

Education Bulletin – July 2026

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Dental Education

What do students know about teledentistry

Source: BMC Medical Education

In a nutshell: “Has your drill arrived in the post? That’s great! Batteries in the right way round? Good. Open wide then. Don’t stick it on the fastest setting. I said, “*don’t* stick it on the fastest setting!” Oh well, too late now. Yes, I’m sure it’ll stop bleeding eventually. Never mind, four down, you’ve still got 28 left!” I’m not quite sure what teledentistry is, but in this study a team of researchers – led by Beyza Betul Sencan from Sakarya University in Turkey – investigated what 368 dental students knew about it. “Clinical students demonstrated significantly higher knowledge regarding the purpose of artificial intelligence-based system usage in teledentistry compared with preclinical students.” Social media was the most common information source for both groups, whilst a higher proportion of preclinical students reported having no prior knowledge of teledentistry. “Most participants identified artificial intelligence and big data analytics as the most influential technologies for the future development of teledentistry.”

You can read the whole of this article at

<https://link.springer.com/article/10.1186/s12909-026-09878-1>

Modelling the spinal cord for dental students

Source: BMC Medical Education

In a nutshell: If you thought last year’s fairy lights were a hopeless tangle which it might well take you until Boxing Day to unravel spare a thought for those people trying to get to grips with the ins and outs of the spinal cord. At least you can stop for a glass of mulled wine and a mince pie while you tackle the Christmas-tree illuminations. In this study Ayşe Ömerli from Nuh Naci Yazgan University and Hatice Kübra Aslantaş from Bozok University (both in Turkey) compared the use of slides to a 3D model for teaching dental students about the spinal cord. The model was made of clay and placed in the vertebral canal with afferent (incoming) and efferent (outgoing) pathways being represented with colour-coded cables. 60 second-year dental students took part in the study, and they were divided into two groups. One group was taught using slides and the other using the model. The researchers found that both approaches led to significant improvements but that these improvements were greater among the students taught using the 3D model.

You can read the whole of this article at

<https://link.springer.com/article/10.1186/s12909-026-09398-y>

General Healthcare Education

AI and the learning process

Source: Journal of Education, Society & Multiculturalism

In a nutshell: It's a moot point what we might all end up learning from AI. Not to malign Government ministers within earshot of Alexa perhaps; or set foot outside the house without permission in case we get hunted down by killer drones for not having a Covid jab. Taking a more upbeat approach to this issue were a team of researchers led by Gabriela Alina Anghel from Valahia University of Targoviste in Romania. They studied 215 students and found that "the year of study represents the most significant factor influencing the effective use of AI, with advanced students demonstrating a more strategic and efficient utilization of these technologies. In contrast, first-year students tend to exhibit a more exploratory and less structured approach." The researchers concluded that "artificial intelligence functions as a cognitive amplifier in the learning process, enhancing efficiency and performance, but its effectiveness depends on the user's academic maturity and ability to critically engage with information."

You can read the abstract of this article at
<https://doi.org/10.2478/jesm-2026-0001>

Does game-based education really make any difference?

Source: Nurse Education Today

In a nutshell: "Have we all got our Bristol stool charts? Come on Michaela we're not going to get anywhere if you haven't shuffled your cards. Oh, Sophie you haven't lost the dice again, have you? What's that Clive you need the toilet now – have the pictures been a bit triggering for you? Off you go then!" With game-based learning all the rage it sometimes seems that lecturers might end up as a cross between [Joyce Grenfell](#) and Lee Mack on [The 1% Club](#). In this study Yi-Jun Chen, from National Taiwan University led a team of researchers reviewing the evidence on game-based learning in nursing and medicine. They found that Kahoot-based quizzes showed the largest gains for knowledge, app-based learning showed the largest gains for practice; and the metaverse was best at changing attitudes. However, the researchers also concluded that "relative effects appear domain-specific and the certainty of rankings is limited by sparse evidence and imprecision."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107266>

Medical Education

The joys of team-based learning

Source: The Clinical Teacher

In a nutshell: I'd be mustard on *The Apprentice*. I'd seize the opportunity to dump the flyers in the nearest bin, live my best life by retiring to the local greasy-spoon for a nice cheese omelette and a can of Fanta, and use my communication skills to convince everyone that it was the quality of the product not the shortcomings of the PR department that led to the failure of the whole exercise. Others take to teamwork

more easily and in this study Aaron Drovandi from Manchester University led a team of researchers studying “student and staff perceptions, assessment outcomes and financial factors after integrated TBL [Team-Based Learning] was implemented into Year 1 of a large UK undergraduate medical programme.” 449 people took part in the study and the researchers found that students and staff had “overall positive perceptions of TBL, highlighting the engaging and consistent teaching and learning approach, effective teamworking and real-world applicability of the weekly themes. Limitations raised were focused on logistical issues such as using new technology and session timing... Finally, TBL was found to be more financially viable than PBL [Problem-Based Learning] through reduced staff time requirements despite initial cost outlays.”

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70470>

Simulation and psychiatry

Source: BMC Medical Education

In a nutshell: Taking part as a simulated patient for trainee psychiatrists can be a tricky business. Show too much commitment and you might end up, well ... committed. Dial it in and you might get replaced with a six-foot length of MDF next time round. In this study a team of researchers – led by Francisco Rodríguez Pulido from University of La Laguna in the Canary Islands – reviewed the evidence on psychiatry simulations. The researchers found four studies which met their quality criteria in which “behavioural competencies, including interviewing skills, information gathering and psychopathological assessment, were consistently represented. Relational competencies, such as empathy, communication and therapeutic engagement, were also explicitly addressed. In contrast, integrative competencies involving formulation, contextual understanding, biopsychosocial synthesis and clinical judgement were rarely operationalised as explicit assessment constructs.”

You can read the whole of this article at
<https://link.springer.com/article/10.1186/s12909-026-09885-2>

Making an exhibition of yourself

Source: BMC Medical Education

In a nutshell: Those charged with boosting Britain’s tourism industry could do worse than set up an Exhibition of Failure. Liz Truss or Keir Starmer might be persuaded to open it for a slice of quiche and a glass of warm Blue Nun, and we can all cut our carbon footprints by travelling there on HS2. In this study a team of researchers – led by Kanthee Anantapong from Prince of Songkla University in Thailand – studied the effect of a real-life Exhibition of Failure in which psychiatry residents in their first three years of training held “a monthly reflective session designed to support open discussion of failure and promote personal and professional development.” The researchers held two focus groups with the trainees

about the exhibitions. Nine trainee doctors took part in the first focus group and 10 in the second. Four themes emerged from the focus groups:

1. Establishing a safe environment for disclosing failure
2. Receiving support and building connections
3. Cultivating self-acceptance and acceptance by peers
4. Generating solutions and preparing for future failures

The trainees described the sessions as “liberating and safe, enabling honest discussion of vulnerabilities that they would usually hide. Encouragement from peers and facilitators helped normalize failure and created a sense of mutual support. Facilitators’ willingness to share their own failures reduced trainees’ feelings of isolation and inadequacy and strengthened their confidence. Over time, repeated participation helped residents feel more equipped to confront challenges and to develop concrete strategies for dealing with future setbacks.”

You can read the whole of this article at

<https://link.springer.com/article/10.1186/s12909-026-09880-7>

Self-directed learning. How does it change and what difference does it make?

Source: BMC Medical Education

In a nutshell: Self-directed learning can be a little like observing a rhinoceros through binoculars. Zoom in to closely on the horns and you might not be cognisant of the rest of the animal before it is upon you; zoom out too much to the background and by the time the little brown dot on the horizon fills the screen you’ve missed the deadline for making it back to the jeep. In this study Oheneba Boadum, from Sam Houston State University in Texas, tracked self-directed learning readiness over three years in 434 medical students. There was a modest decline in the Spring term of the students’ first year, followed by recovery through their second year. The “planning,” and “implementation,” aspects of self-directed learning were the strongest positive predictor of marks in the students’ first year. Second-year students, older learners, men and higher-achieving students all showed higher levels of self-directed learning readiness.

You can read the whole of this article at

<https://link.springer.com/article/10.1186/s12909-026-09867-4>

Self-directed learning, AI, and personality

Source: BMC Medical Education

In a nutshell: How AI affects the way you study might depend on your personality. Those closer to the [Madeline Bassett](#) end of the spectrum might leap out of bed with a song in their heart and use ChatGPT to come up with a reading list before heading down to the library whereas those of us closer to the [Bertie Wooster](#) end of things might well have a beano at the Drones the night before, wake up with a sore head and despatch AI – a digital [Jeeves](#), so to speak – to “bally well write my essay for me, and

bring me a pot of tea and some bacon and eggs while you're at it." In this study a team of researchers, led by Chenrui Li from Shanghai Jiao Tong University, investigated further. They found that conscientiousness, self-esteem, openness and self-control all positively predicted self-directed learning behaviour using AI. The link between openness and AI was significantly moderated by subjective norms; as subjective norms about the use of AI grew in strength the link between openness and using AI for self-directed learning weakened.

You can read the whole of this article at
<https://doi.org/10.1186/s12909-026-09414-1>

When AI swallowed itself

Source: NPJ Digital Medicine

In a nutshell: Before children graduate on to [Roald Dahl](#) and [Tom Fletcher](#) one of the hardy perennials of bedtime reading is the old woman who swallowed a fly although whether, ultimately, she is in more need of a gastroenterologist or psychiatrist is a moot point. Swallowing its tail in this study is AI. A team of researchers – led by Wanhong Zheng from West Virginia University – studied the use of AI to generate clinical vignettes for psychiatry trainees based on the kind of “conversations,” patients might have with chatbots. The vignettes were then rated by “three board-certified psychiatrists.” They gave the vignettes high ratings for “relevance and diagnostic sufficiency,” but “safety ratings were lower, underscoring the need for expert review before educational use.”

You can read the abstract of this article at
<https://doi.org/10.1038/s41746-026-02605-6>

A crash course in QI

Source: BMJ Open Quality

In a nutshell: The [New Soviet Man](#) was “to be selfless, learned, healthy, muscular, and enthusiastic in spreading the communist revolution.” Well, we all know how that turned out. In much the same way the QI man (or woman) always follows procedures perfectly, never forgets their log-in or ID badge, and loves filling out paperwork. Of course, what neither scheme fails to recognise is that most of us have got about three-and-a-half days’ worth of good work a week in us, tops, and would happily lock a granny on a drip in a store cupboard if it meant we could slope off early on a Friday afternoon. There is never any end to the stream of people banging a head full of good intentions against the brick wall of human nature though and in this study a team of researchers, led by Robert Potter from University Hospitals Coventry and Warwickshire NHS Trust, examined the effectiveness of a “brief intensive programme in quality improvement,” for resident doctors. The intensive programme, which lasted five days integrated “real-world observation, brief didactic sessions, and workshop-based improvement work, supplemented by creative storytelling and team-based development of campaign media products.” “First-year anaesthesia residents conducted over 100 structured operating room observations and

interviews, collected quantitative and qualitative data on distractions and presented improvement proposals that they developed to institutional stakeholders along with narrative campaign videos. Postcourse evaluations demonstrated a significant increase in trainee confidence in QI methodology and presentation, with participants valuing the experiential and creative elements over traditional didactic instruction.”

You can read the whole of this article at
<https://doi.org/10.1136/bmjoc-2025-004096>

What do medical students think about drug users?

Source: The Clinical Teacher

In a nutshell: One of the great ironies of life is that when you’re young, full of beans, and capable of functioning past eleven o’clock at night you’re liable to be offered drugs whereas when you’re middle-aged, shattered, and nod off on the sofa at anything less exciting than the England vs Mexico match you aren’t. In this study a team of researchers, led by Holly Melvin from Manchester University Foundation Trust, examined “attitudes towards drug users among medical students in the United Kingdom.” The researchers surveyed 62 students and interviewed 12 of them. 71% saw addiction as a chronic health condition and 91.8% supported providing the best possible care to drug users. However, support for funding addiction services declined during training, “reflecting growing stigma.” 90.2% saw prolonged heroin use as “unacceptable,” with 88.6% saying this about prolonged cocaine use. “Responses regarding party drugs and methadone were mixed.” The students’ attitudes towards drug users were shaped by the media, their upbringing, peers, direct interactions with drug users, and doctors’ role-modelling.

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70473>

Teaching resident doctors about AI

Source: The Clinical Teacher

In a nutshell: Between leading us to a sunlit utopia of everlasting life in the shadow of [Olympus Mons](#) or permanent enslavement digging Elon Musk’s 300th swimming pool one of the more benign scenarios of the future under our robot overlords is that they keep us on as a type of pet. As someone who regularly feels envious of our guinea pigs (they don’t have to cycle to work down the B5076 in the pouring rain for one thing) I’m not averse to this possibility. A half-hour walk a day, a regular supply of pork pies, *Homes under the Hammer* on a loop, and a constant supply of PG Wodehouse would just about see me right I think. Searching for leads*, so to speak, in this study were a team of researchers, led by John M. Cunningham from the University of Texas. They developed teaching on AI which included an initial lesson “followed by a hands-on, interactive session integrating AI prompts and outputs into clinical vignettes, thereby leveraging near-peer teaching and situated learning to achieve session objectives.” The researchers found that “perceived knowledge

increased significantly across all five learning objectives with a moderate to large effect size.”

*No, you get your coat.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70472>

Let's get spiritual

Source: The Clinical Teacher

In a nutshell: Given medical educators' penchant for shoe-horning a bit of the arts into medical education it's a moot point whether [The Exorcist](#), [Ouija Board Ouija Board](#), or [Ghostbusters](#) would be most likely to feature in a spiritual care workshop. Perhaps the participants got a chance to role-play [Fred, Daphne, Velma et al](#) – “It was the Chief Exec trying to scare the patients away so he could turn the hospital site into a drive-thru McDonalds!” In this study a team of researchers – led by John Wenham from the University of Notre Dame in Sydney – evaluated the effectiveness of a “three-hour spiritual care workshop designed to enable final-year medical students to take a spiritual history form their patients.” 32 medical students from four different universities took part in the study. The students were assessed on the standard of their spiritual care with someone pretending to be a patient and there was a “statistically-significant increase ... in the use of spirituality questions. he students' self-assessed confidence scales pre- and post-workshop demonstrated statistically significant increases in assessing all domains except empathic responsiveness; the greatest improvement was in the spiritual domain.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70476>

Nurse Education

Clinical reasoning, critical thinking, and violence management

Source: Nurse Education Today

In a nutshell: “Can you stop dangling matron out of the window please? Thank you. Now, I'm going to read you all a nice bit of [Wittgenstein](#) until everyone's calmed down.” The link between critical thinking and violence management doesn't always pan out like this, but could one actually help the other? In this study Fatma Aksoy Sirin, from Ordu University in Turkey, led a team of researchers examining this question. The researchers found that the students “demonstrated good clinical reasoning skills, moderate-to-good violence management competencies in clinical practice, and good critical thinking tendencies.” There were moderate positive correlations among critical-thinking tendencies, clinical-reasoning skills, and violence-management competence. The nurses with better critical thinking showed

improved clinical-reasoning skills and clinical reasoning strengthened the link between critical thinking and violence management competence.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107268>

What happens when you add virtual reality to simulation?

Source: Nurse Education Today

In a nutshell: In virtual reality nursing students can deal with patients who all look like Tom Holland or Margot Robbie rather than the rest of us who look like we've been dragged through, if not a hedge, then certainly a branch of Oxfam, backwards after living on Irn-bru and Cornish pasties for six weeks. In this study Li Wang, from Guizhou Medical University in China, led a team of researchers investigating the effect of adding virtual reality to a traditional simulation. The researchers found that virtual reality facilitated environmental immersion through its audiovisual effects, although technical issues occasionally detracted from the experience. By contrast, "scenario simulation promoted relational immersion via authentic interpersonal interactions, thereby enhancing role identity, albeit limited by the acting abilities of peers." Virtual reality was particularly effective in developing "systemic cognitive frameworks," and for practising high-risk scenarios whereas scenario simulation "was indispensable for nurturing clinical operational skills, dynamic decision-making, and humanistic care." Virtual reality provided a low-anxiety environment for the students but "provided mechanical emotional feedback," whereas the more traditional simulation "elicited genuine emotional resonance and moderate anxiety, which in turn facilitated profound reflection." The students "appreciated an integrated teaching pathway that advanced from VR rehearsal to scenario simulation practice accompanied by guided feedback, thereby establishing a comprehensive experiential learning cycle."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107267>

What makes a preceptor uncivil?

Source: Nurse Education Today

In a nutshell: We'd all rather have teachers such as Sidney Poitier in *To Sir, with Love* or Michelle Pfeiffer in *Dangerous Minds* than ones like Greg Davies in *Man Down* or *Agatha Trunchbull*. However, as Mick Jagger sang – but one imagines seldom experienced – *You Can't Always Get What You Want*. In this study Elisabeth [sic] East and May El Haddad from the University of the Sunshine Coast reviewed the evidence on the causes of preceptors being uncivil towards their students. The researchers found 17 articles which met their quality criteria. "Organisational factors and interpersonal dynamics were identified as key drivers of preceptor incivility toward learners in nursing. Hierarchy and power imbalances fostered cultures that normalised incivility. Heavy workloads, burnout, and poor management further exacerbated uncivil behaviours, which were often rationalised as a "rite of passage".

Preceptor role perceptions and generational differences also contributed, with learners frequently role-modelling such uncivil behaviours and unintentionally perpetuating a cycle of incivility.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107269>

... and what do the preceptors think of the students

Source: Nurse Education Today

In a nutshell: “Wet behind the ears,” is a description that can be applied to anything from Adam Peaty finishing a 200m Olympic swimming final to a puppy being fished out of the Manchester Ship Canal for a PDSA funeral. But which category do student nurses fit into? In this study Lifang He, from Xiangnan University in China, led a team of researchers who interviewed 14 preceptors from nine different hospitals in China. Three themes comprising 10 categories emerged from the interviews.

1. Novice phase with potential
 - a. Disconnection between theory and practice
 - b. Positive attitude versus limited team integration
 - c. High digital literacy versus low evidence-based practice capability
 - d. Learning potential versus barriers to knowledge internalization
2. Prepared workplace environment
 - a. Comprehensive competency development supported by new technologies
 - b. Tacit knowledge transmission
 - c. Systematic support for preceptors
 - d. Creation of supportive learning environments
3. Self-development strategies during transition
 - a. Proactive coping with timely help-seeking
 - b. Targeted reflection

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107271>

Do magnet hospitals deliver better placements?

Source: Nurse Education Today

In a nutshell: Magnet hospitals might conjure up images of people screaming in agony as their piercings and earrings start going walkabout but in some countries they are, in theory at least, centres of excellence designed to encourage all the other slack, good-for-nothing establishments to up their game a bit. In this study Katja Pursio, from the University of Eastern Finland, led a team of researchers comparing the quality of placements offered by magnet hospitals to those provided by other hospitals. The researchers found that – overall – there was no difference in the quality of placement between magnet and other hospitals. However magnet hospitals did score better for pedagogical atmosphere and “learning relationship.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107270>

The flipped classroom vs e-learning

Source: Nurse Education Today

In a nutshell: If you found Canada vs Qatar at the recent World Cup set your pulses racing a bit too much don't worry – you can always wait for the World Teaching Methods Cup when researchers pit one pedagogical approach against another. Perhaps the hydration breaks might feature, if not hemlock, then at least some industrial-grade alcohol. In this study Mustafa Belli, from Burdur Mehmet Akif Ersoy University and Zümrüt Başbakkal from Ege University (both in Turkey) compared a flipped-classroom approach to “low-interactive online learning,” when it came to teaching nursing students about paediatric pain management. 84 students took part in the study. 42 of them were taught using the flipped-classroom approach and 42 did e-learning. The researchers found that the students taught using the flipped classroom showed greater improvements in knowledge and motivation than the ones taught by e-learning.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107240>

Technostress and emotional labour

Source: Nurse Education Today

In a nutshell: Watching websites buffer can be frustrating enough at the best of times prompting many people to contemplate throwing their PC – if not themselves – out of the window. Add a group of students who already give the impression that lack of availability is the only thing preventing them from reaching for pitchforks and machetes and the situation can start to look very dicey indeed. In this study a team of researchers – led by Xiangyuan Li from Hunan Normal University in China – investigated the links between technostress and emotional labour in nursing lecturers. The researchers found that technostress increased emotional labour among the lecturers, a relationship that was partially mediated by classroom emotional climate. Emotional labour was negatively correlated with occupational embedding and classroom emotional climate and positively correlated with technostress.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107241>

Dual teachers, three rings, and four dimensions

Source: Nurse Education Today

In a nutshell: “Dual teachers, Three rings, Four dimensions,” might sound like one of those mangled translations – into Japanese and back again perhaps – of *The 12 Days of Christmas* but is in fact a new model of nurse education (henceforth DTF). The Dual Teachers refers to “a collaborative instructional approach combining

academic educators with clinical experts to bridge the gap between theory and real-world practice.” Three Rings refers to integrating knowledge, emotional development, and clinical skills and Four Dimensions are an evaluation of student performance focusing on knowledge, ability, moral values, and critical reflection. In this study a team of researchers, led by Afeng Wang from Huzhou University in China, studied the effectiveness of this DTF model. 180 third-year nursing students took part in the study. 90 of them were taught using DTF and 90 “received traditional instruction.” The DTF group outperformed the control group scoring higher for “caring awareness,” “humanistic care ability,” “communication ability,” “teamwork ability,” and critical-thinking ability.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107245>

Training load and self-directed learning

Source: Nurse Education Today

In a nutshell: It’s a reasonable assumption that you might get more take up for an after-work samba class among office workers in Cirencester than from porters in Nepal who’ve just spent the afternoon carrying fridges on their backs around the alleyways of Kathmandu. In this study a team of researchers – led by Tingting Wang from the University of Science and Technology of China – investigated how their training load affected 519 clinical nurses. The researchers found that the higher the nurses’ training load was the lower their self-directed learning competence, a relationship that was partially mediated by work-life balance.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107251>

AI and academic resilience

Source: Nurse Education Today

In a nutshell: In this study a team of researchers – led by Thuy Thi Pham from Da Nang University of Medical Technology and Pharmacy in Vietnam – investigated the links between academic overload and academic stress in a sample of 409 nursing students. Academic overload had a significant total effect on academic stress. Academic overload reduced resilience, but increased ChatGPT usage. Resilience reduced the effect of academic overload on academic stress, but using ChatGPT made it worse.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107257>

Generative AI and creativity

Source: Nurse Education Today

In a nutshell: “What I want,” said author [John Braine](#), abjuring all thoughts of the Booker Prize or felicitations from Oxbridge “is to drive through Bradford in a Rolls Royce with two naked women on either side of me, covered in jewels.” We can’t always live this dream in the flesh, so to speak, but thanks to the wonders of AI we can at least produce a picture of it. In this study a team of researchers, led by Remziye Semerci Şahin from Koç University in Turkey, examined the links between generative AI literacy for learning and individual creativity in a sample of 508 nursing students. The researchers found that individual creativity showed significant positive associations with generative AI literacy and its subdimensions including “needs analysis,” “autonomous learning,” “critical thinking,” and “prompt and language skills.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107248>

[Do gerontology simulations do any good?](#)

Source: Nurse Education Today

In a nutshell: With the country going downhill faster than [Matt Weston](#) on a skeleton bob, incomprehensible technology at every twist and turn, and increasing numbers of people in public life being simultaneously sectionable and ludicrously youthful I already feel I’ve mastered the psychological aspects of gerontology simulation; I just need to work on the aches and pains a bit more. In this study Burnett Chila Chiona, from Taipei Medical University in Taiwan, led a team of researchers reviewing the evidence on the effectiveness of simulation-based learning on nursing students’ attitudes and gerontological care competencies. The researchers found eight randomized controlled trials which met their quality criteria, covering a total of 692 people. The researchers found that the simulations had no significant effect on improving nursing students’ attitudes towards older adults, or their willingness to work with them. However, it did have a statistically-significant effect on improving students’ performance “in gerontological and long-term care related competencies.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107261>

[Learning self-efficacy and blended learning](#)

Source: Nurse Education Today

In a nutshell: Whether blended learning is a jolly old party like Tom Cruise in [Cocktail](#) or the oil of ignorance, floating on, but resolutely refusing to mix with the sea of apathy, and poised to smother the seagull of scholarship is a moot point. In this study Jia Lei, from Shandong First Medical University in China, led a team of researchers investigating “learning self-efficacy and learning gains among nursing students in the context of blended learning.” 4,520 nursing students took part in the study. The researchers found the students fitted into three profiles of learning self-efficacy: low (5.6%), moderate (77.6%), and high (16.8%). There was a positive

relationship between learning self-efficacy and learning gains and – for the moderate and high learning self-efficacy groups this relationship was mediated by learning engagement.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107249>

Digital games and learning

Source: Nurse Education Today

In a nutshell: Games these days are more likely to involve microchips and mice than counters and dice. On the plus side you're less likely to lose the pieces underneath the sofa, but on the downside you're much more likely to find your 14-year-old daughter has booked a single flight to Peru to start a new life with a liontamer she met on Minecraft. In this study a team of researchers, led by Jianing Zhang from Sichuan University in China, reviewed the evidence on whether digital gaming makes any difference to knowledge and skill in nursing students. The researchers found 20 studies which met their quality criteria, covering a total of 2,465 students. They found that computer games increased the students' knowledge scores more than traditional teaching. Computer games scored highest as a "one-time intervention," or "when the educational topic was technical knowledge." For skill scores "virtual reality showed statistical differences ... compared with traditional teaching," whereas virtual-reality games "ranked first in the one-time intervention condition ... or when the game content lacked virtual patients."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107244>

What do students make of dignity?

Source: Nurse Education Today

In a nutshell: Once you've changed a few nappies ("How the hell did poo get halfway up the wardrobe?") and buried a dead guinea pig (R.I.P. Orange) your sense of squeamishness never really recovers. But do nurses – constantly ferreting around in parts of our anatomy most of us prefer to keep to ourselves – feel the same about human dignity? In this study Güler Ağgün Yavuz and Leyla Dinc from Hacettepe University in Turkey reviewed the evidence on "nursing students' perspective of [sic] dignity." The researchers found 24 articles which met their quality criteria. "Students viewed patient dignity as linked to respect, privacy, and autonomy. Although students had solid theoretical knowledge, they encountered institutional and professional barriers in delivering dignified care. Supportive environments and participation in decision-making enhanced their sense of dignity. Finally, educational strategies such as role-playing, simulations, and empathy exercises enhanced emotional and psychosocial awareness."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107247>

Extended problem-based learning

Source: Nurse Education Today

In a nutshell: “Shove off and die, I hope I never see you again you loser,” might be one way to end a romantic relationship but is probably not the best approach to the fictional patients nursing students come across in “extended problem-based learning interventions,” many of which probably last longer than a lot of romances. In this study a team of researchers, led by Xingling Liu from The Affiliated Hospital of Southwest Medical University, reviewed the effectiveness of this method of teaching. The researchers reviewed the evidence and found 11 studies which met their quality criteria. They found that, compared to a control group, extended problem-based learning significantly outperformed when it came to critical thinking, problem solving, and self-directed learning.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.107255>

Who let the general public come in?

Source: Nurse Education in Practice

In a nutshell: My belief that the House of Lords should revert to being wholly hereditary, followed swiftly by the abolition of the House of Commons is sometimes criticized as undemocratic to which I reply “have you met the General Public?” and “have you seen the kind of people they vote for?” Getting the public involved in nurse education might be regarded as a threat to sanity, if not infection control, but people keep doing it and in this study Alexandra Mudd, from Sheffield Hallam University reviewed the research on it. The researchers found 144 articles which met their quality criteria “with diverse methodologies and geographical origins. A wide range of public involvement activities were identified, most commonly direct involvement in educational activities such as storytelling, teaching and developing materials. Few sources provided detailed descriptions of activities, learning outcomes, evaluation mechanisms or required resources. Only a small number of sources explicitly used theories, frameworks, or models to justify involvement or inform their educational design, although many referenced broader conceptual or policy drivers.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2026.104903>

Working up to the sharp scratch

Source: Nurse Education in Practice

In a nutshell: One of the more common mistruths uttered by healthcare professionals is “sharp scratch,” just before an injection. Presumably “you’ll feel a little prick,” was dismissed as – unlike the injections themselves one hopes – a little too close to the bone. In this study a team of researchers, led by Rajarajeswari

Rajasekaran from Swinburne University of Technology in Australia, reviewed the evidence on “challenges in venepuncture skill acquisition and performance.” The researchers found 27 studies which met their quality criteria covering “six inter-related domains.”

- Cognitive knowledge challenges
- Psychomotor and technical difficulties
- Affective and confidence-related barriers
- Limited practice opportunities
- Difficulties transferring skills to clinical practice
- System-level constraints

The researchers concluded that “these domains interact to produce fragmented learning experiences shaped by inconsistent supervision, variable curricula, and limited opportunities for deliberate practice.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104907>

AI and ECG education

Source: Nurse Education in Practice

In a nutshell: Bridge and the Tour de France are similar insofar as an ECG of the competitors’ heart rates probably reflects the nature of the terrain they pursue their sport on. In this study Mohamed Fakhry Ahmed Salem from Alexandria University in Egypt led a team of researchers assessing the benefits of involving AI in teaching nursing students ECG interpretation. 64 nurses were divided into two groups. One group used an AI intervention which “incorporated interactive ECG scenarios with adaptive difficulty levels, real-time feedback and performance analytics,” with the other group being a control group. The researchers found that the students who used the AI intervention got higher scores for knowledge, clinical decision-making, and self-efficacy. “Focus group discussions revealed that AI-Powered ECG simulation training strengthened the learning experience of nurses, enhanced their clinical decision-making and developed their sense of skill mastery.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104904>

Teaching nurses how to triage

Source: Nurse Education in Practice

In a nutshell: “Have the family brought some board games with them?” “Have they got enough wi-fi signal for Spotify?” and “Have they arrived with a picnic hamper and a flask of tea?” are just a few of the questions triage nurses are likely to ask as their A&E department tries to boost its TripAdvisor rating for an overnight-stay option in Merthyr Tydfil. Well, it is cheaper than the Travelodge I suppose. In this

study Myung Jin Jung from Jungwon University and Won-Oak Oh from Korea University studied the effectiveness of a Triage Clinical Reasoning Simulation Programme. 60 emergency nurses with less than three years' experience were "randomly allocated to either the intervention or [a] control group." The researchers found that the nurses who took part in the simulation programme "demonstrated significantly greater improvements in triage clinical reasoning knowledge, recognition of critical clinical cues, emergency nursing performance and overall triage competence compared with the control group."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104928>

Moral sensitivity, ethical action, and patient safety

Source: Nurse Education Today

In a nutshell: Conscience is to nursing, as salt is to cooking. Too much and you're liable to end up with high blood pressure, too little and you may as well not bother. In this study Kaiwen Liu, from Zhengzhou University in China, led a team of researchers investigating the effects of "moral sensitivity," in a study of 311 nursing students on placement. The researchers found that moral sensitivity was positively correlated with both ethical action and "patient safety competence." Ethical action was also positively correlated with patient safety competence.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107281>

Bandaging R2D2 and catheterizing C3PO

Source: Nurse Education Today

In a nutshell: I've never knowingly met any Philadelphians, but I feel warmly disposed to them for a) coming up with the [Philly Steak Sandwich](#) and b) having the common sense to deal [hitchBOT](#) the summary justice it so richly deserved. Resisting the temptation to come back with a flamethrower, chainsaw, and water cannon were 15 nursing students who took part in this study, led by Sinan Aydogan from Burdur Mehmet Akif Ersoy University in Turkey. They were interviewed about their experiences "interviewing artificial-intelligence simulated patients." Five themes emerged from the researchers' interviews with the students:

- Experiencing a sense of reality with AI-based education
- Developing reflective communication skills
- Gaining confidence for future clinical practice
- Emerging professional identity
- Increase in learning motivation

The students reported that “their interviews with AI-simulated patients contributed positively to preparing them for real clinical settings, strengthening their communication skills, and enhancing their perception of professional identity.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107276>