

PSIX. Consensus based learning model for mental health cases

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Background and objectives



Conventional e-learning methods, based in poor interactive multimedia strategies, like reviewing documents and answering tests have a limited capacity to engage people. Everybody is experimenting the accelerated development of online world, and how beyond the former casual social networks, it can be seen specific and focused systems and

professional Networks, facilitating the creation and diffusion of knowledge. The objective of PSIX is to apply an e-learning consensus model to facilitate the knowledge update for mental health professionals. Making use of engaging strategies like scoring, social network discussions and consensus, PSIX has been already applied to professional in the region of Barcelona to the update of last tendencies about anxiety and depression.

Tool and methods

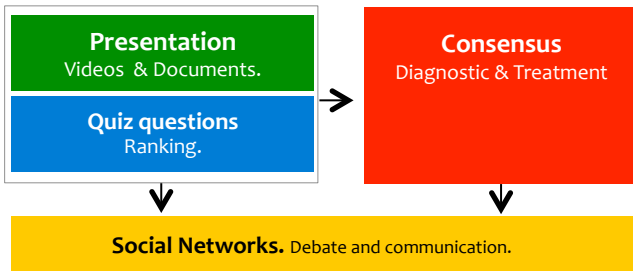


Fig. 1 General framework of Consensus Learning

PSIX is a Consensus Based Learning model based in the study of cases that combine quiz, consensus and social networks as 3 interconnected spaces.

- **Case Presentation & Quiz.** Videos and documents for the presentation of the case. Interactive video questions assess the understanding of the case and any kind of knowledge related with it. The users appear in a rank.
- **Case Consensus.** Participative system that allows users vote about the diagnostic and treatment which is appropriated for the case. Once the user has voted he/she may look how their votes rank with the vote of all participants.
- **Case Networks.** Connection to social networks to discuss about de quiz and/ or consensus.

Score and ranking model

After the description of antecedents, general information and relevant data of the case, the user access an interactive video quiz. The video of the case is fragmented in consecutive steps or sequences. Each sequence has questions (Y/N) that the user has to answer to be able to advance to the next step. The progress of the user through the case depends on the answers to the questions of the quiz. Each user maintains a score and ranking as she or he advances all the way through the questions.

The initial score of user is 10, and if the score descends under the threshold of 7, then the user must begin the quiz again. Each error in the answers cuts points of the score, more points as the number of wrong trials for the same question increase. If the user finishes the quiz in a first round then gets 10 extra points.

Diagnostic and treatment consensus. How does it works?

After studied the case, the users selects the more appropriated diagnostic and treatment for the patient's case. Once the user has selected a choice, is allowed to see the aggregated vote of all the users involved and is able to compare their answers with the global answer of the group. The user is allowed to change the options selected but first answer is recorded forever.

Users see the evolution of their score

Instant access to social networks for discussion, support or advice

After the selection of options the user see the group results and is allowed to change the options selected but first answer is recorded forever.



The user may not progress to the next step till all the answers are right

Access to specific documentation from each one of the steps.

Selections are highlighted. Options on the first selection remain in grey. Blanc options have never been selected.

Users may see the process of consensus and change their vote

Fig. 2 Screen of PSIX interface

Results

Score Points	Max	Min	First edition	Registered	Finishing*
	127	63		92	66 72%

* Users that have completed at least 80 % of the activities

Conclusions

PSIX, through its diagnostic and treatment consensus based learning model has proved to be a participatory systems that allows users to share knowledge and build a collective solution to the cases studied. The acceptance of the model bay users is high and satisfactory.