#

# Education Bulletin – February 2025

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# Dental Education

## When video is even better than the real thing

**Source:** BMC Medical Education

**In a nutshell:** “We now go live to Hazel Irvine at the World Tooth Extraction Championships in Budapest,” is a phrase we probably won’t hear until the BBC has lost the rights to competitive dominoes to Sky, in about 2036. But could video be a better way to teach students about dentistry than watching it all take place in the enamel, so to speak? In this article Rawan N. AlKahtani, from Princess Nourah bint Abdulrahman University in Saudi Arabia, led a team of researchers reviewing the evidence on this question. They found eight studies which met their quality criteria concluding that “students’ feedback reveals distinct preferences, with video demonstrations being commended for repeatability and clarity, while live demonstrations were valued for real-time interaction and guidance. Meta-analysis revealed that video-based learning significantly enhanced educational outcomes across various measures, including knowledge acquisition and practical skills over live demonstrations.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06672-3>

# General Healthcare Education

## The benefits of volunteerism

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Faiza Rab from Western University in Canada, examined the benefits of “academic volunteerism,” in which “students, volunteers, and professionals from academic institutions … offer their time and expertise.” The researchers studied 68 academic volunteers who were engaged with the Canadian Red Cross (CRC). The researchers found that the “collaboration between CRC and academic volunteers contributed to educational enrichment, professional development, knowledge transfer, operational efficiency, and talent pool expansion. Results from a survey on academic volunteerism further highlighted benefits such as maintaining project schedules, promoting diversity, and amplifying the Movement’s voice on important matters. The return on investment for unpaid academic volunteers and Masters students was 70%. A five-fold increase was measured for partially paid academic volunteers resulting in 486% ROI.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06676-z>

## What do healthcare students think about ChatGPT?

**Source:** BMC Medical Education

**In a nutshell:** From time to time intrepid Western film-makers venture into the furthest recesses of the Amazon to visit the villages there, only to find them all watching old episodes of *Friends* on their smartphones and wandering around in Manchester United tops – although the latter might indicate they still have a bit of catching up to do with recent events in the Premiership. It’s a fairly good bet that at least half of them have heard of ChatGPT though and in this study Lior Moskovich and Violetta Rozani, from Tel Aviv University in Israel, asked 217 undergraduate health-profession students what they made of it. 86.2% of them said they were familiar with ChatGPT. They were generally positive about it, giving it an average score of 4.04 out of 5. They were particularly keen on its role in information retrieval and summarization, and also felt it could reduce human error and foster innovative learning approaches. However, the research also underscored “areas of concern, including ethical considerations, challenges in fostering critical thinking, and issues related to verification.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06702-0>

## When the mouth is a meeting place

**Source:** BMC Medical Education

**In a nutshell:** The mouth is a bit like Piccadilly Circus when it comes to the healthcare professions, with speech therapists, dietitians, dentists, nurses, and doctors all passing through, so to speak. In this study Xue-Jing Lin, from Hainan Medical University in China, led a team of researchers studying the use of multidisciplinary teaching groups and the flipped classroom in teaching healthcare students oral care. 760 healthcare students took part in the study. Half of them were taught with “traditional teaching methods,” with the other half being put into multidisciplinary groups and taught by dental postgraduates in a flipped-classroom approach. The researchers found that the students taught in multidisciplinary groups had higher scores for basic theory, independent learning ability, and case analysis, and also had higher scores for teaching satisfaction. The postgraduate teaching team also gave the new system the thumbs up.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06632-3>

## Simulation and crisis management

**Source:** Nurse Education Today

**In a nutshell:** In this study Inas D. Redjem, from the University of Rennes in France, led a team of researchers reviewing the evidence on healthcare simulations designed to teach people crisis management in the operating room. The researchers found 29 studies which met their quality criteria. High-fidelity simulations predominated, primarily targeting doctors rather than other medical staff. Training focused on communication, teamwork, situational awareness, problem-solving and decision-making with scenarios mostly addressing deteriorating patients. “Assessments reached up to Kirkpatrick's Level 3, demonstrating a positive training impact through learners' reactions and learning metrics rather than behaviour and organizational results.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106583>

## More gloom on mental health

**Source:** BMC Medical Education

**In a nutshell:** A team of researchers led by Shahd Al-Najdi, from Qatar University interviewed undergraduate healthcare students at Qatar University about mental health and the following themes emerged from the interviews:

* Academic Pressure
* Social Isolation
* Anxiety
* Coping Mechanisms
* Fear of Failure
* Stigma Surrounding Mental-Health Support

“Academic pressure was consistently reported as a major stressor, contributing to anxiety and emotional strain. Social isolation further exacerbated mental health challenges, while many students highlighted a lack of well-established coping strategies. Stigma related to seeking mental health support was a significant barrier, preventing students from accessing available services.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06740-8>

## How do lecturers feel about supporting students?

**Source:** Nurse Education in Practice

**In a nutshell:** What a difference tuition fees, and no grants, make. But how do lecturers feel about this state of affairs? In this study Nicole Psaila and Rebekkah Middleton from the Australian College of Nursing investigated. They reviewed the research on this topic and found 12 papers which met their quality criteria. Four themes emerged from them which were:

* Educators perceive students to be under stress
* Educators experience role conflict when supporting student wellbeing
* Educators experience personal stress when supporting student wellbeing
* Educators identified strategies to support student wellbeing and their own knowledge

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104278>

## Can students cope with pain in dementia?

**Source:** Nurse Education Today

**In a nutshell:** Feeling pain but not being able to tell anybody about it is the stuff of nightmares; rather more serious ones than my experience last night of getting lost on the way to our holiday and having to drive through the pedestrianised zone of Croydon. It’s a reality for many people with dementia, unfortunately, and in this study a team of researchers – led by Madushika W. Kodagoda Gamage from Griffith University in Australia – reviewed the evidence on interventions designed to teach health professionals and students about pain assessment for people with dementia. The researchers found seven studies which met their quality criteria which included 517 nurses, 17 physiotherapists, eight occupational therapists, 17 doctors, 99 nursing students, and 161 medical students. The researchers concluded that “health professionals' and students' knowledge scores improved irrespective of the training delivery mode and duration. Their confidence scores improved irrespective of training duration. Health professionals' self-efficacy scores improved upon completion of online training. Overall attitude scores for most health professionals and students did not increase upon educational intervention completion, irrespective of the training delivery mode and duration. Educational interventions mainly focused on methods that assess pain in both communicative and non-communicative people with dementia.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106606>

## Self-regulation and smartphone addiction

**Source:** British Journal of Educational Technology

**In a nutshell:** A team of researchers, led by Deniz Mertkan Gezgin, from Trakya University in Turkey, investigated the links between self-regulated learning skills, smartphone addiction, and fear of missing out in a study of 687 university students. They found that self-regulated learning skills were positively associated with deep learning, and negatively associated with surface learning and that higher self-regulated learning skills were also associated with a lower risk of fear-of-missing-out and smartphone addiction.

You can read the abstract of this article at

<https://doi.org/10.1111/bjet.13572>

# Medical Education

## Cuddling up to complexity

**Source:** The Clinical Teacher

**In a nutshell:** In this article a team of researchers, led by Cara Bezzina, from Glasgow University investigated complexity in four focus groups made up of 17 medical students. “Learners in this study recognised multimorbidity, complex communication and emotionally charged interactions in their definitions of complexity. They described varying levels of exposure to complexity and opportunities to engage meaningfully with complex patients. Students felt that supervisors who shield students from learning opportunities with complex patients, together with a failing healthcare system, were critical limiting factors in their development. Learners emphasised the powerful role of supervisors in their learning experiences, which limited their ability to experiment and learn from productive failure but felt that with guided scaffolding and supervision, teaching and learning in this space could be meaningfully enhanced.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70018>

## Getting doctors to cross boundaries

**Source:** BMC Medical Education

**In a nutshell:** It’s not just medical students being urged to embrace the complexities of life; doctors too are being urged to recognise that patient’s complaints don’t come in neat little bubbles but rather overlapping Venn diagrams of discomfort. In this study Weiwei Kong, from Zhejiang University School of Medicine in China, led a team of researchers investigating the effectiveness of “an interdisciplinary course on clinical reasoning based on [the] ADDIE (Analysis, Design, Development, Implementation, and Evaluation) model.” 24 resident doctors completed the 10-week interdisciplinary course. Over 90% of them were satisfied with the course and over 79.2% of them “achieved improved interdisciplinary skills. Furthermore, 80% participants reported behaviour changes in professional clinical practice after the completion of the course.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06493-w>

## Ultrasound in [Uusimaa](https://en.wikipedia.org/wiki/Uusimaa)

**Source:** BMC Medical Education

**In a nutshell:** Ultrasound is now used in lots of contexts and in this study a team of researchers, led by J. Järvinen, from the University of Turku in Finland, investigated the “key factors and barriers influencing POCUS [point-of-care ultrasound] training, with the goal of improving its quality and delivery.” The researchers surveyed 134 emergency doctors. Barriers to training included: inadequate training; limited supervision; device availability; and time. 96.5% of the doctors called for “the initiation of structured training programs that accommodate both foundational and advanced practitioner needs. Furthermore, hands-on training and senior support were highly valued.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06609-2>

## Does peer teaching come up with the goods?

**Source:** BMC Medical Education

**In a nutshell:** In this study Vinay Arasappa Vishwanath, from Manipal Tata Medical College in India, led a team of researchers comparing conventional tutorials with a “peer-learning module.” 100 students took part in the study. They were divided equally into two groups; one group taking the peer-learning module and the other conventional tutorials. The researchers found that the students taking the peer-learning module showed “much higher,” progress. “Participants felt that while the tutorials helped them cover the full subject and saved time, they occasionally got monotonous and there was little active engagement. Students who participated in the peer learning method said that while interaction aided in a better learning experience, improved communication skills, and had more active participation, there was less time for discussion and some group members were reticent and ineffective in explaining the concepts.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06549-x>

## Shrinking ultrasound, growing knowledge

**Source:** BMC Medical Education

**In a nutshell:** It’s amazing to think that the average mobile phone now contains more computing power than the roomful of computers – ably aided by the amazing mathematicians depicted in [*Hidden Figures*](https://en.wikipedia.org/wiki/Hidden_Figures) – that put a man on the moon. This process of shrinking volume and increasing power also holds true in medicine, with ultrasonography now being achievable with handheld devices. In this study Ruben Plöger, from University Hospital Bonn, led a team of researchers investigating the effectiveness of an extra module focusing on the use of portable ultrasound devices (PUDs). After the training the students achieved a 100% consensus with standard ultrasound on foetal position, placental position, foetal heartbeat, and classification of amniotic fluid, although the students were not as proficient as trained physicians. The researchers concluded that “the implementation of an additional module for portable ultrasound teaches the students to reliably examine basic obstetric parameters and provides a solid basis for further training and improvement of ultrasound skills in use of PUD.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06683-0>

## When practice makes perfect

**Source:** BMC Medical Education

**In a nutshell:** “Can’t we just have a game?” was the *cri de coeur* of us boys every time a teacher insisted we practised our skills of controlling a football and kicking it vaguely in the right direction. In much the same way pianists spend hours on scales before tackling a Beethoven piano concerto, and snooker players practise potting the black off the spot on their own before thrashing their coach 147-0 in every frame. In pedagogy this approach is known as “deliberate practice,” – “focused and repetitive practice of specific skills for the purpose of continuous improvement.” In this study Suksan Kanoksin, from Chulabhorn Royal Academy Bangkok, led a team of researchers comparing the effectiveness of deliberate practice to conventional lectures at teaching medical students how to cope with trauma. 48 medical students between their first and third years took part in the study and were randomly divided into two groups. One group used deliberate practice, and the other had conventional lectures. The group which used deliberate practice had significantly higher OSCE scores, with no clear failures and seven good passes compared to the group who had conventional lectures who had five clear failures and no good passes.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06732-8>

## Making central venous catheters safer

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Joho Tokumine, from Kyorin University School of Medicine in Japan, attempted to assess “how outcome-based simulation training for ultrasound-guided central venous catheter placement affects the incidence of mechanical complications in a clinical setting.” After introducing the training the mechanical complication rate fell from 2.2% in 2015 to 1.2% in 2023.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06739-1>

## The students getting their eye in at ophthalmology

**Source:** BMC Medical Education

**In a nutshell:** If I were an F2 doctor I’d make a bee-line for ophthalmology. Office hours, very little blood and gore, and the chance to mess about with lasers (albeit not while [stroking a white cat](https://en.wikipedia.org/wiki/Ernst_Stavro_Blofeld) on your lap). What’s not to like? Not everybody is as enthusiastic though, and in this study Shikha Bansal and Vishaal Bhambhwani from Northern Ontario School of Medicine University in Canada, studied the effectiveness of a two-day simulation-based ophthalmology workshop. “Standardised patients, free-to-use simulators, and low-cost eye models were used to teach eye anatomy, physiology, pathologies, skills (slit-lamp, ophthalmoscopy etc.), and eye procedures (cataract surgery, eye lasers etc.).” Nine students – six women and one man – took part in the workshop which led to increased interest in, knowledge of, and confidence in ophthalmology. All the students said they had found the workshop relevant, comprehensive, and easy to understand and that they had gained knowledge and skills which they would be able to apply to their clinical practice in the future.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06712-y>

## Helping students tackle HPV

**Source:** BMC Medical Education

**In a nutshell:** Viruses bear the same relationship to bacteria as a burger van on the A55 does to [The Fat Duck](https://en.wikipedia.org/wiki/The_Fat_Duck). Lacking even the dignity of their own cellular apparatus viruses are essentially just self-replicating chunks of DNA which survive by hijacking the cells of proper organisms that have got their act together. One such is human papilloma virus (HPV), which is one of the most common sexually-transmitted infections and “is closely associated with cervical cancer.” In this study Xiaohui Yang, from The Third Affiliated Hospital of Sun Yat-sen University in China, led a team of researchers investigating the effectiveness of a dedicated class teaching medical students about HPV. The class led to a significant increase in knowledge about HPV and an increased willingness to have the vaccine against it.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06717-7>

## The neighborhood walk

**Source:** BMC Medical Education

**In a nutshell:** Does exposing medical students to life in “underserved neighbourhoods,” do any good? In this study a team of researchers, led by Tien C. Nguyen, from the University of Pittsburgh School of Medicine, attempted to find out. “First year medical students visited one of five underserved neighbourhoods in Pittsburgh during Orientation Week. Students received materials about neighbourhoods and community engagement etiquette prior to their visit. Visits spanned four hours with two groups of approximately 15 students for each neighbourhood, led by at least one faculty member and two student facilitators. Students visited two to four community organizations in each neighbourhood and participated in a debrief session.” Just over half (58.2%) of the students who took part in the scheme responded to a survey about it. Of those 77% said it was excellent; 14% “above average”; and 7% “good.” 64.3% of the students gave high ratings of how comfortable they felt helping patients “obtain community resources,” and 91.6% gave a high rating when asked about their knowledge of available resources. The main “learning outcomes,” for the students were: richness of community resources/history (35.7%); food insecurity (26.2%); and “dissipation of previous stigma,” (23.8%).

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06743-5>

## Can virtual learning help with real anger?

**Source:** BMC Medical Education

**In a nutshell:** In this study Valerie Shilling – from Brighton and Sussex Medical School – led a team of researchers investigating whether virtual learning could help fourth- and fifth-year medical students deal with “navigating angry conversations.” 20 students took part in the study, and they were randomly allocated into two groups. One group used a “desktop application,” to learn about this topic and the other group used a “virtual-reality headset.” Both groups showed an improvement in confidence at recognising responses that diffuse or exacerbate anger; identifying anger signals; remaining calm in hostile situations; moving forward with empathy; and applying techniques to different situations. The students were initially apprehensive that virtual reality would not feel realistic, although “this was largely reversed post-intervention.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06726-6>

## The students doing interprofessional interviews

**Source:** BMC Medical Education

**In a nutshell:** Interprofessional education is a bit like eating your five a day – most people think it’s a good thing, but it doesn’t really happen often enough. In this study a team of researchers, led by Jennifer E. Schwartz, from Indiana University School of Medicine, tried a new approach. They got students to interview “a variety of healthcare professionals engaged in the care of mutual patients using a template of questions; they wrote a brief report and evaluated the experience. Students interviewed a different professional in each clerkship to broaden their exposure.” More than 82% of the students agreed, or strongly agreed, with the following statements:

* The interviews helped their understanding of the benefits of an interprofessional team to patient care
* The students understood better when the participation of a specific healthcare professional would benefit their patient
* The interviews contributed to the students’ understanding of the role of that profession in the healthcare team
* The interviews improved the students’ confidence in engaging other healthcare professionals on the healthcare team
* The interviews helped the students understand their own role within the healthcare team

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06499-4>

## What do students make of paediatric surgeons?

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers – led by Coline Ducrot, from Hôpital Femme Mère Enfant in France – investigated what medical students thought about paediatric surgeons and how keen they were on the idea of becoming one themselves. 278 people took part in the study which found that paediatric surgery “holds a rather neutral social representation.” Only 3.6% of students and resident doctors “strongly considered,” practising paediatric surgery making it only 10th out of 12 surgical specialties. Paediatric surgery was considered as “wide, intense, meticulous, and demanding… but also as hyperspecialized and confined to academic centres with a unique parent–child–surgeon relationship, embodying traits such as “empathy”, “humanity”, “passion”, “beautiful[ness]” and “honourab[ility].” Being willing to pursue a career in paediatric surgery was positively influenced not only by its social representation, but also by having done an internship in paediatric surgery, and having a family member who did it. However, going on courses about paediatric surgery was *not* associated with willingness to practise it.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06193-5>

## When PPE means no more playing doctors and nurses

**Source:** BMC Medical Education

**In a nutshell:** Medical students are asked to do Peer Physical Examination (PPE) – in other words using each other’s bodies to practise their medical skills on. In this study Emily Suzuki, from the Institute of Science Tokyo, led a team of researchers trying to “develop and refine PPE guidelines.” Most of the students who took part in the study supported the development of the guidelines. The students’ refusal rate for being a model patient depended on the body region their peers were supposed to examine and 74.2% of them “had a desire to be informed of any abnormal findings confidentially.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06649-2>

## Escape rooms? Child’s play!

**Source:** The Clinical Teacher

**In a nutshell:** In this study Sofia Khera, from Loma Linda University in California, led a team of researchers studying the effect of a forty-minute escape room. “Students were presented with an unstable child with seizures and worked in teams of three-to-five to open locks and solve puzzles as they applied nine clinical skills learned from the preceding simulation session.” 66 students took part in the study and they reported increases in knowledge after both the simulation and the escape room, and an increase in confidence after completing the escape room. “They also commented on the value of applying and practising new skills and of engaging in teamwork.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70033>

## Compassion. When simulation is no substitute for the real thing

**Source:** BMC Medical Education

**In a nutshell:** Although I wolf down cheese like there’s no tomorrow I suspect when it comes to the milk of human kindness I’m at least partially lactose-intolerant. But for those for whom compassion is an essential part of a day’s work is simulation a substitute for real-life experience with patients? In this study Claudia Ebm, from Humanitas University in Milan, led a team of researchers tracking 133 medical students over time. The students’ scores in their clerkships (where they worked with real patients) and in simulations remained similar until their fifth year at which point the students doing their clerkship showed “a significant increase in compassion scores over time, benefiting from immersive patient interactions that deepened their compassionate behaviour.” By contrast the students’ scores in the simulations peaked during their fourth year, before falling back to initial levels. The researchers concluded that “while simulation-based training offers controlled environments, it incompletely replicates the emotional depth of real patient interactions crucial for sustaining compassion.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06687-w>

## The hidden curriculum and professional adaptability

**Source:** BMC Medical Education

**In a nutshell:** The hidden curriculum refers to the unwritten rules and customs students and new professionals pick up on when they start work. In this study a team of researchers, led by Danial [sic] Behmanesh from Ahvaz Jundishapur University of Medical Sciences in Iran, investigated the links between elements of the hidden curriculum and professional adaptability in a study of 432 medical students. 216 of them were doing a clerkship, and the other half were doing an internship. The researchers found that “critical thinking,” was the most closely linked to professional adaptability, followed by “teaching methods,” “supportive environments,” and “student-teacher interactions.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06618-1>

# Nurse Education

## How do students cope with caring for the dying?

**Source:** BMC Medical Education

**In a nutshell:** In this study Asha K. Nabirye, from Makerere University College of Health Sciences, led a team of researchers who interviewed 15 third- and fourth-year nursing students about their experiences looking after dying patients. Two themes emerged from the interviews with the students which were:

* Psychological and Emotional Reactions
	+ Feelings of anger
	+ Triggers of anxiety symptoms
	+ Triggers of sadness
	+ Guilt
* Coping mechanisms
	+ Peer-to-peer support through interacting with each other about the experiences
	+ Engagement in problem-solving
	+ Distancing from patients
	+ Spirituality
	+ Engaging in personal stress-reducing activities

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06708-8>

## Mental health and student drop-outs

**Source:** Nurse Education Today

**In a nutshell:** In this study Amanda Alves de Alencar Ribeiro, from the Federal University of Piauí in Brazil, led a team of researchers investigating the links between mental-health problems and drop-out intentions in a sample of 179 undergraduate nursing students. Students with depressive symptoms were almost three-and-a-half times more likely to drop out of university with problems related to academic performance, whereas students with anxiety were 3.85 times more likely to drop out due to lack of support and students with stress 3.2x more likely to drop out due to lack of support.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106571>

## What do new nurses pick up in the ICU?

**Source:** Nurse Education Today

**In a nutshell:** Graduates from [Dartmouth Naval College](https://en.wikipedia.org/wiki/Britannia_Royal_Naval_College) tend to get a bit of a warm-up before they get put in charge of a nuclear submarine. Newly-graduated nurses, on the other hand, can get pitched straight into an intensive-care unit with all sorts of alarms and beeps going off, desperately ill people, and acres of confusing electronic displays. In this study Changying Liu, from The Affiliated Huaian No.1 People's Hospital of Nanjing Medical University, researched newly-graduated nurses’ informal learning. They found that the new nurses “primarily relied on observation and practice, questioning and communication, and feedback during shift changes. These strategies were crucial for their professional development, contributing to skill acquisition, establishing work patterns, and gaining independent working capabilities. However, limitations of informal learning could lead to inconsistent experiences with knowledge and potential patient safety risks.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106588>

## Empathy mapping and nursing students

**Source:** BMC Medical Education

**In a nutshell:** A lifeless, hostile environment, dry as the [Atacama Desert](https://en.wikipedia.org/wiki/Atacama_Desert) and flat as the [Utah salt pans](https://en.wikipedia.org/wiki/Bonneville_Salt_Flats), might be what empathy mapping uncovers as far as I’m concerned but in pedagogy it is “a visual tool that helps students systematically analyze and document a patient’s experience from multiple perspectives: what the patient says, thinks, feels, and does.” In this study a team of researchers, led by Hsiang-Ping Huang, from Chang Gung University of Science and Technology in Taiwan, studied the effects of empathy mapping on second-year nursing students’ “empathy and communication self-confidence.” 98 students took part in the study. 52 of them used empathy mapping and “empathic communication digital materials,” whilst the rest “underwent conventional scenario-based teaching.” The researchers found that empathy mapping led to “no significant difference in the average empathy levels between the two groups,” but those who used empathy mapping did feel more confident about their communication abilities.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06686-x>

## What do nursing students make of blended learning?

**Source:** Nurse Education Today

**In a nutshell:** I was somewhat taken aback lately to discover that a friend of mine – far more sociable than I am – was taking Spanish classes from his own house via Zoom. Surely one of the main points of language classes is to get you out of the house; perhaps even permitting a cheeky pint before you get down to the tricky business of tackling the dative case, or the past tense. In this study a team of researchers, led by Wenjing Cao from Xiangnan University in China, reviewed the evidence on what nursing students think about blended (a mixture of online and in-the-flesh) learning. The researchers found 27 articles which met their quality criteria concluding that “undergraduate nursing students generally express high satisfaction with blended learning. Factors influencing their acceptance or satisfaction include online platform browsing speed, teachers' abilities and instructional styles, preparation efforts, and students' information and communication technology skills.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106589>

## Teaching practical skills. Is it better to give than to receive?

**Source:** Nurse Education in Practice

**In a nutshell:** Riding a bicycle, touch typing, and tying up one’s shoelaces are skills that many of us do without thinking, but which are surprisingly complex and difficult to teach; given how few of us could actually write down the skills necessary to do our shoes up it’s a miracle everyone isn’t walking around with Velcro straps instead of bootlaces. Teaching nursing students practical skills might well be equally mystifying/frustrating and in this study a team of researchers – led by Monika Ravik from the University of South-Eastern Norway – investigated further. They interviewed 10 nurse mentors about teaching practical skills and analysis of the interviews elicited four themes:

* Experiences vs expectations in practical-skill knowledge
* Experiences vs expectations of engagement
* Experiences of attitudes
* Experiences and expectations of emotions

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104275>

## POCUS around the bladder

**Source:** BMC Medical Education

**In a nutshell:** In this study it was the bladder itself that was the focus of attention; specifically the effectiveness of a simulation exercise designed to teach nurses about bladder point-of-care ultrasound (POCUS). Tomoyoshi Naito, from Seirei Christopher University in Japan, led the team of researchers conducting the study. They found that “bladder POCUS simulation exercise is effective in continuously improving the clinical performance of nursing students for ultrasound examinations even at 1-month follow-up, increasing their confidence and promoting a self-directed learning attitude.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06729-3>

## Simulation at the end of life

**Source:** Nurse Education Today

**In a nutshell:** Whether you regard death as something to be [raged against](https://www.poetryfoundation.org/poems/46569/do-not-go-gentle-into-that-good-night), [terrified of](https://www.poetryfoundation.org/poems/48422/aubade-56d229a6e2f07), or [welcomed with a certain degree of relief](https://www.nybooks.com/articles/1964/01/23/two-poems/) handling it requires a great deal of skill, tact, and sensitivity on the part of healthcare professionals. In this study P.M. Chung Betty, from The Hong Kong Polytechnic University led a team of researchers interviewing fourth-year nursing students about their experiences of taking part in “complex and ambiguous palliative care in a simulated environment.” “Participants described a socially co-constructed experience of optimizing their learning process on the basis of an interplay of self-regulation and cognitive effort to work through complex and dynamic palliative care simulations. The process was characterized by five subthemes: 1) learning triggered by anxiety in the simulated environment; (2) actively taking responsibility for unexpected relational challenges; (3) the willingness to be flexible (open) to reprioritize and reposition oneself with patients/families; (4) being present (pausing to flexibly consider the past and what ifs); and (5) reframing care to strategically fit (focus) where patients and families were at.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106609>

## What the students learnt on their rural journey

**Source:** Nurse Education Today

**In a nutshell:** In this study a team of researchers, led by Yun-Hsuan Lee, from Chang-Gung University in Taiwan, examined the effects on nursing students of a journey into a rural area to provide health services. Four main themes emerged from interviews with the nursing students which were:

* Realized Social Responsibility
* Development of Empathy
* Cultural Competence
* Professional Identity

The researchers concluded that “participation in rural service courses fosters personal growth and identity development among nursing students while also strengthening their professionalism and sense of social responsibility. The findings highlight the students' emotional and transformative journey.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106597>

## Self-esteem, growth mindset, and self-efficacy

**Source:** Nurse Education Today

**In a nutshell:** It’s a wise man who knows his own weaknesses. So while I enjoy belting out hymns at church in a never-mind-the-notes-feel-the-lungpower sort of way I’m unlikely to be entering *The Voice* in the near future. That doesn’t mean you can’t learn though. Whilst not a natural dab-hand at DIY, for instance, my drill holes have developed over the years from roomy for a guinea pig to snug for a hamster. Psychologists call the feeling you can learn something a “growth mindset,” and in this study a team of researchers – led by Meijuan Cao from Huzhou University in China – studied its links to self-esteem and self-efficacy in a sample of 266 nursing students on placement. The researchers found that both self-esteem and growth mindset had a “statistically-significant relationship to professional self-efficacy.” Self-esteem also led to a growth mindset, which, in turn, led to increased self-efficacy among the students.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106591>

## Can a Room of Horror improve patient safety?

**Source:** Nurse Education Today

**In a nutshell:** With hot tea on the edge of the desk, extension leads trailing all over the place, and shelves ready and waiting to poke your eye out it’s a wonder I just don’t put some red and white sticky tape across our office door and go back to bed with Radio 3 on my work-from-home days. Far safer. Hospital wards should be safer though, and nurses should be able to spot potential hazards. Rooms of Horror are mock-ups of wards, featuring a number of safety hazards, used to train nurses who attempt to spot any dangers. In this study Hege Hovd Faye-Schjøll, from VID Specialized University in Oslo, led a team of researchers investigating advanced-practice nursing students’ experiences with Room of Horror simulations. “Two main categories of student experience were identified: (1) an engaging and memorable simulation that included competitive elements, and (2) enhanced awareness of competencies and responsibilities.” The researchers conclude that “as an educational approach, Room of Horror simulations show promise for enhancing awareness, competencies and an emphasis on patient safety among advanced practice nursing students. The simulations also have the potential to deepen the students' understanding of their roles and responsibilities in advancing patient safety as future advanced practice nurses.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106604>

## Teaching students people skills

**Source:** Nurse Education Today

**In a nutshell:** Get in and out quick, don’t make eye contact, and don’t get drawn into conversation is probably good practice in the context of [*The Day of the Jackal*](https://en.wikipedia.org/wiki/The_Day_of_the_Jackal_%28film%29)(or teaching medical students critical appraisal, for that matter) but might not be quite so good for trainee nurses. In this study María Lanza, from IDIVAL Oncology Clinical Trials Research Group in Spain, led a team of researchers investigating the effectiveness of a training programme based on “active-learning methodologies,” at teaching nursing students socioemotional skills. 116 nursing students took part in the study, of whom 44 were interviewed in greater depth. The researchers found that the course led to “significant improvements in socioemotional skills… particularly in non-verbal communication and information transmission. Notable improvements were observed among younger female students and those with less prior experience in socioemotional training.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106593>

## How do nursing students cope with death?

**Source:** Nurse Education Today

**In a nutshell:** In this study Yue Yao, from Chengdu University of Traditional Chinese Medicine, led a team of researchers investigating nursing students’ first experience of patient death during clinical practice. The researchers reviewed the evidence from 16 studies involving 285 nursing students and found it could be categorized into six themes:

* Holistic support for patient comfort and dignity in dying
* Perceptions of death
* Confronting the challenges of patient death
* Emotional impacts on students
* Adjustments following patient death
* Witnessing death through novice perspectives

The researchers concluded that “the first encounter with patient death during clinical practice significantly impacts nursing students. Comprehensive death education and robust support systems are essential for enhancing students' coping abilities. Educators and clinical practitioners should implement support strategies that address students' needs, helping them confront patient death with composure and professionalism.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106599>

## Can learning leadership make you more resilient?

**Source:** Nurse Education in Practice

**In a nutshell:** As a newly-qualified nurse the last thing you would think people would want to do would be to go on another course; it’s a bit like someone trying to persuade you to come to a spinning class after you’ve finished the London Marathon. But could it make you more resilient? In this study a team of researchers, led by Oonagh Carson, from Ulster University, attempted to find out. The researchers found a ”significant correlation between leadership and resilience scores,” and those recently-qualified nurses who had signed up for an “early-access master’s experiential programme,” scored themselves more strongly for both leadership and resilience. Examples of additional leadership responsibilities included being in charge, training newer staff, and maintaining patient and staff safety.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104276>

## Teaching nursing students chemotherapy

**Source:** Nurse Education in Practice

**In a nutshell:** In this study Fatma Uslu-Sahan, from Hacettepe University in Turkey, led a team of researchers comparing virtual-reality to a standardized patient-simulation programme when it came to teaching nursing students about chemotherapy for breast cancer. 107 first-year nursing students took part in the study. They were divided into two groups. 54 used virtual-reality simulation, with the rest using standardized patient-simulation. Both approaches significantly improved the students’ knowledge but the standardized-patient approach scored more highly for gains in knowledge, “cognitive load,” satisfaction, and self-confidence.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104286>

## What makes nursing students ageist?

**Source:** Nurse Education in Practice

**In a nutshell:** As someone who doesn’t do QR codes, and would rather block off the emergency services from accessing little old ladies’ driveways than tangle with a parking app I’m resigned to the fact that it’s only another ten years or so before the younger generation has written me off completely. Ageism is more than just digital, of course, and in this study Maria José Catalăo, from Portalegre Polytechnic University in Portugal, led a team of researchers studying ageism in 242 newly-graduated Portuguese nurses. An emphasis on basic care during the nurses’ training was associated with higher scores on the Hostile Ageism scale, whereas higher scores on the Benevolent Ageism scale were associated with confidence working with older adults. Higher hostile-ageing scores were also associated with communication difficulties, especially with patients with neurocognitive impairments. There was also a significant relationship between self-reported confidence scores and benevolent attitudes towards the elderly.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104285>

# Physiotherapy Education

## When the physiotherapists got their feedback

**Source:** BMC Medical Education

**In a nutshell:** In this study Alison Lupton-Smith from Stellenbosch University in Cape Town studied the reaction of final-year physiotherapy students to feedback. The students “understood feedback to be a continuous, bidirectional conversation in which they were actively involved. Students recognised their agency in feedback practice. Despite their understanding, their agency was often undermined by factors such as the environment, context and most notably the perceived positioning and relationships between students and educators. Educators who were perceived as credible and created a safe psychosocial space had a positive influence on the students’ perception of feedback.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06635-8>

## The physiotherapy students getting the most out of X

**Source:** BMC Medical Education

**In a nutshell:** Not a day goes by without some or other celebrity or institution clutching their pearls and announcing they’re leaving Twitter; a process not wholly unlike giving up television because of *Naked Attraction*. It can still be put to good use though; something explored in this study, from a team of researchers led by Maryam Alasfour, from Riyadh First Health Cluster, in Saudi Arabia. The researchers studied 188 physiotherapists, 188 of whom actively used X. Many talked about positive effects on their perspectives on, or approaches to, physiotherapy as well as enhancement of their critical-thinking skills and acquisition of new knowledge or insights. Participants also reported gaining knowledge of research findings, and new treatment techniques strongly agreeing that debates on X influenced their professional development.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06760-4>