



# MoHSES CCT Virtual Roundtable

August 30th, 2023

Presented by Vcom3D

[www.Vcom3D.com](http://www.Vcom3D.com)

# Origins of Modular Healthcare Simulation and Education System (MoHSES)

- Original Advanced Modular Manikin (AMM) project awarded to the University of Minnesota Center for Research in Education and Simulation Technologies (CREST) with University of Washington CREST and Vcom3D, Inc. as major subcontractors
- Renamed to MoHSES™ in 2021 to reflect the multi-modal capabilities of the platform and for trademark considerations
- Funding from USAMRMC



Special thanks to the U.S. Army Combat Capabilities Development Command Soldier Center (DEVCOM SC), SFC Paul Ray Smith Simulation and Training Technology Center (STTC), which originated concepts for the MoHSES project. They provide expert support and guidance, as well as opportunities and interactions with the respective user communities.

# Objectives for this Roundtable

- Inform CCT awardees and stakeholders about the MoHSES specification and free resources available to develop MoHSES-compliant modules and systems
- Examine the MoHSES concept of interoperability and how it might be applied to the CCT project.
- Review how MoHSES has been used to build interoperable simulation modules, including:
  - Where it worked well
  - Where there were limitations
- Discuss how MoHSES can be applied to CCT.

# What is MoHSES?

## What It Is

- A Platform in support of Experiential Learning for Health Care Education
- A Platform to support interoperable medical simulation training
- Based on Open Standards
- Provided with an Open-Source License
- Designed with a Modular Architecture
- Based on a Distributed Architecture
- Supports Interoperable Segments
- Based on standardized Data Models
- Defined data set for Reference Patient

## What It Is Not

- A manikin
- A commercial product
- A complete design that can be sourced
- A final set of standards
- A one company solution
- A research project

# Potential Benefits to CCT

## MoHSES Specifications Promote Interoperability

- Mechanical
- Anatomical
- Electrical
- Fluids
- Data

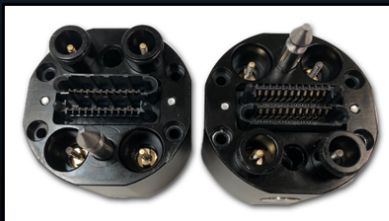
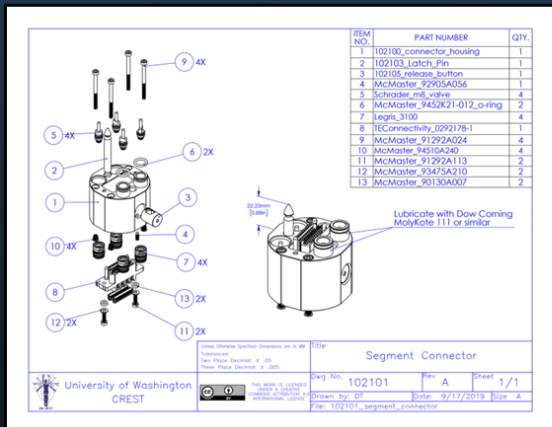
## MoHSES Resources Can Reduce Development Cost

- Open-Source Software
- Connector Drawings
- Reference Implementations

## MoHSES Architecture Enables Vendors to Protect IP

- Module interfaces are implementation-agnostic, clinically relevant data

# What do I get with MoHSES?



- ### Physical Specification
- CAD Models, Reference Data Sets, and Technical Drawings
    - Standard Male and Female Parameters derived from medical imaging of live subjects
    - Segmentation
    - Core Compute System
    - Fluidics
    - Power
    - Network

### Software Component Specification

- API/Documentation
- Open-source 3rd party dependencies
- Reference Implementation Source Code in C++
  - Core Modules
    - MoHSES standard library
  - REST adapter interface to support web-based client Modules
    - TCP bridge interface to support socket-based client Modules
    - Example Module source code

### Data Model Specification

- Simulation Control
  - Render Modification Request
  - Physiology Modification Request
  - Assessment
- Physiology Data
- Configuration
  - Capabilities
  - Operational Status

# Where do I get MoHSES Information?

- Specifications: <https://www.mohses.org/cdrIs.html>
- 3D Datasets: <https://www.mohses.org/downloads.html#docs>
- Connector Drawings: <https://www.mohses.org/downloads.html#conn>
- Test Results: <https://www.mohses.org/cdrIs.html#a0010>
- Interface Document: <https://www.mohses.org/cdrIs.html#a0011>
- CORE Software:  
<https://github.com/AdvancedModularManikin/core-modules>

# MoHSES Aligns with the Five Principles of Modular Open Systems Approach (MOSA)

## 1. Enhance competition

- open architecture with severable modules, allowing components to be openly competed.

## 2. Facilitate technology refresh

- delivery of new capabilities or replacement technology without changing all components in the entire system.

## 3. Incorporate innovation

- operational flexibility to configure and reconfigure available assets to meet rapidly changing operational requirements.

## 4. Enable cost savings/cost avoidance

- reuse of technology, modules, and/or components from any supplier across the acquisition life cycle.

## 5. Improve interoperability

- allow severable software and hardware modules to be changed independently.

- Defense Acquisition Guidebook 3–2.4.1, Modular Open Systems Approach (2017)

Reference: <https://ac.cto.mil/mosa/>



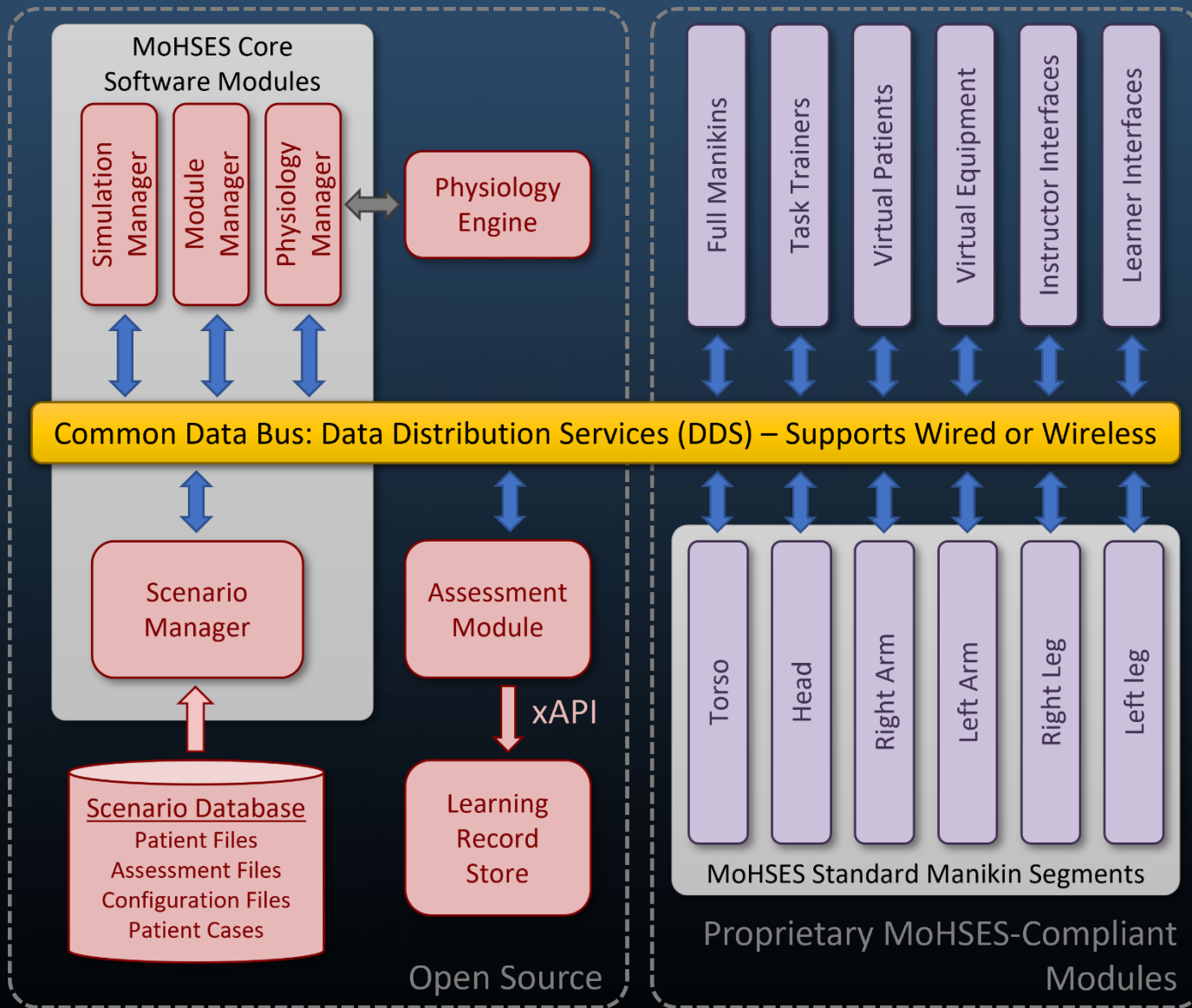
# How has MoHSES been used?

- For modular manikins (Advanced Modular Manikin, Advanced Female Trauma Training System) incorporating modules from multiple vendors
- For on-site and remote virtual team trainers (Immersive Modular Patient Care Team Trainer [IMPACTT™])
- To integrate physical and virtual simulations (AMM, Central Venous Access, Lateral Canthotomy/Cantholysis, Humeral Head IO)
- To connect to multi-role patient movement simulations (POINTS)

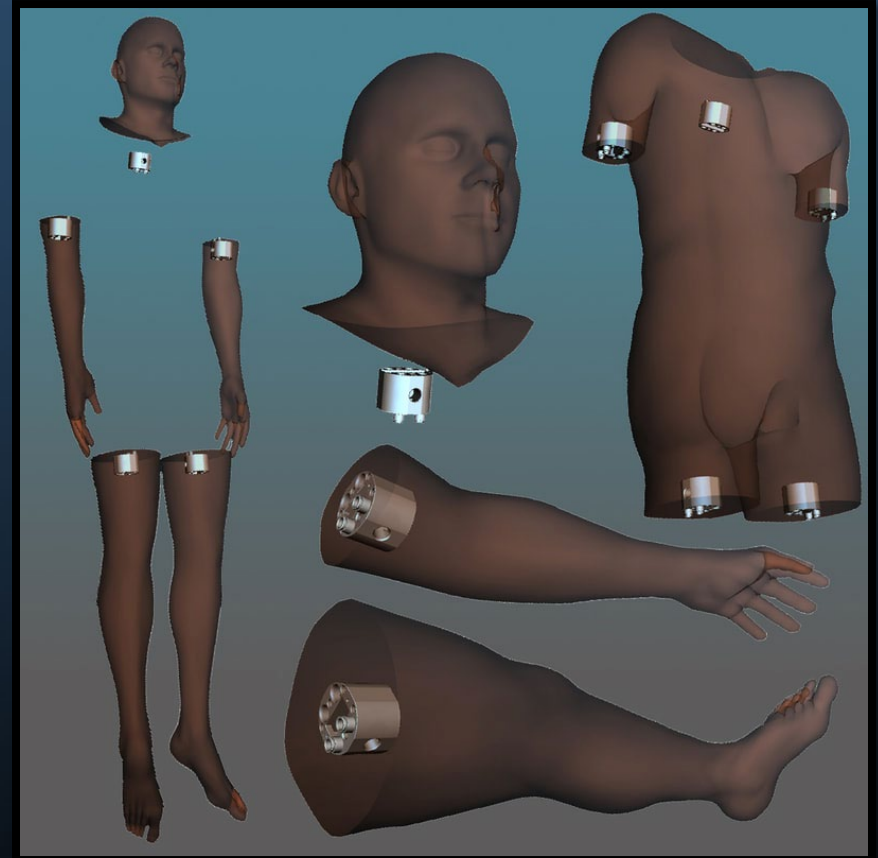
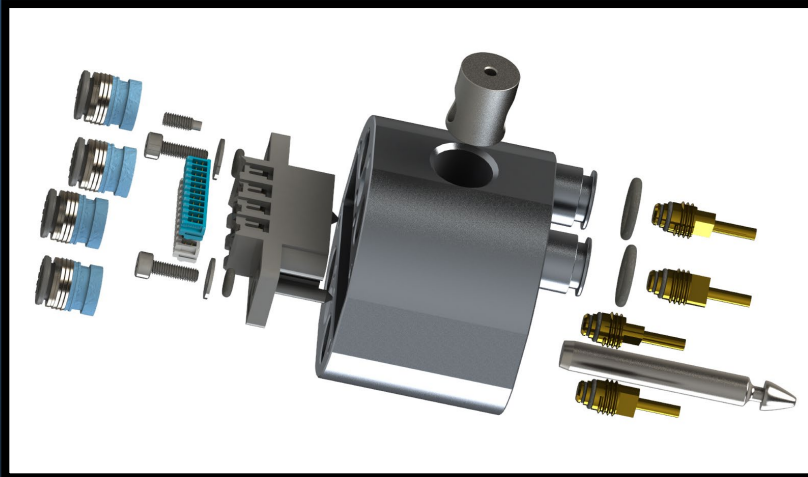
AR and MR applications can require tight synchronization of perceptual cues between manikin and virtual components. For example: synchronized manikin chest motion, virtual wound overlays, breath sounds, and capnograph.

MoHSES has been demonstrated with 30 or more physical and virtual modules, with 50 Hz update of multiple physiological variables, using low-cost, COTS implementations.

# MoHSES Modular Architecture



# MoHSES Physical Connection Specifications



Universal Segment Connector provides:

- Mechanical Connection (200 lb. axial load, 100 lb. bending).
- 4x Fluid Connections (Air, 2x Liquid, Waste Liquid; 1.03 bar)
- PoE Connection (IEEE 802.3bt)
- Data Connection (CAT 5e/6 Ethernet)
- Blind Connection; Tool-less operation
- Available from One World DMG

- Connectors may be used to connect Torso to Head, 2 x Legs, 2 x Arms

# Core Software Components

## Module Manager

- Coordinates module participation, initialization, configuration, and termination
- Enable module capabilities
- Configure modules
- Aggregate module operational statuses

## Physiology Manager

- Initialize physiology engine
- Setup scenario environment
- Setup scenario patient start state
- Translate between standard data model and physiology engine API

## Simulation Manager

- Simulation clock (50 Hz)
- Play, start, and pause simulation

# What is a module?

- Modules may be closed and proprietary but will still interoperate with proprietary Modules from other companies.
- Modules can be used in different combinations and configurations for different applications.
- Modules may be physical, virtual, mixed, or gateways to other systems (HLA, STE, JETS).
- Modules may be something yet to be conceived.
- Modules achieve interoperability by implementing a common interface and using a shared Data Model.
- What does a Module need to officially be a Module?

# Module Capabilities

## Module

- Name
- Manufacturer
- Model
- Serial number
- Model version

## Platform Version

- Core
- Hardware
- Specification

## Capabilities (for each Capability)

- Published Topics
- Subscribed Topics
- Configuration Options
  - Name
  - Type (float, int, boolean, option)
  - Type parameters (min, max)

# Module Capability Configuration Data and Operational Status

## Capabilities (for each Capability)

- Capability
  - Name
  - Enabled
- Configuration Data
  - Name
  - Type (float, int, boolean, option)
  - Type parameters (min, max)

## Operational Status (for each enabled Capability)

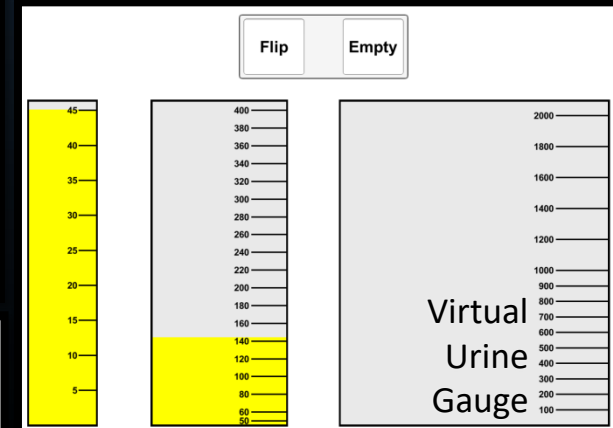
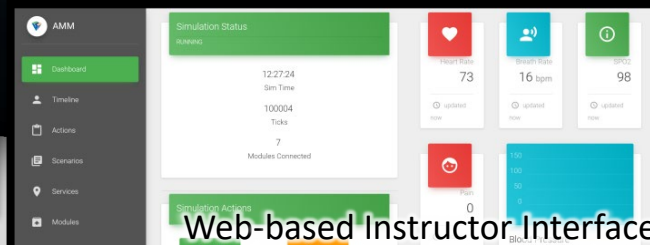
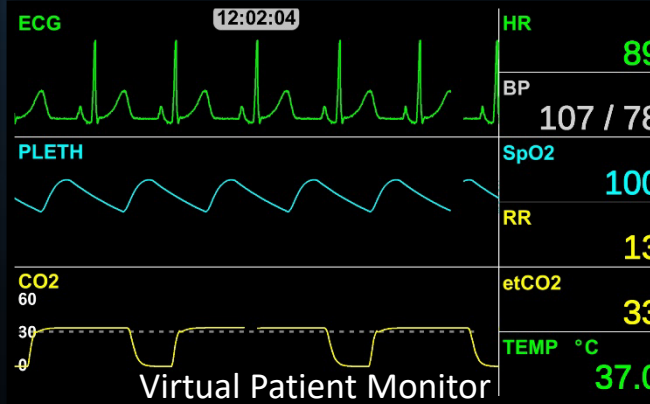
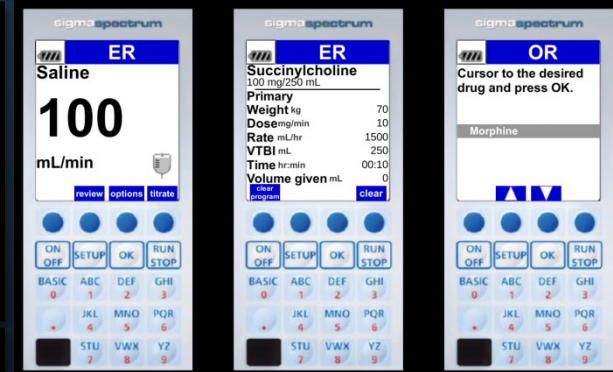
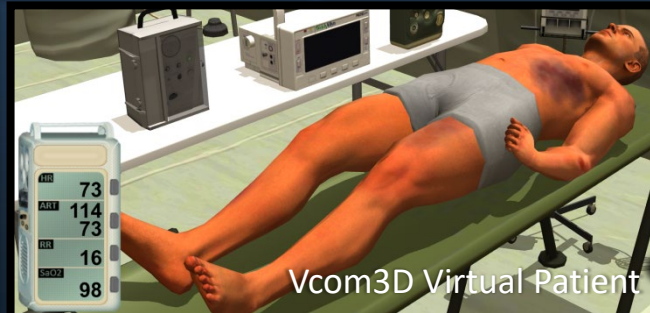
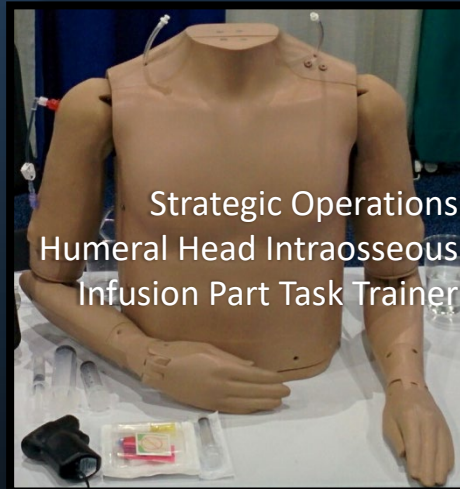
- Module Name
- Capability Name
- Status (OPERATIONAL, HALTING\_ERROR, IMPENDING\_ERROR)
- Message

# Module Examples



Labs							12:53:58
POCT	Hematology	ABG	VBG	BMP	CBC	CMF	Coagulation
Arterial Blood Gas							Order
Time	12:52:59	12:52:01	--:--:--	Units	Reference		
Lactate	1.59	1.59	---	mmol/L	0.36 - 1.25		
pH	7.38	7.38	---		7.35 - 7.45		
PCO2	40	40	---	mmHg	35 - 45		
PO2	98	98	---	mmHg	80 - 105		
TCO2	26	26	---	mmol/L	23 - 27		
HCO3	26	26	---	mmol/L	22 - 26		
Base Excess (BE)	1	1	---	mmol/L	(-2) - (+3)		
SpO2	98	98	---	%	95 - 98		

Virtual Labs Report





# MoHSES Data Model

MoHSES uses DDS for communications.

DDS uses a topic-based publish and subscribe paradigm.

Event records and physiology data must be human readable and **clinically relevant**.

MoHSES topics include:



Capabilities, Configuration, Operational Status



Resource Supply and Demand



Event Records

Physiology Modifications  
Render Modifications  
Performance Assessments



Physiology Data

# Common Data Bus

## Data Distribution Service (DDS)

- Middle-ware specification from Object Management Group (OMG).
- Describes a data-centric publish/subscribe model for distributed application communication and integration.
- Enables scalable, real-time, dependable, high-performance, and interoperable data exchanges.
- <https://www.omg.org/spec/DDS/>

## FastDDS

- Full Implementation of the OMG Real Time Publish Subscribe (RTPS) protocol.
- Implements required functionality of the DDS standard.
- Extensible to support additional DDS functionality.
- Compatible with other DDS implementations.
- Lightweight.
- Micro XRCE-DDS available for resource-constrained applications.
- **Open source.**

# MoHSES Event System

## Event Record

ID (UUID)	
Timestamp	'when'
Location (FMA)	'where'
Practitioner	'who'
Type	'what'
Data	'how'

Type examples:  
Infusion, injection, IV access,  
Palpation

## Physiology Modification

ID (UUID)  
**Event ID**  
Payload

Changes to physiology including insults and interventions.  
**Examples:** hemorrhage, airway obstruction, sepsis, acute stress, fluid infusion, drug bolus, tourniquet applied.

## Render Modification

ID (UUID)  
**Event ID**  
Payload

Instructions for how to display an event. Visual, audio, etc.  
**Examples:** tourniquet placement, IV placement, bleeding stopped.

## Performance Assessment

ID (UUID)  
**Event ID**

Assessment:

- Omission Error (skipped step)
- Commission Error (extra/out-of-order step)
- Execution Error (done poorly)
- Success

Comments

# Event Payloads

- Event payloads are contextual. The standard does not yet define the exact payload format, but we have implemented examples as a starting point. A few are shown here:

## IV Placement

IV needle insertion

**Type:** iv-access

**Data/Payload:**

```
<iv-access
  size="cannula size"
/>
```

## Hemorrhage

**Type:** hemorrhage

**Data/Payload:**

```
<hemorrhage
  flow="what rate"
  units="mL"
/>
```

## Palpate

**Type:** palpate

**Data/Payload:**

```
<palpate
  pressure="how hard"
  units="some units"
/>
```

## Infusion

Used for substance and compound infusions

**Type:** infusion

**Data/Payload:**

```
<!-- Use either 'substance' or 'compound' attribute,
as appropriate. Both may be included if one is
blank (a value of empty string). -->
<infusion
  substance="Substance name here"
  compound="Compound name here"
  flow="what rate"
  units="mL"
/>
```

## Pain

**Type:** pain

**Data/Payload:**

```
<pain
  severity="what level"
/>
```

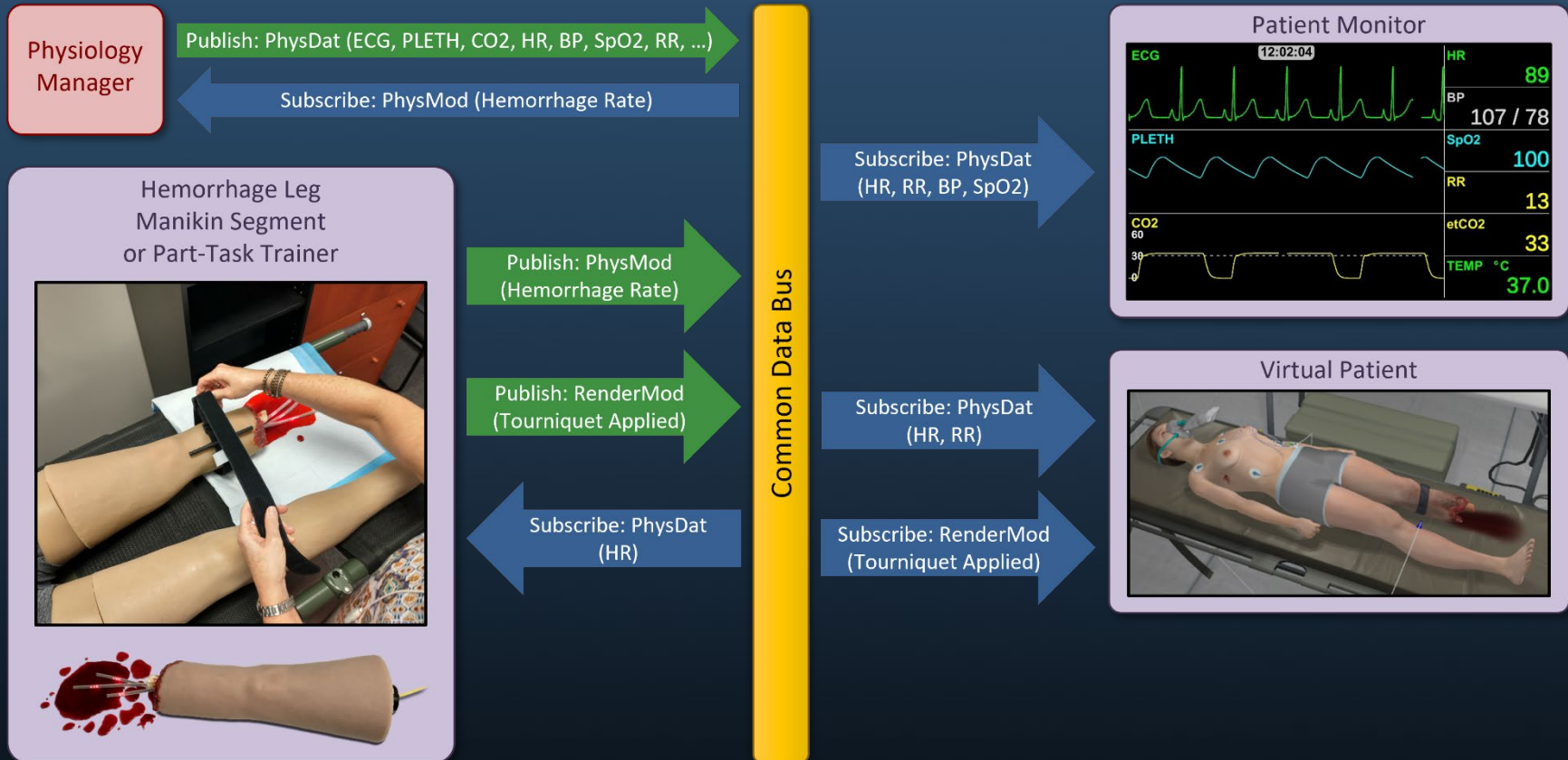
# Physiology Data

- Physiology data is published on two different topics: one at 50 frames per second for high-frequency data, one at 5 frames per second for lower-frequency data. Modules can subscribe to only the values they require and can choose the speed at which to receive them.
- Physiology data is published by the physiology engine. Some examples are shown, although this is not an exhaustive list.

BloodChemistry\_Arterial\_CarbonDioxide\_Pressure  
BloodChemistry\_Arterial\_Oxygen\_Pressure  
BloodChemistry\_BloodPH  
BloodChemistry\_BloodUreaNitrogen\_Concentration  
BloodChemistry\_Hemaocrit  
BloodChemistry\_Oxygen\_Saturation  
BloodChemistry\_RedBloodCell\_Count  
BloodChemistry\_VenousCarbonDioxidePressure  
BloodChemistry\_VenousOxygenPressure  
BloodChemistry\_WhiteBloodCell\_Count  
Cardiovascular\_Arterial\_Diastolic\_Pressure  
Cardiovascular\_Arterial\_Mean\_Pressure  
Cardiovascular\_Arterial\_Pressure  
Cardiovascular\_Arterial\_Systolic\_Pressure  
Cardiovascular\_BloodVolume  
Cardiovascular\_CardiacOutput  
Cardiovascular\_CentralVenous\_Mean\_Pressure  
Cardiovascular\_HeartRate

CompleteBloodCount\_Platelet  
Energy\_Core\_Temperature  
MetabolicPanel\_Bilirubin  
MetabolicPanel\_CarbonDioxide  
MetabolicPanel\_Chloride  
MetabolicPanel\_Potassium  
MetabolicPanel\_Protein  
Nervous\_PainVisualAnalogueScale  
Respiration\_EndTidalCarbonDioxide  
Respiratory\_CarbonDioxide\_Expired  
Respiratory\_LeftAlveoli\_BaseCompliance  
Respiratory\_LeftLung\_Tidal\_Volume  
Respiratory\_LeftLung\_Volume  
Respiratory\_LeftPleuralCavity\_Volume  
Respiratory\_LungTotal\_Volume  
Respiratory\_Respiration\_Rate  
Respiratory\_RightAlveoli\_BaseCompliance  
Respiratory\_RightLung\_Tidal\_Volume  
Respiratory\_RightLung\_Volume  
Respiratory\_RightPleuralCavity\_Volume  
Respiratory\_Tidal\_Volume  
Substance\_Albumin\_Concentration  
Substance\_BaseExcess  
Substance\_Bicarbonate\_Concentration  
Substance\_Calcium\_Concentration  
Substance\_Creatinine\_Concentration  
Substance\_Glucose\_Concentration  
Substance\_Hemoglobin\_Concentration  
Substance\_Lactate\_Concentration  
Substance\_Sodium\_Concentration

# How Modules Interoperate



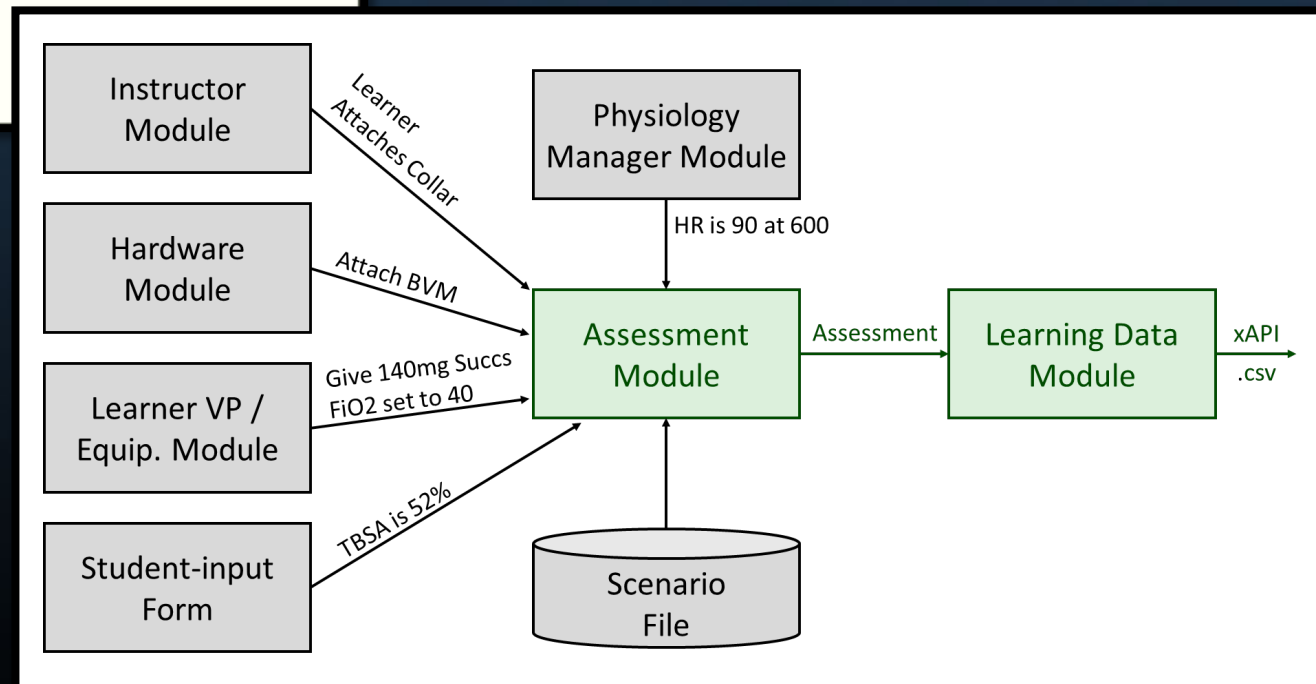
- Modules communicate over the same data bus.
- Modules subscribe to data they require to operate.
- Modules publish data they generate to affect physiology and register student actions.
- Common Data Bus affords synchronization between virtual and physical Modules from different vendors.

# Assessing Learner Performance

The screenshot displays the simulation interface for Manikin 4. At the top, it shows 'Manikin 4' and 'Operational Connected' status. A 'Setup Checklist' is marked as 'Incomplete'. Vital signs are shown as: Heart Rate 67, Blood Pressure 118/76, SpO2 91, and EtCO2 44. The 'Educational Encounter' section shows the student as 'Learner Person' and the scenario as 'Pneumothorax'. A checklist on the right includes tasks like 'Expose patient', 'Apply tourniquet', 'Apply chest seal', 'Needle Decompression', 'BVM applied', 'Proper intubation', and 'Continued airway support'. At the bottom, there are icons for 'Pod Config', 'Pod Scenarios', and four 'Manikin' buttons.

The Learner Data Module maps MoHSES assessment data into xAPI statements and inserts them into a Learning Record Store (LRS). xAPI statements are queued until the LRS is reachable.

Assessments can be generated by module sensors, instructor observations, or student input.



# What is a MoHSES scenario?

A MoHSES scenario defines an educational encounter and the configuration of modules necessary to support it.

The scenario specifies the patient case, starting physiology, available interventions, and assessments.

Scenario Files are XML formatted text that holds Scenario Metadata and Assigned Capabilities.

## Metadata and Capabilities

Metadata is information used to define and explain the scenario and its context. It is intended as a way to catalog scenarios within an LMS or similar system. This data is generally not used during the running of a scenario.

Capabilities define which modules and their capabilities are used within a scenario. For example, if you are building a scenario that includes intubation you may require the simulation to include a module that provides an intubation airway capability.

Multiple modules from multiple vendors can provide the same capabilities.



# Example Scenario File

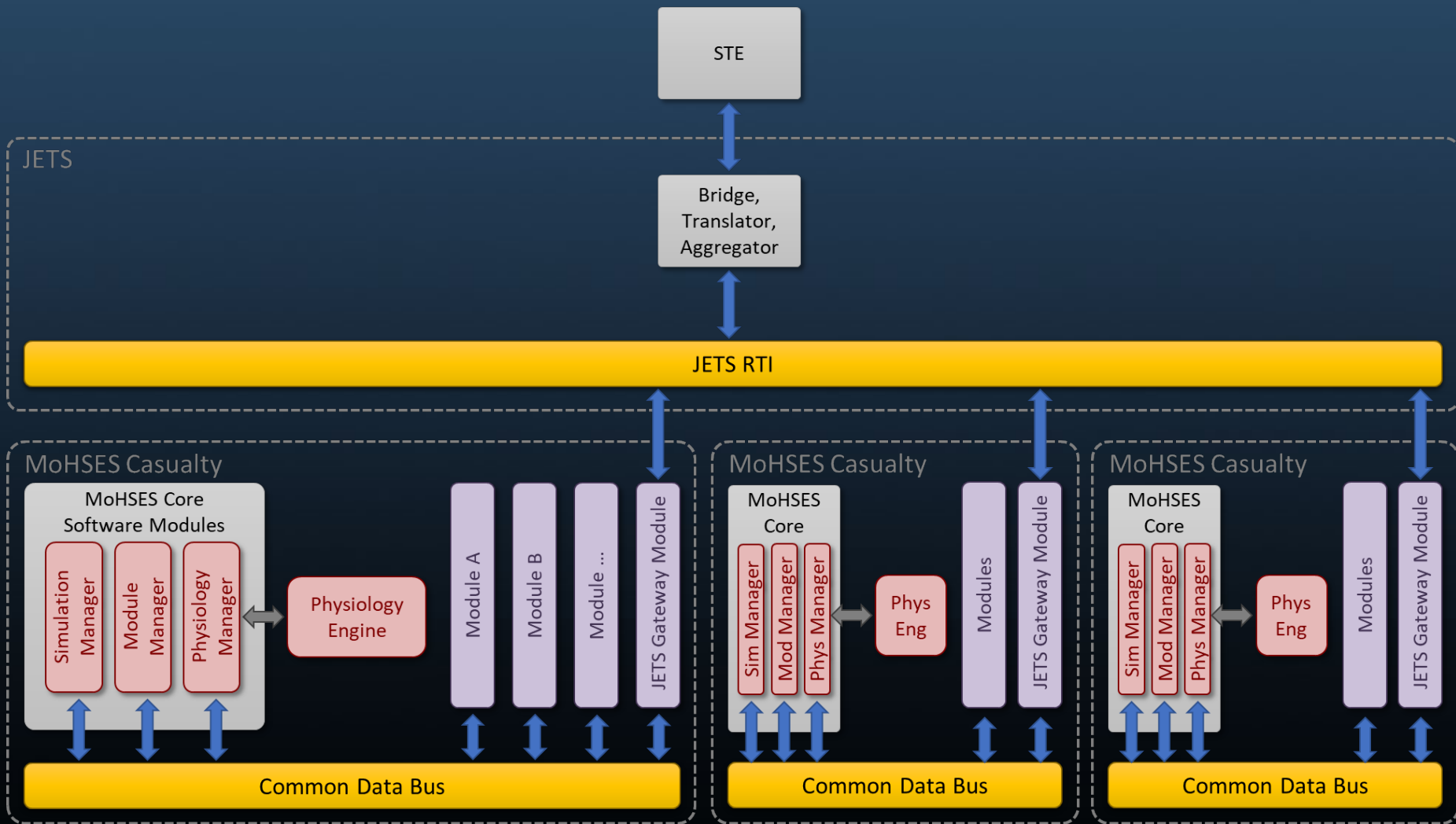
A stub scenario file is provided as a starting point with a bare minimum – only a scenario name is specified in the metadata, and a patient state file is specified as a physiology capability. Placeholders are left in all of the metadata fields, and additional capabilities must be added by using the Operational Description gathered from any modules / capabilities that you wish to use.

The stub scenario file includes a patient file, although if this was omitted it would default to StandardMale:

```
<capabilities>
  <capability name="physiology_engine" required="true" enabled="true">
    <configuration_data>
      <data name="state_file" type="string" value="StandardMale@0s.xml" />
    </configuration_data>
  </capability>
</capabilities>
```

The simplest functional change to make to this stub is to change the state file to some other value – when the scenario is loaded, the physiology engine will then load that state file.

# MoHSES / Joint Emergency Trauma Simulation (JETS) Integration



# DDS Bridges: Connecting Modules

- Allows data on the DDS bus to be passed to applications and hardware that may not be able to easily implement the complete DDS stack.
- Can be used to rapidly integrate legacy hardware.
- Reduces the time to build new modules.
- Provides pub/sub access to any DDS topic.
- REST Bridge
  - Stateless
  - Supports web applications
    - Instructor Interface (load scenario, play/pause sim, change patient condition)
    - Student Interface (log in, perform certain actions, view score, feedback, and assessment)
    - Technician Interface (monitor simulation health, maintenance, troubleshoot)
- TCP Bridge
  - Stateful
  - Persistent
  - Uses simple TCP sockets.
  - Supports wired and wireless module connections.
- Serial Bridge
  - Stateful
  - Persistent
  - Uses hardware serial communications.
  - Suitable for extremely resource-limited hardware.

# MoHSES Integrations

Over 20 organizations have contributed to the MoHSES Ecosystem

- Vcom3D has collaborated with academia and industry through:
  - Providing developer tools and services
  - Integrating products as MoHSES – compliant modules
  - Advancing the MoHSES standards
  - Adapting training content for MoHSES-compliant simulators
- Based on these collaborations Vcom3D commercialized our MedSim DevKit™.

	Organization	Project
1	ACDET	Integrated ABSIM Abdominal Palpation Simulator
2	ARA	Integrated BioGears Physiology Engine
3	Blue Halo	Integrated Virtual Triage System
4	CAE	Integrated FAST Exam Module
5	Design Interactive	Integrated Augmented Reality display
6	Entropic Engineering	Integrated Fluid and Network Managers; Co-developed AMMDK
7	Exonicus	Integrated Virtual Reality Trauma Simulator
8	IngMar	Integrated Lung Simulation as part of Phase I AMM
9	IVIR	JETS Prototype, MoHSES Integration for POINTS
10	Salus Group	Developed multi-modal trauma simulation scenarios
11	Simagine	AJAMS commercialization
12	Simetri	Integrated Fasciotomy Leg
13	SoarTech	Integrated Soliloquy Speech Understanding
14	Sonalysts	Developed MoHSES-compliant Module for Lateral Canthotomy / Cantholysis
15	Strategic Operations	Integrated Humeral Head Intraosseous (HHIO) Trainer
16	TacMed	Integrated MATT Legs as part of Phase I AMM
17	Titan Simulation	Integrated MoHSES Core and Virtual Equipment for Manikin Development
18	University of Florida	Integrated Physical Task Trainer with integrated tutor for Central Venous Access. Designed approach to integrating REBOA trainer
19	University of Minnesota	Developed Phase I AMM
20	University of Washington	Developed Phase II AMM.

# MoHSES Example Applications

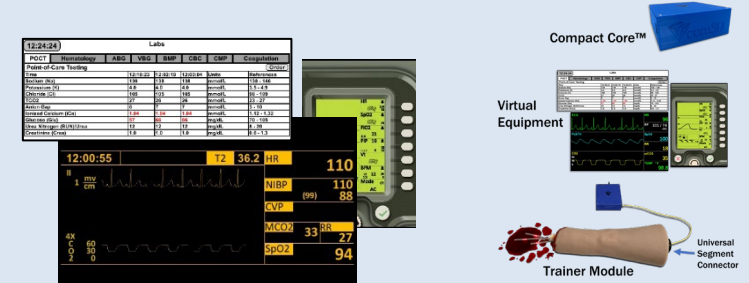
Central Venous Access Trainer UF Self-Guided Task Trainer Integrated with Vcom3D IMPACTT™ Team Trainer



## Vcom3D Commercial Products



### Immersive Modular Patient Care Team Trainer (IMPACTT™)



#### IMPACTT™ Virtual Equipment

Monitor, Vent, IV Pump, Labs, Urine Gauge

#### MedSim DevKit™

Lateral Canthotomy/Cantholysis Trainer: Sonalysts

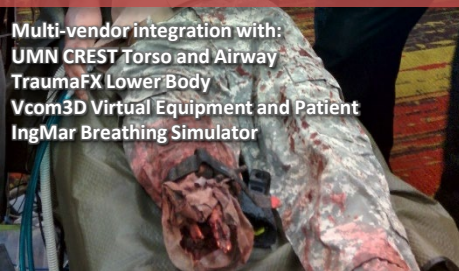


Advanced Modular Manikin Phase 2 Trauma Manikin



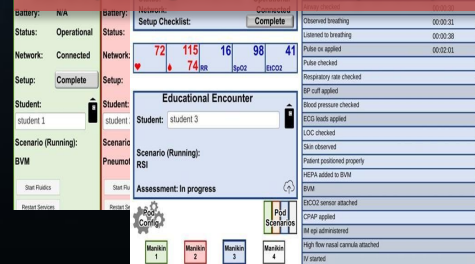
Multi-vendor integration with:  
UW CREST Torso and Airway  
Vcom3D Virtual Equipment and Patient  
CAE FAST Exam  
ACDET AbSim Palpation Abdomen

Advanced Modular Manikin Phase I Trauma Manikin



Multi-vendor integration with:  
UMN CREST Torso and Airway  
TraumaFX Lower Body  
Vcom3D Virtual Equipment and Patient  
IngMar Breathing Simulator

Training Pod Management System (TPMS)  
Instructor Interface for Advanced Joint  
Airway Management Simulator (AJAMS)



### Modular Physiology:

BioGears  
CAE  
HumMod (for JETS)

### ASPIRE Integration:

SoarTech Speech  
Understanding

# Discussion

## Potential Topics

- Sustainment
- Segmentation and Connectors
- Standard Vocabularies
- Operating Environment
- Reference Implementations
- Physiology