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General Healthcare Education

St Trinian’s for coders – new digital academy opens its doors

Source: NHS England
Date of Publication: August 2017

In a nutshell: As if making sure there are enough nurses, doctors and medicines to treat patients wasn’t enough to be going on with NHS leaders (or at least some of them) are now expected to ‘drive digital innovation’ aka make sure there’s Wi-Fi in the canteen. To help them do this three universities have now joined forces to set up the NHS Digital Academy which opens its (virtual) doors in September. The Academy will provide expertise for clinicians and health managers who are delivering an ambitious programme of digital innovation in the NHS - including how to use new technology to improve patient care and experience and to deliver efficiencies. The Academy is being led by Imperial College London, Harvard Medical School and Edinburgh University and it’s thought that 300 people will pass through its gates each of them spending a year studying part time.

You can find out more about the NHS Academy [here](#).

What makes a student ready for practice?

Source: BMC Medical Education
Date of Publication: August 2017

In a nutshell: Having a pulse, being able to read and write without moving one’s lips and being able to speak intelligibly are all a good start as far as students starting their clinical placements are concerned but what other qualities do supervisors look for in students starting out in the workplace? In this study Hasini Banneheke, from the University of Sri Jayewardenepura in Sri Lanka, led a team of researchers who asked 173 clinical supervisors in medicine, pharmacy and nursing what they were looking for in students starting their placements. The answers were as follows

<table>
<thead>
<tr>
<th>Quality</th>
<th>Medicine</th>
<th>Pharmacy</th>
<th>Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willingness</td>
<td>5.70</td>
<td>6.00</td>
<td>6.00</td>
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<tr>
<td>Professionalism</td>
<td>5.70</td>
<td>5.90</td>
<td>6.15</td>
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<tr>
<td>Communication and Interaction</td>
<td>5.42</td>
<td>5.67</td>
<td>6.00</td>
</tr>
<tr>
<td>Personal Attributes</td>
<td>5.42</td>
<td>5.71</td>
<td>6.02</td>
</tr>
<tr>
<td>Professional and Interpersonal Skills</td>
<td>5.50</td>
<td>5.63</td>
<td>6.00</td>
</tr>
</tbody>
</table>

All the supervisors said that professionalism and willingness were the most important characteristics followed by personal attributes.

You can read the whole of this article [here](#).
Inter-professional Education

Doctors, nurses, simulation and stereotypes
Source: Nurse Education Today
Date of Publication: August 2017
In a nutshell: In interprofessional education nurses, doctors and other health-care professionals are educated alongside each other in the hope (sometimes a forlorn one) that they will work better together when they are finally allowed out onto the wards. Interprofessional simulation education (IPSE) puts mixed teams of students from different courses together into a life-like situation to teach them about – and test them on – their ability to cooperate. In this study Kelly S. Lockeman, from Virginia Commonwealth University, led a team of researchers looking into whether IPSE changed the opinions nurses and doctors had about one another. The study, in which 251 students took part, found that both nursing and medical students thought better about nurses after the end of the IPSE sessions and that nursing students thought better about doctors. Interestingly, however, the medical students did not change their perceptions of doctors after the IPSE sessions.

You can read an abstract of this article here.

Coping with babies arriving in the car park
Source: Nurse Education Today
Date of Publication: August 2017
In a nutshell: Babies arriving early and being delivered in the backs of cars, cinemas and on tops of mountains is a staple of television drama but it does happen from time to time and it’s good that health-care staff (if they happen to be in the vicinity) are equipped to cope. In this study Gayle McLelland, from Monash University in Australia, looked into the effectiveness of an interprofessional team-based simulation designed to teach nurses, midwives and paramedics how to cope with an unplanned birth. 24 students took part in the simulation. Overall they found their self-efficacy and confidence in their ability to achieve a successful birth was significantly improved. Only the nurses’ clinical knowledge was improved although the students’ satisfaction with the simulation was very high.

You can read the abstract of this article here.

Medical Education

Sex, learning styles and performance
Source: BMC Medical Education
Date of Publication: August 2017
In a nutshell: The concept of learning styles is a controversial one and some people question whether they even exist, or whether they are just a figment of the educational establishment’s imagination. For those that do believe in them Daniel Hernández-Torrano, from Nazarbayev University in Kazakhstan, has been leading a team of researchers looking into how the sexes differ in their preferred learning styles and how this affects their...
performance in various parts of their studies. The researchers’ study found that first-year medical students preferred a visual (demonstrations and diagrams) and sequential learning style. The men preferred visual learning over verbal learning while the women preferred a sequential learning style to a global one. Significant associations were found between sensing-intuitive learning styles and performance in genetics and anatomy and between sequential-global styles and performance in Genetics. More specifically, sensing learners were more likely to perform better than intuitive learners in the two subjects and global learners were more likely to perform better than sequential learners in Genetics.

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

**Getting students ready to use portfolios**

**Source:** BMC Medical Education  
**Date of Publication:** August 2017

**In a nutshell:** Portfolios are increasingly used in healthcare education to support learning, personal and professional development, and assessment. As a way for students to record and think about clinical experiences, they can increase knowledge, help people link theory to practice and encourage lifelong learning skills, including self-awareness and identification of learning needs. In this study Gillian H.S. Vance, from Newcastle University, led a team of researchers who evaluated the introduction of an electronic portfolio for final-year medical students. Most of the students (54%) used the e-portfolio and 62% met with their supervisor once or twice only. However, only 22% of the students thought the portfolios were beneficial. Their supervisors were more positive though and thought that the portfolios (72%) and supervision (86%) were good ideas. The researchers concluded that “final-year students have negative attitudes to a formative e-portfolio ... [but] measures to minimize time, repetition and redundancy of processes may encourage use.”

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

**How prepared are students?**

**Source:** BMC Medical Education  
**Date of Publication:** August 2017

**In a nutshell:** It’s hard to tell how well students are prepared for starting work on the wards. Nothing daunted Josefin Bosch, from the Charité-Universitätsmedizin in Berlin, led a team of researchers trying to find out “using a three-dimensional, socio-cognitive, theory-based model of preparedness anchored in specific professional activities and their supervision level.” While most of the 147 students who took part in the study reported high confidence to perform the 21 tasks assessed in the study analysis of the specific tasks “revealed important gaps in preparation through university teaching.” The students regularly searched for support in case of difficulty. A quarter of the “variance of each preparedness dimension was explained by self-efficacy, supervision quality, amount of prior clerkship experience and nature of professional activities.” How well-prepared the students felt contributed to the levels of stress they experienced.

You can read the whole of this article [here](#).
**What do doctors make of Professional Support Units?**

**Source:** BMC Medical Education  
**Date of Publication:** August 2017  

**In a nutshell:** In the UK Postgraduate Medical Deaneries organise training for junior doctors on a regional basis. As part of doing this they have Professional Support Units (PSU) to support junior doctors who are struggling either professionally, emotionally or psychologically. In this study Elaine Wright, from the University of Bath, led a team of researchers who interviewed eight junior doctors about their experiences of seeking help from a PSU. All the doctors were women, although this wasn’t a deliberate choice on the part of the researchers – it just so happened that it was women who were willing to talk about it. The following themes emerged from the interviews:

Medical identity intact (it will never happen to me)  
- Denial of disrupted medical identity  
- Being on the edge  
- Accepting help  
- Role of PSU in ‘recovery’ process  
- Repaired identity/coming back from the edge  
- Different ways to be a doctor

The researchers concluded that “reducing the stigma attached to initial help-seeking among junior doctors is crucial to increase ease of access to the PSU and to improve the experiences of doctors who encounter challenges during their training.”

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

**Is it worth weighing pigs? The ins and outs of progress tests for medical students**

**Source:** BMC Medical Education  
**Date of Publication:** August 2017  

**In a nutshell:** While – proverbially – you don’t fatten a pig by weighing it, it does help you tell whether you need to shovel more swill its way before the agricultural show/abattoir. But does the same hold true for medical students? In this study Jill Yields, from the University of Auckland, led a team of researchers who held eight focus groups with medical students to discuss what they thought about progress testing. Two ‘themes’ emerged from the conversations which were ‘Impact on Learning’ and ‘Emotional Wellbeing.’ The students described a variety of learning responses to progress testing “that clustered around the employment of a range of learning strategies based on their experience of sitting progress tests and their individualised feedback.” The students had a range of emotional reactions to the progress tests with some finding them stressful while others enjoyed not needing to intensively cram before the tests.

You can read the whole of this article [here](#).
What makes for good clinical reasoning?

Source: BMC Medical Education
Date of Publication: August 2017

In a nutshell: Being able to think without moving one’s lips used to be seen as a good quality. Nowadays, having a constant stream of consciousness emanating from one’s mouth is seen as being open and communicative, and silence is increasingly viewed with suspicion. Doctors are no exception to this and while they used to be able to get away with a contemplative suck on their pipe before giving a diagnosis they are now expected to show how they got there and make their clinical reasoning manifest. In this study Catharina M. Haring, from the Radboud Medical Centre in the Netherlands, led a team of researchers who showed 12 randomly-selected ‘encounters’ between medical student and patients to six expert assessors. The expert assessor’s criteria for clinical reasoning ability were:

- Taking control
- Recognising and responding to relevant information
- Specifying symptoms
- Asking specific questions that point to pathophysiological thinking
- Placing questions in a logical order
- Checking agreement with patients
- Summarizing
- Body language

You can read the whole of this article here.

Nurse Education

What favourite books say about caring and compassion

Source: Nurse Education Today
Date of Publication: August 2017

In a nutshell: As far as nursing goes care and compassion are a bit like alcohol and cake at Christmas – you can manage without them but they go a long way to making the whole thing a better experience for all concerned. In this study Louise Terry, from South Bank University in London, led a team of researchers who asked 41 nursing lecturers in the UK, Ireland and Canada about books, articles, poems, films or plays that had most influenced nurse educators’ understanding of care and compassion. They then analysed the lecturers’ responses to see what they said about the lecturers’ ideas about care and compassion. The desire to understand others and care compassionately characterised the lecturers’ choices. Three main themes emerged from the research which were:

- Abandonment of, and failure to see, the suffering person which cropped up 25 times
- Connecting with others – truly seeing the other person (25 times)
- Comforting others – examples of kindness and compassion (37 times)

You can see the abstract of this article here.
Simulation, debriefing and transferring. The holy trinity for learning nursing techniques?

**Source:** Nurse Education in Practice

**Date of Publication:** In some parts of the world the numbers of nursing students are going up while their opportunities for clinical placements are heading in the other direction. One way round this is to use realistic mock-ups of patient treatment to allow nurses to practise and improve their technique – high-fidelity simulation. Nursing students are usually debriefed after this and told what they have done right, or wrong, but there is not always a conscious attempt to explore underlying principles which can be transferred from one situation to another. Making this transfer explicit is called transfer of knowledge and in this study Sandra Johnston, from Queensland University of Technology, led a team of researchers looking into how transfer of knowledge could help nurses learn. 12 nurses took part in the study. Seven of them did a simulation followed by a debrief conducted on transfer-of-knowledge principles while the rest had a standard debrief. The students then took part in focus groups. The results suggested that “the debriefing approach based on transfer-of-knowledge principles may be a useful way for student nurses to learn from a simulated experience and consider the application of learning to future clinical encounters.”

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

In at the deep end or ducks to water? How nurses cope with prescribing

**Source:** Nurse Education in Practice

**Date of Publication:** August 2017

**In a nutshell:** In many countries nurses are now allowed to prescribe medicine for people. Not all doctors like this and in this study Anecita Gigi Lm, from the University of Auckland, led a team of researchers who spoke to nurse prescribers and asked them how they’d coped when they first started prescribing. The researchers interviewed 10 newly-registered nurse prescribers. The nurse prescribers described how they were faced with the challenge of an unprepared environment as they began to prescribe and how they built trust in their prescribing practice among their colleagues and patients. The nurse prescribers described the new professional relationship between nurse prescribers and doctors as collaborative but interdependent, rather than dependent as it had been when only doctors prescribed medicine.

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

Training nurses for dementia in the community

**Source:** Nurse Education in Practice

**Date of Publication:** August 2017

**In a nutshell:** Medical advances such as statins have replaced early, quick and merciful deaths from heart attacks with late, long, lingering ones from dementia. Nurses find themselves having to look after patients with dementia living in the community and in this study Raymond Smith, from St George’s University of London/Kingston University, led a team of researchers looking into the effectiveness of a training course for care workers caring for people with dementia. The training was found to have a significant, positive impact on participants’ confidence in understanding the experiences and social-care needs of people with young-onset dementia and their families. They thought that the training would help them improve their practice and reported many ways in which they
perceived being able to specifically support and empower people with young-onset dementia. The researchers concluded that “the short training course improved knowledge and confidence for care workers on dementia care.

You can read the abstract of this article here.

Clinical skills refresher course hits the spot

**Source:** Nurse Education in Practice  
**Date of Publication:** August 2017  
**In a nutshell:** Although it’s hardly surprising that going out into the real world of pus, pain and bandages can be difficult for newly-graduated nursing students those of an optimistic frame of mind are always looking for ways to make it a bit easier. In this study Hooman Shahsavari, from Tehran University of Medical Sciences, led a team of researchers looking into the effectiveness of basic clinical skills refresher course for nursing students before they entered the internship programme. 160 students took part in the study. Half did the three-day refresher course focused on 10 basic nursing procedures while the other half formed a control group. Those students who took the refresher course experienced lower levels of anxiety; higher levels of clinical self-efficacy and had better clinical skills during their internships.

You can read the abstract of this article here.

How do patients feel about interviewing students?

**Source:** Nurse Education Today  
**Date of Publication:** August 2017  
**In a nutshell:** Patients and their carers are becoming increasingly involved in healthcare education, including in interviewing students for places at college. In this study Katie Stevens, from Canterbury Christ Church University, led a team of researchers looking into how patients and carers felt about this process. 25 people took part in the study – two adults, thirteen children (aged between 13 and 17) and 10 mental-health patients. The patients had had a largely positive experience and it had provided them with a sense of meaningful involvement. Other findings from the interviews were:

- A close link between the values of the participants and those of the wider NHS
- Benefits to a sense of wellbeing and achievement
- A need for greater ownership of the recruitment process by service users

You can read the abstract of this article here.

Teaching person-centred learning

**Source:** Nurse Education in Practice  
**Date of Publication:** August 2017  
**In a nutshell:** Person-centred care is where it’s at as far as nursing goes – as opposed to basing care around office furniture, paperwork and that half-eaten box of Terry’s All Gold brought in by a little old lady’s daughter three weeks ago. Nursing lecturers have been having a great time thinking up new ways to teach patient care and in this study Annette Saunders, from the University of Tasmania, led a team of researchers looking into a new approach which combined the flipped classroom (where students do their homework
before their lessons so they are well-prepared for what they’re being taught) and simulation. Person-centred scenarios were developed for group activities that reflected core foundational skills; for example, communication, hand-washing and wound management. Each skill was practised in spaces simulating acute care, community and residential spaces. For instance, wound dressings were practiced on mannequins lying in hospital beds and on a sofa. Students were made to think about how to provide good aseptic technique in these environments, and to imagine there may be clutter, animals, smells, poor access, distressed clients, limited lighting and concerned relatives. Assessments included people from a range of different backgrounds e.g. an elderly lady from a Chinese background in an aged-care facility, a Polish gentleman and a young man with a cognitive impairment in the community setting, a refugee with English as a third language and a practising Jehovah’s Witness in an acute care setting. Over 90% of the students thought the unit’s structure, content and resources prepared them well for their placements and students, tutors and clinical facilitators valued the person-centred approach.

You can read the abstract of this article here.

Simulation – taking another look at the evidence

Source: Nurse Education in Practice

Date of Publication: August 2017

In a nutshell: Simulation is now widely-used in nursing and medical education but, because it involves human beings and their thoughts, feelings and attitudes, it can be harder to research than, for instance the effects of drug x on blood substance y. In this study Robyn P. Cant, from Monash University in Australia and Simon J. Cooper, from Federation University (also in Australia) reviewed the research on simulation and found 72 studies that met their quality criteria. The researchers found that simulation did improve nurses’ clinical knowledge but that studies used few other objectively-rated measures and that the subjective measures they used – such as confidence and satisfaction – were prone to bias. They concluded that “simulation programmes in pre-licensure nursing curricula demonstrate innovation and excellence. The programmes should be shared across the discipline to facilitate development of multimodal learning for both pre-licensure and postgraduate nurses.”

You can read the abstract of this article here.

Paramedic Education

Training paramedics on the labour ward

Source: Nurse Education in Practice

Date of Publication: August 2017

In a nutshell: In the health-services casino the stakes are highest among paramedics. This means that they are sometimes reluctant to have students on placement as the damage students can do in the back of an ambulance is somewhat greater than the havoc they can cause in a foot-care clinic. In this study Shane Lenson, from the Australian Catholic University, and Jason Mills from the Queensland University of Technology assessed the effectiveness of a scheme whereby trainee paramedics practised the ‘psychomotor skills,’
needed for their profession in an ‘obstetric setting’ i.e. labour ward. The study found that a comprehensive range of psychomotor skills could be practised on the labour ward with over 30 psychomotor skills identified directly related to the paramedic curriculum and seven psychomotor skills indirectly related. In-depth interviews with the students elicited the themes of: finding confidence in maternity care; watching the experts and putting theory into practice. Whether the students got to use blue flashing lights on the maternity ward and what mothers and babies made of it if they did is not recorded.

You can read the abstract of this study here.

Striving for balance in the back of an ambulance
Source: Nurse Education in Practice
Date of Publication: August 2017
In a nutshell: Moving from being a student to being a full-time nurse is a complicated psychological process requiring new nurses to assume a professional identity. This can be quite challenging so support from one’s peers and a limited amount of responsibility can be crucial to making it work. In this study Anna Hörberg, from the Karolinska Institute in Sweden, led a team of researchers looking at how 13 nurses who had worked in the ambulance service for a year or less had adapted. The nurses talked about “striving for balance,” and their transition to full-time nursing was experienced as a balancing act between emotions, expectations and striving for professional development. This balance was negatively affected by harsh, condescending attitudes among colleagues and a lack of structured support and feedback. The nurses also described their own, unsupervised, strategies they had come up with for professional development.

You can read the abstract of this article here.

Pharmacy Education

New web site aims to help pharmacists
Source: Academy of Fabulous NHS Stuff
Date of Publication: August 2017
In a nutshell: University Hospital Southampton NHS Trust launched their Medicines Learning Portal website in 2016 to teach junior hospital pharmacists in the NHS how to solve clinical problems. The site is free to view and by July 2017 it had already received 250,000 visits and been endorsed by the Royal Pharmaceutical Society. The site covers topics such as injection compatibility, side effects, prescribing in pregnancy and managing patients with liver and kidney diseases. There are tutorials which cover core clinical knowledge, including more specialist clinical topics, and a section on professional skills which aims to support people making decisions in challenging situations.

You can take a look at the Medicines Learning Portal here.
Physiotherapy Education

Standard patients or willing class mates?
Source: BMC Medical Education
Date of Publication: August 2017

In a nutshell: Broadly speaking physiotherapists spend their time strapping up people’s limbs, getting them to do exercises or pummelling them about. Physiotherapy students practice this as part of their courses, most often on willing class mates. In other branches of health care students practise on so-called standardised patients – volunteers who have been given a backstory and a script and told to stick to it. In this study Anna C. Phillips, from the University of South Australia, led a team of researchers comparing the effectiveness of these two approaches. The students who took part in the training involving a standardised patient “rated their confidence and preparedness for clinical placement higher,” and they had “high levels of satisfaction with the SP [standardised patient] interactions.”

You can read the whole of this article here.

How simulation went down a storm at Bath
Source: Academy of Fabulous NHS Stuff
Date of Publication: August 2017

In a nutshell: In 2015-2016 Royal United Hospitals’ NHS Foundation Trust in Bath got funding from Health Education England to employ a physiotherapy simulation fellow. Even though the fellowship has now finished the Trust has continued to employ the same person who still delivers a day a week of simulation training alongside their clinical work. 19 days of simulation were provided in 2016-2017 resulting in the completion of 20 different educational projects including:
- Physiotherapy on-call simulation
- OT deteriorating patient simulation
- SLT tracheostomy simulation
- Managing conflict in outpatients’ clinics
- Simulated falls in the toilet in the emergency department

You can read more about the work of RUHFT’s physiotherapy simulation fellow here.