Education Horizon-Scanning Bulletin – July 2015

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Medical Education

GMC publishes new education standards

Source: GMC web site

Date of Publication: July 2015

In a nutshell: The General Medical Council has published its new standards for medical education and training. The aim is to put the safety of patients and the quality of their care at the heart of students’ learning and the standards cover undergraduate and postgraduate medical education and training across the UK. The new standards replace the standards for undergraduate training set out in *Tomorrow’s Doctors* (2009) and the standards for postgraduate training outlined in *The Trainee Doctor* and will come into effect on the 1st January next year.

You can download *Promoting Excellence: standards for medical education and training* [here](#).

Dental Education

Getting dentists to be socially accountable

Source: Medical Teacher

Date of Publication: July 2015

In a nutshell: Social accountability – the idea that one should ‘give something back to society,’ – has gained increasing interest in medical education over the last few years but less is known about it in the world of dentistry. Vivian Chen, from Wellington Hospital in New Zealand, led a team of researchers who held a number of focus groups with fifth-year dental students to explore the concept of social accountability. They found that the students who took part in the focus groups believed that dentists should be accountable to society in a professional context and that they were responsible for their own patients in their own clinics. However, the students also believed that they had no professional obligation to help reduce inequalities in oral health by working with less well-off groups of patients. Instead there was strong agreement that there needed to be a system-wide change in dental health care at a structural and political level.

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

What do dentists need to know about internal medicine?

Source: European Journal of Dental Education

Date of Publication: July 2015

In a nutshell: As the population ages it becomes more likely that people will keel over while they are at the dentists, or manifest symptoms of other diseases in their mouths. It’s becoming more important, therefore, that dentists know a bit about internal medicine but what do they themselves think they ought to know about? Researchers from the Department of Internal Medicine, University Medical Centre, Hamburg-Eppendorf asked eight dentists and eight experienced internal-medicine
consultants from Hamburg University Hospital what they thought the most important topics for dentists to know about were. The dentists thought that coagulopathy and endocarditis were the most important topics while the internal-medicine consultants thought that anaphylaxis was the most important. The main subject areas dentists thought should be covered in dental education were cardiovascular diseases, haematology/oncology and infectiology.

You can see the abstract of this study here.

Using e-learning in orthodontics
Source: European Journal of Dental Education
Date of Publication: July 2015

In a nutshell: Orthodontics is the art of getting people’s teeth aligned in the perfectly symmetrical fashion favoured by Americans, ‘celebrities,’ and robots. In this study Shazia Naser-ud-Din from the University of Queensland in Brisbane looked into the use of Scenario-Based Learning Interactive software in an orthodontics postgraduate training programme. Nine interactive modules were created embedded with clinical procedure videos, web links, evidence-based literature and opportunities for self-assessment and evaluation. The package had a high acceptance rate and the students using it had greater confidence in using the clinical skills covered in the modules. The e-modules reduced students’ contact time with academic staff, were felt to be engaging and ‘demonstrated high compatibility with the learning styles of the participants.’

You can see the abstract of this study here.

General Education
What do we need to teach people to keep patients safe?
Source: North West Coast Academic Science Network
Date of Publication: July 2015

In a nutshell: As modern medicine gets ever more complicated the potential to harm patients grows too. So teaching tomorrow’s healthcare workers how to keep patients safe is crucially important. The Commission on Education and Training for Patient Safety was set up to improve the quality of patient care and advise Health Education England on what people should be taught so that they can keep patients safe. The Commission’s chairman is Professor Sir Norman Williams and its report will be published in November 2015. The Commission would like to hear from healthcare staff, students, teachers, patients, families and anyone else with an interest in improving quality and safety and you can submit responses or thoughts here.

Medical Education
Foreign students in medical school - what do they make of it?
Source: BMC Medical Education
Date of Publication: July 2015
In a nutshell: Medical schools in the UK take in an increasing number of foreign medical students. But what do students from abroad make of it and what are the problems they face coming to the West. In this study a team of researchers from the Royal College of Surgeons of Ireland surveyed 467 medical students who were in the early years of their courses in Ireland. They found three main themes:

- Positive experience of student life
- Social alienation
  - Feeling lonely
  - Not fitting in
  - Being homesick
- Cultural alienation
  - Being uncomfortable around norms of dressing
  - Being uncomfortable around norms of relating to the opposite sex

Overall the foreign students adjustment to life in the West was good. It was the cultural distance from their home country rather than the geographical distance that made people feel less comfortable; a feeling that was also shared by Irish people whose cultural background was different from the norms and ethos prevailing at the university.

You can download the full text of this article here.

Bouncebackability in the Outback

Source: BMC Medical Education

Date of Publication: July 2015

In a nutshell: Resilience is the capacity to fall over, dust yourself down and get back up again after a setback – something more pithily described by ex-Crystal Palace player Iain Dowie as ‘bouncebackability.’ It’s a quality that one might imagine is very useful in GPs, particularly those working in rural areas which are more middle-of-nowhere than Midsomer Murders. In this study – led by Lucie Walters from Flinders University in Australia – eighteen GP registrars working in the Outback were interviewed about their resilience (or lack thereof). There were four tensions which the registrars felt they had to keep in balance:

- Clinical caution vs Clinical courage
- Flexibility vs Persistence
- Reflexive vs Task-focused practice
- Personal connections vs Professional commitment

The registrars also talked about the personal qualities they needed to maintain this balance: an optimistic attitude, self-reflection and metacognition (thinking about one’s own thought processes and learning) and about the role of their clinical supervisors in both supporting and stretching them to develop their resilience.

You can download the full text of this article here.
Simulation in a real environment
Source: BMJ Innovations
Date of Publication: July 2015

In a nutshell: Simulation plays an important part in training tomorrow’s doctors and nurses. They are sometimes done in a classroom but an in situ simulation allows students to practise teamwork and communication in their usual workplace with the resources and equipment available there. This article has a link to a video - put together by a team led by Asta Sorensen from RTI International – which demonstrates how to plan and conduct an in situ training session.

You can read this article and watch the video here.

How feedback helps clinical tutors improve
Source: Medical Teacher
Date of Publication: July 2015

In a nutshell: Students often get feedback from their tutors about their performance but this doesn’t always happen the other way around. Renée M. Van Der Leeuw, from the University of Amsterdam, led a team of researchers in a study of 901 junior doctors and 1,068 tutors in 65 teaching programmes based in 16 different hospitals. The participants used the System for Evaluation of Teaching Qualities (SETQ) to evaluate either themselves (if they were tutors) or their tutors (if they were students). The study found that higher feedback scores were associated with junior doctors rating their lectures as having improved one year after they were first evaluated and that receiving more suggestions for improvement was associated with improved teaching performance in subsequent years.

You can see an abstract of this article here.

Reviewing the evidence on patients and medical students
Source: Teaching and Learning in Medicine
Date of Publication: July 2015

In a nutshell: Sitting in on consultations is an important part of education for medical students. But what do patients make of it? John L. Vaughn, from the Ohio State University, led a team of researchers which reviewed articles on this topic. They found 59 studies, although the average quality of them was poor. Overall they concluded that patients’ satisfaction was not significantly affected by the participation of medical students although the patients’ acceptance of students varied widely between studies, and depended on the type of participation expected from the student. The most common reason given for people accepting students was a desire to contribute to the education of others and the most common reason for refusal was concerns about privacy. Minorities were more likely to say no to medical students participating and patients preferred to be informed before medical students took part in their care.

You can see the abstract of this article here.
Teaching students about pocket-sized ultrasound

Source: Teaching and Learning in Medicine

Date of Publication: July 2015

In a nutshell: Just like computers have gadgets for carrying out ultrasound scans have got smaller and more portable over the years. In this study Anthony M.-H. Ho from the Chinese University of Hong Kong looked into training 133 final-year medical students in hand-held ultrasound. The students did a two-week anaesthesia rotation which began with a half-day session, made up of a lecture and some hands-on practice with ultrasound gadgets. They learned nine basic transthoracic echocardiography views and four basic ultrasound probe positions. The study found that most of the students learned the basic views fairly efficiently. Their success rates in identifying heart problems were ‘variable, though generally favourable.’ There were a few common mistakes but these were easily put right. The students gave positive feedback although it was difficult to get enough support for them at the patients’ bedsides.

You can see an abstract of this article here.

Learning styles and learning approaches – which works best?

Source: Teaching and Learning in Medicine

Date of Publication: July 2015

In a nutshell: The idea of learning styles has been rather a modish one in educational circles for a while now. The theory is that people have different styles by which they prefer to learn with some liking reading about a topic, some enjoying going to a lecture and others learning best by doing something for themselves. There are a number of questionnaires available to ascertain what people’s learning styles are but little agreement as to what is being measured. And some academics doubt whether learning styles exist at all. Learning approaches deals more with what motivates students to learn in the first place – why and what they decide to learn. Anne-Marie Feeley and Deborah L. Biggerstaff from Warwick Medical School carried out a literature review into these topics. They found that while learning styles did not correlate with exam performance learning approaches did. Those with strategic (focused on doing well in exams) and deep (motivated to master a topic) approaches to learning did better in their exams. This relationship did not change over time and, encouragingly, it was found that students were able to change from a less- to a more-effective way of approaching their learning.

You can see an abstract of this article here.

Medical students and smoking cessation

Source: Teaching and Learning in Medicine

Date of Publication: July 2015

In a nutshell: In addition to healing the sick and consoling the untreatable doctors are now expected to nag their patients about all sorts of things; something NHS bureaucrats like to refer to as ‘the public-health agenda.’ One of the ways doctors don’t like to see patients enjoying themselves is smoking and this study, led by Kathleen M. Mazor from Meyers Primary Care Institute in
Massachusetts, introduced a smoking-cessation station into medical students’ OSCEs. The researchers developed a 33-item checklist of behaviours that the students had to comply with to help patients give up smoking. Overall the students only performed one in four of the behaviours and only one in 10 of them discussed setting a ‘quit date,’ for the person pretending to be a smoker. 90% of them asked how much the person smoked and 70% of them said that the actor’s cough was due to smoking.

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

**Community-based learning – roll up, roll up, all the fun of the fair**

**Source:** The Clinical Teacher

**Date of Publication:** July 2015

**In a nutshell:** Community-based learning connects students with local communities so that they learn about the broad context in which health and social care is provided. One way of doing this is through a health fair where students provide health promotion and screening services for local communities. Angela Towle, from the University of British Columbia, has been developing such a health fair for the university’s students which has become a great success. The fair has now become an annual 1-day event that students can go to either between, or instead of, classes. Community organisations have booths to display information and one-hour patient panels are held on a variety of topics throughout the day. Over five years the fair has increased in size allowing students to learn about a range of patient experiences and community resources and about specific diseases and conditions.

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

**Do rural graduates stay rural?**

**Source:** Medical Teacher

**Date of Publication:** July 2015

**In a nutshell:** Persuading doctors to work in the Outback isn’t always easy. Medical students in Australia sometimes have the option of living for a year in a ‘rural,’ location as a medical student but how many of them choose to return to the back-of-beyond later in their careers? Denese E. Playford, from the University of Western Australia, led a team of researchers who traced 417 medical graduates who had spent a year in the Outback. Between 16-50% of them had worked rurally for a period of each post-graduate year and the majority took up to 30% of their postgraduate training locally. About 17% of the whole sample were working in rural areas although most stayed in the state where they had done their training. People who were originally from urban areas were just as likely to end up working in rural ones as those who had come from rural areas in the first place. The researchers concluded that ‘undergraduate rural immersion is sufficient to create a graduate rural workforce that is far more mobile than was previously appreciated.’

You can see an abstract of this article [here](#).
“Excuse me sir, I think you’re taking out the wrong kidney.”

Source: BBC web site

Date of Publication: July 2015

In a nutshell: You’d think we’d all know better by now but people still have a tendency to assume that those in positions of power and authority know what they’re doing. And even when everyone knows that the ship is steaming full speed ahead towards an iceberg it’s a brave thing to do to point it out. For most people the consequences of not speaking out aren’t too severe but when the person in charge is carrying out an operation or piloting a jumbo jet the consequences can be very serious indeed. The airline industry suffered a number of crashes when co-pilots were too afraid to contradict what the pilot was doing. One happened in Tenerife in 1977 when a pilot was convinced that he had been cleared for take-off. His co-pilot contradicted him, the pilot ignored him and a few seconds later 583 people died when two planes collided. Studies around that time (carried out in simulators), in which pilots were told to deliberately make mistakes and perform badly showed that co-pilots were very reluctant to contradict even the most error-prone and inadequate duffer who happened to be wearing a pilot’s uniform. The airline industry now promotes a culture where anyone can speak out about safety without it being held against them and medicine is now trying to follow suit, getting junior doctors to speak out when consultants are about to commit some appalling medical error. These don’t happen that often, but they do happen – with 300 never events in 2012/3 alone. At St Thomas’ hospital in London mannequins are used in simulations to put trainee doctors under stress, including one which uses a heart/lung machine called an ECMO and Matt Lindley – a jumbo-jet pilot himself – runs training courses on patient safety.

You can see the full article on the BBC website here.

Peer-to-peer support boosts GP’s end-of-life care

Source: BMC Medical Education

Date of Publication: July 2015

In a nutshell: Doctors shouldn’t stop learning once they qualify – in fact they are required to do some continuing professional development to be allowed to carry on working as doctors. This study – led by Helena Kadlec, from Hollander Analytical Services in British Columbia – looked into the effectiveness of peer-to-peer teaching about end-of-life care. The teaching was provided as part of a the Practice Support Programme; a peer-to-peer continuing medical education programme that offers GPs in British Columbia post-graduate training on a variety of topics. 109 GPs took part in the study which was rated very highly by over 90% of them. Taking part in the end-of-life module improved the GP’s confidence in a number of areas including:

- Initiating conversations about end-of-life care
- Developing an action plan for end-of-life care
- Communicating patients’ needs and wishes to other care providers
- Participating in collaborative care with home- and community-care nurses
- Accessing and referring patients to end-of-life care specialists in the community
Junior doctors’ inductions – what is the weakest link?

Source: BMC Medical Education

Date of Publication: July 2015

In a nutshell: Lots of trainee doctors struggle when they first start working on the wards and many say they are badly prepared for beginning to treat patients. Susan Miles, from the University of East Anglia, surveyed 357 first-year junior doctors about their experiences of – and thoughts about – their work inductions. The doctors said that their inductions at the start of the year, particularly their local Preparation for Professional Practice week, were more useful than the ones they had received later on and that longer inductions were more useful than shorter ones. Departmental inductions were seen as particularly poor with many trainees starting rotations in departments without rudimentary knowledge of:

- Roles and responsibilities
- Where to find equipment and documentation
- Who to contact and how to contact them
- Local preferences
- Policies and procedures

The researchers concluded that ‘action is urgently needed to improve departmental inductions so that all trainees have the information they require to work confidently and competently in each new department they rotate into.’

You can see the full text of this article here.

Crisis-Resource-Management Training and CPR

Source: BMC Medical Education

Date of Publication: July 2015

In a nutshell: Good team leadership of groups of people carrying out cardiopulmonary resuscitation (CPR) has been shown to affect how effective it is. In this study, Ezequiel Fernandez Castelao from Georg-August-University in Göttingen, Germany, looked into the effectiveness of training CPR team leaders in crisis resource management (CRM). 45 teams of four members each were randomly assigned into two groups. In one group the team leader received CRM training while in another group the team leader had an extra 90-minute tutorial in advanced life support. The groups where leaders had had CRM training were more likely to adhere to the European Resuscitation Council guidelines and team leaders gave more verbal instructions giving more direct and indirect orders, doing more planning and assigning more tasks.
360˚ reviews for surgeons
Source: Not Running A Hospital web site
Date of Publication: July 2015

In a nutshell: In 360˚ reviews people’s underlings as well as their managers give their opinions on how well a person is performing. It takes a brave underling so to do but it can be an effective way of measuring people’s performance and yield valuable insights into the effectiveness of people’s management style. This study, carried out in hospitals linked to Harvard University, saw 385 surgeons go through 360˚ appraisals. Six months after their evaluations the surgeons were contacted again to fill out a follow-up survey. 31% of the surgeons replied, 59% of the department heads and 36% of the reviewers. 87% of the surgeons said that the reviews had provided them with accurate feedback and 80% of the managers thought the reviews were accurate. 60% of the surgeons said they had made changes to their practice based on their feedback while 72% of the reviewers felt that the evaluation process had been valuable. 32% of the reviewers had seen an actual change in behaviour on the part of the surgeons after the review.

You can see the full text of this article here.

Nurse Education
Learning to be a nurse and being a carer – a hard act to pull off
Source: Nurse Education Today
Date of Publication: July 2015

In a nutshell: This study – by Matt Kiernan from Northumbria University – looked into the experiences of student nurses who were also carers for other family members. 14 students took part in the study, 13 women and one man. Ten of them lived with their partners while three had disabled dependents. The age range of the dependent children was from three months to 19. Three main themes emerged from the research:

- Altruism and Commitment
- Maturity and Family
- Social Mobility

The students were highly motivated but their lives were a constant series of compromises juggling the demands of their families and the demands of their course. They didn’t want an adapted nursing course but a realistic one where expectations were managed in an honest way.

You can see the abstract of this article here.
Clinical placements – are they the best way to learn?

Source: Nurse Education Today

Date of Publication: July 2015

In a nutshell: Nursing students nearly always go out on a succession of clinical placements during their course but could there be different ways for them to learn the same skills? This study – led by Maureen Claeys from VIVES University College in Belgium – compared traditional clinical placements with more structured workplace learning and a dedicated education centre. 33 final-year students went to the education centres; 70 did workplace learning while 106 followed a traditional clinical placement. The traditional placement had the highest score for ‘learning culture,’ but the education centres did best for learning performance.

You can see the abstract of this article here.

Nursing students getting to grips with poverty

Source: Journal of Nursing Education

Date of Publication: July 2015

In a nutshell: Depending on their background nurses may, or may not, have some experience of poverty but many of their patients will. In this study – led by Angela Ritten, from the University of Central Florida – eight nursing students were immersed for a minimum of 32 hours with a preceptor in a clinic caring for low-income, uninsured patients. The students showed an increase in positive attitudes towards impoverished people and a number of themes emerged from their experience including:

- Misconception
- Lack of knowledge about the cost of, and access to, care
- The importance of the clinical environment on learning to be a nurse
- Empowerment

You can see the abstract of this article here.

In another study in the same issue of the Journal of Nursing Education researchers from the University of Saint Joseph in Connecticut looked into the impact of ‘service-learning,’ where nursing students go out to work in, and learn from, impoverished communities. 10 students who had participated in service learning were interviewed and five themes emerged from the interviews:

- Shattering stereotypes
- Overwhelmed with their needs
- Transitioning to community caregiver
- Advocating
- Reciprocal benefits

You can see an abstract of this article here.
Leaving the ward to become a teacher

**Source:** Journal of Nursing Education

**Date of Publication:** July 2015

**In a nutshell:** Moving from working on the wards to becoming a teacher of nurses can be difficult. People go into an academic career with an up-to-date knowledge of clinical skills and a desire to shape the next generation of nurses but many find themselves unprepared for the transition and need some mentoring to help them navigate it. In this study researchers from Boise State University in Idaho reviewed the literature on mentoring schemes for nurses becoming lecturers. They found that there were three factors needed for a successful mentoring programme:

- Formal preparation for teaching
- Guidance navigating the academic culture
- A structured mentoring programme

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

How much do student nurses know about dementia?

**Source:** Educational Gerontology

**Date of Publication:** July 2015

**In a nutshell:** As the population gets progressively older nurses are more and more likely to have to deal with people with dementia. Lesley Baillie, from London’s South Bank University, led a team of researchers looking into how much student nurses know about – and how confident they feel dealing with – people with dementia. The researchers’ survey of 328 nursing students found that 62% of them had had experience of people with dementia before starting the course and 89% had had contact with someone with dementia during it. The further on in their course the nurses were the more confidence they had in dealing with people with dementia but only 52% of third-year students felt ‘generally confident’ about dealing with this group of people. Students who were 25 and over were significantly more likely to have come across someone with dementia before the start of their course.

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

On placement in oncology

**Source:** Nurse Education in Practice

**Date of Publication:** July 2015

**In a nutshell:** This study, by Michelle Mollica, from D’Youville University in New York State, looked into the effects of an oncology placement on 11 nursing students. It found that the placement led to an improvement in the nurses’ professionalism, ‘role socialization,’ and sense of belonging although this was not statistically significant. Interviews with the students showed that they felt the placement had helped them to refine their personal philosophy of nursing and had solidified their commitment to the profession and the students felt that the placement – combined with weekly
debriefing forums and conferences – had had a positive impact on their role socialization and sense of belonging.

You can see the abstract of this article here.

What’s the best way of refreshing nurses’ skills?

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

**Date of Publication:** July 2015

**In a nutshell:** Nurses are taught a wide range of clinical skills during their courses but they don’t always get to put them into practice and research suggests that skill retention decreases six months after training if nurses don’t get a chance to put their skills into practice. Evelyn Stephenson, from the School of Nursing at Indiana University, looked at a web-based refresher course to keep advanced-practice nurses up-to-date. The course covered managing a difficult airway and placing a laryngeal mask airway for new-born children; a complex procedure which – thank goodness – doesn’t happen that often. The students taking part in the study were divided into two groups. One group took the refresher course and then did a simulated exercised practising dealing with airways while the other group just did the simulation. The study found that the web-based refresher course helped the students when they came to take part in the simulation.

You can see an abstract of this article here.

Rapid cycle deliberate practice. What is it and does it work?

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

**Date of Publication:** July 2015

**In a nutshell:** Rapid Cycle Deliberate Practice (RCDP) is an innovative concept used to teach a sequence of predetermined skills to learners in a short period of time. Jared M. Kutzin, from Winthrop University Hospital in New York introduced RCDP into a mandatory education programme and found that it improved both the satisfaction of staff attending a mandatory education day and improved their response to patients having a heart attack.

You can see the abstract of this article here.

Supporting preceptors in Tasmania

**Source:** Nurse Education in Practice

**Date of Publication:** July 2015

**In a nutshell:** Nursing students need support when they’re on a clinical placement but it’s not always easy for the qualified staff doing the supporting; while supervising student nurses is important the main responsibility of trained staff is to deliver safe and effective health care. Supervision of learners can also be affected by low levels of organisational support, variable individual preparedness and a lack of feedback on, and recognition for, the role of supervisor. Over five years a Quality Clinical
Placement Evaluation Research Team, a partnership between health services and universities in Australia, developed and put into practice a practice-development approach to assess and improve the quality of placement supervision for nurses on placement in Tasmania. The approach developed into a three-step process made up of:

- An education session about supervision support
- A survey of undergraduates and supervisors after placements had finished
- Workshops to look at the findings of the survey and suggest improvements based on its findings

This study, led by Helen Courtney-Pratt, from the University of Newcastle, in New South Wales, looks into the effectiveness of this programme and how it can be used elsewhere and developed further to support nurses’ student placement.

You can see the abstract of this article here.

High-fidelity simulation. What are the benefits and drawbacks?

**Source:** Nurse Education Today

**Date of Publication:** July 2015

**In a nutshell:** High-fidelity simulation is an attempt to create a very realistic scenario in which student nurses can practise treating patients. This study, led by Mahmoud Kaddoura from Duke University in North Carolina, looked at how nursing students had found their experiences of high-fidelity simulation. The students said that the simulations had improved their critical thinking, confidence, competence and their ability to turn theory into practice although some felt overwhelmed by multiple high-fidelity-simulation scenarios.

Clinical mentors – the international perspective

**Source:** Nurse Education Today

**Date of Publication:** July 2015

**In a nutshell:** When nursing students go out on placement they usually have a clinical mentor to hold their hands, show them the ropes and teach them all about working on the wards. This study, led by Beata Dobrowolska, from Lublin University, looked at how clinical mentorship worked in eleven EU and non-EU countries. The study found that all the countries offered two types of clinical mentorship; one offered by universities and another offered by health-care providers although the profile responsibilities and professional requirements expected of clinical mentors varied from country to country. In most countries there were no special requirements in terms of education and experience expected of clinical mentors. Those who acted as clinical mentors on the wards were still expected to deal with their usual caseload of patients which created a certain amount of extra work for them.

You can see the abstract of this article here.
Preceptorship - making the transition as a new nurse  
**Source:** Nurse Education Today  
**Date of Publication:** July 2015  

**In a nutshell:** Newly-qualified nurses go through a period of preceptorship, designed to ease them into life on the wards, where they are given additional support to help them settle into their new roles and responsibilities. Bill Whitehead, from the University of Derby, looked into the experience of preceptorship of some newly-qualified nurses in a series of interviews and focus groups. ‘Themes,’ which emerged from the interviews included:

- A need to set aside specific time for preceptors and newly-qualified nurses to meet  
- A requirement for formal recognition of the role of preceptor  
- A culture of support  
- Work to select and prepare preceptors  
- A management structure that supports preceptorship  

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

Helping nurses get to grips with statistics  
**Source:** Nurse Education Today  
**Date of Publication:** July 2015  

**In a nutshell:** Not many people go into nursing because they’re interested in statistics but nurses need to know a certain amount about this topic to make sure they can assess research properly and help patients get the best-possible treatment. A lot of nurses neither enjoy, nor feel comfortable with, statistics and this study – led by Panagiotis Kiekkas from the Technological Educational Institute of Western Greece – looked into how taking a biostatistics course could help nurses feel more confident working with statistics. The study showed that the 104 students who took the course felt more positive about using statistics. There was a significant but ‘weakly correlated,’ link between the students having a more positive attitude after doing the course and how well they did in their examinations.  

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

Virtual classrooms for midwifery students  
**Source:** Nurse Education Today  
**Date of Publication:** July 2015  

**In a nutshell:** Bihar is one of the poorer states of India, in the east of the country. In 2008-9 a national body said that the quality of the education of midwives there was ‘grossly sub-optimal,’ i.e. appalling. Johns Hopkins University in Baltimore has an offshoot in New Delhi and a team of researchers from there, led by Neeraj Agrawal, set up virtual classrooms to deliver competency-based training to midwives in Bihar. Students were able to see live demonstrations of midwifery
techniques performed by lecturers on simulation models. 83 student midwives were assessed before and after a 72-hour training package and there was a big difference in their scores after the training. The researchers concluded that virtual classroom training was ‘effecting in improving knowledge and key … [midwifery] skills.’

You can see an abstract of this article here.

When children go downhill – simulation is best for training
Source: Nurse Education Today
Date of Publication: July 2015

In a nutshell: Spotting when a child is going downhill and stopping them getting worse is one of the most vital jobs for a paediatric critical care nurse. Nurses for adults practise these situations using high-fidelity (very realistic) simulations but there is less research into how effective this technique is for children’s nurses. Jessica O’Leary, from Lady Cilento Children’s Hospital in Brisbane, led a team of researchers looking into the effectiveness of high-fidelity simulation in training nurses how to spot children deteriorating and do something about it. 30 nurses took part in the study. Half of them took part in a simulation while the other half learnt in the usual fashion using books and lectures. The nurses who had taken part in the simulation were more self-confident in the techniques and had a better knowledge of the topic than the ones in the group who had studied more conventionally.

You can see the abstract of this article here.

Training nurses in oncology
Source: Nurse Education in Practice
Date of Publication: July 2015

In a nutshell: Being able to communicate well with people with cancer is an important skill for nurses. They need to help patients stick to taking their drugs and keep them as cheerful as possible. This can be difficult and Smita C. Banerjee, from the Memorial Sloan Kettering Cancer Centre in New York, led a team of researchers looking into the challenges. The researchers surveyed 121 nurses working in oncology and asked them to describe common challenges in ‘communicating empathy,’ and discussing death and dying. Challenges to communicating empathetically were:

- Dialectic tensions
- The burden of carrying bad news
- Lack of skills for providing empathy
- Perceived institutional barriers
- Challenging situations
- Perceived dissimilarities between the nurse and the patient
The challenges in discussing death and dying were:

- Dialectic tensions
- Discussing specific topics relating to death and dying
- Lack of skills for providing empathy
- Patient/family characteristics
- Perceived institutional barriers

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