Education Bulletin – September 2025

Compiled by John Gale
JET Library – Mid-Cheshire
NHS Foundation Trust

Contents

AHP Education

Dialogue with the deaf

Source: The Clinical Teacher

In a nutshell: Whether it's Israel and Hamas, Tube drivers and Transport for London, or junior doctors and NHS England negotiations are often described as "dialogues of the deaf." The parties might not actually have impaired hearing, but they might as well have given how little they listen to one another. In this article people studying to be speech therapists and audiologists listened to people with hearing problems as part of their training and a team of researchers, led by Rachel Glade from the University of Arkansas, analysed their reactions to the experience. "The value of the engagement resulted in three overarching categories: student experience, patient reported experience and professional practice. Subcategories contributing to the student experience included emotions, perceptions and career goals, with the patient experience category including lack of care, passive listening, setting and significant others. The professional practice category included active listening, trust and care decisions." The researchers concluded that incorporating opportunities for students to hear from people with hearing problems "allows preprofessional students the opportunity to be reflective on aspects such as communication, person-centred care and empathy. Students can utilise these experiences to identify practical tips for enhancing their own clinical skills and highlight core values for their future roles."

You can read the abstract of this article at
https://doi.org/10.1111/tct.70183

Dental Education

3D teeth

Source: BMC Medical Education

In a nutshell: Having heard a fair few children essay All I Want for Christmas is My Two Front Teeth (an experience guaranteed to get you wondering if King Herod hadn't been right after all) I would gladly sacrifice at least one of them* to hear Nat King Cole's version of it; my contention that he could sound divine singing the telephone directory being tested, thereby, to the limit. Of course these days teeth, front or otherwise, can be printed out at the click of a mouse and in this study a team of researchers – led by Yasmine Smail from Paris City University – investigated the effectiveness of a "novel 3D-printed simulator produced with Polyjet technology for incision and suture training." 69 people – 27 students, 19 postgraduates, and 23 expert oral surgeons – tested 30 identical simulators. Everyone reported a "high level of overall satisfaction," with them. "The simulator received particularly high ratings for visual realism … and educational interest … with postgraduate students providing the highest visual scores … and experts providing slightly lower scores … The participants recommended improvements in tissue adhesion, detachment, thickness, and suture resistance to better mimic human tissues."

*Teeth, not children.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07779-3

"Oh darling you shouldn't have!"

Source: BMC Medical Education
In a nutshell: What do you give to the man (or woman) who has everything? Cheese and alcohol are always good bets, but thanks to the miracle of 3D printing you can now give your loved ones a realistic model of their own teeth which, in my case at least, could also double as a depiction of a particularly rackety Neolithic stone circle. In this study Farid Shiezadeh, from Mashhad University of Medical Sciences in Iran, led a team of researchers investigating the "educational use of patient-specific 3D-printed models in dental operative procedures." 24 postgraduate periodontics and implantology students took part in the study. They practised "surgical techniques on 3D-printed mandibular and maxillary models derived from Cone Beam Computed Tomography (CBCT) scans." "Students reported high satisfaction with the models, citing enhanced understanding of surgical procedures, improved technical skills, and increased confidence in clinical application. A vast majority of participants … reported significant improvements in procedural comprehension and hands-on skill acquisition."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07821-4

Which is better virtual reality or manikin?

Source: BMC Medical Education
In a nutshell: Virtual reality is being used more and more in dental education – no doubt you have to pay extra to have the smells of mint toothpaste or yesterday's kippers piped in for greater realism. In this study Jian-gang Ren, from Wuhan University, led a team of researchers comparing training using a traditional manikin to a digital virtual-reality simulator (DVRS). 142 students took part in the study. 70 were trained using manikins and the rest used the DVRS. The average scores for the DVRS group were slightly higher than those of the manikin group and "the feedback collected via questionnaires from Group DVRS participants reflected their satisfaction with the DVRS, praising its user-friendliness, clarity, training efficacy, and the resultant enhancement in their operational skills."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07747-x

General Healthcare Education

Covid, anxiety and OSCEs

Source: BMC Medical Education

In a nutshell: Nobody seems happy about what went on over the Covid pandemic. For some we should only just be emerging, blinking, into the daylight about now having sacrificed the top three layers of our skin with a daily Dettol bath, whereas for others lockdown was the equivalent of driving your car over the edge of a cliff so as not to run over a squirrel. There is plenty of evidence that younger people became more anxious over lockdown and in this study a team of researchers, led by Begoña Polonio-López from the University of Castilla-La Mancha, investigated how this played out in OSCE (objective structured clinical examinations) tests. The researchers studied 121 occupational-therapy students. 56 of them took OSCE tests before Covid and the rest afterwards. The researchers found that the group of students who took the tests before Covid were – in general terms – less anxious and they were also less anxious taking their OSCE tests. However, both groups did well in their OSCEs and there was no link between the stress and anxiety caused by the exam and the students' performance, although the researchers did find that the post-Covid group got lower scores.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07780-w

Medical Education

Upping the quality of reflective writing

Source: BMC Medical Education

In a nutshell: "The unexamined life," said Socrates "is not worth living," – just the kind of pish you might expect from people with nothing better to do all day than examine their navels while they waited for a slave to bring them the next bunch of grapes. Lives that – for the best of us – bear about as much examination as David Brent's CV and for the worst as Jeffrey Epstein's DBS check. Nevertheless, reflective practice is still *de rigueur* in much of medical education and in this study Shruti Prabhat Hedge and Vijay Kautilya Dayanidhi from Manipal TATA Medical College examined two ways of making it better. 30 third-year medical students took part in the study. Half of them received individual feedback from trained lecturers and the other half used a "structured guiding question," to help them with their writing. The researchers found that both interventions led to "statistically-significant improvements in reflective writing." Both the feedback and guiding questions were felt to be useful. The guiding questions helped the students to structure their reflections, whereas the feedback "supported emotional connection."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07767-7

Generative AI and medical education

Source: BMC Medical Education

In a nutshell: One of the main flaws of the simulation hypothesis is that even the most corrupted and malfunctioning software could never in a million years have come up with anything to match Andrea Jenkyns' recent cameo at Reform's annual conference. Nonetheless AI seems to be parking its metaphorical tanks (and you wait until it gets control of the real things) on an increasing number of lawns of human endeavour, so to speak. In this study Juan Li, from Sichuan University in China, led a team of researchers analysing research which compared the effectiveness of generative AI (GAI) and traditional teaching methods in medical education. The researchers found 11 studies which met their quality criteria, covering a total of 786 medical students. They found "no statistically-significant difference in knowledge-acquisition scores between GAI-based and traditional teaching approaches. GAI was found to lead to better "knowledge performance," over the long term (i.e. more than a week) and led to superior outcomes in practical skill development. Students were also more satisfied with their learning experience when they were taught using GAI.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07750-2

Burnout and professionalism

Source: BMC Medical Education

In a nutshell: For some people the passage of one's career is marked – among other things – by a process of moving from anxiety (will I get it right?), to confidence (of course I will) and thence to indifference (it doesn't really matter anyway). For doctors the ideal is that they stay in the middle of these two states for as long as possible, but many younger ones can often pass straight from terror into cynicism, spending hardly any time (if at all) feeling in control of the situation. In this study Sanaz Bordbar, from Tehran University of Medical Sciences, led a team of researchers reviewing the evidence on burnout and professionalism in medical students and junior doctors. The researchers found 29 studies – covering a total of 14,974 people – which met their quality criteria. Most of the studies reported that as burnout increased professionalism declined, as did patient-care practices and medical knowledge. Some studies also reported that burnout was linked to a reduced interest in lifelong learning and worse communication skills.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07687-6

Can intercalation boost your research career?

Source: BMC Medical Education

In a nutshell: "If you owe the bank $100," said J. Paul Getty "that's your problem. If you owe the bank $100 million, that's the bank's problem." One can only assume

that's the thought process of medical students who – not content with five years' worth of debt – decide to interleave a bit of particle physics, moral philosophy, or Finnish into their studies by "intercalating." In this study Ibrahim S. Al-Busaidi, from the University of Otago in New Zealand, led a team of researchers studying whether doing an intercalated research degree led to more medical students becoming researchers. They found that the students who completed the research degree were more than seven times as likely to have at least one peer-reviewed journal publication after they had graduated. They were also more likely to have a higher number of publications, and were more likely to complete a higher academic degree (including a PhD). However, they were no more likely to get a job as a lecturer.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07133-7

Robots, hip replacements, and trainee doctors

Source: BMC Medical Education
In a nutshell: Depending on the professional performance and refreshment preferences of those involved being operated on by a well-oiled team can be either good, or bad, news. It's certainly good news when it comes to robots; you don't want C3PO seizing up halfway through a knee replacement. In this study Cheng Wang, from Peking University Third Hospital, led a team of researchers investigating whether using a Mako surgical robot could improve training for junior doctors working in joint surgery. 40 junior doctors took part in the study. Half of them received traditional training in hip-replacement surgery with the other half receiving a "comprehensive and systematic Mako robot-assisted hip replacement training course." In a simulation test of acetabular prosthesis placement the group trained using the Mako robot had a pass rate of 90% compared to the other group. Those trained using the robot also had higher scores for surgical skill growth and scientific research skills and abilities.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07606-9

Can you pick up ENT from YouTube?

Source: BMC Medical Education
In a nutshell: Faced with the tricky situation pertaining on Apollo 13 most contemporary astronauts' reaction would be to see if they could find a video about fixing it on YouTube – assuming they could get an adequate Wi-Fi signal in the capsule, that is. In this study Kerimcan Çakıcı, from Uşak University Faculty of Medicine and Sabri Köseoğlu from Sitki Kocman University Faculty of Medicine (both in Turkey) assessed the quality of videos on YouTube aimed at teaching people "endoscopic tympanoplasty," and "endoscopic myringoplasty." The researchers found that 63.8% of the videos were "low quality," and 95.2% of them received an "F-grade academically." The researchers concluded that "most YouTube videos on

endoscopic type 1 tympanoplasty and myringoplasty lack high educational quality. Implementing structured guidelines and specialty-specific video evaluation tools is crucial to enhance the educational value of online surgical content. Promoting adherence to instructional design principles may improve the effectiveness of freely available video resources."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07775-7

AI, case-based learning, and biochemistry

Source: BMC Medical Education
In a nutshell: There is, not to put too fine a point on it, an awful lot of biochemistry. Even the undergraduate textbooks would do sterling work propping up a table or two, and you could probably construct a decent-sized wall from some of the more advanced ones. Not surprisingly many medical students find it all a bit much, but could AI help? That was what a team of researchers, led by Liang Li from Chengdu Medical College, asked in this study. 79 medical students took part in it. 39 were allowed to use AI tools for case-based learning whilst the rest were not. The researchers found that the group using AI tools showed significantly better performance than the control group. They completed case assignments faster, and achieved higher exam scores. The students rated AI highly for acquiring basic knowledge, but noted its limitations in complex clinical reasoning, and innovative thinking. Key concerns about using AI included AI reducing interactions between teachers and students and the fact that standardized AI outputs led to homogenized learning. However, "despite these drawbacks, students' acceptance of AI increased significantly after the trial."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07567-z

Can a meme boost your feedback?

Source: The Clinical Teacher
In a nutshell: I've always thought that asking for feedback is a bit like Prince Andrew turning to Emily Maitlis at the end of his interview and enquiring "well, how do you think that went duck?" Others are made of sterner stuff though and in this study a team of researchers, led by David Ritter, from Epsom and St Helier NHS Trust, investigated whether adding memes to reminders could boost the number of students giving feedback after teaching. The team used "a novel reminder system which included the addition of placement individualised memes which encouraged feedback form completion by students. All reminders were sent to students at key intervals: during the week leading up to form distribution, on the day of distribution, and the day after." The researchers found that the use of memes increased the response rate from 32.3% to 85.5%.

You can read the abstract of this article at

https://doi.org/10.1111/tct.70186

Can guided imagery help with resuscitation?

Source: BMC Medical Education

In a nutshell: I find guided imagery to be a great help when I tackle complicated traffic junctions. Imagining calling the ambulance, dragging my children out of the wreckage, and holding my wife's hand as the surgeons amputate my leg usually produces enough fear and adrenaline to negotiate the A49 through Shrewsbury in one piece. But can it work for trainee anaesthetists learning cardiopulmonary resuscitation? That was what a team of researchers – led by Manon Levy, from Reims University Hospital – attempted to find out in this study. 24 new anaesthesia junior doctors took part in the study. Half of them formed a control group, whilst the other half "performed a guided mental imagery session based on a cognitive aid immediately after the initial training and repeated it autonomously 7 times during the following 6 months." The researchers found that the students who used the mental imagery had higher non-technical skills than the control group, although their technical skills were no different.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07782-8

AI and image interpretation

Source: BMC Medical Education

In a nutshell: Given the unsatisfactory nature of most medical images – at best Francis Bacon, at worst Jackson Pollock as reinterpreted by Stevie Wonder – one could be forgiven for giving their interpretation the same credence as tasseography or haruspicy. Most people seem to know what they're doing but could AI do better? That was the question asked in this study by Xiang Yang and Wei Chen from Sichuan University in China. They gave Chat GPT-4, and Chat GPT-4o image-interpretation questions from the United States Medical Licensing Examination. Given 38 questions Chat GPT-4 got 73.4% and Chat GPT-4o got 89.5%. "In exploratory case-based teaching scenarios, GPT-4o was able to analyze and revise incorrect responses with logical reasoning. Moreover, it demonstrated potential to assist educators in designing structured lesson plans focused on core clinical knowledge areas, though human oversight remained essential."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07752-0

Digital literacy and innovative behaviour

Source: BMC Medical Education

In a nutshell: Human innovation can have mixed effects. Most right-thinking people would doff their cap to the genius who came up with the Hawaiian pizza, for

instance, but form a lynch mob to pursue the bright spark who thought paying for parking by an app in the Scottish Highlands, 25 miles from the nearest phone mast, was a good idea. In this study Juan Wu, from Anhui Medical University in China, led a team of researchers investigating the links between digital literacy and innovative behaviour among 887 medical students. They found that digital literacy and creative self-efficacy positively predicted innovative behaviour. There were two separate paths of causation: digital literacy→creative self-efficacy→innovative behaviour and digital literacy→diversity experience→creative self-efficacy→innovative behaviour.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07799-z

Is it time for the one-minute preceptor?

Source: BMC Medical Education
In a nutshell: Once in a way people are encouraged to reflect on an "elevator pitch," they can deliver to someone in a lift. This ignores the facts that firstly most people in their right mind would rather spend their summer holidays in Gaza than strike up a conversation with somebody in a confined space, and secondly that everyone in a lift is preoccupied with keeping their nose out for strange smells and hoping to goodness nobody thinks they emanate from them. One-minute preceptorship has the same ring to it but is in fact "a time-efficient, learner-centered approach that focuses on immediate feedback from instructors to enhance clinical decision-making. By concentrating on specific cases, instructors can quickly identify the learners' needs and provide targeted suggestions, promoting problem-solving skills and clinical reasoning." In this study Chai Yueyang, from Zhejiang University in China, led a team of researchers evaluated "the effectiveness of combining the One-Minute Preceptor (OMP) and Flipped Classroom (FC) methods in clinical teaching for general medicine residents during their standardized training." 80 junior doctors working in general medicine took part in the study. Half were taught using the OMP/FC approach and the other half followed "traditional teaching methods." The group taught using OMP/FC showed significatnly higher performance in an exit exam with "superior scores in theoretical assessments, first-round medical record writing, major case documentation, and clinical reasoning." They also "superior scores in theoretical assessments, first-round medical record writing, major case documentation, and clinical reasoning."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07787-3

Can Chat GPT write exam questions?

Source: Academic Radiology
In a nutshell: Most academics hate students regarding them as a necessary evil and/or a distraction from the real business of signing petitions, back-biting, and trying to wrangle a Venn diagram and a few graphs into a week's ~~holiday~~ conference in Vienna. Contracting the educational aspects of the job out to AI must seem quite

an attractive proposition, and in this study a team of researchers – led by Aaron Zheng from the University of Pittsburgh Medical Centre – compared multiple-choice questions on radiology generated by ChatGPT to those written by consultants. There was no difference in the perceived quality of the questions written by AI and human beings, and both questions had similar pass marks. However only 57% thought the questions written by AI had been written by a real person, compared to 71% who realised the ones written by humans had been produced by a *Homo sapiens*.

You can read the abstract of this article at
https://doi.org/10.1016/j.acra.2025.06.019

Bootcamps and bone wranglers

Source: BMC Medical Education
In a nutshell: Once in a way people with too much money and optimism decide to get fit by going to a bootcamp. After a week or so of squat thrusts on Dartmoor they come back home with a sore knee and a stinking cold to console themselves with a box of chocolates and a box-set of *Star Trek* before starting the whole cycle again six months later. In this study Zaha Kamran Siddiqui, from Manchester University NHS Foundation Trust, led a team of researchers investigating the effectiveness of a boot camp designed to teach non-technical skills to early-career orthopaedic trainees. Four themes emerged from questionnaires and interviews with the participants:

- Integration and expectations
- Perception and application of non-technical skills
- Psychological safety and learning culture
- Building relationships

"The bootcamp functioned as a transitional space facilitating adaptation across social, psychological, and professional domains. Trainees progressed from initial scepticism about NOTSS to recognizing their importance in clinical practice. However, a notable disconnect persisted between their conscious recognition of these skills' value and their predominantly unconscious application in daily practice, suggesting that awareness alone did not automatically translate to deliberate practice. The bootcamp provided foundations for professional socialization through peer networks, senior mentorship, and creating psychological safety, which collectively contributed to professional development."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07740-4

AI and blood cells

Source: BMC Medical Education
In a nutshell: Pictures of lilac-stained blood cells might make nice wallpaper, or be able to form the basis of a Rorschach test ("can you see your mother in there? How

does that make you feel?") but it takes a certain amount of training to ascertain anything medically useful from them. Could AI help? In this study Xuekai Liu, from the Aerospace Centre Hospital in Beijing, led a team of researchers investigating whether using an AI platform to study blood-cell morphology could help medical students. They compared one year of students taking courses on this subject without the benefit of AI to a subsequent year who did use it. They found that the group of students who used AI "achieved a significantly higher average score in cell identification," and that the "correct identification rates of metamyelocytes, eosinophils, and monocytes," in the AI group were "significantly increased by over 30%"

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07761-z

In at the deep end – are they waving or drowning?

Source: BMC Medical Education
In a nutshell: Some children are always eager to learn new things and are convinced they'll be able to pick up driving as soon as their feet can reach the pedals; others (yours truly included) have never seen a set of laurels or a passenger seat they don't want to sit on. In this study a team of researchers, led by Eliska Potlukova from University of Basel, investigated first-year medical students' reactions to "an early clinical-experience course in internal medicine within a tertiary-hospital setting." The student wrote reflective reports on their experiences from which three themes emerged:

- Professional growth, including formation of professional identity, dealing with emotions and experience with death
- Reinforcing motivation for further studies and work as a physician, including integration into medical studies, shaping a supportive environment and course as a highlight of the studies
- Immersion into the medical field based on real-world exposure, including benefiting from early patient contact and exploration of the field of internal medicine

The researchers concluded that "participation in an early clinical experience course in internal medicine within a tertiary hospital setting positively influences their initiation into professional growth, motivation for further studies and work as physician, and immersion in the medical profession."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07792-6

Can a simulation prepare you for brain surgery?

Source: BMC Medical Education

In a nutshell: One hopes that getting ready to carry out brain surgery requires a little more than a light pasta meal, a few stretches and some uplifting music (best not choose *Girlfriend in a Coma*). But how far can simulation prepare trainee surgeons for the real thing? That was the question asked by a team of researchers, led by Adam F. Roche, from RCSI University of Medicine and Health Sciences in Dublin. They gave a questionnaire to 57 junior doctors and experts and used the answers as a basis for interviews with 13 of them. The participants said that simulations improved their confidence in carrying out procedures, technical competence, and "task fluency." "However, concerns persist around the realism of simulation, it's applicability to complex clinical scenarios, and engagement among senior residents. Integration of quantitative and qualitative findings highlighted the value of simulation for procedural readiness and objective assessment, particularly when training design aligned with cognitive learning theory."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07814-3

Augmented reality and fracture spotting

Source: BMC Medical Education
In a nutshell: Inability to understand what they're telling me, an unprovoked violent assault, foul language, and body parts all over the floor. If doctors treated their patients the way I treat packaging there would be a lot more work for the GMC to get its teeth into. It's easy – at least for me – to miss "tear along dotted line," but what happens when doctors miss human fractures and could augmented reality help them to spot them? In this study a team of researchers, led by Haniye Mastour from Mashhad University of Medical Sciences, attempted to find out. The researchers developed and evaluated VASHA – a hand-held augmented-reality app for training doctors and radiologists how to recognize commonly missed-fractures. The app was developed to teach people about six commonly-missed fractures including the "glenohumeral (shoulder) joint, cubitus (elbow) joint, radiocarpal (wrist) joint, acetabulofemoral (hip) joint, tibiofemoral (knee) joint, and talocrural (ankle) joint." 46 people took part in the study which found that using the VASHA app led to an improvement in fracture recognition. "Over 90% of participants reported a positive learning experience, highlighting the VASHA application's ease of use, educational effectiveness, and engagement."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07813-4#Sec20

Nurse Education

Is it time we all slowed down?

Source: Nurse Education in Practice

In a nutshell: Only the rich, the retired, and the unemployed can really take their time over things. Those of us without the time to dig our own organic swimming pool, spend all day over a flat white in Costa, or watch Homes Under the Hammer can all-too-often find ourselves yelling "get a move on," at funeral corteges, toddlers, and little old ladies inching across traffic lights on their Zimmer frames. But are we getting our priorities wrong? In this study Mattia Fauner, from the University of Udine in Italy, led a team of researchers looking for evidence on the application of the principles of the Slow Movement to nurse education arguing that "nursing education is characterised by enormous pressure that may affect the quality of learning and students' stress levels. The Slow Movement approach suggests that education should be more reflective and focus on quality rather than speed." The researchers searched 15 databases but only found two editorials that met their eligibility criteria " both conceptualising the potential of Slow Movement principles in nursing education and highlighting possible benefits (e.g. improving reflective skills)." They concluded that there were a number of factors behind this "at the macro level in relation to the difficulties of modern society in adopting Slow Movement principles; at the meso level in relation to industrial modelling of education; and at the micro level within nursing education, practise and the profession itself." Will life ever go back to human speed? Hard to say, but it's a moot point whether it will change until other hands are on the remote control, so to speak.

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104517

Micro-teaching and psychomotor skills

Source: Nurse Education in Practice
In a nutshell: Make a cheese sauce, boil some cauliflower and macaroni, grate some cheese on top, and whack it in the oven. In one way this *is* teaching somebody how to make cauliflower macaroni cheese, but for someone with little cooking experience a number of questions remain unanswered: how do you make a cheese sauce? How long should you boil the macaroni and cauliflower for? What temperature should the oven be on? And how long should you put it all in for? Micro-teaching is based on the idea of breaking tasks down into small parts allowing students "to practise and receive feedback on specific skills." In this study Feride Kaplan from Kahramanmaras Sutcu Imam University and Hakime Aslan, from Inonu University (both in Turkey) studied "the effect of the micro-teaching method on nursing students' psychomotor drug administration skills, attitudes towards clinical practice, self-efficacy and perceived clinical stress." 61 nursing students took part in the study which found that taking part in micro-teaching led to an increase in psychomotor skills, positive attitude towards clinical practice, and academic self-efficacy scores in the students taught using this method, compared to other students in a control group.

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104519

But nobody was off sick in the simulation!

Source: Nurse Education in Practice

In a nutshell: Poor old Donna Ockenden is at risk of becoming one of those figures from Greek mythology; cursed to roam the earth (or at least the UK) forever, chairing inquiries into maternity care, because nobody now trusts anyone else to do it but her. No doubt 30 years from now she'll be dragged away from an afternoon's bingo at the Duninquirin home for retired public servants – "there's been a few problems at X Donna, we were wondering – just one more time?" For those being trained to look after expectant women it's a moot point whether a simulation can prepare one adequately for the realities of life on the delivery ward, and in this study Rose Faustine, from KCMC University in Tanzania, led a team of researchers investigating this issue. They interviewed 18 student nurses in Tanzania who had dealt with a postpartum haemorrhage after being trained to do so using a simulation. Two major themes emerged from an analysis of the interviews: *The Practice Shock* and *Encouraged to Improve Care*. *The Practice Shock* found the student nurses being exposed to inadequate supplies and a shortage of staff which delayed responsiveness, and to unsupportive and risky work in a stressful environment. *Encouraged to Improve Care* found the students getting feedback that boosted their readiness for real-life work and becoming more aware of the need for teamwork to share knowledge and skills with colleagues.

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104514

Mindfulness, belongingness, and clinical placements

Source: Nurse Education Today

In a nutshell: Mindfulness – an awareness of, and immersion in, the present moment without judgement or preconceptions – can do wonders for your mental and physical health. Something to think about, anyway, as you enter your sixth hour in A&E, the vending machine has run out of chocolate, and the people sat next to you are watching their 45th TikTok video without the benefit of headphones. In this study Yuning Chen, from Guangdong Pharmaceutical University in China, led a team of researchers examining the links between mindfulness, "clinical belongingness," and subjective wellbeing in a sample of 239 third- and fourth-year nursing undergraduates. The researchers found that mindfulness, subjective wellbeing, and clinical belongingness were all at "moderate," levels. Workplace mindfulness was significantly and positively correlated with clinical belongingness and subjective wellbeing, although the link with clinical belongingness was weaker. Workplace mindfulness created subjective wellbeing which, in turn, created clinical belongingness.

You can read the abstract of this article at
https://doi.org/10.1016/j.nedt.2025.106853

Academic resilience and critical thinking

Source: BMC Medical Education

In a nutshell: Rather like free speech critical thinking is one of those things people tend to agree with until they don't. Fine if it leads you to conclude that votes at 16 and an alcohol tax are good ideas; not so much if you decided that nuclear power is a better bet than wind farms, or that foxhunting is an effective and enjoyable (for some at least) method of pest control. In this study Sajad Vosoughi and Mehrnaz Ahmadi, from Ahvaz Jundishapur University of Medical Sciences, examined the effect of critical thinking and proactive personality on academice resilience in a sample of 283 nursing students. They found there were significant correlations between academic resilience and critical thinking and between academice resilience and proactive personality. A disposition towards critical thinking and an interest in nursing were both significant predictors of academic resilience.

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07795-3

Animation and education

Source: Nurse Education Today

In a nutshell: It's easy to see how animations could be used in healthcare education. Bugs Bunny for orthodontics, Porky Pig for dietitians and speech therapists, and Tom and Jerry for accident and emergency. In this study Yu-Huan Chao, from HungKuang University in Taiwan, led a team of researchers investigating the use of "animated instructional materials and collaborative learning for nursing-research courses." "Six lessons comprising 17 animated instructional materials were developed. The course structure includes three phases: (1) preclass (students watch animated videos on the teaching platform), (2) in-class (students engage in collaborative learning groups [8–9 members] to discuss, complete tasks, and present, with teachers providing clarifications), and (3) postclass (students perform reflective writing and participate in learning assessments, including cognitive load and satisfaction surveys)." The researchers found that the course materials "imposed minimal extraneuous load." Overall satisfaction with the course was high with improvements in learning skills and critical thinking/problem-solving being rated the highest. Five themes emerged from surveys of the 51 students who took part in the study which were:

- Engaging and stress-reducing learning experience
- Simplifying concepts to improve memory
- Complex concept interpretation advantage
- Convenience for preview and review
- Collaborative learning benefits and challenges

You can read the abstract of this article at
https://doi.org/10.1016/j.nedt.2025.106854

Regrets – I've had a few

Source: Nurse Education Today

In a nutshell: Much as I admire the work of Frank Sinatra I've always regarded *My Way* as a red flag for psychopaths; not least the lines "Regrets/I've had a few/But then again/Too few to mention." Any human being with a conscience stronger than Peter Sutcliffe's surely has enough regrets to justify their own psychological storage facility. In this study Zhonghchen Luo, from Guizhou Medical University in China, led a team of researchers analysing "healthcare-related regret coping" in Master's students over the course of their clinical placements. 261 nursing students, from 45 universities across China took part in the study which found three distinct classes of coping style: avoidant, emotion-dominant, and balanced-adaptive. "Significant differences were found between these classes regarding involvement in medical errors, use of sleep medication, physical demand, performance, effort, frustration, and patient safety attitudes and professionalism." The researchers concluded that students with an avoidant coping style should have emotional-regulation training and that students with an emotion-dominant coping style should have psychological-resilience training.

You can read the abstract of this article at
https://doi.org/10.1016/j.nedt.2025.106858

Can Tears of Life help you deal with death?

Source: Nurse Education in Practice

In a nutshell: It seems unlikely that *Tears of Life* will be replacing *Crazy Cakes* or *Hungry Hungry Hippos* on any child's Christmas lists this year; particularly if playing it also involved reading *The Death of Ivan Ilyich* and *When Breath Becomes Air*. Nursing students are required to take life – and death – a bit more seriously though and in this study a team of researchers, led by Wenna Qian from China Medical University attempted to see whether playing *Tears of Life* could help reduce "death anxiety," among medical students. In the study pre-clinical nursing students were divided into two groups. One group played *Tears of Life*, a board game "featuring clue cards, quotation cards, growth cards and freedom cards based on Tolstoy's *The Death of Ivan Ilyich* and Kalanithi's *When Breath Becomes Air*," whilst another group did some reflective writing on the same books. The researchers found that *Tears of Life* "demonstrated significantly greater efficacy in reducing death anxiety and enhancing meaning in life compared with reflective writing."

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104539

CPR for Francis *and* Frances

Source: Nurse Education in Practice

In a nutshell: Marks and Spencer's going clothes-free in Crewe (it'll only be the Scotch eggs and cheesecakes in a few years) presents the more conservative dressers among us with something of a dilemma. Scour the charity shops; embrace naturism; or risk ordering from the internet and end up with trousers designed for either Stephen Merchant or Warwick Davis. Lots of manikins will also be made redundant, but should some of the female ones consider an alternative career in first-aid training? In this study Laura Herrero-Izquierdo, from Hospital Universitario Marqués de Valdecilla in Spain, led a team of researchers who substituted a female manikin for a male one in CPR training and waited to see what happened. 80 nursing students took part in the study and the researchers found that "the use of torsos with breasts led to poorer technical performance. It took longer for the students to start CPR compared to when they used a male manikin (14 seconds compared to nine seconds); their hand placement was less likely to be correct (57.5% correct vs 97.5% correct); they were less likely to use an automated external defibrillator correctly (31.3% vs 98.8%) and they took longer to attach electrodes (55s vs 45.4s). Retraining with a female torso improved the students' use of the automated external defibrillator and compression time, but they were still worse at resuscitating Frances than Francis. The researchers concluded that "the incorporation of female torsos revealed performance limitations affecting emergency care. Findings support the need for gender-sensitive training in life-saving interventions."

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104533

Getting a grip on hand hygiene

Source: Nurse Education in Practice

In a nutshell: In our house the Holy Trinity of flushing the toilet, washing one's hands, and switching the light off seems as impenetrable and mystifying to the inhabitants under 11 as any learned Greek discussion of hypostasis. It was the second of these variables (hand-washing) which a team of researchers, led by Tang-Yu Lin from Shu-Zen Junior College of Medicine and Management in Taiwan, investigated in this study. 77 nurses and nursing assistants from four nursing homes took part in the study. Half "received a three-month information technology-enhanced program, including hygiene amenities, reminders, education, observations with feedback, and patient safety climate improvements. The control group continued routine care." The researchers found that the group who received the programme showed a significantly greater improvement in knowledge scores than the control group and their hand-hygiene compliance and accuracy rates also improved significantly more. "The density of healthcare-associated infections was reduced more in the experimental group than in the control group after three months, although the difference was not statistically significant."

You can read the abstract of this article at
https://doi.org/10.1016/j.nepr.2025.104534

Come to Birmingham, have a baby!

Source: BBC

In a nutshell: As if baltis, a giant mechanical bull, and the Garden of Eden (Edgbaston version) weren't enough good reasons to go to Birmingham it could also soon become one of the safest places in the country to give birth. At least that's the hope following the development of a new simulation centre there, financed by High Street retail tycoon George Davies. The laboratory has areas kitted out as "real life" working wards, including a delivery room, a neonatal unit and a theatre. Scenarios that can be simulated include a home birth and a baby being born in a car park, then being moved with its mother to the delivery room, and then to the neonatal intensive care unit. A key component is an interactive screen which places the team in different surroundings, such as a theatre setting or the inside of a helicopter.

You can read the whole of this article at
https://www.bbc.co.uk/news/articles/c5yk85r2gz0o

Physiotherapy Education

Physiotherapy students and influencers

Source: BMC Medical Education

In a nutshell: Given the calibre of the one and the popularity of the other it can surely only be a matter of time before our MPs are replaced by the 650 most-popular influencers on social media; if nothing else at least some of them will have high-quality make-up, be able to do the plank, and be capable of using an air-fryer to cook lobster thermidor. In this study Bartosz Wilczyński, from the Medical University of Gdansk, led a team of researchers investigating physiotherapy students' attitudes towards socal influencers. 314 students from different Polish universities took part in the study. 77.4% followed at least one physiotherapy influencer, and 46% had bought products endorsed by them. 61% expressed high trust in the influencers. Trust in influencers was most strongly-predicted by frequent information-seeking from influencers; seeing them as more informative than lecturers; and intensive Instagram use. "In contrast, age, study year, and prior critical-appraisal training were not significant predictors of trust. Although 62% acknowledged commercial bias, these students still reported high trust and continued engagement, revealing cognitive dissonance."

You can read the whole of this article at
https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-025-07760-0