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# Education Horizon-Scanning Bulletin – March 2018

Compiled by John Gale

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## General Healthcare Education

### Online education – does it make a difference if you can see the teacher?

**Source:** Computers and Education

**In a nutshell:** Online teaching videos can take a variety of different formats. Some have just a voice-over, others have a voice-over and text and others feature an instructor holding forth on this, that or the other. In this study Kristin E. Wilson, from the University of Waterloo in Canada, led a team of researchers attempting to find out if it made any difference. They showed people videos in three different formats and asked them to record how much their mind wandered, tested their comprehension and asked them how much they had enjoyed the experience. The researchers found that while the participants most enjoyed the video where they could see the instructor they understood least after it and the fact that they could see the instructor did not stop their minds from wandering.

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

## Medical Education

### Do medical students really know what they want to do?

**Source:** BMC Medical Education

**In a nutshell:** If medical students specialised earlier in their training their training could, potentially, be shorter, saving them a fortune in tuition fees and improving the supply of much-needed new doctors. But do students really know what they want to specialise in early in their studies? M. Douglas Jones Jr., from the University of Colorado, led a team of researchers who looked at the specialty choices of medical students in their first three years and compared them to the specialties they actually ended up working in. The study found that the predictive value of the students' specialty choices did improve as they went through their course but that even predictions based on the students' choices in their third year could be inaccurate with the potential loss of students from specialty-specific programmes.

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

### What do students know about e-cigarettes?

**Source:** BMC Medical Education

**In a nutshell:** In days gone by kindly tobacconists dispensed pouches of wonderful-smelling Clan tobacco to pipe smokers in horn-rimmed glasses (like my father) with a few Liquorice Allsorts on the side. My Dad gave up in favour of sugar-free Polos which smelt worse but are probably better for him. These days my Dad might have been tempted by e-cigarettes and medical experts now see vaping devices as a useful tool for giving up. But how much do medical students know about them? In this study Katie Hinderaker, from the University of Minnesota, attempted to find out by asking medical students. 35.8% were not sure whether e-cigarettes were approved by the Food and Drugs Administration for smoking cessation, while 4.1% falsely believed they were. 82.9% agreed, or strongly agreed, that they felt confident in discussing conventional cigarette use with their patients but only 12.4% felt the same about e-cigarettes. 94.8% of the students believed that they had not received

adequate education about e-cigarettes in medical schools and men were more likely than women to have used one.

You can read the whole of this article (or print it out and use it for a roll-up) [here](#).

## Getting a 360° check-up in Manitoba

**Source:** BMC Medical Education

**In a nutshell:** In Manitoba, Canada doctors have to undergo a 360° feedback assessment every seven years to keep their licence to practice. To help them make the most of the feedback the Manitoba Physician Achievement Review Reflection Exercise (MPAR-RE) was developed whereby doctors select a peer with whom to review and reflect on feedback, committing themselves to change. In this study Jose Francois, from the University of Manitoba, interviewed six doctors about their experiences using the MPAR-RE. The doctors reviewed their feedback with a range of peers including colleagues, staff, and spouses. Many of the doctors had been surprised by the feedback – both positive and negative – but they had found the MPAR-RE useful in processing it. The areas where the doctors had committed themselves to change where varied and most of the doctors said they had been successful in changing though time, habit and structures all made changing more difficult.

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

## What do Syrian medical students want to do in the future?

**Source:** For reasons to complicated, and controversial, to go into here Syria is not one of the world's happiest countries at the moment. In this study Bisher Sawaf, from the Syrian Private University in Damascus, led a team of researchers looking into what Syrian medical students wanted to do next. 450 students filled out a questionnaire. The two favourite specialties for the students were general surgery (27.6%) and internal medicine (23.5%). The most important reasons behind their choice of specialty were flexibility (74.8%) and better work opportunities (69.1%). Most people said they wanted to work outside Syria (78.7%) with the two most common countries of choice being Germany (35.5%) and the United States (24.6%). Getting a visa was the most common barrier to going abroad. Men, people who had had some training abroad already and having friends or relatives living abroad were all significant factors which made a student more likely to want to work abroad.

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

## Nurse Education

### Do nursing students' questions come up with the right answers?

**Source:** Nurse Education Today

**In a nutshell:** In problem-based learning students are presented with a problem and learn by attempting to solve it. This involves asking lots of questions and in this study Sophia Merisier, from the University of Montreal, led a team of researchers reviewing the evidence into how questioning influences nursing students' clinical reasoning in problem-based learning. The researchers found nineteen studies that met their quality criteria. "The studies explored the influence of questioning on critical thinking rather than on clinical reasoning.

The nature of the questions asked and the effect of higher-order questions on critical thinking were the most commonly-occurring themes.”

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

## Teaching nursing students how to stand up to bullies

**Source:** Nurse Education Today

**In a nutshell:** Bullying is one of the main, controllable, reasons why staff go off sick. It creates misery for its victims and costs the NHS millions in lost time. In this study Sharan Sidhu and Tanya Park, from the University of Alberta, reviewed what nursing students are being taught about how to deal with bullying. They found 61 articles that met their quality criteria. Concepts covered in bullying education included:

- Empowerment
- Socialization
- Support
- Self-Awareness
- Awareness about bullying
- Collaboration
- Communication
- Self-Efficacy

Social-cognitive theory was used by many studies and active teaching methods, which gave students opportunities to practise their skills, were the most effective.

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

## Which kinds of students are ready for teamwork?

**Source:** Nurse Education Today

**In a nutshell:** When students graduate they usually join teams of health professionals from a range of different disciplines with whom they have to work. But are some students more ready for this than others? In this study – a team of researchers led by Dragana Milutinović from Novi Sad University in Serbia – asked 257 medical and nursing students how they felt about working with other specialists. Nursing students, women, students in the first year of their studies and those with “previously completed education in the field of health care,” were found to be more ready for inter-professional learning and “collaborative practice.” For medical students being a women and “assessing professional nursing skills and abilities,” were both significant predictors of readiness for inter-professional learning while “professional identity,” was a significant predictor for nursing students.

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

## Using Teach-Back to get the message across

**Source:** BMC Health Services Research

**In a nutshell:** People don't always absorb what they're told by medical professionals being more preoccupied with wondering whether they'll outlive their grandmother, socks or milk supplies than with what they're actually being told at the time. One way around this is a technique called Teach-Back in which health professionals get patients to repeat back the advice or instructions they have just been given in order to make sure they have really understood it. In this study Suzanne Morony, from The University of Sydney, looked at how Teach-Back could be used to help people working on the national maternal and child-health helpline in Australia. 13 nurses took part in interviews after being trained in Teach-Back and "all engaged with both self-reflection and Teach-Back, although to differing extents. Those who reported acquiring Teach-Back skills easily limited themselves to one or two Teach-Back phrases. Nurses reported that actively self-reflecting (including on what they did well) was useful both for developing Teach-Back skills and analysing effectiveness of the techniques. Most wanted more opportunity to learn how their colleagues manage Teach-Back in different situations, and more visual reminders to use Teach-Back.

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

## How nursing students can help with rehabilitation

**Source:** Nurse Education in Practice

**In a nutshell:** In days gone by people deemed to be too decrepit to cope on their own were sent to cottage hospitals where honeysuckle climbed around the doorway and rosy-cheeked girls from the village gave them a bed bath after kippers and poached egg for breakfast and before the morning papers arrived. At some point this was decreed to be a bad idea and ditched in favour of people being sent back to their own homes and encouraged to tackle three flights of ill-lit stairs as part of their post-hip-replacement rehabilitation. Nurses who drop in and look after these people are said to be engaged in home-based nursing care (HBNC) and in this study Birgit Brunborg Pay and Liv Wergeland Sørbye from Vid Specialized University in Oslo looked at the role nursing students can play in HBNC. The study looked at 121 undergraduate nursing students' placements where they – together with their patients – designed and applied a rehabilitation plan. Based on the patients' values and resources the students were able to coach their patients in self-care activities that brought them closer to the patients' targets. The researchers concluded that "the students in HNBC were adequately prepared to plan and carry out rehabilitation activities with patients."

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

## Getting ready to get critical

**Source:** Nurse Education in Practice

**In a nutshell:** Those of us who watch more television than we should are familiar with characters in TV dramas wired up to bleeping pieces of machinery in hospitals and being fed through a drip – in other words critical care. For nursing students going into critical care after their courses finish can be harder than going into other wards; working all that bleeping

machinery must be a bit like trying to cook your dinner on an unfamiliar microwave every evening with rather more serious consequences than an underdone baked potato. In this study Tiana Cunnington and Pauline Calleja, from Griffith University in Queensland, reviewed the evidence on the best ways of helping nursing students starting to work in critical care. Themes identified in the literature included: having a designated resource person; workplace culture; socialisation; knowledge and skill acquisition; orientation, and rotation. Ways of making the transition easier included:

- Allocation of a quality resource person
- A supportive workplace culture
- Positive socialisation experiences
- Knowledge and skill acquisition
- Structured orientation based on new graduates' learning needs

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

### Getting ready to get critical II

**Source:** Nurse Education Today

**In a nutshell:** Another way of boosting nurses' confidence as they go into critical care is to make them do a postgraduate certificate once they start work. In this study Rebecca Baxter and David Edvardsson, from Umeå University in Sweden, looked at how nurses' confidence and competence was affected by doing a postgraduate certificate in critical care. The researchers found that completing the certificate *was* associated with increases in the nurses' competence and confidence.

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

### Bridging the gap with guidelines

**Source:** Nurse Education in Practice

**In a nutshell:** For nursing students moving from academia to full-time work must feel a little like one of those cartoons where a train is running on a track and then suddenly disappears over a cliff edge. You're still heading in what you hope is the right direction but all of a sudden your support falls away and you get a terrible feeling of vertigo. A set of instructions and guidelines for those in charge of this transition can be useful and in this study Dalena R.M. van Rooyen, from Nelson Mandela University in South Africa, led a team of researchers reviewing the use of guidelines for this purpose. The team found eight guidelines in the literature that met their quality criteria and found they had three main themes which were:

- Support for new graduates
- The graduates' need for socialization and belonging
- A positive clinical learning environment

The researchers concluded that "the availability and implementation of guidelines on transition of final year nursing students by educational institutions and healthcare facilities

could ease the transition from being final year nursing students to becoming professional nurses as well as improve retention of newly qualified professional nurses.”

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

## Can patients’ stories help mental-health nurses?

**Source:** Nurse Education Today

**In a nutshell:** Despite everyone paying lip service to empathy and glib platitudes about walking huge distances in other people’s shoes (surely a recipe for corns if nothing else) it’s remarkably difficult – some might say impossible – to experience life from another person’s perspective. Hearing people’s stories is at least a start and in this study – led by Geoffrey L. Dickens from Abertay University in Dundee – 66 undergraduate and postgraduate mental-health-nursing, and counselling students watched a film called *Ida’s Story* giving a first-person account of living with borderline personality disorder. The students took part in a discussion group after seeing the film and a thematic analysis of the discussion showed that after watching it the students were more likely to think ‘Ida,’ deserved treatment and more likely to agree that a variety of different approaches would be effective. The students’ knowledge wasn’t really improved by watching the film and they were more likely to see (incorrectly) borderline personality disorder as a precursor to schizophrenia. A qualitative analysis of the discussion revealed five main themes which were:

- Facilitation and inhibition of learning
- Promotion – but not satiation – of appetite for knowledge
- Challenging existing understanding
- Prompting creativity and anxiety
- Initiating thinking about the bigger picture

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

## Caring and professional identity

**Source:** Nurse Education Today

**In a nutshell:** Caring for other people is crucial for being a good nurse while a positive professional identity can lead to personal, social and professional fulfilment. In this study Guo Yu-jie, from Nantong University in China, led a team of researchers looking into these two factors in a sample of 216 graduate nursing students. The study found that while the students perceived they possessed “positive caring characters,” their professional identity was “at a low level.”

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

## Using exemplars in nursing education

**Source:** Nurse Education Today

**In a nutshell:** Some nursing courses use exemplars, presenting examples of good work to their students in the hope that they will get some idea of what lecturers are looking for. In this study Rebekah Carter, from Western Sydney University, led a team of researchers reviewing the evidence on the use of exemplars. The researchers found 10 studies that met their quality criteria. The studies revealed four themes which were:

- Exemplars as a tool for structuring and preparing assessment activities
- Appraising exemplars as a teaching and learning activity
- The impact of exemplar use on academic performance
- Students' satisfaction of exemplars as a learning tool

The researchers concluded that while students valued the use of exemplars the benefits of their use “were not always reflected in students' academic performance.”

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

## Teaching Japanese nursing students to look after foreigners

**Source:** Nurse Education Today

**In a nutshell:** Compared to other countries there are very few foreigners in Japan – about 1.76% of the population. In this study Junichi Tanaka, from Nagasaki University, led a team of researchers looking into students' levels of interest in Medical Health Care for Foreign Residents (MCHFR). 143 students took part in the study. Most of them understood the likelihood of providing nursing care for foreigners, however, knowledge and interest were low, regardless of whether the students had attended lectures on MCHFR or not. Knowledge of MCHFR, recognition of providing care for foreign nationals, and level of contact experiences with foreign nationals were significantly associated with students' levels of interest in MCHFR.

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

## The internet of cheats

**Source:** Nurse Education Today

**In a nutshell:** From cyber-bullying to trolling via fake Viagra and child pornography it's hard to catalogue how many ways the internet has facilitated – maybe even fuelled – human wickedness. Even the groves of academe are not immune and cheating by copying and pasting chunks of other people's work or buying essays is now endemic in higher education. Melanie Birks, from James Cook University in Queensland, led a team of researchers looking into this issue who found that plagiarism was the most frequent form of academic misconduct. Most people said that the threat of severe punishment and having to sign a 'verification statement,' would deter them but a relatively high proportion of students said they had engaged in at least one form of academic misconduct; something that was more likely among younger age groups. The researchers also found a link between academic misconduct and professional misconduct later on with the most frequent examples of the latter being recording of inaccurate or fabricated vital signs and breaching patients' privacy.

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

## Does evidence-based nursing help with critical thinking?

**Source:** Nurse Education Today

**In a nutshell:** Evidence-based nursing is looking at the research into a) what works and b) what doesn't then doing a) and not doing b). It sounds simple enough although finding the research in the first place and then decoding the arcane mixture of statistical jiggery-pokery and linguistic atrocities favoured by most academics is not quite so straightforward. In this study Chuyun Cui, from the Tianjin University of Traditional Chinese Medicine, led a team of researchers reviewing the evidence into how learning about evidence-based nursing improved students' critical thinking. The researchers found nine studies which met their quality criteria which included a total of 1,079 students. The researchers found that learning about evidence-based nursing was more effective than traditional teaching in helping nursing students with critical thinking.

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

## Does DIY de-briefing do any good?

**Source:** Nurse Education Today

**In a nutshell:** De-briefing is an important part of simulation. Usually this takes the form of teachers telling students what they have got right (or not) during the simulation. Student self-debriefing happens when the students themselves reflect on their performance (perhaps I should have checked which kidney needed removing etc) and in this study Kyungja Kang, from Jeju National University and Mi Yu, from Gyeongsang National University (both in Korea) tried to find out whether this does any good. 123 nursing students were divided into two groups. One undertook student self-debriefing and had a de-briefing from an instructor while the other group just had a de-briefing from their instructor. The students who had debriefed themselves showed significant improvements in their problem-solving and their satisfaction with the de-briefing process although not in de-briefing assessment or team effectiveness. The researchers concluded that combining student self-debriefing with instructor debriefing "could help improve the problem-solving process and debriefing satisfaction among nursing students."

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

## How rudeness damages professional values and what can be done about it

**Source:** Nurse Education Today

**In a nutshell:** Not all nurses are sugar-coated angels, mopping patients' brows and smiling their way through the day, and it has been known for nursing students to experience what is – perhaps a touch euphemistically – known as 'incivility.' In this study Ji-Soo Kim, from Gachon University in Korea, looked into the effects of incivility on nurses' professional values. Ji-Soo Kim's study found that incivility damaged young nurses' professional values but that the more social support they used as a coping strategy the less damage they experienced. Ji-Soo Kim concluded that "educators must inform nursing managers when nurses direct uncivil behaviors towards students. Educators should also listen to students' experiences, support them emotionally, and encourage students to engage in seeking social support."

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

## Making nursing students accountable for their learning

**Source:** Nurse Education Today

**In a nutshell:** People who supervise nursing students on the wards often have quite a lot on their plate themselves so making students accountable for their own learning is usually seen as a good idea. In this study Christina Perry, from Princess Alexandra Hospital in Queensland, led a team of researchers reviewing the evidence on how the behaviours of qualified nurses could improve students' accountability for their learning. The team found nine studies that met their quality criteria and found four main themes which were:

- Belongingness associated with a genuine partnership
- Empowerment and increasing student self-efficacy
- Trust linked to increasing and staged independence
- Balancing clinical and educational requirements

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

## What do multiple-mini interviews ask about?

**Source:** Nurse Education Today

**In a nutshell:** In much the same way as a leisurely lunch down the pub has been replaced with compulsory team bonding and a squalid scattering of sandwich spreads over one's keyboard interviews to get into medical and nursing school have gone from half-hour chats aimed at really getting to know someone to multiple mini-interviews. To carry on the dining metaphor this is a bit like going from lunch at the Ivy to a drive-through KFC. But what do nursing students get asked at these mini interviews (MMIs)? In this study Alison Callwood, from the University of Surrey, led a team of researchers reviewing the literature on MMIs. The researchers found 65 studies that met their quality criteria. The most frequent qualities being assessed were: communication skills (84%), teamwork and collaboration (70%) and ethical and moral judgment (65%). Questions about coping with stressful situations (14%), making decisions (14%) and resolving conflict in the workplace (13%) were asked much less frequently. MMIs used to select nursing and midwifery students were more likely to talk about compassion and decision-making than MMIs for other courses.

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