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Problems.....

lssues with resources

Lack of skill room space for simulation

Lack of staff to run full simulations

Costly high fidelity manikins

Student expectation Simulation is an enjoyable part

enjoyable part of course

Good learning method for placements

Desire for more

Staff experience

Lack of time to design PA specific content

Time restraints for sessions - not everyone can get a go in one session

Equipment failure

Then along came COVID.....



- Move to online learning
- No access to campus

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- **<u>But</u>** our secondary care placement hospitals were open and had:
 - Access to simulation.....and
 - Online videoing software



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So, we invented Bournemouth University 'Remote simulation'

- Live stream simulation with staff in the hospital and students at home
- Students control the hospital staff
- Investigations shown on screen
- Developed communication skills and clinical reasoning

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But - our secondary care placement hospitals were open and had:

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Oxford Medical Simulation (OMS)

- Leading provider of Virtual Reality (VR) simulation
- Creates a digital, interactive environment
- No PA specific content, but plenty of scenarios designed for medical students and doctors in training
- Medical cases focused on emergency presentations, but also have some paediatric, mental health and primary care senarios.

The project: Planning

- Integrated OMS into our PA programme
 - Individual access for students
 - Faculty access to allowing planning
 - Initially we tried this with just the first two units of the programme: Introduction to Medicine and Emergency Medicine
- Headsets
 - Oculus Quest 2
 - No need for leads or laptop
 - Need to install software first
- Room set-up
 - Very easy-Oculus shows you how
 - Does not require a lot of space perfect for seminar rooms

The project: Getting started

- Easy to set student accounts
- Required one session to demonstrate OMS
 - First on desktop
 - Then on Oculus

The project: Data collection

Following unit: QR code to Microsoft form

Two sets of questions

- First for technical aspect: how students found setting up cases
- Second based on Simulation Effectiveness Tool-modified (SET-M)

Data was collected over a month once students were used to using OMS Students worked with both the Oculus and desktop versions of OMS and were asked about both

The project: Results - technical aspects

21 students provided answered the questionnaire (all the students in our year 1 cohort)

8. Desktop version

More Details

■ Strongly agree ■ Somewhat agree ■ Do not agree

9. Oculus headset

More Details

■ Strongly agree ■ Somewhat agree ■ Do not agree

The headset was comfortable to wear

The virtual environment was easy to see

I felt safe in the virtual reality environment

I felt nauseous during the scenario

I still felt nauseous after 15 minutes from removing the headset

The project: Results - learning experience

21 students provided answered the questionnaire (all the students in our year 1 cohort)

Strongly agree Somewhat agree Do not agree

100%

The project: Results - learning experience

21 students provided answered the questionnaire (all the students in our year 1 cohort)

Debriefing contributed to my learning

Debriefing allowed me to communicate my feelings before focusing on the scenario

Debriefing was valuable in helping me improve my clinical judgement

Debriefing provided opportunities to self-reflect on my performance during the simulation

Debriefing was a constructive evaluation of the simulation

The project: Results - summary

21 students provided answered the questionnaire (all the students in our year 1 cohort)

- > 95% agree better prepared to respond to change in a patient's condition
- 100% agree more confident providing interventions for patient safety
- ▶ 91% agree more confident in using evidence-based practice
- > 95% agree valuable in improving clinical judgement
- 52% preferred using desktop version compared to 14% on Oculus

Conclusion

OMS is useful resource for students to prepare for placement

The project: What's next?

21 students provided answered the questionnaire (all the students in our year 1 cohort)

- Longitudinal study over the full two year PA course
- Using VR with qualified PAs currently in data collection phase at University Hospitals Dorset

Other potential research leading from this pilot work:

- Wider project assessing impact across a number of different HEIs
- Direct comparison with existing simulation using mannikins
- Direct comparison with other clinical VR systems
- Exploring the impact of VR on interprofessional learning

Any questions?