ONLINE SELF-EVALUATION & SELF-TRAINING METHOD
FOR DOCTORS, MEDICAL STUDENTS AND INTERNS
excellencis ... in a few words

is an original and rewarding platform of self-training and self-evaluation which allows:

- The development of online training modules
- Saving data that has been less well assimilated thanks to the function "My folder"
- Asking a question or making a suggestion about the online contents via the "Suggestion" function

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But also:

- Make an evaluation of knowledge acquired before or after a class session thanks to a "survey" function, thus permitting a better preparation or adaptation of this material.

- Place veritable "e-cursus" on the site, able to be completed by a question/answer module or an online "survey".

- A simplified administrator menu.

- A sophisticated scoring system provides a snapshot of one’s personal knowledge as compared to that of one’s colleagues ("benchmarking").
Without forgetting:

- **excellencis** is a reliable, interactive and ludic tool, used by over 20,000 doctors in some twenty countries.

- **excellencis** is also a library containing over 250 training modules, dealing with all the major domains of medicine.

- **excellencis** is accredited by the Belgian Ministry of Health (RIZIV/INAMI) as well as being ”W.H.O.” and ”HONcode” endorsed.
Site Homepage

Blog arrangement featuring the site’s various functions and introduction to the modules placed online.

Hello!
Below, in chronological order, all currently available modules and all the news about excellencis.

The general practitioner faced with an emergency.
Heading: Emergencies - the 16 April 2009

Emergencies concern all doctors. The general practitioner is no exception and he must be able to respond properly to emergencies which he is most likely to encounter.

Go to this module
Create and send your newsletters fast and easy!

What do you want to announce?

- **A module**: This will add an entry in the blog, with a link to open the module you will select.
- **A news**: This will add an entry in the blog, with the text you will enter.

[Continue] [Cancel]

1. EDIT CONTENT 2. TEST 3. READY?  SCORES  ADVANCED

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**Medical Colleges - Cardiology**

*Heading: Other topics - Not yet sent... [ | SEND TEST | SEND FOR REAL | COPY | ]*

Medical Colleges of Cardiology. Report of activities about interventional cardiology (2008 and 2009), STEMI (survey including 6494 STEMI patients performed between July 2007 and December 2009) and cardiosurgery (2009).

[Go to this module]
Introduction page to a module listing its one or more authors, its references and keywords.

ONLINE PROGRAM OF AUTO-TRAINING AND AUTO-EVALUATION

The general practitioner faced with an emergency

Emergencies concern all doctors. The general practitioner is no exception and he must be able to respond properly to emergencies which he is most likely to encounter.

This module has been written and validated by Dr Magda Polikips, Dr Benoît Claessens, Professor Pierre Mols, Casualty Department, C.H.U. Saint-Pierre, Brussels.

You may get a printable version of this module, but you first need to answer it once.

>> List of references <<

>> List of key words <<

Begin this module
Eight different types of questions available in both e-learning and e-survey mode.
The possibility to import a presentation.

Choose the content of this new page:

- E-Learning (with score)
- Survey (without score)
- Text (no question)

Add a page of text (without question).

Page with text
Shows a simple page of text.

Import presentation
Import slides from a PDF or PowerPoint (Ms Office, OpenOffice or LibreOffice) file.
Presentation of a question with choice of answers and of certainty level.

**The general practitioner faced with an emergency**

On duty for your area, you are called out by parents panic-stricken about their daughter aged 18 who has drunk half a bottle of wine and taken meprobamate which was knocking about the family pharmacy (15 tablets). She is drowsy, hypotonic.

A) You don’t waste time and call 999 straight away.

B) You have an initial look which is reassuring (the patient can open her eyes when spoken to) and call a regular ambulance so as not to bother the mobile emergency unit.

C) You have a reassuring initial look (parameters are correct) and leave her to be monitored at home by the parents.

D) You have a reassuring initial look, place her on her side for safety and call a mobile emergency unit.

**Level of certainty**

- Not at all sure
- More or less sure
- Sure
- Completely sure

Select the answer of your choice by clicking on one of the boxes.
Commentary on the question with explanation of the correct answer.

The general practitioner faced with an emergency

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Calling 999 is logical but, as a doctor, you can do more!

The initial assessment is still an ABCDE:

A - Airway, clear the airways

B - Breathing: respiratory rate. She is breathing: place her on her side for safety and administer oxygen if possible; useful to call an ambulance car at the same time as the mobile emergency unit.

Ask for a mobile emergency unit and not just an ambulance car! This patient will certainly be admitted to the ICU for observation and there is no reason to exclude a medical presence between you and the ICU. The mobile emergency unit doctor is there to be disturbed. He is a colleague who will back you up with additional equipment.

C - Circulation: take BP, pulse. The ambulance car can provide you with the Infusion.

D = neurological Disability, Here: drowsiness, hypotonic (GCS, Glasgow Coma Scale, 10/15).

E - Environment: look for info. You are looking for products that have been ingested, try to estimate the ingested dose, evaluate ingestion time.

Contact the Antidotes Centre* (070 245 245) who can give you practical information, particularly about the composition of products and antidotes.

Generally:

- the symptoms: drowsiness, ataxia, hypotonia, coma (hypertonia), mydriasis, respiratory depression, hypothermia, vasomotor paralysis, myocardial depression. Add the side effects of alcohol.

- the treatment: conservative: respiratory assistance, filling, vasopressive amines, inotropic agents, cardio-respiratory monitoring. You should wait for the mobile emergency unit without leaving your patient!

Reference

The general practitioner faced with an emergency

Stroke is common: +/- 20,000 cases/year in Belgium.

The GP must educate his patient to recognise situations where he must act "FAST". This acronym refers to:

- F for facial weakness (Face)
- A for arm weakness (Arm)
- S for speech problems (Speech)
- T for time (Time, less than 3 h).

In these situations, he should alert his family doctor and 999. Treatment by a mobile emergency unit helps to speed up hospital treatment and emergency treatment.

This is a disease for which thrombolytic treatment is possible in about 3% of cases.

The conditions are as follows:

1. Early treatment within 3 hours.

To measure the size of the stroke, an NIH score is calculated.

Thrombolysis is considered for scores ranging from 4 to 25 (moderate severity).

2. A stroke can be neither too light nor too severe.

3. If there is no contraindication to thrombolysis.

In practice, if these conditions are not observed, a cranial scan must be performed as a priority, to rule out cerebral haemorrhage.

At the same time, a very small blood sample is taken, the neurologist and intensive care doctor are warned of the indication of thrombolysis (no haemorrhage on the scan) and the patient is sent directly to intensive care.

He can then be given 300 mg of acetylsalicylic acid.

Alteplase (Actilyse®) is started at 0.9 mg/kg (total max. dose: 90 mg) before 3 hours have passed since onset of the first symptom.

Reference

«My folder» function allows the learner to save questions and commentaries that he/she would like to review.

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«Suggestion» function allows the instantaneous sending of any remark or question to the site administrator.

The general practitioner faced with an emergency

Doing nothing is the worst thing to do. Calling 999 is the first thing to do unless it is a child or a drowning. In these cases, give respiratory assistance and massage for a minute before calling 999.

A victim is declared apparently dead if they are unconscious and not breathing normally (no respiration, or very superficial and infrequent, or GASP). Bystanders who are not professionals should not take the pulse; it leads to countless mistakes.

The sequence of 30 compressions at a rate of 100/min and two gentle attempts at insufflation of 1 s can be used to ensure that the heart is massaged for 80% of the resuscitation time. Paediatricians still recommend a sequence of 30 compressions and 2 breaths for each 30 compressions.

Recommendations are the same for adults and children. Children's heart is located in the centre of the chest. Use two hands, the three middle fingers should be applied on the lower third of the sternum.
Create a « Learning Path » combining different modules. Set up a minimum score for each one and provide a certificate of achievement.
«Scoring» function: at the end of each module, the respondent can evaluate his/her knowledge globally as well as question by question in relation to other respondents (benchmarking).
Follow your newsletter's statistics in great detail.

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Statistiques générées le : 25-01-2017

Download PDF
Get a detailed graphic representation for each question of the module...
...or export all the answers in excel.
Evolution in global scoring by repetition (meaning each time that the module is answered anew, the score of the participant improves)
Evolutions in scoring in terms of the number of participations

Score evolution (click on red line for details)

Number of participations

Score

Average — Score

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And...

- *excellencis* is SCORM compliant, allowing you to publish your existing SCORM modules

- Coming soon, *excellencis* will also be available as a mobile application. It will permit offline use by downloading content
Thanks for your attention!

The excellencis team