



Joint Education and Training Library



Mid Cheshire Hospitals
NHS Foundation Trust

Education Horizon-Scanning Bulletin – April 2018

Compiled by John Gale

JET Library – Mid-Cheshire

NHS Foundation Trust

Contents

Dental Education.....	4
Teaching dentists communication skills.....	4
Tooth decay teaching down under.....	4
General Healthcare Education.....	4
Online learning – is timing everything?.....	4
What motivates lecturers to create MOOCs?.....	5
Emotional intelligence and stress.....	5
Making a success of flipped learning.....	5
Inter-professional Education.....	6
Getting dentists and nurses to mix inside the classroom.....	6
Reviewing the research into inter-professional education.....	6
Medical Education.....	7
Learning epidemiology in the flipped classroom.....	7
Adversity on the mean streets of Dundee.....	7
Taking the first steps into GP-land.....	7
Standardised patients in psychiatry. Ready for the Oscars or daytime telly?.....	8
Getting the professionals involved in South London.....	8
Tea trolley training in Bath.....	8
Joining the dots in long-term care.....	9
Adding allergy to the –ologies.....	9
How Sheffield can help you go with the flow.....	9
Flipped education in surgery.....	10
When PBL meets TBL.....	10
Team-based learning in China.....	11
Don't interrupt me while I'm ... Multi-tasking and the medical student.....	11
Putting the ethics into electives.....	12
Fitness to practise – what makes you Jo Brand rather than Mo Farah?.....	12
How does personality affect career choice?.....	13
Can e-learning help you to give someone a good death?.....	13
Nurse Education.....	14

International placements – why go on one?	14
Why being delirious is no laughing matter.....	14
Tackling incivility with e-learning	15
Coming to terms with missed care.....	15
Emotional intelligence in Slovenia	16
Learning catheterisation with a smartphone	16
Check in for improved student learning	17
What is clinical reasoning made of?	17
Research projects – what happens when Swedes get independence?	18
Why don't nursing students want to go into community nursing?	18
Making the move from HCA to full-blown nurse	19
Teaching patient safety in Australia	19
Simulation – playing (un)happy families for nursing students.....	20
Does nurse education make a difference in old people's homes?.....	20

Dental Education

Teaching dentists communication skills

Source: BMC Medical Education

In a nutshell: Despite patients' ability to respond being limited to at best the kind of rudimentary noises a beginner ventriloquist might produce and at worst a muffled scream communication skills are thought to be an important part of being a good dentist. In this study Simone Alvarez and Jobst-Hendrik Shultz, from University Hospital Heidelberg, looked into the effects of a pre-clinical course with an emphasis on patient communication and interaction on 81 dental students. The students found the course to be both helpful and vital and thought that the parts of it that dealt with self-perception were particularly useful.

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

Tooth decay teaching down under

Source: BMC Medical Education

In a nutshell: Cariology is the science of tooth decay and in this study Sarah L. Raphael, from the University of Sydney, led a team of researchers looking into how it was taught in a survey of 17 institutions. A quarter of them said that cariology was identified as a specific discipline within their course and 41% had a cariology curriculum in written format. With regard to lesion detection and caries diagnosis, all of the program coordinators who responded indicated that visual/tactile methods and radiographic interpretation were recommended with ICDAS also being used by over half them. Despite all respondents teaching early caries lesion management centred on prevention and remineralisation, many taught operative intervention at an earlier stage of lesion depth than current evidence supports. The researchers concluded that “despite modern theoretical concepts of cariology being taught in Australia and New Zealand, they do not appear to be fully translated into clinical teaching at the present time.”

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

General Healthcare Education

Online learning – is timing everything?

Source: British Journal of Educational Technology

In a nutshell: Different people have different approaches to when they do their studying. Some study nine-to-five as though it were a full-time job, some are night owls while others leave everything to the last minute. But how do people's approaches affect how they learn in online environments. Anouschka van Leeuwen, from Utrecht University in the Netherlands, led a team of researchers trying to find out. They compared students tackling a course with a 'flipped-classroom,' model (FCM) (where students do all the work *before* their lectures) and those taking a

course which had an ‘enhanced-hybrid model,’ (EHM). In both courses a regular pattern of activity was more effective than low activity. In the FCM initial low activity was detrimental, whereas in the EHM the strategy of cramming later on in the course could still lead to higher course performance. In the FCM a combination of face-to-face and online activity led to sufficient course performance whereas in the EHM face-to-face or online activity on its own could lead to sufficient course performance.

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

What motivates lecturers to create MOOCs?

Source: International Journal of Educational Technology in Higher Education

In a nutshell: Massive Open Online Courses (MOOCs) are online courses that are free and open to anyone to take, regardless of whether they are a member of a university or not or what educational qualifications they may, or may not, have. Setting up and running one requires a different set of skills and approaches from teaching and running a traditional academic course and in this study Ada Freitas and Joaquin Paredes from the Universidad Autónoma de Madrid looked into the motivations of lecturers setting up MOOCs. They found that the lecturers were more concerned with the social value of spreading their knowledge and promoting their research than on the pedagogical value of online education and adopting innovative new practices.

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

Emotional intelligence and stress

Source: Nurse Education Today

In a nutshell: Emotional intelligence (EI) has been shown to decrease stress and increase people’s wellbeing. Healthcare students are known to suffer from a fair amount of stress and in this study Kim Foster, from the Australian Catholic University in Parkville, Australia, led a team of researchers looking into the links between EI and stress in 203 final-year healthcare students. The study found that the lower a students’ EI the higher their stress levels and that pharmacy and dentistry students were more likely to experience stress than nursing ones. The researchers concluded that “there is a clear need for pre-registration healthcare curricula to include educational components on strengthening EI.”

Making a success of flipped learning

Source: British Journal of Educational Technology

In a nutshell: In flipped learning students are given reading to do before their classes which are then free to explore issues in more depth. However, not all students do the work they need to before their classes and in this study Jihyun Lee and

Hyoseon Choi, from Chosun University College of Medicine, studied the effectiveness of pre-class learning (or lack thereof) and the way it was delivered on the eventual success of flipped-learning courses. The results showed that the influence of pre-class learning on final success was significant and strong. Learners did better in weeks when the pre-class material was delivered via video than when it was delivered as reading materials. As far as the students' qualities were concerned self-direction was found to significantly influence pre-class learning performance and perceived learning readiness.

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

Inter-professional Education

Getting dentists and nurses to mix inside the classroom

Source: Nurse Education Today

In a nutshell: Many a marriage has begun from the mixing together of doctors, dentists and nurses although this is usually done outside the lecture theatre and in the presence of alcohol. Getting different professions to learn together is another thing entirely and in this study Whitney A. Nash, from the University of Louisville in Kentucky, led a team of researchers looking into the effectiveness of an inter-professional education programme for advanced-practice nursing and dental students. The study found that nurse-practitioner and dental students who took part in the programme had better self-efficacy in functioning as a member of an interdisciplinary team than students who did not take part.

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

Reviewing the research into inter-professional education

Source: Nurse Education Today

In a nutshell: More and more universities and colleges are now providing some kind of inter-professional education (IPE) so that their students are prepared for working with other groups of people once they qualify. In this study R. Riskiyana, from Universitas Gadjah Mada in Indonesia, led a team of researchers looking into the evidence about inter-professional education. The team found 16 studies that met their quality criteria. The studies showed that IPE improved inter-professional collaborative knowledge, skills and behaviour. "Complexity of the learning material, appropriateness of the programme design, and referral to a specific standard of competence were assumed to play [a] significant role towards the effectiveness of inter-professional education."

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

Medical Education

Learning epidemiology in the flipped classroom

Source: BMC Medical Education

In a nutshell: In the flipped classroom students do at least some of their studying before their classes so lecturers don't have to start from first principles and can tackle more advanced concepts during their classes. In this study Stephanie Shiao, from Columbia University Mailman School of Public Health in New York, led a team of researchers looking into the use of a flipped-classroom approach to teach masters-level public-health students about epidemiology. The researchers compared one year where students were taught using a traditional approach with another year where they were taught using flipped classrooms. The researchers found no difference in the students' examination scores or assessments of the course between the two years although they did enjoy the fact that the flipped-classroom approach gave them the freedom to watch pre-recorded lectures at any time and allowed lecturers to clarify targeted concepts.

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

Adversity on the mean streets of Dundee

Source: BMC Medical Education

In a nutshell: Dundee is known – among other things – for marmalade, linoleum and whisky. It has got a university too and people applying to its medical school have to fill out an adversity statement designed to find out which people have had to battle against hardship during their school career. Lysa E. Owen, from the University of Dundee, led a team of researchers analysing the contents of candidate's adversity statements. The statements gave a wide range of detail involving family, personal health, education and living circumstances as well as geographical location and long-term health problems.

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

Taking the first steps into GP-land

Source: BMC Medical Education

In a nutshell: For doctors who become GPs finishing training and setting up as an independent practitioner can be daunting. Your tutors aren't there to support you anymore and, as well as matters medical, you have all sorts of administrative, legislative and financial worries to contend with. This is particularly acute in countries which have a more privatised model of healthcare where GPs are expected to behave more like small businessmen. In this study N. Junod Perron, from the Institute of Primary Care in Geneva, led a team of researchers who held seven focus groups with recently-established primary-care doctors in Switzerland. The doctors felt relatively well-prepared for most medical tasks except for some rheumatologic, minor traumatology, ENR, skin and psychiatric aspects but they felt less well-

prepared for non-medical tasks such as office, insurance and medico-legal management issues and had not anticipated that professional networking outside the hospital would be so important to their daily work. The doctors also said they faced dilemmas opposing their professional values to the reality of day-to-day primary-care practice.

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

[Standardised patients in psychiatry. Ready for the Oscars or daytime telly?](#)

Source: BMC Medical Education

In a nutshell: “Under act, express depression,” was Morrissey’s astute characterisation of the British psyche and, as in other fields of medicine, doctors training to become psychiatrists often practise their skills on people pretending to be ill – ‘standardised patients,’ in the jargon. But how good at acting are the people pretending to be mentally ill? In this study Monika Himmelbauer, from the Medical University of Vienna (a city where they know a thing or two about psychiatry), led a team of researchers trying to find out. They asked 529 students and 29 lecturers what they made of the performances and feedback of standardised patients pretending to suffer from depression and suicidal tendencies; somatoform disorder; anxiety disorder, and borderline-personality disorder. Overall the students and lecturers rated the actors’ performances and feedback highly but the students were more likely to say that the actors were overacting and less likely to believe that they could be a real patient. Both the students and the lecturers were able to recognise the high quality of the actors’ feedback. The actors role-playing was judged to be worse when they were pretending to be suffering from depression and suicidal tendencies.

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

[Getting the professionals involved in South London](#)

Source: British Medical Journal

In a nutshell: Also using actors to impersonate people with mental-health problems are South London and Maudsley NHS Trust who launched a programme to teach psychiatric trainees communication skills using actors to simulate patients. The scheme was the world’s first mental-health simulation centre. Around 40 regular performers are given a two-day training course in mental health and are all trained actors “used to getting in and out of roles.” Maudsley Simulation got a grant from Health Education England and has now become self-supporting with a team of 14 including six or seven doctors, business staff and an administrator. The team have so far trained more than 5,000 health professionals.

If you have access to the BMJ you can read the whole of this article [here](#).

[Tea trolley training in Bath](#)

Source: British Medical Journal

In a nutshell: Marcel Proust was famously inspired to write *In Search of Lost Time* by dipping a madeleine biscuit into a cup of tea. Another person finding inspiration in a good brew is Fiona Kelly, a consultant anaesthetist at Royal United Hospitals in Bath. She had the idea for “tea trolley training,” – short bursts of training delivered by colleagues using visual aids carried on a tea trolley, provided when a quiet moment made it possible, and rewarded with a cup of tea, and, if one is lucky, some cake. She started with airway rescue, preparing laminated printouts of the important bits, adding visual aids and carrying out mini training sessions, five-to-ten-minutes long at people’s places of work. Other courses have been developed on sepsis (which increased screening for mothers from 26% to 80%) and acute kidney injury and ten other Trusts have now copied the scheme.

If you have access to the BMJ you can read the whole of this article [here](#).

Joining the dots in long-term care

Source: British Medical Journal

In a nutshell: Like full employment, a balance-of-trade surplus and paying off the national debt a seamless transition between primary and secondary care has been the goal of successive Governments since records began. Staff at Imperial College Healthcare NHS Trust have been doing their best to turn this dream into reality by organising meetings in GP’s practices to discuss patients with chronic obstructive pulmonary disease (COPD), chronic kidney disease and heart failure. They found that when hospital consultants reviewed GP registries 75% of some patient groups were misdiagnosed and incorrectly coded. At the same time GPs reviewed consultants’ letters to them and found most of them were “appalling.” So far 13 GP practices have taken part in the scheme.

If you have access to the BMJ you can read the whole of this article [here](#).

Adding allergy to the –ologies

Source: British Medical Journal

In a nutshell: 8% of GP consultations and 11% of the NHS’s drug budget goes towards allergy care yet studying allergies is largely absent from medical-school curriculums, postgraduate courses and continuing professional development. So, ten years ago, Adam Fox, a consultant in paediatric allergy at Guy’s and St Thomas’ set up [Allergy Academy](#) – a three-day course on paediatric allergy. By 2017 the Academy was holding 15 events for GPs, nurses, junior doctors and consultants. The courses are affordable at £15-£20 a head and the Academy now has a web site which includes a series of short videos two to three minutes long.

If you have access to the *British Medical Journal* you can read this article [here](#).

How Sheffield can help you go with the flow

Source: British Medical Journal

In a nutshell: Hospitals can be likened to factories. They take ill people in at one end, process them and dispatch them to either their homes, a home or their final resting place at the other end of the process. Sometimes, however, people can get stuck in the machinery, so to speak. Unjamming the conveyor belt – ‘improving patient flow,’ in the jargon – is important and Sheffield Teaching Hospitals took their inspiration from Japanese car manufacturer Toyota when they set up their Flow Coaching Academy. Everyone involved in delivering a service gets together in a single room to re-design the process themselves, with the help of two improvement coaches. The aim is not to change the clinical aspects of care but to improve the way patients flow through the system. Sheffield’s Frailty Assessment Unit achieved a 15% reduction in bed occupancy and a 13% reduction in mortality with no extra money and respiratory medicine achieved a 20% reduction in length of stay and a decrease in mortality. The Academy has spread via a social-franchising model with new Flow Coaching Academies springing up in Devon, Birmingham and Northern Ireland.

If you have access to the *British Medical Journal* you can read this article [here](#).

Flipped education in surgery

Source: British Medical Journal

In a nutshell: Now that doctors are forbidden from working 28-hour days it can be a struggle to fit in all the training they need on top of their duties looking after patients. Training needs to be fitted in somehow though otherwise no one would progress beyond the level of an F1 doctor. Flexible on-line learning can provide an alternative and in October 2016 all specialty year-three trainees were invited to enrol for a free training programme based on flipped learning. Students read supporting materials first then come on to a forum; they can access material online, at a time that suits them, and post comments and ask questions. Several royal colleges have expressed an interest in using the model and Health Education England is planning a national roll-out of a mandatory programme in general surgery from October 2018. The new programme is cheaper too – costing about a third of the current, inefficient training model.

If you have access to the *British Medical Journal* you can read this article [here](#).

When PBL meets TBL

Source: BMC Medical Education

In a nutshell: In problem-based learning students learn as they work on a particular problem while – as the name suggests – in team-based learning they learn while working as a team. In this study Annette Burgess, from the University of Sydney, led a team of researchers looking at how students felt when two of the classes in their problem-based learning curriculum were changed to team-based learning. 14 of the students went to two focus groups to talk about the different educational approaches and four key themes emerged from their conversations which were:

- Guided Learning
- Problem Solving
- Collaborative Learning
- Critical Reflection

The students were attracted to the active and collaborative approach of team-based learning and saw its main advantages as being smaller group sizes, the preparatory Readiness Assurance Testing process, facilitation by a clinician, an emphasis on basic science concepts and immediate feedback. At the same time the competitiveness of team-based learning was seen as a spur to learning which motivated students to prepare, promoted peer-assisted teaching and learning and focused team discussion. However, the students did feel that problem-based learning gave them the opportunity for adequate clinical reasoning within the problem-solving activity.

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

Team-based learning in China

Source: BMC Medical Education

In a nutshell: Also looking into team-based learning was a team of researchers led by Minjian Chen, from Nanjing Medical University in China. The team reviewed the literature on the topic and found thirteen articles that met their quality criteria. The research showed that team-based learning significantly increased students' exam scores when compared to lecture-based learning. Team-based learning also improved students' attitudes to learning and learning skills.

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

Don't interrupt me while I'm ... Multi-tasking and the medical student

Source: BMC Medical Education

In a nutshell: One man's multi-tasking is another man's pointless and unnecessary interruption. But while snooker and tennis players ply their trade in hushed silence doctors and medical students are liable to be constantly interrupted while they are injecting people with life-changing drugs. In this study Bryony Woods from Cardiff University led a team of researchers looking into the effect of multi-tasking on the communication and clinical skills of medical students. Medical students who had completed basic skills training in a single undergraduate medical school completed four standardised tasks for a total of four minutes each consisting of inactivity, listening, venepuncture and a combination of listening and venepuncture. Although combining listening and venepuncture showed no difference in associated mental workload and performance at venepuncture the students' listening abilities did appear to deteriorate when they tried to listen and give an injection at the same time.

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

Putting the ethics into electives

Source: BMC Medical Education

In a nutshell: Medical students often go on an elective during their studies, going abroad to broaden their experiences, help less well-off countries and see the world before they get locked away in dingy hospital wards combating pestilence, piles and pus. You might think lecturers would be glad to see them safely back in one piece and keen to see their holiday snaps but students are now expected to pick up some ethics (although not tropical diseases) while they are on their electives. In this study Gemma Bowsher, from King's Centre for Global Health, analysed students' elective diaries to see "whether transformative, experiential learning took place, assessing specifically for indications that critical reflection, reflective action and reflective learning were taking place." Of 41 extended comments nine responses showed evidence of transformative learning. Analysis of the diary entries identified five themes which were:

- Adopting a position on ethical issues without overt analysis
- Presenting issues in terms of their effects on students' ability to complete tasks
- Describing local contexts and colleagues as "other."
- Difficulty navigating between individual and structural issues
- Overestimation of the impact of individual action on structures and processes

The researchers concluded that their results suggested a need to "frame ethical learning on elective so that it builds on earlier ethical programmes in the curriculum, and encourages students to adopt structured approaches to complex ethical issues including cross-cultural negotiation and to enhance global health training within the curriculum." Where this leaves meningitis in Madagascar, kidney stones in Kenya or sepsis in Surinam is anyone's guess but if you like this kind of thing you can read the whole article [here](#).

Fitness to practise – what makes you Jo Brand rather than Mo Farah?

Source: BMC Medical Education

In a nutshell: If medicine was athletics those students and junior doctors who experience 'fitness-to-practise,' events are more akin to Jo Brand than Mo Farah. In this study Lewis W. Paton, from the University of York, led a team of researchers who looked at the characteristics of those experiencing 'fitness-to-practise,' declarations. The researchers found that predictors for conduct-related declarations included being a man, being white and having a 'non-professional parental background,' while

being a woman, having a non-professional background and lower confidence was linked to an increased risk of a health-related declaration. Being a woman, having a higher UKCAT score, having a non-professional background and being less confident were also significant predictors of depression.

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

How does personality affect career choice?

Source: BMC Medical Education

In a nutshell: One of the ways psychologists like to classify people's personalities (if, indeed, such a thing is possible) is by the Big Five personality tests covering openness to new experiences; conscientiousness; extroversion or introversion; agreeableness and neuroticism (the tendency to think the worst of things). In this study Sari Mullola, from the University of Helsinki, led a team of researchers looking into the links between these personality traits and the career choices of medical students after graduating. The researchers found that higher openness was associated with working in the private sector, specializing in psychiatry, changing specialty and not practising with patients while lower openness was associated with a high amount of patient contact and specialising in general practice as well as ophthalmology and otorhinolaryngology. Higher conscientiousness was associated with a high amount of patient contact and specializing in surgery and other internal-medicine specialties. Lower conscientiousness was associated with specializing in psychiatry and hospital-service specialties. Higher agreeableness was associated with working in the private sector and specializing in general practice and occupational health. Lower agreeableness and neuroticism were associated with specialising in surgery. Higher extroversion was associated with specializing in paediatrics and change of specialty while introversion was associated with not practising with patients.

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

Can e-learning help you to give someone a good death?

Source: BMC Medical Education

In a nutshell: "I'd like to die peacefully in my sleep like my father, not screaming in terror like his passengers," was one of the late Bob Monkhouse's quips, yet although death comes to us all eventually the medical profession hasn't always trained people well enough to give everybody a good one. In Germany undergraduate palliative-care education was made compulsory in medical education in 2009 but there is still a lack of teaching materials in this area and of patients to practise on. In this study Christian Schulz-Quach, from the Institute of Psychiatry, Psychology and Neuroscience in London, led a team of researchers looking into the effectiveness of an e-learning course called *Palliative Care Basics*. 670 students took part in the study. The students enjoyed the course and their marks on a written exam improved

after having taken it but they felt no more confident at providing palliative care after doing the course than they did beforehand.

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

Nurse Education

International placements – why go on one?

Source: Nurse Education Today

In a nutshell: Some nursing students go abroad for some of their clinical placements in the hope of contributing to healthcare in less well-off countries, learning about other cultures and finding somewhere sunny with a nice beach and liberal licensing laws. In this study Caroline A. Brown and Catherine M. Fetherston, from Murdoch University in Western Australia, asked Australian nursing schools what they did about international placements for their students. They found variations in the length of placements, the number of students doing them, facilitator-to-student ratios and the assessment techniques used. The aims of the programmes fell into five main categories which were:

- Becoming culturally aware through immersion
- Working with the community to promote health
- Understanding the role of nursing within the health-care setting
- Translating theory into professional clinical practice
- Developing relationships in international learning environments

Learning outcomes fell into four main categories which were:

- Understanding healthcare and determinants of health
- Managing challenges
- Understanding the role of culture within health care
- Demonstrating professional knowledge, skills and behaviour

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

Why being delirious is no laughing matter

Source: BMC Medical Education

In a nutshell: In older people being delirious is often dismissed as people losing the plot as they get older and/or the first knockings of Alzheimer's. In fact it usually has a non-neurological cause and, if not treated properly, can lead to a prolonged hospital stay, institutionalisation and even death. In this study Eveline L. van Velthuisen,

from Maastricht University in the Netherlands, led a team of researchers looking into the effectiveness of a training programme, posters and flyers at improving how nurses dealt with delirium on the wards. The researchers found that after the training was put in place there was a significant increase in the frequency of delirium screening and in the correct use of the screening although the proportion of patients receiving a geriatric consultation did not increase.

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

Tackling incivility with e-learning

Source: Nurse Education Today

In a nutshell: Incivility, rudeness, ignorance. Call it what you will nobody likes being on the receiving end of it and it can do serious damage to the careers of those who manifest it. In this study Ruthanne Palumbo, from the University of North Carolina-Wilmington, looked at the effect of an e-learning module developed to educate students about incivility. The study showed that the students gained an increased level of confidence in their abilities to define, detect and combat academic incivility after viewing the e-learning module.

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

Coming to terms with missed care

Source: Nurse Education Today

In a nutshell: 'Missed care,' describes the situation in which care that has been prescribed or planned is either not given or not given on time. It can be caused by shortages of people or equipment, bad team work or ineffective delegation to unqualified health-support workers. It is linked to an increased likelihood of patients getting ill or dying, lower levels of patient satisfaction and an increase in medical mishaps. In this study Bernard Gibbon and Julie Crane interviewed 18 final-year student nurses and asked them about their experiences of missed care. The students were aware that some planned care was missed and an analysis of their responses revealed five main themes which were:

- Awareness
- Rationale
- Impact
- Strategies to avoid
- Influence of missed care on career aspiration

The students developed a pragmatic acceptance that care would be missed and that this could happen in any environment – as such they did not see missed care as “influencing their career aspirations.”

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

Emotional intelligence in Slovenia

Source: Nurse Education Today

In a nutshell: Every right-thinking Guardian reader now knows that women are superior to men. They sweat rose water, their breath smells of honeysuckle and little kittens follow them wherever they go. One of the many ways this superiority is manifested is in higher levels of emotional intelligence which is thought to be associated with compassion and care. In this study Gregor Štiglic, from the University of Maribor in Slovenia, compared levels of emotional intelligence in 113 nursing students and 104 engineering students (who presumably took time out from building compassionate flyovers and emotionally-literate stealth bombers). The nursing students had higher levels of emotional intelligence than the engineering students but although the women nursing students had slightly higher emotional intelligence than men studying nursing this was not statistically significant. Nursing students with previous caring experience were not any more emotionally intelligent than those with no previous experience.

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

Learning catheterisation with a smartphone

Source: Nurse Education Today

In a nutshell: Despite the earnest imprecations of devotees of mindfulness most people spend large swathes of their life wishing they were somewhere else. Far better, one might argue, to imagine oneself eating calamari with a view of the Amalfi coast than to live in the moment in a traffic jam, on a wet Monday morning, on the Thelwall viaduct. For students this takes the form of wishing they were tucked up in bed rather than in a lecture hall listening to some old buffer wittering on, while lecturers yearn to be having a nice cup of coffee working on their next grant proposal rather than facing massed ranks of indifferent adolescents. Thankfully both parties might now be able to achieve their ambition thanks to the miracles of digital technology and in this study Yeu-Hui Chuang, from Taipei Medical University, led a team of researchers looking into the effectiveness of a skills-demonstration video aimed at teaching nursing students how to carry out a urinary catheterisation. The study found that the video led to improvements in the students’ knowledge and skills although not in their confidence. The students were satisfied with the videos though and gave it an average mark of 4.46 on a scale of one to five.

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

Check in for improved student learning

Source: Nurse Education in Practice

In a nutshell: Every so often an idea comes along that seems so good, and so simple, that one wonders why no one has thought of it before. In this article Amanda Henderson, from the enticingly-named University of the Sunshine Coast, leads a team of researchers describing an initiative called Check-In and Check-Out. Check-In and Check-Out aims to engage students as active partners in their learning and teaching in their clinical preparation for practice. It is made up of three, interdependent, elements: a check-in (briefing) part; a clinical-practice part that supports students as they engage in their learning and practise clinical skills; and a check-out (debriefing) part. Students have given a good evaluation to the initiative which has now been embedded in all the programmes of the University providing a consistent learning process that transfers easily across all clinical courses and settings, enhancing the students' learning experience, helping them to actively manage their preparation for clinical practice and to develop self-efficacy.

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

What is clinical reasoning made of?

Source: Nurse Education Today

In a nutshell: Clinical reasoning is a bit like rhythm or sex appeal. Everyone knows it's important but it's hard to pin down exactly what it's made of. Having a go were a team of researchers led by Hui-Man Huang, from National Taipei University of Nursing and Health Sciences. They interviewed 13 "seasoned nursing experts," who all had more than ten years' experience in nursing education or clinical practice. The experts thought clinical reasoning was made up of four domains which were:

- Awareness of clinical cues
- Confirmation of clinical problems
- Determination and implementation of actions
- Evaluation and self-reflection

The researchers concluded that "the indicators of clinical reasoning competency in nursing students are interwoven, interactive and interdependent to form a dynamic process."

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

Research projects – what happens when Swedes get independence?

Source: Nurse Education Today

In a nutshell: Nursing students in Sweden do an independent project giving them the opportunity to develop and apply skills such as critical thinking, problem-solving and decision-making among other things. In this study Linda Johansson from Jönköping University and Marit Silén from the University of Gävle looked at what students did in their projects. Most of them do literature reviews although their methods weren't always relevant to the subject they had chosen. When the students chose to do a qualitative project their subjects were mainly health professionals but in qualitative projects involving an analysis of autobiographies or biographies, or blogs, participants were either people with a disease or their next of kin which could raise ethical problems if not handled carefully.

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

Why don't nursing students want to go into community nursing?

Source: Nurse Education Today

In a nutshell: Countries all over the world find it hard to recruit people into community nursing with students tending to prefer to work (at least to start off with) in hospitals. In this study Margriet van Iersel, from Amsterdam University of Applied Sciences, led a team of researchers who held focus groups with 14 first-year nursing students about working in different areas. Eight main themes emerged from the focus groups which were:

- Variety and diversity
- Challenges
- Improving people's health
- Collaboration
- Role models
- Patient- or environment-based perceptions
- Self-efficacy
- Immediate vicinity

In all eight areas the students rated hospital work more highly than community nursing but the research at least gives people something they could get their teeth into when attempting to persuade more students to work in the community.

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

Making the move from HCA to full-blown nurse

Source: Nurse Education Today

In a nutshell: Going on to the wards for the first time as a fully-qualified nurse can be a bit daunting but for those people who have combined working as a health-care assistant (HCA) with their studies the experience can be a little different. In this study Jan Draper, from the Open University, interviewed 14 former students of a unique four-year part-time, employer-sponsored pre-registration nursing programme specifically designed for HCAs. They asked them about their transition to fully-fledged nurses and their answers fell into four themes which were:

- In at the deep end
- Changing identities
- Coming together
- Scaffolding

The researchers' findings confirmed the existing literature that all newly-qualified nurses experience a similar overarching experience of transition. However, familiarity with people, place and routines did make the transition easier for people who had been HCAs, particularly if the newly-qualified nurses stayed working in the same place.

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

Teaching patient safety in Australia

Source: Nurse Education Today

In a nutshell: Despite the ever-present dangers of kangaroos hopping through operating theatres and tarantulas in the intensive-care unit patient safety in Australia tends to revolve around more or less the same things as it does in the UK. In this study Kim Usher, from the University of New England in New South Wales (is this the world's most confusingly-named university?), led a team of researchers trying to find out what Australian nursing schools taught their students about patient safety. The researchers found that approaches varied considerably between universities where patient safety tended to be integrated into undergraduate nursing courses rather than being taught in separate, stand-alone subjects. Three-quarters of the lecturers asked said that patient safety was currently being adequately covered in their undergraduate nursing curricula. The researchers concluded that "there was little indication of the existence of a systematic approach to learning patient safety, with most participants reporting emphasis on learning applied to infection control and medication safety."

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

Simulation – playing (un)happy families for nursing students

Source: Nurse Education Today

In a nutshell: As clinical placements get thinner and thinner on the ground simulation becomes increasingly important in nurse education. In this study Elisabeth Coyne, from Griffith University in Queensland, led a team of researchers looking into the effectiveness of videos for teaching family assessment to nursing students. 91 students took part in the study which found significant improvements in the students' perceived knowledge of family theory, knowledge of family assessment and confidence undertaking family assessment.

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

Does nurse education make a difference in old people's homes?

Source: Nurse Today

In a nutshell: Thanks to advances in medicine more people now die lingering, miserable deaths from Alzheimer's disease in their 80s than sudden, merciful ones from a heart attack in their 70s. Older people with Alzheimer's disease often find themselves in a nursing home and in this study Michael Bauer, from La Trobe University in Melbourne, led a team of researchers reviewing the evidence as to whether training staff who work in nursing homes made any difference to the quality of care provided therein. The team found thirteen articles that met their quality criteria and concluded that "there was limited impact of nurse and care staff education on residents' agitation, anxiety, mood and quality of life." The area that showed the most improvement was "the execution of activities of daily living." The more successful programmes included multi-faceted components such as hands on support and clinical auditing.

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