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# Education Bulletin – April 2024

Compiled by John Gale  
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## General Healthcare Education

### Academic support – baby reins or truss?

**Source:** Sustainability

**In a nutshell:** Academic help can either be like baby reins – keeping students under control but preventing them from becoming fully independent – or like a truss, providing the necessary support and underpinning for people to confidently go about their business. In this study Hong Duan, from Northeast Normal University in China, led a team of researchers investigating the effect of online teacher support on 827 college students. They found that online teacher support had significant positive effects on academic self-efficacy, through the mediating effect of reducing academic procrastination. They concluded that “in order to enhance the academic self-efficacy of online learners, it is crucial to increase online teacher support, provide guidance and motivation to online learners, reduce academic procrastination, and improve the emotional, cognitive, and autonomy support perceived by students in online courses and learning activities.”

You can read the whole of this article at

<https://www.mdpi.com/2071-1050/16/5/2123>

### Can ChatGPT give you the HOTS?

**Source:** International Journal of Educational Technology in Higher Education

**In a nutshell:** Before the miraculous advent of Mrs G in my life my overtures to the fairer sex tended to veer from the awkward reticence of a shy bachelor in a Jane Austen novel to something more reminiscent of the Sixth Earl of Carnarvon’s approach as – to quote his obituary – a “most uncompromisingly direct ladies’ man.” Sadly the HOTS in this study refer not to butterflies in the stomach faced with the object of one’s desire but the rather drier notion of higher order thinking skills – more specifically what can be done to prevent the deleterious effect of ChatGPT upon them. In the study Hsin-Yu Lee, from National Cheng Kung University in Taiwan, led a team of researchers investigating the effect of a Guidance-based ChatGPT-assisted Learning Aid which modified the use of ChatGPT by encouraging the students to attempt problem-solving independently before using ChatGPT. The researchers found that the new learning aid enhanced self-regulated learning, higher-order thinking skills, and knowledge construction compared to going straight to ChatGPT. They concluded that the new learning aid had “facilitated more effective learning experiences in blended learning environments ... [and] also ensured that students engage more actively in their educational journey.”

You can read the abstract of this article at

<https://educationaltechnologyjournal.springeropen.com/articles/10.1186/s41239-024-00447-4>

## What makes for success in the virtual world?

**Source:** BMC Medical Education

**In a nutshell:** My hopes for virtual reality comprise scoring a century at Lord's, before heading off to a party to exchange funny stories and *bon mots* with Bob Mortimer and David Mitchell, then making my excuses after having successfully seduced Jodie Comer. Even in virtual reality I suspect things would pan out with me scoring a duck after wetting myself faced with a West Indian pace bowler, hiding in the kitchen during the party tutting about bin liners and coffee rings on the cupboards, and walking home alone before getting mugged outside Tennessee Fried Chicken. But what *does* make for success in virtual reality? In this study a team of researchers, led by Daniel Katz from the Icahn School of Medicine in New York, attempted to find out. They studied 95 healthcare professionals who went to the International Meeting on Simulation in Healthcare in 2022 and who took part in a (non-medical) virtual reality “scored ... experience,” while they were there. The researchers found that higher scores were associated with being younger, being a man, and playing more video games in the past. The group who scored highest was most likely to report comfort with virtual reality and new technology, and nurses tended to do better than doctors. “Self-perceived comfort with virtual reality was more predictive of score than prior virtual reality experience.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05180-0>

## Could tailored nudges boost students' grades?

**Source:** British Journal of Educational Technology

**In a nutshell:** For those of us of a certain age “tailored nudges,” inevitably brings to mind lascivious menswear salesmen on the [Fast Show](#) with their catchphrase of “suits you sir!” From a pedagogical point of view – as discussed in this study, led by Rebecca L. Matz, from the University of Michigan – they are prompts to students designed to help and encourage them to engage with their studies, in this case an introductory course in mathematics, computer science, and engineering. 5,349 students took part in the study which found that viewing the nudges was associated with a 3% increase in students' scores, and a 9% increase for the students with the lowest performance hitherto. “Positive impacts are observed in most courses where nudges were implemented and are found to be most impactful [sic] for later versus earlier assignments within a term.”

You can read the whole of this article at

<https://doi.org/10.1111/bjet.13451>

## Reviewing the evidence on online dropouts

**Source:** International Journal of Educational Technology in Higher Education

**In a nutshell:** Those dropping out of degree courses often left with their tail between their legs, possessions stacked up in the back seat of Dad’s car before – one hopes – moving on to greater success elsewhere. Dropping out of an online course is rather more lowkey, marked perhaps, by nothing more dramatic than the closing of a browser tab and a quick game of WordWipe before heading downstairs for tea. In this study Amir Mohammad Rahmani, from Maastricht University in the Netherlands, led a team of researchers reviewing the evidence on dropouts from online courses. They found 110 articles that met their quality criteria. Key contributors to dropout included: the quality of the course; academic preparation; student satisfaction; learner motivation; system attributes; and support services. For the students themselves reasons for dropout included: health worries; financial problems; technology issues; screen fatigue; isolation; and academic workload.

You can read the abstract of this article at

<https://educationaltechnologyjournal.springeropen.com/articles/10.1186/s41239-024-00450-9>

### Can art make you care more?

**Source:** Nurse Education Today

**In a nutshell:** As a keen devotee of both *Fawlty Towers* and *The Thick of It* I often have to restrain myself from revealing my inner Malcolm Tucker or Basil Fawlty at work; it’s probably not the effect on empathy educational researchers have in mind when they discuss the beneficial effects of the arts for healthcare students. In this study Tracy Levett-Jones, from the University of Technology Sydney, led a team of researchers reviewing the evidence on “arts for empathy,” in medical education. The researchers found 20 studies from 12 countries which met their quality criteria. The visual arts was the most common approach. Other techniques included films, drama, digital stories, literature creative writing, music, poetry, photography, and dance. The researchers concluded that “arts interventions generally have a positive effect on healthcare students’ empathy levels and enable a nuanced conceptual understanding of empathy.” Techniques which were used as a stimulus for active learning and which were supported by facilitated group-based discussion and/or reflection tended to be the most effective.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106185>

### What makes blended learning work?

**Source:** Sustainability

**In a nutshell:** If training were food, one could plausibly make the case that the last few years have seen the replacement of the occasional – and jolly – meal out with a glass of something or other to polish off proceedings, by less jolly (but more frequent) deliveries of soggy pizza directly to the end user via the medium of MS Teams. In this study Marko Radovan and Danijela Makovec Radovan (both from the University of Ljubljana in Slovenia) investigated “the impact of blended-learning

strategies on various student outcomes in vocational education training contexts. They found that collaborative learning significantly enhanced the students' engagement and satisfaction, whilst "the integration of technology in blended learning environments improves educational experiences." The study also highlighted "the critical role of assessment and feedback in fostering student satisfaction and competence," but noted that "perceived overload," could be a challenge.

You can read the whole of this article at  
<https://www.mdpi.com/2071-1050/16/7/2704>

## Medical Education

### Is blood moreish?

**Source:** BMC Medical Education

**In a nutshell:** Other than in the format of black pudding blood gives me the willies; not necessarily due to its physiological implications – more the inefficacy of proprietary stain-removal products, and the cost of shirts at Marks and Spencer's. Some people make a career out of it though, and in this study a team of researchers – led by Mamoun Hassan Sharief, from King Saud Medical City – examined whether doing a rotation in a haematology department would make trainee doctors more likely to take up haematology as a career. 60 junior doctors took part in the study which found that doing a rotation in haematology did make them more likely to think about specialising in this field. Specifically changes in viewing the workload as manageable, comfort in dealing with cancer patients, and perceiving the haematologist's lifestyle as satisfactory "were strongly positively correlated with the change in considering haematology as a career."

You can read the whole of this article at  
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05192-w>

### What stops students being authentic?

**Source:** The Clinical Teacher

**In a nutshell:** Bringing one's authentic self to work is – for many of us – a process more likely to culminate in at best a P45, if not sectioning and arrest, rather than anything more joyous and beatific. In this study Zoe Moula, from Imperial College London, led a team of researchers interviewing 20 medical students from ethnic minorities about how comfortable they felt being "authentic," at work. They found that "experiences of discrimination, microaggressions and/or racism were the main barriers to authenticity, leading to fear of being discriminated again if students expressed their true self. Lack of diversity, cultural awareness and staff representation were also fundamental barriers. Being authentic was often perceived as contradictory to being professional and a risk that could damage students'

reputation. However, when students could express their true self, they felt happier, safer and developed a stronger sense of belonging.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.13750>

### Are you really concentrating and taking notes?

**Source:** The Clinical Teacher

**In a nutshell:** In addition to the drawbacks of poor hand-eye coordination, lack of spatial awareness, and inadequate tools my wife and I also suffer from the handicap – when undertaking practical tasks – that whereas she cannot think without talking, I cannot do anything while I’m listening. Anglo-Saxon vocabulary – gentle reader – is never too far away. But are medical students any better at taking notes apropos patients while they are chatting to them? That was what a team of researchers, led by Silvan Lange, from Ludwig Maximilian University in Munich, attempted to find out in this study. They studied 123 medical students who interviewed somebody pretending to be a patient. The researchers compared what was said in the conversation with what was recorded in the students’ notes. The students’ notes only covered two-thirds (65.6%) of details covered in the interviews. The students covered 92.4% of the patients’ personal details correctly, but when it came to allergies their accuracy was only 41.1%. “Pertinent negative items and non-numerical qualifications were often missed.” The researchers concluded that “medical students show incomplete documentation of medical history interviews. Therefore, accurate documentation should be taught as an important goal in medical education.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.13749>

### Letting students loose in outpatients

**Source:** The Clinical Teacher

**In a nutshell:** Being allowed out on your own as a youngster can feel quite exciting. A few years after the novelty wears off you become a parent and your children go through the same process, whilst you regard three quarters of an hour *sans enfants* in your preferred café as a thrill on a par with a backstage pass at Glastonbury. Entrustable professional activities (EPAs) are what junior doctors and medical students are allowed to do on their own and in this study Marguerite Costich, from Columbia University in New York, led a team of researchers investigating their use in workplace-based assessment for medical students working in an outpatients’ department. The students’ lecturers said they gave more specific, task-oriented feedback following the introduction of workplace-based assessment. Feedback was given more promptly and there was greater satisfaction with opportunities to provide feedback.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.13751>



## When the patients become the teachers

**Source:** BMC Medical Education

**In a nutshell:** Along with the decline of [British Bulldog](#), under-age drinking and [Knock Down Ginger](#) I was further disheartened to find that when one of the children in my daughter's class broke their arm they were given a plastic cast which precluded writing thereon. Medical students often write on, or about, patients (careful on the amputation ward lads!) but what happens when the patients change roles and join in with the teaching? That was something investigated by a team of researchers, led by Sara Alberti from the University of Modena and Reggio Emilia in Italy, in this study. They interviewed 11 healthcare professionals who had worked with patients and caregivers to teach students. Three categories emerged from the interviews which were:

- Group
- Role of Narration
- Applying Co-Teaching with Patients and Caregivers

The researchers also found that storytelling played a key role both in learning in the healthcare professionals' relationships with patients and caregivers, and promoted emotional skills and self-awareness.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05197-5>

## Sourdough, Swedish, or searching for apps?

**Source:** BMC Medical Education

**In a nutshell:** Whilst I spent lockdown delivering bottles of water to people, sorting out Ralph Lauren clothes, and handing out meat pies other people had a more leisurely time of it doing strange things with sourdough, learning Swedish, or (at least in the case of medical students) downloading apps to help them with their studies. It was the latter process that a team of researchers, led by Marwa Ahmed Alsharif from Menoufia University in Egypt, investigated in this study. They surveyed medical students during and after lockdown. During lockdown 55.7% of the students said they used medical apps with no difference between men and women, or between academic and clinical years. After lockdown 70.9% of the students used medical apps. Men were more likely than women to use them and those in their academic years were more likely to use apps than those in their clinical years. Medical dictionaries were the most commonly used apps, with medical calculators being the least commonly used. "Lack of knowledge regarding which app to download was the most-reported cause of limitation in medical app usage."

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05216-5>

### Becoming a doctor on your placement

**Source:** BMC Medical Education

**In a nutshell:** Children sometimes think that the mere fact of having a birthday will cause them to grow a few inches, have an extra piece of cake at teatime, and be capable of hiring a car and driving up for a weekend in a caravan in [Ardnamurchan](#). Like growing up, becoming a doctor is not an instantaneous process, and in this study a team of researchers, led by Hyena Cho, from Ajou University in Korea, investigated the process of becoming a doctor experienced by medical students during their clinical clerkships. They found that the medical students developed different aspects of their professional identities such as values, functionality, career decisions, sociality, and “situating,” during their clinical clerkships. “This combination was facilitated by the students’ first experience and relationships with professors, classmates, and patients.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05113-x>

### Teaching students about pain and pills

**Source:** BMC Medical Education

**In a nutshell:** American leadership over the last few years seems to have been comprised of a brief interlude of senility in between bouts of only semi-lucid criminality, whilst Canada has fared even worse with Justin Trudeau to contend with. Hardly surprising that large chunks of the population prefer to experience it in a haze, by shovelling opioids down their necks. Those charged with educating Canada’s medical students have been trying to deal with this by launching “an online national, bilingual, competency-based curriculum for undergraduate medical students in pain management and substance use,” and in this study a team of researchers, led by N. Dalgarno, from Queen’s University in Canada, attempted to find out how this was working. They found that those who took the online course significantly increased their confidence “in their new knowledge and in utilizing [sic] resources required to maintain their knowledge... Their perceived knowledge that addressed the 72 learning objectives within the curriculum significantly increased from pre- to post-program. Over 90% of participants reported that the curriculum was valuable, feasible, and usable. The most frequently discussed program strengths were the clear and comprehensive content, interactive and well-organized design, and relevance of curriculum content for future clinical practice. The overall weakness of the curriculum included the length, repetition of content, the lack of clarity and relevance of the assessment questions, end-user technology issues, and French translation discrepancies. Participant’s recommendations for improving the curriculum included streamlining content, addressing technology issues, and enhancing the clarity and relevance of assessment questions embedded within each of the modules.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05181-z>

### How professional are new medical students?

**Source:** BMC Medical Education

**In a nutshell:** Reflections on one's first day at university usually take the form of "why did I come here?" "Will anybody talk to me?" "Which way is the bar?" and – depending on how things have proceeded – either "why are these people so awful?" or "when can we meet up again?" The ins and outs of medical professionalism might not be top of anybody's list, but perhaps the students taking part in this study – led by Sandra Vilagra, from the Medical Faculty of Vassouras in Brazil – were just glad of someone to talk to. 159 students took part in the study. They were divided into two groups with one group attending a conference about the competencies of the medical profession and the other going to a biochemistry conference. The students had experienced more positive than negative models for a doctor-patient relationship (58.5% vs 41.5%) and the group who had been to the competencies conference "referred to a more significant number of values than the control [biochemistry] group did." "The most cited values were empathy, humility, and ethics; the main competences were technical competence, communication/active listening, and resilience. The students' perspectives of the values of their future profession were strongly and positively influenced by the pandemic experience. The students realized the need for constant updating, basing medical practice on scientific evidence, and employing skills/attitudes such as resilience, flexibility, and collaboration for teamwork."

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05186-8>

### Listening styles and empathy

**Source:** BMC Medical Education

**In a nutshell:** Some people have the gift of making you feel they're hanging on your every word, whereas others – myself very much included – convey the impression that they find the whole experience akin to being trapped in a lift between Jeremy Corbyn and Jacob Rees-Mogg. In this study a team of researchers, led by Amir Beheshti from Iran University of Medical Sciences, studied empathy and listening styles in a sample of 97 medical students. They found that clinical students had lower empathy than pre-clinical ones. Most of the students preferred an analytical listening style. The proportion of students who preferred the relational listening style was lower among clinical students but there was no significant relationship between any of the listening styles and empathy.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05258-9>

### Who gets picked for the team in the US?

**Source:** BMC Medical Education

**In a nutshell:** Those of us of a certain age can remember lining up and picking sides (or being picked) for games of football in the playground. In my case this culminated in being left almost to the last in the rag, tag, and bobtail of the boss-eyed, fat, asthmatic, and feeble although I still enjoyed a good kickabout. Junior doctors go through much the same process when they attempt to get picked for their favourite specialty and in this study Sarah A. Strausser, from Penn State College of Medicine in the US, examined the criteria used by programme directors when selecting them. 767 programme directors took part in the study. 99.5% said that the interview was the most important part of the process. Surgical programme directors were more likely to characterize class rank, letters of recommendation, research, presenting scholarly work, and involvement in collegiate sports as extremely or very important. Primary-care programme directors were more likely to favour the proximity of the candidate's home town and community service.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05267-8>

### Could culinary medicine cook up healthier people?

**Source:** BMC Medical Education

**In a nutshell:** It's hard to gauge much about health and eating from TV chefs. Mary Berry slathers everything in cream and butter and seems unnaturally sprightly, if not verging on immortal. Jamie Oliver talks a lot about healthy eating and seems to acquire a new chin with each series, and Gordon Ramsay uses lots of fresh, locally-sourced food which seems to put him in a permanent bad temper. Culinary medicine "incorporates food and nutritional interventions with principles of disease prevention and treatment. The ultimate goal is to improve overall health outcomes." In this study Orli Glickman, from The Philadelphia College of Osteopathic Medicine, led a team of researchers assessing what 360 medical students made of a culinary medicine course. They concluded that "overall, students were highly satisfied with the Culinary Medicine course over a five-year period. The study suggested that students who participated in in-person courses benefitted more than did the virtual students in terms of knowledge gained and enjoyment. The 360 students who completed the Culinary Medicine course were highly satisfied with the information and skills they acquired."

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05265-w>

### Can students take off in Botswana?

**Source:** BMC Medical Education

**In a nutshell:** All baby birds have to do is sit tight with their gobs open waiting for Mum and Dad to deliver all their nutritional needs. At some point, however, they get

turfed out of the nest and thrown (literally in some cases) to the wolves to gather their own worms/seeds/grubs et cetera. Much the same process occurs as students move from schools to university. This was a process investigated by a team of researchers led by Masego B. Kebaetse, from the University of Botswana. They interviewed 23 first-year medical students asking them how they adapted to problem-based learning. They found that “before medical school, students worked hard to compete for admission to medical school, were primarily taught using a teacher-centred approach, and preferred working alone. At the beginning of medical school, students found it challenging to understand the problem-based learning process, the role of the case, speaking and working effectively in a group, managing a heavy workload, and taking increased responsibility for their learning. By the end of the first semester, most students were handling the workload better, were more comfortable with their peers and facilitators, and appreciated the value of the problem-based learning approach.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05229-0>

### Core and cluster, or head-to-toe?

**Source:** BMC Medical Education

**In a nutshell:** A doctor sticking his finger up your bottom to check your asthma, or asking you to wriggle your toes to see whether you have got prostate cancer might elicit a few comments to the receptionist on the way out of the surgery; unless you enjoy people sticking fingers up your bottom, in which case you can always ask for a follow-up appointment. Many more-junior doctors struggle with the ins and outs of physical examination and in this study a team of researchers, led by LilyAnne [sic] Jewett, from the University of California at Davis, investigated the effectiveness of a new approach called “core and cluster.” Core and cluster “combines a basic core examination with [a] cluster based on the student’s hypothesis about their patient’s clinical presentation.” The researchers compared two cohorts of students from different years. One cohort was taught using the traditional “head to toe,” approach, whilst the other was taught using core and cluster. The researchers found no difference in exam marks between the two groups but the students preferred the core and cluster approach and rated it as “highly useful,” in clinical encounters.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05191-x>

### Nurse Education

*When being dreadful is a worldwide woe*

**Source:** Nurse Education Today

**In a nutshell:** Among the more loathsome characteristics of a certain type of Guardian reader – those who emerge from their mother’s spare bedroom every April

23<sup>rd</sup> to remind us that St George wasn't English – is the tendency to assume that British people are uniquely dreadful and that love, peace, and harmony reign in splendour all over the rest of the world. It ain't necessarily so though, and in this study a team of researchers, led by Melanie Birks from James Cook University in Australia, investigated bullying during the clinical placements of 656 Sri Lankan nursing students, from 26 colleges. More than a quarter said they had experienced bullying and/or harassment while out on placement. 55% of the bullying occurred in hospitals and 29% in “community settings.” Qualified nurses – including nurse managers and clinical facilitators – were the most-common perpetrators and verbal abuse was the most frequent type of behaviour reported.

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106151>

### Reading really makes a difference

**Source:** Nurse Education Today

**In a nutshell:** It's hard to argue with the proposition that the world would be a better place if more people spent more time at home with a good book. It's low-carbon, cheap, and doesn't involve blowing other people up, telling them what to do, or foisting your opinions on them. Not everyone takes to it naturally though and in this study Kim M. Mitchell, from the University of Manitoba in Canada, reviewed the evidence on reading ability and success in qualifying as a nurse. She found 34 articles that met her quality criteria which showed that “reading tests delivered at admission were more likely to predict proximal outcomes such as early programme success rather than more distal outcomes such as NCLEX-RN [nursing exams] failure or programme completion.” She concluded that “reading assessments are effective predictors of a student's potential for academic success in nursing programmes.”

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106150>

### Cluedo, curtain calls, and CPR

**Source:** BMC Medical Education

**In a nutshell:** There is a lot to be said for games at the end of a dinner party. Everybody knows the rules, nobody gets into an argument about the Middle East\*, and you don't have to pretend to know – or care – about Taylor Swift. Games have been infiltrating medical education for quite a while now and in this study a team of researchers, led by Ata Khaledi from Shahid Beheshti University of Medical Sciences in Iran, compared the effects of gamification, role play and a conventional lecture in teaching nursing students cardiopulmonary resuscitation (CPR). They found that – compared to a lecture – both gamification and role play led to a significant improvement in the students' self-efficacy. “Notably, the results underscore the potential superiority of the role-playing approach, which, through practical

engagement and observation of resuscitation procedures, appears to have a more pronounced impact on self-efficacy compared to alternative teaching methods.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05230-7>

\*Unless you choose to play [Risk](#), of course, in which case you deserve all you get.

### Simulation, soap, and sanitation

**Source:** Nurse Education in Practice

**In a nutshell:** Explorer, television presenter, ex-Royal-Marine, and all round good egg [Bruce Parry](#) deliberately eats food past its sell-by date, and incorporating a certain degree of grubbiness to strengthen his immune system, before he heads off up the Amazon to meet tribespeople and eat a wide variety of wild animals, nearly of all which taste like chicken. Those working in infection-control in hospitals tend to take a different approach, reducing all contact with germs so that – proving, if nothing else, that God has a keen sense of irony – eventually we might all be wiped out when a tribesperson from the Amazon pitches up in Lyme Regis with a bad case of the sniffles. In this study Soon-Hee Lee, from Korea National University of Transportation, and In-Suk Yang, from Kyungil University (both in Korea) studied the effect of scenario-based simulation training in teaching nursing students about infection control. The students were divided into two groups with one group receiving the simulation training, and the other receiving “conventional education.” The researchers found that the simulation-based training led to improved knowledge and self-efficacy and better “adherence to standard precautions.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.103936>

### Do student nurses pay it forward?

**Source:** Nurse Education Today

**In a nutshell:** “Man hands on misery to man,” wrote Philip Larkin “it deepens like a coastal shelf.” They take a sunnier view of things in Hollywood – maybe it’s all that cocaine – where [Pay it Forward](#) introduced the idea that a sequence of good deeds could change the world. Applying this theory to nursing students and their tutors was a team of researchers, led by Michela Luciani from the University of Milano-Bicocca in Italy. They studied 316 nursing students and found that their caring behaviours were positively associated with “their perceptions of instructor caring, particularly in relation to a supportive learning climate and instructor flexibility.” Women displayed higher scores in “expressive caring,” than men “while students in their second and third years demonstrated increased instrumental caring behaviours. Responding to individual needs was significantly lower in third-year students, compared to first- and second-year ones.”

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106154>

### Organs, orisons, and nursing students

**Source:** Nurse Education in Practice

**In a nutshell:** My heart might be good for a few years, and my liver (though subject to the odd alcoholic drink) has had one careful owner, but my eyes, corrected to a degree that would be better suited to the [James Webb Telescope](#), would most certainly find themselves in the rejects pile, goggling out blearily in the landfill between copies of [Un Amour de Swann](#), [Tess of the d'Urbervilles](#) and *Naturism 2009* which I saw on a recent visit to Crewe tip. In this study a team of researchers, led by Hale Turhan Damar, from Izmir Democracy University in Turkey, examined the factors behind nursing students' attitudes towards organ donation. 225 nursing students took part in the study which found that about half of them were thinking about signing up as organ donors. Older nursing students were more likely to be positive about it whereas men were less keen. Having a "relationship with God," and "acceptance of differences," both had a positive effect on the students' willingness to donate organs.

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nepr.2024.103937>

### Death – the ultimate donation

**Source:** Nurse Education Today

**In a nutshell:** Although many people donate their organs not that many donate their whole bodies. Something of a shame perhaps; James Corden could make a nice barge, if hollowed out, and Stephen Merchant would probably make a nice set of curtain poles. Donating to the tender attentions of trainee healthcare workers is another option and in this study Rong Yuan, from Hunan Normal University in China, led a team of researchers analysing how taking part in an anatomy course affected nursing students' willingness to donate their body for this purpose. 60 nurses filled out a survey on this topic and 16 of them were interviewed in more depth. As the course went on the students became less anxious about death, and more willing to donate their body. The reduction in death anxiety was due to demystification, instrumentalization (feeling the bodies were useful), desensitization, and respect and gratitude towards donors. The increase in the students' willingness to donate their bodies was due to an increase in knowledge about body donation and "the affirmation of the value of donation."

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106160>



## Goodbye Mr Chips, hello Mr Chatbot

**Source:** Nurse Education Today

**In a nutshell:** Teachers in films take many guises from Miss Trunchbull in *Matilda*, through to the rather more inspirational figures of Arthur Chipping in [Goodbye Mr Chips](#), Mark Thackeray in [To Sir With Love](#) or LouAnne Johnson in [Dangerous Minds](#). It's fair to say that not many chunks of code, or silicon chips have featured so far, although it's surely only a matter of time before Cher or Madonna can pass themselves off as silicon-based intelligence. In this study Entesar Makhoulouf, from Shaqra University in Saudi Arabia, led a team of researchers investigating the use of a chatbot in a nursing training programme. 73 nursing students took part in the study which found that "integrating an artificial intelligence chatbot system into a nursing training program provides nurses with easy access to reliable and evidence-based knowledge. The chatbot offers immediate answers, explanations, and up-to-date resources, empowering nurses to make informed decisions, stay updated, and served as a communication platform connecting nurses through a common language and enhance their practice."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106159>

## Seven steps to diabetic foot success

**Source:** Nurse Education Today

**In a nutshell:** Whether it's dwarves, deadly sins, or magnificent cowboys seven often features in books, films, and culture generally. It's a moot point whether the seven Es will achieve similar renown, but they were the basis of this study, led by Mehrad Nekouei, from Shahid Beheshti University in Iran. The 7E model comprises seven steps: Elicit, Engagement, Exploration, Explanation, Elaboration, Evaluation, and Extended. 98 students took part in the study. 51 were taught about diabetic foot ulcers using the 7E method, whilst the rest received more conventional teaching. The researchers found that the 7E method led to statistically-significant improvements in prevention knowledge, critical thinking, and self-efficacy.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106164>

## Lights, camera, interaction

**Source:** Nurse Education Today

**In a nutshell:** In the periodic table of life some people are like carbon, happily bonding with pretty much everything, sustaining life, and generally being at the centre of things. I tend more towards Xenon, only linking up with others under extreme heat and pressure. Interactive learning, therefore, sounds slightly horrifying to me. I don't want to pay £9K a year to do all the heavy lifting and be the centre of

attention, thank you very much. Others are keener to get stuck in though, and in this study a team of researchers – led by Yadigar Ordu, from Necmettin Erbakan University – investigated the benefits of interactive learning for teaching nursing students about movement. 134 students took part in the study. Half of them were taught via a conventional lecture followed by a question-and-answer session and half were taught via interactive learning. The researchers found that those who had been to a lecture had a *higher* comprehension score than those taught via interactive learning. However “regarding the case analysis, statistical analysis demonstrated that the experimental group surpassed the control group in median scores for comprehension, synthesis, and total scores, with a significant difference. Additionally, most students expressed favourable opinions toward the interactive approach.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nedt.2024.106163>

### CPD and long-term care

**Source:** Nurse Education Today

**In a nutshell:** Catching up with your continuing professional development (CPD) can be easier in some environments than others. At Guy’s Hospital for instance, it’s a matter of yards from the hospital itself to the lecture rooms, classrooms, and library of King’s College London. It’s a little further from Crewe to the nearest university, and if you’re working in a nursing home in the Highlands of Scotland it would probably be a good idea to invest in either a good broadband connection or a large supply of stamped-addressed envelopes. It was the last of these scenarios investigated by a team of researchers, led by Giuseppe Aleo, from the Royal College of Surgeons of Ireland. They reviewed the evidence on this topic and found 155 studies which met their quality criteria, covering over 17,000 participants. “Good organization,” “a supportive learning environment,” “expressing personal preferences,” and “management support,” were all described as facilitators of continuing professional development.

You can read the abstract of this article at <https://doi.org/10.1016/j.nedt.2024.106161>

### What do nurses think about community care?

**Source:** Nurse Education Today

**In a nutshell:** Depending on the sunniness of your disposition the chance to rent and cultivate an allotment can be envisioned as the prelude to either [12 Years a Slave](#) or [The Darling Buds of May](#). Much the same could be said about perceptions of working in community care ranging, as they do, from dropping off some jam and shortbread biscuits to a rosy-cheeked old girl in Buckinghamshire to fighting off a Bully XL with one hand while you perform CPR on a heroin addict in a tower block with the other. In this study Jee Mei Pearlyn Chee, from Tan Tock Seng Hospital in

Singapore, led a team of researchers investigating nursing students' attitudes to working in community care. They found that only about a third of the 501 nursing students who took part in the study preferred a placement in community care. They rated opportunities for advancement, work status, and enthusiastic colleagues lower in community care than in other settings. Those who preferred home-based care and intermediate long-term care reported significantly more positive perceptions towards community nursing. "Despite pre-perceived ideas among the year 1 cohort, the community care placement within their course curriculum had an impact on year 2 to 4 students' perceptions of community care."

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106162>

### Unfinished nursing care

**Source:** Nurse Education in Practice

**In a nutshell:** Schubert famously left an [unfinished symphony](#), Dickens never finished [The Mystery of Edwin Drood](#) and the [Person from Porlock](#) (unfairly perhaps) got the blame for Coleridge's inability to complete Kubla Khan. You don't have to be a genius not to get work finished though – you should see the state of my house – and in this study Dominika Kohanová, from Constantine the Philosopher University in Slovakia, led a team of researchers examining 738 nursing students' experience of "unfinished care." All the students reported that "nurses missed at least one or more nursing-care activities during their last clinical placement. The average number of missed nursing-care activities was 11.2 per nurse." The most frequently-omitted activity was "spending time with patients and their caregivers," and the most frequently-reported justification for unfinished care was not having enough nurses on the ward. Unfinished nursing care could be predicted by previous experience in healthcare, previous clinical rotation, number of patients per shift, perceived staff adequacy and "outcome expectations."

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nepr.2024.103942>

### Nurturing nursing leaders

**Source:** Nurse Education Today

**In a nutshell:** As someone who exhibits all the leadership potential of Mr Bean coaching 16 cats in a synchronized swimming team, I'm always pleased to come across impressive youngsters who – I've no doubt – will soon be deservedly zooming up the hierarchy like a ferret chasing a rabbit up a drainpipe. In this study Jin-Lain Ing, from Taipei Veterans General Hospital in Taiwan, led a team of researchers investigating the effectiveness of a leadership training programme on "high-performing," young nurses' management functions and team behaviour. 102 nurses took part in the study and the training programme included classroom teaching of leadership management functions; internships in the hospital's "internal

administrative units,” and managers sharing their experience. The course was found to enhance the nurses’ “leadership function and team behaviour.”

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2024.106155>

### Flipped nursing and filthy fingers

**Source:** Nurse Education in Practice

**In a nutshell:** Opinions on the flipped classroom vary. On the one hand there’s plenty of evidence that it works; on the other for £9K a year it must feel a bit like being expected to turn up at a restaurant with a pound of stewing steak, a bag of flour, and a rolling pin. In this study Aysun Acun, from Bilecik Şeyh Edebali University in Turkey, studied the effect of a flipped classroom model at teaching 107 first-year nursing students about asepsis. The students were divided into two groups. One group used the flipped-classroom approach, with the other group being taught more traditionally. The researchers found that the flipped-classroom group gained and retained more knowledge and showed a statistically-significant increase in self-directed learning.

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nepr.2024.103946>

### How to get midwives thinking critically

**Source:** BMC Medical Education

**In a nutshell:** Critical thinking should be like Eisenhower, Montgomery, and Churchill stress-testing the plans for D-Day, but can often take the form of Michelangelo’s missus pointing out “you’ve missed a bit!” as he clammers down the stepladder from the ceiling of the [Sistine Chapel](#). In this study Yuji Wang, from West China Second University Hospital, led a team of researchers studying the effect of a new intervention designed to foster critical thinking in midwifery students. “Guided by typical cases, students were organized to actively participate in typical case discussions and to promote active thinking and were encouraged to practise actively through scenario simulation.” 104 students took part in the study; some of them experienced the new method, whilst the rest were the control group. The researchers found the group who had experienced the new method of teaching had greater critical thinking ability and had higher scores for open-mindedness, analyticity [sic], systematicity [sic], and critical-thinking self-confidence. And they were also more satisfied with the course.

You can read the whole of this article at  
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05127-5>

## Scalpel, suction-pump, mobile phone

**Source:** BMC Medical Education

**In a nutshell:** Getting your apps mixed up can be a hazardous business. You're only ever one fat thumb away from showing a train guard that embarrassing rash you meant to send to your GP, or booking your mother-in-law in for a week's AirBnB in Mogadishu instead of ordering her a dressing gown and pair of slippers from Amazon. Risky, then, one might think, to introduce them into the operating theatre. Nothing daunted, a team of researchers, led by R. Khorammakan, from Hormozgan University of Medical Sciences in Iran, attempted to develop an app to teach operating room nurses. The app led to improvements in the nurses' knowledge about the principles of moving, transferring, and positioning patients; heart anatomy; and ergonomics. 64.7% of the nurses were satisfied with the course.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05315-3>

## Can checking your watch get you there quicker?

**Source:** Nurse Education Today

**In a nutshell:** One of the many futile activities human beings engage in is to look at their watches every thirty seconds when they're racing for a train. It doesn't get you there any more quickly – it might even slow you down – and makes you a lot more stressed in the process. But does testing work any differently for nursing students? Marianne Synnes Emblemsvåg, from the Norwegian University of Science and Technology, attempted to find out in this study. In her study lectures in anatomy, physiology, and biochemistry were followed by testing five days later. The tests were “typically multiple-choice tests with short reply times,” and “were performed in teams to avoid stressful situations that could negatively affect the students' learning process.” The testing led to a “perceived higher learning outcome and increased engagement and motivation among the students, resulting in more students achieving the highest grades.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106188>