# Education Bulletin

**August 2020**

A monthly update delivered to you by East Cheshire NHS Trust Library & Knowledge Services

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

# Contents

# General Healthcare Education

## Mentoring – what's the secret ingredient?

**Source:** BMC Medical Education

**In a nutshell:** Despite its high sugar content and revolting taste Coca-Cola remains mystifyingly popular all over the world and sets great store by its secret recipe. Taking the "secret sauce," analogy a team of researchers, led by Rebekah R. Jacob, from Washington University in St Louis, Missouri, attempted to find out what the secret sauce equivalent was for a successful mentorship programme for trainees in "implementation research for cancer control." The researchers interviewed the trainees who said that regular monthly check-in calls with mentors helped them to keep moving forward with their research and that group-mentoring structures helped them to learn basic dissemination and implementation concepts and how to use them. "Accessible, responsive, and knowledgeable mentors were commonly mentioned by fellows as a key to their success in the programme."

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02153-x

## Training people in compassion. What do the experts think?

**Source:** BMC Medical Education

**In a nutshell:** Compassion is a bit like rhythm or sex appeal – if you could bottle it and sell it you'd make a fortune. In this study Shane Sinclair, from the University of Calgary, led a team of researchers investigating what experts in providing compassionate care thought was important when it came to teaching people about it. 57 health-care professionals working in palliative care took part in the study and 15 people who were considered by their peers to be skilled in providing compassionate care were interviewed. The participants agreed that compassionate behaviour could be taught and that this behaviour could happen even if people didn't feel compassion emotionally. They thought that while people could develop greater compassion through training this varied depending on how compassionate they were before the training started. They identified three facets of an effective compassion-training programme: self-awareness; experiential learning; and effective and affective communication skills. "Participants also noted that healthcare faculties, facilities and organizations play an important role in creating compassionate practice settings and sustaining HCPs in their delivery of compassion."

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02164-8

## What makes students more likely to cheat?

**Source:** Educational Psychology Review

**In a nutshell:** From notes written on cuffs or the palms of one's hands to essay bought online cheating in education is probably as old as education itself. The online world has definitely brought more opportunities for it though and in this study Megan R. Krou, from Columbia University in New York, led a team of researchers reviewing the evidence into the links between academic motivation and academic dishonesty. The team combed through the evidence, finding 79 studies that met their quality criteria. They found that classes that emphasised students mastering a subject, students who themselves wanted to master a topic, intrinsic motivation, students' confidence that they could get to grips with a topic, students thinking a topic was useful in itself and students' feelings of being in control of things themselves were all linked to a reduced incidence of cheating. Lack of motivation and extrinsic motivation were both linked to a greater risk of cheating.

You can read the abstract of this article at:
http://dx.doi.org/10.1007/s10648-020-09557-7


## Burnout, social support and psychological wellbeing
**Source:** Psychology research and behavior [sic] management

**In a nutshell:** If NHS staff were like a box of matches there would be as many crumbling burnt-out ones inside as fresh individuals ready to set the world on fire. In this study Abaid Ur Rehman, from Shaanxi Normal University in China, led a team of researchers investigating the links between social support, burnout and psychological wellbeing in a study of 486 Chinese university students. The researchers found that social support plays a significant role in the link between burnout and subjective well-being. They concluded that their study showed that "an increase in social support at an educational institute reduces the effects of burnout, and enhances psychological well-being.

You can read the abstract of this article at:
http://dx.doi.org/10.2147/PRBM.S250961


# Medical Education

## Does personality make a difference in specialty choice?
**Source:** BMC Medical Education

**In a nutshell:** The Big Five might sound like a variety act or the upper reaches of the Premiership but – in psychological terms at least – it's held to be the five main variables that go up to make the human personality: openness to experience, conscientiousness, extroversion/introversion, agreeableness and neuroticism. In this study Jakov Milić, from Josip Juraj Strossmayer University of Osijek in Croatia, led a team of researchers attempting to find out if the Big Five made a difference to which medical specialism junior doctors chose. In a nutshell the answer was 'not much,' but those choosing psychiatry were most open to experience and those choosing public health were least. More conscientious students were also drawn to anaesthesia and emergency medicine, reassuring for those of us who prefer our anaesthetists not to be winging it and hoping it all turns out alright in the end.

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02151-z


## Personality and shared decision-making
**Source:** BMC Medical Education

**In a nutshell:** Also looking into the effects of personality were a team of researchers, led by Farzan Kheirkhah, from Babol University of Medical Sciences, in Iran. They looked into how personality affected junior doctors' willingness to engage in shared decision-making with patients. 168 junior doctors took part in the study. There was no significant difference between men and women in terms of how willing the doctors were to make decisions alongside patients. Of the Big Five personality factors only openness to experience made a difference in shared decision-making – it actually *reduced* doctors' willingness to take decisions together with patients.

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02179-1

## Erring and referring in junior doctors

**Source:** BMC Medical Education

**In a nutshell:** Some people treat responsibility like pass-the-parcel and are delighted to get their hands on it whereas others approach it more like a hand grenade and are eager to place it at some distance at the earliest possible opportunity. Doctors often refer their patients on to specialists for further investigation and in this study Masha J. Slavin, from Weil Cornell Medicine in New York, led a team of researchers investigating junior doctors' and referrals. 122 junior doctors took part in the study of whom 83% said it was always important to provide the clinical reason for a referral. However, only 11% said that they always provided a sufficient amount of information for the doctor at the other end of the process. Only 9% strongly agreed that their work had provided sufficient training in knowing when to refer patients, and only 8% strongly agreed that they had had enough training in what information to give to consultants.

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02177-3

## Building teamwork in the chest carvers

**Source:** The Annals of Thoracic Surgery

**In a nutshell:** The last thing patients need when someone is carving open their chest is the people responsible having a tiff about parking spaces or quarrelling about whose responsibility it was to wash the hacksaw. In this study Clare H. Ridley from Washington University School of Medicine in St Louis, Missouri, led a team of researchers investigating the effect of a three-month teamwork training programme for operating staff in the cardiothoracic department. They found that positive psychological safety rose from 78.1% before the start of the programme to 88.2% afterwards. After the training 93.9% of the team members (2,987 people took part in the study) strongly agreed that they "felt comfortable speaking up with questions and concerns." Medical errors decreased from 7.44% to 4.65% and staff turnover also fell.

You can read the abstract of this article at:
http://dx.doi.org/10.1016/j.athoracsur.2020.05.152

## Taking medical students' hands off the wrong end of the stick

**Source:** BMC Medical Education

**In a nutshell:** From blood-letting to frontal lobotomies the history of medicine is full of people getting hold of the wrong end of the stick and clinging to it tenaciously. Today's medical students are no exception and in this study M. Versteeg, from Leiden University Medical Centre in the Netherlands, led a team of researchers investigating methods of correcting first year medical students' misconceptions about physiology. 161 students took part in the study. They took a test on cardiovascular physiology and the researchers asked them how confident they were about the answers. Half the students then read a standard text with an explanation of the right answers and the rest read a text refuting some of their misconceptions. The students then took the test again. The researchers found that both groups of students improved their performance on the test but that reading a refutation of their misconceptions made no difference to their performance. The more confident the students had been when they first answered the test the less likely they were to change their misconceptions.

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02166-6

## Out of their depth or ducks to water?

**Source:** BMC Medical Education

**In a nutshell:** Old-school swimming teachers sometimes used to throw children in at the deep end on the basis that nothing would motivate them to swim more than the imminent possibility of drowning. Some might argue that the same approach still prevails when it comes to medical students transition from the tranquil environment of the university library to the hurly-burly of a hospital ward crammed to the gunwales with people, if not exactly at death's door, then at least halfway up the garden path. In this study Bunmi S. Malau-Aduli, from James Cook University in Australia, led a team of researchers studying the experiences of 141 students moving from a pre-clinical to a clinical phase of their studies. The researchers found that the students were anxious about the process and thought their workload was heavy; they were also worried about gaps in their knowledge. Workload and professional socialisation were "identified as disruptive novel elements," and the students "also reported feelings of inadequacy and incompetence due to perceived knowledge gaps." The students coped with the change by seeking support from their peers and more senior medical students. "As the students progressed, they admitted and accepted that the transition was a gradual process and an essential learning curve."

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02186-2


## Teaching evidence-based medicine (EBM) – will we ever find the unicorn?

**Source:** BMC Medical Education

**In a nutshell:** Many small girls dream, think about and play with toy unicorns without ever meeting one in the flesh. Certain academics might be said to have a similar relationship with an effective way of teaching evidence-based medicine but that doesn't stop them trying to discover one. Latest to have a go was a team of researchers led by B. Kumaravel, from the University of Buckingham who integrated EBM "horizontally and vertically* into the curriculum into [sic] the first 2 years of undergraduate medical school." The students' average score on a test about EBM increased by 38.7 marks. They felt confident in formulating clinical questions and in critically appraising journal articles. "EBM was perceived to be important to their future practice as a doctor and for improving patient outcomes."

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02140-2

*Presumably this is the academic equivalent of assembling flat-pack furniture.


## Nurse Education

## When students go into the great outdoors

**Source:** Nurse Education in Practice

**In a nutshell:** Anyone with more than a passing interest in history quickly comes to the conclusion that it's more like a series of cycles – vicious or otherwise - rather than a smooth line of progress tending towards utopia. Doctors who told mentally-ill people to get some fresh air and meet people were once chided as brutal and uncaring but now prescribe outdoor gyms and conservation activities to those with psychological troubles – and there's a lot of evidence to say it works. In this study Luke Molloy, from the University of Wollongong in South Australia, led a team

of researchers who interviewed student mental-health nurses taking part in a professional-experience placement in an outdoor recreation centre. Three themes emerged from the interviews which were:

- Who's who

- Clinical contrast

- Recreation as practice

The researchers concluded "a non-traditional mental health clinical placement would seem to have the potential in providing a new set of skills and experiences to these future nurses that may complement the scope of recovery-orientated care. The therapeutic recreation program provided the student with an experience where they could develop therapeutic relationships with people a lived experience of mental illness."

You can read the abstract of this article at:
https://doi.org/10.1016/j.nepr.2020.102836

## You're never too old to pretend to be somebody else
**Source:** Nurse Education in Practice

**In a nutshell:** Old hams never completely disappear, they just get a bit fruitier. Older people sometimes take part in simulation exercises with nursing students but are rarely asked to give feedback. In this study Helen Dugmore, from Murdoch University in Australia, led a team of researchers who analysed what happened when they were allowed to do so. Older adults from a Residential Aged Care Campus (RACC) gave feedback to nursing students after taking part in a simulation exercise. The study found that "the provision of feedback by older adults during direct care interactions supports and nurtures student awareness of the patient and the caring process of nursing." The researchers also found that although the older people had had no formal training in giving feedback they all used a "clear process recognised within the literature."

You can read the abstract of this article at:
https://doi.org/10.1016/j.nepr.2020.102868

## Physiotherapy Education

### Taking an angle on self-regulated learning
**Source:** BMC Medical Education

**In a nutshell:** Goniometry sounds like something you might pay someone for in a dingy Soho basement. In fact it's the measurement of angles as practised by bored schoolchildren with protractors and physiotherapists as they measure how far people can move their limbs. In this study Raquel I. Medina-Ramírez, from the University of Las Palmas in Spain, led a team of researchers investigating whether students' ability to practise self-regulated learning was linked to how well they did on a goniometry task measuring another student's shoulder movement. They found that the students who were more successful at the task were also better at strategic planning and self-monitoring skills.

You can read the whole of this article at:
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02149-7

## When the teachers don't want to teach

**Source:** Journal of Physical Therapy Science

**In a nutshell:** Once in a way health-care professionals are asked to take students under their wing and teach them. Response to this vary. Some welcome the chance to pass on their knowledge to enthusiastic students and maybe even learn something themselves; others resent having to spend all day with a sprog asking annoying questions as they try to clear their backlog of patients. In this study a team of researchers, led by Yuichi Yoshida, from Kyushu University of Nursing and Social Welfare in Japan, attempted to understand the differences between motivated and unmotivated clinical teachers. They found that the best way to tell the difference was how they answered two questions. "Do you want to learn about educational methods?" and "Is student guidance necessary for [your] growth as a therapist?" They concluded "this study reveals negative personal factors for the clinical educators who lack the will to educate students, such as preparation for clinical education, self-improvement, and cooperation with class instructors."

You can read the abstract of this article at:
http://dx.doi.org/10.1589/jpts.32.459