



Joint Education and Training Library



Education Horizon- Scanning Bulletin – March 2019

Compiled by John Gale
JET Library – Mid-Cheshire
NHS Foundation Trust

Contents

General Healthcare Education	3
What makes students check out their feedback?	3
Cracking Evidence-Based Medicine – I	3
Cracking Evidence-Based Medicine – II.....	4
Medical Education	4
Get into pairs	4
Why those who wait longest leave earliest.....	5
Harnessing competition in trauma training.....	5
What do medical students think makes a good death?	5
Student surgery societies	6
Physician assistants in the NICU	6
Can tutors assess problem-based learning properly?	7
What works best in peer-assisted learning?	7
Nurse Education.....	7
Why don't nurses report mistakes?	7
Fundamental care – are the bare necessities just common sense?	8
Failing to fail nursing students.....	8
Just qualified, already teaching.....	9
Ducks to water or 'not waving but drowning?'	9
Do nurses know how to stop falls?.....	10
How healthy are Scottish nursing students?	10
Should we teach nurses to look after themselves?.....	11
Pharmacy Education.....	11
What motivates pharmacists to keep on learning?	11

General Healthcare Education

What makes students check out their feedback?

Source: British Journal of Educational Technology

In a nutshell: Many online learning systems have sections where students can log in to get their feedback about their course work. However, a bit like bathroom scales, not everyone takes the opportunity to hear bad news about themselves. In this study Paul J. Mensink from the University of Western Ontario and Karen King from Queen's University Belfast analysed what happened to 1,462 feedback files about 484 students. Over a third of the files were never accessed by the students. When the students could get the marks for their assessments without reading their feedback 42% of feedback files weren't accessed by the students, however, when the students had to access their feedback to find out their marks only 17% of files were not accessed. Poorly-performing men were less likely to access their feedback although integrating the marks into the files meant that men were 27 times more likely to access the files. For women there was no strong link between whether they could access their marks and how likely they were to access their feedback.

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

Cracking Evidence-Based Medicine – I

Source: BMC Medical Education

In a nutshell: Evidence-based medicine is based on the idea that it's a good thing to apply lessons from research to the way people treat patients. It sounds fairly uncontroversial but has proved surprisingly difficult to put into practice with problems such as information overload, people not being able to evaluate research and people lacking the time to put it into practice. In this study Aislinn Conway, from the National University of Ireland in Galway, led a team of researchers who developed an initiative called Evidence Rounds for health-care professionals working in the women and children's division of a hospital in Ireland. The initiative was made up of three components: i) group educational sessions examining evidence on topics chosen by staff ii) a website iii) facilitation, enablement and support from a knowledge-translation professional. Six educational sessions presented by 18 health-care professionals took place over nine months with 148 attendances by 85 different people. 188 unique visitors, 331 visits and 862 page views were recorded on the website.

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

Cracking Evidence-Based Medicine – II

Source: BMC Medical Education

In a nutshell: The researchers (see above) then interviewed 13 health-care professionals about their experiences of the initiative. Six of them were doctors and seven of them were nurses or midwives. From the researchers' interviews the following themes emerged:

- Organisational readiness for change
- Barriers and facilitators to attendance
- Barriers and facilitators to presenting
- Communication and dissemination of information
- Sustainability

The participants said that the Evidence Rounds had had a positive impact on their continuing education and clinical practice.

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

Medical Education

Get into pairs ...

Source: BMC Medical Education

In a nutshell: 'Get into pairs,' is a phrase that conjures up unhappy images for many people as you wonder which slack-jawed halfwit with a personal hygiene problem you're likely to get saddled with then catch the glimpse of horror in their eyes and realise they're thinking exactly the same about you. Perhaps taking their inspiration from Philip Larkin ('all solitude is selfish') pedagogues seem determined to force people together though and in this study Susanne J. Köhl, from Ulm University in Germany, led a team of researchers who looked into the effectiveness of getting students into pairs as they prepared for lectures in the 'self-study,' phase of a flipped biochemistry classroom. 196 students took part in the study which found that those who worked together in pairs did better in tests taken at the beginning of the class (i.e. after preparing for it) than those who had prepared for it on their own. When the students learned in pairs they both benefited from the collaboration, had more motivation and interest in the topic and spent a longer time on it.

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

Why those who wait longest leave earliest

Source: GMS Journal for Medical Education

In a nutshell: For one reason or another medical schools often end up recruiting students from a waiting list to replace their original first choices. The graduation rate for these students is significantly lower than for first-choice students and in this study Carolin Verena Herbst, from Universitätsmedizin Rostock in Germany, led a team of researchers looking into the reasons behind this. They found that students from the waiting list who displayed a greater than average conscientiousness and who said being underchallenged in their previous occupation were more successful than students who were less conscientious and said that dissatisfaction with their previous job was their main motivation. Successful students were often distinguished by their ambition and reported placing higher academic demands on themselves.

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

Harnessing competition in trauma training

Source: Journal of Surgical Education

In a nutshell: Most sports wouldn't be much fun if there wasn't an element of competition involved to offer a hint of jeopardy and the opportunity for smug triumphalism and repressed sulking, concealed, fingers crossed, beneath a veneer of good manners. But can the same be said of medical education? In this study Nicholas Mitrou, from Western University in Ontario, led a team of researchers trying to find out. Five teams, made up of five junior doctors each, all took part in four simulations designed to mimic looking after someone who had suffered a serious accident and trauma therefrom. The doctors were given personal feedback in the form of report cards and were told their own score and given an anonymised league table of all the groups' performance. Feedback was "universally positive," and learning during the simulation was rated more highly than learning via a conventional lecture. The report cards and league tables were cited by the junior doctors as a motivating factor to improve their performance.

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

What do medical students think makes a good death?

Source: 'Death,' wrote Philip Larkin, 'is no better whined at than withstood,' while Woody Allen quipped that he wanted to achieve immortality by not dying rather than via his films. Whether anyone can have a 'good,' death is a moot point but for some the 'anaesthetic from which none come round,' is more comfortable than for others. It helps to have a team of good nurses and doctors on hand and in this article Panita Limpawattana, from Khon Kaen University in Thailand, led a team of researchers who asked 1,029 medical students what they thought made for a good death. A desire to have one's spiritual needs met and their loved ones present were the most important factors as far as the students were concerned. Factors associated with

reluctance to receive prolonged treatment were being a woman, being in the clinical years of one's training, being in good health and prior experience of watching someone dying. Being a clinical student and being dissatisfied with life were linked to a preference for dying at home.

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

Student surgery societies

Source: BMC Medical Education

In a nutshell: You don't get to cut people up without displaying a certain amount of keenness in your educational career. So while other students join societies devoted to bell-ringing, table tennis and origami many medical students – at least in Canada – join surgery interest groups (SIGs). In this study Jin Soo A. Song, from Dalhousie University in Nova Scotia, led a team of researchers examining how SIGs functioned and how they influenced students' interest in surgical careers. The study found that SIG executives became involved in the groups through classmates and colleagues. Their roles focused on organising events, facilitating student contacts with residents and surgeons and organising funding. Surgical-skills events were among the most successful and well received by students. Major barriers faced by SIG executives included time conflicts with other interest groups; lack of funding and difficulty booking spaces for events. SIGs were found to facilitate improvement in basic surgical skills in a comfortable environment but were not helpful with final block examinations. Members of the groups said that more skills sessions, panel discussions and shadowing opportunities would be beneficial additions.

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

Physician assistants in the NICU

Source: Journal of Perinatology

In a nutshell: Looking after poorly new-born babies is highly technical and there can sometimes be a shortage of people willing and able to do it. One solution could be physician assistants and in this article Elie G. Abu Jawdeh, from the University of Kentucky, led a team of researchers describing their experience of developing a curriculum for physician assistants working in neonatal intensive care units (NICUs). The researchers describe the training programme and discuss surveys and interviews with and of people who had taken part in the training. They conclude “we believe that neonatal physician associate residency graduates become ideal candidates to fill the growing national need.”

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

Can tutors assess problem-based learning properly?

Source: BMC Medical Education

In a nutshell: How teachers mark students' work tends to attract less attention than what they teach them and what the students get out of being taught. However, marking can be a lot more complicated than applying liberal doses of red pen and ticks with the odd 'see me,' or 'v. good,' thrown in for good measure. In this study Bidyadhar Sa, from the University of the West Indies in Trinidad and Tobago, led a team of researchers assessing the consistency of lecturers' marking of problem-based learning tasks. The researchers found significant differences between the highest- and lowest-rated groups and between the most lenient and the most stringent raters. The most lenient and stringent raters had a significant impact in affecting the average scores of the groups they were marking and the ratings of different tutors for different groups "showed low agreement among various ratings." The researchers concluded that "leniency and stringency factors amongst raters affect objectivity and reliability to a great extent."

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

What works best in peer-assisted learning?

Source: BMC Medical Education

In a nutshell: Peer-assisted learning happens when students further into their education teach those in the years below them. Students get taught by people who don't think Instagram is a particularly fleet-of-foot boy delivering messages sent by telegraph and those doing the teaching learn how to communicate with others and develop a deeper understanding of the topic. Or everybody decides to go to the bar as it's Friday afternoon. In this study Akira Yamamoto, from Okayama University in Japan, led a team of researchers contrasting the effectiveness of peer-assisted simulation and peer-assisted lectures. In both cases F2 doctors taught F1 medics. 76 F1 doctors took part in the study which found that – in both groups – knowledge-test scores improved significantly. The learners' evaluation of their own competence and how they had changed their behaviour was higher in the simulation group than the lecture one and learners who had taken part in the simulation valued the programme, and the teaching of the F2 doctors, more than those in the lecture group.

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

Nurse Education

Why don't nurses report mistakes?

Source: Nurse Education in Practice

In a nutshell: People's approach to things going wrong at work varies from a fearless desire to get to the bottom of things no matter what the cost to 'hello Mr

Brush have you met Mr Carpet? I'm sure you'll get along famously.' In this study Halperin Ofra and Bornstein Olga, from Max Stern Academic College of Emek-Yezreel in Israel, asked 103 third- and fourth-year nursing students and 55 clinical instructors about their attitudes towards mistakes. About a third of the instructors and half of the students believed that circumstances and lack of awareness, and fear of the consequences, led to under-reporting. Both the students and the clinical instructors ranked 'fear of consequences,' as the main reason for reporting - students ranked this higher than their teachers. Both groups believed that incident reporting could be increased following changes in the clinical field, mainly by increasing awareness and knowledge. A large percentage of the participants also said that they did not report errors that were the result of circumstances and lack of awareness, mainly due to fear of the consequences.

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

Fundamental care – are the bare necessities just common sense?

Source: Nurse Education in Practice

In a nutshell: Fundamental care refers to the bare necessities of life – being kept clean, well-fed and watered and having kind words, reassurance and sympathy when one needs it. It's what the general public commonly thinks of when – if it ever does – it contemplates what nursing is all about. In this study Rebecca Feo, from Flinders University in Australia, led a team of researchers who interviewed first-year nursing students asking them about their views on fundamental care. The researchers found that the students routinely described fundamental care as 'common sense,' and didn't think that it should form a key part of their education. This view might seem common sense in itself but Rebecca Feo and her colleagues argue that "a perception of fundamental care as 'common sense,' is a myth; it undermines the inherent complexity of providing such care to a consistently high standard and has negative implications for nursing education and continuing professional development, patient experiences and outcomes, and the advancement of nursing science."

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

Failing to fail nursing students

Source: Nurse Education in Practice

In a nutshell: Faced with a failing student nursing tutors are in something of a dilemma, human kindness having to be balanced against the risks of letting someone at best incompetent and at worst positively dangerous loose on the general public. In this study Kari Westad Hauge, from the Department of Nursing and Social Sciences in Molde, Norway, led a team of researchers asking 561 nurse mentors how they dealt with this situation. The researchers found that the mentors sometimes failed to fail

their students in clinical studies. “Important factors influencing this decision were that the students did not put the patient’s life at risk and that the mentors gave the student the benefit of the doubt.” The mentors said that failing to fail students was not related to personal challenges and burdens but they did feel a lack of support from the students’ educational institutions.

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

Just qualified, already teaching

Source: Nurse Education in Practice

In a nutshell: Nurse preceptors are nurses who take nursing students under their wing and – to mix a metaphor – show them the ropes on the wards. In this study Janet Helena Smith and Linda Sweet, both from Flinders University in Australia, interviewed 12 new(ish) nurses all of whom had less than three years clinical experience after having qualified, speaking to them about their experience as preceptors. Three themes emerged from the interviews with the nurses which were:

- Acting as a preceptor to students enhanced the nurses’ self-development, and was a rewarding role that not only developed the student into a nurse but also provided opportunities for the novice nurse to learn
- Being a preceptor was both challenging and rewarding. The challenges involved the student, the context, and the preceptors’ own teaching and learning skills, resulting in feelings of frustration and conflict between the care they were expected to provide *qua* nurses and their roles as preceptors
- Being a preceptor was an expectation of both their role as nurses and from senior nurses. At times the new nurses felt overwhelmed and drained, particularly when having students that they found challenging over a number of shifts in a row.

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

Ducks to water or ‘not waving but drowning?’

Source: Nurse Education in Practice

In a nutshell: People adapt to new situations with varying degrees of facility ranging from the proverbial ducks to water to a giraffe getting to grips with the joys of ice-skating. In this study Shannon Dames, from Vancouver Island University in Canada, interviewed eight new nurses about which factors had helped them to thrive (or not) upon their entry into practice. The factors which emerged from the interviews were:

- The ability of students to practice self-care
- Whether or not lecturers helped students to choose work placements and work areas that aligned with their personalities and preferences
- Curricula that felt relevant and translated well into the workplace

As far as the students' personal development was concerned congruence and self-compassion were significant factors acting as buffers against workplace stress.

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

Do nurses know how to stop falls?

Source: International Journal of Older People Nursing

In a nutshell: As people get older they become more prone to falling which can be followed by anything from indignity and bruising to a broken hip, pneumonia and death. In this study Jacqueline Francis-Coad, from the University of Notre Dame Australia, led a team of researchers asking 147 care-home staff what they knew about falls and how to prevent them. Only 26.5% of them were aware that the people they looked after were at a high risk of falling. Their knowledge of risk factors was very limited – only 13.53% kept a look out for falling as a side effect of medication and only 1.04% were aware that continence problems could contribute to the risk of falling. Conflicting duties also limited care staff time to undertake falls-prevention strategies. Staff's preferences for falls-prevention education were for face-to-face interactive discussions with reminder posters displayed around the care homes.

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

How healthy are Scottish nursing students?

Source: Nurse Education in Practice

In a nutshell: Despite living in a country chock full of salmon, venison and delicious berries many Scots have never seen a piece of food they didn't want to deep fry and wash down with a can of Irn-Bru. In this study Josie Evans, from the University of Stirling, led a team of researchers asking first-year nursing students about their health. 207 students took part in the survey. 23.1% of them rated their physical health as either excellent or very good and 48.3% said their mental health was excellent or very good. 76.2% of the students did the recommended amounts of exercise but 29% were overweight and 18.2% were obese. 62.6% of the students played with their mobiles before bed time, 86.3% drank and 15.4% had enjoyed 'binge,' drinking (a good night out in old money). About a quarter of them smoked. Overall the students' health and lifestyle was no worse than the rest of the population but the lecturers identified smoking, diet, sleep and binge-drinking as "priority areas for health education and intervention."

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

Should we teach nurses to look after themselves?

Source: Nurse Education in Practice

In a nutshell: In Canada nurses make up half the healthcare workforce and are twice as likely to experience absenteeism due to occupational burnout. But should nurses be taught how to look after themselves at college? In this study Susan Maureen Docherty-Skippen, from Brock University in Canada, led a team of researchers asking what, if anything, nursing students got taught about 'self-care.' The researchers found that there was a gap between what programme leaders wanted to teach nursing students about relationships, emotional health and spiritual self-care and what they actually taught them. However, things which had been made compulsory such as 'professionalism,' were seen as being given more attention than was warranted. The researchers concluded that "given that self-care strategies (e.g. maintaining healthy interpersonal relationships and engaging in spiritual growth and mindfulness) have shown to be protective factors against workload stress, burnout and job attrition, regulatory colleges need to consider mandating these self-care competencies within their professional practice standards and entry-level registered nurse practice guidelines."

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

Pharmacy Education

What motivates pharmacists to keep on learning?

Source: American Journal of Pharmaceutical Education

In a nutshell: Motivation takes many forms from the drive for perfection that led David Beckham to stay behind after training so he could practice his free kicks to the units stationed to the rear of the regular Red Army troops to deter deserters on the Eastern Front. Most psychologists agree that the former kind is better than the latter depending, as it does, on enthusiasm rather than abject terror. But what motivates pharmacists to do continuing professional education? In this study Sharon L. Tjin A. Tsoi, from the Netherlands Centre for Post-Academic Education in Pharmacy, led a team of researchers studying the motivation of Dutch pharmacists for continuing professional development. The researchers found that autonomous motivation decreased over time in favour of controlled motivation (i.e. being told to do it replaced enthusiasm to learn).

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