INCORPORATING VIRTUAL REALITY SIMULATIONS INTO UNDERGRADUATE NURSING CURRICULUM

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There are many factors plaguing nursing programs at this time. Clinical sites can be difficult to find or manage; clinical instructors may be difficult to attain, train or retain; large class sizes become cumbersome for clinical faculty and simulation centers; the simulation centers are expensive to create, complete, and control. The research supports the value of simulation in clinical practice, but the resources are not always readily available: enter Virtual Reality (VR).

In a time where nurse educator shortages are affecting nursing programs, new technology can be used to fill the gaps, providing a holistic and effective educational experience to aspiring nurses. VR can be used to simulate patient care, allowing students to practice interviewing, communication, assessment, observation and intervention skills in a controlled and safe environment (Tilton, Tiffany, & Hoglund, 2015; Chia, 2013). Using VR as a supplement to traditional simulation-based education can ‘enhance student motivation and engagement and create a more effective learning experience’ (Chia, 2013, p.21). VR can be designed with relevant reference materials supporting the student’s continued education and likelihood to use resources in the professional or clinical setting (Chia, 2013). Because VR was originally created as a gaming platform (Hebda & Czar, 2012) it is a commonly accepted amongst the current generation of learners. Now, it is regularly thought of as an educational resource (Medical Futurist, 2018) but the question remains: what is the best way to incorporate it into an existing nursing curriculum?

There are many options which include using VR simulation scenarios in place of or along side existing live simulation scenarios or clinical experiences. VR can also used during or after lectures about the corresponding topic. Structured and graded VR scenarios can be used in training, remediation, as an exit exam, as a formative or summative evaluation, as a make-up simulation or clinical option and as a guide for faculty or program improvement.

The purpose of this short communication presentation will be to discuss the different ways in which VR can be incorporated into a nursing curriculum.

REFERENCES
to acutely unwell patients in primary care settings. Further work is ongoing to complete a QRH for GP practices and to validate its use.

REFERENCES

SC4 DEVELOPING A MODULAR PROGRAMME FOR DOCTORS RETURNING TO TRAINING IN THAMES VALLEY

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Background At any moment approximately one in ten doctors in training are taking approved time out of their programme. Returning to training after a break from clinical work can be daunting, with many trainees expressing anxiety about readjusting to the workplace. Recognising this, the Department of Health allocated £10 million nationally to Health Education England to support doctors as they return to training.

Summary of education programme The educational programme in Thames Valley was developed collaboratively by a network of educationalists across our region. Trainees themselves had input into the design of the programme, and the educational materials provided.

Anaphylaxis

We created a modular suite of activities incorporating technical and non-technical skills training orientated towards medicine, surgery, anaesthetics, critical care, paediatrics, and retrieval. Sessions cater to various learning styles, incorporating tutorials, skills workshops, and high-fidelity simulation. Sessions run quarterly throughout the year.

Summary of results To date we have trained 71 doctors; feedback has been excellent. Trainees particularly value the tailored range of educational activities provided, and 93% would recommend the programme to colleagues.

We also collect data from trainees after they have returned to work. Thus far only 5 trainees have returned to work and provided us with feedback. They reported benefit from the training, particularly highlighting the practical aspects such as emergency drills and simulation.

Discussion The training is valued by our participants, but barriers to delivery exist. The main challenge has been identifying eligible trainees to invite. Our most successful publicity has been trainee-driven via social media, as it has been difficult to compile comprehensive contact lists from centrally held data. New communication strategies are in place via Training Programme Directors and Educational Supervisors to better advertise these resources.

Some participants also reported that they found it difficult to arrange childcare to cover these sessions, and Health-education Thames Valley have generously provided additional funding to provide creches at some modules. This has been highly popular with those returning from maternity leave and this has been a decisive factor in some trainees’ attendance.

Conclusion Targeted, bespoke training designed for returning trainees is a national priority, and highly valued by trainees.