**The VRLE Project**

**Virtual Reality Learning Environments: reconfiguring healthcare education**

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**VRLE Project aims and objectives:**

- **Education:**
  1. Provide students with realistic, easily accessible VRLE which are topic specific and profession generic
  2. Learn as an individual, group or multidisciplinary collaborative
  3. Experience VRLE on smart phones, tablets, laptops, and virtual reality enabled headsets.

- **Practice:**
  - By offering realistic clinical experiences which could not otherwise routinely be guaranteed, VRLE supports students to:
    1. Relate theory and apply it to clinical practice
    2. Have intuitive practice
    3. Enhance humanization of care
    4. Plan and provide holistic patient care

- **Research:**
  - Towards more holistic clinical practice: exploring the impact of virtual reality learning environments on healthcare education.

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**World Health Organization (WHO) have highlighted that learners globally have limited access to HE and educators internationally lack skills and necessary equipment as well as a lack of access to practical skills teaching and interprofessional learning. VRLE offers an equitable solution to this crisis.**

**Virtual Reality Learning Environments (VRLE)**

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**Students use the VRLE to experience the scenario and practice clinical skills as often as they wish. Above is a screen shot of the clinic room inside the VRLE for safeguarding families.**

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**Proposed benefits of using VRLE**

- **Students:**
  - Enhanced education through:
    - Increased autonomy related to how and when learning occurs
    - Clinical experiences that cannot otherwise be guaranteed
  - Increased capacity for other activities through:
    - Reduction of teaching time
    - Reduction on demand of teaching space
    - Increased student satisfaction
    - Improved staff capacity
    - Improved staff resilience
- **Qualified Healthcare Professionals:**
  - Clinical experiences for CPD that cannot otherwise be guaranteed

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**Trial Implementation at Level 4**

1. **1.5 hour reduction in traditional teaching time**
   - **Task one – Guided SMS (1.5 hours teaching)**
     - Undertaken using Brightspace – see Denyse King’s safeguarding sandbox (unit code: sbx_dk_353) for an example
     - Watch
     - Listen
     - Do
     - Read and reflect
   - **Task two – theory (1.5 h face to face teaching)**
     - See safeguarding sandbox for example
   - **Task three – applying theory to practice (SMS=1.5h teaching)**
     - Exploring the VRLE
     - Answering MCQ within the VRLE
   - **Task three – supported reflection:**
     - (1.5h face to face or using virtual classroom)
     - Professional discussion about individual clinical decision making
     - Online survey to feedback on individual student experience

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**Trial Implementation at Level 5**

3. **3 hour reduction in traditional teaching time**
   - **1. Task one – theory as guided SMS (1.5h teaching)**
     - Undertaken using Brightspace – see Denyse King’s safeguarding sandbox (unit code: sbx_dk_353) for an example
     - Watch
     - Listen
     - Do
     - Read and reflect
   - **2. Task two – applying theory to practice (SMS=1.5h teaching)**
     - Exploring the VRLE
     - Answering MCQ within the VRLE
   - **Task three – supported reflection:**
     - (1.5h face to face or using virtual classroom)
     - Professional discussion about individual clinical decision making
     - Online survey to feedback on individual student experience

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**Trial Implementation at Level 6**

3. **3 hour reduction in traditional teaching time**
   - **1. Task one – theory as guided SMS (1.5h teaching)**
     - This is to be undertaken using Brightspace
     - Watch
     - Listen
     - Do
     - Read and reflect
   - **2. Task two – applying theory to practice (SMS=1.5h teaching)**
     - Participating in the VRLE
   - **Task three – supported reflection:**
     - (1.5h face to face or using virtual classroom)
     - Professional discussion about individual clinical decision making
     - Online survey to feedback on individual student experience

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