



Joint Education and Training Library



Mid Cheshire Hospitals  
NHS Foundation Trust

# Education Horizon-Scanning Bulletin – July 2018

Compiled by John Gale

JET Library – Mid-Cheshire

NHS Foundation Trust

## Contents

General Health Education.....	4
Nomophobia, emotional intelligence and cheating.....	4
Who are happier nursing or medical students? .....	4
Bring your own (digital) exam paper.....	4
Are healthcare academics more likely to cheat? .....	5
Gurn as you learn .....	5
Interprofessional Education .....	6
When interprofessional education goes large .....	6
Medical Education .....	6
GPs call for extra cash for trainees .....	6
GMC survey shows grim picture for junior doctors .....	6
Why don't trainee paediatricians want to do research?.....	7
ADHD, happiness and resilience in medical students .....	7
Ultrasound? Ultra easy.....	8
The ins and outs of multi-source feedback.....	8
Patient feedback – does it give you anything more than a warm glow?.....	8
Why do doctors take a break in training? And what do they do with it?.....	9
iPad therefore I learn? .....	9
Turning from a medical student to a doctor. Is there an app for that? .....	10
Nurse Education.....	10
How do students feel about becoming professionals? .....	10
Leadership training – starting them young.....	11
How CogChamps can improve care for older patients.....	11
Teaching students to stop suicides .....	12
Teaching students about intellectual disability .....	12
Learning through simulation. Productive failure or simple to complex? .....	12
How nurses cope with their first clinical placement .....	13
Mentors assessing student nurses. Judging a cab driver without a map? .....	13
Can an e-portfolio be a capstone? .....	14
Getting nurses to lose restraint .....	14

Computer-based simulation .....	14
Socio-emotional competence and clinical performance .....	15

## General Health Education

### Nomophobia, emotional intelligence and cheating

**Source:** Computers & Education

**In a nutshell:** Emotional intelligence – the ability to recognise one’s own and other people’s emotions – is usually seen as a good thing but it can also have a darker side and some studies have linked it to an increase risk of cheating. In this study Elodie Gentina, from the IESEG School of Management in Lille, led a team of researchers looking into the relationship between emotional intelligence, mobile phone use and using smartphones to cheat in exams. The researchers found that emotional intelligence was linked to an increase in smartphone cheating. However it also reduced the students’ nomophobia (fear of not being able to use one’s phone) which slightly reduced the students’ cheating. Overall emotional intelligence increased cheating but the researchers hope that people will find ways to encourage its better side (less phone use) and discourage its darker one (cheating).

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

### Who are happier nursing or medical students?

**Source:** Nurse Education Today

**In a nutshell:** D Ream were a 90s pop group whose hit ‘Things Can Only Get Better,’ was adapted by Tony Blair for Labour’s 1997 election campaign. DREEM on the other hand stands for Dundee Reading Educational Environment Measure and is a way of measuring how happy students are with their ‘educational environment.’ In this study Salima Farooq, from the Aga Khan University in Karachi, led a team of researchers using DREEM to compare nursing and medical students’ perceptions of their educational environment. The researchers found that nursing students were happier than medical students. Medical students scored more highly on ‘perception of atmosphere,’ while nursing students scored more highly on ‘academic self perception.’ Both groups, however, scored worse on ‘perception of teaching,’ and the researchers concluded that there is a ‘dire need to devise innovative teaching strategies both for medical and nursing education.’

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

### Bring your own (digital) exam paper

**Source:** British Journal of Educational Technology

**In a nutshell:** In days gone by people used to be able to walk into a grocers’ shop ask for a pound of butter and wait idly for the grocer to find it and wrap it up for them. Then people were made to find their own groceries and take them to the check out to be scanned. And then we all had to scan our groceries ourselves. The next step will probably be being handed a pistol and a meat cleaver, gestured in the vague direction of a cow and told to get on with it. In higher education this approach takes the form of the flipped classroom and self-directed learning and a further step down

this road has recently been taken by Andrea Nardi and Maria Ranieri from the University of Florence. They carried out a bring your own device test where students answered questions on their own devices instead of with pen and paper. The student's performances were better with computer-based testing and those who felt most confident about the test were more likely to choose to answer it online. The students also "greatly appreciated," the electronic system, especially because they could get immediate feedback from it although some had problems reading the questions on their chosen device.

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

### [Are healthcare academics more likely to cheat?](#)

**Source:** BMC Medical Education

**In a nutshell:** Sadly the Groves of Academe are host to a few serpents now and again, plagiarising other people's research, fiddling their figures and downloading essays from the internet. In this study John Jeh Lung Tiong, from Taylor's University in Malaysia, led a team of researchers looking into the prevalence of academic dishonesty among academics in Malaysian universities. 52.5% of all the lecturers who took part in the study said they had personally encountered at least one case of academic dishonesty involving their peers and the researchers found a significantly higher prevalence of academic misconduct among healthcare academics compared to their non-healthcare counterparts. More than half of all cases of misconduct were not reported due to "the indifferent attitude among academics," and low levels of self-discipline and integrity were found to be the major factors leading to academic misdeeds.

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

### [Gurn as you learn](#)

**Source:** British Journal of Educational Technology

**In a nutshell:** People giving video lectures do so in a variety of styles ranging from Jack Dee at one end of the spectrum to the late, great Ken Dodd at the other. But does how expressive they are really effect how much students learn. In this study Yang Wang, from Central China Normal University, led a team of researchers trying to find out. The researchers showed three different types of video lecture to the students; one featured a lecturer using heightened expressions, one showed a lecturer using normal expressions while the other was audio only. The researchers found that the heightened-expression video improved students' arousal more and led to greater learning satisfaction. The instructor's facial expression had no significant effect on participants' short-term recall but did influence students' medium-term recall.

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

## Interprofessional Education

### When interprofessional education goes large

**Source:** Nurse Education Today

**In a nutshell:** Treating patients in a hospital is a team effort and interprofessional education has become almost *de rigueur* lately. In this study Anne-Marie Reid, from the University of Leeds, led a team of researchers evaluating a large-scale interprofessional education project involving 630 students from 10 different universities. The students came from audiology, cardiac physiology, nursing, medicine, midwifery, radiography and social work and were divided into 21 interprofessional groups with a minimum of three patients from the same profession in each group as they took part in a patient-safety exercise. The teaching materials included a Powerpoint presentation on patient safety; activities which provided opportunities for students to discuss their programme and placement experiences and a case-based discussion which explored a failure in teamwork. The students filled out a questionnaire after doing the course and some of them took part in focus groups. Three themes emerged from the questionnaires and focus groups which were:

- Understanding differences in roles
- Learning about stereotypes
- Unintended perpetuation of stereotypes

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

## Medical Education

### GPs call for extra cash for trainees

**Source:** British Medical Journal

**In a nutshell:** The Royal College of General Practitioners (RCGP) has called for GP practices to get the same funding for hosting medical students as part of their training as hospitals. GP practices currently receive £620 a week to host training placements yet the true cost of doing so is estimated to be £1000. The money is around 40% less than the average hospitals receive to host training placements, despite the costs being the same. The RCGP wants £31m in extra funding a year. Research has found that medical students who receive their primary-care training in general practice, rather than in a classroom, are more likely to become GPs themselves.

If you have access to the *British Medical Journal* you can read the full text of this article [here](#).

### GMC survey shows grim picture for junior doctors

**Source:** British Medical Journal

**In a nutshell:** Every year the General Medical Council asks junior doctors how their training is going. The 2018 national survey was completed by 51,956 doctors and 19,193 trainers and, for the first time, included questions about burnout. 24% of trainees and 21% of trainers felt burnout to a high or very high degree. 57% of trainees and 50% of trainers said they always or often felt worn out at the end of the working day and 32% said they often or always felt exhausted in the morning at the thought of another day at work. 70% thought that training opportunities were often lost because of gaps in the rota.

If you have access to the *British Medical Journal* you can read the whole of this article [here](#).

### Why don't trainee paediatricians want to do research?

**Source:** BMC Medical Education

**In a nutshell:** Medicine depends on research for its development but more than half (54.5%) of the paediatric consultants in the UK do not do any research at all. In this study Khurram Mustafa, from Leeds Teaching Hospitals NHS Trust, led a team of researchers who surveyed 136 paediatric trainees in Yorkshire and Humberside and interviewed 12 of them in more depth. There was a significant relationship between confidence in using research in practice and trainees' ability to understand research terminology. Men were more likely to have presented a research paper, to know how research influences practice and to have more confidence in using research in practice than women although there was no significant relationship between sex and research training or the highest level of qualification people had achieved. Lack of time and academic culture were the most frequently mentioned barriers to doing research. From the interviews with the trainees the following themes emerged:

- Lack of academic culture
- Opportunities provided in current training scheme
- Constraints related to time availability along with workforce management

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

### ADHD, happiness and resilience in medical students

**Source:** BMC Medical Education

**In a nutshell:** There hasn't been much research into levels of attention-deficit hyperactivity disorder (ADHD) in medical students and in this study Meng Shi, from the China Medical University in Shenyang, led a team of researchers who attempted to gauge the extent of the problem among Chinese medical students. From a sample of 521 medical students 1.54% were deemed to be highly likely to have ADHD while 6.91% were deemed to be likely. The only symptom of ADHD that reduced life satisfaction in the students was inattention but the more resilient the students were the less this affected them.

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

### Ultrasound? Ultra easy

**Source:** BMC Medical Education

**In a nutshell:** Doctors often use ultrasound as part of their diagnosis yet many colleges are reluctant to teach students about it due to lack of time, the high cost of ultrasound equipment and a lack of people who can demonstrate it. In this study Alexandra Mullen, from Northstate University in California, led a team of researchers assessing the effectiveness of extra-curricular ultrasound training sessions covering topics related to 11 “commonly-used sonographical imaging categories.” The programme required one lecturer, a single ultrasound machine and the time to conduct six 30-minute training sessions with small groups of students over four weeks. Of the 308 ultrasound-related tasks attempted collectively by all 28 participants only seven were deemed unsuccessful by an instructor.

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

### The ins and outs of multi-source feedback

**Source:** BMC Medical Education

**In a nutshell:** Trainee doctors usually get feedback from their immediate supervisors but in multi-source feedback they get feedback from nurses, allied-health professionals and patients and their families. In this study Brie A. Yama, from the University of Toronto, led a team of researchers looking at how the doctors themselves and those giving feedback found the whole process. Both the doctors and the allied healthcare professionals expressed a strong interest in the concept of multi-source feedback. However, more in depth discussions identified barriers to the idea including: roles and responsibilities, perceptions of expertise, hospital culture and power dynamics. But all the groups expressed interest in opportunities to engage in bi-directional feedback\*

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

\*Presumably this doesn't include doctors commenting on what appalling specimens their patient are

### Patient feedback – does it give you anything more than a warm glow?

**Source:** BMC Medical Education

**In a nutshell:** More and more places now ask for patient feedback. But beyond letting patients congratulate/constructively criticise/slander their doctors and giving organisations a nice warm glow for feeling ‘inclusive,’ does this actually do any good? In this study Rebecca Baines, from the University of Plymouth, led a team of researchers reviewing studies into this topic. They found 20 articles that met their quality criteria. One identified change at an organisational level; six reported a

measured change in behaviour; 12 identified self-reported change, or intention to change and one identified knowledge or skill acquisition. No study, however, identified a change at the highest level i.e. an improvement in the health and wellbeing of patients. The main factors found to influence the effects of patient feedback were:

- Specificity
- Perceived credibility
- Congruence with physician self-perceptions and performance expectations
- Presence of facilitation and reflection
- Inclusion of narrative comments

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

### Why do doctors take a break in training? And what do they do with it?

**Source:** British Medical Journal

**In a nutshell:** Many junior doctors take a break from their training. The GMC's annual survey of junior doctors includes questions about this and this article from the *British Medical Journal* reports on the findings. 43% said that they had taken a break for reasons related to their health and emotional wellbeing, 32% cited career or specialty choice and 26% cited training or work environment. Most doctors taking a break take up another medical role in the NHS. 57% worked in the NHS during their training break as locums, in a staff grade post, as a locum, or as a clinical fellow. 35% had worked or volunteered abroad and 22% were undertaking further study, qualifications or research. In 2009 85% of those completing the foundation programme went straight into specialty training but by 2017 this had fallen to 43%.

If you have access to the *British Medical Journal* you can read the whole of this article [here](#).

### iPad therefore I learn?

**Source:** BMC Medical Education

**In a nutshell:** Most people have now got a smartphone or a tablet on which to waste their lives watching last night's edition of *Love Island*, stalk old partners on Facebook or get into spats about politics on Twitter. Medical students also use them to learn rather more useful things on their clinical placements and in this study Thomas J.G. Chase, from University College London, led a team of researchers looking into what happened when 275 medical students on a six-week rotation were given iPad minis to support their placement-based learning. The study suggested that the iPads had a positive effect on the students' perceived efficacy of working, "while experience of usage not only confirmed pre-existing positive opinions about devices but also disputed some expected limitations." The students were more likely

to use the devices in their own time rather than out on the wards but internet access was a major limitation to device use.

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

### Turning from a medical student to a doctor. Is there an app for that?

**Source:** BMC Medical Education

**In a nutshell:** Those people with a smartphone or tablet often use apps to cope with life. Indeed, like brakes on office tables or crash helmets for children on scooters, it's a wonder how humanity managed to negotiate the Black Death, Civil War and Blitz without them. In this study John E.A. Shenouda, from Brighton and Sussex Medical School, led a team of researchers interviewing F1 doctors and final-year medical students about their use of smartphones. The participants included both high- and low-intensity smartphone users. They used their smartphones to support their prescribing practices, especially antibiotics, through the MicroGuide™ app. They also used instant messaging, via WhatsApp, to supplement the bleep system allowing “coordination of both work and learning opportunities across place and time.” Taking photographs was recognised as being against regulations but there had still been occasions of use despite this. “Concerns about public and colleague perceptions were important to both students and doctors, with participants describing various tactics employed to successfully integrate phone use into their practices.”

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

## Nurse Education

### How do students feel about becoming professionals?

**Source:** Nurse Education in Practice

**In a nutshell:** Safe breakers and forgers take pride in a good job well done and developing a professional identity is seen as just as important for doctors and nurses. In this study C. Browne, from Murdoch University in Western Australia, led a team of researchers who carried out drawing and mind-mapping exercises with nursing students at the beginning of their course. Four themes emerged from the data which were:

- ‘To be a nurse I have to look the part’
- ‘To be a nurse I have to perform a variety of roles’
- ‘To be a nurse I have to connect with others’
- ‘To be a nurse I have to care for myself’

The researchers concluded that “the formation of a strong pre-professional identity is important for nursing students due to the link between future job satisfaction and the development of a robust nursing workforce.”

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

### Leadership training – starting them young

**Source:** Nurse Education in Practice

**In a nutshell:** Clinical nursing leadership is seen – by some people at least – as critical for providing good quality care but there is little research on the best way of teaching it to nursing students. In this study Laurence Ha and Jacinthe Pepin, from the Université de Montréal looked at the effectiveness of a course on clinical nursing leadership developed for first-year students. The course included videos, brainstorming, journal entries on students' clinical leadership and observation of a nurses' clinical leadership. 23 students and six teachers who took part in the course were then interviewed in focus groups and individually about the course. The interviews showed three components of the course that supported the students' learning which were:

- Visual examples at the students' level
- Observation of role models
- Animated discussions in small groups

The visual examples and the observation of role models supported learning by expanding the students' initial views of nursing beyond a technical role to one embedded with clinical nursing leadership while the animated small group discussions helped the students to speak up and be open to other people's opinions.

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

### How CogChamps can improve care for older patients

**Source:** BMC Health Services Research

**In a nutshell:** Many older people in hospital are suffering from reduced mental faculties either temporarily – due to other illnesses they might be suffering from at the time – or permanently due to the effects of old age. In this study Catherine Travers, from Queensland University of Technology, led a team of researchers looking into the effectiveness of an initiative called CogChamps which aimed to educate nurses about delirium and improve the quality of care for hospital patients with cognitive impairment. 34 experienced nurses became Cognition Champions. They received training about dementia and the identification, prevention and management of delirium. Over five months they were supported to develop and introduce action plans designed to change care practices. Once the action plans had been put in place there were significant increases in the number of patients having their cognitive functioning assessed and in the number of patients being given pain relief.

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

## Teaching students to stop suicides

**Source:** Nurse Education in Practice

**In a nutshell:** In recent years the number of people killing themselves each year in the UK has fallen as governments have developed, and put into practice, national suicide-prevention strategies. Research has shown that suicide-prevention training changes people's attitudes and increases their confidence in their ability to use suicide-prevention strategies. In this study Stewart Kerr, from the University of the West of Scotland, led a team of researchers studying the difference between men and women's responses to a suicide-prevention course called SafeTalk. 128 first-year student nurses took part in the study which found that men had higher self-confidence in their ability to cope with suicidal people both before and after the course. However, because of the small numbers of men who took part in the study the researchers were unable to definitively state that sex makes any difference as far as suicide prevention is concerned.

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

## Teaching students about intellectual disability

**Source:** Nurse Education Today

**In a nutshell:** People with intellectual disabilities are also more likely to suffer from physical and mental-health problems but don't always get the care they need. In this study Julian N. Trollor, from the University of New South Wales in Sydney, led a team of researchers who surveyed how this topic was taught in Australia. 15 nursing schools took part in the study which found that lectures were the most common teaching method, followed by tutorials and workshops. Three-quarters of teaching used some problem- or enquiry-based learning but only one nursing school involved somebody with an intellectual disability in teaching. Six of the schools had people who specialised in intellectual disability and seven had staff who had an interest in this area.

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

## Learning through simulation. Productive failure or simple to complex?

**Source:** Nurse Education Today

**In a nutshell:** Whether they want to or not a lot of nursing students (not to mention students in other disciplines) find themselves learning using computer simulations these days. But what's the best approach? Productive Failure is getting some good reviews these days. Learning starts with a complex challenge which is beyond learners' current skills and abilities. Students explore the problem, struggle and even fail before guidance is provided in the 'knowledge assembly,' phase. Productive Failure is supposed to support more flexible learning skills and produce a deeper level of understanding. In contrast the Simple to Complex approach starts off – as the name implies – simply allowing people to build up their knowledge and confidence before tackling more complex material. In this study Ilana Dubovi, from

Utah State University, compared two online simulations using the Productive Failure approach with two using a simple-to-complex philosophy. Dubovi found that students spent significantly more time learning using Simple-to-Complex simulations and learnt more using them.

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

### How nurses cope with their first clinical placement

**Source:** Nurse Education Today

**In a nutshell:** Going on one's first clinical placement can be a daunting experience and in this study Yousef Alshahran, from the University of Adelaide, led a team of researchers looking into the ways nursing students cope with it. 58 students took part in the study which found that the students used a range of different strategies to cope with their first placement including using debriefing sessions with their college lecturers and seeking out their friends and family to talk about their first clinical-placement experience. Other strategies included being adequately prepared before the clinical placement, identifying and seeking advice from supportive nursing staff and effective communication between nursing schools and clinical institutions about placement arrangements and expectations.

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

### Mentors assessing student nurses. Judging a cab driver without a map?

**Source:** Nurse Education Today

**In a nutshell:** If you've got a rough idea of where you're going and how to get there it's easy to judge the route a taxi driver is taking. But do nurse mentors have the directions to assess the quality of nursing students in the same way? In this study Ibraheim Almalkawi, from London South Bank University, led a team of researchers reviewing the literature on the challenges mentors face in interpreting and assessing levels of competence in student nurses in clinical practice. After ploughing through 1951 articles the team found eight that met their selection criteria. The eight studies reported:

- Difficulties in the language used to describe competencies
- The challenge of distinguishing between different levels of competence
- Lack of clear and constructive feedback to students

The researchers concluded that "there is a need to establish a transparent and common language to distinguish between and facilitate interpretation of different levels of competence."

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

## Can an e-portfolio be a capstone?

**Source:** Nurse Education in Practice

**In a nutshell:** Capstone experiences “facilitate consolidation and application of previous learning, strengthening professional identity and competency.” In this study Mary Sidebotham, from Griffith University in Queensland, looked at the effectiveness of an e-portfolio – designed to identify and demonstrate preparedness for professional midwifery practice – at fulfilling this function. 34 students completed the e-portfolios then filled out an online survey and took part in a focus group. The e-portfolio assessment was found to increase the students’ skills, knowledge and confidence and promote reflection and critical thinking. Three themes emerged from the focus groups which were:

- Acknowledging growth and development
- Transitioning to practice
- Knowing ‘who I am and where I am going’

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

## Getting nurses to lose restraint

**Source:** Nurse Education in Practice

**In a nutshell:** Being frightened, confused and made to wait around can make people behave badly and in some cases nurses are called upon to restrain them. This doesn’t always end up happily for all concerned and in this study Fatemeh Eskandari, from the University of Malaya, led a team of researchers looking into the use of an educational programme to improve nurses’ knowledge of physical restraint and reduce its use. 245 nurses took part in the study which found that the programme improved nurses’ knowledge and made them less likely to want to use physical restraint. The researchers also found that “there was a statistically-significant decrease in the incidence rate of physical restraint use in the wards of the hospital ... after [the] intervention.”

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

## Computer-based simulation

**Source:** Nurse Education Today

**In a nutshell:** In this study Lauren M. Donovan led a team of researchers looking into the effectiveness of a computer-based nursing simulation called *vSim for Nursing*. The aim of the simulation was to prepare the students for a simulation exercise in the lab – to be a simulation of a simulation, so to speak. 82 students took part in the study which found that *vSim for Nursing* positively enhanced learning. Focus groups held later with the students elicited six themes which were:

- Improved prioritization

- Role-modelled nursing care
- Individualised preparedness
- Engaged critical thinking
- Decreased levels of anxiety
- Increased confidence in the lab

The researchers concluded that “reinforcement of learning concepts through the computer-based simulation scenarios were central to positive student performance during the simulation lab experience.”

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

### **Socio-emotional competence and clinical performance**

**Source:** Nurse Education in Practice

**In a nutshell:** Socio-emotional competencies are necessary skills that enable individuals to recognise and manage their emotions, thereby successfully coping with conflict. In this study Judit Sánchez Expósito, from the Catholic University of Murcia in Spain, led a team of researchers looking into the links between nursing students’ socio-emotional competencies and their performance in a high-fidelity clinical simulation. 91 students took part in the study which found that socio-emotional competencies had a positive and statistically-significant correlation with performance in the simulation.

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