

Mind mapping combined with scenario simulation for medical interns' thoracentesis training

Submission date 07/06/2026	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 09/06/2026	Overall study status Completed	☐ Statistical analysis plan ☐ Results
Last Edited 09/06/2026	Condition category Other	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)

Principal investigator, Scientific, Public

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Study information

Scientific Title

Effect of mind mapping combined with scenario simulation on thoracentesis competence among medical interns: a randomized controlled trial

Study objectives

To evaluate whether integrating mind mapping as a cognitive scaffold followed by scenario simulation improves thoracentesis competence and learner satisfaction compared with traditional lecturebased instruction.

Ethics approval required

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Ethics approval(s)

Approved 20/05/2025, Medical Ethics Committee of Lanzhou University Second Hospital (No. 80, Cuixingmen, Chengguan District, Lanzhou, 730030, China; +86 0931 894 2234; lzhtwo@lz.gs.cninfo.net), ref: 2025 A-588

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Blinded (masking used)

Control

Active

Assignment

Parallel

Purpose

Health services research, Prevention

Study type(s)

Health condition(s) or problem(s) studied

Educational study on thoracentesis skill acquisition in healthy medical interns.

Interventions

This study uses a randomized controlled design. The method of randomization is computer-generated random numbers (using SPSS software) in combination with sequentially numbered, opaque, sealed envelopes. The allocation sequence is generated by an independent statistician who is not involved in participant recruitment or outcome assessment.

Intervention group (MM+SS): 1hour mind mapping session (instructordeveloped mind map on "Thoracentesis Procedure" with four branches: preprocedure preparation, intraoperative steps, postprocedure care, precautions/complications), including 30 min individual selfstudy and 30 min collaborative smallgroup reconstruction. Followed by a 1hour scenario simulation using a standardized patient and highfidelity simulator, including historytaking, informed consent, physical examination, full procedural execution, unexpected event management (e.g., sudden cough), and a 10min structured debriefing ("What? So what? Now what?"). Finally, 2 hours of handson practice on a lowfidelity thoracentesis manikin, with recall of the mind map and simulation steps.

Control group (traditional lecture): 2hour lecture using PowerPoint covering anatomical landmarks, indications/contraindications, equipment, stepwise procedural execution (patient positioning, sterile preparation, local anesthesia, needle insertion, fluid aspiration, postprocedure monitoring), and complication management. Followed by 2 hours of hands on practice on the same lowfidelity thoracentesis manikin (without scenario simulation or mind mapping).

Intervention Type

Behavioural

Primary outcome(s)

1. Skill performance on thoracentesis, comprising four domains: pre-procedure preparation, intra-operative technique, post-procedure care, and humanistic care & communication measured using the Modified Objective Structured Clinical Examination (OSCE) checklist at completion of the 4-hour training session (within 1 hour)

2. Teaching satisfaction, assessing (1) increased interest in procedural learning; (2) clarity of conceptual understanding; (3) appropriateness/feasibility of the teaching model; (4) overall satisfaction with the learning experience, measured using 4-item anonymous questionnaire, at completion of the 4-hour training session (within 1 hour)

Key secondary outcome(s)

Completion date

28/02/2026

Eligibility

Key inclusion criteria

1. Successful completion of core respiratory medicine coursework
2. No prior formal thoracentesis training
3. Full availability throughout the scheduled 2-week clinical rotation

Healthy volunteers allowed

Yes

Age group

Adult

Lower age limit

20 Years

Upper age limit

30 Years

Sex

All

Total final enrolment

60

Key exclusion criteria

Any unexcused absence of one or more days during the 2-week clinical rotation

Date of first enrolment

01/09/2025

Date of final enrolment

28/02/2026

Locations**Countries of recruitment**

China

Sponsor information**Organisation**

Lanzhou University Second Hospital

ROR

<https://ror.org/02erhaz63>

Funder(s)**Funder type****Funder Name**

Natural Science Foundation of Gansu Province

Alternative Name(s)

Gansu Provincial Natural Science Foundation, Gansu Natural Science Foundation

Funding Body Type

Government organisation

Funding Body Subtype

Local government

Location

China

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available