Education Horizon-Scanning Bulletin – June 2019

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General Healthcare Education

Vaccinating healthcare professionals against ignorance

Source: BMC Medical Education

In a nutshell: Rather than ushering an era of rational enlightenment the decline of organised religion has created a vacuum in which strange cults can flourish from the millenarian puritanism of Extinction Rebellion, through the dietary codes of glutenism to the frankly preposterous belief that either Boris Johnson or Jeremy Corbyn are capable of solving any of the nation’s problems. One such cult is the anti-vaccination movement which persists – in the face of all the available evidence – in the idea that childhood vaccination are linked to autism. But do healthcare professionals know enough about this issue to give correct information to their patients? In this article Lauren L. Dybsand, from North Dakota State University, led a team of researchers who surveyed 223 medical, nursing and pharmacy students asking them what they knew about vaccination. 74.3% of medical students and 62.7% of pharmacy students got high scores for their knowledge about immunization compared to 57.1% of Doctor of Nursing Practice students and only 24.7% of Bachelor of Science in Nursing (BSN) students. Over a third (34.2%) of BSN students believed that the current recommended immunisation schedule places undue burden on children’s immune systems, compared to just 4.3% of medical students. 54.2% of the participants believed that spreading out recommended vaccines over several visits was an appropriate means of reducing parental stress about vaccinating.

You can read the whole of this article here.

What makes people give Time for Dementia?

Source: International psychogeriatrics

In a nutshell: Time for Dementia is an innovative undergraduate education programme for medical, nursing and paramedic students in the south of England which involves people with dementia and their carers being visited by students three or four times a year for up to two hours at a time to improve the students’ knowledge of, attitudes to, and empathy for, people with dementia. In this study Zoe Cashin, from St Richard’s Hospital in Chichester, led a team of researchers studying what motivated families to take part in the training programme. The researchers interviewed 18 families and identified four themes from their analysis of the interviews which were:

- Motivators
- Value to family
- Value to the person with dementia
- Student factors
The researchers concluded that “engagement in such programme can have therapeutic benefits to participants, and do not cause harm.”

You can read the abstract of this article here.

**Medical Education**

Do medical students need to go back to the classroom?  
**Source:** BMC Medical Education

In a nutshell: Despite the fact that the back is a relatively large anatomical structure which shows up well on X-rays most back pain remains shrouded in mystery, often having a considerable muscular, and in some cases, psychological component. In this study Eva McCabe, from the National University of Ireland in Galway, led a team of researchers examining whether medical students believed in some common myths about back pain. Myths included that back pain always resulted from an injury, that diagnostic scans could pinpoint the cause of back pain and that a slipped disc always necessitates an operation. 219 students took part in the study and the average number of correct answers increased as the students went through their studies. A personal history of back pain and being a woman were both linked to higher scores. On average medical students answered four out of seven questions about back pain correctly compared to 131 members of the public who answered three correctly. By the time the students had finished their course and been on a low-back-pain seminar they had climbed to the giddy heights of five out of seven.

You can read the whole of this article here.

What do medical students think about professionalism?  
**Source:** BMC Medical Education

In a nutshell: Along with being non-judgmental and environmentally friendly being professional is one of the cardinal virtues of the 21st century eclipsing fusty old concepts like faith, hope and charity. Even before they set foot on the wards medical students are becoming socialised as doctors and in this study Danielle Reimer, from the Mayo Clinic, in Jacksonville, Florida, led a team of researchers looking into changing concepts of professionalism among first- and second-year medical students. The first-year students identified seven ‘domains,’ of being a good professional which were:

- Self-management and patient-centredness
- Ethics and professional reputation
- Dependability
- Self-awareness and self-improvement
The second-year students identified five ‘domains,’ viz:

- ‘Good doctor,’ attributes
- Responsibility
- Ethics
- Innovation and self-improvement
- Unbiased

The researchers concluded that the first year students’ views on professionalism were more consistent with the conventional professional image of the doctors whilst the second years had a more ‘global,’ view.

You can read the whole of this article here.

Dem bones, dem bones, dem procured bones

Source: BMC Medical Education

In a nutshell: In much the same way as one apple tree (or bits thereof) can be grafted on to another so bones from one person can be grafted on to another. Getting hold of these bones can be fraught with difficulty. If they’re not handled carefully they can be contaminated, jeopardising their quality and exposing those receiving the bone graft to a risk of infection. The whole process is known as ‘bone procurement,’ and in this study Suhaili Mohd, from the University of Malaya, led a team of researchers looking into the effectiveness of an ‘effective-bone-procurement workshop,’ for doctors and paramedics. 27 doctors and paramedics took part in the study which found that the workshop led to an improvement in their knowledge. The researchers concluded that “the workshop contents and teaching materials were effective in improving the cognitive knowledge of the personnel who would get involved in bone procurement under the National Donation Programme.”

You can read the whole of this article here.

Virtual reality and laparoscopy

Source: Pakistan Journal of Medical Sciences

In a nutshell: Virtual reality is marvellous. It allows people with biceps like knots in string to become mighty warriors and those with as much sexual allure as a dead jellyfish in Fishguard to embark on all sorts of erotic adventures. In this study Mian
Usman Sattar, from Malaysia University of Science and Technology, led a team of researchers looking into the use of virtual reality for training medical students in laparoscopy. 87 students took part in the study. They studied laparoscopy using virtual reality, videos and text-based learning (i.e. reading). Virtual reality was found to be the most effective method, both in terms of how motivated the students were to learn and how effective they were at learning.

You can read the abstract of this article here.

The lecturers battling burnout

Source: BMC Medical Education

In a nutshell: Medical school lecturers have been reported to be highly likely to suffer from burnout; perhaps the inevitable result of tussling with university bureaucracy and bored adolescents on a Friday afternoon. Professional self-concept has been found to relieve burnout in many professions and in this study Jihye Yu, from Ajou University in Korea, led a team of researchers examining whether this was true for medical-school lecturers too. 68 lecturers filled out questionnaires designed to assess their professional self-concept and their levels of burnout. The researchers found that as the lecturers professional self-concept increased their burnout decreased. Levels of burnout and professional self-concept showed no difference in relation to sex or medical specialty although a significant difference was observed across “faculty position levels.” Job satisfaction and communication skills were found to significantly affect levels of burnout.

You can read the whole of this article here.

Burnt out in Bangkok

Source: BMC Medical Education

In a nutshell: Also studying burnout was a team of researchers, led by Pongtong Puranitee, from Mahidol University in Thailand. The researchers surveyed 41 paediatric residents. None of them had all three types of burnout – emotional exhaustion, high level of depersonalisation and perceived low personal accomplishment) but 17% had high levels of two out of the three of them. Emotional exhaustion and educational climate (perceptions of role autonomy, perceptions of teaching, perceptions of social support) were correlated with work-related quality of life. The main themes related to burnout were:

- Inappropriate tasks
- Teachers and teaching styles
- The perception of knowledge insecurity relating to task performance (i.e. thinking they didn’t know what to do)
- Shortage of time
- A life crisis during training
- Role expectations
- Work allocation clarity
- Accommodation

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

How the shortage of places is spurring qualification inflation

**Source:** BMC Medical Education

**In a nutshell:** In Australia the number of medical graduates is increasing faster than the number of specialist training places available to them. Competition for training places is getting more severe and some people think that this is causing people to acquire extra qualifications to distinguish themselves from their competitors. But is this really true? Daniel Thompson, from St Vincent’s Hospital in Melbourne, led a team of researchers trying to find out. The researchers studied 995 registrars representing 13 specialties. 30.4% completed a research-based degree during their medical degree and 46.7% obtained further qualifications after completing medicine. A significantly higher proportion of ophthalmology (78.6%) and paediatric (67.5%) registrars, and a lower percentage of emergency medicine (36.7%) registrars held postgraduate qualifications. Overall 2.4% of registrars held a PhD and 10.1% held a Master’s degree. A higher percentage of either PhD or Master’s was held by ophthalmology (64.3%) and surgical (30.6%) trainees and a lower percentage by anaesthetics (6.3%) and physician trainees (7.9%). Postgraduate diplomas or certificates were most common among paediatric (41.2%) and obstetrics and gynaecology (25.6%) registrars.

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

Training students to prescribe aerobics

**Source:** Family Practice

**In a nutshell:** Doctors can now prescribe physical activity to their patients – anything from walking the dog to pole dancing – but many are reluctant to do so. Research has shown demographic differences between doctors can affect how likely they are to prescribe exercise but no one has studied this in medical students so Taylor McFadden, from the University of Ottawa, led a team of researchers looking into this
very issue. The researchers found that women were more likely to advise patients about exercise and refer them to an exercise specialist than men and that second-year students were more motivated to assess a patients’ existing levels of physical exercise than third- and fourth-year ones. Students pursuing family medicine were more confident in pointing patients towards the gym than those who were pursing paediatrics.

You can read an abstract of this article here.

**Video feedback picks out students’ weaknesses**

**Source:** BMC Medical Education

**In a nutshell:** For those of us not afflicted with YouTube - save as a nice way of catching up with cricket highlights and Lionel Messi goals – seeing ourselves on video is an invariably mortifying experience. ‘Who is this gibbering idiot with a bald patch and an annoying voice?’ is certainly a question at the forefront of my mind every time I see myself via this medium. Younger people have to get used to it though, whether they like it or not, and in this study Bee Sung Kam, from Pusan National University School of Medicine, led a team of researchers looking at the effectiveness of video feedback on medical students’ perception of their clinical performance assessment (CPA). The researchers found that after comparing their performance video and top-scored video at each station medical students were more aware of their CPA total score, clinical performance examination (CPX) total score, score of each CPX station, section score for their CPX station, history-taking section score, physical examination section score, and doctor-patient relationship section score. The students also became more convinced of their own weaknesses from their history taking and patient-education section after viewing video feedback than before.

You can read the whole of this article here.

**Academic detailing – coming to a doctors’ surgery near you**

**Source:** BMC Medical Education

**In a nutshell:** Academic detailing involves experts visiting health-care professionals in their own environment to provide tailored education on specific topics. One might argue it’s the NHS’ version of missionary work but with – one hopes – rather less chance of people ending up in a cooking pot. In this study Rebecca A. Noble, from Royal Derby Hospital, led a team of researchers looking into the effectiveness of an academic-detailing initiative designed to teach people in primary care about acute kidney injury (AKI). The education took place across the Southern Derbyshire Clinical Commissioning Group consisting of 55 primary-care practices. Over the course of a year an educational programme was delivered consisting of large-group teaching
sessions, followed by either academic-detailing sessions or self-directed AKI audit activity. There was a significant increase in staff's knowledge after intervention although improvements were also seen in practices that did not participate in academic detailing. 92.9% of participants in the academic detailing sessions ranked their usefulness as high, but half of participants expressed some anxiety about discussion of cases in front of peers.

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

**How much of what students are taught sticks?**

**Source:** BMC Medical Education

**In a nutshell:** Not everyone remembers everything they've been taught, even if they were genuinely paying attention at the time. This is sad, but not that serious, in the case of irregular French verbs, dovetail joints or hanging valleys but rather more significant when it comes to inserting catheters, removing stitches and staunching wounds. In this study, led by Gozie Offiah, from the Royal College of Surgeons in Ireland Education and Research Centre, 51 final-year medical students were assessed on their clinical skills. 18 months later they were given an unannounced test on the same skills to see how much of them they had retained. 55% of the students were deficient in three or more skills and 4% were not competent in five or more skills. A significant number of students had never practised some skills following the initial teaching session. There was a relationship between the number of times students had practised a particular skill and their performance in the tests but the researchers concluded that “decay is evident in both psychomotor and cognitive domains of the skills.”

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

**Are medical students more stressed than other students?**

**Source:** BMC Medical Education

**In a nutshell:** Most people see being a medical student as more demanding than studying, say, history* or geography but is medicine really the most stressful subject? In this study Edgar Voltmer, from the University of Lübeck, led a team of researchers comparing the stress levels of medical students with those of students doing other STEM (science, technology, engineering and medicine) subjects. They compared 584 medical students with 757 STEM students surveying them at the beginning of their studies and each summer thereafter until they had graduated. The researchers found that 58.1% of the medical students had a healthy pattern at the start of the study
compared to only 42.5% of the STEM students. By the summer after their second year this proportion had dropped to 33.8% and 25.1% for the medicine and STEM students respectively although this improved by the end of the third year to 38.1% (medicine) and 27% (STEM). The proportion of students with a burnout-related risk pattern increased from 8% (medicine) and 13.7% (STEM) to a maximum of 16.9% for second-year medical students and 27% for third-year STEM students. In both groups of students women showed a more unfavourable distribution of patterns and a higher vulnerability, especially in the area of resistance to stress.

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

*As someone who studied history myself I can confirm there's nothing like it for inculcating a predilection for doing nothing and a dubious work ethic*

**How weird are the Silent Witness types?**

**Source:** Advances in Health Sciences Education

**In a nutshell:** Whether taking the starring role – as in Quincy or Silent Witness – or making a few wise-cracks as the main protagonists look queasy (Inspector Morse) the forensic pathologist is a hardy perennial in TV detective dramas. But how odd are those wishing to pursue forensic medicine in real life? In this study Stavroula A. Papadodima, from the University of Athens, led a team of researchers studying 304 sixth-year medical students in an attempt to find out. The main motivation for going into forensics was scientific (39.7%). Sex, marital status, religion, place of residence, number of siblings, one's father or mother working in healthcare and being religious were all not associated with going into forensics. The higher a student’s grades the less likely they were to go into forensics but those who did not believe in an after-life were more likely to become forensic doctors. Feelings of fear, aversion and grief when cutting up bodies also made it less likely that people would want to go into forensics. “Stereotypes about forensic doctors (e.g. “forensic doctors have a peculiar character,”) significantly modified the decisions of students but beliefs about the role of the autopsy practice (cause of anxiety for death, stimulus to live every moment in life) did not.

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

**Do personal statements favour the privileged?**

**Source:** Advances in Health Science Education

**In a nutshell:** Even the most egalitarian governments are reluctant to take children away from their parents and rear them in identical nurseries to make sure they get the same start in life. In the absence of these kind of measures – only a matter of time, some might say – some children are, inevitably, born to more prosperous parents than others. But do the personal statements now required as part of the university
admissions process stack the odds even further in favour of those from privileged backgrounds? Sarah Wright, from Toronto East General Hospital, looked into this issue by interviewing 13 students at a British medical school who had been to a mixture of fee-paying and state-funded secondary schools. She found that private schools had much more experience in the field of medical-school admissions and had a vested interest in providing students with support. State schools were lacking by comparison, offering limited support that was often reactive rather than proactive. Students from private schools were also more likely to have social contacts who were knowledgeable about medical-school admissions and who could help them gain access to work-experience opportunities that would be recognised as legitimate by selectors. Sarah Wright concluded that “medical schools need to be challenged to review their admissions policies to ensure that they do not inadvertently favour cultural privilege rather than student potential.”

You can read the abstract of this article here.

Does the early publisher catch the professorship?

Source: BMC Medical Education

In a nutshell: Can you remember when you were fired up with enthusiasm and keen to tell people all about your good work? For some people this might be yesterday, for others it might require a course of hypnosis and/or rather a lot of mind-altering substances. Firmly in the former camp are the kind of students who publish studies in student medical journals but do they go on to bigger and better things or does disillusion settle in as they contemplate a life prodding bunions and examining haemorrhoids? Ibrahim S. Al-Busaidi, from Christchurch School of Medicine in New Zealand, led a team of researchers attempting to answer this question by tracking down authors who had published in the New Zealand Medical Student Journal (NZMSJ) between 2004 and 2011. The researchers identified 50 publications from 49 different students. Compared to people of the same sex, who had been to the same university and graduated in the same year students who had published in the NZMSJ were more likely to have published in a PubMed-indexed journal, to have got a PhD and to have attained an academic position.

You can read the whole of this article here.

Do lectures really make much difference in problem-based learning?

Source: BMC Medical Education

In a nutshell: As a student I quickly abandoned lectures on the basis that I could read the lecturers’ books from the comfort of my armchair and at a rather greater speed than they could drone on about them. But does this work for medical students? Khalid Ahmed Jassim Al Khaja, from Arabian Gulf University, led a team of researchers trying to find out. They studied 1,404 medical students monitoring their attendance at
pharmacology “resource sessions,” (i.e. lectures) and their subsequent test performance. The researchers found “a significant ... weakly positive correlation ... between attendance and achievement.” The average score of the students who went to half or more of the lectures was significantly higher. Although female students’ attendance was significantly higher there were no significant sex-related differences in either average scores or top grades between men and women.

You can read the whole of this article here.

How to make horses drink in Brazil

Source: Sao Paulo Medical Journal

In a nutshell: Proverbially you can take horses to water but getting them to drink is another matter entirely – ask anyone who’s ever joined a gym and never darkened the doors after their induction or tried to persuade a recalcitrant two-year-old to eat something they’ve scoffed in a heartbeat the day before. But what can medical teachers do to improve their students’ motivation? In this study Cristina Martin Del-Ben led a team of researchers trying to find out in a study of 102 medical students. 66 of the students studied a traditional curriculum while the rest studied a reformed curriculum which tried to reduce content overload and give students more clinical experience. The researchers found that students studying the reformed curriculum scored significantly higher regarding autonomous and controlled motivation than those studying the traditional curriculum with the students studying the traditional curriculum having more controlled (in the same sense in which the Red Army controlled their soldiers’ motivation by shooting deserters) motivation by their sixth year. The researchers concluded that “curriculum changes were associated with increased motivation towards learning in year one which persisted until year six.”

You can read an abstract of this article here.

High noon for team-based learning

Source: BMC Medical Education

In a nutshell: It’s more difficult – in some ways – to teach doctors than to teach medical students. Logistically, if nothing else, they have work on the ward to do and it can be hard to get them all in one place to do any teaching at all. Not surprisingly teachers tend to play it safe by going for a traditional lecture-based approach despite the fact that active learning has been shown to improve knowledge retention, facilitate feedback, and motivate learners. In this study Anna Volerman, from the University of Chicago, and Rachel Stork Poeppelman, from Nationwide Children’s Hospital in Columbus, Ohio looked into the effectiveness of three team-based learning sessions held during noon conferences in a pediatrics residency programme. 47 residents took
part in the study and after three sessions 65% of them reported high levels of satisfaction with team-based learning. 76% of the participants reported more engagement in team-based learning sessions but only 48% perceived more learning.

You can read the whole of this article here.

Are lecturers thawing over smartphones?
Source: BMC Medical Education

In a nutshell: Most people who have held forth in front of an audience of people under 30 know that feeling of uncertainty as people start tapping away at their smartphones. Optimistically one tries to persuade oneself that they are taking avid notes about your fascinating 40-slide Powerpoint presentation yet there remains the nagging doubt that they are at best making arrangements for that evening’s social activities and at worst sharing impertinent observations on one’s parentage and sexual habits. Plunging head first into these turbid waters were a team of researchers led by Oqab Jabali from An-Najah National University in Nablus, Palestine. The researchers found that the lecturers used smartphones to support their teaching practices and in general, were positive about smartphones as a teaching tool. There was no significant difference among faculty members based on university, title, department affiliation, gender and years of experience.

You can read the whole of this article here.

Nurse Education

The nursing students learning to look after themselves
Source: Nurse Education Today

In a nutshell: ‘You can’t pour from an empty vessel,’ is sage advice but many nurses and doctors are, if not empty, then certainly scraping the bottom of the barrel as far as health and wellbeing are concerned. In this study Emily K. Jenkins, from the University of British Columbia, led a team of researchers who examined the effectiveness of a ‘self-care assignment,’ in a study of 89 nursing students. The assignment led to an increase in the students’ self-care practices, their knowledge of self care and their capacity to identify and manage stressors. Overall the students said that the assignment had supported their wellbeing but some said that “aspects of the assignment detracted from wellbeing, including challenges with grading, and feelings of guilt when not practising self-care.”

You can read the abstract of this article here.
Professional socialisation – picking up on the nunchi on the wards

**Source:** BMC Medical Education

**In a nutshell:** The concept of professional socialisation has become more popular in medical education lately. It’s the process of not only qualifying educationally as a doctor or nurse but feeling like one psychologically and internalising the values of the profession. In this study Jung Jae Lee from the University of Hong Kong, and Sook Ching Yang, from the Royal Infirmary of Edinburgh, studied the professional socialisation of nursing students talking to 16 nursing students, four nurses, and two university lecturers. Three main themes emerged from the conversations which were:

- Struggling at the bottom of the hierarchy
- Acceptance and conformity
- The need for ‘nunchi,’ – studying the atmosphere and discovering the embedded intention of others’ behaviour

The researchers concluded that “while experiential learning is a great opportunity for students to build on their coping skills and professional socialisation, a lack of support can result in failure to manage the hidden curriculum and theoretical and practical skills.”

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

Nursing students and the suicidal

**Source:** Nurse Education in Practice

**In a nutshell:** Nursing students sometimes come across – and look after – people who are contemplating killing themselves. It can be a daunting prospect. Not many people know what to say in these circumstance and the consequences of getting it wrong can be fatal. In this study Fan-Ko Sun, from I-Shou university in Taiwan, led a team of researchers who interviewed 22 nursing students who had provided care for suicidal patients. “The core category that emerged from the data was the ‘changing of mindsets towards caring for suicidal patients and promotion of suicidal care competencies’.

Other key categories linked to and enfolded within this core category were: suicidal risk assessment; protecting patients’ safety; and, developing therapeutic communication competencies to advance suicidal care.”

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

Midwives and masters in Viking country

**Source:** Nurse Education in Practice
In a nutshell: Midwives and masters might sound like a Mills and Boon novel or an idea for a Sunday-night drama series but a master’s degree in midwifery was recently introduced in Norway and since 2014 midwives have been able to do a part-time master’s programme. In this study Bente Dahl, from the University of South-Eastern Norway, led a team of researchers investigating how a decision to do this part-time course was received in the midwives’ workplaces. The researchers interviewed 47 midwives in five focus groups and analysed their answers. They found three themes emerged from the conversations which were:

- Midwives’ experiences of learning new tools to advance their profession
- A hope for support but a realisation that education was seen as a 'private matter.'
- Financial support depended on goodwill from their employers

You can read the abstract of this article here

Getting students ready for revalidation
Source: Nurse Education Today

In a nutshell: How many fewer drivers there might be on the road if everyone had to take their test again every two years is a moot point. Unlike drivers nurses and doctors aren’t immune from having to prove themselves at regular intervals, the process being known as revalidation. But are nursing students taught how to cope with this? In this study Margaret Fisher, from the University of Plymouth, led a team of researchers who interviewed 40 university staff, 40 clinicians and 36 pre-registration nursing and midwifery students to find out more. The researchers found that most experiences of revalidation were positive with reflective discussions resulting in mutual learning and external scrutiny being welcomed although some people questioned the involvement of line managers and validation’s alignment with performance review feeling it could lead to a ‘tick-box,’ exercise and conflicts of interest. Activities designed to prepare the students included writing reflections, maintaining portfolios, practice assessments and discussions about the revalidation process with midwifery students seeming better prepared than nursing ones.

You can read the abstract of this article here.

Are student nurses hooked on the internet?
Source: Nurse Education Today
In a nutshell: One might say the internet is more interesting than work but a poor substitute for life. Twitter might be preferable to reviewing next year's marketing strategy for instance but only someone certifiable would prefer looking at videos on YouTube to a pub lunch with a pretty girl (or boy) on the South Downs. Some youngsters get sucked into online life though and in this study Abd Al-Hadi Hasan and Ala Abu Jaber, from Fakeeh College for Medical Sciences in Saudia Arabia (where both alcohol and verdant landscapes are, admittedly, in short supply) studied 163 student nurses to examine the extent of the problem. The study showed that there was a high prevalence of internet addiction among students. The use (or lack thereof) of avoidance and problem-solving coping mechanisms was statistically-significant among those who were addicted to the internet compared to the other students and this was associated with a more negative impact on psychological distress and self-efficacy.

You can read the abstract of this article here.