Multimedia Appendix 2: Characteristics of included studies.

Authors,	Number of	Type of	VR <sup>ª</sup> type	Setting, funding	Type of participants	Learning objectives
design,	participants	comparison			(pre- or postregistration)	
country						
Bindoff	33	VR versus	VP/VHP <sup>c</sup>	University,	Third- and fourth-year	To improve pharmacy
2014 [24],		traditional	within VR	nonindustrial	pharmacy students	students' knowledge,
RCT⁵,		(paper-based		funding	(preregistration)	skills, and attitude
Australia		approach)				regarding community
						pharmacy practice
Claman	21	VR versus	VP/VHP	University,	Family nurse practitioner	To improve nursing
2015 [25],		online/comp	within VR	nonindustrial	students (preregistration)	students' attitude toward
RCT, USA		uter-based		funding		the VP/VHP within VR
		learning				
		(blackboard				
		online				
		platform)				
Drapkin	62	VR versus	3D	University,	First-year medical students	To improve medical
2015 [26],		VR (3D <sup>d</sup>	models	N/A <sup>e</sup>	(preregistration)	students' knowledge to
RCT, USA		models)				identify subcortical
						structures on magnetic
						resonance images as
						well as to assess medical
						students' satisfaction
						with the VR
Farra 2013	47	VR versus	VP/VHP	University,	Nursing students in their	To improve nursing
[27], RCT,		other digital	within VR	industry, and	final year of study	students' knowledge
USA		education		public	(preregistration)	regarding disaster
		(Web-based		sponsorship		training
		teaching				
		method)				
Fritz 2011	62	VR versus	3D	University,	Medicine students from	To improve students'
[28], RCT,		other digital	models	nonindustrial	year 1 to 4, dentistry and	knowledge on laryngeal
Canada		education		funding	physical therapy students	anatomy at short-term as
		(2D images)			(preregistration)	well as to assess long-
						term knowledge
TT 10 DOCT		LUD	<b>X 71 </b>			retention
Halfer 2014	30	VR versus	Virtual	Hospital, N/A	Registered nurses	To improve nurses'
[29], RCT,		traditional	world		(postregistration)	navigation skills within
USA		(paper-based				a hospital (wayfinding
Hometer	42	approach)		I Internetter	Third and family many	through a hospital)
Hampton	43	VR	3D	University,	Third- and fourth-year	To improve medical
2010 [30],		(blended)	models	industry, and	medical students	students' knowledge on

RCT, USA		versus		public	(preregistration)	female pelvic anatomy
		traditional		sponsorship		as well as to assess
		(learning via		I I		attitude toward VR
		lectures)				intervention
Hampton	23	VR versus	3D	University,	Obstetrics/gynecology	To improve residents'
2010a [31],	_	traditional	models	industry, and	residents (postregistration)	knowledge on female
RCT, USA		(learning via	models	public	residents (positegistidion)	pelvic anatomy and to
KC1, USA				-		assess attitude toward
		lectures)		sponsorship		
Hu 2016	100	VR versus	3D	University, no	Medical students	VR intervention To improve medical
	100			-		-
[32], RCT,		traditional	models	funding	(preregistration)	students' knowledge on
USA		(written		received		laryngeal anatomy as
		text)				well as to assess medical
						residents' satisfaction
						with the intervention
						outcome
Hung 2015	50	VR versus	VP/VHP	University, N/A	Registered nurses, enrolled	To improve participants'
[33], RCT,		traditional	within VR		nurses, and health care	skills regarding the use
Hong Kong		(usual			assistants at $OPD^{f}$	of personal protective
		training)			(postregistration)	equipment as well as to
						assess participants'
						satisfaction with the
						intervention
Kalet 2012	143	VR versus	3D	University,	Second-year medical	To improve medical
[34], RCT,		VR (3D	models	nonindustrial	students (preregistration)	students' knowledge and
USA		models)		funding		skill on abdominal
						examination
Keedy 2011	46	VR versus	3D	University, N/A	First- and fourth-year	To improve medical
[35], RCT,		other digital	models		medical students	students' knowledge on
USA		education			(preregistration)	liver anatomy as well as
		(computer-				to assess medical
		based 2D				students' satisfaction
		images)				outcome with VR
						intervention
Khatib 2014	56	VR versus	VR	University,	Medical students in their	To improve medical
[36], RCT,		traditional	surgical	nonindustrial	clinical years	students' knowledge and
UK		(textbooks)	simulation	funding	(preregistration)	skills with inguinal
						hernia repair simulation
Kockro	169	VR versus	3D	University,	Second-year medical	To improve medical
2015 [37],		other digital	models	nonindustrial	students (preregistration)	students' knowledge on
RCT,		education		funding		neuroanatomy and to
Germany		(2D <sup>g</sup>				assess satisfaction with

		images)				VR intervention
Kron 2017	435	VR versus	3D	University,	Second-year medical	To improve
[38], RCT,		other digital	models	industrial	students (preregistration)	communication skills of
USA		education		funding		the medical students as
		(computer-				well as to assess attitude
		based				toward the intervention
		learning)				outcome
LeFlore	93	VR versus	VP/VHP	Hospital, N/A	Undergraduate registered	To improve nursing
2012 [39],		traditional	within VR		nursing students	students' knowledge and
RCT, USA		(learning via			(preregistration)	skills regarding pediatric
		lectures)				respiratory diseases
Menzel	51	VR versus	VP/VHP	University,	Nursing students	To improve nursing
2014 [40],		other digital	within VR	nonindustrial	(preregistration)	students' attitude toward
RCT, USA		education		funding		poverty (simulation in
		(Web-based				VR environment)
		learning)				
Metzler	94	VR versus	3D	University, N/A	Fourth- and fifth-year	To improve medical
2012 [41],		other digital	models		medical students	students' knowledge on
RCT,		education			(preregistration)	liver anatomy
Germany Niazi 2013	16	(2D images) VR versus	3D	Linimoreita	Anesthesia residents	To improve residents'
	10			University,		-
[42], RCT,		VR (3D	models	industrial	(postregistration)	knowledge on lumbar
Canada		models)		funding		anatomy and to improve
						skills regarding lumbar
Nicholson	61	VR versus	3D	University,	First-year medical students	puncture To improve medical
2006 [11],	01	other digital	models	nonindustrial	(preregistration)	students' knowledge on
RCT, USA		education	inodels	funding	(preregistration)	ear anatomy
KC1, USA				Tunung		
		(Web-based				
Patel 2012	60	tutorial) VR versus	VP/VHP	University,	First-year medical students	To improve medical
[43], RCT,		traditional	within VR	nonindustrial	(preregistration)	students' knowledge and
UK		(no further		funding	(r - 0 )	skills outcomes
011		training)				regarding performance
		(running)				in the operating theatre
						as well as to assess
						medical students'
						attitude toward
Prinz 2005	172	VR versus	3D	University, N/A	Medical students	operating theatre To improve medical
[44], RCT,		other digital	models		(preregistration)	students' knowledge and
. · · ], . · O 1,					(	interfection interfection

		(computer-				ophthalmology
		based video)				
Rae 2015	32	VR versus	VR	University,	Foundation doctor trainees	To improve medical
[45], RCT,		traditional	surgical	nonindustrial	and core surgical trainees	doctors' knowledge and
UK		(learning via	simulation	funding	(postregistration)	skills with inguinal
		textbooks)				hernia repair simulation
Richardson	89	VR versus	3D	University,	Second-year students	To improve pharmacy
2013 [46],		other digital	models	nonindustrial	enrolled in a 4-year	students' knowledge on
RCT, USA		education		funding	masters of pharmacy	pharmacology and
		(2D images)			program (postregistration)	attitude toward the VR
						intervention
Sharma	28	VR versus	3D	Hospital, no	Anesthetic trainees	To improve anesthetic
2013 [47],		traditional	models	funding	(specialty training year 4 to	trainees' knowledge on
RCT, UK		(learning via		received	year 6; postregistration)	transoesophageal
		textbooks)				echocardiography
Succar 2013	188	VR versus	VP/VHP	University,	Medical students	To improve medical
[48], RCT,		traditional	within VR	nonindustrial	(preregistration)	students' knowledge and
Australia		(usual		funding		satisfaction outcome on
		learning)				ophthalmology training
						in VR
Szumacher	31	VR versus	3D	University, N/A	Radiation oncology	To improve participants'
2009 [49],		VR (3D	models		residents and fellows as	skills and satisfaction
RCT,		models)			well as third-year	with radiology training
Canada					radiotherapy students and	(prostate and rectal
					radiation therapists (both	contouring)
					pre- and postregistration)	
Tan 2012	40	VR versus	3D	University, N/A	First- and second-year	To improve participants'
[50], RCT,		other digital	models		surgical and anesthesia	knowledge and attitude
Canada		education			medical residents	outcomes in laryngeal
		(2D images)			(postregistration)	anatomy
West 2015	22	VR versus	3D	University, N/A	Medical students	To improve medical
[51], RCT,		VR	models		(preregistration)	students' knowledge in
Denmark		(nontutored				temporal bone anatomy
		computer				
		simulation				
		program)				
Yeung 2012	78	VR versus	3D	University, N/A	Second-year students from	To improve participants'
[52], RCT,		traditional	models		health science course in	knowledge in cranial
UK		(learning via			anatomy and physiology	nerve anatomy as well
		textbook)			(preregistration)	as to improve
						participants' satisfaction
						with VR intervention
Zaveri 2016	32	VR versus	VP/VHP	Hospital,	Pediatrics residents	To improve pediatrics

[53], RCT,	other digital	within VR	nonindustrial	(postregistration)	residents' knowledge,
USA	education		funding		skill, and satisfaction
	(online				outcome with pediatric
	sources)				sedation

<sup>a</sup>VR: virtual reality.

<sup>b</sup>RCT: randomized controlled trials.

<sup>c</sup>VP/VHP: virtual patient/virtual health professionals.

<sup>d</sup>3D: three-dimensional.

<sup>e</sup>N/A: not available.

<sup>f</sup>OPD: out patient department.

<sup>g</sup>2D: two-dimensional.