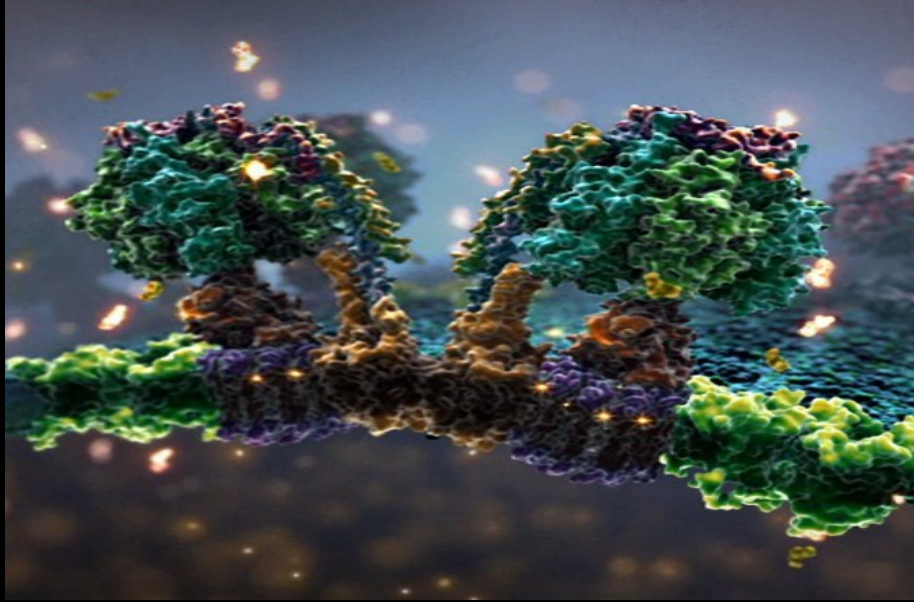


## Telehealth system components

- Standard table and chair
- Dell laptop
- Verizon wireless card
- Blood pressure cuff (USB)
- USB-input devices to operate the system and to play rehab-related games

S. Cramer, *et al.* 2013

# How best to design games for NeuroSciences?





# Funding partnership opportunities: *some ideas*

- Government (NIH, DoD/Army)
- Foundations/Benefactors (TBD)
- Partnerships
  - Corporate
  - Startup venture
  - “Advanced licensing via joint partnership”
    - Global/cross-cultural joint MedEdu R&D
      - VW vendor + UCI + International partner(s)
        - Internationals: Korea, China, Middle East, etc.
      - 10+10+10 approach:
        - 5/10 yr investment; primary joint partners cross license results to secondary partners
      - UCI “10” from govt, benefactors, in-kind, SoM.