

Education Horizon-Scanning  
Bulletin – September 2015

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JET Library – Mid-Cheshire

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## Continuing education

### Hand surgeons use LinkedIn to keep in touch

**Source:** Journal of Continuing Education in the Health Professions

**Date of Publication:** September 2015

**In a nutshell:** It can be difficult for doctors who have already qualified to keep up with all the latest developments; partly because they have patients to treat and partly because – in some areas at least – things change so quickly that it can be hard to keep up with them. One way of doing so is by using social media and in this article Vaikunthan Rajaratnam from Khoo Tech Puat Hospital in Singapore looked at the growth of a LinkedIn community for hand surgeons. The number of members of the community rose from 38 at the start to 4,106 by August 2015 with members drawn from all over the world. There were 151 discussion topics which generated 1238 comments at an average of 8.2 comments per thread. The topics focused on management of (medically) difficult patients, seeking consensus and searching for information. Features people found most useful included discussions about cases, polls and surveys and opportunities for networking.

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

## General healthcare education

### Do Paramedic students have less empathy?

**Source:** Nurse Education in Practice

**Date of Publication:** September 2015

**In a nutshell:** Empathy is usually seen as a good thing among health professionals. Women are more likely to consider themselves empathetic than men but do different groups of health-care professionals differ in their ability to feel empathy for other people? In this study Brett Williams, from Monash University in Australia, tracked levels of empathy in paramedic students over three years. 552 students filled out the Jefferson Scale of Empathy. The results showed that the female paramedic students said that they had more empathy than the male ones but that the paramedic students' levels of empathy were lower than those of other health professions.

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

## Online learning for physiotherapy

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** This study – led by Aleksandra K. Mącznik from Otago University in New Zealand – looked at online learning aimed at physiotherapists. The researchers reviewed all the literature and found 22 high-quality studies, most of which looked into the use of web sites and online discussion boards. It found that websites were effective in improving students' practical skills and that discussion boards helped them acquire knowledge as well as developing their reflective and critical thinking. The students had positive perceptions about the websites which – they considered – presented them with entertaining and accessible resources, allowed for learning from a number of different perspectives and provided easy communication and support. Barriers to the use of

websites included difficulties with internet connections, insufficiently interactive materials and a personal preference for paper-based materials.

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

## Inter-professional Education

### [Inter-professional education for learning disability care](#)

**Source:** Journal of Policy and Practice in Intellectual Disabilities. 12(3), p. 172-180

**Date of Publication:** September 2015

**In a nutshell:** As fewer and fewer people with learning disabilities are cared for in institutions healthcare professionals in the community find themselves dealing with them much more often. A team of researchers from Queen's University in Canada developed an inter-professional course on learning disabilities which medical and nursing students went to alongside those studying clinical psychology, occupational therapy and physiotherapy. The course used a combination of online learning, lectures, team-based problem-solving and interviews with people with learning disabilities. 247 students took part in the study and the course was found to produce significant improvements in people's knowledge of, skills in and attitude towards looking after people with learning disabilities.

Unfortunately at time of writing the web page for this journal was down but the volume, issue and page numbers are given above for those interested in finding out more about it.

## Medical Education

### [Testing for situational judgement in medical-school applicants](#)

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** In addition to knowing how to treat sick people society would prefer its doctors to have all sorts of moral qualities too – things like honesty, integrity, trustworthiness etc. These can be more difficult to assess but one of the ways of doing so is by using a situational-judgement test where doctors, or potential medical students, are asked what course of action they would take in a particular set of circumstances. A team of researchers, led by Adrian Husbands from the University of Buckingham, looked into the effectiveness of a situational-judgement test in a study of 200 youngsters trying to get a place at Dundee Medical School. By matching youngsters' scores on the situational-judgement test to an existing personality test they found that it correlated significantly with honesty/humility, conscientiousness, extroversion and agreeableness. The candidates' scores on the situational-judgement test were also linked to how they were rated in a short interview by lecturers but their scores weren't linked to academic achievement showing that the situational-judgement tests were measuring something other than just cleverness.

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

### [How do medical schools put e-learning into practice?](#)

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Most medical schools have leapt onto the bandwagon and done something or other with e-learning. However, most studies into e-learning tend to have been done at a specialty or local level rather than giving a broad overview of how medical schools are using it. David Black, from the Bundeswehr Hospital in Berlin, led a team of researchers carrying out a survey of medical schools in Germany, Austria and Switzerland. They found that all the medical schools that responded to the survey had implemented e-learning but mostly as an optional supplement to the curriculum rather than as an integral part of it. E-learning involved a wide range of formats across several different disciplines although 97% of the schools used some kind of online platform. Half of the medical schools employed someone full-time to work on e-learning and people in these jobs had a 'positive and significant,' effect on the use of e-learning in their schools. 81% of the schools offered training programmes and qualifications for lecturers and 76% offered performance-related bonuses for getting involved with e-learning.

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

### [Calls for more training in palliative care](#)

**Source:** British Medical Journal

**Date of Publication:** September 2015

**In a nutshell:** Experts have called for more investment in training people to look after dying patients. The Parliamentary Select Committee on Public Administration and Constitutional Affairs held a one-off session to look into this issue following the publication of *Dying without dignity* – a report from the Office of the Parliamentary and Health Service Ombudsman. Professor Irene Higginson, from King's College London, said that in five years of medical school the average amount of training that a doctor gets in palliative care is 20 hours – nowhere near enough in her opinion – while Jane Collins, the chief executive of Marie Curie cancer care said that 'staff no longer appear to feel confident in looking after people who are dying ... a lot more work needs to be done ... at undergraduate and postgraduate level.

You can find out more about this select-committee hearing [here](#).

### [Getting medical students used to out-of-hours on calls](#)

**Source:** BMJ Quality Improvement Reports

**Date of Publication:** September 2015

**In a nutshell:** One of the more daunting aspects – amid some stiff competition, one assumes - for junior doctors starting out working on the wards is being on call out of hours. Doctors at the Royal Brisbane and Women's Hospital in Australia found that medical students had had very little experience in this yet were asked to do out-of-hours on calls shortly after they graduated. They implemented a buddy system in which a medical student shadowed a junior doctor in general surgery for an out-of-hours shift. The students attended a four-hour evening shift on a general surgery ward. Familiarity of expectations about what was required from junior doctors on a night shift improved significantly after the work shadowing and all the students and doctors who took part in the scheme said it was worthwhile.

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

## Medical students and 'weight bias.'

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Despite the fact that only saints and robots are truly unbiased in their views of other people doctors and medical students are often accused of demonstrating implicit (automatic and unconscious) or explicit (deliberate and conscious) bias against this, that and the other 'stigmatised,' group. This particular brand of educational McCarthyism has now turned its attention to fat people. Sean M. Phelan, from the Mayo Clinic in Rochester, Minnesota, led a study of 1,795 medical students from 49 medical schools asking them about 'weight bias.' The study found that greater implicit and explicit biases were associated with less positive contact with fat patients and more exposure to lecturers who themselves displayed discriminatory behaviour or made negative comments about fat people. Increased implicit bias was also associated with students having had training in how to deal with difficult patients. On average implicit weight bias decreased and explicit bias increased during medical school.

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

## Checking checklists are up to scratch

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Medical students are often assessed at their ability to carry out a particular procedure using a checklist. However, students might omit a crucial part of this checklist with grave consequences for patients' safety yet still score 19 out of 20 having complied with other less-important parts of it. Irene W. Y. Ma – from the University of Calgary, in Canada – led a team of researchers who developed an "error-focused checklist," to assess students' ability at carrying out a lumbar puncture. They asked assessors to rate 18 videos of doctors carrying out lumbar punctures using a traditional checklist and the new 'error-focused,' one. The study found that the error-focused checklist was much more accurate at identifying procedural competence than the more traditional one.

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

## Medical students – a breed apart?

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Medical students can form a cliquy group among other students – perhaps because they are more likely to be working or in lectures while other students are relaxing and enjoying themselves. Ben Lovell, from the Royal London hospital, looked into 'community forming,' in a study of 32 final-year medical students from two major teaching hospitals. He found four major themes emerged from his interviews with the students:

- 1) Enforced isolation which arose because of the geographical and institutional separation of medical students
- 2) Self-isolation – the tendency of medical students to form exclusive social groups to maximise their opportunities to decompress, obtain ‘social constancy,’ and learn from one another
- 3) A supportive network – the medical community providing its members with mutual support
- 4) Judging self and others – the respectful, and critical, ways in which medical students see themselves and their peers

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

### What’s the best way of teaching clinical reasoning?

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Clinical reasoning – working out what is wrong with a patient and what to do about it – is quite important, to put it mildly, when you’re a doctor but it is something that is usually left until medical students are on a clinical rotation where their supervision can be sketchy and their opportunities to practise limited. Medical schools have started to introduce pre-clinical clinical-reasoning courses and this study – led by Henk G. Schmidt, from Erasmus University in Rotterdam – reviewed the research into such courses. It found that universities used two main ways of teaching clinical reasoning: the serial-cue approach where cases are unfolded to students gradually, or the ‘whole-case’ format where they are presented with all the details of a particular case all at once. The most common approach turned out to be the serial-cue one although evidence supporting its effectiveness was lacking. Whole-case approaches where students were encouraged to acquire and apply knowledge did show some evidence of effectiveness but approaches in which the object of the exercise was to teach students a particular way of thinking were shown to be largely ineffective.

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

### GP trainees using Facebook™

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** “Asynchronous distance learning in a blended environment,” is a prize example of the kind of linguistic atrocities perpetrated by educational theorists. What it really means is that people work at their own pace using a variety of different materials, including some online ones. Hubert Maisonneuve, from the Faculty of Medicine in Geneva, led a team of researchers looking at how social-networking sites like Facebook™ can help with this type of learning. They interviewed eight junior doctors in the second and third years of their training. The researchers found that using social-networking sites facilitated the engagement of users in their learning tasks and stimulated students’ interactions and group cohesion when they met together in the flesh. Most of the junior doctors like using social networks in this context and the networks improved their engagement with learning and their participation in group discussions.

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



## Key Features exams – going one step beyond multiple choice

**Source:** Medical Teacher

**Date of Publication:** September 2015

**In a nutshell:** Key Features Examinations go one step beyond multiple choices asking medical students questions such as ‘what three tests would you carry out on this patient?’ or ‘what four symptoms would you expect to see in someone suffering from this disease?’ Kirk A. Bronander, from Nevada University, led a team of researchers developing an online key-features examination and testing it to see how well it worked. 162 third- and fourth-year medical students from eight medical schools took the exam and 96 answered a survey about it afterwards. Most of the students said that it was more difficult than a multiple-choice exam but 83.3% said it reflected the kind of problems seen in clinical practice and 69.9% said that it more accurately assessed their ability to make clinical decisions.

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

## Can medical students get to grips with statistics?

**Source:** Journal of Biological Education

**Date of Publication:** September 2015

**In a nutshell:** Many people might consider an interest in statistics to be a sign of mental derangement and medical students often fail to get to grips with them as much as anybody else. In this study Yazhou Wu, from the Third Military Medical University in Chongqing, China, led a team of researchers asking medical students in China about their knowledge of statistics. More than 70% of the students thought that the medical statistics course was as important as other medical courses. 62.58% of the graduate students thought that it was very hard to learn medical statistics whereas only 27.72% of the undergraduate students thought it was very hard. Both graduate and undergraduate students said that the main difficulties involved in learning medical statistics were its abstract principles and the large quantity of concepts and formulae involved. 70% of the students could conduct a basis statistical analysis of medical data on their own although the undergraduates did better than the graduates. The most common mistake the students made was the misuse of statistical methods.

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

## Going from classroom to ward – how it feels from the inside

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** This study – led by Timothy V. Dubé, from Northern Ontario School of Medicine – described the transition of third-year medical students during their long integrated clerkship. 12

third-year medical students were interviewed and the researchers identified three stages that the students went through:

- Shifting from classroom to clinical learning
- Dealing with disorientation and restoring balance
- Seeing oneself as a doctor

The transition could be characterised as one of entering the unfamiliar – with few forewarnings about the changes, of experiencing moments of confusion and burnout and of eventual gains in confidence and competence in the clinical roles of physician.

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

### The flipped classroom across the curriculum

**Source:** Medical Education

**Date of Publication:** September 2015

**In a nutshell:** The flipped classroom is all the rage in education at the moment. In the flipped classroom students study themselves to learn about a topic *before* their classes and lectures which they spend discussing the topic in more depth and looking into its practical applications. Depending on your point of view it can be a way of deepening students' knowledge and getting them to engage more fully with a topic or a sneaky way of getting them to do all the work while teachers 'facilitate' a discussion over coffee and biscuits. In this study – led by Julia Khanova from the University of North Carolina – 6,010 student comments about a flipped-classroom curriculum were analysed and the end-of-course evaluations from 10 flipped courses were also examined. Several themes emerged from the students' comments which were:

- The perceived advantages of flipped learning
- Concerns about its implementation
- The benefits of pre-class learning
- Concern about the quality and quantity of learning materials
- An increase in workload, particularly when several 'flipped,' courses occurred at the same time
- The role of the instructor in engaging learning and making sure sessions were aligned with the curriculum
- The need for assessments that emphasised the application of knowledge and critical-thinking skills

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

### Do progress tests make any difference?

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** In addition to the 'high stakes,' – i.e. fail this and you're out – examinations medical students have at the end of their courses they often have 'progress,' tests along the way. In theory these encourage deeper learning of topics rather than just last-minute cramming and reduce

assessment-related stress. Yan Chen – from the University of Auckland – led a team of researchers looking into what happened when progress tests were introduced for medical students in years two and four of their studies. (The students took high-stakes tests in their third and fifth years). The students who took the progress tests showed no evidence of deeper learning than those taking more high-stakes exams although they were less stressed.

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

### The hidden curriculum – as seen on TV

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** The hidden curriculum is what junior doctors and medical students learn – that is not explicitly taught – from rubbing along with other medical students, lecturers, junior doctors and consultants, by osmosis, so to speak. The hidden curriculum is, at least in part, a product of the values and practices of the places where students end up working. Agatha Stanek, from the University of Ottawa, led a team of researchers looking into the ‘hidden curriculum,’ manifested in TV medical dramas and took *ER*, *Grey’s Anatomy* and *Scrubs* as her starting point. Having watched a series of each the researchers concluded that the main themes which emerged were:

- The hierarchical nature of medicine
- Challenges during transitional stages in medicine
- The importance of role modelling
- The dehumanization of patients
- Faking or overstating one’s capabilities
- Unprofessionalism
- The loss of idealism
- Difficulties with work-life balance

The researchers concluded that these TV shows could serve as a valuable teaching resource in undergraduate medical programmes.

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

### Teaching medical students history taking

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Taking a patient’s history – how long they have had a particular complaint, has it got worse lately etc – is a key skill of being a doctor. In this study Katharina E. Keifenheim, from Tübingen University in Germany, led a team of researchers reviewing ways in which history taking is taught at medical school. 23 studies were considered good enough to be included in the review. Three studies examined an instructional approach including scripts, lectures, demonstrations and an online course. 17 applied a more experiential approach by using small-group workshops including

role play, interviews with patients and feedback. Three studies used a more creative approach including improvisational theatre and Lego®.

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

## Nurse Education

### Teaching nurses to deal with interruptions

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Every year mistakes in people's medication causes untold harm to patients and costs the NHS considerable amounts of money. One of the reasons why this happens is that people lose concentration when they are interrupted yet this is something nurses aren't usually prepared for during their courses. Carolyn Hayes from the University of Technology in Sydney developed a role-play in which nurses were interrupted while trying to work out a patient's medication. The simulations took place in two campuses in a 'large Australian university,' and 528 second-year nursing students (and eight lecturers) took part in them. The study found that the simulation technique created 'positive learning experiences,' and improved deductive reasoning and analysis as well as creating a heightened awareness of interruptions and their impact on the medication administration process.

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

### Tackling pre-OSCA nerves

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Just as doctors do Objective Structured Clinical Examinations (OSCEs) so nurses do Objective Structured Clinical Assessments (OSCA) both involving students being assessed as they 'treat' people pretending to be patients. Nurses can become anxious before doing OSCAs so Annette Stunden, from the University of Western Sydney, led a team of researchers reviewing the literature on the best ways of preventing this. The team's review found that the best way of dealing with anxiety about OSCAs was to have taken part in one beforehand.

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

### What makes a good first-year placement?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Clinical placements are an integral part of nurses' education but they don't always work out as well as they could. John Cooper, from the University of Tasmania, led a team of researchers looking into the first-year placement experiences of 361 first-year undergraduate nurses between 2010 and 2012. According to the first-year nurses the three most important factors in the success or failure of their placements were:

- Feeling welcomed
- Individual vs team attitudes
- Students' expectations of supervising ward nurses

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

### Concept mapping – does it really work for nursing students?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Concept mapping is a way of teaching that uses diagrams to represent knowledge and processes. Molouk Jaafarpour, from Ilam University in Iran, looked at the use of concept mapping in a study of 64 nursing students which compared using concept mapping to having a regular test as part of a course. The students' who had used concept mapping got higher scores in tests than the ones who had just used tests as a method of preparation.

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

### CPR training 'goes off,' after three months

**Source:** Nurse Education in Practice

**Date of Publication:** September 2015

**In a nutshell:** Nurses are usually taught life support as part of their training. But how long does such teaching last before students' memories fade? Suphamas Partiprajak, from the Ramathibodi School of Nursing in Bangkok, led a team of researchers looking into this issue in a study of 30 nursing students taking basic-life-support training. The study found that the nurses' training had an immediate, and significant, effect on their knowledge of, self-confidence in, and skill at chest compression. However, three months later this knowledge – and the nurses' confidence – had significantly declined so that it was hardly better than it had been before the course.

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

### What makes a good mentor for midwives?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Just like medical students and nurses trainee midwives get sent out on clinical placements where they get taken under the wing of mentors who train them in the practicalities and show them the ropes. Much ink and acres of paper have been devoted to the question of what makes a good placement and a good mentor and the latest contribution comes from Yuri Hishinuma from Tokyo Healthcare University. 451 midwives who had mentored students were surveyed. Competency as a professional consisted of self-awareness and self-reflection for finding confidence and sharing one's midwifery practice. Competency as an educator was made up of four factors:

- Supporting experimental study
- Thoughtfulness and empathy for new midwives
- Making effective use of new midwives' own experience
- Commitment to educational activities

while the personal qualities needed to be good mentor were:

- Exercising leadership
- Approachability
- Tendency to be a caring mentor

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

### How mentoring other students helps nursing students' self-concept

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** A positive self-concept among nurses has been shown to increase productivity and job satisfaction and reduce staff turnover. In this study Yvonne Ford, from Western Michigan University, looked into the effects of students acting as mentors to more junior nursing students on the mentors' self-concept. It found that before people had taken part in peer mentoring male nursing students had a less-favourable self-concept than women. However after they had done some mentoring the men's self-concept improved. Six aspects of self-concept were measured by the study and they all showed improvement after students had done some mentoring.

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

### How much do nursing students know about nutrition?

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** Many nurses are overweight which can create problems if they are expected to lecture patients about healthy eating. But how much of nurses' weight problems are down to a lack of knowledge about healthy eating? Lynne Chepulis, from Waiariki Institute of Technology in New Zealand, asked 197 undergraduate nursing students how much they knew about nutrition. Overall they did quite badly but the students who had received some teaching about nutrition as part of

their course did know more regardless of which ethnic groups they came from and how old they were.

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

### Nursing students 'live like common people,' in Texas

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** "You'll never live like common people / You'll never do what common people do / You'll never fail like common people," were the sage words offered to poverty tourists by Jarvis Cocker and Pulp. However, nursing students in Texas have been having a go with a 'poverty simulation exercise,' designed to raise their awareness of what life like for people with not much money. A team of researchers from the University of Texas developed a series of scenarios about people in need of 'community resources.' The nurses then had to use public transport – an experience which, I'm told, is rather more déclassé in the U.S. – to find out how they could get help. At the same time they were taught about poverty, income inequality, social mobility and 'critical social theory,' before they took part in the simulation. After they had taken part in the simulation the students went back to the classroom and discussed their experiences. The exercise received positive feedback and students were surprised both at the number of community resources available and the number of 'challenges,' they encountered. They finished the exercise being more dedicated to 'being aware and compassionate advocates for underserved clients.'

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

### Taking simulation into primary care

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** In this study Susan Garnett, from the Christine E. Lynn College of Nursing in Florida, led a team of researchers which looked at ways of using simulation to teach large groups of nurses about looking after patients in primary care. The team developed an innovative simulation design based on a game-show format as a way of getting round limited resources. After feedback from the students the researchers developed the simulation further to include observer-participant groups; initial and follow-up visits on the same simulated patient and mentor-mentee collaborations. The students' comments about the simulation were consistently positive and are being used to develop it further.

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

## Teaching nurses about sleep medicine

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** Medical research is finding out more and more about the deleterious effects of lack of sleep on people's minds and bodies. However, sleep medicine does not always feature on the curriculum in medical or nursing schools. Lichuan Ye and Amy Smith, from the William F. Connell School of Nursing in Massachusetts, developed a ten-hour programme to teach nursing students about sleep medicine based on some traditional classroom teaching, online learning and a guided simulation-based discussion. The programme was found to be effective in developing the students' knowledge about sleep and sleep disorders and is now being permanently added to the curriculum.

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

## Helping nursing students with stress and anxiety

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** Given the constant imminence of death, decay and overwork it's hardly surprising that nursing students can sometimes fall prey to stress and anxiety. Paul Ratanasiripong, from California State University, looked into the use of biofeedback and mindfulness meditation in helping nursing students cope with stress and anxiety. 89 students at a public nursing college in Thailand were randomly assigned to one of three groups: biofeedback, mindfulness meditation or a control group. Mindfulness meditation was found to significantly reduce anxiety and stress while biofeedback reduced anxiety but not stress.

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

## Can nursing students teach simulation?

**Source:** Journal of Nursing Education

**Date of Publication:** September 2015

**In a nutshell:** Simulation can be an expensive way of teaching nursing students requiring a lot of time and effort on the part of lecturers. Bonnie Dumas, from the Medical University of South Carolina, led a team of researchers looking to see whether it was possible for more senior nursing students to teach less-senior ones using simulation. 60 junior-level students were taught either by more senior ones or by nursing lecturers. When the students' clinical performance was measured, their debriefings were assessed and their satisfaction measured it was found that being taught by more-senior nursing students was just as good as being taught by lecturers.

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



## The stories nurses tell about medication errors

**Source:** Qualitative Health Research

**Date of Publication:** September 2015

**In a nutshell:** “It is not what happens to people that is significant, but what they think happens to them,” wrote Anthony Powell. Researchers have become increasingly interested in the stories – narratives in the jargon – people tell about themselves and this study, led by Carey M. Noland from Northeastern University in Boston, looked at the stories nursing students told about medication errors. 68 nursing students took part in the study and their responses were grouped into three broad categories:

- The ‘save the day’ narrative
- The ‘silence’ narrative
- The ‘not always right’ narrative

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

## Teaching nurses to care using online learning

**Source:** Journal of Continuing Education in Nursing

**Date of Publication:** September 2015

**In a nutshell:** Teaching nurses to care about patients – assuming that they don’t already or, indeed, that this can be taught at all – is one of the holy grails of nurse education. Tzu-Chuan Hsu, from the Taiwan Adventist Hospital, led a team of researchers who developed a teaching programme based on audio-visual materials about the caring (and uncaring) experiences of nurses and patients together with role-playing and reflective practice. 104 nursing students took part in a study into the programme’s effectiveness. 50 took part in the course while the other 54 formed a control group. The group who had taken part in the teaching programme showed a higher frequency of caring behaviour afterwards than the group who hadn’t.

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

## Orientation programmes – do they really do any good?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Nurses starting their first jobs on the wards often have an orientation programme to help them settle in. However, little is known about how effective these programmes really are. Ester Strauss from the Tessler Academic School of Nursing in Israel led a team of researchers looking into this in a study of 79 nursing graduates from four different institutions in Israel. She found that only half of the sample had had an orientation programme but that the ones who had had a programme

had adapted better to life on the ward and were happier; not surprisingly the more support the new nurses had the happier they were. Nurse retention was highly correlated with having an orientation programme, satisfaction, adaptation and feeling supported.

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

### Teaching nurses how to be a pain in the bottom

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Nurses are sometimes called to stick needles into people's bottoms if that's the best way of delivering a particular drug. The dorsogluteal area is most-commonly used but this can lead to complications so the ventrogluteal area is recommended as a better alternative. Emel Gülnar, from Kirikkale University in Turkey, led a team of researchers developing a training programme to teach nurses to inject into the ventrogluteal area. Before the training 76.5% of the nurses most commonly used the dorsogluteal area whereas after the training only 48.1% did.

You can get to the bottom of this research [here](#).

### Virtual doctors show up nurses' patient-safety errors

**Source:** Journal of Continuing Education in the Health Professions

**Date of Publication:** September 2015

**In a nutshell:** This study, by Casey White from the University of Virginia, looked at how nurses worked together to exchange information with a virtual doctor about simulated patients on a post-anaesthesia care unit. Checklists were drawn up to assess how well nurses passed information to the virtual doctor and to assess their inter-professional communication skills. The 43 nurses who took part in the study scored an average of 62.3% on critical-information transfer and 61.6% on inter-professional communication skills. However almost 87% of them missed a fatal medication error.

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

### New nurses starting out in theatre

**Source:** Nurse Education in Practice

**Date of Publication:** September 2015

**In a nutshell:** This study – led by Joanna Pupkiewicz, from Adelaide University – looked into how novice nurses adapted to working in operating theatres. The team of researchers interviewed six novice 'scrub' nurses and seven senior scrub nurses who were teaching them; the nurses worked in

a large teaching hospital in South Australia. The researchers identified five main themes from the data:

- Challenges to proficiency
- Fear
- Expectations
- Support
- Adaptation

The novice nurses' learning was affected by their 'perioperative cultural surroundings,' and the support (or lack thereof) they got from the senior staff. How much the senior nurses invested in educating novices was dictated by their perceptions of the novices' attitude.

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

### Tag-team simulation stops nurses drifting off

**Source:** Nurse Education in Practice

**Date of Publication:** September 2015

**In a nutshell:** Treating simulated patients can improve nursing students' technical and communication skills but when such exercises take part in large groups there can be a temptation for those students not actively involved to lose interest and switch off. A team of researchers – led by Tracy Levett-Jones, from the University of Newcastle in Australia – developed a Tag-Team Simulation with the aim of keeping participating and observing students on their toes. 444 nursing students took part in the study which found that tag-team simulation was an effective approach for ensuring observers' and participants' active involvement which was highly regarded by the students.

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

### Can CBT help nursing students?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Cognitive behaviour therapy (CBT) has been used to help all sorts of people with their problems and in this study Duygu Hiçdurmaz and Fatma Öz from Hacettepe University in Turkey looked at how it could help 43 nursing students. They found that a counselling programme based on CBT reduced nurses' interpersonal sensitivity (defined, for the purposes of the study, as feeling inferior or self-conscious around others, feeling that others are unsympathetic or unfriendly and feeling uneasy when other people talk to you or watch you). The students were also less likely to use 'hopeless,' or 'submissive,' coping strategies and had fewer negative automatic thoughts. At the same time they felt more self-confident and optimistic and were more likely to cope by seeking support from other students.

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

## Starting out in nursing is easier for Kiwis

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Making the transition from being a nursing student to working on the wards is one of those perennially intractable problems – like bringing peace to the Middle East – that people nevertheless devote a great deal of time and attention to. In New Zealand a link between a university and local hospitals called the New Zealand Nurse Entry to Practice Programme was set up to foster safe and confident nursing practice; improve the quality of care and improve the recruitment and retention of nurses. In this study Ann McKillop, from the University of Auckland, reviewed the effectiveness of this programme. The study found a number of benefits to the programme including:

- Improved knowledge and skills of patient assessment
- Application of critical thinking to clinical practice
- Perceived improvement in patient care, delivery and outcomes
- Enhanced inter-professional communication and knowledge sharing
- Better professional awareness and career planning

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

## ... and Aussies

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** A similar initiative took place in Australia where nurses were given a three-day induction programme. Researchers – led by Elizabeth Watt, from La Trobe University in Australia – knew that the programme was effective at reducing anxiety and increasing self-confidence in the short term but they didn't know whether the good effects lasted throughout nurses' placements. They tested nurses' self-confidence and anxiety straight after they had done the induction programme and 18 days later and found that the students got lasting benefits from the programme.

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

## How healthy are student nurses?

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** For some people it's not enough that doctors and nurses work long hours, displaying heroic fortitude and saintly behaviour while surrounded by human misery – they have to be paragons of healthy living too. Christine Deasy, from Limerick University, led a team of researchers

looking into the health behaviours of 473 student nurses. Nearly half of them reported 'significant emotional distress,' over a quarter (27.94%) smoked, over a third (34.29%) did no exercise, nearly all of them (91.7%) drank and just under a third (28.05%) ate what was deemed to be an unhealthy diet. Predictors of emotional distress included sex, year of study, smoking, passive coping, stress and allowing worry, stress or boredom to affect one's diet.

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

### Helping midwives with mums' mental health

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Sadly many mothers experience psychological distress before and after giving birth. Midwives are well placed to help women with this but often don't feel they have the knowledge to do so. Lecturers at Trinity College Dublin developed a module on perinatal mental-health issues which aimed to improve students' knowledge, skills and attitudes about treating women in distress. In this study they tested its effectiveness on 25 midwifery students and found that it did increase their knowledge and skills. The students already had positive attitudes about women and mental-health issues but these attitudes became even more positive after they had taken the course.

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

### Assessing the competence of final-year nursing students

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** In this study Ann Gardulf, from the Karolinska Institutet in Stockholm, led a team of researchers assessing the self-rated competence of 1,086 final-year nursing students from 11 institutions. The students were asked to fill out the Nurse Professional Competence Scale made up of 88 questions grouped into eight competence areas. The nurses had higher score on 'Patient-related nursing,' than on 'Organisation and Development of Nursing Care.' Younger nurses scored more highly on 'Medical and Technical Care,' and 'Documentation and Information Technology,' while women students scored more highly on 'Values-based nursing.' Those who had taken a Nursing care course in the sixth form did better on 'Nursing Care,' 'Medical and Technical Care,' 'Teaching/Learning and Support,' 'Legislation in Nursing,' and 'Safety Planning.' And those nursing students who worked extra paid hours in healthcare alongside their course reported higher scores. Clinical courses within students' undergraduate courses were seen as contributing more to students' competence than theoretical ones.

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

## Teaching midwives neonatal resuscitation

**Source:** Nurse Education Today

**Date of Publication:** September 2015

**In a nutshell:** Once in a way midwives are called upon to resuscitate a new-born child so it's important that when this happens they know how to do so safely and effectively. Mary Carolan-Olah, from Victoria University, Melbourne, led a team of researchers developing a simulation course teaching midwifery students how to resuscitate new-born children. The researchers tested the students' knowledge before they took part in the simulation, and after the course. They found that – before the course started – the students had low levels of confidence in initiating care for a new-born who needed resuscitation. After the simulation 30 out of the 36 students who took part in the study said that their confidence levels had improved but the researchers were surprised by how many of the students said they were unfamiliar with the resuscitation equipment they were expected to use.

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

## What do nurses get out of international clinical placements?

**Source:** Nurse Education Today

**Date of Publication:** October 2015

**In a nutshell:** In the same way that medical students go on electives to foreign countries some nursing students undertake international clinical placements where they work abroad for a while in the hope of broadening their own knowledge and – fingers crossed – helping people along the way. Caroline A. Browne, from Murdoch University in Australia, led a team of researchers reviewing studies into what nursing students thought about these placements. From the eight high-quality studies they found they identified five key themes which were:

- Developing cultural awareness and competence
- Providing a global perspective on health care
- Translation of theory to practice
- Growing personally through reflection
- Overcoming apprehension to successfully meet the challenge

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

## Making handovers easier for student nurses

**Source:** Journal of Nursing Education

**Date of Publication:** October 2015

**In a nutshell:** Handing over patients from one group of staff to another when they change wards or shifts change can be surprisingly difficult to get right and something that student nurses feel anxious and lacking in confidence about. One way of making handovers easier is to have a structured

framework for them so that less is left to chance. Sarah Kostiuk, from Saskatchewan Polytechnic, looked into the effectiveness of using the ISBARR framework (Identify, Situation, Background, Assessment, Recommendation and Repeat) in reducing student nurses' anxiety and improving their confidence in doing handovers. Using the ISBARR framework had a strong effect in reducing nurses' somatic anxiety levels, a medium effect in increasing their confidence levels and a medium effect in reducing their cognitive anxiety levels.

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

## Pharmacy Education

### Teaching pharmacists to help patients manage their blood pressure

**Source:** BMC Medical Education

**Date of Publication:** September 2015

**In a nutshell:** Patients' attempts to control their own blood pressure often fall short because either they themselves fail to take their medication properly or because they are prescribed the wrong types or quantities of drugs. Beata V. Bajorek, from Sydney Technology University, led a team of researchers developing a programme designed to teach pharmacy students how to get patients to take their drugs properly and how to make adjustments to patients' prescriptions. The training was made up of a manual students had to read before they started work, a workshop involving real patients and practical scenarios using simulated patients. 17 trainee pharmacists took part in the programme and all of them were highly satisfied with the training. They found most valuable the integrated team-based approach, the involvement of GPs, the inclusion of real patients, the manual, a blood-pressure reading workshop and the simulated case studies.

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