



Mid Cheshire Hospitals 
NHS Foundation Trust

Education Horizon-Scanning Bulletin – June 2016

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Allied health professionals

Source: BMC Medical Education

Date of Publication: June 2016

In a nutshell: A lot of low-back pain originates from between the ears, so to speak, and a cognitive-behavioural approach has been shown to be effective in dealing with it. In this study Helen Richmond, from Oxford University, led a team of researchers looking into different ways of teaching people how to deliver cognitive-behavioural treatments for low back pain. 35 physiotherapists were split into two groups. One group went to a face-to-face workshop while the other took an online teaching programme called iBeST. The two groups finished with more-or-less similar scores for knowledge, self-confidence and clinical skills although the group who went to the face-to-face workshop were less likely to have “biomedical attitudes,” towards low back pain.

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

General Health Education

[Health Education England launches new e-learning package for military health](#)

Source: NHS England

Date of Publication: June 2016

In a nutshell: Health Education England has launched an e-learning programme to help increase people’s understanding of the armed forces and facilitate improved care and treatment. Current service personnel tend to be younger than the rest of the population; have more musculoskeletal problems and are also more likely to be suffering from psychological distress. At the same time families of servicemen or women frequently have to move house making continuity of care from GPs, hospitals and dentists difficult. The e-learning package is made up of six sessions written by experts who with a detailed knowledge of the issues – it is accredited for continuing professional development and all health and social care staff who are likely to see members of the Armed Forces are encouraged to complete it.

You can sign up for the e-learning package [here](#) and find out more about it [here](#).

Inter-professional education

[From study to work. Making the change together in New Zealand](#)

Source: BMC Medical Education

Date of Publication: May 2016

In a nutshell: This study – led by Susan Pullon, from the University of Otago, in New Zealand – looked at a new inter-professional course for dentists, dieticians, doctors and nurses making the move from being students to working in rural communities. The five-week programme covered inter-professional practice; Maori health; rural health and managing long-term conditions. 131 students took part in the programme and they felt significantly better prepared for the world of work after it than their contemporaries who didn’t take part in the programme. The students who

took part in the scheme felt positive about it beforehand and their satisfaction with it increased as the course went on.

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

What do lecturers think about inter-professional education?

Source: Medical Education Online

Date of Publication: June 2016

In a nutshell: As doctors, nurses and allied-health professionals are expected to work together when they graduate it makes sense if they do some learning together beforehand. Much research has been done about how students find this but we don't know that much about what lecturers think. Gary L. Beck Dallaghan, from the University of Nebraska, led a team of researchers looking into this issue. The researchers sent a questionnaire to lecturers most of whom had positive attitudes about inter-professional education. The most common barriers to participations were scheduling conflicts with other classes, lack of departmental support and lack of awareness of events. Other barriers included the relevance of the activities, location and having previously had a bad experience of inter-professional education.

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

Medical Education

Getting students into research early

Source: BMC Medical Education

Date of Publication: June 2012

In a nutshell: Some people who start out doing a degree in medicine will end up doing research. This study looked at a way of getting students involved earlier and was done by a team led by Michael M. Dagher, from the American University of Beirut. The researchers looked into the effectiveness of a scheme called the Medical Research Volunteer Programme which aims to encourage students to volunteer to take part in research teams being done by postgraduate researchers. 164 students took part in the scheme with three of them co-authoring papers in peer-reviewed journals. 89.9% of the students rated the programme at either four or five out of five.

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

Preventing burn-out in junior doctors

Source: Medical Education Online

Date of Publication: June 2016

In a nutshell: Researchers estimate that up to 60% of doctors have some symptoms of burnout, which can include chronic fatigue, insomnia, forgetfulness, loss of appetite, anxiety and depression. Junior doctors can be particularly vulnerable to burnout and this study – led by Christine Runyan

from the University of Massachusetts Medical School looked into the effectiveness of a 1-month wellness curriculum for 12 second-year junior doctor working in family medicine. The pilot programme emphasised leadership skills, and cultivating mindfulness and self-compassion. The students did become more mindful and empathetic but this feasibility study was too small to show any effects on burn-out.

You can find out more about this research [here](#).

Using RADAR to help deteriorating patients

Source: BMC Medical Education

Date of Publication: June 2016

In a nutshell: Doctors and nurses don't always recognise when patients go downhill early enough to stop things going wrong. In this study George Hogg and David Miller, from Dundee University, looked at the effectiveness of an enhanced simulation exercise called RADAR (Recognising Acute Deterioration: Active Response) at teaching medical students how to cope with deteriorating patients. 130 medical students took part in a survey on the module. It was thought to have clear learning outcomes; be active and engaging with an appropriate level of challenge and stress; to help integrate theory and practice and to give effective feedback on performance. The students' confidence at recognising deterioration increased significantly and the students also enjoyed the opportunity to use the procedures they had learnt in realistic scenarios.

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

What are the communication barriers for foreign graduates?

Source: BMC Medical Education

Date of Publication: June 2016

In a nutshell: Foreign graduates often do worse than British ones as junior doctors. Anju Verma, from University College London Medical School, led a team of researchers looking into some of the communication barriers that affected foreign graduates' performance in exams where they were assessed at their ability to treat people pretending to be patients. The foreign graduates had problems with situations which involved taking patients' histories and managing their concerns. These included problems with detecting clues given out by the patients and addressing their concerns as well as with building relationships, providing structure and explanation, and planning.

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

Should other staff take up the slack to give doctors more training time?

Source: British Medical Journal

Date of Publication: June 2016

In a nutshell: Other staff – such as advanced nurse practitioners, physician associates and surgical first assistants – should treat patients so that junior doctors can have more time for training. That’s the view of the Royal College of Surgeons, outlined in a new report called *A question of balance: the extended surgical team*. The report found that there were concerns about the time available for core and foundation training for junior doctors, the demands placed on junior doctors to cover the service and their exposure to common surgical conditions. Using other staff more on the surgical team could allow doctors to leave the wards to attend teaching; help with continuity of care and help new doctors settle into rotations more quickly. It could also be used to reduce the number of times registrars are called out of operating theatres, ease their administrative burden and give consultants the confidence to “step out of the room and leave senior trainees to operate with a skilled assistant.”

You can read the whole of the Royal College of Surgeons’ report [here](#).

[Getting junior doctors to get stuck into research](#)

Source: Medical Education Online

Date of Publication: June 2016

In a nutshell: Many doctors are expected to do some research as part of their training and in the U.S. the Accreditation Council for Graduate Medical Education requires junior doctors’ training programmes “to provide curricula for residents to engage in scholarly activities.” However, the Council does not specify what these curricula should be and Satid Thamasitboon, from Baylor College of Medicine in Texas, led a team of researchers looking into a new way of getting junior doctors to engage with research. Rather than focusing on the products of research – clinical audits, journal articles etc – the researchers’ Resident Scholarship Program [sic] focused on getting the junior doctors to engage with the processes of research using self-determination theory which stresses autonomy, competence and relatedness. The junior doctors engaged in a range of scholarly projects and liked the new programme which, the researchers concluded, “may foster the curiosity, inquisitiveness, and internal motivation to learn that drives scholarly activity and ultimately the production of scholarly products.”

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

[Empathy, stress and meditation](#)

Source: Medical Education Online

Date of Publication: June 2016

In a nutshell: Empathy – or the lack thereof – can affect the level of care doctors give to patients. Stress and depression have been shown to reduce people’s empathy so something that reduces medical students’ levels of stress and depression could, in theory at any rate, lead to them being more empathetic. In this study Allen K. Chen, from Georgetown University in Washington D.C., led a team of researchers looking into the effectiveness of mindfulness, meditation and mind-body techniques on medical students’ levels of empathy, stress and depression. 20 students took part in the study; 13 of them did mindfulness and meditation activities while seven formed a control group.

While the group who meditated were less depressed by the end of the study both groups became more stressed and less empathetic during the course of the study.

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

Guaranteeing a safe delivery - how much do junior doctors know about obstetrics?

Source: Medical Education Online

Date of Publication: June 2016

In a nutshell: Doctors are often called upon to deal with emergencies in the delivery room but their exposure to such emergencies during their training is limited both by the ethical considerations of medical students poking their oar in at what is an inconvenient time for all concerned and the fact that obstetrical emergencies don't all arrive at times guaranteed to fit in with the medical-school curriculum. Adam James Janicki, from Brown University in Rhode Island, led a team of researchers looking into how confident students felt about dealing with obstetrical emergencies and how much they actually knew about dealing with them. 212 junior doctors took part in the survey and 56% felt that they had had an adequate exposure to obstetric emergencies. On a 1-5 scale the overall comfort level was 2.99 although students did feel more comfortable at dealing with emergencies as they got more experienced. However, the students only got 58% on a multiple-choice exam on obstetric emergencies; something which did not improve as people worked through their course.

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

Evidence-based medicine. Doctors think they're experts, but ...

Source: BMC Medical Education

Date of Publication: June 2016

In a nutshell: Most people have areas of knowledge where what they perceive to be their expertise is somewhat at variance with the reality. England football managers, navigating backseat drivers and a certain type of person attempting to assemble flat-pack furniture all spring to mind. In this study Karen A. Aguirre-Raya from the Universidad Nacional Autónoma de México led a team of researchers comparing what doctors said they knew about evidence-based medicine (EBM) compared to their actual knowledge. 320 doctors took part in the survey and 86% said they were very or moderately familiar with EBM. 84% said that EBM was important in clinical practice and 61% said that they always or usually implemented it. However most of them were unable to name more than one of the four characteristics of EBM and were unable to name all the steps needed to practise it. The researchers concluded that "the majority of the surveyed physicians have a high self-perception of the relevance of EBM. In spite of this, the majority of them did not know the characteristics that define ... EBM and ... the process for its practice."

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

Nurse Education

Emotional intelligence and resilience

Source: Nurse Education Today

Date of Publication: May 2016

In a nutshell: Emotional intelligence is – at least according to Google – “the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically.” It's been linked to success in all sorts of spheres and this study by Pan Zhang, from the North China University of Science and Technology, looked into the links between emotional intelligence and the ability to cope with ‘negative life events,’ in 467 nursing students who filled out surveys on their mental health, any misfortunes they had met with lately and their emotional intelligence. The study found that emotional intelligence did indeed protect students from the effects of negative life events on their mental health.

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

Nurses' attitude to mental-health problems. Turkish delight or hard to swallow?

Source: Nurse Education Today

Date of Publication: May 2016

In a nutshell: Life is tough for people with severe mental-health problems who often have other people's prejudices to contend with as well as their own problems. Nurses can help though by challenging negative perceptions, displaying hope and positive expectations for and about people, breaking down barriers and challenging discrimination. However, student nurses also share many of the same prejudices towards the mentally ill as the rest of society. In this study Stephen Tee, from Bournemouth University and Yeter Sinem Úzar Ózcetin from Hacettepe University in Turkey evaluated Turkish nursing students' attitudes to the mentally ill and attempted to develop a course in patient-centred education based on their responses. 12 nursing students were interviewed as part of their study and their responses were used to develop a course. Three themes emerged from the interviews with the students which were:

- Meanings attributed to mental illness
- Moving from fear to understanding
- Promoting hope and positive change

The researchers concluded that “more positive perceptions of mental health can be developed through co-designed person-centred educational approaches.”

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

Poetry please for children's nurses

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Nurses can find it difficult dealing with patients, particularly young ones nearing the end of their lives. Marie Anne Clancy from Birmingham University and Kirsten Jack from Manchester Metropolitan University looked into the effectiveness of poetry for helping nurses deal with some of these issues. 32 student nurses were asked to read poems about looking after children and reflect about their thoughts and feelings. Doing so helped the nurses develop their empathy, self-awareness and concern for others and the researchers concluded that “we believe this innovative approach could be developed and used in other aspects of nurse education.”

You can find out more about this research [here](#).

Teaching nurses to tackle drinking

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Apart from their core business of trying to make people better doctors and nurses are increasingly being asked to nag everyone about their diet, exercise, smoking and drinking. This study – led by F. O'May from Queen Margaret University in Scotland – looked into the effectiveness of a workshop aimed at teaching final-year nursing and occupational-therapy students about alcohol misuse. Before the start of the course the nurses knew a reasonable amount about the recommended limits for daily consumption although they knew much less about the alcohol content of different drinks. Before the workshops less than half the students thought they had the appropriate knowledge to tell patients about responsible drinking whereas after the workshops more than double the proportion of students said they knew enough to advise patients about their alcohol consumption. After the course the students “perceived a wider role for motivational interviewing and endorsed interactive delivery of alcohol education throughout all levels of the curriculum.”

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

Peer learning for online distance students

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Distance learning allows people living in isolated areas to do courses they might otherwise not be able to do but it can be a lonely experience with no class mates to grumble to, seek advice from or share experiences with. In this study Anita Raymond, from the Federation University in Australia, led a team of researchers looking into using peer learning (where students teach one another) with distance learning to reduce people's feelings of isolation. 35 second-year nursing

students filled out a questionnaire about the programme which gave a mixed picture of the benefits and drawbacks of peer-learning/distance learning. Two thirds of the students liked it, mostly because it was convenient and easy to complete. Problems included IT issues, communication and not liking this way of learning.

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

Reducing mental-health stigma for nurses. Is it all fun and games?

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Prejudice against people with mental-health problems can make it harder for them to get better, particularly if it comes from those supposed to be helping them. Lorna Moxham – from the University of Wollongong in Australia – led a team of researchers looking into the effectiveness of a “non-traditional, therapeutic, recreation-based clinical placement,” and found that it led to significant decreases in stigma towards people with a mental illness compared to students who did a typical “clinical,” placement.

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

Using blogs as learning journals

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: If Samuel Pepys or Adrian Mole were writing today they would probably use a blog rather than a paper diary. Pepys at least had the excuse of living in the days before television but can blogs be used for something useful today rather than just solipsistic self-absorption for people with too much time on their hands? Evridiki Papastavrou from the Cyprus University of Technology led a team of researchers analysing the use of blogs written as part of a course on using social media. 24 people took part in the study producing a total of 260 blogger posts and 372 comments. An analysis of the posts and comments found four main categories which were:

- Course content, new knowledge, and changed views
- Reflection and critical thinking
- Encouraging and peer support
- Expressing feelings, experiences, and expectations

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

Using video games to teach clinical reasoning

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Young people tend to like playing video games and lecturers are often keen to take advantage of this by trying to develop games that teach them something. Jaana-Maija Koivisto from the University of Helsinki led a team of researchers developing a 3D simulation game designed to teach nurses clinical reasoning. 166 students took part in 13 gaming sessions at two universities in Finland. The students learnt how to take action and collect information but were less successful in learning to establish goals for patient care or in evaluating the effectiveness of interventions while the students said that they learned mainly to apply theoretical knowledge while playing it. The researchers concluded that “nursing students’ experiences of learning the clinical reasoning process by playing a 3D simulation game showed that such games can be used successfully for learning.”

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

Are markers biased against male nursing students?

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: Most nurses are women and it can be hard to get men to enrol on nursing courses in the first place and to stay in nursing once they’ve done so. In this study Panagiotis Kiekkas from the Technological Educational Institute of Western Greece led a team of researchers looking into bias against male nursing students on the part of markers. They got four male and four female examiners to look at 400 exam scripts with the students’ names taken off them. The researchers found that the male examiners’ were more likely to give lower marks to the female students than the male students when they didn’t know the sex of the students’ doing the exams whereas the female examiners downgraded both the male and female students to the same extent. The researchers concluded that the male examiners were more likely to have a bias against male students when they were marking exam papers.

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

Using problem-based learning to teach critical thinking

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: In traditional learning people are taught about a topic and then apply it to a realistic situation. In problem-based learning on the other hand students are presented with a problem to solve and have to learn enough to crack it for themselves. This study – led by Mohammad Gholami, from the Lorestan University of Medical Sciences in Iran, compared the effectiveness of problem-

based learning and traditional learning at teaching 40 third-year nursing students critical thinking skills. The study found that lectures made no difference in students' critical-thinking skills and metacognitive awareness. However significant increase was observed in the critical-thinking, evaluation and deduction and metacognitive awareness (being aware of how one is thinking) of the students who took part in problem-based learning.

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

[Does a gerontology course make nurses like old people more?](#)

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: As the average age of the population gets older and older it's important nursing students come out of their degrees knowing about – and being prepared to give – high quality care to older people. Nurses are often taught about older people in the context of particular diseases and conditions but this education tends to be scattered all over the curriculum rather than being given in a concentrated block. In this study Amy Ritmaier Koehler, from Winona State University in Maryland, led a team of researchers looking into the effectiveness of a stand-alone module on gerontology nursing on 266 nursing students. The researchers found that the module led to an overall increase in positive perceptions of working with older adults. Most of the students (83.5%) had had previous experience nursing older adults and they were more likely to be positive about it than those who hadn't but both those who had, and those who had not had, experience of working with older people felt more positive about nursing older people after the course.

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

[Text a nurse, keep a nurse?](#)

Source: Nurse Education Today

Date of Publication: June 2016

In a nutshell: People dropping out of nursing courses is a perennial problem. Elizabeth Boath, from Staffordshire University, led a team of researchers looking into a new way of boosting retention – text messaging. Using an automated system called FLO they sent texts designed to provide information, support and reassurance to nursing students. 77 students surveyed said that they found the messages helpful and supportive; that they had increased their sense of belonging to the University and encouraged retention although there were some worries about the costs incurred by the students when they replied to the text messages.

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

Failure to fail. Is it really happening?

Source: Nurse Education in Practice

Date of Publication: June 2016

In a nutshell: 'Failure to fail,' happens when nursing lecturers don't fail students who aren't good enough to become nurses. Lynda J. Hughes, from Griffith University, led a team of researchers looking into studies into this topic. The team found 169 papers altogether of which 24 were deemed to be good enough to be included in their final analysis. Five main themes emerged which were:

- Failing a student is difficult
- An emotional experience
- Confidence is required
- Unsafe student characteristics
- University support is needed

The researchers concluded that failure to fail is a real issue in universities.

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