

Education Bulletin



December 2020

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Compiled by John Gale, JET Library (Mid-Cheshire NHS Foundation Trust)

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General Healthcare Education

How to make the most of small-group teaching

Source: BMC Medical Education

In a nutshell: Large-group teaching offers people the chance to catch up on forty winks at the back of the classroom while thinking – in this author’s case at least – about The Smiths, Ian Botham and Lionel Messi. Small-group teaching is, like exercise, harder work but ultimately more beneficial. In this article Christie van Diggele, from the University of Sydney, and two colleagues introduce the central concepts of planning and preparing a small-group teaching session. They provide an overview of the key theoretical principles in lesson planning, delivery, and how to provide effective feedback in this setting.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02281-4>

Top tips for teaching procedures

Source: BMC Medical Education

In a nutshell: Inserting objects into, or taking them out of orifices; jabbing needles in; and wrapping and unwrapping all come within the scope of medical procedures. Blue Peter being unable to tackle this for obvious reasons this is something usually taught by clinical tutors, and in this article Annette Burgess, from the University of Sydney, and colleagues give some tips on how to teach procedural skills. The article explores how skills are learned; ways to improve skill performance; determining competency; and the provision of effective feedback.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02284-1>

How is cancer taught to students?

Source: Nurse Education Today

In a nutshell: In this study a team of researchers, led by Marta Domingo-Osle, from the University of Navarra in Spain, examined how healthcare students are taught about cancer during their undergraduate studies. The researchers found 40 articles that met their quality criteria. The main educational methods used were:

- Expository methods
- Case studies
- Exercises and problems



- Problem-based learning
- Learning contracts
- Project-oriented learning

The researchers concluded that “there is a gap in the training of undergraduate nursing students to provide person/family centred care in oncology. To improve the training and professional practice of future health professionals, inter-professional education and the involvement of people with cancer in simulation education are recommended.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104704>

Putting the jigsaw technique together

Source: Journal of Education and Health Promotion

In a nutshell: The Scottish striker Robert Fleck was – at one point – rather cruelly nicknamed Jigsaw; “he goes to pieces in the box.” In education the jigsaw technique occurs when a larger group of students is subdivided into smaller groups. Each of these smaller groups researches a subset of a topic then the groups reconvene and pool their knowledge. In this article Sareh Shakerian and Leila Hassan Abadi, from the Shahid Beheshti University of Medical Sciences in Iran, looked into the effectiveness of the jigsaw technique on the motivation and job performance of community health workers. 44 community health workers were divided into two groups. Half received training via the jigsaw technique while the other half received their training through lectures. The study showed that those who had taken part in the jigsaw technique had significantly better performance and motivation.

You can read the abstract of this article at

http://dx.doi.org/10.4103/jehp.jehp_176_20

Hypocrite lecteur, mon semblable, mon frère

Source: Advances in Health Science Education

In a nutshell: Some people make disparaging comments about other people, or groups of people, in their absence whilst being perfectly nice to them in person. Adolescents are prone to view this as hypocrisy whereas grown-ups realise that accusing human beings of hypocrisy is like calling jellyfish a bit wet or remarking on skunks’ body odour. Exploring this tendency to be nicer to people in the flesh were Elaine Pyle from Minnesota State University and Woei Hung from the University of North Dakota. They studied medical students’ propensity to underprepare, or skip steps during problem-based learning. They found that the more social presence – i.e. face-to-face, or video or audio recordings – was included in the case studies the less inclined students were to get bored or tired and lose attention during the task.



You can read the abstract of this article at
<http://dx.doi.org/10.1007/s10459-019-09889-2>

[How teachers help, or hinder, students](#)

Source: International Journal of Environmental Research and Public Health

In a nutshell: Even without house arrest and Zoom lectures going to university can be a stressful time for young people. It's noisy, crammed to the gunwales with people ready to take an instant dislike to you, and 29 people have to fight for the right to use a ring on a hob to heat up a tin of baked beans. When it comes to the academic aspects of higher education (strangely most freshers worry more about their ability to make friends than their capacity to get to grips with the finer points of the 100 Years War or particle physics) lecturers can either help or hinder their students. Investigating this process was a team of researchers led by Rubén Trigueros, from the University of Almeria in Spain. They found that psychological control on the part of the teachers – a propensity to dictate how students went about things – positively predicted academic stress while helping students to become more autonomous reduced it. Academic stress reduced motivation, metacognitive strategies, critical thinking and academic performance whereas academic motivation positively predicted metacognitive strategies and critical thinking. Both metacognitive strategies and critical thinking positively predicted academic performance.

You can read the abstract of this article at
<http://dx.doi.org/10.3390/ijerph17239089>

[What do healthcare students think about vaccinations?](#)

Source: BMC Medical Education

In a nutshell: “Ignorance,” said Oscar Wilde “is like a delicate, exotic fruit. Touch it and the bloom is gone.” Vaccination has certainly become a squashed lychee in the fruit aisle this year as everyone from pop singers to Fleet Street columnists has manhandled it; not all of them necessarily wearing evidence-based kid gloves. But what do healthcare students think? In this study a team of researchers, led by Aurélie Baldolli, from the Department of Infectious Diseases in Caen, tried to find out. 542 students took part in the study which found that vaccine coverage was high for mandatory jabs and even for recommended ones. Global vaccine coverage (40.4%) was not statistically different between students, apart from for first-year students who were less vaccinated (25.6%). 97.8% of the students thought that vaccines were effective. On a scale of one to 10, where 10 was high safety, 91% of the students rated vaccines as seven or above and in 80% of students vaccine hesitancy was less than three out of 10 (10 being the highest level of hesitancy). 80.6% of the students recommended all vaccines but only 52% agreed that flu vaccination should be mandatory.

You can read the whole of this article at



[New technology: addition or distraction?](#)

Source: Computers & Education

In a nutshell: For every person using OneNote and online to-do lists to do the work of six people before breakfast there are half a dozen compensating for not being allowed to go the pub at lunchtime and pick a fight in person by arguing with complete strangers on Twitter and Facebook. In this study Ewelina Lacka, from the University of Edinburgh, led a team of researchers investigating whether virtual learning environments (VLEs) and social media improved or worsened students' productivity. The researchers concluded that "students are better off without relying on digital technologies. While VLEs can enhance students' H[igher]E[ducation] goals achievement with additional inputs, students who use S[ocial]M[edia] are the least efficient."

You can read the abstract of this article at

<https://doi.org/10.1016/j.compedu.2020.104099>

[Collaborating on the cloud](#)

Source: International Journal of Educational Technology in Higher Education

In a nutshell: Rather like Windscale became Sellafield the Cloud has become the name for a network of sheds full of computers that allows people to store information "online," and work on it together. In this study Noria Saeed Baanqud, from the University of Aden in Yemen, led a team of researchers investigating the use of the Cloud in helping students "engage in reflective thinking, knowledge sharing, cognitive engagement, and cognitive presence experiences." The researchers' findings "revealed a positive influence of cognitive engagement, knowledge-sharing, and reflective thinking on students' knowledge construction."

You can read the abstract of this article at

<https://doi.org/10.1186/s41239-020-00232-z>

[Does simulation help you cope with Covid?](#)

Source: BMC Medical Education



In a nutshell: Short of watching *Contagion* or *28 Days Later* it's hard to think how simulation could have prepared anyone for Covid-19. In this study Anna Beneria, from Vall d'Hebron Hospital Universitari in Barcelona, led a team of researchers who followed up 96 doctors and nurses who had taken part in a "simulation-based teamwork training programme based on teaching non-technical skills through simulation," to see how they were coping with Covid-19. The 96 healthcare workers who had taken part in the simulation were compared to 45 workers who had not taken part in it. The researchers found that those who had taken part in the simulation had *higher* levels of anxiety and depression than those who had not but lower levels of stress. Having contact with Covid-19 patients; having "minors in charge;" working as a doctor; and being a woman were all linked to higher scores for depression and anxiety.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02427-4>

Inter-professional Education

Why self-determination is the name of the game

Source: Medical Education

In a nutshell: [Self-determination theory \(SDT\)](#) concerns the decisions people make on their own account without being influenced by external factors or other people. Such intrinsic motivation can include the need for competence, autonomy, and relatedness; as M People put it rather more succinctly "[search for the hero inside yourself.](#)" In this study Fraide A. Ganotice, from the University of Hong Kong, led a team of researchers investigating how SDT played out in inter-professional education*. 255 healthcare students from medicine, nursing, and pharmacy took part in the study which found that a sense of autonomy was the strongest positive predictor of behavioural (collective dedication, and behavioural engagement) and collaboration outcomes (team effectiveness, and goal achievement).

You can read the abstract of this article at

<http://dx.doi.org/10.1111/medu.14423>

*As opposed to how STDs play out in inter-professional education which, of course, is the preserve of Messrs Mills and Boon

Top tips for inter-professional education

Source: BMC Medical Education

In a nutshell: Despite booze, music, books and DVDs being long-established as the only acceptable Christmas presents one is often given hours of frustration and misery in the form of gifts one is forced to assemble oneself



which one can then frown at bitterly as they fall to pieces in the corner of the room for the next six months. In much the same spirit rather than sending a Toblerone to all their subscribers for Christmas the people behind BMC Medical Education have put together a series of articles giving tips on various aspects of healthcare education. This one – by Christie van Diggele, from The University of Sydney, and colleagues tackles the topic of inter-professional education and outlines the key points for planning and practising inter-professional facilitation within the classroom and clinical setting.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02286-z>

Planning peer-assisted learning

Source: BMC Medical Education

In a nutshell: Forget Morecambe and Wise, for those involved in clinical education Burgess and van Diggele are the only duo worth spending Christmas with. In this article the former – along with some colleagues – offers a few tips on planning peer-assisted learning (PAL) (i.e. getting the juniors to do a bit of teaching while you sort your expenses/tax return/grouting out). The article is designed to help healthcare educators and administrators responsible for curriculum design, course coordination, and educational research to develop their own PAL activities. It provides practical tips for the design, implementation, and evaluation of PAL activities.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02289-w>

Medical Education

Getting the blend right in Iran

Source: BMC Medical Education

In a nutshell: For those of us of a certain age the word “blended,” conjures up images of Gareth Hunt smiling seductively while embracing the sophisticated lifestyle guaranteed after purchasing a jar of Mellow Birds coffee. Blended learning is a rather different proposition though, involving a mixture of online learning and traditional lectures. In this study Mohamad Jebraeily, from Urmia University of Medical Sciences in Iran, led a team of researchers who interviewed 24 lecturers and students about their experiences with blended learning. The most important strengths were the promotion of lecturer-student “interactions;” the focus on students’ learning needs and self-learning; and problem-solving skills. Weaknesses included bottlenecks in technical organisational and human-resources infrastructure and lack of cultural readiness.

You can read the whole of this article at



[Art and medicine – can the latter gain from the former?](#)

Source: BMC Medical Education

In a nutshell: From Hogarth's Bedlam to Leonardo's anatomical drawings art has often taken inspiration from medicine. But – apart from a short visit to an art gallery followed by a lengthy sojourn in its café – can art give anything back to medicine? In this study a team of researchers, led by Garth W. Strohbehn, from the University of Michigan, set out to investigate “the possibility and potential benefits of integrating visual arts education into a required internal medicine clinical clerkship.” 34 medical students took part in the study. They were divided into three groups. 11 engaged in museum-based arts; 10 engaged with hospital-based arts; and 13 carried on with “hospital-based conventional education.” The arts groups “explored empathy, resilience, and compassion in works of art during facilitator-guided discussions.” The students reported “increased implicit bias cognisance and time for reflection,” but there were no significant differences in psychometric or educational outcomes. “While most students felt positively toward the experience some experienced distress from missed clinical time.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02386-w>

[What teaching styles do lecturers prefer?](#)

Source: BMC Medical Education

In a nutshell: Lecturers' styles – as exemplified in the Open University in the 1970s – often comprised acres of brown corduroy, ill-kempt beards and horn-rimmed glasses; and that was just the women. Since then more attention has come to be paid to lecturers' teaching styles and in this study Nihar Ranjan Dash, from the University of Sharjah in the United Arab Emirates, led a team of researchers investigating teaching styles in 248 of them. The delegator teacher style – which promotes students' collaboration and peer-to-peer learning – was the most common. There was a significant correlation between expert and authority teaching styles and between being a man and having an “authority,” teaching style. 47% of the lecturers disagreed with the teaching philosophy of “delivering course contents by strictly following learning outcomes.” Women were more willing to negotiate with their students regarding how and what to teach in their course, whilst men tended to allow more autonomy by allowing students to set their learning agenda.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02358-0>



Shared decision-making – what helps deciding together?

Source: BMC Medical Education

In a nutshell: In healthcare shared decision making can often be analogous to asking a turkey whether they prefer bread sauce or cranberry jelly. In this study Richard Huan Xu, from the Chinese University of Hong Kong, led a team of researchers investigating what factors students found important in shared decision-making. 574 students took part in the study which found that the three most-important factors were trust and respect, providing high-quality medical information, and multi-disciplinary collaboration. The students' responses varied according to their sex, study programme, and their experience of visiting doctors.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02406-9>

What lies behind medical students' specialty choices?

Source: BMC Medical Education

In a nutshell: In war films generals often push units around maps of the battlefield using little wooden sticks. For those doing something similar – workforce planning – in healthcare management it helps to know what specialties junior doctors are likely to choose but this process is still shrouded in mystery. In this study Frances M. Cronin, from the Royal College of Surgeons in Ireland, led a team of researchers investigating the specialty choices of 483 junior doctors in Ireland. Over 90% of them rated as “important,” or “very important,” their own aptitudes, work-life balance and what they really wanted to do. Over 75% rated as “not at all,” or “not very important,” their current financial situation and what they had wanted to do before starting medical school. Those choosing general practice saw continuity of patient care; working hours and conditions; and a career that fitted their domestic circumstances as more important than those choosing general medicine. Those opting for surgery saw patient contact, and working hours/conditions as less important.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02405-w>

Do junior doctors make the most of learning moments?

Source: BMC Medical Education

In a nutshell: Learning moments might sound like the kind of toffees advertised by grandfathers with a twinkle in their eye and a clean DBS check but they're actually the times in life when we reflect on how we did and learn for the future. They can vary in scope and seriousness from remembering not to pack teabags and razor blades in the same compartment of one's rucksack to not covering tower blocks in the construction-industry equivalent of firefighters. In this study Serge B.R. Mordang, from Maastricht University in the Netherlands, led a team of researchers investigating how junior doctors dealt with learning moments. The researchers interviewed 33 junior doctors and



found that interactions with peers, supervisors, and patients drove reflection because the doctors wanted to measure up to their peers, meet supervisors' standards and offer the best patient care. However, the quality and depth of reflection sometimes suffered because junior doctors prioritised patient care over learning. This led them to seek immediate solutions or ask their peers or supervisor for advice, rather than reflectively dealing with a learning moment themselves. "Peer discussions potentially enhance deep reflection, while own supervisor involvement sometimes feels unsafe."

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02397-7>

Training peer mentors. What do they get out of it?

Source: BMC Medical Education

In a nutshell: For every wide-eyed Forrest Gump likening life to a box of chocolates (cheap, and full of temptation, leading to nausea and guilt) there's a cynic asking "what's in it for me?" In this study Mohd Syameer Firdaus Shafiaai, from Monash University Malaysia, led a team of researchers looking into how being trained to take part in a programme of peer-led structured academic mentoring affected the mentors themselves. 38 students – who had all got "commendable," exam results and were being trained to mentor new and struggling students – took part in the study which found that being trained to mentor gave them improved oral and written skills for teaching; increased confidence to give constructive feedback; better stress management; efficient time management; improved interpersonal skills; and enhanced problem-solving and critical-thinking skills.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02408-7>

What makes good feedback? Part 374

Source: BMC Medical Education

In a nutshell: If you printed out all the research articles on feedback and temporarily lost grip of your sanity you could probably comfortably wallpaper a large semi-detached house. Adding to the pile is a team of researchers led by Krista C. Ritchie, from Mount Saint Vincent University in Canada, who interviewed 14 junior doctors working in anaesthesia about their experiences of receiving feedback. The junior doctors described high-quality feedback as consistent, effortful, understanding of their thought processes, and containing actionable advice for improvement. They also said that the "highest quality feedback was received informally, and formal evaluations often lacked what they needed for their professional development."



You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02402-z>

Going from problem-based learning to team-based learning

Source: BMC Medical Education

In a nutshell: “All men’s [and women’s natch] miseries derive from not being able to sit in a quiet room alone,” was one of the many pearls of wisdom of the French mathematician and philosopher [Blaise Pascal](#). Annette Burgess, from the University of Sydney (see above), is obviously made of sterner stuff though and in this article she describes the effect of replacing problem-based learning (just when all the lecturers had got used to it) with team-based learning (TBL) in the Sydney Medical Programme. Positive aspects of TBL included the small-group dynamics, intra- and inter-team discussions, interactions with facilitators, provision of clinical contexts by clinicians, and the “readiness assurance process.” Suggested improvements included: better alignment of pre-reading tasks; shorter class time; increased opportunity for clinical reasoning; and “additional feedback on the mechanistic flowchart.”

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02362-4>

When micro-film comes to medical education

Source: BMC Medical Education

In a nutshell: There’s nothing like technology for making one feel one’s age. For those of us in our 50s microfilm conjures up images of untangling spools of celluloid, threading them through some machinery and twisting wheels round as we scanned through back issues of our local newspaper preparing our history projects. For bright(er) young things in medical education though a micro-film is a short snippet of video footage which can be incorporated into medical education. In this study Yuan Pan, from Guangxi Medical University in China, led a team of researchers investigating the use of micro-film in case-based learning (CBL). 104 medical students took part in the study. Half of them used micro-films and CBL and the other half had traditional lectures. The researchers found that the microfilm group did better on a student self-assessment, had higher satisfaction and did better on their final examination than the lecture group. However, a small number of students did not favour the new approach because they thought it took too much time and energy.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02421-w>



Simulation for emergency skills

Source: BMC Medical Education

In a nutshell: How often we get to practise a skill doesn't always correspond with how important it is; we frequently make cups of tea, for instance, yet very rarely practise rescuing our children from burning buildings. The same is true in medicine; by definition skills needed in an emergency are used less often than those used in the everyday practice of healing. In this study Bjoern Zante and Joerg C. Schefold, from the University of Bern, examined whether simulation with cadavers could improve junior doctors' emergency-medicine skills. The doctors were trained in chest-tube insertion, pericardiocentesis, and cricothyroidectomy. The researchers concluded that "emergency-skill training separated from a daily clinical ICU setting appeared feasible and useful to enhance skill performance in ICU fellows and may reduce respective S[upervision]L[evel]"

You can read the abstract of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02419-4>

Medical students and emotional intelligence

Source: BMC Medical Education

In a nutshell: Now that computers can do a certain amount of logical thinking for us the human touch (emotional intelligence) is becoming increasingly prized. In this study Priyanga Ranasinghe, from the University of Colombo, led a team of researchers investigating emotional intelligence in a sample of 170 medical students. The researchers found that the students' emotional intelligence significantly improved over the five years of their studies regardless of religion, sex, race, class background and academic performance. The only factor that was significantly related to emotional intelligence apart from maturity was how satisfied the students were with medicine as a career.

You can read the whole of this article at

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02404-x>

Video killed the lecturing star

Source: BMC Medical Education

In a nutshell: Old crones used to use the patterns in tea leaves to read people's fortunes. For the uninitiated interpreting an ultrasound picture can seem equally mystifying, although – we are told – there's rather more of a scientific basis to it. Unfortunately there aren't always enough ultrasound experts to teach this skill to medical students and in this study Christine Eimer, from the University Medical Centre Schleswig-Holstein in Germany, led a team of researchers comparing the effectiveness of a combined video/student-tutor course with a traditional lecturer-led one. There was no difference in what the students in either group learned although "attendance of either the student or faculty tutor was deemed necessary in addition to the videos."



You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02431-8>

Can mixed reality prevent catheter catastrophes?

Source: BMC Medical Education

In a nutshell: Among the games children play are Operation (where they attempt to remove plastic “organs” without touching the sides of an opening and setting a buzzer off), fishing for soft toys using a grabber at the funfair, and using magnetic fishing rods to catch “fish,” without looking at them. When they grow up some of them carry on in the same vein by attempting to insert urinary catheters although the end results are often no laughing matter for those at either end of the process. In this study D.S. Schoeb, from the University of Freiburg in Germany, led a team of researchers investigating the effectiveness of mixed reality (using a Microsoft HoloLens) in teaching this delicate procedure. Compared to a group taught the procedure by a lecturer the group taught using mixed reality did significantly better on a simulation using a male-catheterization training model. However the group given instructions by a human being, rather than via mixed reality, thought the instructions were clearer and the mixed-reality system was deemed to be less usable. No doubt the average eight-year-old fresh from capturing Peppa Pig on the grabber would find it all a piece of cake although perhaps it’s best not to find out.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02450-5>

Nurse Education

What do new nurses think about handovers?

Source: Nurse Education Today

In a nutshell: Depending on one’s attitude to human frailty a relay team dropping the baton or failing to hand it over inspires either sympathy, ridicule or anger. The healthcare equivalent is the handover when all the relevant information about a particular patient is transferred from one shift to another. The consequences for getting it wrong can be considerably more severe than a short spell of public embarrassment on the athletics highlights but it can be surprisingly difficult and complicated to get right. In this study Jessie Yuk Seng Chung, from The Open University of Hong Kong, led a team of researchers who interviewed 20 new nurses about their experience of handovers. Three themes emerged from the interviews which were:

- Significance of clinical handovers
- Feelings of frustration about clinical handover



- Perceived barriers to handover
-

The nurses saw handovers as an essential nursing practice in the provision of continuous patient care but some new graduates experienced stress and anxiety in clinical handover which severely affected their quality of life. Perceived barriers to handover included:

- Inadequate professional judgement
- Poor ability to synthesize the important information
- Unsystematic reporting

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104693>

[Are nurses being inspired to look after older people?](#)

Source: Nurse Education in Practice

In a nutshell: For many people inspiration at work is solely confined to the process of breathing in and out and even then it might be necessary to place a mirror in front of their face just to be on the safe side. In this study William Garbrah, from the University of Eastern Finland, led a team of researchers examining whether gerontology lectures were doing enough to inspire nursing students to work with older people. 331 students took part in the study. They agreed that their teachers were knowledgeable and interested in geriatric nursing and that they demonstrated leadership in gerontology. However, they were uncertain about how their teachers addressed students' concerns about aging; how they promoted gerontology careers and their abilities in developing geriatric nursing practical training. The researchers concluded that "gerontological nursing teachers should make deliberate effort to promote gerontology careers by highlighting the incentives and possibilities for career advancement in older people nursing."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2020.102929>

[How nursing students learn from one another](#)

Source: Nurse Education in Practice

In a nutshell: Deprived of the conversational opportunities afforded by house prices and the best route from A to B, avoiding the bypass at C, students often talk to each other about their work. This process was investigated by a team of researchers led by Ylva Pålson, from the University of Gävle in Sweden. The researchers interviewed eight pairs of nursing students. The over-arching theme of "involuntary collaboration leads to growth in different competencies," emerged from the interviews which included three categories:

- Practising nursing skills and abilities when working together
- Establishing knowledge by helping each other to understand
- Sharing thoughts, feelings, and knowledge and putting them into words



You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2020.102946>

[Does continuing professional education do any good?](#)

Source: Nurse Education in Practice

In a nutshell: It's always lovely going on a course. With any luck you get a nice train ride to yourself with a coffee and the paper, free biscuits and congenial company when you get there. But do they actually do any good? In this study Robyn Cant, from the Federation University Australia, and Tracy Levett-Jones, from the University of Technology Sydney, reviewed the evidence. They found three reviews of experimental studies which demonstrated strong positive evidence of education's impact on nurses' learning. "Objective evidence of transfer of knowledge and skills into practice included improved inter-professional team performance and less time taken to complete clinical tasks. Reports of practice improvements and intention to change practice provided further evidence of impact."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2020.102945>

[Using drama to learn about differences](#)

Source: Nurse Education Today

In a nutshell: In this study Roxanne Vandermause, from the University of Missouri, led a team of researchers studying the use of drama to teach 136 nursing students about cultural differences. The students rated the dramatic exercises highly and the following themes emerged from their responses:

- Awareness is facilitated through integrating non-verbal (kinaesthetic) and verbal encounters
- Hesitancy to participate in unfamiliar activities creates tension
- Safety is a foundational aspect of learning sensitive issues

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104689>

[How DEALTS2 can boost dementia training](#)

Source: Nurse Education Today



In a nutshell: Although it might sound like the kind of treaty that regulates nuclear weapons DEALTS2 stands for Dementia Education and Learning Through Simulation 2 and is a simulation ‘toolkit,’ designed to enhance delivery of dementia training nationally across England. In this study Michelle Heward, from Bournemouth University, led a team of researchers evaluating the impact of 12 one-day DEALTS2 “train-the-trainer,” workshops delivered across England in 2017. 199 trainers took part in the workshops and the study found that they increased dementia-knowledge scores; led to gains in “humanised approach to dementia care;” and increased the trainers’ confidence in delivering the training. 45% of the participants had used the innovative training approaches outlined in DEALTS2 within a year of going on the course.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104694>

Online Learning

What makes for good online learning?

Source: International Journal of Educational Technology in Higher Education

In a nutshell: For many of us online learning means a soul-destroying annual trudge through a mandatory data-security course, telling us why it’s a good idea not to leave patients’ records on the top deck of a number nine bus. Like it or not it’s here to stay though and in this study Montgomery Van Wart, from the JHB College of Business and Public Administration, took a break from sounding like a minor character in the Harry Potter books to lead a team of researchers investigating what makes a good online learning package. 987 students took part in the study and seven factors were identified as being “significant and reliable.” These were:

Basic online modality

- Instructional support
- Teaching presence
- Cognitive presence
- Online social comfort
- Online interactive modality
- Social presence

Students who accepted or embraced online courses on their own merits wanted a minimum of Basic Online Modality, Teaching Presence, Cognitive Presence, Online Social Comfort, and Social Presence. Students, who preferred face-to-face classes and demanded a comparable experience, valued Online Interactive Modality and Instructional Support more highly.

You can read the abstract of this article at

<https://educationaltechnologyjournal.springeropen.com/articles/10.1186/s41239-020-00229-8>



[How PacMan can help people tackle online learning](#)

Source: Educational Technology Research and Development

In a nutshell: “A spoonful of sugar makes the medicine go down,” was one of the many sage pieces of advice espoused by Mary Poppins. It turns out that online learning is not so different to juvenile medication administration and in this article Karl M. Kapp, from Bloomsburg University in Pennsylvania, led a team of researchers investigating the effectiveness of including a “casual game,” in an online learning package for shop workers. One group of learners was given the option to play a game, lasting no more than five minutes, every time they logged on to the e-learning package while the other group weren’t. The researchers found that staff in the game group logged in significantly more often than those in the other group, answered significantly more questions correctly and had significantly longer correct-answer streaks than those in the non-game group. It’s hard to know whether to be depressed at how easily people can be manipulated or excited by the chance to play Space Invaders on work time but you can read the abstract of this article at

<http://dx.doi.org/10.1007/s11423-020-09769-2>

[The dizzying advance of modern technology](#)

Source: British Journal of Educational Technology

In a nutshell: Those of who lived through the 1980s can remember the feeling of power and amazement when we plugged a ZX81 into the back of our television, pressed the keys with all our might and words appeared on the screen. Things have moved on a bit since then and in this article Christian Moro, from Bond University in Australia (could he be M by any chance?), led a team of researchers comparing the use of a HoloLens and a tablet for delivering an augmented-reality anatomy lesson. There were no significant differences in test scores between those using the HoloLens and those using the tablet although those using the HoloLens were significantly more likely to feel dizzy. “Both modes were effective for learning, providing evidence to support educators and developers wishing to adopt an augmented-reality method of delivery in health sciences and medicine.”

You can read the abstract of this article at

<https://doi.org/10.1111/bjet.13049>

[What motivates those learning to care for the elderly?](#)

Source: Nurse Education Today

In a nutshell: In this study a team of researchers led by Joanne M. Fitzpatrick, from King’s College London, interviewed 63 nurses and allied-health professionals studying as part of a national specialist gerontological



programme, the Older Persons Fellowship. The researchers wanted to investigate what had motivated them to enrol on the course. Three themes emerged from the interviews which were:

- Credible gerontological experts
- Challenging ageism and sub-optimal services
- Legitimising gerontological practice as a specialty

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104708>

[Getting evidence into practice. Or how to push a horse through a sieve](#)

Source: Journal of Professional Nursing

In a nutshell: In days gone by defenceless Christians used to be placed in an arena with a few lions to see what became of them. In higher education the equivalent is sending a mild-mannered librarian to teach evidence-based practice (EBP) to first-year nursing students last thing on a Friday afternoon; which explains why attempts to get EBP into nursing have been about as successful as trying to push a horse through a sieve. This state of affairs does provide fertile ground for academics though and in this study Anat Amit-Aharon, from Tel-Aviv University, led a team of researchers investigating further. 148 nursing students took part in the study which found that “information literacy, self-efficacy, EBP perception, and intrinsic academic motivation to experience stimulation, may predict future EBP implantation.

You can read the abstract of this article at

<https://doi.org/10.1016/j.profnurs.2020.04.001>

[From Isaac Newton to putting a shelf up](#)

Source: Nurse Education Today

In a nutshell: It’s one thing knowing all about gravity, electricity and ergonomics; quiet another being able to put a set of shelves up in the cupboard under the stairs. In this study Jed Montayre, from Western Sydney University, led a team of researchers investigating how 15 recently-graduated nurses transferred the bioscience knowledge gained during their degree into clinical practice. Four themes emerged from the interviews with the new nurses: “the first and second themes demonstrated nurses’ realisation of the relevance of theoretical bioscience knowledge learnt within the classroom to their practice and how this evidence-based knowledge translated into confidence in



decisions made. The third and fourth themes revealed the impact bioscience knowledge had on RNs' relationships with patients and family members, which was viewed as providing compassionate care.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104729>

[Simulation. How often is just right?](#)

Source: Nurse Education Today

In a nutshell: Whether it’s sex, drugs, rock-and-roll or a quiet night in with a cup of tea and a good book most things pall if we do them too often; simulation included. In this study Chang-Chiao Hung, from Chang Gung University in Taiwan, led a team of researchers assessing the effects of three simulation sessions on 79 students. The researchers found that “there were statistically significant improvements from T0 (before the simulations) to T3 (after the third simulation) in nursing competence, self-efficacy, and learning satisfaction.” They concluded “while the primary changes occur at the first simulation effort, it is the accumulated multiple exposure experiences [which] collectively improve students’ learning outcomes.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2020.104725>

