

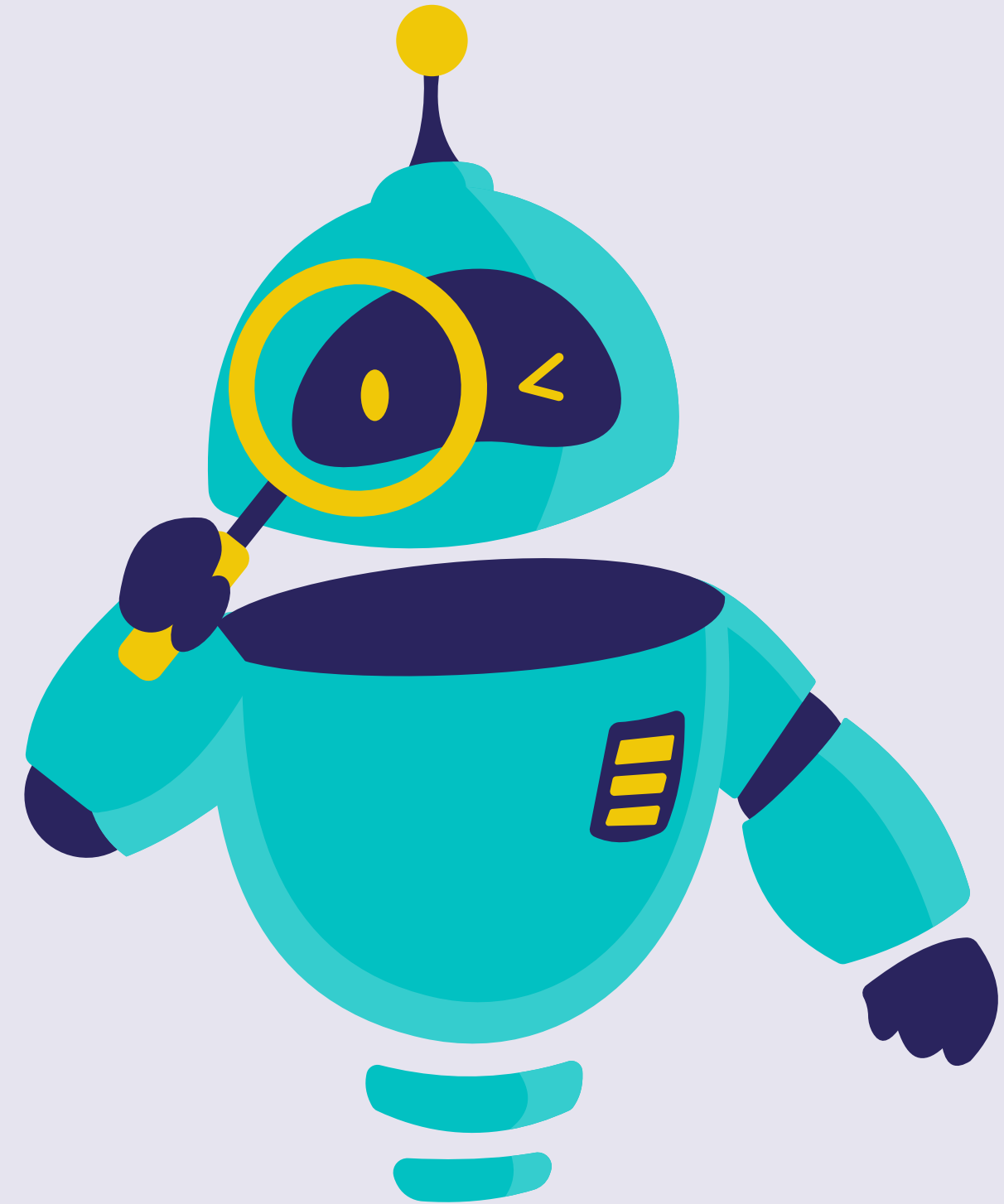
# It's a Brave New (Digital) World

Professor Paul Best (QUB)

Dr Gerry Marshall (QUB)

Mrs Carole Kirk (NHSCT)

Mr Jonathan Dillon (NHSCT)



**Can new digital technologies help us to better train our social work workforce?**



# EDUCATION AND TRAINING USING IMMERSIVE TECHNOLOGY



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# WHAT DO WE MEAN BY IMMERSIVE TECHNOLOGY?



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# DEFINITIONS

**Virtual Reality (VR)** – Creates a digital environment replacing the user's physical surroundings. Simply put by Pan and Hamilton (2018) as 'a computer-generated world'

**360 video** - A video recording where every direction is recorded at the same time. Shot using an omnidirectional camera or a collection of cameras, 360 videos capture a spherical view of the surroundings.

Supporting technologies for these immersive experiences include AR, MR, and VR headsets, 3D displays and audio, gesture and spatial sensing, speech recognition, haptics, drones, and omnidirectional treadmills

Blair, C., Walsh, C., & Best, P. (2021). Immersive 360° videos in health and social care education: a scoping review. BMC Medical Education, 21, Article 590. <https://doi.org/10.1186/s12909-021-03013-y>



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# HOW CAN IT HELP?



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# 3 REASONS



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# REASON 1

# IMPROVE STUDENT'S ATTENTION AND ENGAGEMENT



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# REASON 2

# ENHANCE

# ECOLOGICAL

# VALIDITY



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# REASON 3

PROVIDE A SAFE  
PLACE TO  
EXPERIENCE  
FAILURE



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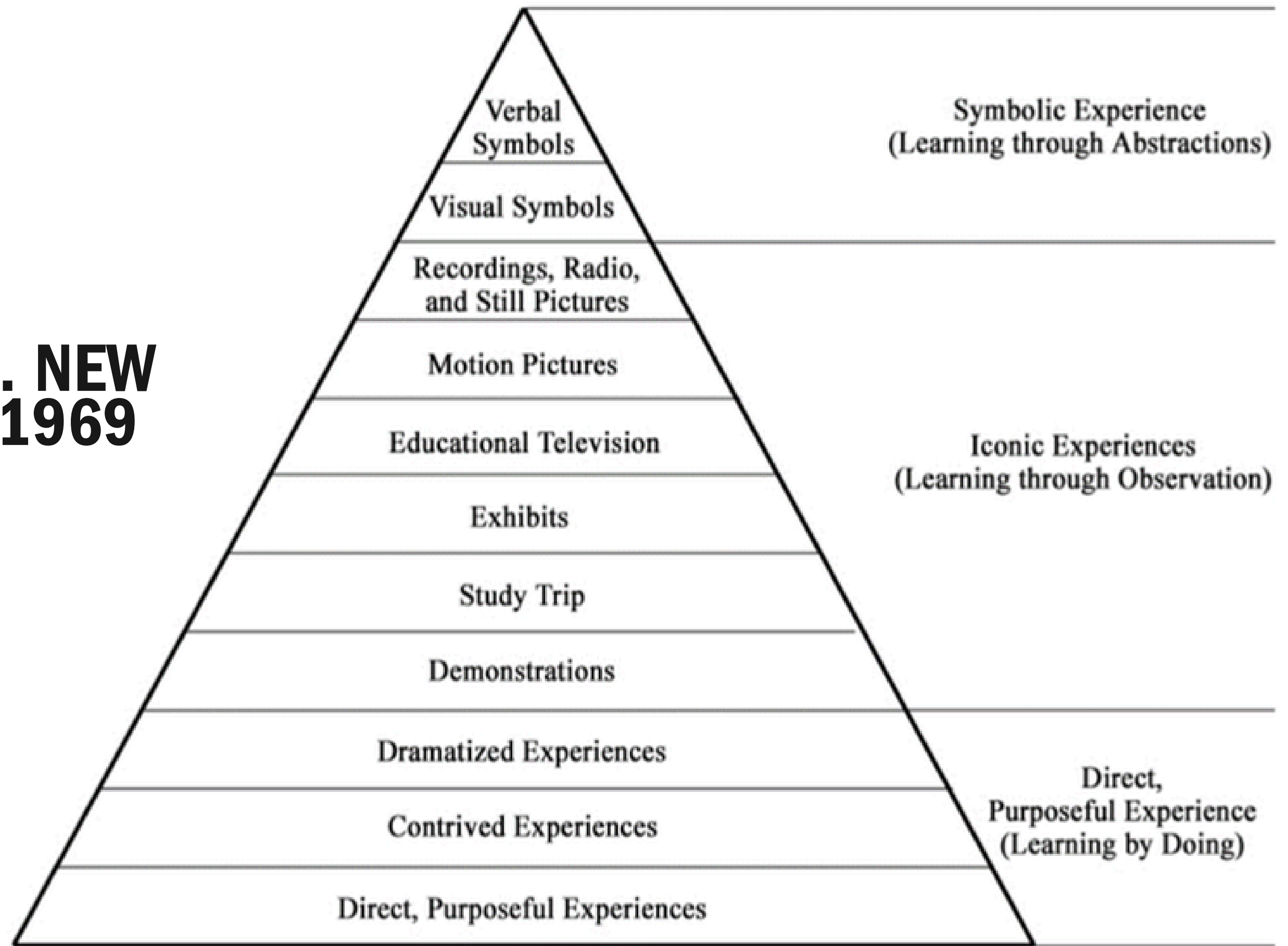
# **THEORETICALLY INFORMED**



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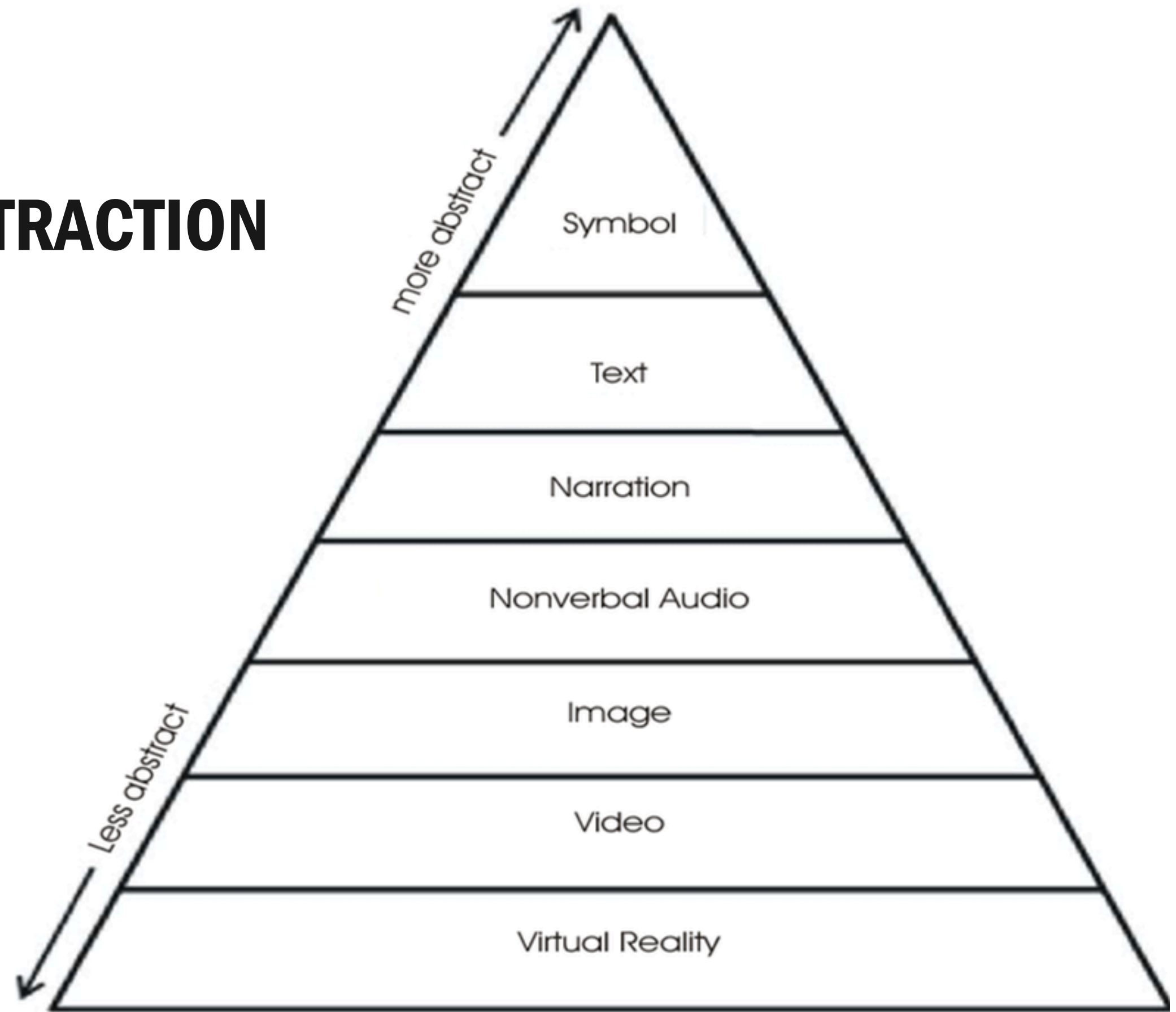
**QUB TIME CENTRE**

**DALE E. AUDIOVISUAL  
METHODS IN TEACHING. NEW  
YORK: DRYDEN PRESS; 1969**



# MULTIMEDIA CONE OF ABSTRACTION (BAUKAL ET AL. 2013)

BAUKAL CE, AUSBURN FB, AUSBURN LJ  
(2013). A PROPOSED MULTIMEDIA CONE  
OF ABSTRACTION: UPDATING A CLASSIC  
INSTRUCTIONAL DESIGN THEORY.  
JOURNAL EDUCATION TECHNOLOGY  
9(4):15-24.

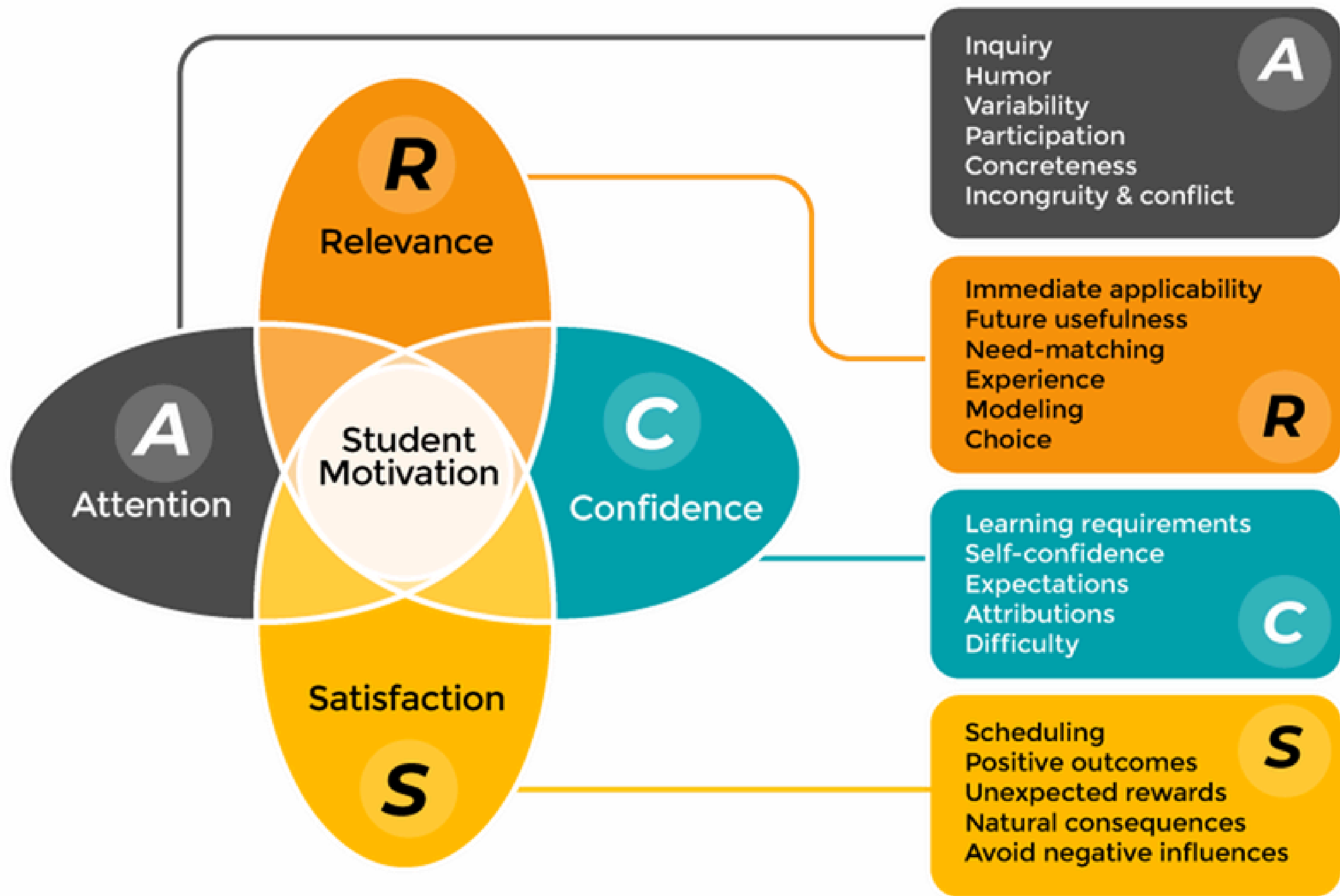


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# ARCS-V (JOHN KELLER)

KELLER JM. MOTIVATION,  
LEARNING, AND  
TECHNOLOGY: APPLYING  
THE ARCS-V MOTIVATION  
MODEL. PARTICIPATORY  
EDUC RES.  
2016;3(2):1-5.



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# WAVE 1

## GETTING STARTED



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# MODELLING KEY SKILLS AND ROLE EXPERTANCY



SETTING AGENDA



EFFECTIVE USE OF SILENCE



CLARIFYING QUESTIONS

# MODELLING KEY SKILLS

For level 3's we filmed an entire assessment start to finish with current senior social work practitioners and trained actors.

This enables us to explore skills that have more nuance and take time to develop.



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# SAFETY PLANNING FOLLOWING DISCLOSURE



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# WAVE 2

## ADDING INTERACTION



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# PAUSE AND PONDER (STOCKDALE ET AL. 2023)



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EXPLORING THE EDUCATIONAL VALUE OF AN IMMERSIVE VIRTUAL REALITY (KERR ET AL. 2023)



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# BODYSWAPS

Over 100 staff and students from across the university took part in VR soft skills demonstration activities, and provided their critical thoughts and feelings about what they liked and disliked.



A person wearing a VR headset, looking upwards with a hand near the device. The background is dark with some faint patterns.

# ADDING INTERACTION AND COMPLEXITY



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# BRANCH-VR SIMULATION

Each playthrough had four potential outcomes

Outcomes were based on decisions users made

All decisions had to be spoken and were recorded for review after completion

Depending on decisions made, parents became more aggressive and confrontational

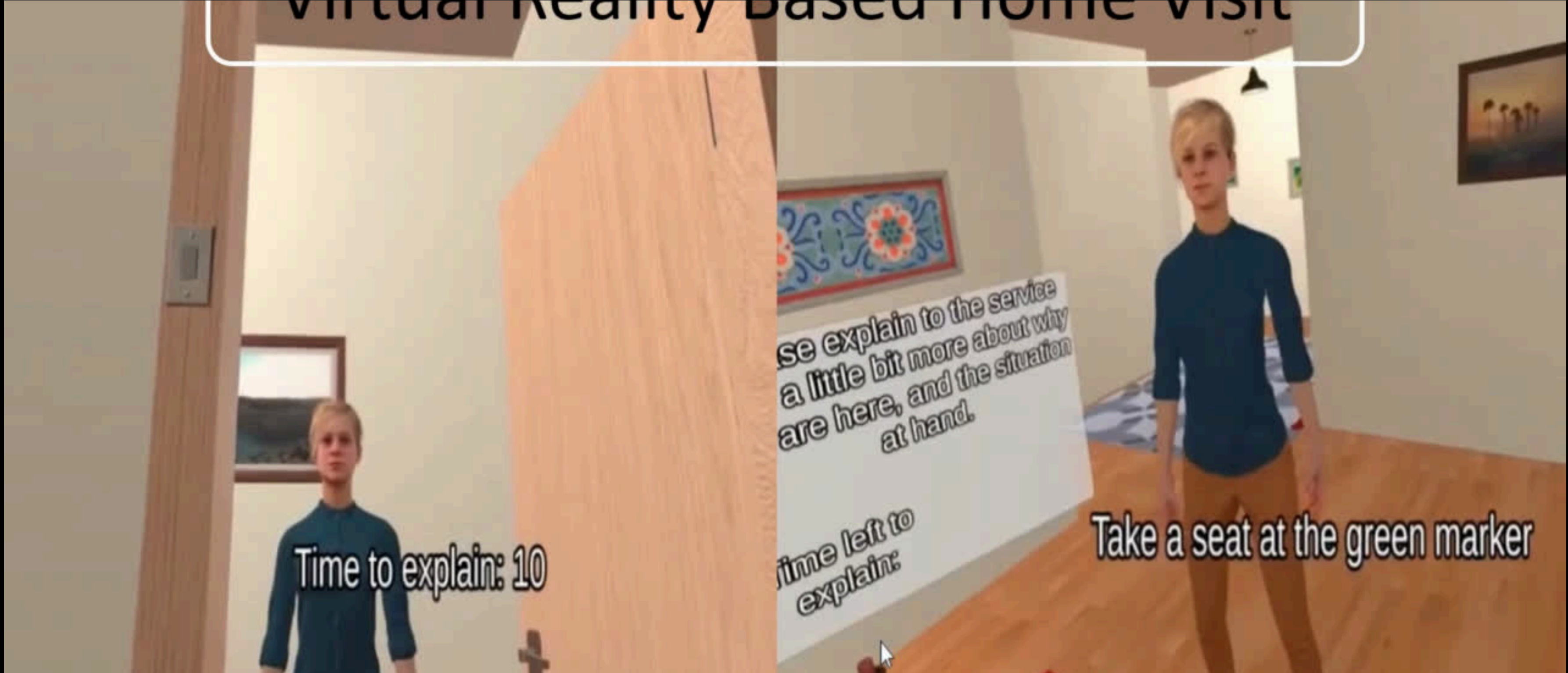
BRANCH-VR SIMULATION



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# Virtual Reality Based Home Visit



Time to explain: 10

Please explain to the service a little bit more about why you are here, and the situation at hand.

Time left to explain:

Take a seat at the green marker

## VIRTUAL REALITY BASED HOME VISIT



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# FULL-VR EXPERIENCE

81 students have taken part so far

47 given written case study and 34 VR simulation

Role expectancy appears to have increased more in VR group\*

Preparedness to conduct a home visit are higher in VR group\*

FULL VR SIMULATED EXPERIENCE



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# WAVE 3

## ARTIFICIAL INTELLIGENCE



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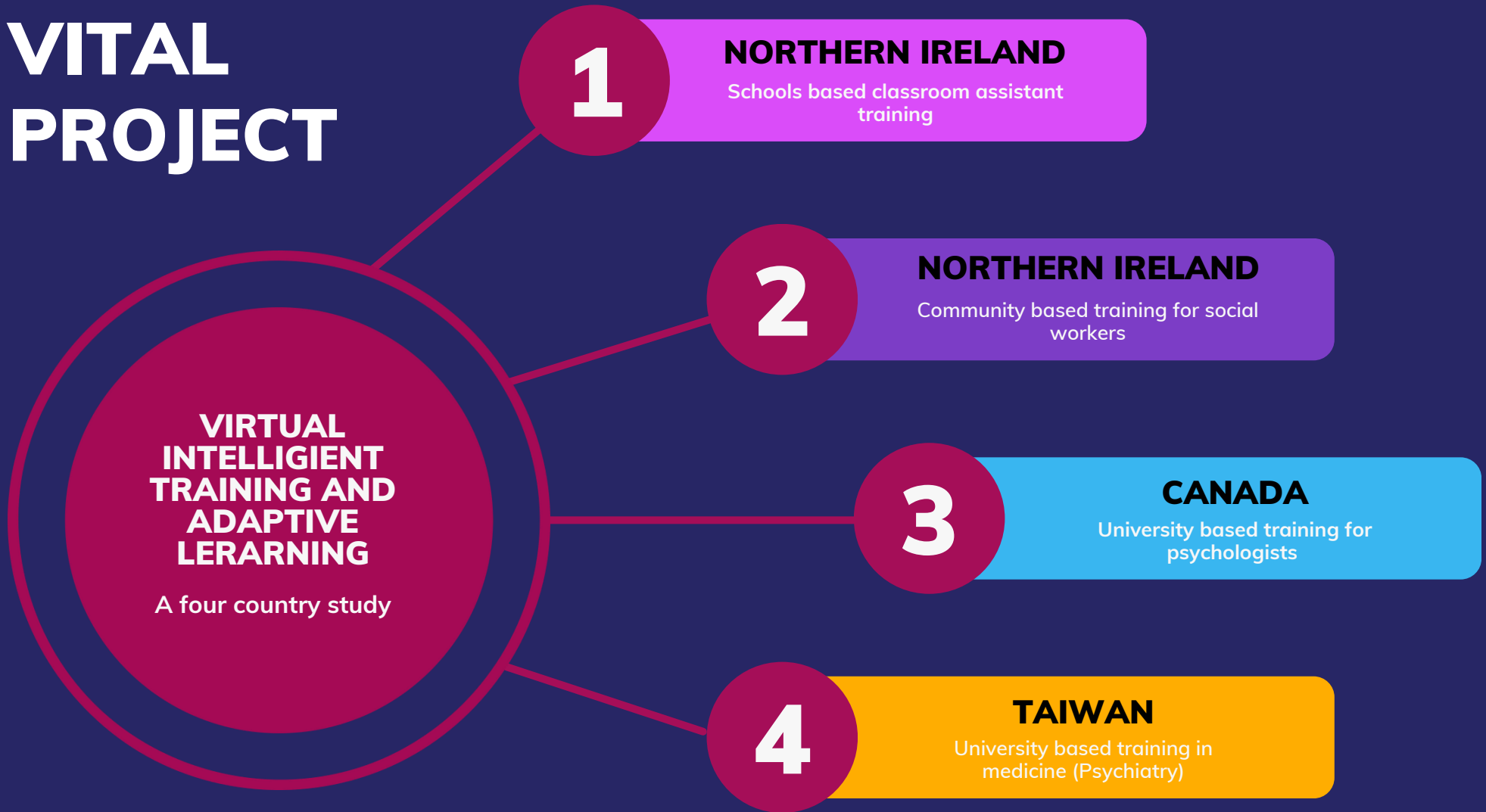


# Virtually Intelligent Training & Adaptive Learning (VITAL)

Using VR technology  
and  
Conversational AI

Enables educators  
to create their own  
scenarios

# VITAL PROJECT



1. Each study ran as a standalone project with nominated leads
2. Goal was minimum sample of 30 per test site
3. Shared learning and refinements across all sites

Joy Gupta  
joygupta.3@gmail.com

- Control Panel
- Scenarios
- Classrooms
- Documents
- Reports
- Tutorials and Guides

- My Account
- Profile
  - Announcements
- Admin
- Users
  - Subscription
- Super Admin
- Customers
  - Logout

## Create New Scenario

The next step is to provide some more details for your Scenario.

**Scenario Name** Edit

Scenario A - John - Applying to a Lay Magistrate for a Warrant under Article 129(1)

**Additional Context**

Please provide a brief summary of the scenario's context, which will be displayed to the user at the start of the scenario.

You are a Lay Magistrate currently at your own home when a professional (probably a police officer or Approved Social Worker) arrives at your front door unexpectedly. You do not yet know exactly who the person of concern is, nor any details of the case. You must assess whether the situation meets the legal threshold for issuing the warrant based solely on the professional's explanation and written Complaint.

**Required**

Next Step

**Avatars**

No items added

**Environment**

No items added

**Objectives**

# Virtually Intelligent Training & Adaptive Learning (VITAL)

Visiting a lay magistrate to get permission to detain a service user under Mental Health (NI) Order 1986



# Virtually Intelligent Training & Adaptive Learning (VITAL)

Practising CBT  
assessment skills  
on service with  
suspected social  
anxiety disorder





# **SITE 1** **CANADA**

**QUB TIME CENTRE**  
**PILOT PROJECT**



# USE OF AI AND EXTENDED REALITY IN TRAINING AND SKILL ACQUISITION AMONG MENTAL HEALTH PROFESSIONALS

Scott T. Ronis, Hannah E. Hatchard, & Paul Best



# PILOT PROJECT



- **2 x 10-minute semi-immersive scenarios, involving Unity game design platform and generative AI**
  - 8-year-old girl with anxiety
  - 15-year-old boy with behaviour problems and his parents
- **5 Clinical Psychology PhD trainees in skills course (*Therapy Skills With Children and Adolescence*)**
  - *M* = 24 years old (Range 24-25)
  - 4 women, 1 non-binary

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# Virtually Intelligent Training & Adaptive Learning (VITAL)

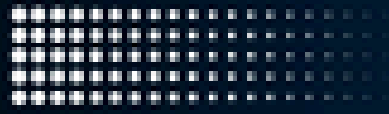
Interaction with a child



# Virtually Intelligent Training & Adaptive Learning (VITAL)

Multiple Avatars  
used in same  
scene





**Comfort/Knowledge**

**Empathy**

**Confidence**

**Motivation & Preparedness**



Overall:

- How valuable (1-7):  $M = 6.75, SD = 0.43$
- How easy to follow (1-7):  $M = 5.75, SD = 0.43$

	Baseline <i>M (SD)</i>	Post <i>M (SD)</i>
Comfort/Knowledge (1-4)	2.85 (.28)	3.06 (.19)
Confidence (1-4)	3.3 (.17)	3.23 (.18)
Empathy (1-5)	3.47 (.22)	3.74 (.11)
Motivation & Preparedness (1-7)	5.7 (.22)	4.71 (.94)



# RESULTS

**SITE 2**  
**NORTHERN**  
**IRELAND**  
**(SCHOOL BASED)**



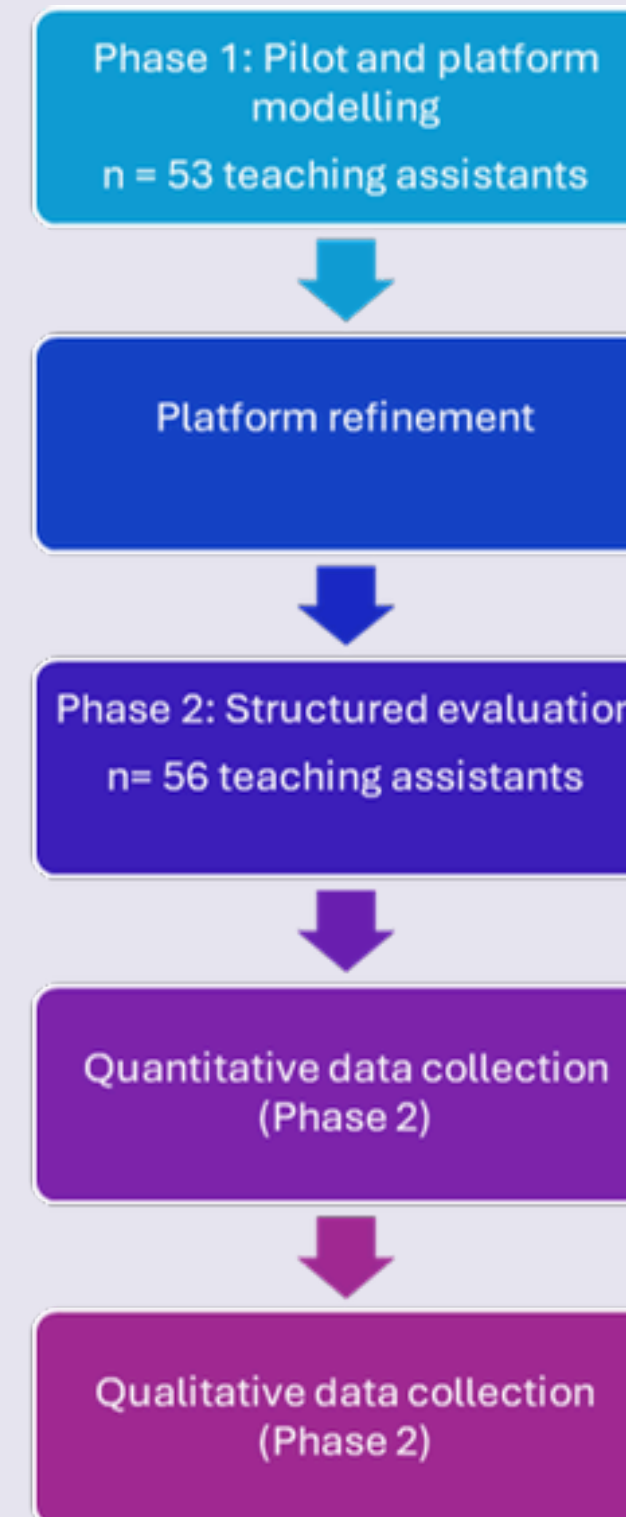
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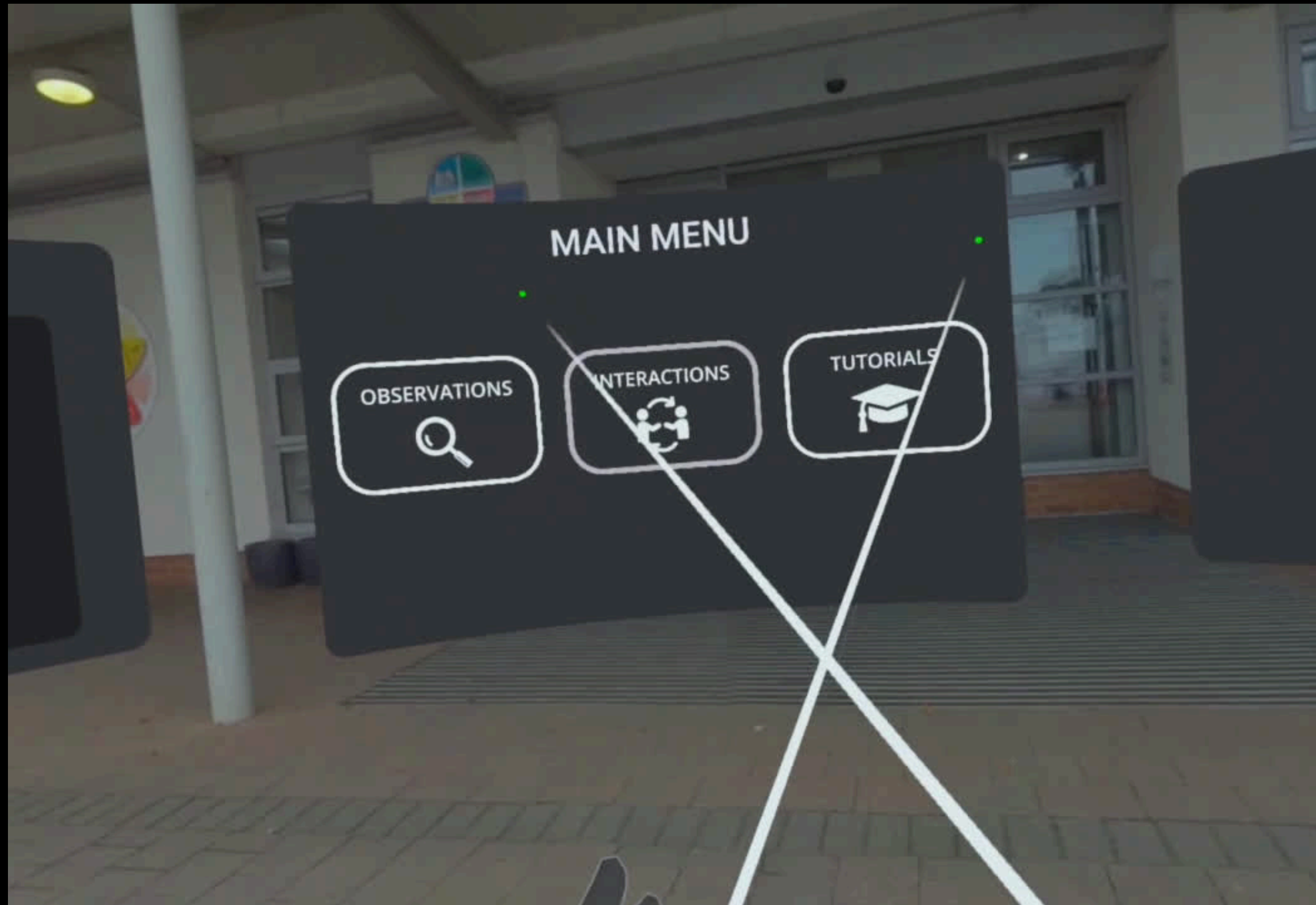
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# Virtually Intelligent Training & Adaptive Learning (VITAL)

Simulation was developed using VITAL around supporting pupils who were in emotional distress

We used a two-phased pre-post design with 109 classroom assistants across three schools in NI





## Use AI for more realisation interactions...

- Simulation designed to train Classroom Assistants (Funded by VocTech)
- Simulation included both 360 video and virtual reality environments
- Gamification components included
- AI assisted virtual avatar

## Feedback

“The immersive nature makes it an excellent teaching platform”

“It helped me see a SEN classroom as I haven't yet experienced this”

# Site 2 Results

## Self-Efficacy

- Pre: M = 31.94 (SD = 5.37), Median = 31.5, IQR = 8, Range = 12–40
- Post: M = 33.37 (SD = 4.30), Median = 33.0, IQR = 7, Range = 21–40

Result: Significant improvement following simulation

- Wilcoxon:  $Z = -2.01$ ,  $p = .044$ ,  $r = .27$
- Small–moderate increase in confidence

## Preparedness to Engage

- Pre: M = 20.54 (SD = 3.42), Median = 20, IQR = 5, Range = 13–28
- Post: Median = 24, IQR = 4, Range = 16–28

Result: Strong improvement following VITAL engagement

- Wilcoxon:  $Z = 5.04$ ,  $p < .001$ ,  $r = .67$
- Large increase in perceived preparedness



# Site 2 Findings

## Participant reflections

- *“This would give them [new staff] an idea of what they are going into.” (P18)*
- *“Like doing a proper role play with a real person.” (P24)*
- *“A safe space to make mistakes.” (P21)*
- *“I was surprised at how much I liked it... I am a bit of a technophobe.” (P3)*



# **SITE 3** **TAIWAN**



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## SITE 3: Taiwan (TMU)

30 students at Taipei Medical University (TMU) student experienced a hospital ward encounter with a 17-year-old oncology patient presenting with suicidal ideation.

Focus was risk assessment and therapeutic relationship development.



# SITE 3: Taiwan (TMU)



## Pre-simulation

- Self-efficacy scale (confidence in managing clinical challenges and uncertainty)
- Clinical preparation scale (perceived readiness for patient interaction)

## Post-simulation

- Clinical preparation scale (repeat measure)
- VR experience questionnaire (perceived usefulness, usability, engagement)
- Presence questionnaire (sense of immersion and realism in the VR environment)
- Cognitive load scale (mental demand, clarity, task complexity)
- Resilience inventory (coping and stress management in clinical encounters)

# Interview results: Student Voices

Qualitative Feedback — VR Ward Experience (N=30)

## Key Themes

- ✦ Spatial presence exceeded expectations across disciplines
- ✦ Emotional authenticity of AI patient enabled genuine empathy
- ✦ Unexpected clinical stress → reflecting authentic learning engagement

"The realism of the VR ward and the authenticity of interacting with the character both exceeded my expectations. It felt so real — as if a real person was sitting right in front of me."

Presence

— 1st-year Dentistry

"I honestly didn't expect the VR ward to feel this real, or that the conversation with the patient would flow so naturally."

Presence

— 2nd-year Nursing

"His body language and every emotion on his face were very consistent with what he was saying. The IV drip, the health posters, the curtain — it was just me and that 17-year-old boy, Ah-Xin. It gave me a real sense of presence."

Immersion

— 5th-year Medicine

"I didn't expect to actually feel like I was inside that environment. It was a remarkable experience."

Immersion

— 3rd-year Healthcare Management

"I had assumed I wouldn't feel much pressure talking to a virtual patient — but I felt quite stressed, afraid of saying something that might hurt his feelings."

Emotional Realism

— 2nd-year Pharmacy

Presence

Immersion

Empathy

Emotional Realism

"I did feel a degree of empathy. His natural verbal expression, the silence and reluctance to respond — it genuinely conveyed depression, loss, and low mood."

Empathy

— 4th-year Nursing

"I never expected that the VR patient could actually make me feel his emotions."

Empathy

— 1st-year Post-Baccalaureate Nursing

# **SITE 4** **NORTHERN** **IRELAND (NHSCT)**



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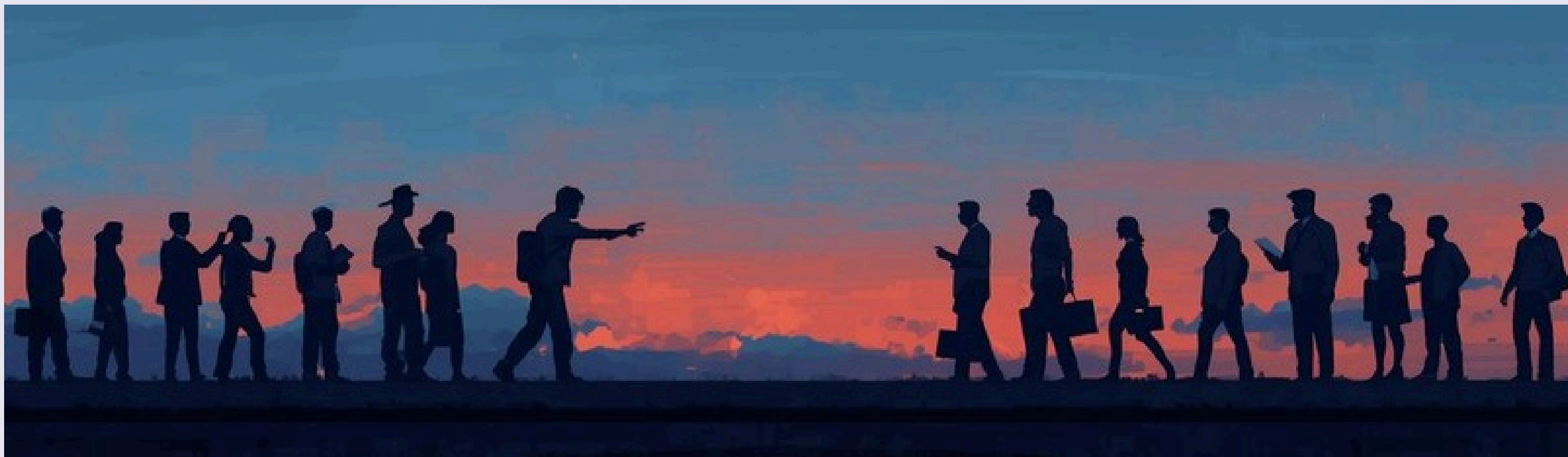
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# Virtually Intelligent Training & Adaptive Learning (VITAL)

Johnny Dillon

Head of Service 16+ Team

Northern Health and Social Care Trust



# Virtually Intelligent Training & Adaptive Learning (VITAL)

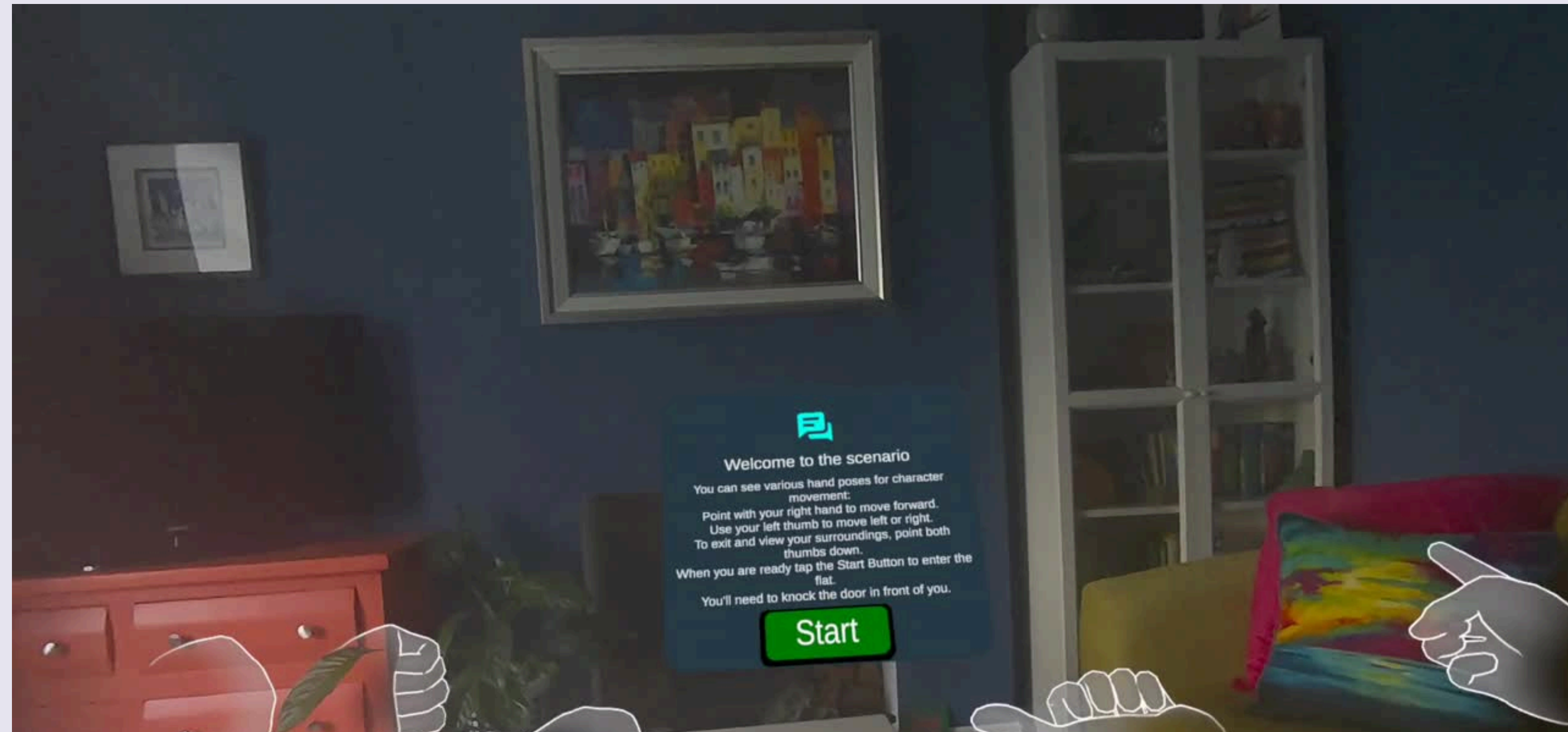
Carole Kirk

Head of Service, Social Work Governance,  
Workforce Development & Training  
Nothern Health and Social Care Trust



# Virtually Intelligent Training & Adaptive Learning (VITAL)

Virtual Reality  
experience using  
VITAL of Social  
Work visit





## Qualitative Findings

### Participant Prior Professional Experience

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Private Space V Public Space-  
Where does the immersive  
experience occur?

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Participant's prior experience  
in social work/care a factor-  
don't assume competency

# Head

Effective learning tool

Skills development/practice-  
rehearse difficult/complex  
situations

Real time thinking & decision  
making

Professional Curiosity- from  
concept to reality

Stop/Think/Act- what should I  
be doing in this house?



# Head

Being present versus being focused:

“And like after some visits, you’re thinking like you’re maybe just going through the motions...and like afterwards thinking how do I make this visit meaningful?”

Seeing but not observing:

“There were a couple of things there that other people said that I was like...I didn’t even notice that in the flat”





## Heart

- Triggers real world feelings (anxiety/uncertainty)
- “The feelings are very real...like even though it was AI, you were nervous for it to open the door, its all very real and good practice”
- Disturbing the social politeness- ‘becoming comfortable with the uncomfortable’
- “I was a bit scared she [mum] was going to throw me out...and I was just like don’t blow it, don’t blow it...I kind of reeled myself back in a bit and took a different tack”

# Heart

Range of emotional responses to mum

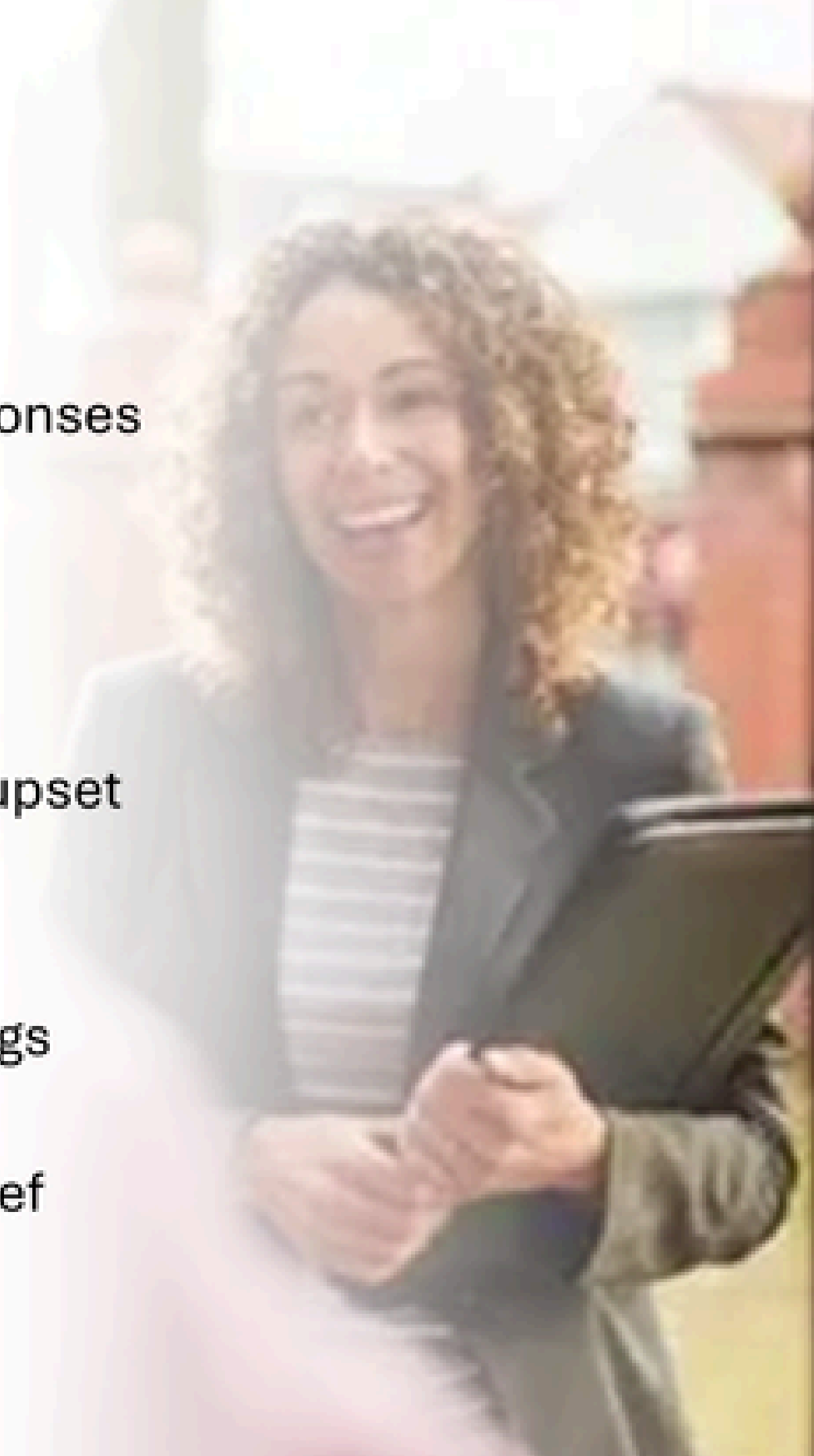
Development of trust & empathy (inclination to support)

Anger Avoidance (Don't upset mum)

Concern for children

An ebb and flow of feelings throughout the visit

Need for reflection/debrief following visit






# Some Initial Conclusions

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- Participants reported increased understanding of role and opportunity to practice challenging scenarios
- Increase confidence re: skills of engagement
- Develops ability to experience heightened emotions but stay focused and complete the professional task
- Better grasp of professional curiosity as applied in practice
- Need to explore emotional exchange and decision making
- Need more hours of immersive experience (especially in University and PLO)
- Develop additional scenarios (case conference/court/challenging behaviour/mental health)

# Potential Next Steps



**NEXT STEPS**

- Technical development in line with practice and educational requirements
- Large (r) scale study in NI & University settings
- Development of a range of immersive scenarios (cost implications)
- A library of immersive experiences made accessible for SW student & staff development
- User friendly tech (Laptop, personal mobile phone)

# TECHNICAL ASPECTS OF VITAL

## TECHNICAL WORKFLOW

1. **REAL-TIME STREAM PROCESSING:** WE USE VOICE ACTIVITY DETECTION (VAD) TO MONITOR INBOUND AUDIO STREAMS. THIS ALLOWS THE SYSTEM TO INTELLIGENTLY IDENTIFY THE END OF A USER'S UTTERANCE AND INITIATE THE PROCESSING SEQUENCE WITH MINIMAL LATENCY.
2. **LLM:** THE CORE LOGIC IS POWERED BY AZURE OPENAI. THIS SERVES AS THE COGNITIVE LAYER, GENERATING CONTEXTUALLY ACCURATE TEXT RESPONSES BASED ON THE USER'S INPUT.
3. **DIALECT LOCALISATION:** TO MOVE BEYOND GENERIC TEXT-TO-SPEECH, THE TEXT IS ROUTED TO A SPECIALISED THIRD-PARTY. THIS ENGINE APPLIES SPECIFIC PHONETIC MARKERS AND REGIONAL DIALECTS TO ENSURE THE VOCAL OUTPUT IS AUTHENTIC.
4. **SYNCHRONISED VISUAL RENDERING:** THE FINALISED AUDIO IS STREAMED USING VISEME-BASED LIP-SYNCING. THIS ENSURES THAT THE AVATAR'S MOUTH MOVEMENT IS SYNCHRONISED WITH THE LOCALISED AUDIO OUTPUT IN REAL-TIME.

## SECURITY AND DATA INTEGRITY

1. **DATA PRIVACY:** WITHIN THE AZURE ENVIRONMENT, OUR DATA IS STRICTLY ISOLATED. DATA IS NEVER USED TO TRAIN OR IMPROVE THE GLOBAL OPENAI MODELS.
2. **COMPLIANCE & DATA RESIDENCY:** AZURE ALLOWS US TO MAINTAIN STRICT CONTROL OVER WHERE OUR DATA IS PROCESSED AND STORED.
3. **NETWORK SECURITY:** BY LEVERAGING AZURE'S VIRTUAL NETWORKING AND IDENTITY ACCESS MANAGEMENT (IAM), WE ENSURE THE AI PIPELINE EXISTS WITHIN A SECURE, ENCRYPTED PERIMETER, ACCESSIBLE ONLY BY AUTHORISED SERVICES AND PERSONNEL.



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**THANK  
YOU**

**ANY QUESTIONS?**



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