

Education Bulletin



October 2020

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

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Dental Education

What competencies do students think are important?

Source: SAGE Open

In a nutshell: One of the many insufferable aspects of the 21st century – and there are plenty to choose from – is the habit of never using a good short word when an ugly long one can be used instead. Things aren't used they're utilised; people aren't helped, they're facilitated or empowered and patients are encouraged to self-mobilise rather than move about a bit. Things that used to be called skills are now referred to as competencies and in this study Ozdemir-Ozenen Didem (who at least, one presumes, has the excuse of not having English as a first language), from Yeditepe University in Istanbul, led a team of researchers investigating which competencies dental students considered to be most important. "Application of appropriate interpersonal and communication skills," was seen as the most-important competency whereas "developing a catastrophe-preparedness plan for dental practice," was seen as the least-important.

You can read the abstract of this article at: <http://dx.doi.org/10.1177/2158244020948512>

What students think of simulation

Source: European Journal of Dental Education

In a nutshell: Everyone enjoys a bit of LARPing (Live Action Role Play). Boris Johnson likes dressing up as Prime Minister and pretending to be Winston Churchill whilst Jeremy Corbyn liked to don a beret and pretend to be Fidel Castro. Given a telescopic rifle and a fake passport this author wouldn't mind having a crack at being Edward Fox in The Day of the Jackal. In this study Andreia Codeço, from the University of Porto, led a team of researchers asking what 51 dental students made of "clinical simulation as a learning methodology in periodontology." The researchers concluded "students believe that clinical simulation contributes to an active participation of learners in their learning process, promoting the development of skills such as communication, priority management and decision-making. They also mention that debriefing is an essential moment of this process, in which the consolidation of knowledge and the structuring of thought are promoted."

You can read the abstract of this article at: <http://dx.doi.org/10.1111/eje.12544>

General Healthcare Education

The people with a foot in both camps

Source: BMC Medical Education

In a nutshell: Walkers are sometimes required to get over barbed wire fences but very few of them keep their legs astride them for any protracted period of time. Some healthcare professionals are made of sterner stuff though and many choose to work in both education and clinical practice. In this study Margot Barry, from HAN University of Applied Sciences in the Netherlands, led a team of researchers who interviewed nine people with a foot, so to speak, in both camps. The participants said that working in two organisational roles improved their ability to broker connections between research, teaching, and practice and the "boundary-crossing," activities which participants performed contributed to professional development in all faculty roles. The role of broker was "not seen as being a unique role ... distinct from research and practice roles. Broker roles were seen as generic and supportive of the roles that bestow academic status and expertise."

You can read the whole of this article at: <https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-020-02225-y>

Training the fat fighters in primary care

Source: BMC Medical Education

In a nutshell: Fighting a real war against obesity would probably be relatively easy; obese people are easily visible, lack manoeuvrability and can't cope that well with assault courses. Short of the military option things in primary care



can be rather trickier and in this study Jean-Patrice Baillargeon, from Université de Sherbrooke in Quebec, led a team of researchers investigating whether a two-day clinical obesity preceptorship would help primary-care staff tackle obese patients. 12 nurses and 23 doctors took part in the study. They were actively involved in “competence building using real-life situations, in addition to electronic networking tools, including a discussion forum and interactive monthly webinars.” The study found that doctors’ general attitude towards patients with obesity was improved and that the participants felt more confidence in their abilities in obesity management and lifestyle counselling up to a year after the training programme. The practices involved were more likely to measure patients’ waists and evaluate patients’ readiness to change their way of life. 15% of patients who registered for weight-management programmes in the practices concerned had lost more than 5% of their weight at the time of their last visit to the doctor’s.

You can read the whole of this article at: <https://bmcm ededuc.biomedcentral.com/articles/10.1186/s12909-020-02248-5>

When it helps not to like Big Brother too much

Source: BMC Medical Education

In a nutshell: Whether we like it or not we’ve all had to learn to love Big Brother lately. We’ve ceded control over our social lives to the Government, 16 million of us have allowed it to track our comings and goings and everyone seems relaxed about arbitrary house arrest. Compliance isn’t always encouraged by the powers-that-be though, particularly when it involves health-professional students going along with substandard care and dubious conduct. In this study – led by Efrem Violato, from the University of Alberta – 69 students, from 10 health-sciences programmes, in four institutions filled out a survey on compliance. The researchers concluded that “students regularly experience obedience and conformity and are influenced by impression management and displacement of responsibility. Moral distress was identified as a consistent negative outcome.”

You can read the whole of this article at: <https://bmcm ededuc.biomedcentral.com/articles/10.1186/s12909-020-02265-4>

Inter-professional Education

Creating teamwork in the HIV clinic

Source: BMC Medical Education

In a nutshell: Getting lots of people from different professions to work happily together is a bit like baking a cake. Sometimes the ingredients coalesce into an appetising whole whilst at other times one is left with raisins sulking at the bottom and runny egg spreading toxicity in the middle. In this study Sarentha Chetty, from the University of KwaZulu-Natal in South Africa, held a series of focus groups with a number of different healthcare professionals – doctors, pharmacists, pharmacy assistants, and nurses) – who were invited to attend a continuing-medical-education initiative on the pathogenesis and treatment of HIV. Five categories emerged from the interviews which were:

- Learning something new
- Acquiring from each other
- Promoting company culture
- Needing company buy-in
- Teaching methods matter

Suggestions for improvement included: formalising the training; introducing more lectures; and pitching each topic at different levels.

You can read the whole of this article at: <https://bmcm ededuc.biomedcentral.com/articles/10.1186/s12909-020-02264-5>

How do you get antibiotics right? Go to a conference!

Source: BMC Medical Education

In a nutshell: In professional terms going to a conference is (or maybe was) a bit like going to Glastonbury, albeit without the entertainment, drugs and questionable toilets. If nothing else they offered pleasant company, plenty of coffee and biscuits and the chance to catch up with the newspapers on the train ride there. In this study Clare Guilding, from Newcastle University, led a team of researchers investigating the effects of an inter-professional education conference for second-year undergraduates in medicine and pharmacy. The students went to three small-



group inter-professional workshops on the broad themes of antimicrobial stewardship (being careful doling out antibiotics), infection management, and patient safety. 226 students took part in the study. They reported acquisition of knowledge and skills, including concepts and procedures related to infection management and antimicrobial prescribing, and the development of problem-solving and critical-evaluation skills. The students also reported a greater understanding of the roles of other healthcare professionals, reflected on the importance of effective communication in ensuring patient safety, and were more confident working in inter-professional teams afterwards. Whether the same effect can be produced by watching tiny, pixelated heads buffering away with no coffee and biscuits on tap remains to be seen.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02252-9>

Medical Education

Are junior doctors getting enough game time during Covid?

Source: BMC Medical Education

In a nutshell: Many footballers – particularly at the bigger clubs – find their progress becoming stalled with a lack of opportunity to play competitive matches. With the flow of patients being disrupted through hospitals – some departments getting torrents of them, others reduced to Covid-secure trickles – could the same be true for junior doctors? In this study Hsiang-Yun Lo, from Chang Gung University College of Medicine in Taiwan, led a team of researchers investigating the effects of Covid-19 on junior doctors working in emergency medicine. They found that the average number of patients per hour (PPH) seen by junior doctors in the adult emergency department decreased in all three hospitals which took part in the study, over the course of the coronavirus outbreak. The average PPH in critical care was 1.68 pre-Covid and 1.33 afterwards. In trauma there was a fall from 1.24 PPH to 0.82 and in the paediatric emergency department there was a fall from 1.56 PPH to 0.51. The researchers concluded that “adjustment of the training programmes may be necessary and ancillary methods of learning should be used to ensure adequate EM residency training.”

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02267-2>

Can wakey-wakey and lights out reduce burnout in medical students?

Source: BMC Medical Education

In a nutshell: High-court judges have been proven to give out milder sentences after lunch. In the same way existential gloom, feelings of hopelessness and general tearfulness can often be alleviated by a good night’s sleep and a couple of chocolate biscuits. In this respect even the most cognitively-sophisticated of adults aren’t that far removed from dogs and toddlers; the subject matter might be different but the root causes of grumpiness aren’t. In this study Jennifer R. Brubaker, from Ohio University Heritage College of Osteopathic Medicine, led a team of researchers investigating the effectiveness of a two-week programme which gave first- and second-year medical students a sunrise alarm clock and took away their electronic devices at bedtime.* 55 students took part in the study which found that the intervention reduced their emotional exhaustion, depersonalisation, low sense of personal accomplishment and perceived stress, and improved their sleep quality. The students slept for longer and were also less sleepy during the day.

*The researchers don’t mention reading the students a Peter Rabbit story but it’s probably only a matter of time.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02263-6>

How good are students at self-monitoring?

Source: BMC Medical Education

In a nutshell: Believing that you can do something can be a double-edged sword. Stevie Wonder and Ray Charles believed, with ample justification, in their musical talents, a belief which helped them in their careers and gave pleasure to millions. Had they applied that level of self-belief to a career in air-traffic control things might not have turned out quite so well. In the same way it’s important that junior doctors and medical students know the limits of their expertise; alarm bells might sound if they turn up at the start of their clinical placements gung-ho for a go at



brain surgery for example. In this study Mike Tweed, from the University of Otago in New Zealand, led a team of researchers investigating how good medical students were at self-monitoring their levels of knowledge. 737 students from three different age groups took part in the study which found that 58% of the students showed adequate knowledge and were good at self-monitoring. The higher year groups showed better knowledge and were also better at knowing what they knew and didn't know.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02250-x>

How are medical students getting on with distance learning?

Source: BMC Medical Education

In a nutshell: In traditional learning students sit in lecture halls attempting to stay awake for the important bits while contemplating their love lives, thinking about music and replaying last night's Match of the Day in their head. In distance learning they can watch videos of their lecturers in one window while pursuing all of the above activities – rather more satisfactorily – in another. In this study Mahmoud Al-Balas, from the Hashemite University in Jordan, surveyed 652 medical students in their clinical years. 82.5% of them had taken part in distance learning over the course of the coronavirus outbreak. The overall satisfaction rate was a measly 26.8% although it was significantly higher in students with previous experience in distance learning. Satisfaction was also higher when lecturers actively took part in learning sessions, used multimedia and devoted adequate time to their sessions. "The delivery of educational material using synchronous live-streaming sessions represented the major modality of teaching and internet streaming quality and coverage was the main challenge that was reported by 69.1% of students."

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02257-4>

How are medical students getting on with distance learning? Part II – The Italian Job

Source: BMC Medical Education

In a nutshell: Most sensible people will agree that the two loveliest countries in the world are Italy and Wales. Italy was one of the first European countries to suffer a coronavirus outbreak, forcing many medical students to use virtual reality for some of their in-hospital medical training. In this study Roberto De Ponti, from the University of Insubria in Italy, asked 115 students how they had got on with online training sessions, including an online platform with simulated clinical scenarios called Body Interact™. Each online training session focused on one case, lasted two hours, and was divided into three different parts with an introduction, virtual patient-based training, and debriefing. 90% of the students gave a positive evaluation to the training and 93% appreciated the format in which it was structured. 77% thought it was realistic for use as an initial clinical assessment; 94% thought it was realistic for diagnosis and 81% thought it was realistic in terms of deciding on a course of treatment. 84% thought it was a useful addition to traditional clinical teaching although 28% found it difficult to access, due to technical issues.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02245-8>

Using virtual reality to teach medical ethics

Source: BMC Medical Education

In a nutshell: For those people who prefer virtual reality to the messy, unpredictable and unhygienic real thing the coronavirus has been something of a godsend. Why bother risking Covid on a train and then grappling with Scottish catering, midges and driving rain when you can climb the Trossachs with a virtual-reality headset and a treadmill? In this study Adrienne Torda, from the University of New South Wales in Sydney, investigated the use of virtual reality for teaching medical ethics to students. The University developed a suite of online modules. Each consisted of a clinical scenario filmed using virtual-reality technology, linked to "an adaptive, interactive, online tutorial which explicitly discussed the relevant ethical issues and guidelines." The students found the modules realistic, interesting, and helpful although "the measured knowledge gains were moderate." However the students were "intolerant of any technical glitches," and "there was mixed feedback on whether the VR aspect of the clinical scenarios added value."

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02217-y>



When Gardeners' Question Time meets medical education

Source: BMC Medical Education

In a nutshell: Discussion has had a bad trot lately. If you watch Question Time or the US presidential debates you could be forgiven that it consists of people shouting over the top of one another then everyone going to lie down in a darkened room to recover. Listeners to Gardeners' Question Time and Test Match Special will know it can still be a source of civilised knowledge-sharing though and it was this approach that a group of Sri Lankan lecturers adopted to deal with the challenges of teaching undergraduates during the coronavirus outbreak. They designed some online learning activities suitable for medical students from all year groups along with panel discussions between consultants. These were designed to cover each topic from basic science (people have usually got two legs) to high-level clinical management (make sure you operate on the right one). The researchers used a free online meeting platform and a social-media platform to communicate with the students. 87% of the students agreed that they had benefited from the discussions and over 95% took part in all, or most, sessions. 83.4% agreed that the discussions helped to improve their clinical sense and 79.3% agreed that they helped to build their interest in clinical medicine. The most widely-raised concerns were poor internet connectivity and limitation of access to the meeting platform.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02236-9>

Can positive psychology help medical students?

Source: BMC Medical Education

In a nutshell: Positive psychology might conjure up images of inspirational quotes on tea-towels, crystals and flotation tanks but is actually the serious academic study of what makes people able to cope with life's vicissitudes, flourish and achieve a satisfying life. In this study Xiao-Qin Zhang, of South China University of Technology, led a team of researchers investigating the effectiveness of an eight-week classroom-based positive-psychology workshop at improving the mental health of second- and third-year medical students. The workshop was found to improve the psychological wellbeing of the students and their average scores for hope, life satisfaction and subjective happiness significantly improved while their anxiety and depression fell.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02232-z>

Bodies and their waterworks

Source: BMC Medical Education

In a nutshell: Nominative determinism occurs when people's professions mirror their names; Mr Green the gardener, Mr Laws the solicitor, Mrs Rose the florist etc. Missing out on this by the tantalising margin of one letter Nicholas Bullock, from Cardiff University School of Medicine, led a team of researchers investigating "the feasibility and effectiveness of a standardised cadaveric (dead body) emergency urology simulation." 104 doctors – at ST5 level or higher – took part in the two-day simulation course. The participants reported different levels of experience in different procedures but following the course they showed a statistically-significant increase in confidence for each procedure. The most-improved procedures were: shunt for priapism; ureteric reimplantation and primary ureteric anastomosis.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02268-1>

Multi-source feedback for junior doctors. Are we measuring the same things?

Source: BMC Medical Education

In a nutshell: How impressive something is depends on how you measure it. A blue whale, for instance, is quite something when weighed and measured but is liable to be beaten by a vole in a running competition. In multi-source feedback nurses as well as consultants are asked to give their ha'penny-worth a propos junior doctors but do nurses and junior doctors have similar views about what good performance looks like? In this study Muhammad Tariq, from Aga Khan University in Karachi, led a team of researchers attempting to find out by interviewing 14 nurses and 15 junior doctors. Seven themes emerged from the interviews which were:

- Communication skills
- Patient care
- Accessibility
- Teamwork skills



- Responsibility
- Medical Knowledge
- Professional Attitude

The researchers concluded “there were considerable overlaps, but also meaningful differences in the performance theories of residents [i.e. junior doctors] and the nurses, especially with regard to accessibility, teamwork and medical knowledge.”

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02276-1>

Games people play

Source: BMC Medical Education

In a nutshell: When not culminating in sex, drugs or sleep parties often end up with games being played. One such is The Hat Game, sold commercially as Taboo, when players have to guess the identity of a person or thing demonstrated by someone else. Those doing the demonstrating are prohibited from mentioning the thing itself, or the person’s name, and certain salient characteristics of the object or individual. Lectures – perhaps with some justification – now being deemed far too tedious for today’s students Anthony Clément, from Avicenne University Hospital in France, led a team of researchers studying the use of The Hat Game in a study of 129 medical students. The students played The Hat Game with the subjects being psychiatric terminology. The study found that “knowledge mean scores were significantly higher after the game than before,” and that this improvement lasted for at least three months afterwards. “Satisfaction survey items highlighted that students enjoyed and would recommend this type of gamified training.”

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02304-0>

When GP trainees get out of their depth

Source: BMC Medical Education

In a nutshell: In Lifeguard sleeping, Girl drowning Morrissey sings of a young girl drowning “Always looking for attention, always needs to be mentioned, who does she think she should be? The shrill cry through darkening air, doesn’t she know he’s had such a busy day?” But does the same dynamic hold true when trainee GPs ask for help from their supervisors in the middle of consultations with their patients? Trying to find out was a team of researchers led by Nancy J. Sturman, from the University of Queensland. 778 GP trainees took part in the study which found that more advanced trainees made greater use of electronic messaging. Help during a consultation was most-commonly provided by phone, or outside the trainee’s patient’s hearing. “Supervisor assistance in the trainee’s room face-to-face with the patient was reported as either never or rarely obtained by 12% of respondents.” More of the trainees felt that patients’ perceptions of their competence were improved by asking for help than felt that patients’ perceptions worsened (25% vs 19%). And most of the trainees (55%) preferred to talk to supervisors about their patients out of their patients’ earshot.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02291-2>

Any fool can ask a question, but few want to

Source: BMC Medical Education

In a nutshell: Just as most schoolboys dream of being a football player rather than a referee so most academics want to answer questions about life, the universe, and everything rather than ask ones they already know the answer to. In this study Sowmiya Karthikeyan, from Western Sydney University, led a team of researchers who interviewed lecturers who wrote questions for medical exams. The researchers held 11 interviews and the themes which emerged from them were:

- Responsibility for item writing and item writer motivations
- Barriers and enablers
- Perceptions of the level of content expertise required to write items
- Differences in the writing process between clinicians and non-clinicians

The researchers concluded that “our findings suggest that flexible item writing training, strengthening of peer-review processes and institutional improvements such as improved communication of expectations, allocation of time for item writing and pairing new writers with experienced writers for mentorship could enhance writer engagement.”



You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02229-8>

Motivation, simulation and soft skills

Source: BMC Medical Education

In a nutshell: Emergency medicine can be almost as much about communication, and other non-technical skills, as knowing how many drugs to give people and which needle to stick in where. Teaching non-technical skills is something of a mystery and in this study Leonie Schulte-Uentrop, from the University Medical Centre, in Hamburg, led a team of researchers investigating how situational motivation affected the performance of non-technical skills during simulation-based emergency training. The researchers found that “student situational motivation was [only] weakly correlated with their performance of non-technical skills in simulation-based emergency trainings.”

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02247-6>

Another nail in the coffin for lectures?

Source: BMC Medical Education

In a nutshell: In many cases lectures can be characterised as the uninspired underwhelming the uninterested. Rather like dogs it’s often better for teachers to throw students a stick of knowledge and get them retrieving it themselves rather than droning on unintelligibly while those on the receiving end dream about biscuits. In this study Wanjun Zhao, from Sichuan University in China, led a team of researchers comparing the effectiveness and efficiency of combined problem-based learning/case-based learning teaching to traditional lectures in teaching students about thyroid surgery. The researchers found that the PBL-CBL group’s performance improvement was significantly higher than the lecture group and their scores for learning motivation, understanding, student-teacher interaction, the final examination, communication skills, clinical-thinking skills, self-learning skills, teamwork skills, and knowledge absorption were all significantly higher as well. PBL/CBL was also found to take up a significantly smaller amount of the students’ free time.

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02306-y>

The medical students supporting vulnerable people through coronavirus

Source: BMC Medical Education

In a nutshell: In this study Tirion Hughes, from Oxford University, led a team of researchers assessing a scheme in which medical students worked with a GP trainee to offer telephone support to vulnerable people during the coronavirus outbreak. 33 medical students conducted daily telephone conversations with high risk and vulnerable patients as specified by the initial NHSE published lists. They confirmed public health messages, offered details for voluntary support groups, established need for medication delivery, explored levels of digital connectivity, and prompted discussions around end-of-life choices. Students had access to online reflective resources and daily remote debriefing sessions with the GP trainee. 97 “high-risk,” and 781 “vulnerable,” calls were made and the recipients felt that the students provided additional practical and psychological benefits, particularly with regard to strengthening the links with community voluntary groups. “The project was widely liked by students who reported high levels of skill development and widened awareness, particularly valuing the active learning environment and reflective feedback sessions.”

You can read the whole of this article at: <https://bmcmmededuc.biomedcentral.com/articles/10.1186/s12909-020-02305-z>

Nurse Education

When script concordance goes digital

Source: Nurse Education Today

In a nutshell: In TV medical dramas symptoms are clearly defined, diagnoses are quick and treatments are prescribed accurately to miraculous effect. In real life patients’ symptoms are often vague and nebulous, diagnosis is a fraught voyage between the rock of unnecessary intervention and the hard place of litigation and treatments are proffered



with a basis of success that would lead to hesitation on the part of church-tombola ticket buyers. Working out what to do in these circumstances is known as ‘clinical reasoning,’ and one of the ways of assessing its possession is ‘script concordance,’ in which nurses’ answers to a hypothetical clinical situation are compared to those of experts to see how much the two agree. In this study Marie-France Deschênes, from the University of Montreal, led a team of researchers assessing the use of a digital educational strategy based on script concordance. 44 students took part in the study and the researchers concluded that “when using a digital educational strategy based on script concordance, students are called to rely on their nascent scripts in order to select the data in short ill-defined clinical vignettes, evaluate new information repeatedly, anticipate microjudgments, and thus, gradually increase their knowledge and refine their scripts. Viewing the experts’ feedback and consulting the referencing tools helped students self-monitor their knowledge, a key metacognitive strategy to learning clinical reasoning. Completed individually or with peers, the digital educational strategy could be used to learn a particular concept or as an integrative activity before an evaluation.”

You can read the abstract of this article at: <https://doi.org/10.1016/j.nedt.2020.104607>

What problems do clinical facilitators see in nursing students?

Source: Nurse Education in Practice

In a nutshell: In this study Jacqueline Rojo, from Western Sydney University, led a team of researchers reviewing the evidence on the “clinical performance issues,” identified by the clinical facilitators who supervise nursing students’ clinical placements. The team scoured the literature and found 15 studies which met their quality threshold. The top three themes relating to clinical-performance issues were:

- Poor communication skills
- Inadequate knowledge or clinical incompetence
- Unprofessional behaviour

The researchers’ review also identified the relationship between academic and clinical performance, and negative experiences influencing students’ decisions to leave the course.

You can read the abstract of this article at: <https://doi.org/10.1016/j.nepr.2020.102890>

Can collaborative learning create more nurses?

Source: Nurse Education in Practice

In a nutshell: Conscientious swots obey teachers’ injunctions not to let people copy their homework, shielding it with their arms to prevent anyone else seeing it; these are the people who tend to get beaten up at school. Pragmatic swots let other people copy it and altruistic swots teach people how to do it. The latter approach is – at least partly – at the root of collaborative learning “a situation in which two or more people learn, or attempt to learn, something together.” In this study Graham R. Williamson, from the University of Plymouth School of Nursing and Midwifery, led a team of researchers attempting to find out whether collaborative learning could allow more students to go out on placement simultaneously – thus tackling the NHS’ shortage of qualified nurses – without jeopardising patient safety. The researchers found that “there was no statistically-significant correlation between increased student numbers and increased adverse patient events,” and that the collaborative learning approach had actually improved patient safety.

You can read the abstract of this article at: <https://doi.org/10.1016/j.nepr.2020.102889>

What do nursing students get out of their paid work?

Source: Nurse Education in Practice

In a nutshell: Doing paid work can be a mixed blessing for students. On the one hand it takes up valuable studying time and can exhaust people, on the other in these days of tuition fees and high expenses most people need all the money they can get. But can the benefits of a paid job be more than purely financial? In this study Ruth Crawford, from the Western Institute of Technology in New Zealand, led a team of researchers exploring “first year nursing students’ perceptions of communication skills gained through paid work.” Two themes emerged from interviews with 50 students from four nursing schools:

- Recognising the value of learning interpersonal communication skills
- Opportunities to develop effective interpersonal communication skills

The researchers concluded that “paid work provides interpersonal communication skills; active listening, being present and interacting while multi-tasking; and emotion management. Undergraduate education providers need to recognise the benefits of paid work for students, including enhancing interpersonal skills.”



You can read the abstract of this article at: <https://doi.org/10.1016/j.nepr.2020.102887>

Keeping Generation Z students happy

Source: Nurse Education in Practice

In a nutshell: In this study Mary Jane K. DiMattio and Sharon S. Hudacek, from the University of Scranton, in Pennsylvania, investigating what made Generation Z students feel happier doing their clinical placements. The researchers found that the students' satisfaction improved when they could make decisions, work at their own pace, and receive direction, feedback, and support.

You can read the abstract of this article at: <https://doi.org/10.1016/j.nepr.2020.102901>

Understanding anxiety in final-year students

Source: Nurse Education Today

In a nutshell: For many students the stresses of finals and the looming prospect of the world of work can make their last year of study particularly stressful. In this article Fan-Ko Sun, from I-Shou University in Taiwan, led a team of researchers who interviewed 18 nursing graduates who had experienced anxiety during their final year of study. Four themes emerged from the interviews which were:

- Uncertainty about future employment:
 - Negative clinical-placement experiences affecting future career choices
 - Uncertainty about future workplace choices
- Emotional relationships and life experiences becoming chaotic:
 - Anxiety about the loss of established relationships
 - Financial insecurities
- Anxiety about finals:
 - Feeling anxious but not studying
 - Feeling more anxious and starting to study
 - Feeling even more anxious and starting "cramming," for the exam
- Adjustment strategies:
 - Looking for support to release emotional stress
 - Changing the situation and fine-tuning the stress
 - Positive thinking and self-affirmations
 - Self-reflecting and consolidating learning

You can read the abstract of this article at: <https://doi.org/10.1016/j.nedt.2020.104614>

Helping midwives keep things natural

Source: Nurse Education Today

In a nutshell: Giving birth is a bit like DIY. Many people start it determined to do it all by themselves before pain and frustration lead them to realise that DIY actually stands for "don't involve yourself," and that it's better to call in the experts. Physiological childbirth refers to the process of women forcing the equivalent of a coconut through an anatomically-sensitive letterbox with the minimum of medical intervention, and on the "no pain, no gain," philosophy many midwives are keen on this approach. In this study Suzanne M. Thompson, from Zuyd University of Applied Sciences in the Netherlands, led a team of researchers studying the effectiveness of an educational intervention on student midwives' self-efficacy in promoting physiological childbirth. The researchers found that the students who took the course demonstrated significantly higher levels of self-efficacy.

You can read the abstract of this article at: <https://doi.org/10.1016/j.nedt.2020.104628>

Getting to grips with ostomies

Source: Nurse Education Today

In a nutshell: An ostomy is when a hole from inside a patient's digestive system leads to a bag outside their body, which can then be emptied of waste products; they are usually given to people who have had parts of their bowels removed after they have developed cancer. In this study Busra Caz, from the University of Gazi, and Senay Sarmasoglu, from Hacettepe University (both in Turkey) interviewed 17 first-year undergraduates about their experiences of working with patients with ostomies. Five main themes emerged from the interviews which were:

- Emotions regarding interaction with a real patient with an ostomy
- Providing ostomy care to a real patient with an ostomy



- Predictions for living with an ostomy
- Effects of interaction with a real patient with an ostomy
- Real patient engagement in nursing education

The researchers concluded: “the most important contribution to interaction with a patient was breaking down the prejudices of students concerning being a patient and having an illness. Real patients should engage in varied learning environments in nursing education, particularly via patients with different illnesses and health conditions.” You can read the abstract of this article at: <https://doi.org/10.1016/j.nedt.2020.104638>

