Creation of a Novel Distance-Based
Learning Curriculum Comparing Immersive
Virtual Reality Curriculum to Standardized
Simulation for Residents Across Multiple
Disciplines

ERIN HULFISH MD, JOHN RYAN AUBREY MS MD, JIA JIAN LI MD, HÉCTOR E. ALCALÁ, PHD, MPH, CPH



Background

Traditional high-fidelity manikins (TMs) have been the standard for use in simulations for resident physician education

Virtual Reality (VR) is a newer modality that may address many of the issues associated with TM simulations

The effectiveness of VR for teaching technical and non-technical skills to multi-disciplinary front-line clinicians has not yet been studied



Objectives

To determine if residents exposed to a VR training program compared to TM simulation is as effective in teaching technical and non-technical skills

To measure long-term knowledge degradation patterns for residents exposed to VR training program as opposed to a traditional high-fidelity manikinbased program



Methods

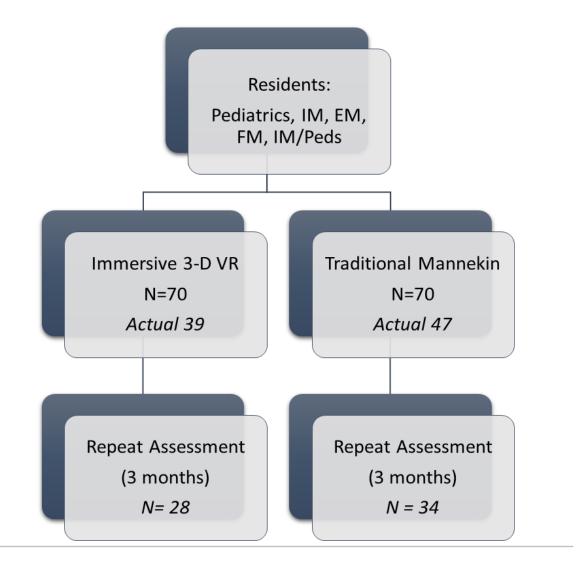
Two standardized simulations using either VR or TM interface

Scripted debriefing and teaching module

Assessed individually in a single simulation scenario in the same modality with a facilitator acting as the nurse

Reassessed in same modality three months later

Evaluated by two independent reviewers using:
-Standardized, validated direct observational assessment
-Ottawa Global Rating Scale





Results

Demographics

No significant difference in participant demographics

Comparison of Technical Skills TM vs VR

- No overall statistically significant differences between the two modalities
 - More residents stopped anaphylactic medication and administered fluid bolus in the VR simulation
 - More residents gave oxygen during the TM simulation
- Paired Multi-Variate Regression Analysis
 - No significant differences between TM and VR

Comparison of Nontechnical Skills TM vs VR (Ottawa Rating Scale)

No overall statistically significant differences between the two modalities

Knowledge Retention

No difference in knowledge retention





Discussion and Next Steps



Major Findings

- Initial pilot study representing a novel application of immersive VR for multidisciplinary residents
- No overall differences seen in immediate recall or knowledge retention at the three-month mark in either modality

Observational differences in modalities:

- TM had less standardized prompting
- More familiarity with TM
- Less tactile feedback with VR
- Quicker turn over with VR
- Instant score card generated with VR



Limitations

- Underpowered
- Prompting bias in VR



Next Steps

- Further higher-powered multi-institutional studies are needed
- Understanding the role of VR to enhance simulation education
- Application to clinical outcomes



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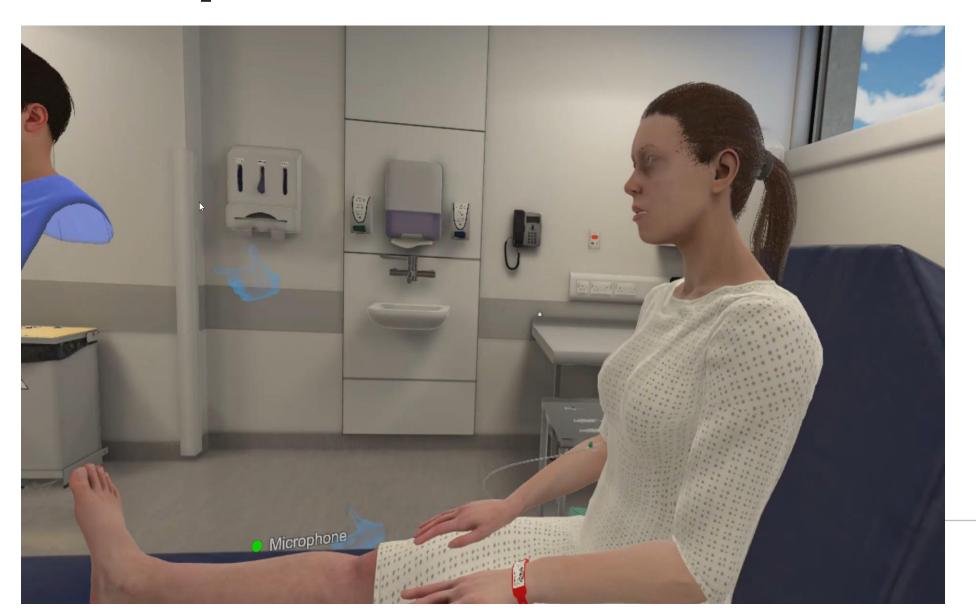


Questions?





Example Video of VR



Example of TM video

