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Mid Cheshire Hospitals
NHS Foundation Trust

Education Horizon-Scanning Bulletin – September 2018

Compiled by John Gale

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General Health Education

Are you sitting comfortably?

Source: BMC Medical Education

In a nutshell: Throughout history people have told each other stories to entertain, amuse and teach one another. Many nursery rhymes have a moral to them teaching useful life skills or giving warnings like not breaking and entering into bears' houses and the correct use of construction materials to prevent wolf attacks. In this study Katherine A. Moreau, from the University of Ottawa, led a team of researchers looking into the evidence on digital storytelling – short videos that combine stand-alone and first-person narratives with multimedia. The researchers found sixteen articles that met their quality criteria. The purposes for using the stories were 'eclectic,' and the researchers found that “the co-creation of patients' digital stories with health professionals as well as the creation and use of health professionals' own digital stories enhanced learning.” However the patients' digital stories on their own had a minimal impact on health professionals' learning.

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

Are students getting to grips with evidence-based practice?

Source: BMC Medical Education

In a nutshell: Evidence-based practice (EBP) is a dull term which encompasses looking for the best available evidence about how to look after people and putting it into practice, among other things. In this study Anne Kristin Snibjør, from Western Norway University of Applied Sciences in Bergen, led a team of researchers analysing what students of nursing, occupational therapy, physiotherapy and radiography knew about EBP. The researchers found that while the students found EBP relevant they had a poor understanding of EBP terminology, low confidence in EBP skills and low use of EBP in clinical situations. There were differences in EBP profiles between health disciplines and between educational institutions. The researchers concluded that “the differences in scores raise questions about the understanding of EBP within disciplines, and the complexity of EBP in educational settings.”

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

When dying is more than a once-in-a-lifetime event

Source: Nurse Education Today

In a nutshell: Although death is a discrete event happening at a defined point in time dying can be a long, drawn-out process. By definition most simulation training deals with a particular event but in this study Anna Weil, from King's College London, led a team of researchers studying the effectiveness of sequential simulation – using simulation to train a team of health workers how to deal with dying people over an extended period of time. Over three months 57 health professionals from a range of different disciplines went to seven SqS simulations™. The researchers found

that the sessions improved the confidence of doctors and ‘therapists,’ although the results were not significant for nurses. Interviews with the participants elicited the following themes:

- Communicating with families
- Teamwork
- Goal Planning
- Do not attempt cardio-pulmonary resuscitation
- Course usefulness
- Prior training
- Clinical experience

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

[E-learning and oncology](#)

Source: BMC Medical Education

In a nutshell: It can be hard communicating with patients with cancer. Diagnosis comes as a shock, prognoses are uncertain, treatments can be brutal and recovery uncertain or impossible. In this study Sebastian M. Stuij, from the Academic Medical Centre in Amsterdam, led a team of researchers who tried to find out what healthcare professionals working in oncology wanted to learn about communication and how they wanted to learn it. 13 healthcare professionals took part in focus groups and the researchers found that the clinical staff mainly strove to promote their patients’ understanding of information. They tailored information to patients’ characteristics, structured information and dealt with patients’ emotions. Their preference was for e-learning to be neatly connected to clinical practice and they wanted feedback on their own information-giving skills from peers, communication experts and/or patients to monitor their progress and tailor their training to their individual needs.

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

[Medical Education](#)

[Assessing junior doctors’ soft skills](#)

Source: BMC Medical Education

In a nutshell: Junior doctors often get assessed on their technical knowledge and ability to deal with patients but soft skills such as communication, collaboration, leadership and professionalism are both harder to, and less often, assessed. In this study Kirsten Dijkhuizen, from Leiden University Medical Centre, led a team of researchers looking into the effectiveness of a development-oriented performance assessment designed to measure soft skills. The researchers found that the junior

doctors thought it was useful and that it gave them the opportunity to evaluate qualities not usually addressed in workplace-based assessments and ‘progress conversations.’ The assessment also proved a valuable tool for helping junior doctors to think about their work and draw up their learning objectives and activities. The junior doctors said they felt more aware of capacity, self-confidence and enhance feelings of ‘career-ownership.’ “An important factor contributing to these outcomes was the relationship of trust with the facilitator and programme director.”

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

Sponge body smarty pants

Source: BMC Medical Education

In a nutshell: Medical mishaps come in all sorts of shapes and sizes – operating on the wrong person, removing the wrong organ, giving people the wrong drug etc, etc – and one such error is leaving something from the operating theatre inside a patient’s body. In this study researchers assessed the effectiveness of a patient-safety course in which medical students ‘discovered,’ a sponge left by the researchers in a corpse they were cutting up to learn about anatomy. Once the students had fished the sponge out and finished their anatomy class they went to a presentation given by an interprofessional team using the retained sponge as an example of a medical error. They were introduced to the use of safety tools and had a discussion about quality improvement science as well as listening to a patient’s story told by a close family member about the effect of medical errors. The students then took part in ‘an interactive breakout activity,’ and completed a course on safety. Tests given to the students before and after the course showed improvements in their knowledge of, and attitudes to, patient safety and their comments after the workshop showed increased awareness and appreciation of the importance of addressing medical errors.

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

Are doctors getting to grips with POCUS?

Source: BMC Medical Education

In a nutshell: POCUS is a magical-sounding acronym for what is, in many respects, a somewhat magical process. It stands for point-of-care ultrasound – beaming sound waves at the body in the hope the echoes can tell you something about what’s going on inside it. In this study Kathryn Watson, from the University of Calgary in Canada, led a team of researchers looking into what junior doctors knew about POCUS. 238 junior doctors took part in the study which found that the doctors saw the following procedures as the most amenable to POCUS:

- Identifying ascites/free fluid 4.9/5
- Gross left ventricular function 4.8/5
- Pericardal effusion 4.7/5
- Thoracentesis 4.9/5
- Central line insertion 4.9/5

- Paracentesis 4.9/5

The students identified their own skill gaps as being highest for:

- Identifying deep-vein thrombosis 2.7/5
- Right ventricular strain 2.7/5
- Gross left ventricular function 2.7/5

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

Helping doctors help patients help themselves

Source: BMC Medical Education

In a nutshell: Many health conditions can't be cured completely – or even at all – by doctors and when this happens it's beneficial if patients can play a part in managing their condition. Doctors can help patients with self-management support but they need to be trained how to do this and in this study Virginia Munro, from Flinders University in Australia led a team of researchers who compared three methods of teaching it – traditional face-to-face teaching; e-learning and a mixture of the two (blended learning). The researchers found that the students who had used the blended learning approach performed significantly better.

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

Hanging onto talent at the medical school

Source: BMC Medical Education

In a nutshell: Hanging on to top talent isn't just an issue for Prime Ministers and football-club managers; academics are just as likely to up sticks and move if they get a better offer too. In this study Fauzia Nausheen, from the California University of Science and Medicine, led a team of researchers who interviewed 12 lecturers at a new medical school. The researchers found that the main source of satisfaction for the lecturers were: higher academic rank (75%), harmonious inter-collegial relationships (74%), decent pay (58%) and better professional growth (58%). Factors making people want to leave included: poor opportunities for promotion (68%), reduced support for scholarly activities (67%) and unsatisfactory support from 'the administration,' (55%).

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

Nurse Education

[Hot water, towels, bathroom scales ...](#)

Source: Nurse Education Today

In a nutshell: Health advice is a bit like presents from one's in-laws; you get it whether you want it or not. In this study Emily Kothe, from Deakin University in Australia, looked at what made student midwives more or less likely to dispense advice about weight to pregnant women. 183 student midwives from 17 Australian universities took part in the study. The researchers found that “attitudes, subjective norms, and perceived behavioural control accounted for 56% of intention to provide weight management interventions to women planning pregnancy ... [and] 39% of the intention to provide weight management interventions to women during pregnancy.”

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

Peer debriefing in nursing simulation

Source: Nurse Education Today

In a nutshell: Peer debriefing sounds like a story about shenanigans in the House of Lords from *The Sun* but actually involves nursing students discussing what went wrong or right during a simulation exercise. In this study Sang Suk Kim, from Chung-Ang University in South Korea, led a team of researchers comparing the merits of instructor-led and peer-led debriefing after a pre-operative care simulation exercise. 57 students took part in the debriefing exercise; 26 having instructor-led debriefing and 31 having peer-led debriefing. The group whose debriefing had been led by instructors had higher skills for preoperative care and quality of debriefing but there were no statistically-significant differences in knowledge and self-confidence. The researchers concluded that “peer-led debriefing may be considered a useful strategy for improving nursing students’ self-confidence.”

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

Do Dedicated Education Units come up with the goods?

Source: Nurse Education in Practice

In a nutshell: Dedicated Education Units are specialised units where nursing students can go for their placements and where staff nurses and lecturers work together to make sure the students get the best training possible without jeopardising the care given to patients. In this study Lorraine M. Rusch, from Creighton University College of Nursing in Nebraska, led a team of researchers comparing the effects of a Dedicated Education Unit (DEU) to traditional teaching. 310 students were divided into two groups. One group did their placements in a DEU and the other group had more traditional placements. The DEU group scored significantly better in 26 out of 33 specific competencies and professional attributes compared to students who took part in the traditional clinical teaching model.

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

Which is better simulation or virtual reality?

Source: Nurse Education Today

In a nutshell: Broadly speaking simulation occurs when either other people or manikins take the place of real patients and nursing students are expected to deal with them appropriately. In virtual reality, on the other hand, students don space-age helmets and immerse themselves in an alternative reality with the whole scenario being created thanks to the magic of computer technology. But which is better for training people? In this study Mariana Ferrandini Price, from the Catholic University of Murcia in Spain, led a team of researchers comparing the effectiveness of simulation and virtual reality at training nurses in how to deal with an incident with multiple victims. The researchers found that the percentage of ‘patients,’ the nurses triaged correctly was similar between the simulated patient and the virtual-reality group (88.3% vs 87.2% respectively). However the clinical simulation placed the students under more stress, as measured by stress hormones in their saliva, which the researchers saw as being more beneficial in terms of preparing them for the full horror of dealing with a motorway pile-up or a terrorist attack.

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

Helping new nurses go over the top

Source: Nurse Education Today

In a nutshell: Going from being a student nurse to practising on the wards can be a bit like going over the top in World War One and with similar casualty rates – it’s been estimated that 35-60% of nurses leave their first place of employment within a year. To deal with this some hospitals have introduced a one-year residency programme for new nurses which aims to provide continued support for new nurses and foster essential skills such as critical thinking, prioritisation, delegation, communication and conflict resolution. New nurses get mentorship with a preceptor, classroom teaching, simulation, case studies, peer reflection, debriefing and evidence-based practice projects as well as working on the wards. In this study Caitlin M. Eckerson assessed the effectiveness of nurse-residency programmes by reviewing the research into them. She found that the use of nurse-residency programmes led to increased satisfaction and retention of new nurse graduates over a one-year period.

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

Helping new nurses go over the top – Part II

Source: Nurse Education in Practice

In a nutshell: Also helping new nurses make the transition to the wards were staff at the University of South Australia who built an entire on-campus simulated hospital and health service “to immerse students in an authentic clinical environment to achieve deep learning in preparation for safe practice.” Barbara A. Parker, from the University of South Australia herself, led a team of researchers

evaluating the scheme. The researchers found that the simulation positively influenced students' satisfaction and confidence and increased the perception of clinicians of the work-readiness of the students.

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

Helping nurses care when the end is near

Source: Nurse Education Today

In a nutshell: Not everyone who goes into hospital comes out with a pulse and a sad part of a nurses' work is looking after dying people. In this study C. Karbasi, from the Complutense University of Madrid, led a team of researchers reviewing studies into nurses' experiences of providing end-of-life care. The researchers found 19 articles which met their quality criteria and identified five themes therein which were:

- Nurses as a protecting provider
- Nurses as an advocate
- Nurses as a reflective practitioner
- Obstacles to providing good quality end-of-life care
- Aids to providing good quality end-of-life care

The researchers concluded that “registered nurses have aligned their end-of-life care with practice with the profession's expectations and are enacting a patient-centred approach to their practice. They rely on reflective practices and on the support of others to overcome organisational, educational and emotional challenges to providing [good] quality end-of-life care.”

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

Challenge-based learning

Source: Nurse Education Today

In a nutshell: For those of us of a certain age the word ‘challenge’ conjures up images of Anneliese Rice leaping out of a helicopter and gambolling joyfully around the countryside in a boiler suit. In nursing pedagogy, however, challenge-based learning is one step up from problem-based learning. Students are given “some big ideas about the real world,”* work together in small groups to identify the most challenging problems arising from these ideas, develop innovative solutions, draw up an action plan, put it into effect and evaluate the outcome. In this study Zhi Yang, from Guangzhou Medical University, led a team of researchers evaluating the effectiveness of challenge-based learning. 48 students took part in the study which

found that challenge-based learning improved the students' creative consciousness, levels of curiosity, pattern-breaking skills, ideas-nurturing ability, willingness to experiment and take risks, courage and resilience, and energetic persistence among other things. So while traditional classroom teaching might be going the way of the stovepipe hat, fob watch and waistcoat could problem-based learning be heading in the same direction as mullet haircuts and flared trousers?

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

*presumably health-care related rather than say bringing lasting peace to the Korean peninsula or creating full employment without inflation

[Learning to be positive about older people](#)

Source: Nurse Education in Practice

In a nutshell: Given the way most people's health unfolds throughout their life it's not unreasonable to assume that most nurses will come across more than their fair share of older people. Not everyone has positive attitudes towards the elderly* though and in this study Victoria Ridgway, from the University of Chester, led a team of researchers who assessed undergraduates' attitudes towards them over the course of their studies. They did this by giving the students a questionnaire to fill out and asking them to draw a picture of somebody over the age of 75. The study found that three-quarters of the students had moderately-positive attitudes towards older people when they started their course, rising to 98% by the end of their first year. Age, sex, educational qualifications, practice learning, nursing field and contact with older people all influenced the students' overall attitudes towards older people.

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

*Although the Education Bulletin regards them as the last repositories of common sense in a world going more ludicrous by the hour

[From the back of an ambulance to the front of a lecture hall](#)

Source: Nurse Education in Practice

In a nutshell: For most people going from the stresses and strains of being a paramedic to becoming a college lecturer might be seen as a nice opportunity to slow down – relatively speaking – and go from pumping people's chests up and down to resuscitate them to gently nudging students' shoulders to wake them up. However, paramedics, thank goodness, are made of rather sterner stuff than the rest of us and in this study Graham G. Munro, from Australian Catholic University in Sydney, led a team of researchers talking to paramedics turned lecturers to see how they were coping with the transition. Most of the people the researchers talked to no longer considered themselves to be paramedics as they were no longer clinically active but neither did they consider themselves to be academics as most lacked PhDs and the scholarly achievements that would make them feel worthy of a place in the 'academy.'

Many felt they were in a ‘no man’s land,’ unable to effectively fuse their paramedic and academic identities to become comfortable as ‘paramedic academics.’ The researchers concluded that paramedics entering academia should “have a recognised and valued career pathway and [be] better prepared to make the transition to academia.”

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

Challenging oppressive practice in mental-health nursing

Source: Nurse Education in Practice

In a nutshell: “They called me mad, and I called them mad, and damn them, they outvoted me,” said Nathaniel Lee on being committed to Bethlem Hospital. Many psychiatric patients today probably feel something similar and there is much emphasis these days on how to make the whole process of treatment for mental-health problems feel less oppressive for those on the receiving end of it. In this study Nicola Wright and David Charnock from the University of Nottingham evaluated the effectiveness of an online resource aimed at helping student mental-health nurses question their own and others’ practice in relation to oppression. 12 student mental-health nurses were interviewed after taking the course and the following themes emerged from their responses:

- Enabling reflection on and in real life
- Surfacing mundane practice
- Confidence to challenge [others]

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

Dealing with dementia

Source: Nurse Education in Practice

In a nutshell: People with dementia on television are often portrayed as essentially mild-mannered, loveable and prone to comedic mishaps with domestic appliances. The reality can be somewhat different though and – through no fault of their own – people with dementia can become aggressive, violent and generally difficult to deal with. In this study V.L. Haugland and M.H. Reime, from the Western Norway University of Applied Sciences, assessed the effectiveness of ‘scenario-based simulation training as a method to increase nursing students’ competence in demanding situations in dementia care.’ 12 students took part in the study which found that two training sessions increased the use of confidence-building approaches, led the students to become more aware of the importance of person-centred dementia care and aware of the importance of knowing the patient’s history to gain their trust. The students’ knowledge about the law about coercion increased

and they became more aware of their own attitudes and of recording deviations from treatment.

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

When nurses help people who flee their homes

Source: Nurse Education in Practice

In a nutshell: People who flee across national borders because of persecution in their own country attract plenty of headlines and – one hopes – sympathy. However, lots of other people stay in their own country after being forced to leave their homes and this group is defined as ‘internally-displaced.’ Nurses, and other health professionals, sometimes go abroad to help them and in this study Angela R. Schneider, from the University of Calgary, led a team of researchers looking into what happened when a group of nurses went to help some internally-displaced people in Colombia. The main benefits identified were:

- Learning about the social determinants of health
- Development of compassion
- Appreciation for the community nursing role
- Professional growth and development
- Community engagement
- Increased access to care for people

Challenges included feeling of moral distress, lack of value for community nursing and conflicts with traditional biomedical approaches to care. Recommendations for improving the scheme included more interdisciplinary collaboration, documentation and dissemination of the experience, increased community autonomy and capacity for self-care and changes to the curriculum to enhance the recognition of the importance of community nursing.

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

vSim for Nursing™

Source: Nurse Education in Practice

In a nutshell: vSim for Nursing™ is a product that ‘adapts manikin-based scenarios to a web-based learning environment.’ ‘Students are able to interact with patients and work at their own pace followed by an opportunity to repeat and remediate simulations.’ In this study Cynthia L. Foronda, from the University of Miami, led a team of researchers who looked into students’ preferences and

perceptions of learning from vSim for Nursing™. 99 students took part in the study which found that key points of learning were medication administration and respiratory interventions. Qualitative data from the study also indicated that the students learnt about assessment, prioritisation and emergency management. Students preferred to use the programme as a clinical ‘makeup,’ or to enhance their lectures. The researchers concluded that “the findings support the use of virtual simulation and provide data to guide nurse educators to more strategically integrate virtual simulation exercises.”

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

Getting handovers cracked

Source: Nurse Education in Practice

In a nutshell: When shifts change or patients are moved from one department to another a process called handover occurs. In theory the next shift, or department, should get all the necessary information they need about the patients they are going to be looking after but in practice this doesn’t always go as smoothly as people would like. There are many tools (aka forms) designed to improve this process and one such is called iSoBAR. In this study Tania Beament, from Edith Cowan University in Western Australia, led a team of researchers looking into an electronic presentation plus simulated video-recorded examples as a way of teaching people to use the iSoBAR system. The study showed that the teaching programme helped people understand and feel more confident about using the handover tool. Focus groups with the study’s participants identified several factors relating to the implementation of iSoBAR: challenges concerning patient factors and change management processes and systems.

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

When the drug calculations don’t work

Source: Nurse Education in Practice

In a nutshell: In a fast-moving environment with people trying to do six different things at once it’s not surprising that the odd decimal point gets misplaced when nursing students are trying to work out how much of a particular drug to give someone. To err is human but to give feedback that corrects people’s mistakes, conveys the seriousness of them and yet doesn’t put people off reporting them is rather more tricky. In this study Lorna J. Walsh, from the Centre for Nursing Studies, in St John’s Newfoundland, led a team of researchers looking into this issue. 106 students took part in the study with the factors identified as increasing the likelihood of making an error being seen as the same by students who had and had not made one. Unfortunately the number of students who took part in the study was

not large enough to allow the researchers to draw any conclusions about how lecturers' feedback affected students' likelihood of reporting errors but both the students who had, and the students who hadn't, made mistakes both said they would report them because of their professional attitude, behaviour and values. "The researchers concluded that professional socialization, in combination with supportive learning environments, may increase student comfort in reporting medication errors."

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

Feedback and feed forward

Source: Nurse Education Today

In a nutshell: Feedback is the comments given by lectures on students' work. It usually takes place *post facto* as part of the marking process and while it can be stored away for guidance for future pieces of work it can be a bit like bolting the stable door after the horse has made its getaway. Feed forward on the other hand is given before a piece of work is finally submitted - either on the outline of a student's piece of work or on a student's first draft. In this study Lubna Ghazal Lubna, from the Aga Khan University in Pakistan, led a team of researchers looking into whether it's better to give feed forward on a student's outline or on their first draft. 118 students took part in the study and were divided into two groups. One group received feed-forward on their outline while the other group received feed-forward on their first draft. Those students who received feed-forward on their first draft had better overall assignment and academic writing scores and were less likely to go and visit lecturers for clarification of their comments.

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

How do mentors see themselves?

Source: Nurse Education Today

In a nutshell: Mentors are wise old hands who guide less-experienced nurses as they take their first steps in the profession. Much has been written on mentorship and in this article Anna-Maria Tuomikoski, from the University Hospital of Oulu, in Finland, led a team of researchers asking mentors to assess themselves. 576 mentors took part in the study. Overall they evaluated their levels of competence as middle- to high-level. They thought they were best at reflection and identifying a student's need for mentoring and worst at student-centred evaluation and supporting a student's learning process. The researchers concluded that mentors have diverse needs for support in building their mentoring competence and recommends that "healthcare organisations should provide nursing mentors with education that is based on their individual levels of mentoring competence."

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

What helps nursing students become academically resilient?

Source: Nurse Education Today

In a nutshell: Academic resilience is what keeps nursing students going through the demands of their course and clinical placements. In this study Eunhee Hwang, from Wonkwang University in South Korea and Sujin Shin from Ewha Women's University (also South Korea) looked at what characteristics made nursing students more academically resilient. They found that good interpersonal relationships, high academic grades, a role model and being happy with their subject all improved academic resilience. Students in the high-resilience groups also had higher social-affective capability* scores than those who were less resilient.

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

*"the ability to understand, manage and express various human social-emotional characteristics to successfully accomplish life tasks such as learning, formation of human relations, ordinary problem solving and adaptation to complicated developmental tasks."

The boys [and girls] from Brazil

Source: BMC Medical Education

In a nutshell: Community health workers in poorer countries often visit mothers and their children to provide health care. In this study Tereza Rebecca de Melo e Lima, from the Instituto de Medicina Integral Prof. Fernando Figueira in Brazil, led a team of researchers assessing the effectiveness of a four-day interactive training course based on an 'action-oriented guide.' 59 community health workers took part in the study which found that the course led to significant improvements in knowledge, practice and attitudes – improvements that were maintained a year after the workers had had the training.

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