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# Education Bulletin – January 2024

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## General Healthcare Education

I started off on quantum physics – now I’m watching cat videos

**Source:** Nurse Education Today

**In a nutshell:** We’ve all done it. Started off determined to get to grips with the macroeconomic outlook in the Philippines, or sustainable energy in Tajikistan, and ended up reading Ten Tips to Spice Up Salad Leftovers, or You’ll Be Amazed What Goes On In This Kettering Bus Shelter. Self-regulation in online learning concerns, among other things, how students can keep themselves on topic A when they’re secretly much more interested in topic B. In this study a team of researchers, led by Xueqi Dong, from Jilin University in China, reviewed the evidence on this topic. They found 31 articles which met their quality criteria. The factors affecting online learning were: cognitive quality; motivational quality; autonomy support; goal structures and social expectations; feedback and considerations of achievement; perceived control; and perceived value.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106071>

Video learning. Who skips, how, and does it matter?

**Source:** Computers & Education

**In a nutshell:** My son often skips backwards and forwards in television programmes so he can go over the interesting bits again. Sadly I was only able to absorb two of [Ubercorn’s](#) three funky facts about the Mariana Trench (it’s the deepest trench in the world and you could easily fit Mount Everest in it) this morning before I had to go and feed the guinea pigs. But does this approach work for grown-ups? That was what a team of researchers, led by Jiun-Yu Wu, from National Yang Ming Chiao Tung University in Taiwan, set out to find out in this study. They studied 118 postgraduates (78 women and 40 men) who watched an online video before one of their classes. They found that the students engaged with the video content in a consistent viewing pattern, which had a significant relationship with their motivation and academic performance from week to week. The frequency of skipping backwards was negatively associated with controlled motivation (doing it because you have to), whereas the frequency of pauses was positively associated with autonomous (doing it because you want to) *and* controlled motivation. A high frequency of skipping *forward* predicted lower learning performance.

You can read the abstract of this article at

<https://doi.org/10.1016/j.compedu.2023.104975>

“I didn’t learn much, but I got 457 likes on Facebook.”

**Source:** British Journal of Educational Technology

**In a nutshell:** Once the camel-sized lie of using mobile phones to take notes had passed through the needle of lecturers’ credulity it was only a matter of time before the irritating gnat of social-media use slipped through as well. In this study Chunxiao

Yin, from Southwest University in China, led a team of researchers investigating why college students “engage in in-class media multi-tasking behaviours.” 457 students took part in the study which found that the students media multi-tasking was influenced by imitating others and in-class interventions (or the lack thereof) from lecturers. These influences were shaped by the students’ own confidence that they could multi-task and their self-management of their learning.

You can read the abstract of this article at

<https://doi.org/10.1111/bjet.13422>

## Interprofessional Education

### Mister Rashford meet Mr Maguire – the match starts in 10 minutes

**Source:** Nurse Education in Practice

**In a nutshell:** People would quite rightly have a few questions to ask if it turned out that their football team’s forwards had been training separately from their midfielders who, in turn, had been learning their trade in isolation from the back four and the goalkeeper.\* Yet nurses, doctors, and allied-health professionals continue to do most of *their* training in not-so-blissful ignorance of one another. Attempts to counteract this fall within the scope of interprofessional education and in this article a team of researchers – led by Amelia Tan Shuyi from the National University of Singapore – weighed up the evidence on it. They found 15 studies which met their quality criteria, covering a total of 1,185 participants. They concluded that “improvements were reported in each interprofessional educational outcome after interprofessional education. High-fidelity simulation with multiple scenarios, standardised communication tools, didactic and active learning methods, theoretical frameworks, debriefing sessions and provider training enhanced interprofessional education effectiveness.”

\*Please direct any correspondence on this to Mr E. Ten Hag, Old Trafford, Lancashire

### Can you be interprofessional online?

**Source:** BMC Medical Education

**In a nutshell:** Doctors and nurses online can conjure up anything from a Mills-and-Boon romance set in train via Facebook, to an exchange of pictures best left to the urology and gynaecology departments. The online world can also be a venue for different professions to learn to work together and in this study Hailah Almoghira, from King Saud University in Saudi Arabia, led a team of researchers investigating the effectiveness of an online inter-professional education intervention. The students “reported and were observed to improve in interprofessional collaboration.” “Longitudinal observation and assessment of student interprofessional working in

changing teams provided the opportunity to capture the influence of interdependence on student performance and assessment of competence.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04885-y>

### Embedded in the scaffolding? Don't worry you'll be out in a fortnight

**Source:** BMC Medical Education

**In a nutshell:** On seeing the words “embedded,” and “scaffold,” in the title of this article my thoughts immediately turned to burly builders on *Casualty* plummeting three floors and being impaled on scaffolding poles, only to be restored to health by a dishy Swedish nurse with whom they subsequently elope to Uppsala. Sadly pedagogical research is not quite so racy and this study – led by Shaista Salman Guraya, from the Royal College of Surgeons Ireland – investigated how a mix of different health professions coped with unsafe healthcare practices which were “embedded,” in a “scaffold,” of interprofessional education. 248 students took part in the simulations which yielded a number of themes viz:

- Information sharing and grounding
  - Problem-solving
  - Social skills
- Maintaining communication
  - Clinical reasoning
  - Shared mental model
- Executing interprofessional activities
  - Collaborative practice
  - Collaboration scripts
- Professional cognitive abilities
  - Cognitive maturity
  - Metacognition
- Negotiating professional identities
  - Systematic change
  - Socio-economic scaffolding

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04934-6>

## Medical Education

### Covid, calling, and medical students

**Source:** BMC Medical Education

**In a nutshell:** My wife recently made the mistake of buying – on behalf of our children – a guide to the [North Coast 500](#) as a birthday present for Daddy; the call of the far North of Scotland being likely to culminate in Daddy catching double

pneumonia in Altnahara, or being lynched by a gang of irate motor-home owners as he struggles up a one-in-five in bottom gear on his bicycle. Other people have more useful callings though and in this study Jia Xu, from Wuhan University in China, led a team of researchers investigating how medical students' sense of calling developed over the course of the Pandemic. 28 medical students were interviewed as part of the study which identified four main themes:

- The definition of calling
- The trajectories of calling development
- The factors leading to the emergence of calling
- The outcomes of the emergence of calling

The medical students thought of “calling,” as both self- and other-oriented regarding serving the common good. Three calling “paths,” were revealed: significantly enhanced; growing out of nothing; and remaining unchanged.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04914-w>

### Do workplace-based assessments come up with the goods?

**Source:** BMC Medical Education

**In a nutshell:** As a new employee straight out of university I was wet enough behind the ears to make the average harp-seal pup look like a shrivelled-up prune after 10 years in the Atacama Desert. So while my degree might have carried a little weight any workplace-based assessment would have relegated me to light lift-operating duties. Workplace-based assessments have been happening for junior doctors for a while now and in this study Sandika O. Baboolal and Veena S. Singaram, from the University of KwaZulu Natal in South Africa, investigated their effect. They found that workplace-based assessment “provided actionable feedback to improve competency.” Teachers who used workplace-based assessment had significantly better ratings for trainee supervision; the general quality of feedback on trainee competence; and their specialist trainee programme compared to organizations who did not use it. They also had a higher rating for the assessment of the trainee as a professional, scholar, communicator, collaborator, and leader/manager.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04922-w>

### What makes a competent paediatrician?

**Source:** BMC Medical Education

**In a nutshell:** Sadly having a twinkle in the eye, Donald Duck socks, and a clean DBS record are not wholly sufficient to make a good paediatrician – they have to be adept at doing various painful and unpleasant things (for the greater good, of course)

to children with the minimum amount of distress and maximum amount of effectiveness. In this study Waqas Ulla Khan, from the University of Limerick, led a team of researchers investigating competency-based medical education (CBME) for junior doctors training in paediatrics. Three themes emerged as enablers for achieving procedural competence which were: having protected training time; routine assessments; and a standardized curriculum. The barriers to achieving procedural competencies were mostly down to not having enough chance to practise the procedures in question. All the junior doctors who took part in the study recommended the use of simulation-based medical education and five-eighths of them said that it was possible to “attain the required procedural skills in the paediatric CBME programme.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04928-4>

### When the eye doctors can't keep theirs open

**Source:** BMC Medical Education

**In a nutshell:** Many of us have had the experience of having eye drops inserted at an ophthalmology department to open up our eyes a bit more thus allowing the eye doctors to have a good look at them. Given the hours kept by many junior doctors it would come as no surprise to find them resorting to a bit of atropine themselves to keep their own eyes open, if not *wide* open. In this study Shu Feng, from the University of Washington School of Medicine, led a team of researchers investigating the effectiveness of making ophthalmology junior doctors finish work at mid-day after a night on call instead of letting them soldier on until they collapsed. Those who downed tools at noon recorded longer total sleep time and spent more time napping. They also took more steps during the day, spent more time exercising, spent less time sitting down, and had less emotional exhaustion and stress.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04947-1>

### Gamification and laboratory medicine

**Source:** BMC Medical Education

**In a nutshell:** Having nipped out for a loo break during a game of Monopoly with my daughter the other day I was surprised to find my stash of money had shrunk considerably when I returned. Interrogation of my offspring brought only a determined silence, which would have done credit to any member of the French Resistance. One hopes that a similar approach is not adopted by medical students engaging in gamified learning – maybe we should keep a special eye out on the ones with strong bladders and sealed lips. In this study Marie Do, from Virginia Commonwealth University, led a team of researchers comparing two versions of an online module designed to teach first-year medical students about laboratory medicine. One group of students used a gamified version of the module, the other did not. The researchers concluded that “the addition of gamification to an interactive



online module enhanced learning outcome, instructional efficiency, student engagement, and enjoyment.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04951-5>

### Why 3D PDFs trump 2D atlases

**Source:** BMC Medical Education

**In a nutshell:** Whether 3D PDFs require those funny-coloured glasses they used to give you at the cinema to watch 3D films, or complex origami skills once you’ve printed them out is a moot point. They are – apparently – a *thing* though. In this study Fatima Sila Eroğlu, from Gazi University in Turkey, led a team of researchers comparing the effectiveness of 3D PDFs to a traditional anatomy atlas in teaching 8 Year One and Year Two medical students the anatomy of the liver and male genitalia. They found that the two techniques showed no difference in effectiveness when it came to teaching about the liver but that the 3D PDF group did significantly better when it came to learning about male genitalia. Who knows whether a pop-up format was responsible for this pedagogical triumph – best left to the researchers’ discretion, perhaps.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04960-4>

### Shoring up the abdominal wall

**Source:** BMC Medical Education

**In a nutshell:** When asked my opinion of parenthood I usually reply that it’s eight weeks of hell, followed by the discovery of depths of joy, soppiness, and affection you’d previously deemed impossible. Sadly the horrors of a new-born baby – available in only four modes: asleep, crying, defecating or vomiting – are made worse for some people by congenital problems, which can be particularly dangerous in less well-off countries. In this study a team of researchers, led by Gabriel Araujo Medeiros, from the University of São Paulo in Brazil, studied the effectiveness of two low-cost simulator models designed to teach medical students in less-well-off countries about two congenital defects of the abdominal wall – gastroschisis and omphalocele. The researchers found the models could be made for \$15 and \$27 dollars respectively, were helpful in learning how to diagnose these conditions, and “can be applied in teaching and training health professionals in developing and low-income countries.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04929-3>

## Are the searchers for researchers fighting a losing battle?

**Source:** BMC Medical Education

**In a nutshell:** “Competition in academia is so vicious,” said Laurence Peter “because the stakes are so small.” With toxic infighting rife, constant pressure to publish, and eager beavers keen to trip you up for using the wrong pronouns or buying Israeli dates it’s perhaps little wonder that most medics prefer 18-hour shifts in A&E mopping up drunks and failing to catch the eye of gang members, to going into research. In this study Gokul Parameswaran from Oxford University led a team of researchers investigating this issue in a sample of 1,774 students from 40 medical schools. They found that 44.67% of them felt there were barriers preventing them from doing research, and 73.49% said that it was at least “somewhat,” difficult to combine research with medical school. 43.11% said they did not want to pursue an academic career and 42.49% were not interested in a research training pathway. However, 59.54% said it was useful to do research at medical school and 69.16% were interested in doing more research in the future. Women were less inclined to do research as were people who already had a close relative working in academia. However, people from a less-well-off background were keener on becoming researchers, as were Asian students.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04881-2>

## Medical students’ mental health

**Source:** BMC Medical Education

**In a nutshell:** Some might argue that mental health is a bit like tying your shoelaces or riding a bicycle; easy to achieve unconsciously but stop and think about things and you’re lost. Fertile territory can be found for researchers asking about medical students’ mental health though and latest to have a go were a team of researchers, led by Maxim Jestin from Rowan-Virtua School of Osteopathic Medicine in New Jersey. Their survey of 222 medical students found that women experienced higher levels of anxiety, depression, and emotional exhaustion than men. Students using problem-based learning had lower levels of emotional exhaustion than those experiencing lecture-based learning. The increase in emotional exhaustion was most pronounced between first- and second-year students but the more sleep and exercise students got the lower their levels of emotional exhaustion were.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04946-2>

## Can Underwater help with ultrasound?

**Source:** BMC Medical Education

**In a nutshell:** Snakes and ladders has its origins in India where – minus dice – it was used to depict virtue and vice leading to, or away from, enlightenment; news to my daughter whose methods of counting make the North Korean elections look as

honest as [George Washington coughing up to a bit of illicit tree-felling](#). Serious games are all the rage now though, and in this study a team of researchers, led by Tycho Olgers from the University of Groningen, investigated the effectiveness of one called *Underwater* at preparing people for point-of-care ultrasound. “*Underwater* consists of a 3D printed ultrasound probe with a stylus pen inside and a touchpad connected to a laptop with the installed game. The purpose is to collect coins in an underwater world by manoeuvring the 3D-printed probe to learn ultrasound probe-handling and visuospatial orientation.” 53 medical students – who had never carried out an ultrasound before – were divided into two groups. 27 played the game before carrying out an ultrasound on a volunteer, whilst the rest just carried out the ultrasound. The group who had played *Underwater* completed their ultrasound faster and lifted their probe less frequently from the volunteer. However, there was no significant difference between the two groups in the scores given to the students by ultrasound experts.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04964-0>

### [Central venous catheter repair – I’ve brought my glue gun in from home today](#)

**Source:** BMC Medical Education

**In a nutshell:** When it comes to looking after your health central venous catheters are of a rather different order of seriousness from eating five a day or doing Dry January. Certainly repairing them is probably not amenable to the kind of techniques one might use at home, such as glue guns, Blu-tak, or chewing gum. In this study Marina Reppucci, from The Mount Sinai Hospital in New York, led a team of researchers studying the effectiveness of a “dedicated audiovisual educational curriculum comprised of a video, educational slides, and a practical component.” 49 medical students took part in the study. Following the training they felt more comfortable with repairing central venous catheters although “there were no statistically significant differences in re-repair rates or CLABSI [infection] rates following the implementation of the curriculum.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04977-9>

### [Medical students and mental illness](#)

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Annie Rees from Imperial College London, compared the attitudes towards mental illness of medical students in London and Singapore. 211 students at Imperial, and 141 from Singapore, took part in the study. The researchers found mental-health stigma in both groups of students and there was not much difference in the levels of stigma between the ones in London and the ones in Singapore. Four themes emerged from interviews with the students:

- Student perceptions
- Impacts of medical-school culture
- University support
- Curricular impacts on mental-illness perceptions

The researchers suggested that “curricular improvements such as earlier psychiatric teaching and sharing of personal stories may improve future stigma scores as students’ progress through the course.”

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-023-04962-2>

## Nurse Education

[If that’s Jenny Agutter why aren’t there any steam trains?](#)

**Source:** Nurse Education in Practice

**In a nutshell:** Those looking to simulate delirium could do worse than wake up at five-thirty on Christmas morning with two over-excited children, over-indulge on brandy butter, and then face the ghastly prospect of *Call the Midwife* (although of course Jenny Agutter may be said to have more than paid off her debt to humanity with *The Railway Children*). Some take a more rigorous approach to this endeavour though, and in this study Ting-Jhen Chen, from Taipei Medical University, led a team of researchers who examined the effectiveness of a “simulation-based education module,” aimed at undergraduate nursing students. 74 undergraduate nursing students took part in the study. 34 took part in the module while the rest formed a control group. The researchers found that the module led to improvements in knowledge, confidence, and competence in delirium care.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2023.103852>

[How much do nurses know about sarcopenia?](#)

**Source:** Nurse Education in Practice

**In a nutshell:** Sarcopenia is defined as “the age-associated loss of skeletal muscle strength, mass and function.” It’s why packets of salt-and-vinegar crisps get harder to open as you get older. In this study a team of researchers, led by Mengchen Ji, from Affiliated Jiangnan University in China, asked 409 nurses what they knew about it. They found that the nurses did not know much about it although they had a positive attitude about attempts to prevent it.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2023.103869>

## Simulation and Caesareans

**Source:** BMC Medical Education

**In a nutshell:** There are a number of experiences that no simulation could ever possibly prepare you for: watching the birth of a child; that moment when the cold sea rises above the mid-section of your swimming trunks; and going down to the kitchen for a drink of water in the night only to stand on a slug unsuspectingly going about its business. You might have thought performing a Caesarean section would be among them but in this study Fekadu Mazengia Alemu, from the Ethiopian Midwives Association, led a team of researchers studying the effectiveness of simulation-based caesarean-section education for midwives in Ethiopia. The researchers found that the simulation led to the same increase in knowledge and self-confidence experienced by a control group taught in a more traditional manner but that the group taught using a simulation showed a “substantial improvement,” in their skills compared to the control group.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04968-w>

## Why stop at gloves and biros when you can lose palm trees and pizza ovens?

**Source:** Nurse Education Today

**In a nutshell:** For the incorrigibly scatty – it’s neurodivergence folks, honest – the digital world simply provides yet another arena to lose, misplace, or forget stuff, with the added disadvantage that, in these eco-conscious days, you don’t even get to dig a hard copy out of the bottom drawer of your desk six months after it might conceivably have come in useful. Mixed reality – in which virtual objects can be superimposed over real places – only promises to make this worse, scaling up lost objects in the library from the usual array of pens, gloves, and biros to rhinoceroses, [monstrances](#), and small modular reactors. In this study Todd Stretton, from Auckland University of Technology in New Zealand, led a team of researchers reviewing the evidence for the use of “mobile mixed reality for critical thinking in nursing and healthcare education.” They found 12 studies which met their quality criteria, covering a total of 1,108 people. Most scenarios were to do with emergency or critical response with limited time for pre-brief, debrief, or overall user time. Only two of the studies directly measured critical thinking with others including indirect references to diagnosis, interpretation, analysis, or evaluation of healthcare scenarios.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106072>

## When the last time is the first time

**Source:** Nurse Education Today

**In a nutshell:** Famous last words are a tricky business. Once you’ve peaked with “either this wallpaper goes or I do,” or “kiss me, Hardy,”\* you can be left with an

awkward silence to fill as you linger on stubbornly for a couple of hours. Leave it too late, of course, and your last-recorded utterance might be “I wish they’d hurry up with that bedpan,” or “why don’t they stick *The Chase* on, I can’t stand that *Pointless*.” In this study Yasemin Çekiç, from Ankara University in Turkey, interviewed 17 nursing students about their first experience of other people’s death. The students’ responses fell into the following themes:

- Meaning of death
  - First death
  - A part of life
- Process management
  - Death information
  - Physical environment
  - Bad news
- After death
  - Empty bed
  - Questioning death with dignity
- Education
  - Curriculum
  - Support
  - Professional perception

You can read the abstract of this article at <https://doi.org/10.1016/j.nedt.2023.106075>

\*Oscar Wilde and Nelson respectively

### Getting ready for the last rites

**Source:** Nurse Education Today

**In a nutshell:** Adding oak, mahogany, or pine to the list of patients’ options alongside fried, scrambled, or poached eggs for breakfast is probably not the most sensitive way to broach the topic of advanced care planning. In this study Yi-An Shih and Qian Lu, from Peking University, led a team of researchers investigating oncology nurses’ “knowledge, attitudes, and practice behaviours towards advance-care planning.” 1,800 nurses took part in the study which found that the nurses scored 51.94% on a test. The nurses demonstrated “moderately graded,” scores for practice behaviour. “Attitudes had a significant and positive impact on practice behaviours, indicating that nurses with more positive attitudes were more likely to engage in advance care-planning practice.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nedt.2023.106076>

## New answers to an age-old question

**Source:** Nurse Education Today

**In a nutshell:** History is full of many questions never quite satisfactorily answered. “What becomes of the broken-hearted?” “How many roads must a man walk down?” and “Why do only fools and horses work?” among them. It’s tempting to add “how do you adequately prepare newly-graduated nurses for beginning work?” to the list, although that doesn’t stop researchers from having a try. Latest to have a go were a team led by Eun A. Kim, from Hanam University in Korea. They divided 53 newly-graduated registered nurses into two groups. 28 underwent a four-week education programme whilst a control group had preceptor training in their department. The researchers found that the students who went through the education programme felt less transition shock, better readiness for nursing practice, more job satisfaction, and were less likely to leave.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106077>

## New answers to an age-old question. Part II

**Source:** Nurse Education Today

**In a nutshell:** Another question destined, perhaps, never to receive a wholly satisfactory answer is “how do you teach evidence-based medicine to healthcare students?” The answer being, probably not via an innumerate librarian, last thing on a Friday afternoon\* as experienced earlier in my career. In this study a team of researchers, led by Lea D. Nielsen, from University College South Denmark, investigated “knowledge, skills, attitudes, and teaching practices around evidence-based practice among educators of Danish undergraduate healthcare students.” 81 lecturers took part in the study which found that the average score of the educators in practising evidence-based practice was 3.6 out of seven. The lecturers showed positive attitudes towards EBP and perceived their own skills as five out of seven. They said the main facilitator was partnership with clinical practice, whereas the main barrier was lack of time.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106082>

\*Numerate librarians are, of course, available

## Workplace violence and nursing students

**Source:** Nurse Education Today

**In a nutshell:** Take one ill person, add some stressed relatives, make them wait around for six hours with no sleep or food, add a trolley in a corridor, and season with a dash of frustration and a smoking ban might well be a fool-proof Jamie Oliver recipe for violence against healthcare professionals. It’s never very palatable being on

the receiving end of it though, and in this study Xianying Lu, from Chengdu University of Traditional Chinese Medicine, led a team of researchers analysing the evidence on workplace violence towards nursing students. They found 57 studies which met their quality criteria, covering a total of 23,451 nursing students. 45.37% had experienced workplace violence and 53.76% had witnessed it. Psychological violence was the most-common form of workplace violence. Obstetrics and gynaecology was the most-common setting for workplace violence and patients and their relatives (50.8%) were the most-common source. When exposed to workplace violence 65% of nursing students did nothing except keep quiet, and 74% did not report it. Workplace violence “had a predominantly negative impact on nursing students’ professional practice, but it also had a certain motivating effect.”

You can read the abstract of this article at  
<https://doi.org/10.1016/j.nedt.2023.106074>

### Can an app make you culturally comfortable?

**Source:** BMC Medical Education

**In a nutshell:** Foronda’s rainbow model of cultural humility sounds like something cooked up between [Pol Pot](#), Harriet Harman, and Judie Garland. It joined forces in this study with Purnell’s model for cultural competence though, to develop a “mobile app-based cultural-care training programme,” which was tested on 76 nursing students doing their internship. 39 students used the app and 37 formed the control group, somewhere distant from, if not over, the cultural-humility rainbow. Following the completion of the programme the group who used the app – in this study led by Sara Noori Farsangi, from Kerman University of Medical Sciences in Iran – had higher scores for “cultural capacity and humility,” compared to those who had not used it.

You can read the abstract of this article at  
<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-023-04952-4>

### Can mind mapping make you a better nurse?

**Source:** BMC Medical Education

**In a nutshell:** Depending on your point of view mind mapping can conjure up images of fluffy thought bubbles, smiling students, and multi-coloured marker pens or cartographical depictions of plateaux of meaninglessness culminating in a cliff edge of despair you can throw yourself off. Cleaving firmly to the former view were a team of researchers, led by Lianhong Wang, from Zunyi Medical University in China. They studied the effects of mind mapping in a sample of 74 postgraduate nursing students. They found that mind mapping led to significant improvements in patient-education knowledge, patient-education communication competence, and self-efficacy as well as improvements in patients’ satisfaction.

You can read the whole of this article at



<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-023-04944-4>

### What goes through examiners' heads?

**Source:** Nurse Education Today

**In a nutshell:** For people like me, fundamentally passive and with a shaky work ethic, exam invigilation must be one of the highlights of the teachers' year – total silence, frightened and quiescent pupils, and the opportunity to catch quick snatches of *Test Match Special* between doling out extra paper to the swots. Not all examining is so straightforward though and in this study Conor Scully, from Dublin City University, led a team of researchers who interviewed 12 assessors as they watched four videos of students completing “single-station OSCEs.” Three themes emerged from the interviews with the assessors: observation, processing, and integration. The researchers found that “the presence of these mechanisms was not uniform across the sample,” with the assessors using different approaches as they viewed the same students. They concluded that “this has the potential to threaten the IRR [inter-rater reliability] of awarded scores, and thus the validity of decisions made on the basis of those scores.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106083>

### What do lecturers make of hybrid learning?

**Source:** Nurse Education Today

**In a nutshell:** Mythology is full of creatures that are half man, half some other creature and latterly pop music has spawned Half Man Half Biscuit purveyors of numbers such as [\*Tending the Wrong Grave for 23 Years\*](#) and [\*Time Flies By \(When You're a Driver of a Train\)\*](#). But is hybrid lecturing a graceful winged horse like Pegasus soaring over the rainbow, or a terrifying mixture of snake and human like the Medusa? In this study Marjo Mensonen, from the University of Oulu in Finland, led a team of researchers who interviewed 21 social-and-health-care and health-sciences lecturers about their experiences of hybrid teaching. The lecturers felt that hybrid education brought flexibility to their teaching activities and that they had implemented it successfully. They felt that hybrid teaching required them to have “pedagogical competence,” and technology skills, “ensuring interaction with students and creating a safe learning environment.” They recognised the need to make sure that students had digital skills but identified “challenges,” when it came to assessment. However they also experienced increased workload, psychological strain, and “distribution of attention.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106079>

### What do nursing students make of their clinical placements?

**Source:** Nurse Education Today

**In a nutshell:** Unless the floor is crawling with cockroaches, there's a severed horse's head on the bed, and the remote control is linked to an improvised explosive device most people tend to give their AirBnBs four or five stars on TripAdvisor. There isn't quite the equivalent system for nursing students' clinical placements but in this study a team of researchers, led by Afizu Alhassan from Deakin University in Australia, asked 189 nursing students what they made of them before and after their preceptors had been on a preceptor-training programme. They found that there was a "statistically-significant," increase in the students' satisfaction with the quality of their clinical placement after their preceptors had taken part in a preceptor-training workshop. The workshop also led to a statistically-significant improvement in the students' perceptions of their preceptor's competence. Following the training the percentage of students who perceived their preceptors to be "highly-competent," increased from 23.3% to 53.8%.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106081>

### What do nurses need to know about infection control?

**Source:** Nurse Education Today

**In a nutshell:** Some people attempt to combat microbes by wiping down every surface six times a day, wearing face masks, and washing their tea-towels every 24 hours. Others build up their immune systems – consciously or unconsciously – by not wiping surfaces until things start sticking to them, storing used paper tissues under beds and sofas, and having a six-minute rule for tea-towels that have dropped on to the kitchen floor. Hospitals tend to favour the former approach and in this study Soon-Hee Lee, from Korea National University of Transportation and In-Suk Yang, from Kyungil University in Korea surveyed 226 nurses from six general hospitals to assess the level of their knowledge. The researchers found that the importance nurses attributed to infection control was greater than their abilities in, and knowledge of, it. The nurses' educational needs were highest when it came to dealing with micro-organisms such as MRSA, antimicrobial-resistant organisms, *c. difficile*, scabies, and AIDS. "Items in the "isolation precautions" category, including standard precautions, transmission-based precautions, management of isolation rooms, and wearing PPE, also demonstrated high priority in terms of educational needs."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2023.106085>