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# Education Horizon-Scanning Bulletin – May 2018

Compiled by John Gale

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## Allied Health Professionals

### Turning journal clubs into a TREAT

**Source:** BMC Medical Education

**In a nutshell:** Sadly – as far, at least, as the NHS is concerned – journal clubs are more likely to feature randomised-controlled trials and plastic armchairs than the Times Literary Supplement and leather ones. There hasn't been much research into their effectiveness in allied health and in this study Rachel J. Wenke, from Gold Coast University Hospital in Australia, studied the effectiveness of a new way of organising journal clubs for allied-health professionals called TREAT. TREAT stands for Tailored according to Research, Evidence and Theory and a TREAT journal club contains the following elements:

- It's established among people with similar clinical interests
- It has an over-arching goal and purpose
- It is held regularly with predictable times, locations and attendance
- Articles are circulated for discussion before the club takes place
- Didactic support is provided either by hand-outs or in-session teaching
- Mentoring and support are available from researchers/academics
- A facilitator guides discussions
- A structured appraisal tool is used during the session
- Sessions adhere to the principles of adult learning and use multi-faceted learning strategies
- Evidence is put into the context of clinical practice
- Food is brought or provided

In the study 126 allied-health professionals were randomly allocated to go to either a TREAT-style journal club or a more traditional one for an hour a month over six months. The study found there were no significant differences in evidence-based practice skills between the two groups although the allied-health professionals enjoyed the TREAT clubs more.

You can read the whole of this article [here](#).

### What do Allied Health Professionals feel about teaching public health?

**Source:** BMC Medical Education

**In a nutshell:** Once middle-class Guardian readers get an idea into their head nobody is safe. This certainly holds true about public-health advice with doctors and

nurses dishing it out when people come into contact with the medical profession and Jamie Oliver and Hugh Fearnley-Whittingstall pontificating at us when we get home. (Luckily Peter Kay and Johnny Vegas are there to supply a bit of light relief). Allied health professionals (physiotherapists, occupational therapists etc) are now also expected to play a part in public-health initiatives and in this study Siobhán McLean, from Sheffield Hallam University, led a team of researchers who interviewed 19 final-year allied-health students. When the interviews were analysed the following main themes emerged:

- Understanding of public-health issues
- Perceptions of their role in this
- Challenges and opportunities to develop a public-health role
- Preparation for a public-health role

The students felt that they had a role in public-health advice giving but barriers to this included their own lack of confidence and knowledge, time, and the environment of their clinical placement. The students thought that there should be more teaching on public-health issues, and that these should feature in both the curriculum and on clinical placement.

You can read the whole of this article [here](#).

## Dental Education

[The dental student will shadow you now](#)

**Source:** BMC Medical Education

**In a nutshell:** In this study – led by Stefan J. Heitkamp, from Goethe University in Frankfurt – 61 dental students had work-shadowing placements at 27 different general dental practices. The students were asked to assess their own competencies before and after their work shadowing and were also assessed by the dentists where they had their placements. The students showed a significant overall improvement in their self-assessed competencies after their placements and the dentists' assessments were also favourable. The greatest improvements – as perceived by the students – came in the areas of accounting, practice organisation and 'dentist's discussions. The students "confirmed experiencing an expansion of knowledge, an improvement in their communication skills and indicated a high degree of satisfaction in regard to the dentists. Meanwhile the dentists were also happy with the students. Pink mouth-wash all round!

You can read the whole of this article [here](#).

## General Healthcare Education

### Getting together to learn online

**Source:** Computers and Education

**In a nutshell:** Getting together to learn online is a relatively simple concept but there's nothing academics can't think of a high-falutin' term for and in this case it's 'active collaborative learning in a social web-based environment.' Whatever you call it in this study Sebastian Molinillo, from the Universidad de Málaga in Spain, led a team of researchers looking into it. The researchers studied 416 students from two universities, organised into groups of four or five students, who were told to complete a collaborative project over the course of one semester. The researchers found that social presence and teacher-student interaction had a positive effect on students' active learning, both directly and indirectly, by helping the students become more emotionally engaged with their work. Emotional engagement was also found to mediate the influence of student-student interactions as the students worked on their projects.

You can read the abstract of this article [here](#).

### Using augmented reality in STEM education

**Source:** Computers & Education

**In a nutshell:** Augmented reality (AR) is “a 3D technology that enhances the user's sensory perception of the real world with a contextual layer of information.” In this study Maria-Blanca Ibáñez and Carlos Delgado-Kloos, from the Universidad Carlos III de Madrid, reviewed the literature about augmented reality. They found that most augmented-reality applications for STEM (science, technology, engineering and medicine) learning offered “exploration or simulation activities.” The applications reviewed offered a number of similar design features based on “digital-knowledge discovery mechanisms to consume information through the interaction with digital elements.” The researchers concluded that lecturers “need to design features that allow students to acquire basic competences related with STEM disciplines, and future applications need to include metacognitive scaffolding and experimental support for inquiry-based learning activities.”

You can read the abstract of this article [here](#).

### Reading on screen – is it an age thing?

**Source:** Computers and Education

**In a nutshell:** People of a certain age like to print documents out rather than reading them on the screen. But is the preference for reading on paper hard-wired in the human brain or just a question of which generation you belong to? In this study Yiren Kong, from the University at Buffalo in New York State, led a team of researchers reviewing the evidence into comprehension of on-screen and on-paper reading. The team found 17 studies which showed that reading on paper led to better

comprehension than reading on screen although people's reading speeds were no different. Intriguingly there was some slight evidence that the difference in reading comprehension declined after 2013 although this was not statistically-significant. None of the other factors looked at such as fonts, spacing, age and sex were significant in terms of people's level of understanding. So, for the moment at least, paper is better than on-screen but watch this space for more research in the future.

You can read an abstract of this article [here](#).

### Who do students seek help from?

**Source:** International Journal of Educational Technology in Higher Education

**In a nutshell:** Help-seeking behaviour can range from hiring a management consultant to show you how to load your dishwasher to pushing your car up the hard shoulder of the M62 because you don't want to put the AA to any trouble. In this study Adnan Qayyum, from Pennsylvania State University, asked 438 students about their help-seeking behaviour. He found that six 'attitudinal factors,' motivated students to seek help from their peers and instructors which were:

- Students' perceived usefulness of their peers
- Trust of peers
- Their perception of instructors
- Preference to work independently
- Overall perception of the course
- Perceived threat (i.e. the students' sense of vulnerability about their ability)

The students overwhelmingly preferred to get help from their classmates rather than their instructors and sought help more in person than from texting or social media.

You can read the whole of this article [here](#).

### Using IT to boost creativity

**Source:** Computers & Education

**In a nutshell:** Now that the robots are taking over creativity is – at least for the time being – one of the few trump cards that humans have left. Many universities are trying to encourage it in their students and in this study Afroditi Stolaki and Anastasios A. Economides studied a 'creativity-enhancement intervention' with 90 students on an information-systems course. The intervention included the extensive use of Facebook, a collaborative team structure, a game-like competitive environment and questions [sic] generation and answering. The study showed that the intervention was effective in stimulating creativity and that there was a statistically-significant increase in fluency, flexibility, elaboration and originality as

measured by divergent thinking tests. There was a significant link between students' creativity and academic achievement and ICT knowledge. Students with almost zero Facebook usage showed the highest levels of creativity, followed closely by their peers with the *highest* Facebook usage.

You can read the abstract of this article [here](#).

### Why do students carry on with mobile learning?

**Source:** British Journal of Educational Technology

**In a nutshell:** Lots of students sign up for some kind of mobile learning but not all of them carry on with it. In this study Shuiqing Yang, from Zhejiang University of Finance and Economics in China, led a team of researchers investigating this issue in a sample of 309 college students. The researchers found that perceived learning support, self-management of learning and peer influence significantly increased “active learning involvement,” which in turn positively affected how likely students were to continue with their mobile learning.

You can read the abstract of this article [here](#).

### The flipped classroom – how good is the research?

**Source:** International Journal of Educational Technology in Higher Education

**In a nutshell:** The flipped classroom is all the rage in education at the moment. Students swot up a topic *before* their class – at least in theory – which means that they have already got to grips with the basics by the time their lecturers see them. This allows more in-depth knowledge to be explored in the class and makes the most of the lecturers' valuable expertise. In this study Mona Lundin, from the University of Gothenburg, led a team of researchers who reviewed the studies on the flipped classroom. The researchers found that most of the studies focused on higher education and the STEM (science, technology, engineering and medicine) topics. Most of the research came from the U.S. and most were relatively local in character. The researchers concluded that “knowledge contributions related to the flipped classroom are relatively siloed and fragmented and have yet to stabilise. Academically and socially, the research is quite scattered, and only local evidence and experiences are available.” The researchers also concluded that most of the ‘knowledge contributions,’ were anecdotal, rather than systematically researched and that “to a large extent, the research lacks anchoring in, for example, learning theory or instructional design.”

You can read an abstract of this article [here](#).



## When hospitals and universities work together what do they get out of it?

**Source:** Nurse Education Today

**In a nutshell:** Universities need somewhere for their students to go out on placement and hospitals need a supply of workers for the future. One could characterise the relationship as mutually beneficial like the small fish who get their dinner by eating pests living on the bodies of larger ones or parasitic like the wasps who lay their eggs inside other insects and wait for the young to eat their way out from the inside. In this study Maliheh Sadeghnezhad, from the Mashhad University of Medical Sciences in Iran, led a team of researchers reviewing the literature on this topic. The researchers included 28 articles in their review and the mutual benefits fell into four categories which were:

- Synergy in training and empowerment of human resources
- Education improvement
- Access to shared resources
- Facilitating the production of beneficial knowledge and its application in practice

You can read the whole of this article [here](#).

## Inter-professional Education

### Inter-professional simulation. What does the research tell us?

**Source:** Nurse Education Today

**In a nutshell:** Working alongside other types of health professionals is an important skill and many courses now include inter-professional simulation – working alongside other healthcare students in a realistic simulation of a real-life situation. In this article Leodoro J. Labrague, from Sultan Qaboos University in Oman, led a team of researchers reviewing the evidence on inter-professional simulation. The team found 30 articles that met their quality criteria and the articles had the following themes:

- Inter-professional communication
- Appreciation of inter-professional team roles
- Inter-professional teamwork or collaboration
- Self-confidence or self-efficacy
- Positive attitudes or readiness towards inter-professional learning

You can read the abstract of this article [here](#).

## Medical Education

### Tackling lapses in professionalism in medical students

**Source:** BMC Medical Education

**In a nutshell:** Much like the rest of us medical students don't always behave with 100% professionalism. Turning eighteen-year olds into people fit to be let loose on patients – “fostering personal identity formation and professional development,” – can be hard and in this study Ardi Findyartini and Nani Cahyani Sudarsono, from Universitas Indonesia, looked into the effectiveness of a six-week course based on situated learning, experiential learning and role-modelling frameworks that was designed to “remediate lapses in professionalism among undergraduate medical students.” The researchers spoke to some of the students who had taken part in the course and their interviews revealed three main themes which were:

- The strength of small-group activities in helping them ‘internalise the essential concepts.’
- The role-model shadowing supported their understanding of ‘what kind of medical doctors they would become.’
- The field work allowed them to identify ‘what the ‘noble values,’ are and how to implement them in daily practice.’

You can read the whole of this article [here](#).

### Can summer internships change a health services' workforce?

**Source:** BMC Medical Education

**In a nutshell:** The powers that be devote a lot of time trying to change the ethnic composition of their workforce. One of the ways to do this is – at least in the U.S. – is by having summer internships in the health sector for ethnic minority students with follow-up long-distance mentoring programmes. There hasn't been much research into the effectiveness of these programmes other than asking students about their levels of satisfaction so Emma Fernandez-Repollet, from the University of Puerto Rico, led a team of researchers who attempted to take a more rigorous approach. The students took a career-interest inventory, completed a scale measuring their self-reported understanding and interest in health careers and wrote essays about health careers (and if that lot didn't put them off nothing else will) before and after completing a one week on-campus internship on health careers and again after a nine-month follow-up distance-mentoring programme. The career-interest inventory scores were unchanged over time but the students' scores on the scale measuring understanding and interest in health careers and the quality of their essays both improved over time.

You can read the whole of this article [here](#).

## Teach yourself laparoscopy – all you need is a nodal point operation primer

**Source:** BMC Medical Education

**In a nutshell:** A nodal point operation primer sounds like something Dr Who might use when his sonic screwdriver has packed up. It's actually a way of breaking an operation down into its constituent parts to make it easier to learn and remember. In this study Steffen Axt, from Tübingen University Hospital in Germany, led a team of researchers comparing video-assisted learning and video-assisted learning plus a nodal point operation primer as ways of teaching 45 first-year medical students how to perform “five laparoscopic intracorporal knots.” The researchers concluded that “the use of a nodal point operation primer highlighting essential key steps of a procedure augment the success of learning laparoscopic skills [such] as suturing and intracorporal knotting.”

You can read the whole of this article [here](#).

## Near peer-mentoring for first-year students. What do we really know?

**Source:** BMC Medical Education

**In a nutshell:** Near peer-mentoring happens when slightly older students teach slightly younger ones. This is sometimes used for first-year medical students who can find the shock of looking after themselves, studying independently and moving away from home all a bit much. In this study Olawunmi Akinla, from Macclesfield District Hospital (and Nottingham University) led a team of researchers reviewing the evidence about near-peer mentoring for first-year students. Only five studies met the team's criteria. These identified three main outcomes for peer mentoring which were:

- Professional and personal development
- Stress reduction
- Ease of transitioning

Peer mentoring was also found to have facilitated the development of personal and professional attitudes in the mentors. However, the researchers described the quality of the evaluation methods in the studies they examined as “low to moderate.”

You can read the whole of this article [here](#).

## What do tutors make of problem-based learning?

**Source:** BMC Medical Education

**In a nutshell:** In traditional education students are given a broad overview of a particular topic and then apply it to problems as time goes on. In problem-based learning (PBL) this order is reversed with students working to solve a particular problem and – lecturers hope – getting to grips with the theory as a result. In this

study Diane O’Doherty, from the University of Limerick, led a team of researchers who spoke to some tutors to ask them what they’d made of PBL. The team surveyed 33 tutors using online surveys and held focus groups for 13 of them. The tutors reported challenges with:

- Managing group dynamics
- Development of confidence in tutoring with experience
- A willingness to learn from peer to improve practice

The study also identified several less-commonly-discussed issues including the use of mobile-device technology; unauthorised access to learning objectives and PBL cases; and the importance and need for professional development among tutors. The study also showed that the PBL tutors spent “considerable time,” preparing for PBL tutorials – time rewarded by the benefits it brought to their clinical practice.

You can read the whole of this article [here](#).

### [Emotional intelligence in Madras](#)

**Source:** BMC Medical Education

**In a nutshell:** Emotional intelligence is the ability to understand, and respond appropriately to, one’s own and other people’s emotions. In this study Subashini Sundarajan and Vijayaprasad Gopichandran, from ESIC Medical College in Madras, studied emotional intelligence in 207 medical students using a questionnaire and some stories about patients. Afterwards the students took part in a discussion about the role of emotions in the practice of medicine. The study found that students who went to government schools for high-school education had greater emotional intelligence than students from private schools and that women were more emotionally intelligent in their responses to the patients’ stories than men. At the end of their discussion the students concluded that emotions are inevitable in the practice of medicine and that a good doctor should know how to handle them.

You can read the whole of this article [here](#).

### [Which is more important resilience or emotional intelligence?](#)

**Source:** Nurse Education Today

**In a nutshell:** Resilience is the capacity to recover from setbacks and start afresh while emotional intelligence is the ability to understand one’s own and other’s emotions and respond appropriately. In this article Michelle Cleary, from the University of Tasmania, led a team of researchers reviewing the evidence into these topics. The researchers found 14 articles which met their quality criteria. The articles showed that there was a positive relationship between resilience and performance in undergraduate studies, including clinical placements. However, the researchers concluded that “while some studies observed an important role for emotional intelligence for nursing students, there is currently insufficient evidence to conclude

that emotional intelligence improves nursing students' communication, academic success and retention.”

You can read the abstract of this article [here](#).

### Non-cognitive qualities and academic performance

**Source:** BMC Medical Education

**In a nutshell:** In the UK people who want to go to medical school have to take the UK Clinical Aptitude Test (UKCAT) designed to measure their intellectual prowess. In this study – led by Gabrielle M. Finn, from Hull York Medical School – 14,387 applicants also filled out a variety of tests designed to measure various personality traits including narcissism, aloofness, confidence, empathy and resilience among other things. The students were then tracked to see how they got on in their first year and this was linked to their results on the personality tests. Unfortunately the study showed that the personality tests “had a very limited ability to predict undergraduate academic performance,” with only narcissism being linked to a slightly lower (-16%) chance of passing one’s first-year exams at the first attempt.

You can read the whole of this article [here](#).

### Tools for learning about the brain

**Source:** BMC Medical Education

**In a nutshell:** Brexit negotiations and flat-pack furniture aside the human brain is commonly said to be one of the more complicated things in the universe. In this study M. Arantes, from the University of Porto, led a team of researchers reviewing the use of neuroanatomy teaching tools. The team identified 214 studies, 29 of which reported data on the impact of using specific neuroanatomy teaching tools. 83% of them had been published in the last eight years and nearly two-thirds of them had been done in the U.S. Medical students were the most studied group (37.93%) and most of the studies had less than 100 participants. About half the studies used digital teaching tools while the remaining studies were of non-digital tools such as 3D models.

You can read the whole of this article [here](#).

### Mentorship in Massachusetts

**Source:** BMC Medical Education

**In a nutshell:** A lot of people have a mentor at work these days – a wise old hand to give advice and steer people around obstacles. In this study Rochelle P. Walensky, from Massachusetts General Hospital, led a team of researchers who asked 553 faculty members from the Massachusetts General Hospital Department of Medicine about their experiences of mentorship. 64.9% currently said they had a mentor, of whom 21.3% gave their mentor a low quality score while two thirds said they acted as

a mentor to other people. Faculty with a current mentor were three-and-a-half times more likely to be a mentor themselves. Those who said their mentors were of a high quality were less likely to be ‘stalled in rank,’ and had an increased likelihood of high job satisfaction compared to those on the receiving end of low-quality mentoring. In fact having a low-quality mentor was no more effective than having no mentor at all in terms of people’s job satisfaction.

You can read the whole of this article [here](#).

### What do doctors Down Under learn about pain?

**Source:** BMC Medical Education

**In a nutshell:** It’s a very fortunate person who doesn’t suffer some pain at some point in their life. For some it can be long-lasting and/or excruciating but pain *per se* doesn’t always feature as highly in medical schools’ curricula as it ought to do. In this study Elspeth Erica Shipton, from the University of Notre Dame Australia in Freemantle, led a team of researchers examining what medical schools in Australia and New Zealand taught about pain. 19 (out of 23) medical schools completed the survey which found that neurophysiology, clinical assessment, analgesia use and multi-dimensional aspects of pain medicine were covered by most medical schools. Pain medicine teaching was delivered at all schools, by a number of different departments throughout the curriculum and the mean time allocated for pain medicine teaching over the entire medical course was just under 20 hours.

You can read the whole of this article [here](#).

### What does reflection mean in real life?

**Source:** BMC Medical Education

**In a nutshell:** Everyone is keen on doing a bit of reflection these days despite the fact it didn’t do [Narcissus](#) a right lot of good. But while many people have described what reflection should look like very few have described what happens when doctors sit down and mull over what they’ve been up to. Trying to correct the balance was Elisa Bindels, from Maastricht University in The Netherlands, who led a team of researchers interviewing 13 hospital doctors about their reflective practices. The team found that reflection was conceptualized as a “fuzzy process of contemplation and action, leading to change and hopefully improvement of personal performance and health care in general.” But while the doctors talked about reflecting on patients’ care in relatively clear terms their reflections about teamwork were much more ambiguous requiring not just an internal dialogue, marked by sensitivity and courage, but also an external one requiring psychological safety and encouragement from one’s environment.

You can read the whole of this article [here](#).

## First-in-Family Students at Medical School

**Source:** BMC Medical Education

**In a nutshell:** Getting into medical school is a big achievement for anyone – even more so if you are the first in your family to go to any university at all. In this study Andrew Mark Bassett, from King’s College London, led a team of researchers who interviewed 20 first-in-family students about their experiences at medical school. The researchers found that the students had made a number of transitions, the first of which was ‘The Road to Medical School,’ when a passion for science and an interest in people motivated people to study medicine. The participants’ parents shared their elation but support from school/college teachers was a mixed experience. The next transition was ‘The Medical School Journey,’ in which knowledge about the medical curriculum was variable. Fitting in at medical school was a problem for some but studying for an elite degree elevated social status for many of the participants. In the final transition ‘Future Plans,’ a medical career was perceived to have intrinsic value. The participants’ clarity about future aspirations was related to clinical experience – for some career trajectories were related to work-life balance and future NHS working conditions for junior doctors.

You can read the whole of this article [here](#).

## What specialties do students choose and why?

**Source:** BMC Medical Education

**In a nutshell:** Workforce planning is a bit like a giant game of shove ha’penny. The trick is to shovel new people onto the back of the machine as quickly as – or even quicker than – old ones fall off the end. In medicine things are further complicated by the variety of work people are expected to do meaning that even if there is an adequate supply of pathologists there could still be a shortage of psychiatrists. In this study Diana Grasreiner, from Universitätsklinikum Jena, led a team of researchers looking into the specialty choices of 720 medical students. Between 40 and 50% of them preferred internal medicine as a postgraduate specialty while about a quarter were interested in a surgical specialty. One in ten preferred diagnostics and psychiatry. The factors influencing the students’ specialty preferences were most frequently reconciliation of work and family life, career goals and predicted workload.

You can read the whole of this article [here](#).

## How video can help doctors stick tubes into babies

**Source:** Journal of Perinatology

**In a nutshell:** Doctors are sometimes called upon to stick tubes down new-born babies’ throats to deliver either food or oxygen. Sometimes the tubes have cameras on the end of them and in this study Sarah Volz, from Providence Alaska Medical Centre, led a team of researchers comparing the effectiveness of training junior doctors to carry out this procedure when a supervisor could see the video footage



from the camera to more traditional methods of teaching. The researchers found that the video-assisted learning led to a greater success rate and that first-year junior doctors and junior doctors carrying out the procedure for the first time also had higher success rates when they were being coached by someone who could see the video footage.

You can read the abstract of this article [here](#).

### What makes for mastery in Norway?

**Source:** BMC Medical Education

**In a nutshell:** Mastery is the feeling of knowing what you're doing and doing it well – the antithesis of assembling flat-pack furniture in fact. Doctors start off with not much mastery and, if all goes according to plan, end up with rather more of it. In this study Anna Belfrage, from Innlandet Hospital Trust in Norway, led a team of researchers looking into the growth – or otherwise – of mastery in a sample of 238 doctors as they progressed through their careers. 31% of the doctors reported stable low mastery and the chances of mastery not increasing were linked to vulnerability and drinking alcohol to cope with stress. Social support, on the other hand, was linked to a decreased risk of having reduced mastery. Having a more demanding job and taking up a leading position were both linked to increased feelings of mastery.

You can read the whole of this article [here](#).

### The MD-PhD. Brainier doctors or second-rate researchers?

**Source:** BMC Medical Education

**In a nutshell:** The MD-PhD-degree can be described as a dual doctoral degree that includes a degree in medicine (MD) and a doctorate of philosophy (PhD), which is a scientific research education resulting in an advanced post-graduate degree, usually based on 3 years of study and a dissertation. As such MD-PhDs are prepared for careers as physician-scientists. In the US, MD-PhDs typically spend most of their time conducting research and dividing their remaining time between clinical service, teaching, and administrative activities. In this study Pernille Andreassen and Mette Krogh Christensen, from Aarhus University in Denmark, interviewed MD-PhD students, their colleagues who weren't doing a PhD and their managers/supervisors. The researchers found two opposing 'positions,' with one side criticising the MD-PhDs for not doing enough research and using their PhD to climb the career ladder and the other side emphasising the ways in which MD-PhDs increased the clinical focus on evidence-based medicine and helped to integrate it with clinical decision making.

You can read the whole of this article [here](#).



## What do school children think about medicine?

**Source:** BMC Medical Education

**In a nutshell:** People sometimes criticise medical schools for not letting enough people from certain backgrounds in to which medical schools often respond that not enough of said type of people apply in the first place. In this study Alexander J. Martin from Newcastle University led a team of researchers who interviewed school children from different year groups asking them what they thought about careers in medicine. Some of the children were 16-17 and others were 13-14. The researchers concluded that potential applicants had limited knowledge about medicine and medical school in several areas. They thought that the older students would benefit from accessible information about medical degrees, application processes, work experience and personal contact with medical students and junior doctors while the younger students demonstrated a lack of awareness of the breadth of medical careers and a limited understanding of what medicine encompasses.

You can read the whole of this article [here](#).

## Nurse Education

### Getting the fundamentals right

**Source:** Nurse Education in Practice

**In a nutshell:** Fundamental care “involves actions on the part of a nurse that addresses a person’s essential needs in order to ensure his/her physical and psychosocial wellbeing.” Getting the basics right doesn’t always happen though and in this study Rebecca Feo, from the University of Adelaide, studied the effectiveness of a six-week “intervention,” for first-year nurses which had a more explicit focus on fundamental care. “A conceptual fundamental-care framework was used to guide students’ learning, and clinical-skills sessions were structured to reinforce the framework’s conceptual understanding and enable students to practise delivering fundamental care in an integrated manner.” The intervention did not affect the students’ abilities to identify patients’ fundamental care needs but focus groups showed that it did help them to understand the complexity of fundamental care and its importance to patients’ experiences.

You can read the abstract of this article [here](#).

## What makes nurses keep on studying?

**Source:** Nurse Education in Practice

**In a nutshell:** Nurses don’t – or at least shouldn’t – stop learning once they qualify and some go on to do postgraduate education, something vital to ensure that hospitals have enough specialist staff. In this study Danny Kinsella, from Alfred Hospital in Victoria, Australia, led a team of researchers looking into what motivated

nurses to undertake postgraduate study. They divided the factors motivating nurses into intrinsic ones (coming from within the nurses) and extrinsic ones, such as pay rises and recognition. The two most important factors – ‘Professional Improvement and Development’ and ‘Professional Service’ – were intrinsic.

You can read the abstract of this article [here](#).

### Is immersion the way forward for nursing courses?

**Source:** Nurse Education in Practice

**In a nutshell:** As with so much in life – cooking, DIY, politics – there is often a gap between the theory of nursing and its practice. Some nursing courses use a method called clinical immersion to narrow this gap. In the clinical-immersion model students have a concentrated and intensive clinical experience, typically at the end of a semester or programme. In this study Susan M. Fowler, from Tri-County Community College in North Carolina, led a team of researchers reviewing the evidence on clinical immersion. Findings from students, faculty and preceptors showed that immersion experiences are successful in increasing students’ confidence and nursing skills but that additional evidence was needed to show whether it improved their actual readiness to start work on the wards. More research was also needed on whether having clinical immersion in short doses throughout the course or in a large chunk at the end was more effective.

You can read the abstract of this article [here](#).

### When Irish eyes are bloodshot from still studying

**Source:** Nurse Education in Practice

**In a nutshell:** In Ireland the opposite approach to immersion seems to have been chosen – somewhat akin to building a few more steps down to the shallow end perhaps. There, since 2013, graduates employed by the public-health system have to do a two-year postgraduate course. In this study Tom O’Connor, from the RCSI School of Nursing and Midwifery, led a team of researchers evaluating the course. The evaluation found that the students believed the programme to be relevant to their practice and they positively evaluated the use of blended learning, the support of tutors and its contribution to their professional development. Non-student stakeholders also positively evaluated the programme but the direct impact on clinical practice was “not particularly evident.”

You can read the abstract of this article [here](#).

### Being a man in a woman’s world

**Source:** Nurse Education in Practice

**In a nutshell:** Behind every stereotype there is more than a grain of truth, one stereotype being that men talk to get things done or communicate discrete opinions or pieces of information whereas women just enjoy talking for its own sake. In many relationships this can be summarised as ‘why isn’t he talking to me?’ versus ‘why won’t she shut up?’ In this study Martin Christensen, from Queensland University of Technology, led a team of researchers looking into the experiences of a group of male nursing students. The central theme that emerged from the interviews with the men was ‘Men are from Mars,’ with the sub themes of ‘calling a spade a spade in a world of shovels,’ and ‘conscientious objector from the margins.’ The men found communication difficult and the participants were sensitive about how what, and how, they communicated could be misinterpreted which often left them feeling isolated. The men were often perplexed about how the female students spoke to, and about, each other. They were open and honest in the way they communicated with each other, there was no misinterpretation and the men knew exactly where they stood with one another.

You can read the abstract of this article [here](#).

### How well do nurses provide spiritual care?

**Source:** Nurse Education Today

**In a nutshell:** Nurses spend quite a lot of their time dealing with people facing up to fundamental questions about life, death and the meaning thereof. Spiritual care includes helping people face up to these issues, whatever their beliefs, so being able to do it well can be quite important. In this study Linda Ross, from the University of South Wales, led a team of researchers looking into nursing and midwifery students’ perceptions of spirituality and spiritual care, their perceived competence in giving spiritual care and how these changed over time. 595 students took part in the study which found that their competence at providing spiritual care increased over the course of their studies – something they put down to caring for patients, events in their own lives and teaching/discussion in university. Two factors were significantly correlated with perceived spiritual-care competency which were perception of spirituality/spiritual care, where a broad view was preferable and personal spirituality where high spiritual wellbeing and spiritual attitude and involvement scores were preferable.

You can read the abstract of this article [here](#).

### Persevering as a newly-qualified nurse

**Source:** Nurse Education Today

**In a nutshell:** One’s first few months as a qualified nurse can be pretty tough and not everyone perseveres. In this study Hwey-Fang Liang, from the Chang Gung University of Science and Technology in Taiwan, led a team of researchers who interviewed 25 newly-qualified nurses about their experiences of work challenges. The interviews revealed four main themes which were:

- Walking on thin ice
  - Fear of making mistakes
  - Uncertainty of decision making
- Physical exhaustion and mental stress
  - Work overload and shift work
  - The burden to be expected
  - Unfamiliar work culture
- Entering and adjusting to the work profession
  - Assessing self and deciding whether to stay in nursing
  - Building up competency
- Gaining more confidence
  - Problem solving
  - Emotional control
  - Finding an appropriate way for oneself

### Taking the aggression out of caring

**Source:** Nurse Education Today

**In a nutshell:** Aggressive care sounds like a contradiction in terms but it happens whenever people who are near the end of life are subject to artificial feeding, resuscitation and unnecessary treatment when they would have preferred to slip away easily. In this study Mary P. Bennett, from Western Kentucky University, led a team of researchers looking into the effectiveness of a brief one-hour intervention on 471 nursing students' approach to patients nearing the end of their lives. Before the lecture nursing students had aggressiveness of care scores similar to those of experienced staff nurses and were more likely to provide more aggressive care to younger patients without 'do not resuscitate,' orders than to older patients without one. After the lecture the students' aggressiveness of care scores were reduced for all patients regardless of their age. Previous experience in caring for a dying patient or relative did not have a significant effect on the students' aggressiveness of care scores either before or after the lecture.

You can read the abstract of this article [here](#).

## Who ends up on the crash team?

**Source:** Nurse Education Today

**In a nutshell:** Sometimes however, (see above), an aggressive response to a patient going downhill is just what is needed and in this study Judy Currey, from Deakin University in Australia, led a team of researchers who looked into what type of people end up on rapid response and medical emergency teams. Of the 91 nurses who took part in the study 88.3% were women and 54.4% held a Bachelor of Nursing degree. The nurses had an average of 20 years' nursing experience and a median of 14 years' experience in critical care. The nurses frequently formed part of medical emergency teams with nearly half of them seeing clinically-deteriorating patients more than once a day (37.9%) or every day (10%). There were four main themes to what the nurses thought should be in a rapid-response team curricula which were:

- Clinical deterioration theory
- Clinical deterioration skills
- Rapid-response system governance
- Professionalism and teamwork

You can read the abstract of this article [here](#).

## Teaching nurses to cope with aggression

**Source:** Nurse Education Today

**In a nutshell:** Being in hospital, or having a relative therein, can be a stressful time for all concerned and this sometimes leads to violence. In this study Scott Lamont, from the University of Sydney and Scott Brunero from Western Sydney University studied the effectiveness of a workplace-violence training programme designed to teach risk assessment and management, de-escalation skills and breakaway techniques. 78 students took part in the study which found that the programme led to significant improvements in "behaviour intention," scores and students' confidence.

You can read the abstract of this article [here](#).

## The Madam Butterfly effect in Taiwan

**Source:** Nurse Education in Practice

**In a nutshell:** In 2015 there were 507,266 foreign spouses in Taiwan. 68% of them came from the People's Republic of China while 29% came from South-East Asia. Providing nursing care for these mixed families can be challenging and in this study Luna Chang, from the University of Texas at Houston, led a team of researchers looking into the effectiveness of a "short-term reinforced cultural course," combined with the effects of going out into the community to practise. The study found that,

compared to a control group, the students who took the course showed a “significantly improvement [sic] of transcultural nursing competence.”

You can read the abstract of this article [here](#).

### Social support and caring in nursing students

**Source:** Nurse Education in Practice

**In a nutshell:** Most people would like their nurses to be caring and in this study Sigalit Warshawski, from Tel Aviv University, led a team of researchers looking into the links between the social support nursing students received and gave one another and their caring behaviour. 246 first- and fourth-year nursing students took part in the study which found that the first-year students received significantly more social support from their family and friends than fourth-year ones. The first-year students reported an increase in their use of social support through social-media platforms during their first semester of studies. The study also found that social support from family, peers and social-media platforms was “associated to caring perception.” The fourth-year students scored higher than first-year students in their caring perceptions and peer-caring behaviours. The researchers concluded that “nurse educators should encourage the use and practice of peer caring behaviours among students as [a] professional means of facilitating future caring relationships with patients and their families.”

You can read the abstract of this article [here](#).

### When assertiveness is a foreign language

**Source:** Nurse Education Today

**In a nutshell:** In theory the student nurse watching an operation for the first time should feel free to tell the Regius Professor of Orthopaedics that he’s about to chop the wrong leg off. In practice things don’t always work this way and power relationships can make it hard for people to raise concerns and be assertive when they are worried about patient safety. This problem is particularly acute in Japan where inherent cultural and social norms discourage assertive communication. In this study Mieko Omura, from the University of Newcastle (in New South Wales, not Tyneside), led a team of researchers looking into Japanese nurses’ perceptions of the relevance and use of assertive communication in healthcare. The researchers found that although patient-centred care and patient advocacy were core values for many of the participants, strict hierarchies, age-based seniority and concerns about offending a colleague or causing team disharmony impeded their use of assertive communication. Novice nurses were particularly reluctant to speak up because of their perception of having limited knowledge and experience.

You can read the abstract of this article [here](#).

## Assertiveness and the deteriorating patient

**Source:** Nurse Education in Practice

**In a nutshell:** Also tackling assertiveness were a team of researchers led by Beverley Duff, from the University of the Sunshine Coast, in Australia. In their study the researchers examined the effectiveness of an educational programme on nurses' ability at recognising, and responding to, deteriorating patients. 32 nurses took part in the study which found that the most useful part of the workshops were patient advocacy and assertiveness skills.

You can read the abstract of this article [here](#).

## What makes nurses good at maths?

**Source:** Nurse Education Today

**In a nutshell:** As well as learning how to give somebody an injection and getting to grips with slippery concepts like Foucault, Marxism and equality and diversity nurses also do quite a few sums during their studies. In this article Vivian Ott, from Purdue University Northwest in Indiana, led a team of researchers looking into which characteristics led students to become successful in quantitative courses – specifically first-year chemistry, first-year maths and pathopharmacology. The researchers concluded that the more successful students tended to be older and have a higher income and a higher high-school grade-point average. Less successful students entered directly from high school and had not earned credit for doing advanced courses while they were there.

You can read the abstract of this article [here](#).

## Training nurses to keep patients hydrated

**Source:** Nurse Education Today

**In a nutshell:** People in nursing homes are a bit like pot plants. They tend not to move around too much and need regular supplies of water, otherwise they start to wilt. Dehydration can be quite a problem in nursing homes leading to all sorts of problems such as kidney stones and bladder infections. In this study Carolynn [sic] Green, from the University of West London, led a team of researchers looking into the effectiveness of an interactive training session for care-home staff. The researchers first looked at hydration care within two nursing homes and then developed and delivered an interactive training session based on their observations. 18 training sessions were delivered, covering a total of 161 people. There was a significant increase in self-reported knowledge across all six facets of hydration care and the majority of patients found the training enjoyable and useful.



You can read an abstract of this article [here](#).

### [Are assessors consistent?](#)

**Source:** Nurse Education in Practice

**In a nutshell:** Nursing students are often assessed on their ability to carry out certain physical processes or examinations such as giving someone an injection or measuring their blood pressure. No one has found a way for robots to assess this yet – it won't be long – so marking depends on an assessment by human beings who can have good and bad days. In fact nursing students often complain about variability in the way they have been assessed. In this study Sabine S.S. Dunbar, from the Western University of Health Sciences, got six nurse educators to observe and independently grade a physical examination performed by a simulated student actor on a simulated patient actor. The researchers also filmed the examination and showed it back to the educators a month later. Ms Dunbar found “a discrepancy in pass/fail determinations among evaluators existed with both methods of grading,” and that “measurement of percent agreement on individual checklist items revealed items with unacceptable inter-rater agreement.”

You can read the abstract of this article [here](#).

### [Fostering empathy in nurses. What does the research really say?](#)

**Source:** Nurse Education in Practice

**In a nutshell:** It's a moot point whether anyone can really imagine what it feels like to be somebody else let alone whether the ability to do this can be taught. Nothing daunted nursing researchers have spent a lot of time and effort looking into this topic and in this article Naleyva Everson, from the University of Newcastle in New South Wales, led a team of researchers reviewing the evidence. The researchers did not identify any studies that clearly demonstrated an increase in students' empathic concern after taking part in an educational programme although they found that mindfulness-based stress reduction, providing empathy content at each stage of a degree, programmes that incorporated the film [Wit](#), and [Balint groups](#) “may promote empathic concern.” The researchers concluded that “in [the] light of the significant impact of health professionals' levels of empathic concern on outcomes for patients and health professionals, further research using robust designs and appropriate psychometric scales is needed to inform the development of education programmes in this area.”

You can read an abstract of this article [here](#).



## What helps nurses deal with stress?

**Source:** Nurse Education Today

**In a nutshell:** Nursing students often suffer from stress and in this study Flora Xuhua He, from the Australia Catholic University in Sydney, led a team of researchers trying to find out more about it. 538 students took part in the study which found that stress had a significant effect on psychological wellbeing; that self-efficacy, resilience and mindfulness all had a positive effect on psychological wellbeing and that external factors such as social support also contributed towards wellbeing. The nurses who took part in the study were older than average and had higher levels of stress and psychological wellbeing than younger nurses which the researchers thought might be down to their difficulties in juggling responsibilities between study, work and family and having to study more online.

You can read the abstract of this article [here](#).

## Learner-centred teaching in a patient-centred world

**Source:** Nurse Education Today

**In a nutshell:** Learner-centred teachers empower students to take responsibility for their learning and use course content to develop students' learning skills. A learner-centred teacher "assumes the role of a facilitator and guide, and uses evaluation to promote learning and assist students [to] develop into independent and self-directed learners." In this article Olabisi Oyelana, from the University of Alberta, led a team of researchers who interviewed ten clinical-nursing faculty members who had at least two years of clinical teaching experience. Three themes emerged from the interviews which were:

- Diversity of meanings
- Facilitators of learner-centred teaching
- Barriers to learner-centred teaching

The over-arching theme of 'learner-centred teaching in a non-learner-centred world,' was "coined from participants' accounts of their experiences of barriers in incorporating learner-centred teaching," in the practice settings.

You can read the whole of this article [here](#)

## More burnt-out but more committed – how nursing placements affect students

**Source:** Nurse Education Today

**In a nutshell:** Doing a placement on a ward can be a sink or swim experience for nursing students and in this study Sultan Ayaz-Alkaya, from Gazi University in Ankara, led a team of researchers asking 101 final-year nursing students about their levels of professional commitment and burnout before and after their placements. After doing their internship 77.2% of the students said that they were pleased to study nursing and 83.2% said that they were pleased to be a senior student. 55.4% did not have any intention to change their profession. 81.2% wanted to work as nurses and 82.2% were planning for career advancement. However while the students were still committed to nursing the percentage who described themselves as suffering from burnout rose from 34.7% before their placement to 43.6% after it.

You can read the abstract of this article [here](#).

### What do nurses get taught about malnutrition?

**Source:** Nurse Education Today

**In a nutshell:** Older people in hospital often suffer from malnutrition, either because they have trouble eating food or because they lack the physical, organisational or financial wherewithal to prepare it. It's important that nurses know about malnutrition and in this study Doris Eglseer, from the Medical University of Graz in Austria, led a team of researchers looking into what nurses get taught about malnutrition at nursing school. 131 institutions took part in the survey of whom 86.3% addressed the topic of malnutrition in their educational programmes and 73.7% addressed the topic of malnutrition in older adults. Malnutrition screening (70.8%), causes of malnutrition (67.2%) and consequences of malnutrition (68.7%) were frequently addressed. Topics that were rarely addressed included nutritional support in intensive care units (23.7%), cooperation in multidisciplinary teams (28.2%), dietary counselling (32.1%) and the responsibilities of various professionals in nutritional support (35.1%).

You can read the abstract of this article [here](#).

### How nurses get better at talking to granny

**Source:** Nurse Education Today

**In a nutshell:** Self-efficacy differs from self confidence in that it relates to a particular skill. So while James Corden might generally be thought to be well-equipped with self-confidence he might not feel much self-efficacy as the gun fired at the beginning of an Olympic 10,000m race. In this study Karin Skoglund, from Mälardalen University in Sweden, led a team of researchers investigating levels of self-efficacy at communicating with older people in a sample of first- and third-year nursing students. The third-year students had higher levels of self-efficacy than the first-year ones. For first-year students having previous experience in health care

and/or looking after older people was linked to a higher level of self-efficacy but by the time the students had reached their third year these factors made no difference. Age was not found to make any difference to the nurses' self-efficacy in either their first or their third year.

You can read the abstract of this article [here](#).