



Joint Education and Training Library



Mid Cheshire Hospitals
NHS Foundation Trust

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Compiled by John Gale
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Dental Education

Getting nurses and dentists to the party

Source: BMC Medical Education

In a nutshell: Like [the changing of the seasons and the tides of the sea](#) it's something of a mystery to me what dental nurses actually do beyond standing by with a revolting pink drink to rinse your mouth out, and scurrying out of the room like a guinea pig in search of an all-you-can-eat carrot buffet when the dentist sets off the X-ray machine. In this study Satoru Haresaku, from Fukuoka Nursing College, led a team of researchers investigating "the effect of interprofessional education programmes in nursing care and oral healthcare on dental and nursing students' perceptions of interprofessional collaboration." 79 third-year dental students, and 89 fourth-year nursing students took part in the study joining in nursing care and oral-healthcare training programmes which included student-on-student training, and discussion groups. "Perceptions of the differences between the approaches of different health professionals to nursing care, the roles of other professionals, and the need for multi-professional collaboration improved significantly among both dental and nursing students after the programmes. Although the perception of their ability to communicate with unfamiliar or new people improved significantly only among the nursing students, other perceptions of their ability to communicate did not improve for either group. More dental students than nursing students chose nursing trainings as good programmes to participate in with other professional students, while more nursing students than dental students chose oral care trainings as good programmes. Many students commented that they learned about nursing and oral healthcare skills as well as the importance of teamwork and communication with other professionals. Seven students commented that they were more motivated to become dentists and nurses."

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05227-2>

General Healthcare Education

Synchronicity and situational interest

Source: International Journal of Educational Technology in Higher Education

In a nutshell: I often say – only half in jest – that speech is not my first language. Indeed in long conversations I often find myself visualising proceedings in text – if nothing else changing the font occasionally helps keep my attention when I'm drifting off a bit. Needless to say I don't find instructional videos all that helpful but they're all the rage now, and in this article Christopher Lange, from Dankook University in Korea, investigated some of the ins and outs in a study of 93 university students. Lange found that there was no overall difference in situational interest between those who watched live-streamed videos and those who watched recorded ones. When watching live-streamed videos there was no difference in situational interest between learners with low self-efficacy, and those with high self-efficacy. However, when watching recorded lectures there *was* a difference in situational

interest with those students with high self-efficacy finding them more enthralling than the students with low self-efficacy did.

You can read the abstract of this article at

<https://educationaltechnologyjournal.springeropen.com/articles/10.1186/s41239-023-00431-4>

Can LinkedIn get you lovin' it?

Source: Computers & Education

In a nutshell: Like an ageing actor or pop singer whose obituary notice produces the reaction “ooh, I didn’t know they were still alive!” I’d assumed LinkedIn had gone the way of MySpace and AskJeeves. It’s still going though, no doubt offering posts as a Chief Information Officer in Buenos Aires to Band Four Library Assistants in Merthyr Tydfil. In this study Joe Hazzam, from Staffordshire University, led a team of researchers studying the effect of a LinkedIn community for postgraduate students. 82 students took part in the study, and they were randomly assigned to either take part in the LinkedIn group, or not. The students in the LinkedIn group scored significantly higher for engagement, satisfaction, and grades, and “the behavioural engagement within the LinkedIn group community contributes to satisfaction.” Interactive content was found to produce more engagement than informative content and “international students who had previous experience with LinkedIn showed higher levels of engagement.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.compedu.2024.105052>

Medical Education

Getting to the bottom of multiple guess

Source: BMC Medical Education

In a nutshell: The odds of winning the National Lottery are astronomical, yet people do, sparking fantasies of buying a nice Georgian rectory in Hampshire, even among those who hardly every play it. The odds on guessing every single question in a multiple-choice exam correctly are considerably better than that of the Lottery, so it’s important to come up with questions that can separate the sheep from the goats, so to speak. That was the subject of this study, from a team of researchers led by Eduardo Murias Quintana, from the Central University Hospital of Asturias in Spain. They analysed 2,890 multiple-choice questions (MCQs) from 2009 to 2021, “Question distribution varied across categories and years. Frequently addressed knowledge areas included various medical specialties. Non-image-associated clinical cases were the easiest, while case-based clinical questions exhibited the highest discriminatory capacity, differing significantly from image-based case or negative questions. High-quality questions without images had longer stems but shorter

answer choices. Adding images reduced discriminatory power and question difficulty, with image-based questions being easier. Clinical cases with images had shorter stems and longer answer choices.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05324-2>

Smashing the glass ceiling for junior doctors

Source: BMC Medical Education

In a nutshell: Rather like “living life on the edge,” – what happens if you fall off? – or “being in the moment,” (pushing a punctured bicycle along the B5076 to work this morning) “smashing the glass ceiling,” can be as likely to conjure up images of splitting headaches and razor-sharp shards on the *en suite* shag pile as anything more life-enhancing. Some people are keen on it though, and in this study Colleen A. McGourty, from the University of California in San Francisco, led a team of researchers evaluating a leadership course for women junior doctors. The course Women in Leadership Development (WILD) took the form of monthly workshops designed to support leadership development for women trainees. The researchers found that 23% of those invited came to the sessions, “despite challenging trainee schedules.” “Surveys demonstrated acceptability and satisfaction of all sessions, and learning objectives were met at 100% of matched sessions. Focus groups highlighted positive impact in domains of community-building, leadership skills, mentorship, and empowerment.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05369-3>

Supervision, intervision, or two pints of lager and a packet of crisps?

Source: BMC Medical Education

In a nutshell: Once upon a time people had tea-breaks, and drinks after work, so they could have a good moan about life, the universe, and everything, get it out of their system and come back to work, if not optimally hydrated, then at least spiritually refreshed. Sadly puritanism – H.L. Mencken’s haunting fear that “someone, somewhere is having a good time” – and neoliberalism have put paid to all that, leaving employers to come up with pallid but licensed alternatives. Supervision involves talking to someone more senior than oneself for wellbeing purposes, whereas intervision is “reflection,” amongst one’s peers. It was the latter which Anouk Jorissen, from Maastricht University in the Netherlands, investigated in this study. The researchers found that intervision sessions contributed to personal and professional identity development, improving collegiality and preventing burn-out. “Whether these added values were experienced, depended on: (1) choices made during preparation (interviewer choice, organizational prerequisites, group composition, workload); (2) conditions of the intervision sessions (safety, depth, role

of intervisor, group dynamics, pre-existent development); and (3) the hospital climate.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05342-0>

O,G, and Covid 19

Source: BMC Medical Education

In a nutshell: For lawyers, stationers, and providers of office furniture the Covid inquiry is undoubtedly a good thing. Sadly the questions it asks – “how many mistakes did Boris Johnson make?” “Why didn’t the Government lock down sooner, harder, and longer?” rather than “What was the collateral damage?” and “Was it a deliberate or accidental lab leak?” – don’t seem poised to benefit the rest of society that much. Fortunately there are plenty of researchers asking the right sort of questions, among them a team led by Alexandria C. Kraus, from the University of North Carolina. They surveyed 95 junior doctors working in obstetrics and gynaecology in the US, who had trained during the Pandemic. 80% felt that their training had been inadequate and 70% of fourth-years felt “a lack of confidence in their ability to independently practise gynaecology after graduation.” 80% felt that the Pandemic had a negative effect on their mental health and 31 had contemplated self-harm or knew a colleague who had thought about – or attempted – killing themselves. 46% of the sample had experienced burnout and 19 had had suicidal thoughts or knew someone in their programme who had thought about killing themselves.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05364-8>

Helping doctors step into academia

Source: BMC Medical Education

In a nutshell: With salaries scarcely better than a kebab shop (and worse food); backbiting to make a drag queen’s convention seem like a Mother’s Union meeting; and sixth-form politics without the logic and intellectual depth it’s perhaps hardly surprising that it can be difficult tempting doctors into academia. It’s not a bad idea to have somebody working on a cure for cancer though and in this study Mabel Perez-Oquendo, from the University of Texas, led a team of researchers investigating the effectiveness of a “structured course for both post-doctoral fellows and senior PhD students to provide formalized training for successfully navigating academic positions in biomedical research.” The course was called *Navigating Academic Careers*; it lasted 13 weeks, had 25-and-a-half hours of teaching, and had nine modules. 89.9% of the people who went on the course found its scope and instructional content appropriate, and 91.1% found the course relevant and applicable to their career needs. 80% applied the “learnings,” of the course; 80% felt more confident about looking for academic jobs, and two-thirds said that the course had prepared them either for their current role, or for their job search.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05370-w>

It's what's inside that counts. And we can find out using ultrasound

Source: BMC Medical Education

In a nutshell: Rather uncharitably, perhaps, I'd attributed the reason behind patients being instructed not to eat anything before their operation to a combination of spite from the medical profession (and who can blame them having to deal with the general public all the time) and a desire to boost the takings in the hospital canteen. It turns out that – during anaesthesia – patients can sometimes breathe in some of the contents of their stomach with rather unhappy consequences.

Anaesthetists can check whether anyone has defied instructions and snuck in a cheeky Big Mac by using point-of-care ultrasound (POCUS), but how well trained are they to do this? In this study, led by Adrien Maseri from Hospitalier Universitaire UCL in Belgium, a team of researchers attempted to find out. 323 anaesthetists took part in the study. Only 20.8% of them recognised the risk of a full stomach. Those “who recognised the indication for gastric POCUS and were trained in the procedure demonstrated good recall of the practical conditions for performing the procedure and interpreting the results.” Only 13.8% had received training in POCUS but 72.57% were interested in being trained in the future. 78.9% supported teaching gastric POCUS to anaesthesia trainees.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-05359-5>

Self-directed learning and medical students

Source: BMC Medical Education

In a nutshell: Short of deploying the speed learning techniques used in *The Prisoner* most courses of study – however much the pill of knowledge is sweetened with the sucrose of gamification – rely on people sitting on their own, with a body of information, attempting to remember, understand and internalize it. To do this self-regulated learning is required; something examined by a team of researchers led by Chen-xi Zhao, from Harbin Medical University in China, in this study in which 3,614 medical students took part. The researchers found that self-directed learning was influenced by the following factors: self-reflection (12.9%); ability to use learning methods (12.89%); ability to set study plans (12.39%); ability to set studying objectives (11.94%); ability to adjust one's psychological state (11.34%); and willpower in studying (8.67%). Having a sense of calling about medicine was also associated with self-regulated learning as was the competence (or lack thereof) of the students' teachers. When the students' teachers were more competent the effect of a sense of calling on the students' self-regulated learning abilities was stronger.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05330-4>

What can you get out of the escape room – apart from yourself?

Source: BMC Medical Education

In a nutshell: With work, children, and DIY projects safely on the other side I probably wouldn't try too hard to get out of an escape room; although the twin forces of hunger and the middle-aged prostate would drive me out eventually I suppose. In this study a team of researchers, led by Tami Jørgensen, from Copenhagen Academy for Medical Education and Simulation, investigated “debriefing following medical escape rooms and how escape rooms can be used to achieve pre-defined learning objectives.” 32 students, divided into eight groups took part in the study. Five themes emerged from the interviews with the students:

- Experience with the narrow learning objectives
- Topics discussed in the debriefing
- Learning mechanisms
- Learning outcomes concerning exchange of information
- Influences of the learning approach

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05295-4>

AI, scans, and medical students

Source: BMC Medical Education

In a nutshell: While AI seems happy to take on fanciful work like depicting [Mother Teresa fighting poverty](#) it turns its nose up at ensuring you don't have to repeat exactly the same information to a human operator that you did half an hour ago to the automated one. People are gradually finding uses for it though, particularly when it comes to analysing X-rays, CT scans and ultrasound images. In this study DongXu Wang, from Second Affiliated Hospital of Qiqihar Medical University in China, led a team of researchers evaluating the use of artificial-intelligence assisted diagnostic software in medical education. 84 students took part in the researchers' study. 41 of them used AI diagnostic software which displayed 3D images and marked lesions after which “annotations were provided, and diagnostic suggestions were given.” The other 43 were a control group and were taught with “the conventional film and multimedia teaching methods.” The researchers found that the group who had been taught using AI had significantly higher “total skill scores,” and significantly higher scores for CT diagnosis and MRI diagnosis as well as scoring more highly for self-efficacy, and self-directed learning.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-024-05382-6>

Hubs, happiness, and hammering cancer

Source: BMC Medical Education

In a nutshell: Given my prowess at DIY it would make far more sense for some African orphans to fly over to the UK and do a few DIY jobs chez Gale (I'd happily take them to McDonalds and tenpin bowling) than for me to fly out at great expense and erect a shoddy edifice for them that would almost certainly collapse and kill one of them within a few weeks. Luckily there are now plenty of more sophisticated ways of helping people in less well-off countries and in this study a team of researchers, led by Meredith L. Balbach, from Vanderbilt University School of Medicine in Tennessee, examined one of them. The researchers carried out a needs assessment and created a curriculum for medical physicists, radiation oncologists, radiation therapists and trainees. They then got together a team of English- and Spanish-speaking experts to deliver 27 hour-long sessions, one or two times a week for four months to people in Africa and Latin America. 25 centres – 13 in Africa and 12 in Latin America – took part in the scheme and 332 health professionals (128 in Africa, 204 in Latin America) enrolled in the courses. The researchers found that the courses led to a significant improvement in knowledge and self-confidence, and the participants looked “forward to applying their knowledge in the clinical setting.”

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-024-05193-9>

How stressful is it through the keyhole?

Source: BMC Medical Education

In a nutshell: It's a fair bet to imagine that Rembrandt didn't have someone stooped looking over his shoulder suggesting “why don't you try a few bright colours?” as he finished *The Night Watch* or that Dickens didn't have an onlooker getting him to prune his descriptions and cut to the chase as he laboured over *Bleak House*. Who knows how art history and literature – not to mention marital relations chez van Rijn and Dickens – would have turned out if they had? Being watched while you do something can have a terribly stressful effect, and in this study Maria Suong Tjønnås, from the Norwegian University of Science and Technology, led a team of researchers investigating the stresses and strains on trainee doctors as they took part in a laparoscopy simulation. 24 junior doctors took part in the study which found that stress measures were significantly higher during the simulation. There was a moderate correlation between surgical experience, and physiologic and endocrine stress responses and a negative moderate correlation to self-reported stress.

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-024-05393-3>

A doctor, a priest, and The Grim Reaper walk into a medical-education centre

Source: BMC Medical Education

In a nutshell: “[What are days for?](#)” asked Philip Larkin, before concluding “solving that question/Brings the priest and the doctor/In their long coats/Running over the fields.” The end of one’s days are just as likely to unite those with stethoscopes and those with dog collars; something examined in this study, by a team of researchers led by Yann-Nicolas Batzler from Heinrich Heine University in Dusseldorf. They organized a mandatory seminar as part of the palliative-care curriculum in their university. A doctor, and a hospital chaplain, taught strategies for symptom control from a bodily and spiritual perspective respectively. 52 students took part in the study which found that the students achieved gains (84.8%) in their ability to define “total pain,” and in realising its relevance in clinical settings (77.4%). “The lowest, but still fairly high improvement was achieved in the ability to identify patients who might benefit from spiritual counselling (60.9%).” The students were satisfied with the structure of the seminar and “the content was perceived as overall relevant to the later work in medicine.”

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-024-05415-0>

[Suicide, scaffolding, and virtual reality](#)

Source: BMC Medical Education

In a nutshell: Scaffolding might comprise giving a child armbands, introducing them to the water in the shallow end, and showing them how to do the necessary strokes from the side of the pool; whereas a non-scaffolded approach would simply entail throwing them into the deep end and standing by with a huge shrimping net. In this study a team of researchers, led by Heng Yao, from the University of Florida, studied the effect of scaffolded and non-scaffolded approaches when it came to using virtual reality to teach clinicians about dealing with suicidal patients. The 62 participants, all working in mental health, took part in a 12-week training session which included three “virtual-human interactions.” The 27 people in the scaffolded group received instructions to enhance their empathic communication, and reminders to report their negative emotional responses, whereas the rest of the study participants received no such reminders. In both groups the clinicians’ negative emotional responses decreased after two sessions of virtual-human interaction. Participants in the scaffolded group showed enhanced empathetic communication after one training session, whereas two sessions were needed for clinicians in the non-scaffolded group. However, after two training sessions “clinical efficacy,” was improved in the *non-scaffolded* group, “while no similar improvements were observed in the scaffolded group.”

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-024-05371-9>

[Is a virtual patient better than a standard one?](#)

Source: BMC Medical Education

In a nutshell: Once in a way I get called upon to stand in the hospital corridors trying to interest people in the joys of evidence-based medicine. Trolleys of this, that, and the other – food, medical supplies, clinical waste – get wheeled past but patients are something of a rarity; so much so, in fact, that I’m often tempted to wonder whether the hospital isn’t working on the same basis as Magnus Mills’ [Scheme for Full Employment](#). Certainly as far as medical education is concerned it seems only a matter of time before real people are replaced by virtual ones and in this study Tayyaba Gul Malik, from the University of Lahore, led a team of researchers comparing virtual patients to standardized patients for the purposes of teaching clinical reasoning to ophthalmology patients. The researchers divided the students up into two groups with one group practising clinical-reasoning on a virtual-reality patient and the other group practising on a human working from a script. The researchers found that there was no statistically-significant difference between the virtual patients and standardized patients in the students’ acquisition, and retention, of clinical-reasoning skills. The researchers concluded that “virtual patients can be used for learning clinical reasoning skills in postgraduate ophthalmology residents in a safe environment.”

You can read the whole of this article at

<https://bmcomeduc.biomedcentral.com/articles/10.1186/s12909-024-05241-4>

Nurse Education

Virtual reality and nurse education

Source: Nurse Education Today

In a nutshell: Given the state of the world today it’s perhaps better to work out what people have in common, rather than what divides them. Nevertheless, one of the ways you can “slice-and-dice,” humanity is between those who find life “a bit too much,” and those who find it not quite enough. Firmly in the former camp I often think wistfully about six weeks in a shipping container with an exercise bike, some Mozart piano concertos, and the collected works of PG Wodehouse. The chance to feel sick on a virtual roller-coaster does not – dear reader – feature highly in my list of desiderata. Others are keener on virtual reality though and in this study Panpan Huai, from Shanxi Medical University in China, led a team of researchers reviewing its use in nurse education. They found 26 studies which met their quality criteria, covering a total of 1,815 nursing students. They found that virtual-reality teaching – especially immersive virtual reality – was effective in improving nursing students’ learning satisfaction, knowledge, “skill performance,” and self-efficacy. However, the effect on nursing students’ motivation, cognitive load, clinical reasoning, and communication ability “were not significant,” and “require further research.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106189>

Smoothing the transition into A&E

Source: Nurse Education Today

In a nutshell: Graduating from university in the early 1990s and blissfully unaware how to use a photocopier, send a fax, or work a laptop, office work came as something of a shock; easy to imagine then how much greater the shock is for newly-graduated nursing students as they start work in A&E. From time-to-time efforts are made to tackle this culture shock, akin, one might say, to putting a few benches and a “you are here,” board into a minefield. In this study Erin Bryant, from Interior Health in Canada, led a team of researchers studying the effectiveness of a three-month pathway designed to ease the transition into A&E for new nurses. The researchers found that the “scaffolded emergency-department practice pathway enabled new nurse transition,” and “provided consistency, stability, and predictability.” The new nurses “appeared to have reduced transition shock,” and their “clinical competency ... appeared enhanced.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106191>

How The Strengths Model helps students help

Source: Nurse Education Today

In a nutshell: Generally speaking I would prefer it if people saw me as a mustard copy-editor able to come up with a pithy sentence at the drop of a hat, rather than a clueless root vegetable unable to fit a Skoda Octavia into one of three parallel parking spaces without a white line bisecting it. One imagines people suffering from mental-health problems feel much the same about their strengths and weaknesses and in this study Miho Katayama, from Komatsu University in Japan, led a team of researchers who studied how “nursing students’ perceptions of people with psychiatric disabilities change when using the strengths model during practicums [placements].” The researchers found that using the strengths model changed the students’ perceptions of their clients with “psychiatric disabilities.” The students came to see their clients as deserving of respect, and as “having inner strengths.” The clients were also able to uncover their own inner strengths. The students learned to listen to their clients’ dreams, and began to see themselves as their clients’ partners in the recovery process.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106190>

Clap, pre-eclampsia, and *Call the Midwife*

Source: Nurse Education Today

In a nutshell: As people for whom the taste for wholesome sentimentality goes not much further than the touchy-feely bits of *Minder* or *The Thick of It* Mrs G and I tend to give *Call the Midwife* a wide berth. It has plenty of fans though and in this

study a team of researchers, led by Irene Cambra-Badii, from the University of Vic/Central University of Catalonia, investigated its use in teaching 142 nursing students about sexually-transmitted diseases and pre-eclampsia. The researchers found that using the programme in teaching led to an improvement in the students' knowledge of STDs and pre-eclampsia. The series showed nurses in decision-making roles and the students were satisfied with the activity.

You can read the abstract of this activity at
<https://doi.org/10.1016/j.nedt.2024.106198>

Bouncebackability and nursing students

Source: Nurse Education in Practice

In a nutshell: You can be exceptionally good at football without being a superstar or world-class. [Iain Dowie](#) was one such footballer, but his main claim to fame nowadays is as the person who, almost single-handedly, launched the most-useful word bouncebackability into public discourse. Bouncebackability, or resilience, was the subject of this study by a team of researchers, led by Wen-ying Tan from Guangzhou Medical University in China. 644 nursing students took part in the study. 17% had high levels of academic resilience; 70% had moderate levels; and 13% had low academic resilience. The researchers found that grades, physical health, resilience, and self-efficacy were all significantly related to academic resilience.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2024.103949>

Learning and innovation networks – coming to a hospital near you?

Source: Nurse Education in Practice

In a nutshell: As someone who found a great deal of pleasure in trundling through Lancashire with a cup of coffee and a newspaper the decline of face-to-face training and the advent of MS Teams came as something of a blow; half, if not three-quarters, of the fun of out-of-office training being comprised in the journey (Northern Rail permitting) back and forth. Although not promising much in the way of train travel at the taxpayers' expense Learning and Innovation Networks (LINs) are networks of health professionals, students, and "education representatives," who "come together to be part of a nursing community to integrate education, research and practice to contribute to quality of care." In this study a team of researchers, led by Marjolein Albers, from Inholland [sic] University of Applied Sciences investigated the ins and outs of LINs. They found that the following preconditions had to be in place to start one:

- A shared vision
- A facilitating support system
- A diversity of participants who are open to change

Once this was in place LINs could improve the quality of care by enabling “working, learning, performing practice-based research and implementing new methods together.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.103954>

Are new nurses ready for electronic medical records?

Source: Nurse Education in Practice

In a nutshell: Even the most wet-behind-the-ears [onomastician](#) can see that persons involved in pop music might present something of a challenge to those recording their medical histories electronically. Should it have been David Jones, or Bowie for instance? How should you have handled “the artist formerly known as Prince”? And is Johnny Rotten a name, or a gangrene diagnosis? Such quandaries were examined – perhaps – in a study led by Pauletta Irwin, from Charles Sturt University in Australia. The researchers studied third-year nursing students. Most believed that learning about electronic medical records during simulations would be “extremely,” or “very,” useful. The students’ levels of confidence correlated with the amount, and type, of exposure to electronic medical records they had had before their placements. Four qualitative themes emerged from the survey which were:

- Don’t throw out the baby with the bathwater
- Prepare us for practice
- Mistakes – hardly any
- Universities need to catch up, and put out

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.103948>

Can you teach nurses design thinking?

Source: Nurse Education Today

In a nutshell: Although not sufficiently motivated to watch the whole thing latterly Mrs G and I have found ourselves watching the last ten minutes or so of *Interior Design Masters*. Alan Carr was good value, but we were disappointed when a design guaranteed to produce migraines, if not a full-blown seizure, triumphed over a rather more restrained decorative scheme in the final. Sadly this wasn’t the design thinking featured in this study, by Hsing-Yuan Liu, from Chang Gung University of Science and Technology in Taiwan but “a non-linear, iterative process that teams use to understand users, challenge assumptions, redefine problems and create innovative solutions to prototype and test ... [which] involves five phases: empathize, define, ideate, prototype, and test.” Hsing-Yuan Liu compared 150 nurses who went on a leadership-development course with 150 nurses, of similar age and sex who did not. Hsing-Yuan Liu found that the nurses who went on the leadership course ended up with significantly better scores for design thinking overall, and, specifically, for feedback-seeking and experimentalism. However, the study found no significant

difference in integrative thinking, optimism, and collaboration between the two groups.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106197>

Safe landing, or careering out of control?

Source: Nurse Education Today

In a nutshell: Whereas some of my contemporaries glided into life after university like a condor majestically soaring above the Andes, I entered the world of work with all the dignity and aplomb of a donkey in a shopping trolley going backwards down a bobsleigh run. In this study Edah Anyango, from Edith Cowan University in Western Australia, led a team of researchers examining “the career decision-making self-efficacy of final-year nursing students.” 47% had “good confidence,” in making career decisions. “Factors such as the setting of the final clinical placement, the intention to be employed in the specialisation or organisation of their final placement and the students' assessment of their clinical experience were associated with career decision-making confidence.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106196>

What makes a good transition programme?

Source: Journal of Health Organization and Management

In a nutshell: Of course even when you've decided on a destination (see above), there's no guarantee you'll have a good time when you get there. But what helps work end up more like a trip to Alton Towers than the [Willy Wonka show in Glasgow](#) for new nurses? Annika Eklund and Maria Skyvell Nilsson, from University West in Trollhättan, Sweden attempted to find out in this study, in which they interviewed 11 transition-programme coordinators for five hospitals in South-West Sweden. Two themes emerged from the interviews with the coordinators: i) create a shared responsibility for introducing newly-graduated nurses and ii) establish the legitimacy of the programme. “The implementation process was found to be a matter of both educational content and anchoring work in the hospital organization. To clarify the what and why of implementing a transition program, where the nurses learning processes are prioritized, was foundational prerequisites for successful implementation.”

You can read the abstract of this article at
<https://doi.org/10.1108/JHOM-01-2023-0018>

The nurses getting stuck into research

Source: Nurse Education in Practice

In a nutshell: Life, as Meera Syal observed, “Isn’t all ha ha hee hee.” Thus research is as likely to feature poking around pressure sores, or analysing stool samples as finding a cure for cancer, or developing retina transplants. Research nurses are often called upon to do the less glamorous jobs, and in this study Jon Salmanton-García, from the University of Cologne, led a team of researchers investigating their role. 37 European countries took part in the study. The most-common terms used to refer to nurses involved in clinical trials and epidemiological studies were “study nurse,” (62%); and “clinical research nurse,” or “research nurse,” (43% each). The requirements to become a research nurse differed from country to country but 87% of countries required a nursing degree and 81% required passing a “good clinical practice,” course. The most-common jobs given to research nurses were: giving out drugs (in 78% of observational studies, and 89% of phase IV trials) and processing blood samples (in 84% of phase II and phase IV trials).

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2024.103953>

The value for volunteers

Source: Nurse Education Today

In a nutshell: Prior to his successful incarnation as England’s football manager all-round good-egg Gareth Southgate was primarily known for aligning his penalty in the Euro ’96 shoot-out more closely to the orbit of the International Space Station than the parameters defined by the goalposts and crossbar. For a short while volunteering, out of a sense of duty, for a task not naturally aligned with one’s talents (Mr Southgate being best-known for his considerable abilities at *stopping* other people scoring goals) was known as Gareth-Southgate-syndrome. Volunteering can have many benefits though, and in this study Xueting Liu from Zhengzhou University in China, led a team of researchers investigating it in a sample of 2,166 nursing students. They found that finding benefits in volunteering had a positive effect on volunteer motivation. Perceived social support also positively affected volunteer motivation. There was also a chain of causation with finding benefits in volunteering leading to more social support, which, in turn, increased volunteer motivation.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2024.106193>

Snowballing and scoping out the apps

Source: Nurse Education Today

In a nutshell: “Anyone who uses the word “workshop,”” said comedian Alexei Sayle “and isn’t in light engineering is a tw-t.” Harsh words, perhaps, but there is certainly a trend in which the more divorced people’s jobs are from physical reality the keener

they are to use words such as “toolkit,” and “deep dive”; terms often deployed by people who wouldn’t know the difference between an adjustable spanner and an Allan key, and who would struggle to get their 25m badge down at their local swimming pool. In this study Colleen Ryan, from Queensland University in Australia, led a team of researchers carrying out a “scoping review with snowballing method,” (sadly not featuring being in a submarine looking out for *Tirpitz* or merry japes on a winter’s morning) into the use of mobile apps in nurse education. They concluded that mobile apps “generally contribute positively to nursing students’ education,” being valuable tools, which offer “structured content,” in easily-digestible formats. Some apps fostered teamwork and collaboration during clinical placements, promoting peer learning and a sense of community. “User internet access and preparation for learning were the only noted barriers.” The researchers also pointed out that few apps were “dedicated to bioscience language and scientific terminology,” and that “developing specialised applications could substantially improve the educational experience for nursing students.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106215>

Hospital nurses and end-of-life care

Source: Nurse Education Today

In a nutshell: Somewhere between the Harold Shipman fan club and giving 95-year-olds with dementia kidney transplants there is – perhaps – a thoughtful and compassionate approach to end-of-life care waiting to be discovered. In this study Peter Stuart, from Coventry University, interviewed 10 hospital nurses about their experiences of, and ability to apply, palliative and end-of-life care. The nurses deemed their experiences to be like crossing Antarctica – unpredictable due to changing demands and patients’ life course; leading to uncertainty; and making them feel helpless. Two themes emerged from the interviews with the nurses which were:

- 1) Knowledge and uncertainty
 - a. Feeling unprepared
 - b. Lacking in knowledge
- 2) Knowledge and empowerment
 - a. Applying knowledge in clinical environments

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106214>

Psychological capital and research

Source: Nurse Education Today

In a nutshell: Psychological capital is made up of four healthy psychological states: hope, efficacy (the belief you can get things done), resilience, and optimism. Who knows what drugs you need to take to get them; suffice to say if it was money I’d be rootling through the bins at the back of Asda, looking for Cornish pasties just past their sell-by date. In this study a team of researchers, led by Jian Zhou from The First

Affiliated Hospital of Chengdu Medical College, studied the links between psychological capital, research motivation, and research ability in a sample of 377 master's-degree nursing students. They found that positive psychological capital was positively correlated with research ability. Research motivation was also positively correlated with research ability and there was a chain effect in which psychological capital created more research motivation which, in turn, was also linked to greater research ability.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106218>

[Deliriously happy, or rambling ropily?](#)

Source: Nurse Education Today

In a nutshell: Ten years ago anyone suggesting our politicians might spend their time wittering on about rainbow lanyards, pronouns, and the definition of a woman in the face of potatoes rotting in fields, war in Europe, and a looming energy crisis might well have been accused of being delirious. Delirium can be a serious problem in healthcare though – all those people who imagine they've had an appointment with a GP and a referral to a consultant – and in this study Amy Montgomery, from the University of Wollongong, led a team of researchers studying the effectiveness of a new way of teaching nursing students about it. The new method was the Delirium OSCE Education Package. 190 nurses took part in the study which found that the new package led to a far greater chance of obtaining “a satisfactory observation of delirium care in practice score.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2024.106211>