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### Second Life® as a Clinical Conference Environment: Experience of Students and Faculty

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## Featured Articles

# Second Life<sup>®</sup> as a Clinical Conference Environment: Experience of Students and Faculty

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## KEYWORDS

clinical conference;  
nursing education;  
nursing students;  
psychiatric/mental  
health nursing;  
Second Life<sup>®</sup>

**Abstract:** The purpose of this article is to discuss the students' and faculty members' experience of using Second Life<sup>®</sup> during a psychiatric mental health clinical conference. The clinical conference is explained, as well as the process in which students were educated to the use of Second Life<sup>®</sup>. The students' and faculty members' experience, obstacles encountered, and lessons learned are also presented.

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All nurse educators continue to seek innovative teaching strategies for their clinical students. In the fall of 2010, our Psychiatric/Mental Health faculty created an alternative meeting area for a clinical conference. Rather than a traditional in-person meeting, students and faculty met in Second Life<sup>®</sup>. Second Life<sup>®</sup>, a three-dimensional virtual world, provides a unique and flexible medium for faculty interested in a creative approach to learning. Faculty and students can work together in Second Life<sup>®</sup> from anywhere in the world as part of a globally networked virtual classroom environment. Innovative methods of delivering a clinical conference, such as meeting in Second Life<sup>®</sup>, may be a positive learning experience for students and faculty. The purpose of this article is to discuss the students' and faculty members' experience of using Second Life<sup>®</sup> during Psychiatric Mental Health clinical conference. A Psychiatric Mental Health faculty member at the University of Texas at Tyler, along with a faculty colleague with Second Life<sup>®</sup> expertise, conducted a clinical conference in Second

Life<sup>®</sup> to discuss students' overall mental health clinical experience. This was the students' first experience with Second Life<sup>®</sup>. The clinical conference, the process, and the student and faculty experiences are discussed. Additionally, obstacles are discussed, along with the lessons learned.

Second Life<sup>®</sup> is a three-dimensional computer virtual world accessible by Internet. In this environment, you create a screen representation of yourself, called an *avatar*, and use it to maneuver and interact in the virtual world. Second Life<sup>®</sup> is organized into parcels called *islands*, where developers can build structures and landscaping for use by avatars. Many types of activities occur in Second Life<sup>®</sup>, including patient education, patient support groups, professional group meetings, education, and social gatherings. In psychiatric mental health, Second Life<sup>®</sup> has been used for support groups, counseling, and to simulate visual and auditory hallucinations (Sparks, 2008; Yellowlees & Cook, 2006).

Second Life<sup>®</sup> offers the potential to extend nursing education in a number of ways, including a new option for simulation experiences. However, those planning Second Life<sup>®</sup> learning experiences should consider both the driving

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forces and obstacles to implementation. One of the strengths of this medium is the potential for collaborative experiences that are not necessarily limited to students from a single geographic location or type of program. Second Life® experiences may help students develop their professional identities as they participate in virtual reflective practice experiences (Boulos, Hetherington, & Wheeler, 2007). Although

the use of Second Life® for nursing education has excellent potential, those wanting to use it may encounter a few obstacles. Second Life® is designed to operate on a computer equipped for gaming. Some desktops and many laptops will need to have a video card installed in order for the program to function properly. Students and college learning laboratories may be using outdated or inexpensive equipment that would need to be upgraded. A fast Internet connection, that is, digital subscriber line, cable modem, or institutional Internet network connection, is also required in order for interactions to appear realistic. After establishing membership and getting into Second Life®, an initial investment of time is required while the user creates an avatar and learns to manipulate it to move around and interact in the virtual environment. Movement and interactions using gestures, speech, and text messaging are skills that are learned with time and repeated practice. Learning to find and travel to sites of interest can be challenging for those with limited technical competence and patience. Avatar movements are not completely realistic. For example, avatars may not display the facial expressions and gestures that one would see in an in-person interaction.

## The Clinical Conference

An end-of-semester Psychiatric/Mental Health clinical conference was conducted to discuss the various clinical opportunities in a 8-week clinical rotation. Prior to the conference, institutional review board approval was received for a study of the experience. Part of the students' orientation to the experience included an explanation of the study, after which informed consent was obtained from all participants. At the end of the conference, students shared their experience with creating an avatar, navigating in Second Life®, and having a clinical conference in Second Life® compared with a traditional in-person clinical conference.

## The Process

There were several steps in the preparation process: (a) developing educational videos, (b) students' viewing of the videos, (c) students' signing up and developing avatars, (d) conducting the clinical conference, (e) capturing data during the conference, and (f) conducting data

analysis. A series of educational videos was developed by faculty to train students in the use of Second Life®. More specifically, Tegrity, a lecture capture software, was used to develop several educational "how-to" videos: (a) an overview of Second Life®, (b) sign-up and create an avatar, (c) move and communicate, and (d) how to use a SLURL.

After students were oriented and had developed avatars, the clinical conference could be conducted in Second Life®. The clinical conference in Second Life® was a regularly scheduled synchronous conference. During the clinical conference, the primary clinical faculty member served as conference facilitator, and the second faculty member was an observer. Two communication options were provided: natural speech using a microphone and text messaging, both used in Second Life®.

Notes taken by the observer included student movement, interaction, and use of Second Life® features, as well as clinical discussion and Second Life® questions. Although a transcript of CHAT correspondence can be printed, only a few students used CHAT in this clinical conference. In contrast, observer notes captured all responses. While recognizing that there are various ways to analyze data, faculty chose thematic analysis in order to provide the most meaningful data for analyzing the students' Second Life® experience. The observer notes were reviewed for commonalities, and codes and themes were identified. The observer notes were then reviewed for themes and communication patterns.

## Students' Experience

In all, 9 mental health clinical students, 1 faculty member, and 2 facilitator—observers participated in the end-of-semester psychiatric mental health clinical conference (Figure 1). Using the link provided, students all arrived at the Second Life® conference site without difficulty. The conference was a review of the semester's clinical experiences, what was learned, and how skills could be carried into other clinical settings. Students identified valuable experiences and discussed why each had been helpful.

The session concluded with a discussion of the use of Second Life®. When asked whether the educational videos were helpful, there was general consensus that the videos were helpful. Students mentioned that dividing the content into a series of video segments was helpful because the students had to deal with only a limited amount of new content in each segment, rather than being overwhelmed with everything at once. All the students stated that the content in the videos was easy to follow and the level of detail was supportive. The use of the avatar to demonstrate skills was helpful. There were no negative comments about the tutorials.

The students did not feel that Second Life® was too time-consuming to learn. The most time-consuming element from the students' perspective was creating an avatar.



**Figure 1** Psychiatric/mental health clinical conference in Second Life®.

When asked whether their avatar reflected their personality, the students surprisingly stated that it did not. They did, however, feel limited in their choice of avatar and were not able to locate one that looked like them. Students admitted having difficulties with choosing outfits and maintaining the changes they made to their original avatar.

The students thoroughly enjoyed the Second Life® clinical conference. There was agreement that they liked the psychiatric/mental health conference and would like more conferences in this format in the future. Although there were limitations, Second Life® was something different, and it was fun. Students especially appreciated the ability to participate in the clinical conference from home, where they were “nice and comfortable” (some even mentioned wearing pajamas). Compared with an in-person clinical conference, three students said the Second Life® conference was easier. One said it was more “laid back,” and some said that they could interact and ask the same questions, just in a more convenient way. One of the female students shared that individuals are braver when on a computer and that the online environment brings people out of their “shells,” and they say things they might not usually say. Additionally, she shared that she had difficulty opening up and engaging in an in-person conversation but felt much more comfortable in conversing in Second Life®. When asked specifically about limitations, some students mentioned technical issues, such as how to move and the persistent echo caused by someone’s open microphone. One student said she learned better in a classroom, seeming to prefer in-person interaction for learning. They mentioned that Second Life®, compared with their other online learning experiences, is more immersive than their course management system and videos and offers more opportunity for interaction than does watching videos.

When asked whether they would advocate the use of Second Life® in nursing school, there was general agreement that they would like to use Second Life® more as a supplement to other types of instruction. Although they

would not like to use Second Life® exclusively, a mix of in-person and Second Life® clinical conferences was a welcome idea. It was felt to be fun, novel, and conducive to learning, once the limitations are addressed.

When asked what types of learning experiences they would like to see in Second Life®, the students agreed that they would not be comfortable with simulations in Second Life® because those were too “hands on.” They preferred activities requiring only limited avatar manipulation skills, such as clinical conferences. Students said lectures might be “fun.” Compared with the current video lectures, Second Life® might offer the possibility of asking questions and getting live feedback. When asked about Second Life® demonstrations, the students were unsure and seemed unable to visualize what this would be. Some were willing to visit a Second Life® demonstration site after the clinical conference.

## Faculty’s Experience

Faculty facilitators had been working with Second Life® for 2 years, attending several educational trainings sessions. Faculty members embrace new technologies and welcome the challenge of using Second Life® in psychiatric/mental health. Faculty members must remember their password and check equipment prior to the connection. If a faculty member decides to use another computer, additional time needs to be allotted for setup (accessing Internet service, speaker volume, microphone, etc.). Second Life® skills required include the ability to locate other avatars in the proximity of the clinical conference gathering. Although all students were able to successfully teleport to the conference site using a SLURL link provided prior to the conference, several students needed help finding the group after landing on the island. This was easily resolved by monitoring the island map, meeting isolated avatars, and leading them to the group. After the clinical conference, the faculty facilitator needed to be able to issue teleport invitations for those who needed help teleporting, in an effort to assist students’ travel to the remote site.

## Obstacles

There is a learning curve with Second Life®, and as with any new technology, there is an adjustment period. Technical issues were identified as one of the most common obstacles encountered with Second Life®. In fact, the technical problems dominated the remainder of the clinical conference. One of the students stated that he had to try three computers before finding one that would run Second Life®. Another said a slow computer limited use and comfort with the program. Several of the students stated that they were annoyed by the presence of “creepy people” in the environment where they were trying to get dressed and learn to use the avatar. Because faculty had informed



the students of such encounters and reassured them that this was unlikely to happen at the clinical conference site, students mentioned this was a minor annoyance. Second Life® was a novel experience for many of these students. There was overwhelming reluctance to invest much time and effort for a one-time-only experiment. But if regular Second Life® experiences were part of the program, the students would be willing to make more of an effort.

Although some students landed at a distance from the Second Life® clinical conference and needed assistance to join the group, most were moving around and interacting with each other before the conference began. Not all had speakers; those who didn't were using the CHAT function to type responses. This was awkward at first, and all began typing. The faculty leader asked whether some could speak, and then there was predominately speech, with some typing. The students seemed to adjust quickly, and everyone seemed comfortable after the first 10 minutes of interaction. The faculty leader called on those who were not contributing and recognized the typed responses. Everyone participated. For most of the conference, there was an echo due to a few open mikes, and this was distracting. The observer noted which avatars had an open mike indicator and sent a text reminding participants to close their mikes when they were not speaking. By the end of the conference, the echo was gone.

## Lessons Learned

A major challenge in using Second Life® is directly related to the computer requirements, the technical ability of the student, and the resistance to change. Faculty and the facilitators present in the clinical conference were able to troubleshoot and address any issues that occurred during the clinical conference. Additionally, the Second Life® tutorials on the important elements of using Second Life® were very helpful to the students. The approach of breaking down educational instructions into chunks helped with ease of learning.

In addition to a good orientation to Second Life®, it is important to begin the use of Second Life® with experiences that require minimal Second Life® skills. Experiences that would require quick responses or significant manipulation of objects in the virtual world should be introduced after students have had several simpler experiences that would give them opportunities to increase their skill and comfort in the virtual world. It is probably not worthwhile to expect students to learn this set of skills for an isolated learning experience. Faculty who would like to use Second Life® should provide several opportunities in this environment in order to make the students' preparatory work worthwhile. Other experiences may be developed in an effort to reinforce concepts learned in the classroom and clinical setting.

## Conclusion

Second Life® may be an effective learning tool in nursing education. Using Second Life® as a supplement to traditional clinical conference or other classroom environments may also provide new opportunities for enriching an existing curriculum. We propose faculty should use a combination of an in-person clinical conference and a conference in Second Life®. Additionally, a variety of experiences in Second Life® should be developed and used. Salmon (2009) and Bignell (2008) recommend that rather than continuing to focus on replicating the types of learning experiences that are already familiar to us, educators need to focus on identifying and developing creative learning experiences that use the unique potential of the virtual world. For nurses, this might include immersion in other cultures, practice in managing catastrophic or dangerous situations, and opportunities to explore pathologies in internal body function.

Our students noted that, given the effort required to set up and learn to use Second Life®, they would be most positive about its use if it were not an isolated experience. This is consistent with the observation made by Warburton (2009) that a lack of continuing experience in the virtual world deters its use. We are currently actively working to identify creative virtual-world experiences that could promote learning in other areas of the curriculum and to assist faculty colleagues who want to use these experiences.

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