

## LETTER

## Response to Letter to the Editor: medical students' experiences and perspectives on simulation-based education

Nicholas Ensor<sup>1</sup>, Mithila Sivasubramaniam<sup>2</sup>, Ashleigh Laird<sup>1</sup>,  
Bridget Roddis<sup>1</sup>, Kirby R. Qin<sup>1</sup>, Maurizio Pacilli<sup>1,2,3</sup>,  
Debra Nestel<sup>4</sup>, Ramesh Nataraja<sup>1,2,3</sup>

<sup>1</sup>Department of Paediatrics, School of Clinical Sciences, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

<sup>2</sup>Department of Paediatric Surgery, Monash Children's Hospital, Melbourne, Australia

<sup>3</sup>Department of Surgery, School of Clinical Sciences, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

<sup>4</sup>School of Clinical Sciences, Faculty of Medicine, Nursing and Health Sciences Monash University, Melbourne, Australia

**Corresponding author:** Ramesh Nataraja, [ram.nataraja@monashhealth.org](mailto:ram.nataraja@monashhealth.org)

<https://johs.org.uk/article/doi/10.54531/OZIN7589>

Dear Reader,

We thank you for your feedback and insightful appraisal of our research study.

In your letter, you sought clarification in regard to the statement that 'There was perceived limited utility of augmented/virtual reality trainers (25.5%, 60/235) and online simulation (20.9%, 49/235) in comparison to more tactile forms of SBE'. We acknowledge that participant preference for simulation-based education (SBE) methodologies is limited by students' exposure to various forms of SBE, as you rightly observe in your comment regarding Table 2. This is a source of bias in our results that is inherent to the scoping survey methodology that was used. We agree that it would be interesting to assess whether further exposure of students to digital forms of simulation increases their preference in comparison to more tactile forms of SBE as previously stated.

With regards to Table 2, again we acknowledge that participant preference is potentially biased by students' exposure to the different modalities of SBE. We agree that your interpretation of the results in Table 2 by calculating preference according to the number of respondents who reported exposure to that form of SBE is an alternative way of interpreting the data. We also acknowledge that our survey methodology does not control for the type/amount of exposure to various forms of SBE, something that could be more accurately controlled for in dedicated prospective research.

We thank you for your comments and would be happy to provide further information if needed.

Submission Date: 15 December 2024

Accepted Date: 18 December 2024

Published Date: 11 April 2025