



Joint Education and Training Library



# Education Horizon-Scanning Bulletin – December 2017

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## General Healthcare Education

### NHS Digital Academy opens its doors

**From:** NHS England

**In a nutshell:** Imperial College, Harvard Medical School and Edinburgh University have been working together – under the guidance of their Chief Executive Rachel Dunscombe (Director of Digital for Salford Royal NHS Foundation Trust) – to set up the NHS Digital Academy. Applications for the Academy opened on November 30<sup>th</sup> and the Academy hopes that 300 people from both clinical and non-clinical backgrounds will apply for a place in it. Students could come from jobs as Clinical Information Officers or Chief Information Officers (among others) and each will spend a year studying part-time. The Academy will give staff the skills they need to use information and technology to reduce pressure on services and improve the quality of people’s care. It will cover the most-important skills and expertise needed to lead plans for digital innovation and how to harness the power of data and understand how it can be used to support decision making.

You can find out more about the NHS Digital Academy and about how to apply to it [here](#).

You can read the abstract of this article [here](#)

## Emotion and decision-making

**From:** BMC Medical Education

**In a nutshell:** Most people delude themselves that the decisions they take have a rational basis. Studies have shown, however, that judges are more likely to pass stiffer sentences before lunch than after it and there is no reason why doctors’ decisions should be unaffected by emotions either. In this study Desirée Kozlowski, from Southern Cross University in Australia, led a team of researchers reviewing the research on emotions and decision-making. The researchers found 23 articles which met their quality criteria. There were two main themes to the articles. The first was *The Subjective Experience of Emotion* which included:

- Emotional response to contextual pressures
- Emotional responses to others
- Intentional exclusion of emotion from clinical decision-making

The second them was *The Application of Emotion and Cognition in Clinical Decision-Making* which included:

- Compassionate emotional labour – responsiveness to patient emotion within clinical decision-making
- Interdisciplinary tension regarding the significance and meaning of emotion in clinical decision-making
- Emotion and moral judgement

You can read the whole of this article [here](#).

## Inter-professional Education

### Inter-professional peer teacher training

**From:** BMC Medical Education

**In a nutshell:** Inter-professional education where students from a number of different disciplines are taught and study together is becoming more and more popular as is peer teaching where slightly-older students teach younger ones in an attempt (depending on one's degree of cynicism) to either engrain knowledge and develop teaching skills or give lecturers a chance to do cutting edge research/the school run/Christmas shopping. In this study Annette Burgess from Sydney University led a team of researchers looking into what happened when the two things were combined. 90 senior students from the faculties of Medicine, Pharmacy and the Health Sciences took part in inter-professional peer-teaching classes, 89% of whom filled out pre- and post-test questionnaires. Students felt the preparation they had to do before the classes – including online reading, discussion boards, videos and teaching activities – improved their face-to-face learning experience. In the classes the students valued the small-group activities and the opportunity to practise their teaching skills and get some feedback. The students said they had more confidence to plan and deliver peer-teaching activities after the course and had become more aware of the roles and responsibilities of other health professionals. Students' suggestions for improving the peer-teaching training included:

- Less large-group teaching
- More online delivery of theory
- Including a wider range of health disciplines

You can read the whole of this article [here](#).

## Medical Education

### Which is better team-based learning or problem-based learning?

**From:** BMC Medical Education

**In a nutshell:** Team-based learning is becoming increasingly popular in medical schools and in this study Annette Burgess, from Sydney Medical School, led a team of researchers comparing it to problem-based learning. 144 students took part in the study. They found the positive aspects of team-based learning included a smaller group size, the use of readiness-assurance tests, immediate feedback from senior clinicians and time efficiency whereas for problem-based learning the students reported variable expertise among their tutors, limited direction and a large group size which hindered their learning.

You can read the whole of this article [here](#).

## How to get students into medical research. Catch them young?

**From:** BMC Medical Education

**In a nutshell:** Medical students get a chance to study something else during the course of their degree (intercalation) yet only one in three of them choose to take it up. At the same time there is a shortage of people going into research. Aberdeen University have tried to tackle this by setting up the Aberdeen Summer Research Scholarship (ASRS) an “early years clinical academic training programme.” 66 students answered a questionnaire about the ASRS, 73% of them were still doing their degree while the rest were junior doctors. 70% of them had continued to be involved in research since completing the scholarship and half of them intercalated after taking part in the ASRS. Two thirds of the people who answered the survey who had been unsure about taking an intercalated degree before doing the ASRS chose to intercalate after doing it. The ASRS was generally thought of as a positive, influential programme although the success of the individual ASRS projects depended on the supervisors allocated to them and the resources available for their projects.

You can read the whole of this article [here](#).

## Training to do without tests

**From:** BMC Medical Education

**In a nutshell:** Hardly a day goes by without some kind of medical breakthrough – real or imagined – being reported in the papers or on TV. New tests for this, that and the other ailment feature prominently and it can be a hard job for doctors to dissuade patients and relatives from asking for unnecessary ones. In this study Geetha Mukerji, from the University of Toronto, led a team of researchers looking into the effectiveness of an interactive workshop on junior doctors’ ability to resist requests for unnecessary tests. 83 junior doctors took part in the study, 57 of whom took part in the workshops. The study found that going to the workshop improved the doctors’ knowledge about the problem of over-testing but did not give them better communication skills. Being further into their training and knowing more about the topic were, however, both linked to having better communication skills.

You can read the whole of this article [here](#).

## Can you teach surgery with an app?

**From:** BMC Medical Education

**In a nutshell:** For those blessed (?) with the necessary technology apps have become an important part of day-to-day life. Touch Surgery is a free app which aims to teach people about surgery and it’s been downloaded by over a million people all over the world. In this study Richard D. Bartlett, from UCL Medical School, led a team of researchers looking into the effectiveness of the Touch Surgery app. 27 students took part in the study. They were put into three groups: one group were given no formal revision resources, one group were given the best-available conventional ones and the third group used Touch Surgery. The average scores for the groups improved by the following amounts from before the start of the study:

- No formal resources: 8.7%
- Traditional resources: 19.8%

- Touch Surgery 15.9%

There were no significant differences between the groups although the researchers pointed out that Touch Surgery was both cheaper and more convenient than the traditional resources.

You can read the whole of this study [here](#).

## When more than one teacher teaches the same class

**From:** BMC Medical Education

**In a nutshell:** In some courses more than one lecturer does the teaching. This makes it difficult to separate out the stars from the duffers when it comes to course evaluations. In this study Jung Eun Hwang, from The Catholic University of Korea, led a team of researchers who gave out individual evaluation forms to students after each class rather than one general one at the end of the course. The good teaching sessions differed from the bad ones in the following respects:

- Difficulty
- Main Points
- Attitude
- Media/Contents
- Interest
- Materials

You can read the whole of this article [here](#).

## Can you learn palliative care in an art gallery?

**From:** BMC Medical Education

**In a nutshell:** An art gallery might not be the most obvious place to learn about palliative care but looking after dying people isn't all about drugs – things like empathy, kindness and looking after people's spiritual needs all figure prominently too. In this study Carlos Centeno, from the University of Navarra in Spain, looked into the effectiveness of a 20-hour optional course in an art museum where medical students were asked to reflect on the art, look at case studies, watch videos, have group discussions and have teaching sessions. 20 students took part in the study and they all gave the course high marks. They improved their understanding of – and dispelled their misconceptions about – palliative care and came to appreciate the complexity of decision-making at the end of people's lives. The course made the students think again about their relationships with patients and families as well as their role as doctors of the future.

You can read the whole of this article [here](#).

## What makes a student publish research?

**From:** BMC Medical Education

**In a nutshell:** Getting medical students to do research can be helpful in bridging the gap between the laboratory and the ward. But what kind of students get involved in doing research? And what makes some more likely to do it than others? Francisco Javier Bonilla-Escobar, from the University of Pittsburgh, led a team of researchers trying to find out the answer to these questions in a study of 133 Colombian medical students. The researchers study found that although 94% of the students had developed at least one research proposal only 57% had actually completed a project and only 17% had published their findings. Barriers to doing research included lack of time and mentorship while the opportunity to publish and good mentorship both encouraged research. Students who were planning to specialise; innovators; those who had published research before and those further on in their careers were all more likely to publish scientific papers.

You can read the whole of this article [here](#).

## How to stop doctors giving out benzodiazepines

**From:** BMC Medical Education

**In a nutshell:** Some people think GPs give out too many prescriptions for benzodiazepines (BZDs) which can be addictive and have all sorts of side effects\*. In this study Hanne Creupelandt, from Ghent University, led a team of researchers looking into the effectiveness of “a tailored e-module that focuses on avoiding initial BZD prescriptions and using psychological interventions as an alternative.” 121 GP trainees took part in the study which found that they went through “desirable,” changes in their attitudes, perceptions and self-confidence in dealing with this issue. “Barriers to using a non-pharmacological approach often cited in literature remained absent and were not highlighted by the intervention ... [and] a significant impact on GPs’ readiness to adhere to guidelines was observed. Participants reported change in their ability to cope with psychosocial consultations and to have tried using non-pharmacological interventions.”

You can read the whole of this article [here](#).

\*Although anyone who has gone to a doctor with insomnia and been fobbed off with breathing exercises might beg to differ

## Midwifery Education

### How do you assess online education?

**From:** Nurse Education Today

**In a nutshell:** The use of computers of one kind or another – Technology-Enhanced Learning – in education has now become commonplace which makes it all

the more important that there's a good way of working out what the students themselves think of it. In this study Mandie Scamel and Thomas Hanley from City University in London looked at the effectiveness of an evaluation questionnaire called the Student Midwife Evaluation of Online Learning Effectiveness (SMEOLE). They tested the questionnaire on 46 students and found that it was reliable and internally-consistent concluding that it was "an effective tool for measuring student satisfaction with a blended learning approach to preregistration learning."

You can read the abstract of this article [here](#).

### Fear and midwifery in the Middle East

**From:** Nurse Education in Practice

**In a nutshell:** Being a midwife isn't all about smiling mothers and bouncing babies – there can be a lot of blood, sweat and fear in there too. In this study Golnoosh Ahmadi, from Isfahan University of Medical Sciences in Iran, led a team of researchers who interviewed 10 midwifery students about fear. After analysing the transcripts of the interviews the researchers identified two main categories. The first category was areas of fear in midwifery students and this was made up of:

- Fear of doing harm
- Fear of encountering their first childbirth
- Fear of penalties

The second category was consequences of fear made up of general physical and psychological consequences and "interference in adopting the professional role." The researchers concluded that "fear not only raised the students' stress levels, thereby leading to physical and psychological issues but also hindered their adoption of their professional role."

You can read the abstract of this article [here](#).

### What makes midwifery students take the initiative?

**From:** Nurse Education Today

**In a nutshell:** Taking the initiative – being proactive – is usually seen as a good thing but what makes midwives more or less able to do it is a moot point. In this study Eveline Mestdagh, from Artesis Plantijn University in Antwerp, led a team of researchers looking into this issue. 156 students took part in the study which found that Dutch students were more likely to take the initiative than Belgian ones. Feeling confident in performing tasks that exceeded one's expectations and feeling more comfortable at not being in control of the situation also led to students showing more initiative.

You can read the abstract of this article [here](#).

## Nurse Education

### Workplace assessment. Is there a communication breakdown?

**From:** Nurse Education in Practice

**In a nutshell:** Nursing students are supposed to learn things from the feedback and assessment they are given on their work placements – however there has been very little research into the quality and effectiveness of this feedback. Karen Johanne Ugland Vae, from Stord/Haugesand University College in Norway, tried to rectify this leading a team of researchers who interviewed 13 pairs of nursing students and preceptors. Both the students and their preceptors thought the preparations before their feedback discussions created uncertainty but for different reasons. The feedback given to the students emphasised what it was important for them to concentrate on in the next part of their placement but didn't give them much information on their own, individual, progress. The students and preceptors didn't share a view about what had been discussed during their meetings. The researchers concluded that "one of the crucial elements of an assessment discussion, to give students constructive feedback in relation to learning outcomes, was not fulfilled."

You can read the abstract of this article [here](#).

### Helping nurses cope with stress

**From:** Nurse Education Today

**In a nutshell:** Trainee nurses and midwives often experience stressful events during their training so any way of helping them cope with it has to be welcome. In this study Bridie McCarthy led a team of researchers looking into the effectiveness of a course called *Coping with Stressful Events*. The course included some education, brief mindfulness exercises, exploring and discussing coping strategies and a reflective exercise and took fourteen hours spread equally over two semesters. 138 students took part in the study which led to statistically-significant improvements in the students' use of coping strategies. They were less inclined to use restraint (waiting until the moment was right to take action) and mental disengagement and more likely to use emotional and instrumental (seeking advice from others) social support.

You can read the abstract of this article [here](#).

### ... and bullying and aggression

**From:** Nurse Education in Practice

**In a nutshell:** Human nature being what it is even in the saintly (?) ranks of the nursing profession bullying and aggression can occur. To help students cope with them Rosemarie Hogan, from the University of Technology Sydney, led a team of researchers who developed a teaching programme designed to help nursing students

cope with bullying and aggression. The programme included online learning made up of film clips of realistic clinical situations, reading, reflective questions and role-play. 210 students took part in the study and an analysis of their responses revealed three main themes:

- Engaging with the blended-learning resource
- Responding to bullying
- Responding to aggression

The researchers concluded that “the blended-learning resource ... developed [the students’] repertoire of effective responding and coping skills for use in their professional practice.”

You can read the abstract of this article [here](#).

### Nursing PhD students – stopping the brain drain

**From:** Nurse Education Today

**In a nutshell:** The whole world wants more nurses with doctorates yet the drop-out rate for nurses doing PhDs is worryingly high. There hasn’t been too much research into this subject so Delene Volkert, from the University of West Georgia (the U.S. not the Caucasus) led a team of researchers looking into it. 835 PhD students replied to their survey which found that there were two main types of stress for PhD students. The first type related to programme issues, primarily relationships between the students and their PhD supervisor and/or other academics and this type significantly predicted the students’ intention to drop out. The second type was related to support issues, specifically support (or lack thereof) from friends and family. Not surprisingly the lower people’s level of family support was the more inclined they were to leave.

You can read the abstract of this study [here](#).

### What makes a clinical placement a success?

**From:** Nurse Education in Practice

**In a nutshell:** Clinical placements don’t always go as well as expected which can be serious as they are crucial places for nurses to develop their clinical skills. In this study Jung Jae Lee, from the University of Hong Kong, led a team of researchers who interviewed 16 fourth-year nursing students and four registered nurses. They found that there were six factors that influenced nursing students’ clinical education which were:

- Interpersonal
- Socio-cultural
- Instructional
- Environmental

- Emotional
- Physical

The researchers concluded – perhaps a touch over-optimistically – that they had “developed a dynamic model of learning in clinical contexts, which offers opportunities to understand how students’ learning is influenced multifactorially during clinical placements.”

You can read the abstract of this article [here](#).

### Reviewing the literature on stroke education

**From:** Nurse Education Today

**In a nutshell:** In this study Stephanie P. Jones, from the University of Central Lancashire, led a team of researchers reviewing the literature on training in looking after people who have had a stroke. The team found 21 studies which met their quality criteria. None of these studies was identified as having a low risk of bias. Only nine studies used a multi-disciplinary approach and nurses were often taught alone. The researchers concluded that “interactive education and training delivered to multidisciplinary stroke teams, and the use of protocols or guidelines tended to be associated with a positive impact on patient and quality of care outcomes.”

You can read the abstract of this article [here](#).

### Simulation, role play and coping with heart attacks

**From:** Nurse Education Today

**In a nutshell:** Being faced with someone having a heart attack can be a challenging situation. Simulation can be a good way of teaching nursing students how to deal with a cardiac arrest but there has not been much research on how effective this might be. In this study Eunsook Kim, from Cheongju University in South Korea looked into the effectiveness of role play at preparing nursing students to take part in a cardiac-arrest-simulation exercise. 76 nurses took part in the study. Half of them went to a lecture after which they had the simulation while half completed a role-play of an emergency cardiac-arrest. Eunsook Kim concluded that “conducting the simulation after the role-play was a more effective teaching method than conducting it after the lecture.”

You can read the abstract of this article [here](#).

### Competence, confidence and knowledge: the holy trinity of nurse education?

**From:** Nurse Education Today

**In a nutshell:** In this study Mark Zieber and Monique Sedgwick from the University of Lethbridge in Canada, looked into the effectiveness of an intensive one-day advanced cardiac skills knowledge and simulation activity. 24 undergraduates

took part in the study which found that the intervention was effective in improving the students' perceptions of their competence and confidence both straight after doing the course and three months later. The nurses still retained their new knowledge three months after the course had finished. The researchers concluded that "despite the policy enforced reality that participants were not able to use the knowledge and skills in clinical practice, the motivational benefit of the advanced knowledge had significant positive effects on participants."

You can read the abstract of this article [here](#).

### Peer teaching and simulation

**From:** Nurse Education Today

**In a nutshell:** Peer tutoring involves slightly more-advanced students teaching less-advanced ones. It's becoming increasingly common and allows students to learn for themselves and lecturers to get on with their paper work unmolested by youths or boost their top score on Candy Crush. In this study Ting Li, from the HOPE School of Nursing in China, led a team of researchers trying to find out what nursing students thought about peer tutoring in simulation exercises. 40 students took part in the study and three main themes emerged which were:

- "Facilitate or empower," knowledge acquisition
- "Safety net," support environment
- "Mentoring," learn how to learn

The researchers concluded that "peer tutoring is an effective supplementary strategy to promote ... students' knowledge acquisition, establishing a supportive safety net and facilitating their abilities to learn in the simulation laboratory."

You can read the abstract of this article [here](#).

### What is the best type of clinical education?

**From:** Nurse Education in Practice

**In a nutshell:** It would be a very strange nursing course indeed that didn't send it's nurses out on clinical placements to learn what life is like on the wards. However clinical education can be organised in any number of different ways. Which is the best is a moot point and something a team of researchers led by Rasika Jayasekara, from the University of South Australia, looked into in a review of the literature. They found that the evidence was "notably weak," but that there was limited evidence that the clinical-facilitator model was better than the preceptor model and that the clinical-education unit provided greater engagement and an enhanced learning environment compared to the standard facilitation model.

You can read the abstract of this article [here](#).

## Do postgraduate nurses think they're good enough?

**From:** Nurse Education Today

**In a nutshell:** Many people think they're not quite good enough for the job they currently manage to hold down and nurses are no exception. In this study Sigrid Wangensteen, from the Norwegian University of Science and Technology, led a team of researchers asking 97 postgraduate nurses from five countries what they thought they were good and bad at. The nurses were most likely to say they were competent at taking full responsibility, cooperation with other health professionals and acting ethically. Areas where they thought they needed more training were medication, how drugs interacted and their side effects and diagnosing patients. Nurses in Masters programmes felt more competent than nurses in specialist programmes.

You can read the abstract of this article [here](#).

## Pharmacy Education

### Learning patient-centred care on the psychiatric ward

**From:** BMC Medical Education

**In a nutshell:** Patient-centred care is considered to be quite important these days which begs the question as to what care was centred on before – divination of entrails or astrology perhaps. Pharmacy is no exception and in this study Monika Dircks, from Erlangen University Hospital in Germany, looked into the effectiveness of a training course for students working on a psychiatric ward. The aims of the course were to improve the students' communication with other health workers and patients and to help them to identify and manage pharmaceutical-care issues. The group that took the course did significantly better on a mock exercise treating patients than the group who didn't. 93% of students said that the course was practice-orientated and 90% said that it had made them feel better prepared for patient contact with many suggesting that the course should be introduced permanently.

You can read the whole of this article [here](#).

## Physiotherapy Education

### Mapping the way to clinical reasoning

**From:** BMC Medical Education

**In a nutshell:** Clinical reasoning is the complex, some might say mystical, process by which a health professional looks at a person with a certain set of problems and decides on a particular course of action. Those studying to become health professionals can get to grips with it by looking at how more-experienced professionals have worked out solutions to clinical problems. In this study Katherine Montpetit-Tourangeau, from the Université de Montréal, led a team of researchers looking into the effectiveness of adding concept maps to these example solutions. 61

second-year physiotherapy students took part in the study in which they had to study three written worked examples presenting the clinical reasoning for selecting electrotherapeutic currents to treat patients with motor deficits. After studying each example some of the students completed concept maps for themselves while others studied a concept map which had been done by somebody else. The researchers found that the students who completed a concept map for themselves did better than those who had had one done for them.

You can read the whole of this article [here](#).