

Education Horizon-Scanning
Bulletin – August 2015

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General Education

Change of policy on Tier 4 students

Source: NHS Employers' web site

Date of Publication: August 2015

In a nutshell: From the 3rd August 2015 new students from abroad applying to study at state-funded further-education colleges will no longer have the right to work while they study. People from outside the European Economic Area who want to study at a British university will be sponsored by that university to undertake their studies. Some college students who have a Tier 4 visa can work – this depends on the level of the course they are doing and the type of sponsor they have. Employers should check whether students *are* entitled to work before offering them a job and that they are allowed to do the kind of work employers are offering them. Students who are allowed to work will have this indicated in their Biometric Residence Permit which says whether they are permitted to work and the number of hours a week they are allowed to work during term time.

You can find out more about Tier 4 students [here](#).

Medical Education

Should parents assess paediatricians?

Source: BMC Medical Education

Date of Publication: August 2015

In a nutshell: It's one of those ideas that – in retrospect – seems so obvious that you wondered why nobody had thought of it before. Getting patients to rate junior doctors. In this article Katherine A. Moreau from the Children's Hospital of Eastern Ontario Research Institute in Ottawa, and colleagues, look at the ins and outs of getting parents to rate the care provided to their children by paediatricians. If parents are to assess paediatricians it's important to understand:

- What parents can legitimately assess
- What methods they can use to assess doctors
- How methods can be created for parents to assess doctors
- How parents' assessments can be created
- How to improve the legitimacy, use and effectiveness of parents' assessments
- The consequences of parents assessing paediatricians

What's the best way of teaching medical students cost improvement?

Source: BMJ Quality and Safety

Date of Publication: August 2015

In a nutshell: Quality improvement is a hot topic in health-care at the moment, not just in the NHS, but all over the world but it's not clear how this can best be taught to medical students. These two articles in *BMJ Quality and Safety* look at the pros and cons of teaching quality improvement to junior doctors. In particular it discusses the teaching, and use of Lean methodology. Unlike other improvement techniques where junior doctors could have moved on somewhere else, qualified and quite possibly retired before any of the improvements they have suggested are enacted Lean

techniques can be put into place within a few days. However, the most effective ways of teaching Lean concepts have not been established yet and teaching them often involves residential courses which are expensive and often start with theoretical concepts and Japanese terminology rather than the practical application of the methodology. At the same time hours spent being taught Lean methodology necessarily reduces the time available for learning about clinical medicine so there needs to be a balance struck between the two topics. There is also a risk that methods of measuring quality could be used as a stick to beat trainees with rather than as a method of improving them. Ideally quality reports should not be used to assess individuals because so many of the factors affecting the quality of patient care are outside their control – instead junior doctors should be given meaningful opportunities to be part of a quality-improvement project which leads to tangible change.

You can see the full text of this article [here](#).

[Supervision, talent development and clinical environment](#)

Source: BMC Medical Education

Date of Publication: August 2015

In a nutshell: Developing junior doctors' talents requires robust supervision. In this study Anusuiya Subramaniam, from Universiti [sic] Putra Malaysia, compared how three different types of supervision affected talent development. The study compared coaching, mentoring and abusive supervision and – perhaps not surprisingly – found that coaching and mentoring supervision were most effective. The nature of the clinical learning environment was also found to have an influence on how much the different models of supervision affected talent development.

You can see the full text of this article [here](#).

[Survey shows gaps in GP-trainee recruitment](#)

Source: GPonlin.com

Date of Publication: August 2015

In a nutshell: One in five GP trainee spots in England are still unfilled – despite two rounds of applications for prospective trainees. The North East and East Midlands have the highest rate of unfilled posts while Kent, Surrey and Sussex and the Thames Valley regions have filled all their vacancies.

You can find out more about this story [here](#).

[Training, exams and professional identity. Holy trinity or parallel lines?](#)

Source: Medical Teacher

Date of Publication: August 2015

In a nutshell: Forming a professional identity is an important part of becoming a doctor. This is a process that goes together with passing exams and learning by experience but how much are the three things different aspects of the same whole – like the persons of the Trinity – and how much do they proceed on parallel but wholly separate lines? This was a question Annette Wood, from Birmingham University, set out to answer in a series of interviews with 15 registrars from the West Midlands Public Health Training Programme. The interviews pointed to a lack of integration between academic and workplace learning and between exams and professional-identity development. The registrars considered sitting their exams and what they learnt in the workplace to be two parallel processes. At the start of their careers passing their exams was seen as a key part of the development of a professional identity but this was replaced by the opinion of others by the time the registrars got to the third year of their training. Having a Masters' degree in Public Health was less important but played a different role in their perceived acceptance by the wider Public Health workforce.

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

[Private schooling improves chances of getting into medical school](#)

Source: BMC Medical Education

Date of Publication: August 2015

In a nutshell: People who go to public schools are more likely to win a place at university to study medicine. But is this because they have better academic qualifications or because there is some other advantage of having been to a public school? Muir Houston from Glasgow University looked at data from 2004 and found that even taking academic achievement into account people who had been to a public school were more likely to get a place studying medicine.

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

[Do medical students get better at managing their own learning?](#)

Source: Medical Teacher

Date of Publication: August 2015

In a nutshell: It's usually considered a good idea for junior doctors to be able to manage (self-regulate) their own learning. In this study Susanna M. Lucieer, from the Institute of Medical Education Research in Rotterdam, led a team of researchers looking into how this worked in practice over the course of students' medical education. They surveyed 949 medical students comparing first- and third-years. The researchers found that only the students' abilities to be reflective improved between the first- and third-years. Abilities to monitor and reflect upon one's work and effort were related to students' marks in their first year but only effort was related to students' marks in their third year.

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

Depression and stress in medical students. When does the rot set in?

Source: BMC Medical Education

Date of Publication: August 2015

In a nutshell: Medical students often go down with stress and depression but it's not clear when this starts to happen. Allison B. Ludwig, from the Albert Einstein College of Medicine in New York, led a team of researchers looking into this issue. They surveyed medical students in the first year of their studies and in their third year and compared the results. The students' stress scores rose from 5.51 in their first year to 6.49 in their third year while the percentage deemed to be at risk of depression rose from 28.4% of the first-year students to 39% of the fourth-year ones.

You can see the full text of this article [here](#).

Nurse Education

Simulation for paediatric intensive care. What does the research say? Not a lot...

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: High-fidelity patient simulation (HFPS) is a more-than-usually realistic simulation of a situation likely to occur on the wards used to test, and teach, medical and nursing students. In this literature review Jessica A. O'Leary, from the Queensland University of Technology, led a team of researchers reviewing studies into the effectiveness of HFPS in teaching nurses how to work on a paediatric intensive care unit (PICU). The study found only eight papers on the topic which ranged in quality from moderate to low. HFPS training was associated with improved short-term outcomes and certainly did no harm but the reviewers said it was hard to come to any conclusions on this topic given the lack – and poor quality – of research on it.

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

Weighing up nurses' reflective journals

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: During their training nurses often take part in high-fidelity simulation; very realistic recreations of clinical situations which allow them to practise without endangering patients. Yet does taking part in such simulations really improve nurses' clinical judgement? In this study Michelle Bussard, from the Firelands Regional Medical Center [sic] in Ohio, looked at the reflective-learning journals written by 30 nursing students as they took part in four high-fidelity simulations analysing

their reflections using Lasater's Clinical Judgement Rubric. She found that the students' reflections after the first simulation contained 172 comments that could be categorised as either beginning or developing in clinical judgement and 65 as accomplished or exemplary. By the fourth simulation only 52 comments were identified as beginning or developing while 170 were accomplished or exemplary.

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

Do students' learning styles change over time?

Source: Australian Journal of Education

Date of Publication: August 2015

In a nutshell: Some – although not all – educational theorists believe that everyone has their own learning style. Visual people learn by watching, aural by listening, some people learn by reading and writing and kinaesthetic people learn by doing. Eleanor K.L. Mitchell from Monash University and Santhamma James from the Australian Catholic University looked into whether these learning styles changed after six months in a sample of 96 first-year nursing and midwifery students. They asked about students' information-processing style (how they made sense of what they had been taught) and their instructional-preference style (how they preferred to be taught). They found that both changed over the six months for the majority of students, although 45% stuck with the same information-processing and instructional-preference styles. 30% of the students became more comfortable using a range of learning styles and 25% showed a change from one learning style to another.

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

Emotional intelligence and healthy living

Source: Journal of Nursing Education

Date of Publication: August 2015

In a nutshell: Emotional intelligence is the ability to recognize one's own and other people's emotions, to discriminate between different feelings and label them appropriately and to use emotional information to guide one's thinking and behaviour. Alberto Lana, from the University of Oviedo in Spain, led a team of researchers looking into the links between emotional intelligence and healthy living in a group of 275 nursing students who were assessed for emotional intelligence and asked about drinking, smoking etc. The study found that students with a higher level of emotional intelligence were more likely to drink sensibly, eat more fruit and vegetables and had less unprotected sex.

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

Training midwives to talk about stillbirth

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Talking to pregnant women about stillbirth is a tricky topic and most midwives shy away from it. Jane Warland, from the University of South Australia in Adelaide and Pauline Glover from The Flinders University, also in Adelaide looked into the effectiveness of a half-day workshop at teaching midwives about some of the causes of stillbirth and helping them feel more comfortable talking about it. The workshop first provided participants with up-to-date intervention about the risk factors for stillbirth, including ones which pregnant women could do something about and then gave them the opportunity to practice a range of strategies which would help them become more confident in raising and discussing stillbirth as a topic. Three workshops were laid on and 109 midwives went to them. After the workshops there was a 'statistically significant,' improvement in knowledge about stillbirth as well as in the midwives' willingness to talk to pregnant women about it.

You can see the abstract of this study [here](#).

The nurses' book club

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: Whatever their backgrounds or thoughts on life, the universe and everything nursing students have to make the transition from idiosyncratic 'lay' people to professional carers. This article, whose lead author is Margaret McAlliste from CQ University in Australia, looks at the way literature can help nursing students make this change. It argues that 'appreciating nuance, symbolism and deeper layers of meaning in a well-drawn story can promote emotional engagement and cause learners to care deeply about an issue' and that aesthetic learning from novels, memoirs and picture books can stimulate creative and critical thinking. Educators can help students with guided engagement, getting them to examine their assumptions, distinguish personal from professional values and re-examine their own perspectives.

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

Does written debriefing help with simulation?

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: Simulation is now an established part of training for healthcare professionals. After students have taken part in a simulation they talk about it with their tutors – a debriefing. Most educational theorists think that the debriefing is when most learning takes place but there isn't much evidence as to how or why this happens. Shelly J. Reed, from Brigham Young University in Utah looked into whether doing some writing was an effective addition to the debriefing process. Nursing students were split into three groups. One group just had their debriefing with their tutor,

one group wrote a journal about it and the third group blogged. The students filled out a survey after the debriefings and it was found that, for preference at least, they preferred just having a debrief without having to do any writing about it.

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

How do you measure compassion?

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: The inquiry into the Mid-Staffordshire Hospitals scandal revealed a shocking lack of compassion on the part of nurses. Nursing courses have been trying to teach students compassion – if indeed that’s possible – and this study by Irena Papadopoulos and Sheila Ali from Middlesex University reviewed the literature to see how it was being measured. They found six papers that dealt with this and the ways of measuring compassion included:

- Being empathetic
- Recognising and ending suffering
- Being caring
- Communicating with patients
- Connecting to and relating with patients
- Being competent
- Attending to patients’ needs
- Going the extra mile
- Involving the patient

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

Using blogs in a nursing leadership course

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: People on a senior leadership clinical nursing course at Brigham Young University in Utah were asked to write a blog about their studies. This study by Shelly J. Reed and Debra Edmunds (both from Brigham Young University themselves) looked at how nurses felt about writing the blogs, how they used them, and what (if anything) they got out of it. At first the students were annoyed and intimidated at having to write the blog but they came to feel more positively about it. They said the blog gave them a place to reflect, made them feel connected as a group, allowed them to get feedback from their peers and helped them to learn from their own and others’ experiences. Having to put their thoughts into writing in a shared space was also felt to be helpful to the students’ learning. Blog posts were mostly related to the students’ experiences and concentrated on ‘lessons to be learned.’ Most of the comments on the blog were supportive with words of encouragement or sharing of similar experiences. The researchers concluded that blogging promoted reflection and was an effective way to enhance student learning.

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

Online simulation. Is virtual pretending the way forward?

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Nurses going through their training often take part in simulations, practising by treating people pretending to be patients. Getting nursing students, tutors and pretend patients together in the same room (not to mention any equipment needed) can be quite expensive so Fiona E. Bogossian from The University of Queensland in Australia and her colleagues have developed an online simulation package called FIRST2ACT WEB™. The package contains three simulated situations for students to deal with including videos of patients with deteriorating conditions; interactive clinical tasks and pop-up responses to tasks all timed to assess how well the students are doing. 409 students started the programme of whom 367 finished it. The number of students achieving 'passing clinical knowledge,' increased from 78% before the simulation to 92% after it. The researchers concluded that FIRST2ACT WEB™ effectively enhanced knowledge, skills, confidence and competence in final-year nursing students.

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

What do nurses need to know to care for the elderly?

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Like a lot of other countries the Dutch find themselves having to look after more and more old people as the balance of the population ages. However the curricula of nursing school doesn't always cover looking after elderly people so Barth Oeseburg from the University of Groningen led a team of researchers looking into what needs to be taught in colleges to prepare nursing students to look after old people. After talking to a number of experts they came up with 116 essential competencies for nursing assistants and 42 essential competencies for care helpers. Among other things the competencies cover:

- Autonomy
- Daily functioning
- Prevention of health problems
- Health aging and wellbeing
- The involvement of informal care
- Working with informal carers

The challenge for the researchers now is to get Dutch universities to accept and build their curricula around these competencies.

You can find out more about this research [here](#).

Teaching nurses about patient education

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: Nurses are often asked to educate patients but are they given the right training to do the job? North Carolina decided to introduce a universal programme to educate parents about abusive head trauma (i.e. convincing them it's not a good idea to shake their babies). Nurses at 85 hospitals and one birthing centre received standardised training in the content of the course, how to deliver it and how to be consistent in what they taught to patients. 4,358 nurses filled out an evaluation about the course and the results demonstrated high levels of satisfaction with the usefulness of the course as well as 'adherence to the programme model.'

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

Can nursing students come to terms with old age?

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Gerotranscendence occurs when old people shift their point of view from a materialistic, rational one to a more cosmic and transcendent stance acknowledging the mysteries of life and seeing things from a more holistic viewpoint. Yen-Chun Lin, from Chang Jung Christian University in Taiwan, worked with other researchers to develop a gerotranscendence programme for 41 caregivers in old people's homes and examined its effects on the students' ability to recognise gerotranscendence, their attitude towards aging and their 'behavioural intention towards caring for the elderly.' The study found that the educational programme improved the students' ability to recognise gerotranscendence and their intention towards caring for the elderly in the short term but that after three months the students' attitudes towards old people were no different to their attitudes before the course.

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

Student placements in community health

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Nursing students who have work placements in community health sometimes find themselves working for organisations that aren't affiliated with the health-care system that don't employ registered nurses. Em M. Pijl Zeiber, from the University of Lethbridge in Canada, led a team of researchers talking to nursing students who had been for placements in such organisations. The researchers found that while the placements offered 'unique opportunities for learning through

carefully crafted service learning pedagogy,' there was a gap between the theory of what the students had learnt and practice and between their expected and actual performance.

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

Thumbs up for patient feedback

Source: Nurse Education in Practice

Date of Publication: August 2015

In a nutshell: Patients' views are increasingly being taken into account when it comes to assessing student nurses. This study, led by Kate McMahon-Parkes, from the University of the West of England, looked into the experiences of people using, and being assessed by, a questionnaire designed for patients to assess student nurses. The study found that patients felt they should be involved in giving feedback, felt comfortable doing so and felt best placed to judge students' performance in several aspects of care and that the students themselves, and their mentors, agreed with them. The students and mentors felt that feedback from patients helped the students improve their competence and confidence and helped the mentors to assess the students' professional values, communication and interpersonal skills. However, the mentors were less happy about getting feedback from patients on their own practice!

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

The ins and outs of cinenurducation

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Academics tend to handle the English language with the same finesse as a man in boxing gloves working in a tattoo parlour. The latest enormity perpetrated by educational theorists is 'cinenurducation,' – using films to teach nurses, as normal people might say. Jina Oh, from Inje University in South Korea, looked into the use of film in teaching nurses about child growth and development. 83 students took part in the study. The students preferred to watch films in a group, rather than on their own and preferred watching a full film to just clips. When asked to produce a written response to the films the students preferred to write personal essays to group reports.

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

How rude – and why - are (Egyptian) nursing students?

Source: Nurse Education Today

Date of Publication: August 2015

In a nutshell: Behaving badly in the classroom doesn't always stop when people leave school as anyone who has had to teach a group of first-year dental students databases on a Friday afternoon can testify. In this study Sanaa Abd El-Azeem Ibrahim, from Port-Said University in Egypt, asked 186 nursing students and 66 lecturers about nursing students' incivility. They found that nearly two-thirds of them said they had experienced irresponsible behaviours and more than half (55.9%) said that they themselves had behaved badly. 55.4% of the students recorded a high level of uncivil behaviour although the lecturers didn't think that the students' behaviour was that bad. Factors affecting students' behaviour included:

- Environmental climate
- Study climate
- Faculty policies
- Political atmosphere
- Lecturers

The students thought that lecturers' attitudes and behaviour was a very important factor in incivility and there was also a link between 'inactivated,' faculty policies and students being irresponsible, aggressive and incivil.

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