



Joint Education and Training Library



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General Healthcare Education

Emotional intelligence and burnout. Can you learn it, and does it make a difference?

Source: Nurse Education Today

In a nutshell: Emotional intelligence is “the ability to understand, use, and manage your own emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and defuse conflict.” Think Ben Fogle, rather than Basil Fawlty, and you’re halfway there. In this study Molly J. Taylor, from the University of Kentucky, led a team of researchers studying the links between emotional intelligence and burnout in 147 healthcare students, covering a wide range of disciplines. The researchers found that the more emotional intelligence the students had the less likely they were to suffer from burnout. Previous training about emotional intelligence, and practising mindfulness, were found to lead to increased emotional intelligence.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106387>

Teaching. Is two better than one?

Source: Computers & Education

In a nutshell: Teaching can be a lonely business; a little like being a lighthouse keeper while the waves of apathy crash onto the rocks of indifference below you, or one of those Japanese soldiers in 1951, waiting to come out of the jungle when the war is over. It’s always good to have a shoulder to cry on – if not someone to wedge a chair in the door while you make your escape – though and in this study a team of researchers, led by Yujie Yan, from Central China Normal University, investigated the use of co-teachers in a blended classroom. One teacher taught face-to-face, whilst the other one supervised the online element of proceedings. The researchers found that the students’ engagement benefited from this collaborative teaching, and that “the on-site teacher’s affective support had the greatest influence on sustaining student engagement.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.compedu.2024.105153>

The doctor will Zoom you now

Source: BMC Medical Education

In a nutshell: To some extent health professionals dashing hither and thither like [Nurse Gladys Emmanuel](#) has become a thing of the past. On the plus side they spend more time with patients and less time stuck in traffic, but on the other hand they don’t get to nip into the bookies, pick up their dry cleaning, or make the most of the two-for-one at Greggs. Telehealth seems here to stay, at any rate, and in this study Rodrigo J. Mariño, from Universidad de La Frontera in Chile, lead a team of researchers evaluating students’ knowledge of telehealth and a seven-module

telehealth course. Students from four health-sciences departments at the University of Melbourne took part in the study. The 26 students who took part “expressed confidence in their Internet/ICT skills They showed enthusiasm for telehealth and recognized its potential benefits, but also emphasized the value of face-to-face interactions.” The course was found to lead to improvements in the students’ overall attitude and “use acceptance,” of telehealth.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05931-z>

Interprofessional Education

Interprofessional education and empathy

Source: Nurse Education Today

In a nutshell: No doubt Elon Musk and Bill Gates are working on developing one – “subject is running low, please add more alcohol” – but, at time of writing, nobody has yet come up with an empathy meter. A good job in my case, as I would probably spend most of the day wired up to a drip of Harvey’s Bristol Cream. In this study Ting Xuan Jolene Chua, from the National University of Singapore, led a team of researchers investigating the effect of interprofessional education (IPE) on the empathy levels of undergraduate healthcare students. The researchers reviewed the evidence and found 36 studies which met their quality criteria, involving a total of 3,887 participants. They concluded that “IPE enhanced the empathy level of students by improving their understanding of empathy and various empathic responses. Through IPE activities, students demonstrated empathy towards both patients and interprofessional peers.” By synthesizing the qualitative and quantitative studies the researchers came up with three themes:

- Empathy awareness
- Internal empathic processes
- Intentional actions

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106380>

Using Lego™ to break the ice

Source: Nurse Education in Practice

In a nutshell: Certain – certifiable perhaps – types of football managers used to get players to run through fire or nettles, or over broken glass to prepare their players psychologically for a wet Thursday night at Stoke. The nearest equivalent many of us get to this is standing in bare feet on a piece of Lego™. In this study a team of researchers, led by Liz McNeill, from Flinders University in Australia, put the Danish toy sensation to better use by using it as an ice-breaker before an inter-professional simulation exercise. They found that the feedback from the students was

overwhelmingly positive and the “students described how it helped them develop communication and collaboration skills and understand the other disciplines' priorities and values.” The researchers concluded that “using Lego™ as an icebreaker activity enabled open discussion and connection, promoting easy-going conversation and aiding a collaborative team-building process before students worked together.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104138>

Medical Education

Does empathy fade to grey?

Source: BMC Medical Education

In a nutshell: “You’ll find a box of tissues on the table ... I’ve got to dash, Liverpool and Man United starts in 10 minutes ... Oh, and try not to cry too loudly at half-time, or I won’t be able to hear Roy Keane,” is probably not the empathetic approach we expect from doctors.* In this study Sethapong Lertsakulbunlue, from Phramongkutklao College of Medicine in Bangkok, led a team of researchers investigating empathy levels in 520 medical students. They found that scores on the Jefferson Scale of Empathy fell from 114.5 among second-year medical students to 95.2 in F2 doctors. Year six medical students had the highest proportion of students with low levels of empathy. Factors associated with low empathy included preferring procedure-oriented specialties and having wealthier parents. Those students who had received higher marks in the past were also less empathetic.

You can read the whole of this article at
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05962-6>

*Although if they did nip out at half-time to tell you what the score was that would be a bonus, I suppose.

Empathy in paediatrics

Source: BMC Medical Education

In a nutshell: Also investigating empathy in this study were a team of researchers, led by Pingping Li, from Shanghai Jiao Tong University in China. They studied 181 junior doctors working in children’s hospitals in Shanghai. They found no statistically-significant differences in empathy between educational level, year of training, sex, or specialty. Factors which *did* influence empathy were:

- The person who accompanied the child to see the doctor
- How the children cooperated with doctors for medical treatment
- The volume of paediatric outpatient and emergency visits
- The doctor’s ability to withstand pressure

All the doctors the researchers interviewed thought that learning empathy was important, but they rarely spent extra time learning it.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05858-5>

Are junior doctors ready for hospital at home?

Source: BMC Medical Education

In a nutshell: Hospital-at-home involves patients being monitored remotely using a range of medical devices instead of having to trek into a hospital where they run the risk of getting into a fight over parking spaces, clogging up the café, and wandering into the Chief Exec’s office to ask about bus routes to the library. In this study Rachel Choe, from the National University Health System in Singapore, led a team of researchers asking 106 junior doctors about hospitals-at-home. They found that their overall knowledge was “mostly average.” The doctors’ perceptions of the idea were neutral, but less favourable when it came to safety, efficiency, and fairness. 69% showed a positive attitude to, and interest in, taking part in a hospital-at-home service during their rotations and 80% “were keen to have a two-to-four week rotation incorporated into routine training.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05946-6>

When students become student doctors

Source: BMC Medical Education

In a nutshell: It would be a full-time job keeping up with all the research about nursing students’ transition into the workplace, or their experiences on their clinical placements. Rather less has been written about medical students, although it’s a change that must seem just as daunting to them. In this study Hyo Jeong Lee, from Hanyang University in Korea, led a team of researchers interviewing 18 medical students or graduates who had recently completed a placement on the wards. The researchers found five stages to the transition process:

- Anticipation and anxiety
- Reality check
- Seeking solutions
- Practical application
- Transition and stability

The core category – “growing up from being students to being student doctors” – was “driven by patients who perceived the participants as student doctors.” The “participants recognized that having a solution that is agreed upon by colleagues was more important than knowing the correct answer ... they attempted to balance clerkship and life through personal development, learned to navigate around the

hospital and reduced tension through social development, and developed clinical competencies focused on efficiency through professional development.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05778-4>

WhatsApp doc?

Source: BMC Medical Education

In a nutshell: Growing up in Hereford I once sneaked into an abandoned hospital with a friend. Empty rooms led off from dark corridors, the air was thick with dust and cobwebs, and spectral presences seemed to lurk around every corner. Not unlike my WhatsApp account in fact. Others seem to embrace online joining in, however, and in this study a team of researchers, led by Nagendra Kumar Singh, from the Diabetes and Heart Research Centre in Jharkhand, India, investigated the use of a WhatsApp group for continuing medical education (CME). 581 doctors took part in the study, of whom 43% used the WhatsApp academic groups for CME content, with 32% accessing their group over four times a day. 77% used WhatsApp to discuss challenging cases, 70% to get knowledge updates from their fellow doctors, 57% for medical websites, and 49% for “referral books.” 57% said the group was valuable for real-time information exchange, and 78% said it kept them current with knowledge and guidelines.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05941-x>

How long does life support last?

Source: BMC Medical Education

In a nutshell: One of the more hypocritical ways in which the public behave is when people who can't remember what they had for dinner the night before expect cabinet members to remember where they got their Taylor Swift tickets from; Boris to remember who won the musical chairs at the Downing Street Covid party; and Ed Davey to remember what that nice Paula Vennells said as she popped in for a cuppa when he was the minister in charge of the Post Office. Medical students are no exception, and in this study Sonia Kochhar, from the All India Institute of Medical Sciences, led a team of researchers assessing how much of their life-support training 100 first-year medical students remembered *post facto*. The good news was that the training did lead to a significant increase in the students' knowledge both immediately afterwards, and one month later. However, after six months and a year the students had a significant decrease in their skills.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05922-0>

When it pays to work smarter, not harder

Source: BMC Medical Education

In a nutshell: By never going to lectures and only ever reading the introductions and conclusions of books I was able to spend plenty of time at college drinking, playing football (badly) and cricket (even worse), and sitting in cafes reading the paper, and still emerge with a middling 2:1. But what works best when it comes to medical students? In this study a team of researchers led by Sofie Fagervoll Heltne, from the University of Bergen, attempted to find out. They found “ no significant correlation between time spent studying and overall academic performance, highlighting the importance of study quality over quantity. Preferences for active learning resources, such as Team-Based Learning, interactive lessons and formative assignments, were positively correlated with better academic performance. A notable correlation was found between students’ valuation of teachers’ professional competence and their total academic scores. Conversely, perceived difficulty across the curriculum and reliance on self-found online resources in renal physiology correlated negatively with academic performance.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05964-4>

What do doctors make of online interviews?

Source: BMC Medical Education

In a nutshell: Now that everyone is heartily sick of Teams – desperate for a latter-day [Person from Porlock](#) to come into the office and interrupt them so they can switch off their camera and crack on with something more interesting – it’s easy to forget the novelty value of Zoom in the early days of the Pandemic. In this study a team of researchers, led by Raymond Tolentino from McGill University in Canada, spoke to those who had interviewed – and been interviewed – for positions as GP trainees. They found that whereas 68.5% of the interviewed were satisfied with a virtual interview, only 43.7% of interviewers were. 43.75% of the interviewers and 55.5% of the interviewed said they would prefer to have both in-the-flesh and virtual options available for interviews. The participants in the study were also asked their opinions about “emerging technologies.” 50% of the interviewers, and 72% of the applicants were interested in them. 95.8% of those being interviewed said they would be interested in learning about AI and virtual reality and how it could be used in clinical practice and most of them (60.8%) agreed that it should be taught during medical training.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05874-5>

Training young doctors to go on-call

Source: The Clinical Teacher

In a nutshell: I spend a lot of my life channelling Mr Bean. One of the ways this can be turned to good use is dealing with Teams calls. A brief pantomime of struggling to find and plug in headphones is usually enough to convince those in the office you've made the effort while giving the caller plenty of time to get fed up and hang up. It doesn't take long for people to get the message that email or – God forbid – the Alexander Graham Bell phone is a better option. Junior doctors on-call don't really have this option and in this study a team of researchers, led by Rachel Scott from Bristol University, assessed the effectiveness of a simulation designed to train them to cope. "An on-call simulation programme, 'Bleep 101', was developed and implemented at eight hospitals. Students were 'bleeped' around a circuit of written scenarios including clinical emergencies, prescribing and distractor tasks. Students could escalate to their facilitator on the phone for advice at any time. Sessions concluded with a 30-minute debrief focusing on prioritisation and communication skills." Between 2018 and 2023 217 students took part in the programme which led to "a significant increase in preparedness to complete an on-call shift." The students felt increased confidence in using a bleep, prioritization, gathering information, and handing over.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.13807>

Teaching POCUS in primary care

Source: BMC Medical Education

In a nutshell: As a teenager one of my cousins liked Dutch prog-rockers [Focus](#) whose biggest hit was Hocus Pocus. My suggestion – perhaps influenced by [Morrissey's innovative use of gladioli](#) – that they follow this up with Crocus was met with a certain amount of froideur. POCUS is also the acronym for Point Of Care UltraSound – something just being introduced into primary care. In this study, Itamar Ben Shitrit, from Ben Gurion University of the Negev in Israel, led a team of researchers developing a lung POCUS curriculum for "primary-care physicians in a rural, medically-underserved region of the south of Israel." 50 doctors took part in the course and they "showed significant improvement in hands-on skills, increasing from 6% to 76% proficiency." They were better able to identify abnormal results, felt more comfortable using lung ultrasound, and had a better grasp of its potential and limits. "Weekly usage increased from none to 50%, and the number of primary care physicians not using at all decreased from 72 to 26%."

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05985-z>

The train now leaving the learning platform

Source: BMC Medical Education

In a nutshell: What is the difference between a learning platform and a train platform? One is full of disappointed people, wondering if they're in the right place, whether they'll ever reach their destination, and struggling to make sense of the announcements; whilst the other is a space set aside in a railway station for passengers to board, and alight from, locomotives. In this study a team of researchers, led by Imad Alex Iwada, from the National University of Science and Technology in Bucharest, examined the effectiveness of a Virtual Patient Platform. "The Virtual Patient platform presents medical students with clinically valid scenarios, encompassing stages such as patient description, anamnesis, objective examination, presumptive diagnosis, health investigations, treatment planning, complications, differential and final diagnoses, and prognosis. Scenarios are generated either automatically or manually by professors, based on labeled and annotated clinical data. The Virtual Patient contains two types of medical cases: simple scenarios describing patients with one pathology, and complex scenarios describing patients with several related pathologies." 178 medical students, 7 professors, and 25 engineering students evaluated the platform. 82.5% of the students found it very useful and there was "significant appreciation," for its features. The professors "highly valued the platform's flexibility in scenario generation, real-time feedback provision, and data-management capabilities. They appreciated the possibility to provide feedback and score student performance in real-time or after the session, though some professors suggested improving the explainability of the scores."

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05938-6>

Learning hip replacements in 3D

Source: BMC Medical Education

In a nutshell: Over the human lifespan the word hip is sequentially followed by "and happening," "[and thigh diet](#)," "replacement," and "fracture." An unlucky few can add "dysplasia," to the list in their younger years and in this study Shuo Feng, from the Affiliated Hospital of Xuzhou Medical University in China, led a team of researchers seeing whether 3D printing could improve how medical students were trained to deal with this condition. 120 fourth-year medical students took part in the study. 60 received conventional case-based learning, with the other 60 also using a 3D-printed model as well. The group who used the 3D model did significantly better in tests of their theory knowledge and practical skills. The 3D model group also scored more highly for "hip fundamentals, ability to diagnose cases and plan treatments, interesting teaching content, willingness to communicate with the instructor and satisfaction."

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05934-w>

Teaching students to be advocates

Source: BMC Medical Education

In a nutshell: Now that we've all given up on politicians, most of whom seem – albeit inadvertently – more committed to light entertainment than running the country, society seems to be turning more and more to the medical profession to solve its problems. This can include advocating for poor and vulnerable people, or, if you live in Canada, [killing them](#). In this study Aliza Moledina, from the University of Ottawa, led a team of researchers investigating the effectiveness of a Postgraduate Medical Education Health Advocacy Day – a “new experiential learning curriculum designed to teach important competencies of health advocacy and social accountability.” 112 F2 doctors took part in the study, 10 of whom were interviewed in depth. Most were satisfied by the session, and felt it was of a good quality. Most felt the course enhanced their ability to advocate for individual patients or communities and understand patients' and families' experiences of illness. They also felt the course improved their knowledge of the social determinants of health and local support available to patients and families.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05961-7>

Teaching medical students to break bad news

Source: BMC Medical Education

In a nutshell: “How long have you got left on your Netflix subscription? A *year!* I'd try talking to them about a refund if I were you.” There are dos and don'ts when it comes to breaking bad news to patients and in this study Laura Polivka, from Paris Cité University, led a team of researchers investigating the effectiveness of a new active-learning course in teaching fifth-year medical students all about it. The students took part in a “multidisciplinary formative discussion workshop,” on breaking bad news with videos; discussions with a “pluri-professional team,” and developed a guide on good practice in breaking bad news with other students making up a control group. The students who had taken part in the new course performed significantly better in an OSCE.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05821-4>

Flipped classrooms and bedside teaching

Source: BMC Medical Education

In a nutshell: Bedside teaching can cover everything from the prayers of the faithful, to [Casanova](#) passing on a few tips from his extra-librarian activities. In medical education it takes the form of junior doctors trailing around after a consultant like chicks following a moorhen; paddling desperately in the hope of picking up a few dropped breadcrumbs of knowledge. In this study Bibi Hu, from

Zhejiang University in China, led a team of researchers studying the effectiveness of a combination of case-based learning and our old friend the flipped classroom* in bedside teaching for nephrology. 92 medical students took part in the study. Half received the case-based learning/flipped classroom approach, whilst the other half received traditional lecture-based teaching. The students scored similarly when it came to knowledge, but those in the case-based learning group did better in “clinical-case scenarios.” They were more positive about their ability to take medical histories, examine patients, fill out medical records, reason clinically, and consider their patients’ welfare. They saw the new approach as “an effective and satisfying method,” which had not increased their “learning burden.”

You can read the whole of this article at

*Alarming when beds are involved one might think, but at least it keeps the patients on their toes.

When virtual reality is all M.E., M.E., M.E.

Source: BMC Medical Education

In a nutshell: Misery being to life what damp is to goldfish it’s hardly surprising when some of it leaks over from real reality into the virtual version. Sometimes this can be a good thing though, and in this study Tara Anderson, from Queen’s University in Belfast, led a team of researchers investigating the effectiveness of virtual-reality simulation in improving people’s knowledge of myalgic encephalomyelitis (ME). The VR experience “placed participants into a virtual scene which told real-life stories of the experience of people living with ME/CFS and their families.” 43 people took part in the study – 28 medical students and 15 primary-care health professionals. The researchers found that the simulation led to statistically-significant increases in levels of knowledge and empathy. The researchers also found that – at the start of the study – there was no difference in the knowledge and empathy levels of the students and the healthcare professionals.

You can read the abstract of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05990-2>

Nurse Education

Metacognition, psychological capital and self-directed learning

Source: Nurse Education Today

In a nutshell: Psychological capital is made up of hope, efficacy (your belief that you can accomplish the tasks set before you), resilience, and optimism. Lucky for us, perhaps, it’s not accompanied by psychological bailiffs coming to repossess our self-esteem when we run low on it. In this study, led by SuYeong Lee, from CHA University in Korea, a team of researchers investigated the links between metacognition (thinking about thinking, so to speak), psychological capital, and self-

directed learning activity in a sample of 172 nursing students from four nursing colleges. They found that self-directed learning activity was correlated with metacognition which, in turn, influenced positive psychological capital. Metacognition also influenced self-directed learning activity (SDLA) and positive “psychological capital mediated the relationship between metacognition and SDLA.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106385>

[The nursing students who were \(psycho\)drama queens](#)

Source: Nurse Education in Practice

In a nutshell: “All the world’s a stage, and all the men and women merely players. They have their exits and their entrances; and one man in his time plays many parts,” wrote Shakespeare; although whether this is *Hamlet* at the National Theatre, or second litter-picker at the Edinburgh Fringe while the pole-dancers take a breather is a moot point. In this study Seda Karakaya Çataldaş, from Koç University in Istanbul, led a team of researchers investigating the use of psychodrama for teaching nursing students therapeutic communication skills and cognitive flexibility. 24 undergraduate nursing students took part in the study, going to a psychodrama-based communication course once a week, for 14 weeks. The researchers found that the course led to a decline in non-therapeutic communication, and an increase in therapeutic communication although there was no effect on the students’ cognitive flexibility.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104118>

[Transitions and turnovers](#)

Source: Nurse Education Today

In a nutshell: Having spent ages filling pots with compost, planting seeds, and nurturing seedlings it can be very frustrating when they get gobbled up by slugs within five minutes of putting in an appearance at the allotment. Nurses are more important than plants – albeit less edible – so it’s even more of a shame when they drop out shortly after starting work on the wards. In this article, a team of researchers, led by Taewha Lee, from Yonsei University in Korea, investigated some of the factors involved, in a study of 232 newly-graduated nurses. The researchers found that a lower readiness for practice, and a greater transition shock were associated with an increased desire to leave. “Transition shock acted as a mediator between readiness for practice and turnover intention among new graduate nurses after controlling for work experience, working in desired units, and completion of internship before nursing school graduation.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106394>

Does gamification come up with the goods?

Source: Nurse Education Today

In a nutshell: As we wander through the fields of evidence, along the long-distance footpath of patient care, to the bed-and-breakfast of better outcomes a systematic review can act like a map and compass. Faced with a fork in the way, we can be sure we've explored every possibility, unearthed every clue, and consulted the Ordnance Survey before we admit we still don't know what to do and toss a coin. "Heads it's left, tails we go right." In this study a team of researchers, led by Young K. Seo, from Pusan National University in Korea, reviewed the evidence on gamification in undergraduate nursing education. They concluded it had moderate-to-large effects on confidence and motivation before concluding – "don't blame me if we end up on the artillery range" – "the limited number of RCTs and moderate-to-low certainty of the evidence underscore the need for additional research."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106388>

What makes a competent midwife?

Source: Nurse Education Today

In a nutshell: *Call the Midwife* is all very well (although I'd still prefer watching chimpanzees playing billiards) but when we pick up the phone are we getting a competent, calm professional or the obstetric equivalent of somebody with their trousers round their ankles, marmalade down their shirt, and toothpaste on their glasses? In this study Qorinah Estiningtyas Sakilah Adnani from Padjadjaran University in Indonesia led a team of researchers interviewing 37 midwifery students about competence. Four themes emerged from the interviews which were:

- Understanding the concept of competence
- Developing competence in midwifery practice
- Obstacles to developing competence
- The importance of self-confidence to be competent

The researchers concluded "the development of self-confidence and competence is gained through acquiring knowledge and skills, participating in research, undertaking clinical and simulated practice, attending seminars, and engaging in independent learning."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106397>

When nursing students think about self-harm

Source: Nurse Education in Practice

In a nutshell: As a squeamish coward with low expectations of life and simple wants, I've never been tempted by self-harm; I just slope off into the kitchen with the washing up and stick a bit of Morrissey on instead. Others are not so lucky, and in this study Fan-Ko Sun, from National Taiwan University led a team of researchers investigating self-injury among nursing students during their clinical placements. Four themes emerged from interviews with the students:

- 1) **Sensing an emotional crescendo.** Participants experienced anxieties about clinical educators, assignments, homework, and their placements and these intensified over time.
- 2) **Physical and mental dysregulation.** Participants experienced physical discomfort, psychological distress, and negative thoughts when subjected to overwhelming pressures during their clinical placements.
- 3) **Unwholesome self-protective behaviour.** Participants expressed thoughts of self-injury, engaged in self-injurious behaviours, experienced suicidal thoughts, and attempted suicide as measures of relieving stress.
- 4) **Compassionate self-protective behaviour.** Participants coped with stress through "emotional voicing," modifying situations to adjust stress, reaching out for help, self-compassion, and self-care.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.104137>

Supporting nurses to do research

Source: Nurse Education in Practice

In a nutshell: Faced with a choice between a nice quiet office, regular coffee breaks, and free internet all day; or bed pans, enemas, and pressure sores, I know which I'd opt for. Nurses are rather more full of the milk of human kindness though, and it can be a struggle to prise them away from patients and get them to do a bit of research instead. In this study Shao-Hua Chen, from Fujian Medical University in China, led a team of researchers evaluating the effectiveness of a "targeted nursing research support programme." Nurses taking part in the programme collectively accomplished 195 research proposals and wrote 332 original research articles. Interviews with the nurses elicited five themes:

- Systematic procedures and coherence.
- Easy to learn, easy to use.
- A sense of belonging and mutual support.
- Self-confidence growth.
- High expectations.

The researchers summarized the teachers' experience as "helping others is helping myself," with the sub-categories of teaching is learning; the happiness of being needed; and the importance of scientific teaching.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104136>

[When life imitates art in the escape room](#)

Source: Nurse Education in Practice

In a nutshell: One of the few oases in the cultural desert of the 21st century is the enduring genius of Steve Pemberton and Reece Shearsmith. In a recent episode of [Inside Number Nine](#) a family is engaged in an escape room, the twist being (SPOILER ALERT HERE) that the father – locked alone in the room – is actually hallucinating and is in critical care, needing to "escape," before his life-support is switched off. In what looks remarkably like what Oscar Wilde would have called "[life imitating art.](#)" a team of researchers, led by Nurhan Aktaş from Kahramanmaraş University in Turkey, investigated the effectiveness of an escape room designed to teach nursing students about [parenteral drug administration](#). 72 students took part in the study. They all completed a parenteral drug administration theoretical course and a laboratory skills course, after which half of the students took part in the escape room in blocks of four. The students who took part in the escape room learnt more about drug withdrawal from an ampoule; subcutaneous injection administration; intradermal injection administration; and intravenous push drug administration than the control group and "evaluated the escape room game positively."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104133>

[Emotional intelligence and academic success](#)

Source: Nurse Education Today

In a nutshell: The more I read about the benefits of emotional intelligence, the more I feel like [Rab C. Nesbitt](#) discovering sobriety can be an advantage in the world of marathon running. Adding to the pile of evidence for its benefits are a team of researchers, led by Ana M. Ruiz-Ortega, from Andrés Bello University in Chile. They studied 349 nursing students and found that emotional intelligence and psychological wellbeing were both linked to academic success. Emotional intelligence influenced academic success both in itself, and because it contributed to psychological wellbeing. Emotional intelligence helped the students to flourish which, in turn, improved their chances of academic success.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106406>

Mentoring and missed nursing care

Source: Nurse Education in Practice

In a nutshell: Mentoring nursing students must sometimes feel like giving a “What to do in New York,” lecture while the brass band are striking up Abide With Me on the Titanic. In this study a team of researchers, led by Nadya Golfenshtein, from the University of Haifa in Israel, investigate episodes of missed nursing care among 100 nurse mentors. They found that “enhancing structural job resources,” was linked to a reduction in missed nursing care whereas “enhancing challenging job demands,” was linked to more missed nursing care. The researchers concluded that “nurse mentors can effectively reduce MNC by focusing on enhancing structural resources and limiting challenging demands during mentoring periods. It is essential for healthcare organizations to support nurse mentors with manageable workloads and necessary resources to maintain high-quality care.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.104143>

When AI came to case management

Source: Nurse Education in Practice

In a nutshell: Are they telescope rifles or ski poles? Why does there seem to be something leaking from that one? Should I take a chance on the Gucci one – maybe they’re the same size as me? Such are the joys of baggage reclaim at the airport; you’d think they might have come up with something a bit more sophisticated (and secure) by now. It was a different kind of case management, and specifically AI’s application to it, that a team of researchers, led by Seda Akutay from Erciyes University in Turkey, investigated in this study. 188 third-year nursing students took part in the study. They were divided into two equal groups. One group used “an artificial intelligence-supported case created in the in-class case analysis lecture” whilst the other group studied cases written by human beings. “The case management performance scores of the students in the artificial intelligence group were significantly higher than those of the control group,” although there was no difference in satisfaction between the two groups.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.104142>

Unfolding cases and thinking aloud

Source: Nurse Education in Practice

In a nutshell: If unfolding cases conjures up images of clowns in circuses unleashing streamers, thinking aloud runs the risk of people hitherto thought of as Mary Poppins becoming rather more like Basil Fawlty, [Malcolm Tucker](#) or [Reggie Perrin](#), if not [Randle McMurphy](#). Bravely combining the two was a team of researchers, led by Yuehai Yu, from Shandong University of Traditional Chinese Medicine. They examined the effect of an unfolding fictional case (in which the

patient's condition changes over time) on nursing students' critical thinking when the students were encouraged to express their reasoning out loud. The researchers found that after "implementing the case study, there was a statistically significant improvement in students' clinical reasoning, self-directed learning, and teamwork abilities. Think-aloud analysis revealed that the cognitive strategies most employed by students in clinical reasoning were 'Making choices', 'Forming relationships', 'Searched for information' and 'Drawing conclusions'.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104132>

Lived experience and eating disorders

Source: Nurse Education Today

In a nutshell: We all have lived experience. That of the disadvantaged is especially sought after, although, like religious confession, it offers spiritual advantages to them rather than financial ones. In this study James Bonnamy, from Monash University in Australia, led a team of researchers investigating the benefits of including the lived experiences of people with eating disorders in education for dietitians and nursing students. After a session with somebody with lived experience students were encouraged to write their thoughts down on sticky notes, which were then analysed by the researchers. Six themes emerged from this analysis which were:

- Do no harm.
- Seeing beyond the diagnosis.
- Language matters.
- Humanize the relationship.
- Recovery in the context of healing.
- Significance of hope.

The researchers conclude that "co-designed lived experience eating disorders education that honours the living experiences and complexities of eating disorders can deepen health profession students' understandings of how they can work with, rather than against, people living with and recovering from eating disorders through a trauma-informed approach."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106412>

Can students cope with bleeding?

Source: Nurse Education in Practice

In a nutshell: There are around 60,000 miles' worth of blood vessels in the human body – more than enough for the crew members in *Fantastic Voyage* to get lost (I knew we should have turned right after the spleen!), go round in circles, and take the wrong exit for the *Islets of Langerhans*. With such an abundance of pipework it's no

surprise that those who poke around in it often puncture the wrong bits. In this study a team of researchers, led by Patrick Lavoie from the University of Montreal, tested 59 nursing students on their ability to cope with bleeding. “Nearly all students focused on two primary categories: ‘Bleeding’ and ‘Instability and Shock.’ Fewer students addressed six secondary categories: ‘Stress and Concern,’ ‘Pain,’ ‘Lifestyle and Social History,’ ‘Wound Infection,’ ‘Arrhythmia,’ and ‘Generalities in Surgery.’ Students often concentrated on actions to manage bleeding without further assessing its causes. Changes from the first to the final year included a more focused assessment of instability and shifts in preferred actions.” The researchers concluded that “nursing students often prioritize immediate actions to stop bleeding while sometimes overlooking the assessment of underlying causes or broader care goals.” They suggested that “concept-based learning and reflection on long-term outcomes could improve clinical decision-making in post-procedural care.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.104140>

The incredible disappearing nursing students

Source: BBC

In a nutshell: You don’t have to be an expert on medical history to know that bloodletting was *de rigueur* as a medical treatment until relatively recently, almost invariably weakening the patient, hastening their death, and running the risk of septicaemia. It’s somewhat iniquitous to mention economics – astrology with calculators – in the same breath as medicine, but there’s a good case that the “fiscal rules,” we have been following since 2010 are the political equivalent of bloodletting. One of the unpleasant side effects was the scrapping of the bursary for nursing students in 2015. The latest UCAS figures show that there are 21% fewer nursing students starting courses at universities across the UK than there were three years ago. 23,800 students started nursing degrees this year – down 340 on last year, and 6,350 fewer than in 2021. The RCN has called on the government to provide better financial backing for student nurses and to raise qualified nurses’ starting salaries from £30,000 to £35,000 a year.

You can read the whole of this article at
<https://www.bbc.co.uk/news/articles/cdje34m1k8xo>

Resilience on the Covid frontline

Source: Nurse Education Today

In a nutshell: A lot’s happened since Covid. Boris and his cake, the cheese-before-bedtime dream of Liz Truss’s premiership, a bedraggled Rishi, and the installation of a new Government so committed to people with learning disabilities that they’ve appointed several of them to the Cabinet. In this study Blanca Goni-Fuste, from the International University of Catalonia, led a team of researchers interviewing 22 nurses, who, newly-graduated, were thrust onto the frontline of the Pandemic. The interviews revealed two main themes when it came to how the nurses had

maintained the necessary resilience. The first was the identification and use of personal resources; feeling supported by others and professional recognition. The second was factors that promoted learning, such as guided reflection and the opportunity to share experiences with peers.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106417>

Throw a six for sedation

Source: Nurse Education Today

In a nutshell: When I worked in a mental-health library I had the pleasure of knowing one of the nurses called David. Gentle, kind, and softly-spoken with biceps the size of drainpipes he was probably the ideal person to deal with the patients on the medium-secure forensic unit. Not everyone has such natural gifts, and in this study a team of researchers, led by Jinmei Zhao, from Guangzhou Medical University in China, studied the effectiveness of theme game-based learning in teaching nursing students about assessing the risk of violence in psychiatric nursing. 103 third-year nursing students took part in the study. 51 of them used the theme-based game, whilst the rest formed a control group. The researchers found that those who used the game developed more skill and confidence in risk-assessment than those who did not, but were no more knowledgeable.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106419>

Norwegian would, or Norwegian wouldn't?

Source: Nurse Education Today

In a nutshell: Norway regularly comes near the top in those studies designed to assess the quality of life in different countries. What my aunt from Bergen makes of Wolverhampton when she goes back there to do her shopping is anyone's guess, although the fact that she considers this economically worthwhile is, perhaps, illuminating. In this study Christine Grave Meyer, from VID Specialized University in Oslo, led a team of researchers who interviewed nine students about their experiences on placements abroad. The students had found a different set of "learning opportunities," and had become more independent through having to take the initiative more. They felt that nursing abroad was more medically-orientated, but that in countries like India, Spain, and Cuba families were much more involved in taking care of patients' basic needs.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106420>

Paramedic Education

When there's a breakdown on the way to the hospital

Source: BMC Medical Education

In a nutshell: Unlike pregnant women – and even they don't always manage it – people having nervous breakdowns don't always have them in convenient locations, surrounded by suitably-qualified people. Ambulancemen are often called on to deal with people in psychological distress, and in this study Fatemeh Shirzad, from Iran University of Medical Sciences, led a team of researchers assessing whether “workshop-based training,” could help them. 40 “emergency technicians,” took part in the study. They “developed significant skills and knowledge immediately after training, and these improvements remained significant three months after.” However, their knowledge had declined a little by then, and the training was “less effective at managing panic, delirium, and agitation.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05856-7>

Physiotherapy Education

Who needs a teacher when you've got an inertial sensor?

Source: BMC Medical Education

In a nutshell: My first thought on coming across inertial sensors was to pray that neither my manager, nor wife, acquired one; inertia readings when it comes to cracking on with business plans or putting shelves up being likely to be of instrument-breaking magnitude. They can be useful for measuring movement though, and in this study a team of researchers, led by Manuel Trinidad-Fernández, from Malaga University in Spain, explored their use in teaching students about shoulder manipulation. 59 undergraduates were divided into two groups. One group was taught traditionally, whereas the other one was taught with kinematic real-time feedback (KRTF) from an inertial sensor. The researchers concluded that “the effectiveness of KRTF was proved over the traditional teaching methods in facilitating the learning process of the glenohumeral joint mobilisation.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05649-y>