

Evaluating a Cave VR (Virtual Reality) Dyspnoea Simulation
for Nursing Students: Competence, Engagement, and Transferability

Raymond Chu, Ching-yee Lam, Yvonne Lam & Gary So
Department of Nursing, School of Nursing & Health Sciences,
The Hong Kong Metropolitan University

INTRODUCTION

Dyspnoea is a common nursing problem in clinical settings and can lead to fatal outcomes. Prompt, effective management is therefore crucial. Newly graduated nurses are no exception. To support skill development, our team of experienced nurses and information technology experts developed a typical dyspnoea simulation scenario and delivered it to nursing students through an immersive, team-aware Cave VR practice environment. This study evaluates the impact of the Cave VR dyspnoea simulation on nursing students' competence in: (1) identifying respiratory distress and monitoring SpO₂; (2) initiating oxygen therapy according to patient need; (3) implementing respiratory management—including psychological support, breathing and coughing guidance, suctioning, and inhaler use—while maintaining infection control; and (4) providing aftercare and conducting follow-up monitoring.

METHODS

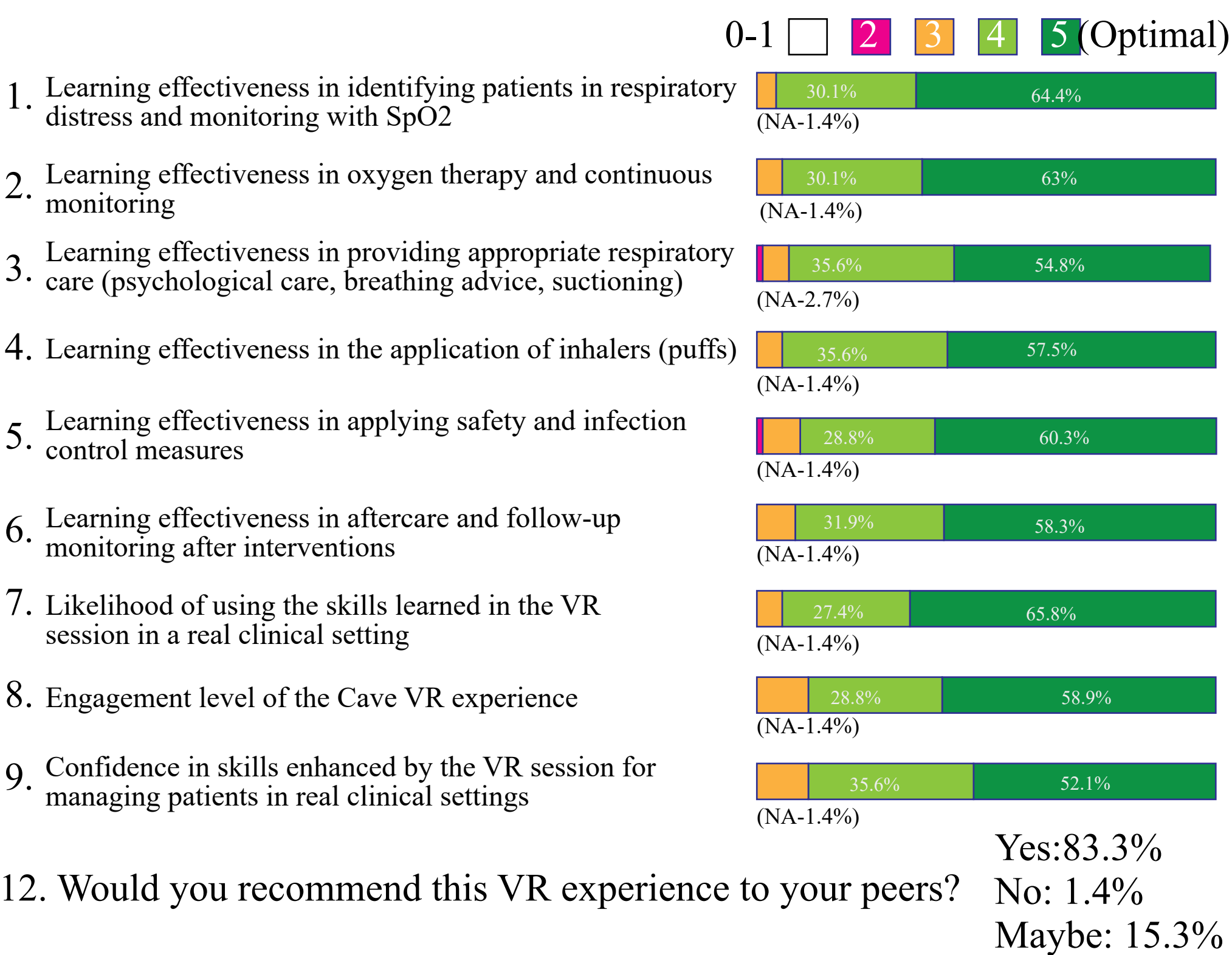
The study employed a prospective, single-group educational evaluation with a mixed-methods approach. A total of 129 second-year nursing students participated in the Cave VR learning activity. They were divided into six groups of approximately 20 students and rotated through the activity. Each session consisted of one VR participant and about 20 observers. The simulation depicted a 71-year-old patient with COPD and a chest infection in a medical ward. The VR participant followed a predefined workflow (Fig. 1), which included 10 embedded decision points designed to elicit and assess targeted clinical reasoning. Student observers recorded procedural performance using a checklist (Fig. 2). Each session lasted approximately 10–12 minutes.

After the session, students completed a survey using a 0–5 Likert scale to rate perceived learning effectiveness across domains, engagement, confidence, and transferability, as well as their likelihood of recommending the activity. Open-ended comments were also collected.

RESULT

A total of 129 students participated in the simulation-based learning activity, and 72 returned evaluations (response rate: 55.8%). Quantitative findings indicated high perceived learning effectiveness, with most students selecting ratings of 4 or 5 (optimal). These two ratings accounted for 87.7%–94.5% of responses across items. Qualitative comments highlighted the scenario's realism, clear stepwise structure, immersive engagement, and the opportunity to practise safely without time-consuming equipment setup. Suggested improvements included measures to reduce motion sickness (reported by two students), louder audio, and a wider variety of cases.

Learning Experience Evaluation



CONCLUSION

The Cave VR dyspnoea simulation produced high self-reported learning effectiveness across key respiratory competencies, with strong engagement, confidence, and perceived clinical transferability. The model aligns well with checklist-driven procedural training and decision-making for COPD-related dyspnoea.

IMPACT

Cave VR represents a scalable, resource-efficient modality for acute respiratory skills training in undergraduate curricula. Iterative refinements based on student feedback—stability, audio, timing, enhanced parameter controls, and expanded scenarios—are likely to further improve educational yield and readiness for real-world management of dyspnoea.



Please scan QR Code for video demonstration

WELCOME for comment & suggestions!



Figure 1: Flow of Cave VR Simulation



VR participant wears a pair of glasses

Choose session



Case presented with signs & symptoms



Vitals checking



Promote ventilation



Infection control



Suction techniques



Decision making



Check medications



Puff technique



Follow up care

