# 

# Education Bulletin – March 2025

Compiled by John Gale

JET Library – Mid-Cheshire

NHS Foundation Trust

Contents

[Allied Health Education 4](#_Toc194304389)

[Allied-health placements in nursing homes 4](#_Toc194304390)

[Dental Education 4](#_Toc194304391)

[Can AI ace dental exams? 4](#_Toc194304392)

[Can smart glasses boost performance? 4](#_Toc194304393)

[General Healthcare Education 5](#_Toc194304394)

[Immersive virtual reality 5](#_Toc194304395)

[Cracking cricothyrotomy 5](#_Toc194304396)

[Teaching students Spanish 6](#_Toc194304397)

[What are we teaching about drug adherence? 6](#_Toc194304398)

[Interprofessional Education 7](#_Toc194304399)

[Getting drugs right for mental-health problems 7](#_Toc194304400)

[Medical Education 7](#_Toc194304401)

[3D bones help students crack fractures 7](#_Toc194304402)

[Women residents in urology 8](#_Toc194304403)

[Can students evaluate AI? 8](#_Toc194304404)

[Disabled students’ psychological struggles 8](#_Toc194304405)

[What predicts self-efficacy in medical students? 9](#_Toc194304406)

[Training paediatricians for a war zone 9](#_Toc194304407)

[Getting more patients into medical education 10](#_Toc194304408)

[Thrown to the wolves on the night shift 10](#_Toc194304409)

[When case-based learning meets online book groups 11](#_Toc194304410)

[Does e-learning really work? 11](#_Toc194304411)

[Teaching medical students obesity counselling 11](#_Toc194304412)

[What buoys up – and drags down – preceptors? 12](#_Toc194304413)

[Co-creating solutions to burnout 12](#_Toc194304414)

[Can you practise perineums on a pig? 13](#_Toc194304415)

[Calling, engagement, and professional identity 13](#_Toc194304416)

[Can a chatbot teach you anamnesis? 13](#_Toc194304417)

[When POCUS went elective 14](#_Toc194304418)

[When the standardized patient is a chatbot 14](#_Toc194304419)

[Can AI take the guesswork out of multiple choice? 15](#_Toc194304420)

[Junior doctors and sexual health 15](#_Toc194304421)

[Nurse Education 16](#_Toc194304422)

[When case-based learning came to the BOPPPS 16](#_Toc194304423)

[Bullying and Nursing Students 16](#_Toc194304424)

[Can motivational interviewing buck students up? 17](#_Toc194304425)

[Can telling stories make you a better nurse? 17](#_Toc194304426)

[Creative Health and nurse education 18](#_Toc194304427)

[Tackling procrastination and perfectionism 18](#_Toc194304428)

[What makes a committed nurse? 18](#_Toc194304429)

[What makes nurses volunteer with the marginalized? 19](#_Toc194304430)

[Augmented reality and pressure sores 19](#_Toc194304431)

[Could the bush help you learn about beating? 20](#_Toc194304432)

[Introducing Mad Studies into nurse education 20](#_Toc194304433)

[Using mind mapping to teach sepsis 21](#_Toc194304434)

[When mixed reality came to midwifery 21](#_Toc194304435)

[Physiotherapy Education 22](#_Toc194304436)

[Teaching physios stroke care 22](#_Toc194304437)

# Allied Health Education

## Allied-health placements in nursing homes

**Source:** The Clinical Teacher

**In a nutshell:** The lack of placements and educational opportunities in nursing homes calls to mind those sublimely-talented footballers, who, gnarled old pros maintain, “can do their stuff in Barcelona, but wouldn’t cut it on a wet Wednesday at Port Vale.” In this study Kristie Matthews, from Monash University in Australia, led a team of researchers interviewing 14 dietetics, occupational-therapy, and speech-pathology students who had a placement experience in residential care in Australia. The students acknowledged that the placements had helped them build their skills and were able to suggest how they could translate these skills into future acute-setting placements. However the students were concerned about how “legitimate,” an experience the placement was, particularly as there were few other people from their specialty there from whom they could learn. However the students did clearly identify “how they had and could make a meaningful ‘Contribution to Care’ of the older person.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70041>

# Dental Education

## Can AI ace dental exams?

**Source:** BMC Medical Education

**In a nutshell:** In this study Soner Sismanoglu and Belen Sirinoglu Capan, from Istanbul University-Cerrahapasa, got ChatGPT-4.0 and Gemini to sit some dental exams. “ChatGPT-4.0 received 83.3% correct response rate on the 2020 exam, while Gemini Advanced received 65% correct response rate. On the 2021 exam, ChatGPT-4.0 received 80.5% correct response rate, whereas Gemini Advanced received 60.2% correct response rate. ChatGPT-4.0 outperformed Gemini Advanced in both exams ... AI-powered chatbots performed worse … overall … compared to … [the] scores of the best performer of that year. This poor performance also includes the basic sciences and clinical sciences sections …. Additionally, periodontology was the clinical specialty in which both AI-powered chatbots achieved the best results, the lowest performance was determined in … endodontics and orthodontics.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06389-9>

## Can smart glasses boost performance?

**Source:** BMC Medical Education

**In a nutshell:** Having lived since six with glasses either steaming up, getting dirty, breaking, or becoming a fertile source of mockery it seems inconceivable to me that anyone would voluntarily don a pair. Technology is seductive though and in this study a team of researchers – led by Amit Punj from the Albert Einstein College of Medicine in New York – studied the use of smart glasses “as a feedback tool in teaching and evaluating the oral exam performed by medical students.” 10 medical students took part in the study and “were provided with a didactic self-study online course on dental examinations and were arbitrarily assigned into two groups of five. One group was assigned to an intervention arm in which they performed an oral exam using the smart glasses and the other group performed the oral exam without the smart glasses. A preceptor supervised both groups and recorded his observations on a form. The students completed a questionnaire at the end of the study to discuss their experiences. The effectiveness of the smart glasses was reflected in a high summary score of the observations and the response to the questionnaire reflected the use of the smart glasses as a feedback tool.” The researchers concluded that their pilot study “demonstrated that smart glasses were an effective tool to enhance medical education.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06853-0>

# General Healthcare Education

## Immersive virtual reality

**Source:** Nurse Education Today

**In a nutshell:** Immersive virtual reality can allow aspiring rappers in North Devon – whose company I once enjoyed on a long bus ride – to experience life in [Compton](https://en.wikipedia.org/wiki/Straight_Outta_Compton) for a few hours and still be back in time for a cream tea at the church fete while Mum does their washing. In this study Tze Ching Shyanne Quah, from Changi General Hospital in Singapore, led a team of researchers reviewing the evidence on the use of immersive virtual reality (IVR) in nurse education. They found that IVR augmented learning experiences in healthcare education, and had a positive reception from students, with many highlighting experiences of engagement and satisfaction. However, technical errors can break the immersion, affecting the effectiveness of learning, and “cybersickness,” is “a relatively common issue.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106625>

## Cracking cricothyrotomy

**Source:** BMC Medical Education

**In a nutshell:** Cricothyrotomy is cutting a hole in somebody’s throat so they can breathe when all other options have been exhausted. In this study Valentin Burkhardt, from the University of Freiburg in Germany, led a team of researchers examining the use of virtual reality to teach it. 146 people comprising otorhinolaryngologists, anaesthetists, emergency doctors, and nurses took part in the study. They were asked to complete a virtual-reality cricothyrotomy. They had three goes at it and were timed doing it, with any errors they made being recorded. 74% of the participants got quicker at doing it and 87% became more adept at the procedural steps involved. Gaming experience had a significant effect on people’s success, whereas age and medical specialization did not. “Real-life experience with cricothyrotomy had no significant effect on performance in virtual reality.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06816-5>

## Teaching students Spanish

**Source:** The Clinical Teacher

**In a nutshell:** Lots of people in America speak Spanish and in this study David Essex from the University of Texas led a team of researchers studying the effectiveness of a module which “aims to provide healthcare students with a practical foundation of basic Spanish for taking vital signs.” The seven-hour hybrid education module was made up of two in-person sessions with pre- and post-session assignments. “Through the module, students learned grammar, vocabulary and cultural principles before practising speaking skills through team-based learning in small groups led by bilingual facilitators.” The students showed statistically-significant improvements in their grammar, vocabulary, comprehension and cultural understanding, as well as in self-confidence. Those who had “prior exposure to Spanish,” showed a greater increase in confidence reporting vital signs in Spanish.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70038>

## What are we teaching about drug adherence?

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Hanna Gottlieb, from Uppsala University in Sweden, surveyed 212 lecturers from 114 universities in 34 different countries. 72% of pharmacy lecturers said teaching should be enhanced, compared to 71% of medicine lecturers, and 59% of nursing lecturers. The most taught topic was the medical impact of non-adherence mentioned by 89% of pharmacy lecturers; 84% of medical lecturers; and 76% of nursing lecturers. The [ABC taxonomy](https://www.espacomp.eu/project/abc-taxonomy/) was taught in 73% of pharmacy courses; 60% of nursing courses; and 52% of medical courses. “In the qualitative analysis of free text-answers respondents emphasized the value of early, mixed method teaching. They reported a lack of guidance in teaching medication adherence, causing inconsistency in the educational quality and depth. Time constraints were highlighted as a significant challenge, while interprofessional collaboration and use of medication adherence technologies were seen as opportunities, though not widely implemented in teaching.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06909-1>

# Interprofessional Education

## Getting drugs right for mental-health problems

**Source:** Nurse Education Today

**In a nutshell:** Rather like [Dudley Moore’s one-legged Tarzan](https://www.youtube.com/watch?v=lbnkY1tBvMU) walking over a rope bridge people with mental-health problems often fall through the gaps between services. One way of tackling this is by getting different professions to work better together, and in this study Rachel Morley, from Huddersfield University, led a team of researchers studying the effectiveness of an interprofessional workshop for nursing and pharmacy students. The workshop was based on mental-health scenarios and focused on the best use of medicines for mental-health problems. 70 students (41 mental-health-nursing students and 29 pharmacy students) took part in the workshop, and they rated its content highly. 92.9% gave it high marks for Process/Knowledge and 94.3% gave it high marks for Relationships. “Both cohorts highly valued the workshop, with a shared appreciation of what each student group contributed. There was strong overall positivity toward working inter-professionally.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106623>

# Medical Education

## 3D bones help students crack fractures

**Source:** BMC Medical Education

**In a nutshell:** Trying to do a jigsaw with the pieces buried under half a pound of stewing steak while somebody screams in your ear might not be a bad description of attempting to deal with a fracture in A&E. Textbooks don’t necessarily convey the full reality of this experience. 3D models are a step up – albeit without the gore and screaming – and in this study a team of researchers, led by Abhishek Agarwal, from Manipal Academy of Higher Education, examined their use in teaching 105 first-year medical students about fractures. The students were divided into two groups. “The control group was taught using dry adult human bones, with the teacher explaining clinical correlations verbally. Meanwhile, in two sessions, the intervention group was taught using 3D-printed models of fractures in addition to real bones.” The researchers found that the group which used the printed models scored significantly higher and that “most students agreed that the 3D-printed models helped them understand the fractures’ clinical relevance and provided better orientation to the bones, joints, and structures involved in fractures.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06746-2>

## Women residents in urology

**Source:** BMC Medical Education

**In a nutshell:** In this study Aurora J. Grutman, from The Johns Hopkins University School of Medicine interviewed 10 resident women doctors about their experiences working in urology. “Childhood role models influenced many participants’ initial interest in medicine, although most discovered urology during medical school. Participants valued the quality of training, mentorship opportunities, proximity to family, and program ethos when selecting a residency program. During residency, participants faced gender-specific challenges due to patient resistance and difficulties balancing professional and personal commitments. Despite these challenges, participants expressed optimism about the future of women in urology.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06789-5>

## Can students evaluate AI?

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by William J. Waldock, from Imperial College School of Medicine, investigated final-year medical students’ ability to evaluate answers provided by GPT3.5 to 10 clinical scenarios, five of which it had answered incorrectly. “The median percentage of students who correctly evaluated the LLM output was 56%. Students reported interactive case-based and pathology teaching using questions to be the most helpful training provided by the medical school for evaluating AI outputs. Only 5% were familiar with the concept of ‘clinical prompt engineering’.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06735-5>

## Disabled students’ psychological struggles

**Source:** BMC Medical Education

**In a nutshell:** In this study Henry J. Seaborne, from the University of California, San Francisco, led a team of researchers investigating the mental health of medical students with disabilities. Of the 3,162 medical students who took part in the study, 277 said they had a disability. “Respondents with disabilities reported significantly higher rates of severe distress (65%) compared to their non-disabled peers (51.3%). Additionally, burnout and depression rates were higher among disabled students, with 80.41% experiencing burnout and 54.84% experiencing depression.” High levels of debt and tuition fees were significant predictors of psychological distress, but being married was a “protective factor specifically for students with disabilities.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06770-2>

## What predicts self-efficacy in medical students?

**Source:** BMC Medical Education

**In a nutshell:** Self-efficacy differs from self-confidence insofar as it is task-specific. So whilst Chris McCausland – at least one hopes – might feel high levels of self-confidence, and high self-efficacy as a comedian and ballroom dancer he could well feel rather lower levels of self-efficacy faced with the prospect of being a Formula One racing driver. In this study a team of researchers, led by Ahmed Amir Samir, from Al-Azhar University in Cairo, examined what influenced academic self-efficacy (ASE) in medical students. 1,446 students took part in the study. They had an average age of 20.59 and 61.5% of them were women. “ASE was significantly associated with certain financial status, smoking, sleeping hours, breakfast patterns, diet changes, and fluids. Stress, anxiety, and depression were associated with and correlated to poor ASE. Only depression, oversleeping, and smoking were significant predictors of worse ASE.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06805-8>

## Training paediatricians for a war zone

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Miriam Schwartz-Shpiro, from the Goshen Centre in Jerusalem, investigated the effect of a trauma-informed training programme on “paediatricians’ knowledge and perceived competence in treating children affected by war.” Before the Israel-Gaza war, only 12.1% of the paediatricians had had any trauma-informed training. “Five weeks into the war, 129 (71.7%) participated in short professional development activity related to trauma care, but still reported that their knowledge and perceived-competence in treating trauma-related issues were below the midpoint of the scale. The training evaluation showed significantly increased paediatricians’ perceived-competence in managing trauma-related issues, guiding parents, and referring on after the training. Practical sessions were associated with enhancing perceived-competence. Post-training responses to clinical vignettes showed a notable change in the thoroughness and professional approach toward real-life scenarios of post-traumatic symptoms.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06605-6>

## Getting more patients into medical education

**Source:** BMC Medical Education

**In a nutshell:** Getting patients involved in medical students’ education can be a difficult balancing act. On the one hand patients like to contribute to the education of new doctors and students benefit immensely from meeting real patients; on the other members of the public are inclined to take a dim view of somebody hoving to with a scalpel in one hand, and an [*Operation Ouch!*](https://en.wikipedia.org/wiki/Operation_Ouch!)book in the other. In this study a team of researchers, led by Adedoyin Alao, from Newcastle University, asked “how can we enhance ‘real-time’ patient involvement in medical education?” After carrying out focus groups with patients, and workshops and interviews with medical students the researchers found that patient contact helped the students to develop their knowledge, clinical and interpersonal skills, professional values, confidence, and sense of identity. The students learnt by practising the role of a doctors, observing clinicians and reflecting on their own experiences, whilst the patients provided experience of diversity, and real-life stories. The patients themselves wanted to be active in helping to train the students by “shaping encounters,” and providing explanations, feedback, and emotional support. The researchers recommended that “patients’ active involvement may be facilitated by ensuring adequate introductions, good relationships and an explicit invitation.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06767-x>

## Thrown to the wolves on the night shift

**Source:** The Clinical Teacher

**In a nutshell:** Left alone in a deserted building as night falls, with screams echoing down the corridors, nobody to turn to, and wraith-like apparitions floating across your peripheral vision being a newly-qualified doctor on a night shift can be every bit as disturbing as [*The Exorcist*](https://en.wikipedia.org/wiki/The_Exorcist)or [*The Omen*](https://en.wikipedia.org/wiki/The_Omen)– just without the popcorn. In this study David Synnott, from University College Cork surveyed 145 new junior doctors in Ireland about their readiness for out-of-hours work. “88.3% disagreed with feeling prepared for out-of-hours, a sentiment corroborated by qualitative expressions of fear and apprehension. Themes emerged regarding general preparedness, support, and the hidden curriculum. Seeking support presented challenges, often met with resistance. Isolation and post-call anxiety were recurrent sentiments. Participants believed medical education had inadequately prepared them, emphasising theoretical knowledge at the expense of practical skills for real-world scenarios.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70035>

## When case-based learning meets online book groups

**Source:** The Clinical Teacher

**In a nutshell:** In this study a team of researchers – led by Dylan T. Adamson, from the University of Louisville in Kentucky – studied the effectiveness of a social-annotation platform in which medical students could leave comments on clinical cases they were studying as part of their course. Think an online book group but with haemorrhoids instead of [*The French Lieutenant’s Woman*](https://en.wikipedia.org/wiki/The_French_Lieutenant%27s_Woman). Maybe even the French lieutenant’s women with haemorrhoids – who knows? Nine students completed the course over four weeks in 2023. 95% of the reading assignments were completed and, on average, students submitted nine discussion comments per assignment, spending just over an hour discussing each case section. The students engaged more with non-clinical topics, but all of them said that the platform was easy to navigate. They liked seeing what their peers were thinking and said that they felt “engaged with the other students.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70032>

## Does e-learning really work?

**Source:** BMC Medical Education

**In a nutshell:** Those of us whose sole experience of e-learning is an annual trudge through the thistly quagmire of Information Governance might be forgiven for being a little sceptical about e-learning. In this study Maria G. Zavala-Cerna, from the Autonomous University of Guadalajara in Mexico, led a team of researchers studying the effectiveness of the online delivery of basic biomedical-science courses over three years. The researchers studied 1,546 students and 2,613 course enrolments in two different medical programmes. They found “significant increases in self-reported benefit and understanding of topics, as well as significant increases in knowledge gain irrespective of students’ pre-course knowledge levels, as measured by the pre-course quiz.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06794-8>

## Teaching medical students obesity counselling

**Source:** BMC Medical Education

**In a nutshell:** In this study Wang Chin Eileen Ng, from MOH Holdings in Singapore, led a team of researchers studying the effectiveness of “an obesity-specific hybrid training programme … developed for medical students in Singapore, which encompassed e-learning materials on paediatric obesity and motivational interviewing techniques as well as simulated patient exercises.” The programme led to “significant improvements,” in the students’ self-efficacy for obesity counselling and motivational-interviewing skills and the programme was “well-received among participants.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-024-06589-3>

## What buoys up – and drags down – preceptors?

**Source:** BMC Medical Education

**In a nutshell:** Preceptors are the people who supervise newly-qualified doctors when they take their first steps onto the ward and in this study Nooran Badeeb, from the University of Jeddah, in Saudi Arabia, led a team of researchers studying 145 of them. They found that sharing knowledge (64%) and educating the next generation (63%) were the main motivators with “student preparedness,” being crucial for 45.5%. The least important factors were extrinsic ones such as financial gain (20%), and recognition (9.7%). The main challenges to being a preceptor were heavy clinical workload, cited by 31.3%, and lack of time (28%).

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06842-3>

## Co-creating solutions to burnout

**Source:** BMC Medical Education

**In a nutshell:** Co-creation aims to create solutions working with people, instead of imposing them from above, and in this study a team of researchers, led by Anke Boone from the University of Leuven in Belgium, adopted this approach to fighting burnout among junior doctors and medical students. They worked with 12 first-year undergraduates, 13 first-year masters students, 14 first-year GP trainees, and 39 first-year specialist doctors to develop some solutions to burnout. On an individual level participants discussed personalized coaching, annual health assessments, and training sessions. When it came to organizational solutions some were tailored to a university context, whereas others were aimed at hospitals/GPs. Examples of the former included a pass/fail system of marks for exams and examples of the latter included flexibility in scheduling, whilst a recommendation for better onboarding programmes applied to both contexts.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06833-4>

## Can you practise perineums on a pig?

**Source:** BMC Medical Education

**In a nutshell:** In this study, led by Sasivimol Srisukho, from Chiang Mai University, medical students took part in a pig-perineum repair workshop on identifying perineal laceration, knot-tying, and perineal-laceration repair. 792 medical students took part in the study which led to an increase in their self-efficacy regarding these procedures. “The mean satisfaction score was high … inspiring them to enhance their surgical skills in knot-tying and perineal laceration repair. The mean self-evaluation score of the participants regarding their perspectives on the closeness to reality of pig-perineum repair when compared to real clinical practice was high … making them more confident in practice in the labour room.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06771-1>

## Calling, engagement, and professional identity

**Source:** BMC Medical Education

**In a nutshell:** Whereas some people go into their careers with a sense of vocation, others are more motivated by the growing realization – heavy hints even – that Mum and Dad might want the spare bedroom back sometime in the next five years. In this study Gui-Feng Lu, from Shantou University Medical College in China, led a team of researchers studying calling, engagement, and professional identity in a sample of 1,250 medical students. They found that career calling was positively correlated with professional identity and the need for achievement. Learning engagement was positively correlated with professional identity and the need for achievement and professional identity was positively correlated with the need for achievement.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06809-4>

## Can a chatbot teach you anamnesis?

**Source:** BMC Medical Education

**In a nutshell:** Anamnesis is when a doctor attempts to take your medical history and talk to you about your symptoms. It can be hard to find real patients, or even actors, for medical students to practise on so in this study a team of researchers, led by Katharina Rädel-Ablass from IU International University of Applied Sciences in Germany, investigated the use of AI chatbots for teaching medical students anamnesis. The students consistently rated the language ability of the Ai model positively. “More than 80% of students rated the professional and content-related precision of the virtual patient as good to excellent. Even as a text-based chatbot, the vast majority of students see a fairly close to very close relationship to a real anamnesis interview. The results further indicate that students even prefer this training approach to traditional in-person role-plays.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06756-0>

## 

## When POCUS went elective

**Source:** BMC Medical Education

**In a nutshell:** As a wet-behind-the-ears library assistant at Guy’s Hospital I was often a bit bemused by medical students asking for books on Swedish, [Spinoza](https://en.wikipedia.org/wiki/Baruch_Spinoza), or Surrealism rather than skin, surgery, or stomas. “I’m on my elective,” they’d explain – a mini gap-year in medical education which allows medical students to broaden their horizons before they start working 120 hours a week and forgetting who the Prime Minister is. In this study it was an elective on our old friend POCUS (point-of-care ultrasound) that a team of researchers, led by Harry Kuperstein, from Renaissance School of Medicine in New York, investigated. 45 internal-medicine residents took the elective, of whom 21 completed an evaluation survey. 94% of those who filled out the survey reported “above average or outstanding satisfaction with all aspects of the elective, including hands-on teaching and materials provided.” 30 took a knowledge test which showed an improvement in marks from 39 to 66%. 45% were deemed to be able to acquire images independently and 40% could interpret them independently “with all learners deemed able to do both with some level of supervision. Overall use of POCUS by IM residents as measured by saved ultrasound studies increased after the implementation of the elective, suggesting institutional impact.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06802-x>

## When the standardized patient is a chatbot

**Source:** BMC Medical Education

**In a nutshell:** Given the acting range and human emotion I bring to my roles in my occasional participation in patient simulation I wouldn’t be surprised if the tutors replace me with an AI chatbot, voiced by the person who was Davros on Doctor Who, on the basis that it conveyed more warmth and humanity. In this study Selcen Öncü, from Aydın Adnan Menderes University in Turkey, led a team of researchers investigating the effects of using ChatGPT chatbots as standardized patients for medical students to practise on. “There was a significant gap between participants’ self-assessment and actual performance, indicating discrepancies in self-perceived versus real clinical competence. Participants reported feeling inadequate in their problem-solving and clinical reasoning competencies and experienced time pressure. They were satisfied with the Artificial Intelligence-powered standardised patient process and were willing to continue similar practices. Participants engaged with a uniform patient experience. Although participants were satisfied, the application process was sometimes negatively affected due to disconnection problems and language processing challenges.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06877-6>

## Can AI take the guesswork out of multiple choice?

**Source:** BMC Medical Education

**In a nutshell:** The questions doctors get asked in their multiple-choice exams are often a little tricky and in this study a team of researchers, led by Peter Y. Che’en, from the Albert Einstein College of Medicine, asked whether AI might be able to help. They asked ChatGPT to come up with rationales to explain why option A was right, and options B-E were wrong then got medical course directors to rate its answers. ChatGPT correctly answered 93.8% of the questions first time. The course directors were receptive to using ChatGPT to generate rationales and all were satisfied with the general rationales. 77.5% of the course directors thought the rationales were very accurate; 83.8% thought they were very clear; and 93.8% thought they were very appropriate. All the course directors said they would use the AI-generated rationales with some editorial oversight and three-quarters of them took less than four minutes to review a set of rationales drawn up by AI.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06862-z>

## Junior doctors and sexual health

**Source:** BMC Medical Education

**In a nutshell:** In this study Evelien Bogaert and Rick Roles from KU Leuven in Belgium studied 167 junior doctors’ knowledge of, and attitude to, sexual-history taking. The survey “revealed several shortcomings in the medical training in sexual history taking. Dissatisfaction is expressed regarding the adequacy of provided training, with a prominent barrier being the lack of skills and knowledge necessary for effective sexual history taking. Discomfort, experienced by physicians and their patients, emerges as a critical factor affecting the initiation and quality of sexual history discussions. Other challenges include biases related to religion, ethnicity, age, and gender, while practical factors, such as time constraints and language barriers, underscore the multitude of obstacles in comprehensive sexual history assessments.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06850-3>

# Nurse Education

## When case-based learning came to the BOPPPS

**Source:** Nurse Education in Practice

**In a nutshell:** In one of life’s little ironies young people full of beans but riddled with social anxiety and embarrassment are often offered drugs and the chance for a dance, whereas those of us who have long since gone past embarrassment, but are definitely in need of a pick-me-up, are presented with neither. It was BOPPPS of a different sort that a team of researchers, led by Sa Wang from The Second Affiliated Hospital Zhejiang University School of Medicine, had in mind in this study though; an educational model standing for “Bridge-in, Objective, Pre-assessment, Participatory Learning, Post-assessment and Summary.” The researchers wanted to see if integrating case-based classroom lectures and group-based team training into the BOPPPS model improved outcomes for students. 2,479 nurses studying trauma care took part in the study. 1,267 were taught “using a teaching method that combined BOPPPS-based classroom lectures with workshop demonstrations,” with the rest of the trainees “using a dual-track teaching model based on BOPPPS, which integrated case-based classroom lectures with group team-based training.” The researchers found that the students taught with case-based classroom lectures, and group-based team training achieved higher marks than the other group.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104295>

## Bullying and Nursing Students

**Source:** Nurse Education Today

**In a nutshell:** Human nature being what it is it seems a fairly safe bet that articles on nursing students being bullied will still be being churned out long after this bulletin has been and gone. Latest into the fray were a team of researchers, led by Yufeng Liao from Shenzhen Polytechnic University in China. They studied 526 nurses from six nursing schools. The researchers found that the level of bullying was “mild” but that 58.17% of the students reported experiencing bullying during this period. The students’ “coping resources,” were found to be “medium to low.” As coping resources decreased, so workplace bullying increased. Being single raised the risk of being bullied, whereas the hospital organising lectures or courses on the subject during clinical placements, and organizational support reduced the risk.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106622>

## Can motivational interviewing buck students up?

**Source:** Nurse Education in Practice

**In a nutshell:** In this study Mahmoud Abdelwahab Khedr and Mukhlid Alshammari from the University of Hafr Albatin in Saudi Arabia examined the effects of motivational interviewing on nursing students. 70 students took part in the study. Half of them received motivational interviewing and the others were put on a waiting list for it as a control group. The researchers found that the motivational interviewing group “demonstrated substantial enhancements in Authenticity Inventory scores, Academic Motivation Scale scores and dispositional optimism.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104296>

## Can telling stories make you a better nurse?

**Source:** Nurse Education in Practice

**In a nutshell:** Whether it’s David Olusoga unearthing tales in [*A House Through Time*](https://en.wikipedia.org/wiki/A_House_Through_Time), David Mitchell casting a beady eye on monarchs in [*Unruly*](https://www.amazon.co.uk/Unruly-Bestseller-Horrible-Histories-grownups-ebook/dp/B0C4GM5KSX#:~:text=Some%20find%20it%20well%2Dwritten,diminishes%20the%20author's%20writing%20style.), or sundry celebs uncovering their ancestry on [*Who Do You Think You Are*](https://en.wikipedia.org/wiki/Who_Do_You_Think_You_Are%3F_(British_TV_series))history should always be about stories and people, rather than abstract principles or economic statistics – the clue’s in the word, after all. But could a similar approach pay dividends in nurse education? Narrative pedagogy is a teaching method that encourages students and teachers to work together to reflect on and interpret their shared experiences. It's an interpretive approach that's based on the idea that people define their experiences through narratives and in this study a team of researchers – led by Meng Wang from University Putra Malaysia – reviewed the research on it. The researchers found 41 articles that met their quality criteria which showed that “narrative pedagogy significantly improves nursing students’ final examination scores, practical skills, empathy, and professional identity compared with traditional teaching methods.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104288>

## Creative Health and nurse education

**Source:** Nurse Education Today

**In a nutshell:** In this article Victoria Ridgway, from Chester University, led a team of researchers investigating a “pilot creative health placement for undergraduate nurses,” as part of the [Creative Health](https://ncch.org.uk/) initiative. 60 nursing students, four practice assessors/supervisors, six Creative Health artists, and 89 service users took part in the study. The placements gave the students insights and understanding about creative health and social prescribing, but there were challenges for them in seeing it as part of their nursing practice. 81.8% said that working with the artists had given them insight into Creative Health practice and 86.4% said that the placement had enabled them to understand the effect of Creative Health on wellbeing. The artists and practice assessors/supervisors wanted more collaboration to support learning and assessment, whilst the service users “provided positive feedback about their experiences.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106628>

## Tackling procrastination and perfectionism

**Source:** Nurse Education in Practice

**In a nutshell:** A friend of mine was once given a book called [*Never Good Enough*](https://www.amazon.co.uk/Never-Good-Enough-Perfectionism-Advantage/dp/068486293X)to help them tackle their perfectionism; my reaction was that they should bring one out called *What Do You Mean This Won’t Do?!* aimed at people like me. In this study, a team of researchers, led by Saeed Ghasempour, from Shahroud University of Medical Sciences in Iran, attempted to see whether group sessions, based on [acceptance-and-commitment therapy](https://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy) (ACT) could help nursing students with procrastination and perfectionism. 65 nursing students took part in the study, and they were divided into a group taking part in the sessions, and a control group. Compared to the control group the students who had the ACT sessions showed a reduction in procrastination. They showed a reduction in maladaptive perfectionism, and an increase in adaptive perfectionism, but neither of these changes was statistically significant.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104301>

## What makes a committed nurse?

**Source:** BMC Medical Education

**In a nutshell:** In this study Hengxi Chen, from West China Second University Hospital, led a team of researchers reviewing the evidence on what effects nursing students’ professional commitment. The researchers found 16 studies which met their quality criteria. They found that female students showed greater growth in professional commitment after their internship, whereas stress reduced commitment levels. “Motivation, self-efficacy, and pre-internship commitment are pivotal in fostering long-term engagement in the profession. Additionally, involuntary career choices correlate with lower commitment, highlighting the importance of informed decision-making. Educators play a vital role, as supportive teaching practices enhance student well-being and commitment. Academic achievement and clinical experiences further influence professional dedication. Family support and social perceptions, including occupational stigma, are also crucial in shaping commitment levels.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06780-0>

## What makes nurses volunteer with the marginalized?

**Source:** Nurse Education Today

**In a nutshell:** In this study a team of researchers – led by Judit Németh from the University of Pécs in Hungary – examined what made nursing students more likely to volunteer to work helping marginalized populations. “The research findings indicated that the intention to volunteer among nursing students was found to be significantly higher in those who (1) placed a high value on social relationships, (2) had fewer years of professional experience, (3) were better prepared by the training for community service as volunteer nurses (4) perceived behavioural factors as less of a cause of unfavourable health among the poor, and (5) had higher helping attitudes.” Social function was found to have the strongest correlation with volunteer intention.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106640>

## Augmented reality and pressure sores

**Source:** Nurse Education Today

**In a nutshell:** Pressure sores occur when people are stuck in the same position for extended periods of time. In this study Emine Sezgunsay, from Izmir University of Economics, and Tulay Basak, from the University of Health Sciences Turkey investigated the effectiveness of a mobile augmented-reality app at teaching nursing students how to deal with pressure sores. 130 first-year nursing students took part in the study, and they were divided into two groups. One group received training on pressure injury prevention using a mobile augmented reality application, while the other group followed traditional teaching methods. The researchers found that whilst there was no difference in knowledge scores between the two groups the group using augmented reality demonstrated significantly higher scores in pressure-injury assessment skills and had higher levels of motivation than the other group.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106643>

## Could the bush help you learn about beating?

**Source:** Nurse Education Today

**In a nutshell:** In Australia there is a new placement where mental-health-nursing students have a four-night, five-day experience immersed together with people with a lived experience of mental illness in a “recovery-oriented therapeutic recreation programme in the Australian bush.” In this study a team of researchers – led by Kelly Lewer, from Australian Catholic University, compared the new placement to a traditional hospital-based one assessing how much the two experiences taught nursing students about domestic violence (DV). “In both placement types, student nurses similarly recognised a high number of DV behaviours and rejected stereotypical gender roles and statements trivialising DV. Attending either type of clinical placement enhanced recognition of domestically violent behaviours; however, a non-traditional clinical placement improved the perceived severity of certain DV behaviours, while attending a traditional placement did not. Nursing students that attended a non-traditional placement increased in knowledge regarding accessing support resources, while knowledge in this area decreased among nursing students that attended a hospital-based clinical placement.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106639>

## Introducing Mad Studies into nurse education

**Source:** Nurse Education Today

**In a nutshell:** “Mad Studies is an academic field and international movement that challenges the traditional view of mental illness,” and in this study a team of researchers, led by Annessa Charlotte Rebair, from Northumbria University, studied its introduction into the “undergraduate mental health nursing curriculum through zine making.” 43 nursing students compiled “zines,” about the effect of Mad Studies on their learning. “Four overall themes emerged: making human connections, personal affirmation (of own mental health), transformed understanding and connecting differently,” and the researchers concluded that “Mad Studies created a transformative experience for students related to a different way of knowing. There were notable shifts in perspectives of mental distress due to disruption in understanding. There was safety to engage differently with experts-by-experience allowing personal reflection and acceptance.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106645>

## Using mind mapping to teach sepsis

**Source:** BMC Medical Education

**In a nutshell:** In this study a team of researchers, led by Libo Zhao from The Third Affiliated Hospital of Zunyi Medical University, investigated a new method for teaching nurses about a “sepsis hour-one bundle treatment.” 24 emergency nurses were divided into six groups for a 12-week training period and used a combination of mind-mapping and *in situ* simulation. The researchers concluded that “the combination of mind mapping and ISS training enables emergency nurses to identify sepsis earlier and promotes the effective implementation of the Hour-1 Bundle treatment in sepsis patients, while also enhancing their cognitive understanding of sepsis and non-technical skills.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06918-0>

## When mixed reality came to midwifery

**Source:** BMC Medical Education

**In a nutshell:** Never has midwifery education been more important, and in this study a team of researchers, led by Linda Wike Ljungblad from the University of South-Eastern Norway, investigated the application of “mixed reality,” to it. 33 MSc midwifery students received a demonstration of a proof-of-concept mixed-reality lesson about the foetal descent during labour. The students were interviewed afterwards and an analysis of their responses found [[1](https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06919-z#ref-CR1)] that mixed reality was viewed by the students as a valuable novelty which facilitates new insights while scaffolding prior learnings [[2](https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06919-z#ref-CR2)], that mixed reality was postulated to gel well with other learning methods and modalities such as simulation-based training, and [[3](https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06919-z#ref-CR3)] that while mixed reality was intuitive or easy to use, adaptable or customisable content should be a key consideration in immersive lesson design.

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06919-z>

# Physiotherapy Education

## Teaching physios stroke care

**Source:** BMC Medical Education

**In a nutshell:** A team of researchers, led by Basema Temehy, from Birmingham University, developed an online stroke-training programme for physiotherapists in Saudia Arabia. 26 physiotherapists took part in the programme which led to a statistically-significant increase in their knowledge and confidence in providing long-term care for patients with stroke as well as having a positive effect on their attitudes. “However, the training had limitations such as the lack of practical content and a short duration.”

You can read the whole of this article at

<https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-06837-0>