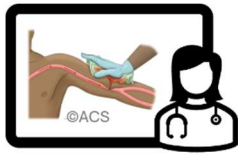


A study to determine usefulness of an animated video for teaching **Stop the Bleed**

We want as many people as possible to know how to stop life-threatening bleeding.



In-person, Instructor-led training is **effective**



Virtual training can be **shared widely**



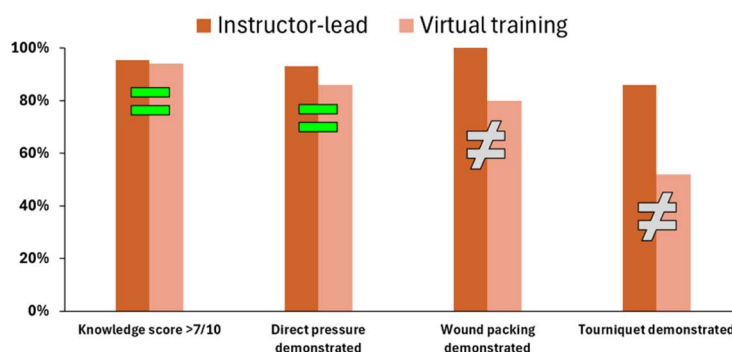
But can virtual training ever be as effective as instructor-led training?

What we did

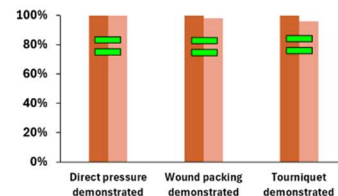
- Developed high-fidelity animated virtual training with expert input
- Randomly assigned 93 participants to instructor-led or virtual training
- Assessed participants' knowledge and ability to stop bleeding

What we found out

Virtually-trained participants needed more assistance when packing wounds and applying tourniquets



But with assistance 97% of participants successfully stopped simulated bleeding



We are happy with these results! Immediate responders will be guided by 000 dispatch, so high rates of success with assistance is an encouraging outcome.

What next?

- Updating virtual training based on feedback and findings
- Creating an online platform for virtual training
- Exploring ways to maximise access to STB instructor-led training.

Remember: If you see life-threatening bleeding, call 000 and follow their direction. You can save a life!



JAMIESON TRAUMA INSTITUTE

Thank you so much for participating in our STOP THE BLEED® training study!

We have now finished running the study and are currently analysing the results and writing them up for publication in an academic journal. Here is a summary of what we have found so far.

In this study we compared two different ways of training people how to stop life-threatening bleeding: a face-to-face instructor-led presentation with a live demonstration, and virtual training with a high-fidelity animated video and an interactive quiz.

93 people participated in this study between July and September 2025. Participants were randomly assigned to one of the two training conditions. The training covered how to identify life-threatening bleeding, how to immediately respond, and how to apply direct pressure, wound packing, and arterial tourniquets to stop bleeding. After training, an assessor quizzed participants' knowledge of the training content—for example asking what to do and in what order—and tested participants' abilities to stop bleeding on a manikin arm. Participants also filled out some surveys and gave feedback about the training.

We found that participants who received virtual training were just as good as participants who received instructor-led training when it came to remembering what they had learned about applying direct pressure to a bleeding wound. However, for wound packing and applying a tourniquet, participants who received virtual training were more likely to require some extra guidance when demonstrating their abilities. There were no significant effects of demographic factors like age, gender, or education level, or ratings of self-efficacy and confidence, on any assessed knowledge or abilities.

We did not expect the virtual training to be better than the tried-and-true instructor-led training. The virtual training was developed to be accessible because there are many people in Queensland who don't have access to an expert instructor. The purpose of this study was to see whether virtual training was equivalent to instructor-led training and, if it was not, how it could be improved. Our ultimate goal is for as many people as possible to know how to stop life-threatening bleeding.

So, what next? It is very promising that overall performance was high, especially for knowledge of the training content and ability to apply direct pressure to a bleeding wound. We are currently working on improvements to the virtual training in response to some of the more common errors that were made when participants demonstrated wound packing and tourniquet application—such as maintaining pressure on the wound after wound packing and ensuring the strap and windlass on a tourniquet are super tight. Participants shared a lot of great written feedback about the training, and this is guiding other changes to the video and interactive quiz. We also appreciate the many encouraging comments that were included in this feedback.

Additional materials and the opportunity for others to sign up to training will be available online on a Metro North Health website soon. If you have any further questions, please reach out to our research coordinator (Silvia.Manzanero@health.qld.gov.au). We truly appreciate your participation in our study.

Stop the Bleed

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