



Joint Education and Training Library



# Education Horizon- Scanning Bulletin – January 2019

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## General Healthcare Education

### What keeps a journal club going?

**Source:** BMC Medical Education

**In a nutshell:** Clubs can conjure up any number of images in one's head from mud, liniment, sweat and unreliable showers through to red leather armchairs, gin and tonics and steak-and-kidney pudding in the dining room. Journal clubs take the form of a group of people getting together every so often to discuss journal articles and, fingers crossed, learn something in the process. Unlike Boodles or the Garrick they don't always last that long though and in this article Rachel Wenke, from Gold Coast University Hospital in Queensland, led a team of researchers trying to work out the factors that influenced the sustainability of structured allied-health journal clubs. Participants said they liked the TREAT format (Tailoring Research Evidence and Theory). Factors that sustained it included building research knowledge and skills and having access to research experts. Other factors included managers' expectations of people attending, a team culture that valued evidence-based practice, the club having close application to practice and clinicians having 'ownership,' of the journal club.

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

### What makes a confident educator?

**Source:** BMC Medical Education

**In a nutshell:** Self-efficacy is one's confidence in carrying out a particular task. At time of writing, for instance, one might suppose that while Theresa May might feel a certain degree of self-efficacy at choosing a nice trouser suit from Marks and Spencer's she might feel rather less self-efficacy at delivering a successful Brexit. In this study Fereshteh Zamani-Alavijeh, from Isfahan University of Medical Sciences in Iran, led a team of researchers who interviewed 23 health educators to find out what developed their self-efficacy. Six main categories emerged from the conversation which were:

- Quantity and quality of their experience
- Encountering unexpected events
- Client trust
- Self-concept
- Professional knowledge and skills
- Vicarious experiences

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

## Can CPD take teachers beyond lectures?

**Source:** BMC Medical Education

**In a nutshell:** In pedagogical circles lectures are now seen as being as hopelessly old-fashioned as stovepipe hats, telegrams and paddle steamers yet many people charged with educating and training junior doctors still remain attached to them. So how can they be persuaded to change their minds without the use of cattle prods and waterboarding? In this study Daniel Holmgren, from the University of Gothenburg, led a team of researchers looking into how continuing professional development (CPD) could be used to update the skills of educators. An educational-skills module was integrated (you can tell this is the country responsible for IKEA) into a CDP learning module for paediatricians. 13 paediatricians and 14 nurses took the module. The study found that educators whose main experience of teaching was based on lectures were strengthened in their practice – they defined their competence and were prepared to move towards adult-learning principles i.e. away from lectures. The participants in the study also expressed a high degree of satisfaction with the course.

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

## Compassion and dementia

**Source:** BMC Medical Education

**In a nutshell:** From Harold Shipman to Gosport Hospital people aren't always as compassionate, shall we say, to people with dementia as they should be. In this study Ben Bickford, from the University of Sussex, led a team of researchers who interviewed 23 medical and nursing students about compassionate care for people with dementia. Three themes emerged from the research which were connection, care and respect and three factors were identified as being either facilitators or barriers to delivering compassionate care to people with dementia viz:

- **Patient factors** – the presence of behaviours which might be 'challenging,' to manage
- **Student factors** – students' exposure to dementia, students' knowledge and skills
- **Connection** – whether there was an awareness and understanding of the person behind the diagnosis

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

## Healthcare Assistants

### Healthcare assistants – underpaid, undervalued, undertrained?

**Source:** Nursing Times

**In a nutshell:** When most people think of nurses they're thinking of ministering angels, mopping brows, giving bed baths, changing bandages and holding bed pans. What they're really thinking about are healthcare assistants who now do most of these jobs on the wards. In this article Eileen Shepherd, the Nursing Times' clinical editor, wonders whether HCAs are involved in team discussions about patients and whether they are properly supported with education and training. Elaine Wright, an HCA who works in a unit for children with cancer often finds them asking her difficult questions about life and death as she wheels them around the wards rather than asking them in more formal settings. She wanted to learn how to answer these questions but was told that HCA training was on a 'need-to-know,' basis. Made of rather sterner stuff than most of us Elaine Wright persisted and has now completed an MSc in Palliative Care. Eileen Shepherd concludes that "education and training opportunities should be available to everyone involved in patient care ... if unregistered staff are expected to carry out nursing care, they should receive appropriate education – not just task-based training – and be acknowledged as members of the team who are likely to have important insights into the patients they spend so much time with."

If you have access to the Nursing Times you can read Eileen Shepherd's article [here](#) and you can read Elaine Wright's article about her road to her MSc [here](#).

Thanks to Julie Potter, also from the JET Library, for tipping me off about this article.

## Inter-professional Education

### Going inter-professional down under

**Source:** Nurse Education Today

**In a nutshell:** Inter-professional education is becoming more prevalent now as people realise that it's a good idea if doctors, nurses, physiotherapists etc learn how to work together before they get thrown into the wards. It's easier to get people together in Birmingham than it is in the Hebrides though and in this study Lorraine E. Walker, from Monash University in Australia, led a team of researchers studying 60 students' experiences and perceptions of inter-professional education during a rural placement in Victoria. The researchers found that the students – undergraduates studying allied health, medicine, nursing and midwifery – had a number of opportunities for inter-professional education and to observe role-modelling in the workplace. The students considered that learning with other professions would help them become more effective members of the health-care team and valued learning about collaborative practice and the roles of other professions.

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

## When inter-professional education meets mental health

**Source:** BMC Medical Education

**In a nutshell:** Most people now consider it a good idea for students from different disciplines to learn together. This is just as true for psychiatry as it is for any other field of medicine but little research has been done into how this might work in practice. In this study Michael Marcussen, from the University of Copenhagen, led a team of researchers looking into the success of an initiative in which medicine, nursing, psychotherapy, pedagogy and social work undergraduates all had inter-professional training and were compared to another group who hadn't. The researchers found that the group who had had inter-professional training showed an improvement in their readiness for inter-professional learning and team collaboration.

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

## Medical Education

### Lights, popcorn, resuscitation

**Source:** BMC Medical Education

**In a nutshell:** For those of us of a certain age animation conjures up images of Bugs Bunny, Roadrunner and Tom and Jerry but it's being used for rather more serious purposes these days including teaching medical students. In this study Ronny Lehmann, from University Hospital Heidelberg, led a team of researchers looking into the effectiveness of using virtual patients to teach fifth-year medical undergraduates paediatric life support. 103 students took part in the study and they were divided into three groups. One group watched teach-yourself videos; another group used animation-enriched virtual patients incorporating interactive questions and static and animated media and another group had virtual patients, also including interactive questions but with only static media. The researchers found that self-instruction with animated media – through videos or animation-enriched virtual patients – resulted in better adherence to temporal demands (how often and at what rate to administer chest compressions) compared to training with a virtual patient with static media. Procedural quality by the teach-yourself-videos group was slightly inferior compared to the animation-enriched virtual patient group, and distinctly inferior in overall 'competent,' ratings. The group who used a virtual patient with static media performed worst out of all the groups.

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

## Creating a curriculum for integrated care

**Source:** BMC Medical Education

**In a nutshell:** Hospitals and GPs working together should be like popping into the kitchen to make a cup of tea but can often feel like crossing the Grand Canyon on a tightrope. The former approach is called ‘integrated care,’ and in this article Ann Griffin, from University College London Medical School, led a team of researchers evaluating a postgraduate curriculum for trainee paediatricians and GPs designed to teach them all about it. The programme was called the Programme for Integrated Child Health (PICH) and involved ‘an experiential learning approach supported by taught sessions on specific issues relevant to integrated care.’ The researchers interviewed 23 people who had taken part in the programme. The interviews highlighted the importance of real-world projects, using healthcare data, and considering patients’ perspectives to understand and develop integrated practices. The trainees received guidance from their mentors but – more importantly – learnt from, with, and about one another learning about the context in which GPs and paediatricians work and developing a deeper understanding through which integrated services could be meaningfully developed.

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

## Junior doctors – does sex make a difference?

**Source:** BMC Medical Education

**In a nutshell:** Women make up an increasing proportion of the medical workforce – in some places and specialisms a majority. However, there is very little research on how male and female junior doctors perform so in this study Melanie S. Sulistio, from the University of Texas, led a team of researchers analysing data from 430 senior doctors’ evaluations of 488 junior doctors. The researchers found that women scored higher in medical interviewing and interpersonal and communication skills but that there was no difference in medical knowledge, overall patient care, physical examination, procedural skills, professionalism, practice-based learning and improvement, system-based practices and overall performance. And there was also no difference in exam pass rates between the sexes.

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

## Are medical students ready for take-off?

**Source:** BMC Medical Education

**In a nutshell:** ‘I want to die peacefully in my sleep like my father, not screaming in fear like his passengers,’ was one of the late Bob Monkhouse’s jokes. And while – despite having better odds over the long haul - doctors can kill rather fewer people simultaneously than pilots they are required to display many of the same qualities:

communication, leadership, stress resistance, adherence to procedures, awareness and teamwork. In this study Sigrid Harendza, from the University Medical Centre Hamburg-Eppendorf, led a team of researchers who tested 67 fifth- and sixth-year medical students with the Group Assessment Performance Test used by the German Aerospace Centre in Hamburg. The students' scores were then compared to 117 people applying to become pilots. The medical students had better scores for adherence to procedures and communication but lower scores for teamwork, stress resistance and awareness. The researchers concluded that "advanced medical students' low results for awareness are alarming as awareness is essential and integrative for clinical reasoning and patient safety."

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

### Helping junior doctors with critical care

**Source:** BMC Medical Education

**In a nutshell:** 'I was in hospital for six weeks. *Were you critical?* Well the food wasn't that great.' Joking aside junior doctors can sometimes lack confidence and competence in handling critically-ill patients including diagnostic skills, decision-making and team-working with other health-care professionals. In this study Søren Marker, from Copenhagen Academy for Medical Education and Simulation, led a team of researchers who interviewed 20 first-year doctors six months after a four-day simulation-based training course in handling critically-ill patients. The following themes emerged from the interviews with the junior doctors:

- Preparedness for clinical practice
- Organisational readiness
- Use of algorithms
- Communication
- Teamwork
- Situational awareness
- Decision making

The doctors gave several examples of simulation-based training increasing their preparedness for clinical practice and handling the critically-ill patient. The doctors highlighted the usefulness of algorithms and their appreciation of non-technical skills both of which they found helpful in managing clinical difficulties.

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

### Have you got a spiral curriculum darling?

**Source:** BMC Medical Education

**In a nutshell:** There are times when writing this bulletin feels a little like being the late Dame June Whitfield's character in *Absolutely Fabulous* – a still, small voice of common sense in a world gone mad following the latest fads and fashions. The latest must-have is a spiral curriculum – a course of study in which students see the same topics throughout their education with each encounter increasing in complexity and reinforcing previous learning; an ascent to the sunlit uplands of mastery or a progressive descent through Dante's circles of hell, according to taste. In this article Sarah Fraser, from the University of British Columbia, led a team of researchers comparing students' knowledge of concussion after following a spiral curriculum with other students' knowledge having followed a more traditional one. The researchers found that the students who followed the spiral curriculum had had more formal exposure to concussion-related material, were more likely to understand that concussion could occur without a direct impact to the head, were better able to identify the long-term consequences of concussion and had greater exposure to acute concussion and post-concussion syndrome.

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

### [Doe, a deer, a female deer](#)

**Source:** BMC Medical Education

**In a nutshell:** Mnemonics are phrases used to remember a list or sequence of facts or concepts. In the days when children were taught about nature and history rather than computer coding and binary sexuality, for instance, Richard Of York Gave Battle In Vain stood for the colours of the rainbow: red, orange, yellow, green, blue, indigo and violet. In *The Sound of Music* Julie Andrews sang 'Doe, a deer,' to try and inculcate musical notation into the von Trapp family. In this study Keng Sheng Chew, from Universiti [sic] Malaysia Sarawak, led a team of researchers examining whether the mnemonic TWED could be used to check for cognitive errors in clinical settings. The researchers were attempting to deal with the problem of 'premature closure,' in which doctors decide what the problem is in the first five minutes and then refuse to countenance any alternatives. TWED stands for Threat, What if I am wrong? What else? Evidence and Dispositional Influence. 11 doctors and 15 final-year medical students took part in the study which found that the TWED checklist was easy to learn and effective in promoting metacognition (the ability to analyse one's own thinking processes). Medical students found the T and the W the most useful parts of the checklist whereas for doctors it was D. W and E were applied when the outcomes did not turn out as expected. The one checkpoint where all four items were applied was after the original history taking and physical examination had been performed to generate the initial clinical impression.

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

## Minding the gap for children's emergency care

**Source:** BMC Medical Education

**In a nutshell:** There can be – one imagines – few experiences in life more rewarding, and more stressful, than trying to save children's lives. Past research has flagged up a few gaps in junior doctors' training *a propos* this though mainly in 'procedural and teamwork skills.' In this study Justin M. Jeffers and Shannon Poling, from Johns Hopkins University in Baltimore, led a team of researchers assessing the effectiveness of simulation-based learning to fill in these gaps. The researchers developed a year-long simulation-based learning curriculum focusing on needs assessment, instructional strategies, and evaluation. "The curriculum development process led us to combine the instructional strategies of debriefing with good judgment, rapid cycle deliberate practice, and task-training to improve core ... skills such as procedural competence, crisis resource management, and managing complex medical and traumatic emergencies." The eight doctors who went through the programme were highly satisfied with it and thought it was educationally valuable. They had a number of opportunities to practise critical procedures such as airway management and using a defibrillator.

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

## What makes a good postgraduate educator?

**Source:** BMC Medical Education

**In a nutshell:** Consultants' teaching styles – like their dress sense – come in any number of varieties from the bow-tied buffer, through an 'inspirational,' amalgam of Robin Williams and Julie Andrews to the approach adopted by one of my old English teachers (wise man) of chalking some essay titles up on the board then hiding behind his paper with a cup of coffee and an apple. In this study Hanna Wijk, from the Karolinska Insitutet in Stockholm, led a team of researchers who interviewed 17 consultants responsible for postgraduate medical education. Four main themes came out of the interviews which were:

- Individual – being an expert, social competence
- Relational – support and cooperation, communication
- Attitudinal – shared vision, organisational values, colleagus' attitudes
- Structural – organisational characteristics, regulations and guidelines, conditions for the role

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

## Is high fidelity all it's cracked up to be?

**Source:** BMC Medical Education

**In a nutshell:** For most people high-fidelity conjures up images of irreproachable spouses or the kind of monumental speaker system – mounted on tripods to have as minimal a contact with the floor as possible – boasted by one of the mature students at my college (who had appalling taste in music). For an educational researcher, however, high-fidelity means a simulation that conforms as closely as possible to reality, whatever that is these days. High-fidelity simulations tend to cost more, for obvious reasons, but do they have any other down sides? In this study Christina Massoth, from University Hospital Münster, lead a team of researchers who studied 135 fourth-year medical students who were randomly allocated to take part in either a high- or low-fidelity simulation. After the simulation both groups showed a significant improvement in their theoretical knowledge and their performance but the low-fidelity group had significantly-better results in some areas. However, those students in the high-fidelity group considered themselves to be advantaged compared to the other group leading them to over-rate their confidence about their performance.

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

## Burnt out in the desert

**Source:** BMC Medical Education

**In a nutshell:** Burnout is a syndrome of emotional exhaustion, cynicism and low-professional efficacy that frequently occurs among people who do 'people work,' of some kind. In this study Youssef Altannir, from Alfaisal University in Saudi Arabia, led a team of researchers investigating levels of burnout among pre-clinical and clinical medical students. 276 students took part in the study and the overall prevalence of burnout was 13.4% of which the propensity to judge oneself badly or unfavourably was the most common. Being a woman was a significant predictor of the feeling of being completely drained due to extreme overwork and of negative, sceptical behaviour and a feeling of indifference to others.

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

## Nurse Education

### Making ends meet on a placement

**Source:** Nurse Education in Practice

**In a nutshell:** Over the years higher education has moved from giving a wonderful experience to relatively few people to providing a rather more indifferent time to many more of them. This has included charging people for the privilege and, hardly

surprisingly, many students feel the pinch at some point during the proceedings. Nursing students are no exception to this and in this study Deanna Grant-Smith from Queensland University of Technology and Laura de Zwaan from Griffith University (also in Queensland) used an online survey to explore the financial wellbeing of 160 nursing students. They found that most of them struggled financially during clinical placements but were financially-adequate or secure outside term time or during normal periods of study. Increased transport costs and loss of income were the most important financial stressors during this time with additional meals, work clothes, purchasing additional resources and materials and childcare costs being other causes of financial stress. Most students used saving, budgeting, borrowing and changed expenditure patterns to cope with the financial impact of unpaid placement. The researchers called for greater attention to be given to the financial support and personal-finance education available for nursing students.

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

### [On-line, on-message, on target](#)

**Source:** Nurse Education in Practice

**In a nutshell:** Deliberate practice is “a framework for structuring focused practice experience to improve a targeted skill.” In this study Vicky Jen-Huei Yeh, from the University of North Carolina, led a team of researchers looking at using deliberate practice to improve inter-professional communication between nurses and doctors. The researchers developed an ‘asynchronous,’ (not everybody had to use it at the same time) story-guided, online deliberate-practice session. The researchers hoped that the online format would give students convenient opportunities to develop their competence in critical communication skills using SBAR (situation, background, assessment and recommendation) in a safe environment. The study showed that the students enjoyed the course and the researchers concluded that “the online deliberate practice sessions provided a low-cost, flexible practice experience to develop critical communication skills.”

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

### [What gets nursing students reflecting?](#)

**Source:** Nurse Education Today

**In a nutshell:** Reflecting on one’s work is a bit like eating five portions of fruit and vegetables a day. We know it’s good for us, we never quite get round to it and for those people who aren’t used to it it can produce an awful lot of flatulence. In this study Maryam Bagheri, from Isfahan University of Medical Sciences in Iran, led a team of researchers who interviewed 17 clinical-nursing instructors, 32 nursing students and nine newly-graduated nurses from four universities and two hospitals about what caused them to engage in reflection. Triggers included:

- Conscious comparison of actions

- Confrontation with influential realities
- Emotional and moral involvement in patient care
- Demanding accountability

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

### When nobody holds your hand in the flipped classroom

**Source:** Nurse Education in Practice

**In a nutshell:** Flipped classrooms are a bit like those self-service areas in supermarkets. For some people they're a welcome liberation and a chance to do things in your own way at your own pace while for others they're a nightmare with nobody telling you what to do or how to do it, lots of unexplained beeping and unexpected items (how unexpected can groceries and shopping bags be in a supermarket?) in the bagging area. In this study Hanne Maria Bingen, from VID Specialised University in Oslo, led a team of researchers interviewing 23 nursing students about their experiences of studying physiology via a flipped classroom approach. The researchers identified three 'tension,' which were:

- Tension between students' expectations and the teaching design
- Tension between a wish for more frequent attendance and being on their own
- Tension between the schedule and time needed

Using digital tools could – the researchers concluded – have facilitated learning and preparation for the course activities. “However, students seemed to depend on social assistance, and they might not be ready to take full responsibility for studying adequately by themselves.”

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

### Do nursing students get their hand in with the handover?

**Source:** Nurse Education Today

**In a nutshell:** Handovers occur when one shift in a hospital replaces another one and needs to know all the relevant information about a particular patient; they also occur when patients are moved from one department to another. In this study Alvisa Palese, from Udine University in Italy, led a team of researchers looking at how involved nursing students get with handovers. 9,607 students from 27 universities took part in the study which found that students' involvement in handovers was as follows:

- Never – 7.8%

- Only a little – 18.1%
- To some extent – 30.6%
- Always – 43.5%

Being a woman, having children, being a third-year student, having a longer clinical rotation and being in units with a high-quality learning environment all meant nursing students were more likely to get involved in handovers. Students who were supervised by nurse teachers, daily by a nurse or by the ward staff were less likely to take part in handovers than those who had been supervised by a clinical nurse. Being involved with handovers explained 11.5% of students' self-reported degree of competences learned during the clinical experience.

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

### Clinical partnership model – a new answer to an age-old problem?

**Source:** Nurse Education Today

**In a nutshell:** From one's first day at school, through one's first attempts at riding a bicycle to the first time one moves away from home life is full of transitions, many of them awkward and uncomfortable. Going on one's first clinical placement is no different but this doesn't stop – nor should it, perhaps – educational researchers trying to make it easier. In this study Fiona W.K. Tang and Aileen W.K. Chan, from The Nethersole School of Nursing in Hong Kong, looked at the effectiveness of a clinical partnership model to bridge this transition. The model – which featured hospital-based clinical teachers to provide supervision and university teachers to liaise with students – was developed to facilitate clinical teaching and enhance learning experiences. 28 students were interviewed about their experiences being trained using the new model. They found it provided “a conducive learning context facilitating their adoption to the new environment and integration with the healthcare team. Though students spent time developing mutual understanding with their clinical teachers, they were satisfied with the ample opportunities to practise and learn from their teachers. They appreciated the fact that teachers enriched their learning through bridging the theory-practice gap and acting as role models.”

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

### Mindfulness and stress – is it who you are not what you do?

**Source:** Nurse Education Today

**In a nutshell:** Mindfulness is paying attention to the present moment in an accepting, non-judgmental fashion. It's been linked to reduced levels of stress but what it is about mindfulness that helps and whether you need to be trained to do it are still somewhat obscure. Attempting to shed light on this were a team of researchers led by Junfei Lu, from the University of Alabama, who asked 99

undergraduate nursing students about their levels of stress and tested the facets of mindfulness they displayed (or not) in their lives. The researchers found that although the students had had no formal mindfulness training acting with awareness, non-judging and non-reactivity were all linked to lower levels of stress.

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

### How do dyslexic nurses cope?

**Source:** Nurse Education in Practice

**In a nutshell:** There has been a fair amount of work on how dyslexia affects student nurses but rather less on how it affects those who have already qualified. In this study Rachael Major from Princess Elizabeth Hospital in Guernsey and Josie Tetley from Manchester Metropolitan University interviewed 14 qualified nurses with dyslexia. Five main themes came out of the interviews which were:

- Career choices
- Decision to disclose
- Effect on practice
- Compensatory strategies
- Support from others

The study showed that people still thought there was a stigma about having dyslexia and that there was still a lack of understanding among the nurses' colleagues which affected disclosure and access to support. However, the nurses had developed many different strategies to compensate, allowing them to practise effectively and patient safety was paramount to them.

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

### Improving nurses' knowledge of hand-washing

**Source:** Nurse Education in Practice

**In a nutshell:** As anyone who's ever observed the cursory efforts of small children will testify getting people to wash their hands is one thing, getting them to do it properly is quite another. Nurses are no exception and in this study Anne Korhonen, from the Nursing Research Foundation in Helsinki, studied the effectiveness of a teaching programme designed to get nurses scrubbing and sluicing appropriately. The programme consisted of four elements: a recap of the theoretical basis of evidence-based hand hygiene practices; intensive hand-hygiene practice training at university before clinical training; observing the hand-hygiene practices of qualified nurses during clinical training and teacher-led reflection on staff's hand-hygiene

practice following clinical training. 107 students had the training and they were compared to 39 students who didn't. The study showed that after their university-based and clinical training the students who took part in the programme knew more about hand hygiene although there were no differences between the groups concerning what they thought the right amount of time to wash their hands was. The researchers concluded that "theoretical recap and training at school seemed to influence students' hand-hygiene knowledge, but reinforcement during clinical training may be required to ensure that learning practical evidence-based skills, such as hand hygiene, may be established."

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

### Improving nursing students' resilience

**Source:** Nurse Education Today

**In a nutshell:** Nursing students often find their clinical placements stressful so any way of improving their resilience is a good idea. In this study Hwey-Fang Liang, from Chang Gung University of Science and Technology in Taiwan, led a team of researchers looking into the effectiveness of a resilience-enhancement project for Taiwanese nursing students. 28 students took part in the study going to six workshops over the course of two months. "A participatory action research approach was used in which ongoing planning, action and reflection informed real-time progress," i.e. the researchers listened to what the students had got to say for themselves and made it up as they went along. Three themes emerged from the workshops which were:

- Increasing self-exploration
- Furthering confidence and competency
- Constructing resilience

The researchers concluded that "the PAR [participatory action research]-based RE [resilience enhancement] project helped students to develop resilience by enhancing their nursing knowledge and skills and practising positive thinking and behaviour."

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

### Just because it's online, doesn't mean it's any good

**Source:** Nurse Education Today

**In a nutshell:** As anyone who's ploughed their way through online learning designed to prepare them for their driving theory test (You seen an old lady approaching a zebra crossing do you? a) swerve round her on the pavement b) run her over, she'll be glad of the rest in hospital or c) stop the car) will know online learning isn't always that enthralling. In this study Carole Mackavey and Stan Cron, from University of Texas, Health Science Centre, looked at the effectiveness of

attempts to revamp some online learning for family-nurse-practitioner courses. The courses were showing declines in pass marks in the exam they were designed to prepare people for so the researchers introduced some case presentations and voluntary games designed to give people immediate positive and negative feedback. Once the courses were revamped there was a statistically significant improvement in the students' exam marks.

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

### What works best in empathy education?

**Source:** Nurse Education Today

**In a nutshell:** Just as 'awesome,' has gone from a description of the scale and age of the universe or the length of the Great Wall of China to an adjective applicable to a new pair of slacks or flavour of bubble gum elbowing out 'nice,' and 'pleasant,' in the process so 'empathy,' has moved from a capacity to truly know what it feels like to be another person, a Holy Grail for philosophers, theologians and novelists, to a vague aspiration to be nice to other people making much more sensible words such as 'kindness,' and 'sympathy,' redundant in the process. In this study Tracy Levett-Jones, from University of Technology Sydney, led a team of researchers reviewing the research on teaching empathy to nursing students. The researchers found 23 articles that met their quality criteria of which nine demonstrated practical improvements in empathy. The most effective interventions were immersive and experiential simulations that focused on vulnerable patient groups and provided opportunities for guided reflection. However "the research designs were limited in terms of levels of evidence and use of subjective measures."

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

### Tackling domestic violence – asking the difficult questions

**Source:** Nurse Education in Practice

**In a nutshell:** The sympathetic nurse getting to the bottom of a nasty case of wife beating is a hardy perennial of TV hospital dramas. However, in the real world nurses don't always ask the right questions about it, or any questions at all. It can be a difficult topic to broach – if you get it wrong you've cast aspersions on a loving relationship and if you get it right you may well upset someone with a track record of hitting people. In this study Theresa Wyatt, from the University of Detroit Mercy, led a team of researchers looking into how newly-qualified nurses tackled this subject. The researchers interviewed 16 nurses and six themes emerged from the interviews which were:

- Preparedness

- Discomfort
- Taboo
- Disenchantment
- Presumptuous
- Evolving realisations

The researchers concluded that the nurses were “not being taught about screening for domestic violence,” and that “work environment and peers influence if and how diligently nurses screened.” They recommended “highly interactive training throughout pre-licensure education and work orientation.”

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

## Physiotherapy Education

### How do physiotherapy students learn?

**Source:** BMC Medical Education

**In a nutshell:** Learning used to be a simple state of affairs. Somebody with a reputation – however spurious – for knowing about something stood up in front of a bunch of people who knew less about it, held forth on said topic while people paid varying degrees of attention then everybody went home again having absorbed much, some or little information. Then some bright spark came up with the idea of learning styles, the theory that people learn in different ways and should be catered to accordingly. Not everyone agrees with this concept but – for good or ill – it’s created a lot of work for teachers and kept plenty of educationalists in tea, biscuits and research grants. Latest to weigh in on this topic is a team of researchers led by Jessica Stander, from Stellenbosch University in South Africa. They reviewed the research on physiotherapists’ learning styles and found 15 articles which met their quality criteria. They found that physiotherapists’ preferred learning styles were either Converger (learning hands-on and applying previously attained knowledge) or Assimilator (gathering and organising information to make the most sense).

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