



The Quarterly

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- Manny

Employee Spotlight

Meet Manny and the Heads

Meet Manny (our ever-stylish mannequin in scrubs) and his trusty crew, The Heads. They don't answer emails, but they've become icons in our office for reminding us what's at stake when it comes to restraint and sedation minimization.



Manny was originally just a quiet prop. But once he got a pair of shades, a guitar, and some backup singers (a.k.a. The Heads in their VR/AR gear), he turned into the unofficial mascot of our mission: helping clinicians keep patients awake, protected, and mobile.

Their hit debut song, "Don't Wanna be Sedated" (Click on Manny and the Heads image to see their video clip) rocks with quiet authority-the same quiet authority Manny has brought to countless conferences, symposia, and workshops.

When Manny says, "Sedation ≠ Safety. Restraint ≠ Safety," no one argues. We just get back to building solutions that help teams treat agitation without trading dignity for "safety."

Why We Love Them

- They make tough topics like delirium, restraints, and safe mobility a little easier to talk about.
- They remind us daily: Sedation ≠ Safety. Restraint ≠ Safety.
- And, honestly... they look cooler than any of us in scrubs.

Check out Manny & The Heads in action [here](#).

Did You Know?

The Challenges of Advanced Educational Platforms and Multi-Generational Staff

It is clear that preferred learning methods vary widely across generational demographics. Before the Baby Boom (pre-1946), learning was centered around an instructor and published textbooks. Baby Boomers (1946–1964) were the first generation to benefit from media. Films, filmstrips, and customized printed course materials provided flexibility, thanks to the advent of lower cost copier and projector technologies available to schools. This allowed Boomers to see real-world examples of what was being taught, to use lesson plans that were more relatable to their specific geographic and demographic background, and the start of providing proxy experiences through the use of media, albeit not interactive media. Gen X (1965–1980) was the first generation to grow up entirely surrounded by media, and to see the use of personal computers and the corresponding software tools in their schools as a day-to-day part of education, although most educational work was still paper and textbook based. This resulted in more self-guided coursework complemented by group projects and student presentations which drew on these new capabilities, but this age group still depended heavily on human interaction to determine achievement.

Generation	Birth years	Preferred learning styles	Effective teaching methods	*
Baby Boomers	1946–1964	• Face-to-face communication • Verbal instruction	• Hard-copy reading materials • Open discussion • Question-and-answer sessions	
Generation X (Gen X)	1965–1980	• Active engagement • Interactive social learning	• Open discussion • Teach-back method	
Generation Y (Gen Y, Millennials)	1981–1996	• Technology-based learning	• Interactive apps • Websites • YouTube videos	
Generation Z (Gen Z, iGen, post-Millennials)	1997–2012	• Technology-based learning	• Digital infographics • Interactive apps	

Education methods began to change rapidly with Millennials (1981–1996), who grew up in the information age, being the first generation to benefit on a daily basis from the internet as an educational resource. They were likewise the first generation to expect a technologically integrated approach to education, which afforded students more autonomy (students now had computers and printers in their homes and were thus able to create their own documents and media). Millennials further challenged educators to find holistic approaches to combining media, face-to-face sessions, and self-guided study to provide a more complete educational experience. Gen Z (1997–2012) was the first generation to grow up with a daily relationship with personal technology—portable computers, tablets, and later Smartphones—and are accustomed to education integrating seamlessly with this ecosystem of technologies and information sources. Further, Gen Z is the first generation to experience from a very early age the instantaneous response dynamic of interactive media platforms. Many “Gen-Zeders” rely on social proxy approaches (social media, texting) over direct social engagements when possible.

The challenge for educators in professional settings is that all of these widely varied generational demographics are currently sharing the workplace. Boomers tend to use and consume technology on an as-needed basis, and can easily be left behind by myriad new technologies entering their world. Gen-X has a utilitarian relationship with technology, and depends more on direct, real-time human validation and acknowledgment to assess achievement. Millennials are open to and comfortable with personal technology, but still expect face-to-face engagement with instructors and fellow students. Gen-Z wants immediacy through interactive tools, experiences instead of didactics, and less direct methods to socialize learning. Due to these widely varied learning paradigms, leaders in education must bias towards tools and solutions that remain inclusive to all demographics while accommodating the learning cultures of 4 different generations, meanwhile ensuring that they not be left behind in their adoption of innovative approaches. Ease of use for platforms like VR and media driven simulation labs is critical both for instructors and learners, and content must be generationally neutral. Burgeoning technologies like Artificial Intelligence and Virtual Reality will be critical tools for navigating these challenges. AI is expected to have a huge impact on the ease of use and flexibility of learning platforms across generations, and VR will continue to evolve in its universality and ease of use to significantly reduce the barrier of entry to realtime, experiential, scenario-based learning.

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*Source: Moore, G. Parker, S. Baksh, L. Generational Learning Preferences Target patient teaching to match generational and individual needs; American Nurse Journal, 2021:vol.16,no.12, pp. 33–36.

A Message from C4 (Chief Culture Change Catalyst)



Have you ever started thinking about your laundry during a medical lecture? We can't help it. Our minds are conditioned to absorb knowledge in snippets or with interaction. And not just taking polls with a keypad during a lecture – we want full-on engagement and entertainment. Competency-based education is taking more of a leading role and AI/VR/XR/AR are the new stars.

How is it that wearing a headset and moving is actually more enjoyable than sitting comfortably in a slightly darkened room with a soothing slide show going? Well, for the gamers in the crowd, it's just

more fun. I don't think there is anything wrong with having fun while learning about disease states. It's not making light of peoples' ills; we do it all the time to keep our spirits up in an environment of death and disease. And while patients wouldn't want to see us having fun talking about distributive shock, they would most certainly want us to be able to withstand the horrors and stay strong as caregivers. It's okay.

What do we know about AI and virtual or augmented reality education? VR can teleport us into the body of a patient – scared, restrained, delusional, and AI can pick up on our actions within the app and build on it to keep up with our individual progress. We know VR user activity can improve muscle memory and that being happier can make us listen better. We also know that empathy is fostered when the user is placed in the position of the patient, and that empathy can make us learn better. Nurse-scientist Peter Nydahl's RN PhD's group is studying this phenomenon and just published a study on [VR empathy education](#).

When did this all change? Well, I guess it's not surprising that since the pandemic, there was an exodus of experienced nurses and an influx of new nurses – new nurses from an entirely different generation with different ways of learning. And the advent of the EMR turned us all into data entry technicians rather than bedside diagnosticians. It's important for a care team that is meant to pick up on the slightest nuance of a patient's change in status, to keep their bedside skills sharpened.

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So whatever we think about AI and virtual reality, its influence on bedside staff education is spreading like wildfire. [34% of hospitals now have VR headsets either in their sim labs, classrooms, or nurse breakrooms, and among organizations that have not yet embraced VR, 86% expect to adopt by 2026.](#) Pro tip: get the education modules that have a powerful empathy component. We need this to get away from our computers and back to bedside learning in a way that pulls us in. We need this to connect with our inner-patient, and act with love and purpose. Go forth and empathize!

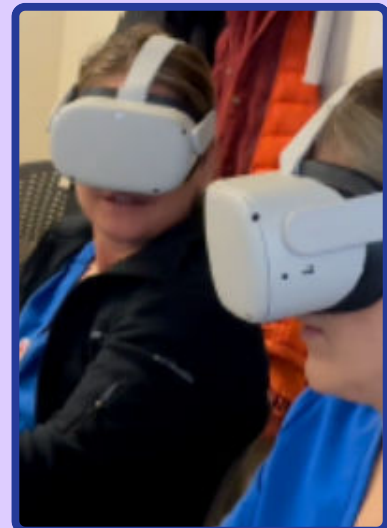
Yours truly,

Marie Pavini

Marie Pavini, MD, FCCM, FCCP

*“VR can
teleport us into
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"... where common sense
meets healthcare..."



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A Few Good Mentions

Q4 conferences and health awareness days

10/8-10 **AACN Magnet**, Atlanta, GA

10/19-22 **HLTH USA**, Las Vegas, NV

October

Health Literacy Month
Patient-Centered Care Awareness Month
National Substance Abuse Prevention Month

5-11: National Health Care Supply Chain Week
10th: World Mental Health day
12-18: Healthcare security and safety week
20-26: Healthcare Quality week

November

National Hospice and Palliative Care Month
COPD Awareness Month
National Alzheimer's disease Awareness Month

1-7: Med-Surg Nurses week
2-8: Allied Health Professions Week
9-15: National NPs week
12th: World Pneumonia day

December

Give the Gift of Sight Month

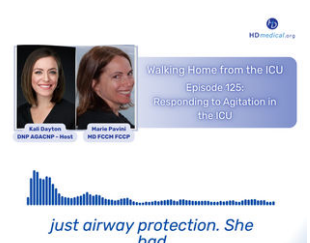
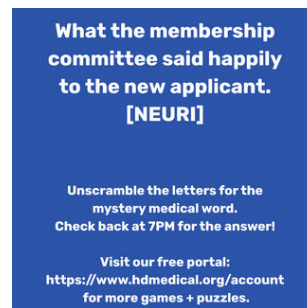
1st: World AIDS day
7-13: National Handwashing Awareness Week

In the News



In England, the Care Quality Commission (CQC) flagged Gloucestershire Royal Hospital's children's center for restraint with emergency sedation, privacy lapses, and low training compliance; the NHS trust says it's tightening admissions, sedation oversight, and MH-nurse staffing. [Read more](#)

HDmedical is growing on social media. Follow our Medhead series and more.



Home in Vermont



Fall in Vermont feels homey: sweaters by the door, the first click of the furnace, apples rolling around the car, and muddy boots by the mat. Trails are busy on Saturdays, farmers' markets wind down, and supper turns into soup more nights than not. The lake's still tempting, but you bring a towel and a hoodie—just in case. Sunsets come earlier, conversations get longer, and home feels a little fuller.

Here's to a season that asks less and gives plenty.

