

ITU KALEIDOSCOPE

ONLINE 2021

6-10 December 2021

Accelerating world's transition
to medical VR training:
Computational medical XR



Prof. George Papagiannakis
University of Crete, FORTH, ORamaVR



Invited speaker



Overview

- How many realities?
- Computational science?
- Key grand challenges of computational medical XR?
- Our approach towards these challenges
- Ethics & Privacy?



TECHNOLOGIE Réalité et images de synthèse mêlées

LE TOURISME EN 3D EST NÉ



INNOVATION Grâce à des lunettes spéciales, le touriste peut se promener dans Pompéi en voyant à la fois la scène dans laquelle il se trouve, et des personnages virtuels qui ont été reconstitués à partir d'images en 3D. À terme, le logiciel pourrait aussi dans un simple agenda électronique de type PDA, branché sur les fonctionnalités de projection des images.

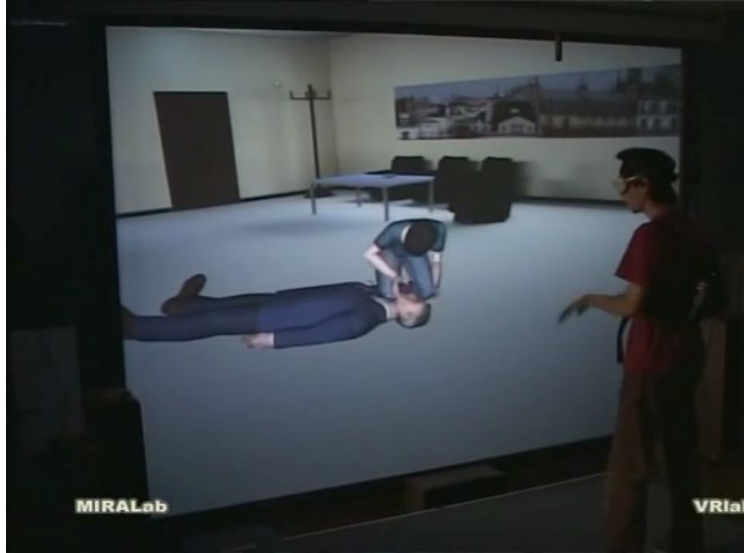
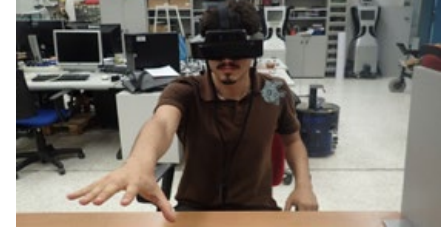
Le XVIII^e siècle comme si on y était

Avec ce matériel obtenu, on pourra arpenter et explorer quel site, «les visiteurs pourront», par exemple, se balader sur la place de Pompéi, à Genève, et la voir telle qu'elle était au XVIII^e siècle, imagine Nadia Magnien-Thalman.

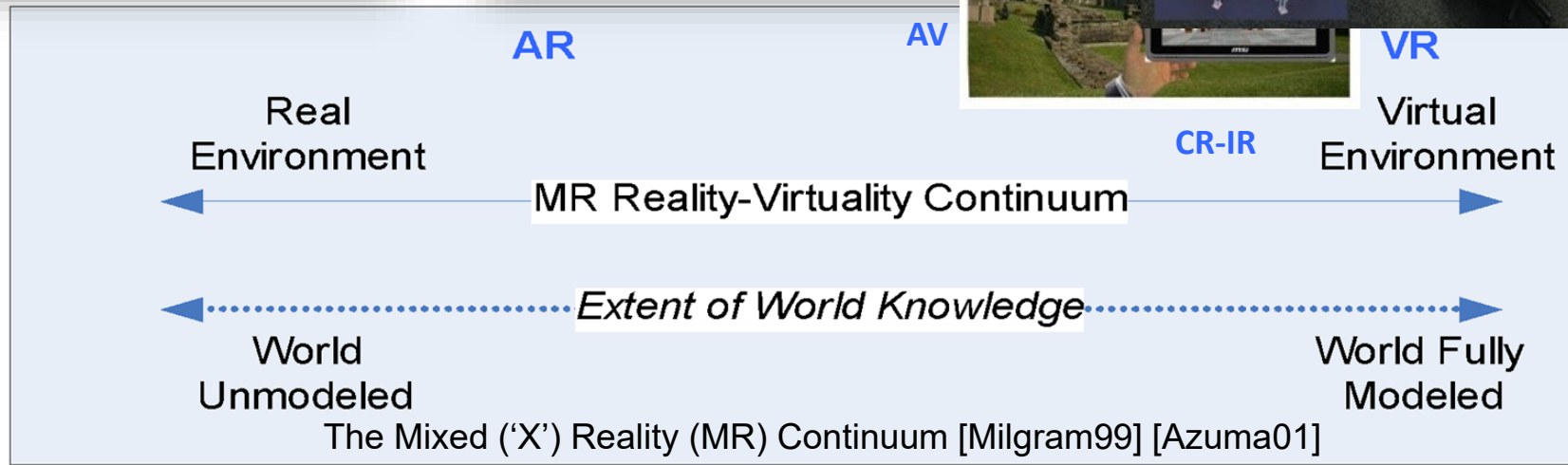
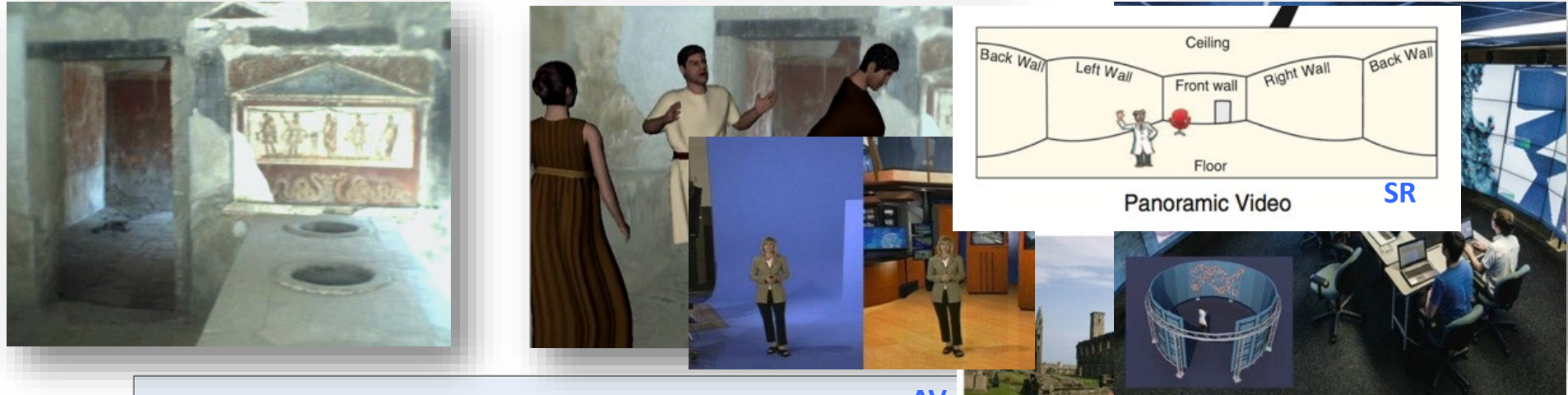
Les applications ne se limitent pas au tourisme: le système pourrait être utilisé pour le cinéma, la télévision... Il faut être très expérimental dans les cinq ans. «Comme l'industrie s'en rend compte», explique Nadia Magnien-Thalman, «ça pourrait même aller bien plus vite».

Un prototype à alléger

Après L'Alphab, le projet est financé par l'Etat suisse et s'élève à hauteur de 2,8 millions de francs. Il réunit une trentaine de spécialistes européens autour de Nadia Magnien-Thalman, de l'Université de Genève. L'Alphab doit aussi passer par le prototype, mais aussi l'alléger: l'utilisateur doit transporter avec lui un ordinateur portable, synchroniser aux calculs «très complexes» des



How many Realities? $MR = AR + VR + AV + CR + IR + HR + SR \dots$



AR-VR: Papagiannakis, G., Schertenleib, S., O’Kennedy, B., Poizat, M., Magnenat-Thalmann, N., Stoddart, A., Thalmann, D., 2005. Mixing Virtual and Real scenes in the site of ancient Pompeii. *Computer Animation and Virtual Worlds, John Wiley and Sons Ltd* 16, 1, 11–24.

Cross-Reality (CR): Davies, C.J., Miller, A., and Allison, C. 2012. Virtual Time Windows: Applying cross reality to cultural heritage. *Proceedings of the Postgraduate Conference on the Convergence of Networking and Telecommunications, ISBN: 978-1-902560-26-7.*

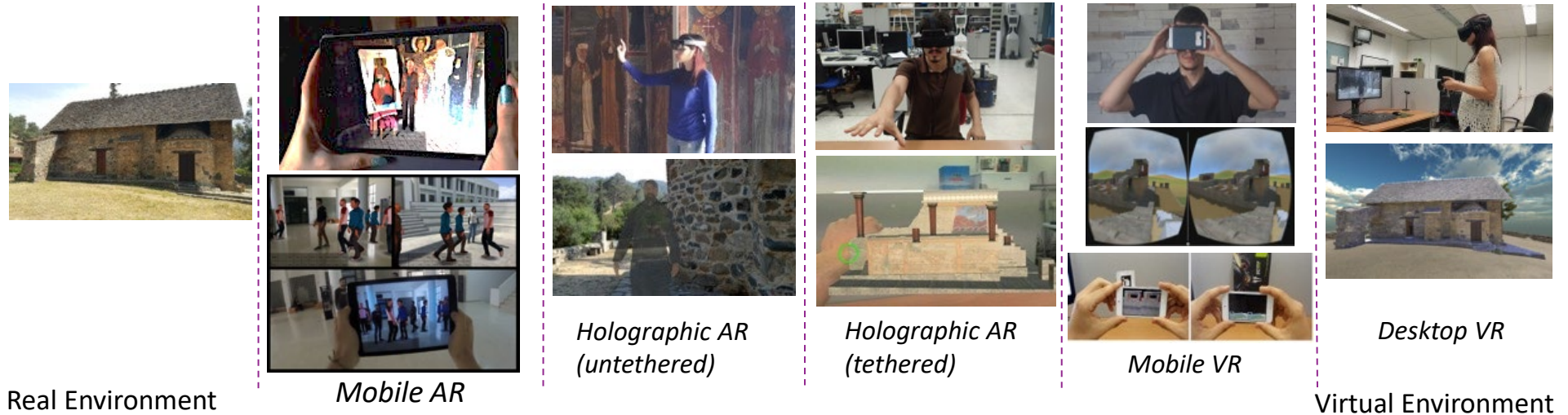
Hybrid-Reality (HR): Reda, K., Febretti, A., Knoll, A., et al. 2013. Visualizing Large, Heterogeneous Data in Hybrid-Reality Environments. *Computer Graphics and Applications, IEEE* 33, 4, 38–48.

Indirect Reality (IR): Wither, J., Tsai, Y.-T., and Azuma, R. 2011. Indirect augmented reality. *Computers & Graphics* 35, 4, 810–822.

Substitutional Reality (SR): K. Suzuki, S. Wakisaka, and N. Fujii, “Substitutional Reality System: A Novel Experimental Platform for Experiencing Alternative Reality,” *Sci. Rep.*, vol. 2, pp. 1–9, Jun. 2012.

'X' Reality (XR) Continuum

(X = A, V, M for AR, VR, MR...)



'X' Reality – Virtuality Continuum

'X' Reality (XR) Continuum

(X = A, V, M for AR, VR, MR...)



Ioannides, M., Magnenat-Thalmann, N., Papagiannakis, G., (Eds), Mixed Reality and Gamification for Cultural Heritage, Springer-Nature, DOI: 10.1007/978-3-319-49607-8, 2017



WAKING UP TO A NEW REALITY

Building a responsible future for
immersive technologies

Science, Computational Science and Computer Science?

Science, Computational Science, and Computer Science: At a Crossroads



The U.S. Congress passed the High Performance Computing and Communications Act, commonly known as the HPCC, in December 1991. This act focuses on several aspects of computing technology, but two have received the most attention: computational science as embodied in the Grand Challenges (Table 1) and the National Research and Educational Network (NREN). The Grand Challenges are engineering and scientific problems considered vital to the economic well-being of the U.S. Many of these problems, such as drug design and global climate modeling, have worldwide impact. The NREN is to be an extremely high speed network, capable of transmitting in the terabit-per-second range—approximately ten times faster than we can currently transmit data. The exact goals of the HPCC are published in a pamphlet and updated annually [7].

The science and engineering components of the HPCC require an interdisciplinary approach to solving very difficult problems. The solutions require the concerted actions of physical scientists, engineers, mathematical scientists, and computer scientists. Computational science embraces this collaborative effort among many diverse disciplines. In the final analysis, the “answer” may have to be pieced together from the many viewpoints.

Our purpose is to ask whether today’s computer scientists are able to take up the challenge of computational science. Some might argue that computational science is not an interest of computer science; that current areas of interest comprise the total domain. Indeed, it is strange that one has to argue for scientific applications as a part of computer science, since, after all, modern computing’s roots are in scientific and engineering applications.

An exact definition of *computational science* is open to debate. There are many programs in the U.S. and elsewhere that use the term, and each program probably has its own view of computational science. We outline the Clemson University view of computational science as one possible approach. That view recognizes three components to computational science: applications, algorithms, and architectures. We visualize this as a pyramid supporting the science and engineering. Applications need not be restricted to the traditional science and engineering applications; for example, complex econometric models can also benefit from computational science.

The conduct of computational science, in the Clemson view, is interdisciplinary. This interdisciplinary thinking demands that the constituent disciplines (physical sciences, engineering, mathematics, computer science) maintain their autonomy. Within computational science, a computer scientist retains expertise in computer science, but emphasizes applications in science or engineering.

Although computational science is not for every computer scientist, computational science is an idea whose time has come—again. Our premises:

1. Computational science is addressing problems that have important implications for humankind. These problems are complex and their

Why Computational Science?

An interdisciplinary field (physical sciences, engineering, mathematics, computer science) whose time has come – again:

- Addressing complex problems that have important implications to humankind,
- Unlikely to succeed in near term without further advances in software and hardware
- Computer science is generally not participating in science or engineering applications or preparing students to do so

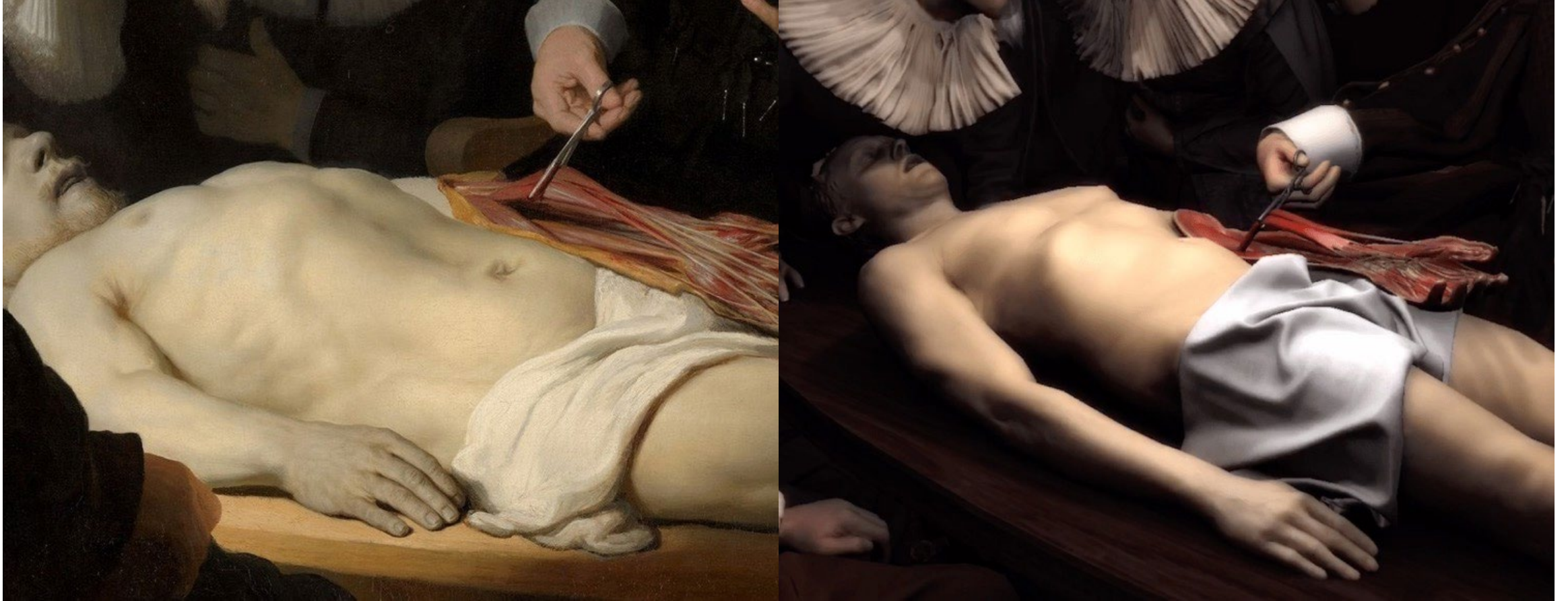
D. E. Stevenson. 1994. Science, computational science, and computer science: at a crossroads. Commun. ACM 37, 12 (Dec. 1994), 85–96. DOI:https://doi.org/10.1145/198366.198386



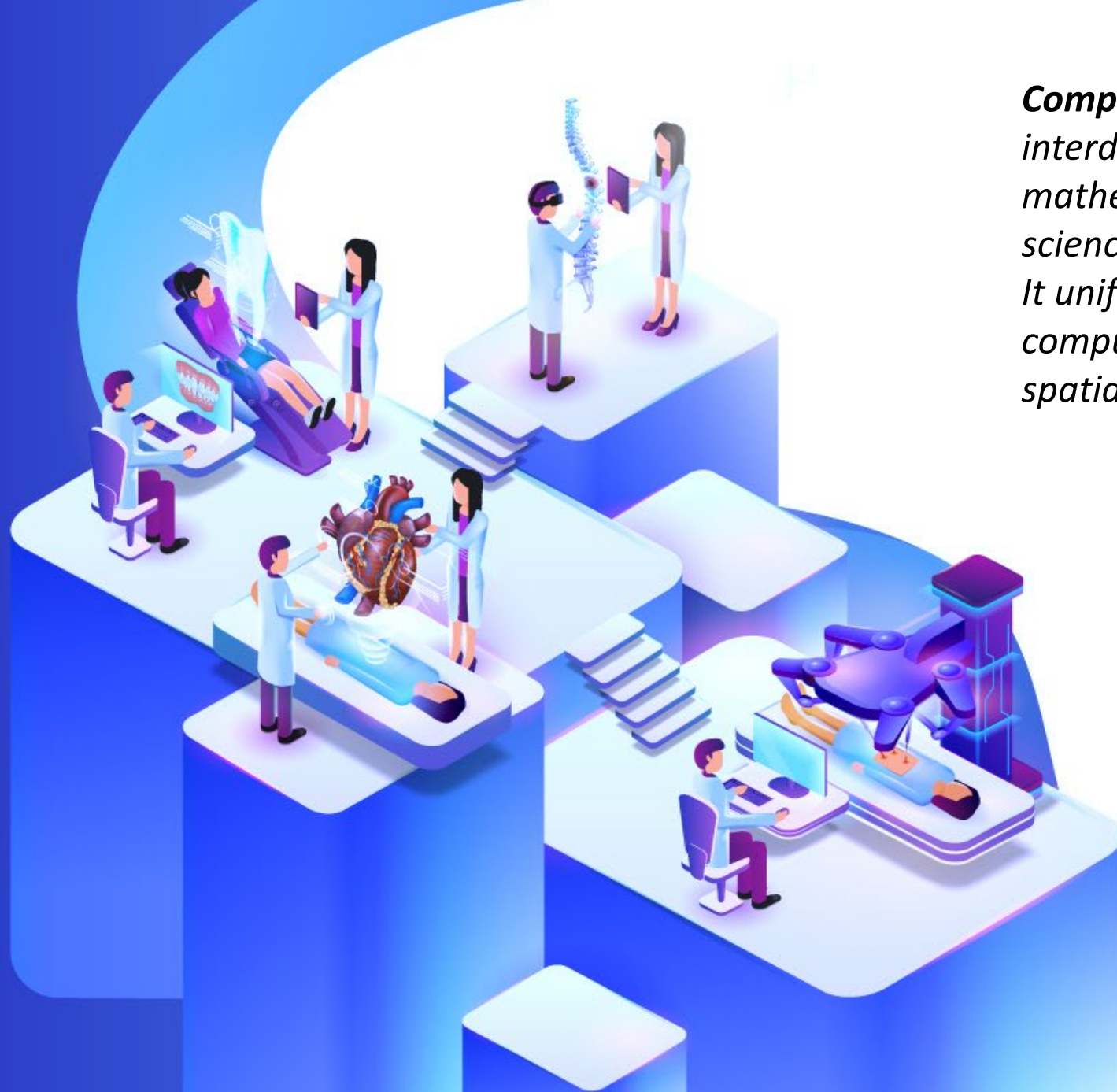


<https://www.mauritshuis.nl/en/press/persarchief/2019/rembrandt-reality/>





Computational science + XR experiential technologies for medicine?



Computational medical XR is a new interdisciplinary field, bridging life sciences, with mathematics, engineering and computer science.

It unifies **computational** science (scientific computing) with intelligent **extended reality** and spatial computing for the **medical** field.

It extends significantly [clinical XR](#) by

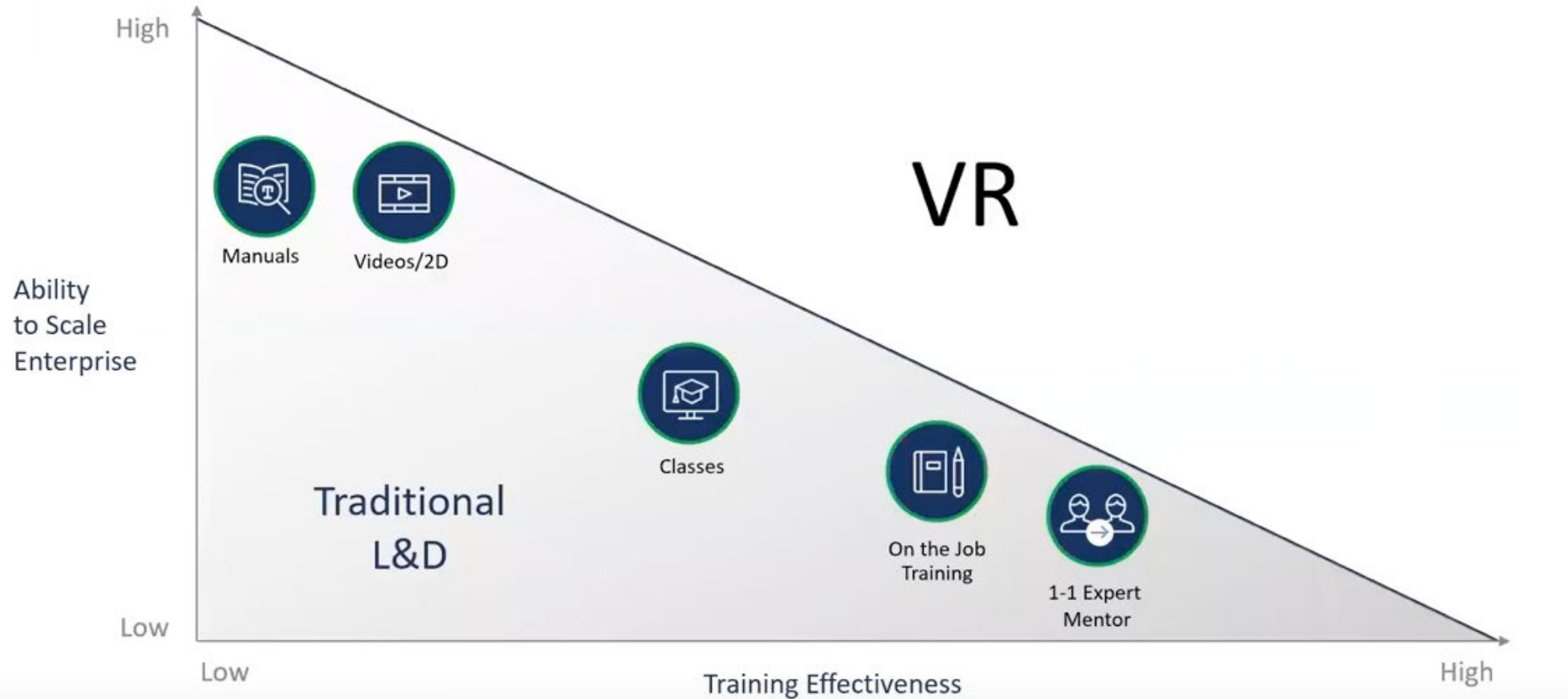
- bringing on computer **simulation** and other forms of **computation**
- from **numerical** analysis, computational **geometry**, computational **vision** and computer **graphics** with theoretical computer science and machine **learning**, in order to solve **hard problems** in medicine



Why Computational XR medicine?

- Medical schools, dental schools, nursing academies, medical device companies, hospitals and surgical training centers are now leading in-house the “**VRification**” of their curricula,
- hence driving themselves further the **adoption** and **customization** of their medical VR simulations.
- Through the ability to **control** and **develop** their **own XR training** material, they can ensure their medical professionals are **properly** and (continuously) **trained**
- while **ensuring** optimal patient outcomes and **fewer medical errors/complications**.

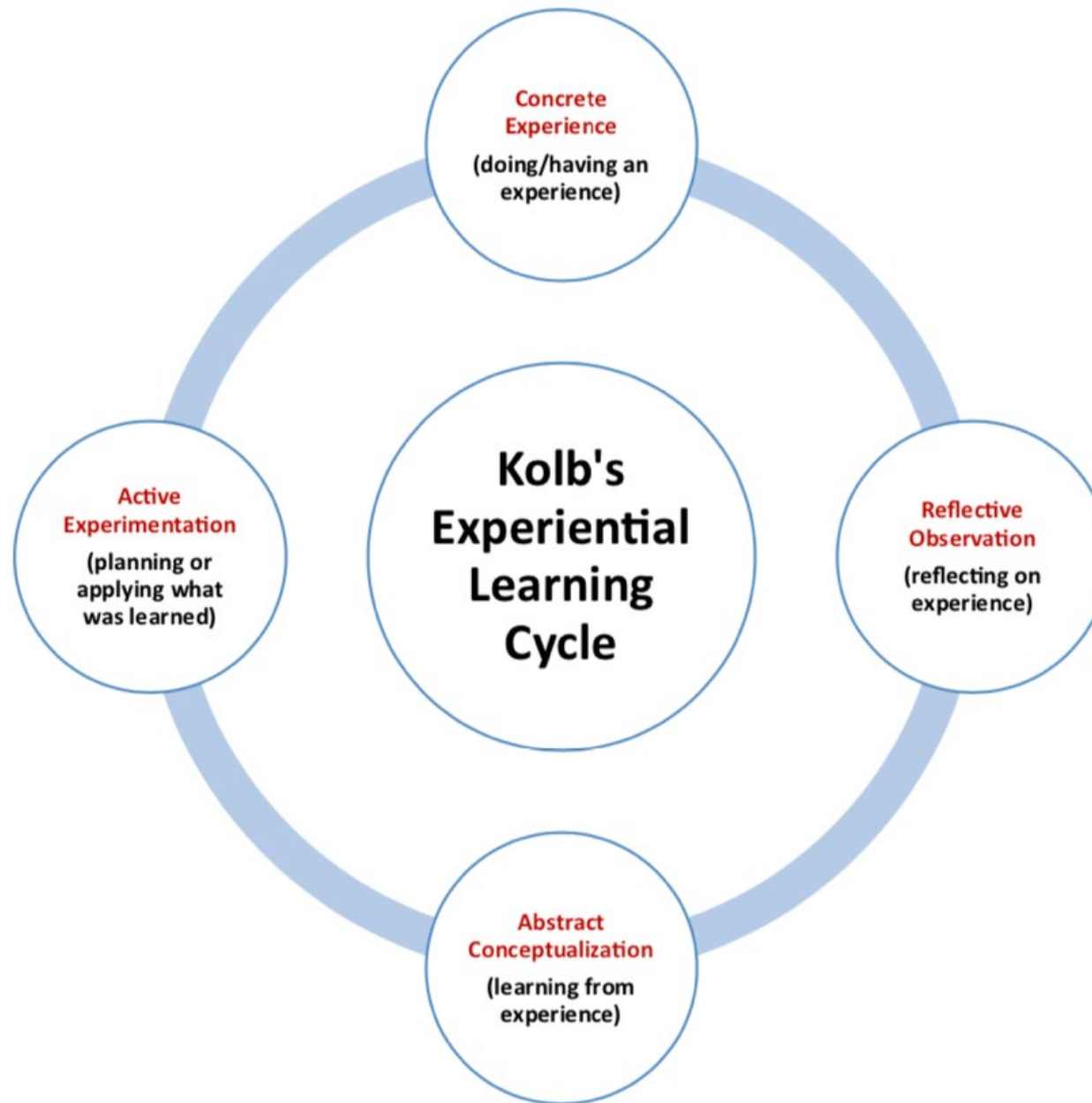
Transforming the Enterprise Training Landscape



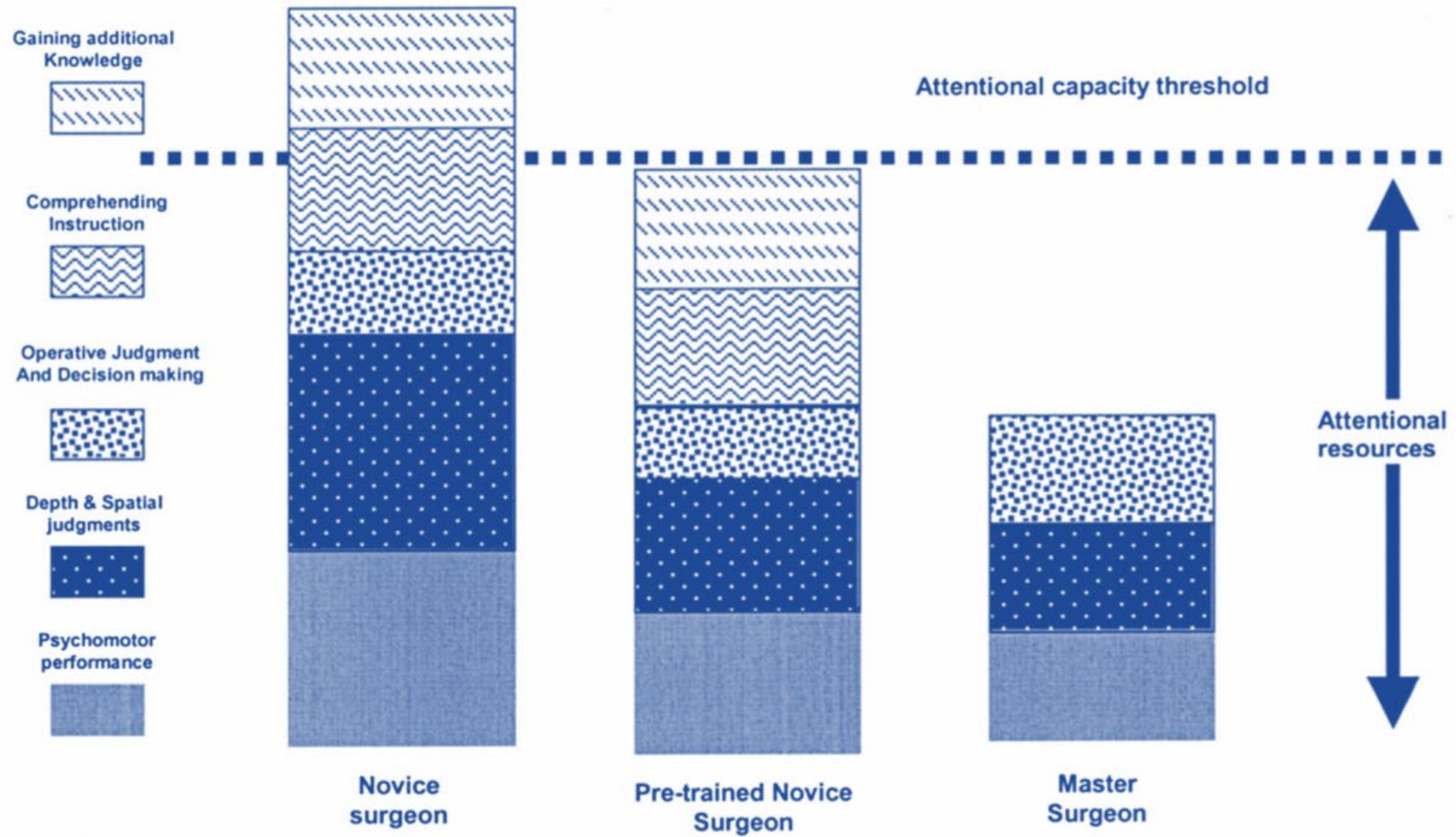
Strong Use Cases

Best Way is “Learning by Doing”, BUT...





Source: Kolb DA. Experiential learning. Englewood Cliffs (NJ): Prentice Hall; 1984



Source: Gallagher AG, Ritter EM, Champion H, Higgins G. Virtual reality simulation for the operating room: proficiency-based training as a paradigm shift in surgical skills training. *Annals of Surgery*. 2005. doi:10.1097/01.sla.0000151982.85062.80.



William Clifford

Applications of Grassmann's Extensive Algebra

Author(s): Professor Clifford

Source: *American Journal of Mathematics*, Vol. 1, No. 4 (1878), pp. 350-358

Published by: The Johns Hopkins University Press

Stable URL: <https://www.jstor.org/stable/2369379>

Accessed: 06-08-2018 12:02 UTC

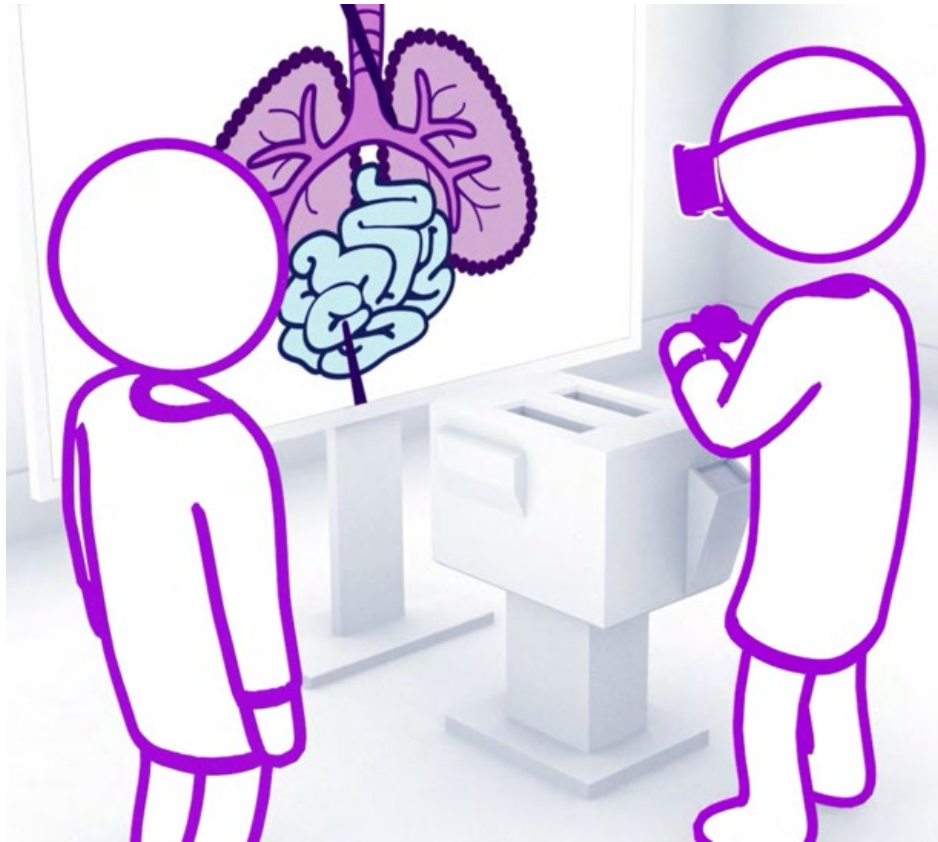
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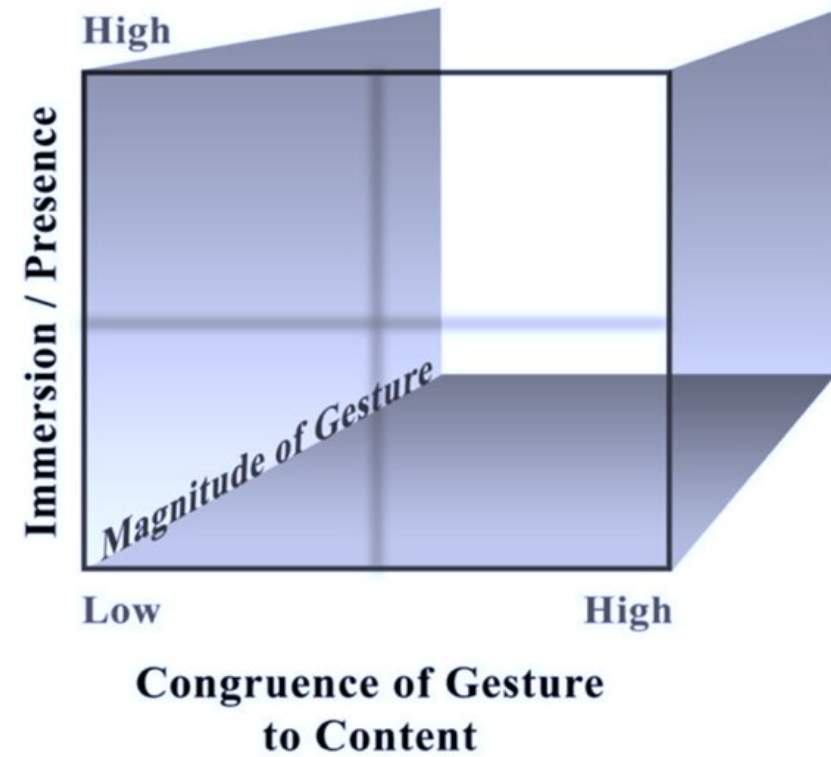


JSTOR

The Johns Hopkins University Press is collaborating with JSTOR to digitize, preserve and extend access to *American Journal of Mathematics*



Educational Embodiment in VR





“

The scene is set for massive change

**which are the key grand challenges for
medical VR training?**

Virtual Reality Technology For Medicine



- Current technologies and concepts are founded on more than *30 years of research and development*
- Recent changes in cost and access make VR affordable
- VR tech is currently used for prevention, evaluation, treatment and chronic disease management
- *After years of validation and use by early adopters - VR technology is poised to move to the mainstream*
- On the horizon: enhanced, ubiquitous, informative and integrated

Dr. Walter Greenleaf,
Stanford Health Care & Virtual Human Interaction Lab



Operation Progress:
Lesson 1: Knee Incision
Actions: 0 / 68

Cut Epidermis

Operation Start
Action Time: 13.98 Sec
Score: 100%
Errors: 1

Grand challenges in computational medical XR



Networked collaboration

5G Edge computing technology for unlimited, networked collaboration across all XR, desktop/mobile devices



SDK platform tools

Unity & Unreal?



Real clinical validation

published clinical trials in high-impact scientific journals



Low-code authoring

days instead of 6-8 months for a high-fidelity medical VR learning module



Development cost

decrease in VR dev hours, code complexity and size



Optimize cut-tear-drill

develop more VR content, deploy it faster with cutting-edge features

Challenge: clinical trial validation on psychomotor surgical skills

Title:

Virtual Reality Facilitates Training in the Performance of Total Hip Arthroplasty: A Randomized Controlled Trial,

The Journal of Arthroplasty, 2019, ISSN 0883-5403, <https://doi.org/10.1016/j.arth.2019.04.002>,

Results:

The VR cohort demonstrated **greater improvement in all score categories** (procedural steps, technical performance, visuospatial skills, efficiency, and flow) compared to the standard group

- Measured 8% improvement in all categories above right just after **2 VR trials**
- *Future trial: after 20 VR trials what will be the measured improvement?*

<https://www.sciencedirect.com/science/article/pii/S0883540319303341>



Challenge: clinical trial validation on cognitive skills and physical training for Mild Cognitive Impairment

Title:

A Virtual Reality App for Physical and Cognitive Training of Older People With Mild Cognitive Impairment: Mixed Methods Feasibility Study

<https://games.jmir.org/2021/1/e24170/>

Results:

1. VRADA is an acceptable, usable, and tolerable system for physical and cognitive training of older people with MCI
2. Participants showed a **significant preference for the VR condition** (students: mean 0.66, SD 0.41, $t_{29}=8.74$, $P<.001$; patients with MCI: mean 0.72, SD 0.51, $t_{26}=7.36$, $P<.001$),
3. as well as **high acceptance scores** for intended future use, attitude toward VR training, and enjoyment.
4. System usability scale scores (82.66 for the students and 77.96 for the older group) were well above the acceptability threshold (75/100)

The screenshot displays the JMIR Publications website interface. At the top, the JMIR logo and 'Advancing Digital Health & Open Science' tagline are visible. A search bar and navigation links for 'Articles', 'Resource Center', 'Login', and 'Register' are present. Below the navigation, the article title and authors are listed. The article is published on 24.3.2021 in Vol 9, No 1 (2021): Jan-Mar. A preprint notice indicates that earlier versions are available at <https://preprints.jmir.org/preprint/24170>, first published September 08, 2020. The article title is 'A Virtual Reality App for Physical and Cognitive Training of Older People With Mild Cognitive Impairment: Mixed Methods Feasibility Study'. The authors listed are Mary Hassandra, Evangelos Galanis, Antonis Hatzigeorgiadis, Marios Goudas, Christos Mouzakidis, Eleni Maria Karathanasi, Niki Petridou, Magda Tsolaki, Paul Zikas, Giannis Evangelou, George Papagiannakis, George Bellis, Christos Kokkotas, Spyridon Rafail Panagiotopoulos, and Giannis Giakas. The article is categorized under 'JMIR Serious Games'. The abstract section is visible, starting with 'Background: Therapeutic virtual reality (VR) has emerged as an effective treatment modality for cognitive and physical training in people with mild cognitive impairment (MCI). However, to replace existing nonpharmaceutical treatment training protocols, VR platforms need significant improvement if they are to appeal to older people with symptoms of cognitive decline and meet their specific needs.' The abstract continues with 'Objective: This study aims to design and test the acceptability, usability, and tolerability of an immersive VR platform that allows older people with MCI symptoms to simultaneously practice physical and cognitive skills on a dual task.' and 'Methods: On the basis of interviews with 20 older people with MCI symptoms (15 females; mean age 76.25, SD 5.03 years) and inputs from their health care providers (formative study VR1), an interdisciplinary group of experts developed a VR system called VRADA (VR Exercise App for Dementia and Alzheimer's Patients). Using an identical training protocol, the VRADA system was first tested with a group of 30 university students (16 females; mean age 20.86, SD 1.17 years) and then with 27 older people (19 females; mean age 73.22, SD 9.26 years) who had been diagnosed with MCI (feasibility studies VR2a and VR2b). Those in the latter group attended two Hellenic Association Day Care Centers for Alzheimer's Disease and Related Disorders. Participants in both groups were asked to perform a dual task training protocol that combined physical and cognitive exercises in two different training conditions. In condition A, participants performed a cycling task in a lab environment while being asked by the researcher to perform oral math calculations (single-digit additions and subtractions). In condition B, participants performed a cycling task in the virtual environment while performing calculations that appeared within the VR app. Participants in both groups were assessed in the same way; this included questionnaires and semistructured interviews immediately after the experiment to capture perceptions of acceptability, usability, and tolerability, and to determine which of the two training conditions each participant preferred.' The abstract concludes with 'Results: Participants in both groups showed a significant preference for the VR condition (students: mean 0.66, SD 0.41, $t_{29}=8.74$, $P<.001$; patients with MCI: mean 0.72, SD 0.51, $t_{26}=7.36$, $P<.001$), as well as high acceptance scores for intended future use, attitude toward VR training, and enjoyment. System usability scale scores (82.66 for the students and 77.96 for the older group) were well above the acceptability threshold (75/100). The perceived adverse effects were minimal, indicating a satisfactory tolerability.' and 'Conclusions: The findings suggest that VRADA is an acceptable, usable, and tolerable system for physical and cognitive training of older people with MCI and university students. Randomized controlled trial studies are needed to assess the efficacy of VRADA as a tool to promote physical and cognitive health in patients with MCI.' The right sidebar contains a 'Citation' section with the citation text: 'Hassandra M, Galanis E, Hatzigeorgiadis A, Goudas M, Mouzakidis C, Karathanasi EM, Petridou N, Tsolaki M, Zikas P, Evangelou G, Papagiannakis G, Bellis G, Kokkotas C, Panagiotopoulos SR, Giakas G, Theodorakis Y. A Virtual Reality App for Physical and Cognitive Training of Older People With Mild Cognitive Impairment: Mixed Methods Feasibility Study. JMIR Serious Games 2021;9(1):e24170. doi: 10.2196/24170. PMID: 33759797'. Below the citation is a 'Copy Citation to Clipboard' button. The 'Export Metadata' section includes options for 'END for: Endnote', 'BibTeX for: BibDesk, LaTeX', 'RIS for: RefMan, Procite, Endnote, RefWorks', and 'Add this article to your Mendeley library'. The 'This paper is in the following e-collection/theme issue:' section lists several related collections: 'Games for Cognitive Assessment (20)', 'Virtual Reality and Virtual Worlds (172)', 'Dementia and Cognitive Decline (153)', 'Cognitive Training for the Elderly (23)', 'Virtual Reality Interventions in Mental Health (21)', 'Serious Games for Health and Medicine (299)', 'Games and Gamification for Health (236)', and 'Cognitive and Neurorehabilitation (113)'. The 'Download' section has buttons for 'Download PDF' and 'Download XML'. The 'Share Article' section has social media icons for Facebook, Twitter, and LinkedIn.

Challenge: clinical trial validation on cognitive skills and memory retention

Title:

Effectiveness and utility of virtual reality simulation as educational tool for safe performance of COVID-19 diagnostics: a prospective, randomized pilot trial

JMIR, (accepted)

Results:

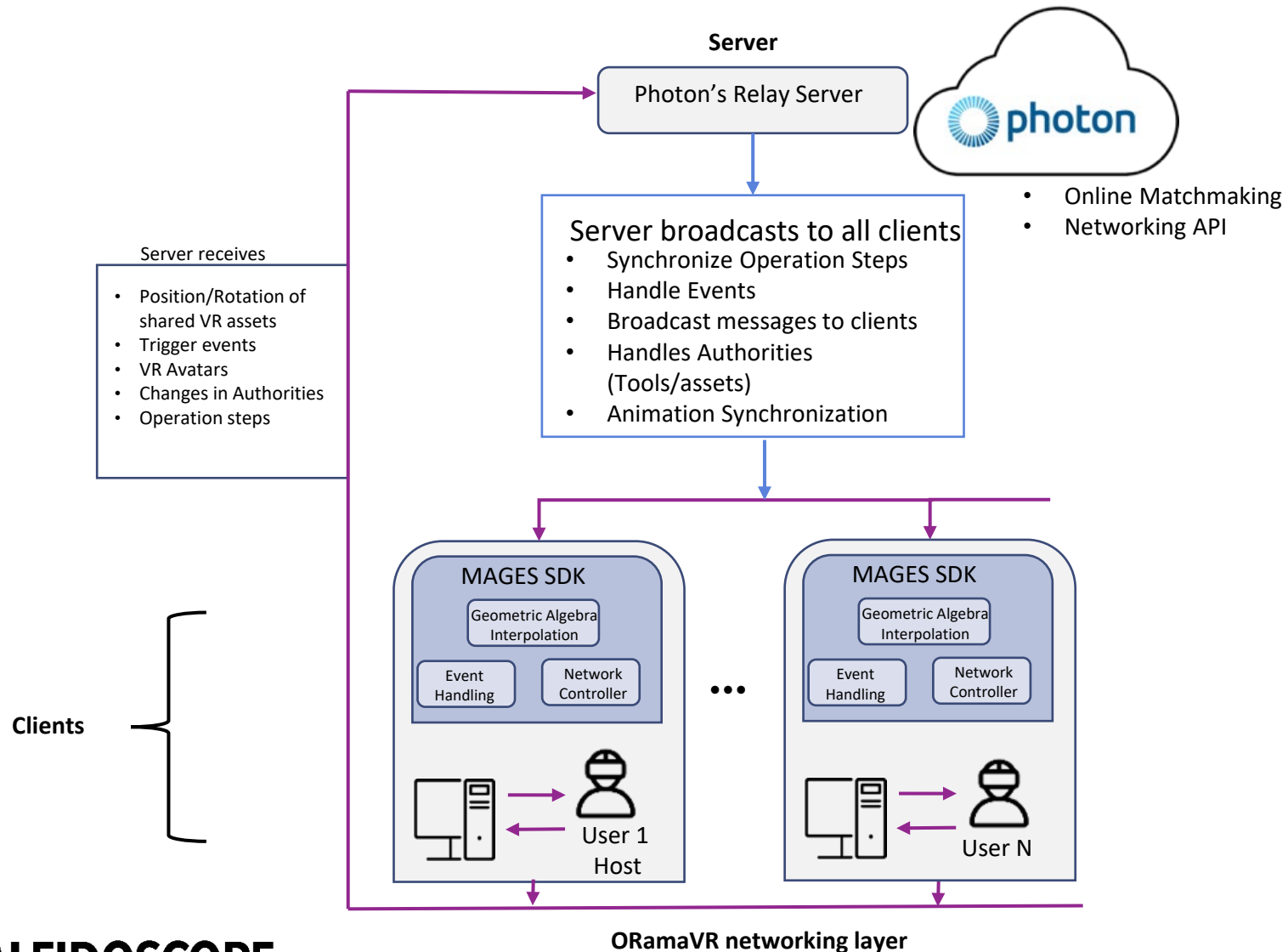
1. the short- and long-term **effectiveness** of a novel virtual reality simulation vs. traditional learning methods (e-learning) regarding proper hand hygiene and PPE proficiency and correct acquisition of a nasopharyngeal specimen for covid-19 testing
2. the correlation of **performance** of nasopharyngeal swab taking in **virtual reality (test mode)** and **real life** (manikin)
3. a statistically **significant improvement on sensorimotor performance of the trainees of the VR group: 16%** and higher satisfaction in the VR group

The screenshot shows the JMIR Publications website interface. At the top, there's a navigation bar with 'JMIR Publications' logo, a search bar, and links for 'Articles', 'Resource Center', 'Login', and 'Register'. Below this is a secondary navigation bar with 'JMIR Serious Games', 'Journal Information', 'Browse Journal', and 'Submit Article'. The main content area features the article title, authors (Tanja Birrenbach, Jesus Zbinden, George Papagiannakis, Aristomenis K Exadaktylos, Martin Müller, Wolf E Hautz, Thomas Christian Sauter), and a small image of a person wearing a VR headset. The abstract is visible, starting with 'Background: Although the proper use of hygiene and personal protective equipment (PPE) is paramount for preventing the spread of diseases such as COVID-19, health care personnel have been shown to use incorrect techniques for donning/doffing of PPE and hand hygiene, leading to a large number of infections among health professionals. Education and training are difficult owing to the social distancing restrictions in place, shortages of PPE and testing material, and lack of evidence on optimal training. Virtual reality (VR) simulation can offer a multisensory, 3-D, fully immersive, and safe training opportunity that addresses these obstacles.' The right sidebar contains a 'Citation' section with a 'Please cite as:' field and a 'Copy Citation to Clipboard' button. Below that is an 'Export Metadata' section with options for Endnote, BibTeX, RIS, and RefWorks. A 'This paper is in the following e-collection/theme issue:' section lists several categories like 'Games for Medical Education and Training (42)', 'JMIR Theme Issue 2020/21: COVID-19 Special Issue (127.9)', etc. At the bottom right, there are 'Download' buttons for PDF and XML, and a 'Share Article' section with social media icons.

Challenge: cut, tear, drill on deformable soft-bodies in VR



Challenge: Low-latency, collaborative, networked shared medical environments



- Tethered/Untethered VR HMDs
- Remote Collaboration
- GA interpolation to broadcast less data
- h/w independence

Challenge: Low-latency, collaborative, networked shared medical environments II

1. GA Interpolation engine
2. Build-in Co-op support
3. Reducing network traffic up to 58%
4. 16% performance boost
5. Efficient and smooth transformations

Network Quality	How to Achieve Best QoE	Metrics on Our Methods
Excellent	SoA: 30 updates/sec Ours: 20 updates/sec	33% less bandwidth 16.5% lower running time
Good	SoA: 20 updates/sec Ours: 10 updates/sec	50% less bandwidth 16.5% lower running time
Mediocre	SoA: 15 updates/sec Ours: 7 updates/sec	53% less bandwidth 16.5% lower running time
Poor	SoA: 12 updates/sec Ours: 5 updates/sec	58% less bandwidth 16.5% lower running time

Summary of the metrics of our methods (Ours) versus the state-of-the-art methods (SoA).



Challenge: Low-latency, collaborative, networked shared medical environments III

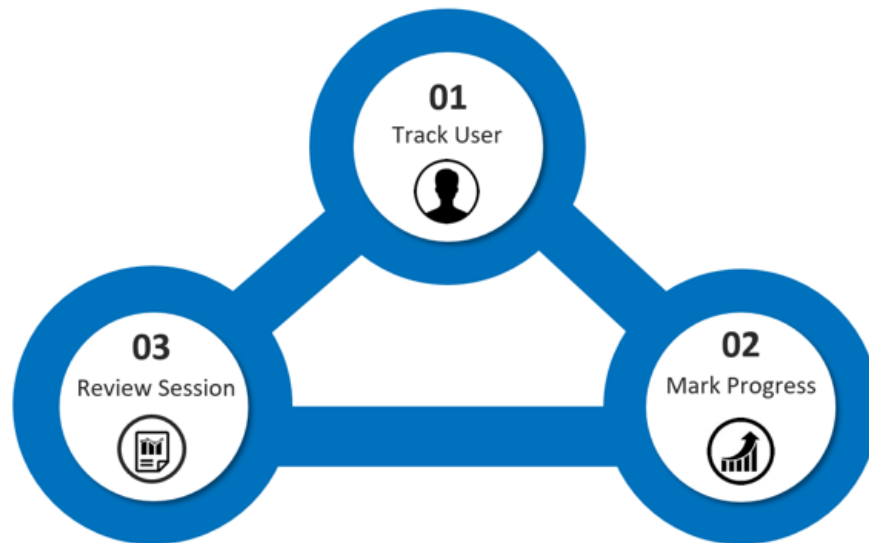


Challenge: VR s/w design patterns for rapid prototyping?



Challenge: Analytics engine with cloud-based user assessment

- Tracking psychomotor & cognitive skills
- Cloud-based user assessment
- Realtime error tracking
- User report in VR application



Adaptive difficulty levels



Select Difficulty: Easy

- Visual guides
- Critical errors
- Audio guide
- Normal errors
- Aided tool selection



Challenge: Low-code authoring for medical XR ?

MAGES

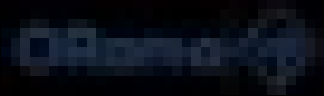
Multiplayer w/ GA interpolation

Analytics based on ML agent

Geometric Algebra

Editor in VR

Semantic annotated Soft Bodies



George Papagiannakis, Paul Zikas, Nick Lydatakis, Steve Kateros, Mike Kentros, Efstratios Geronikolakis, Manos Kamarianakis, Ioanna Kartsonaki, and Giannis Evangelou. 2020. MAGES 3.0: Tying the knot of medical VR. In ACM SIGGRAPH 2020 Immersive Pavilion (SIGGRAPH '20). Association for Computing Machinery, New York, NY, USA, Article 6, 1–2. DOI:<https://doi.org/10.1145/3388536.3407888>, 2020

Challenge: rapid prototyping for medical XR ?





COMING TO OUR SENSES

**The world of immersive technology
is no longer hype—we're living it.**

Ethics & privacy?

- Self biometric data
- Consciousness hacking
- Surveillance capitalism? (third party doctrine)
- Digital divide?



Conclusions

- **Accelerate skills acquisition** through the use of recent experiential XR technology innovations is possible
- **Educators and trainers** need to **drive adoption** of experiential technologies in their curricula via Computational medical XR
- **Presence** is not enough, **embodiment** and **agency/manipulation** are key enabling learning factors



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Thank you!

