

Education Bulletin – August 2026

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Dental Education

Learning to treat autistic children

Source: BMC Medical Education

In a nutshell: Autistic children like going to the dentist even less than neurotypical ones and in this study a team of researchers – led by Yina Cao from Sun Yat-sen University in China – examined the effectiveness of a service learning programme for dental students who were asked to deliver an “oral health training programme for children with autism spectrum disorder.” 102 fourth-year dental students took part in the programme which included six modules: “theoretical training, field investigation, data analysis, report writing, the development of educational materials, and health education delivery.” The programme led to significant improvements in the students’ knowledge, self-efficacy, and professional empathy and more than 87% of them “endorsed the expansion of this educational model.”

You can read the abstract of this article at

<https://doi.org/10.1186/s12909-026-09647-0>

General Healthcare Education

The Dark Triad and academic dishonesty

Source: BMC Psychology

In a nutshell: “Everyday sadism,” sounds like a cut-price range of whips and manacles you might find in the middle aisle at Lidl. (“We’ve upgraded to Tesco’s Finest. They last longer, so they’re better value in the long run – as long as you don’t get arrested”). It is in fact the fourth part of the Dark Tetrad, expanded like a villainous jazz quartet from its original three members of Narcissism, Psychopathy, and Machiavellianism. In this study Ben Jones from the University of Southern Queensland and Lee Jones, from the University of Queensland, reviewed the research on the Dark Tetrad and academic dishonesty. The researchers found 23 studies which met their quality criteria. Psychopathy was most consistently associated with misconduct. Machiavellianism was associated with some forms of dishonesty – such as plagiarism and cheating – but was not consistently associated with contract cheating. “Narcissism showed weaker and more context-dependent associations. Everyday sadism was examined in comparatively few studies. Preliminary evidence linked sadism to some forms of academic dishonesty, including lying in academic contexts and AI assisted misconduct, but the small evidence base means that conclusions about its contribution to the Dark Tetrad framework remain tentative.”

You can read the abstract of this article at

<https://doi.org/10.1186/s40359-026-04894-8>

AI and critical thinking

Source: Nurse Education Today

In a nutshell: Far be it from me to suggest such a state of affairs but *if* you wanted to establish a totalitarian government forcing people to do everything online, sending “alerts,” to people’s phones whether they want them or not, and encouraging AI to do people’s thinking for them would all be useful first steps. Reviewing the evidence on the impact of AI on critical thinking in this study were a team of researchers, led by Yan Ni Tay from the National University of Singapore. The researchers found 21 studies which met their quality criteria. They found “small to medium effect sizes for the surrogate clinical reasoning outcomes of performance-based assessment scores... and knowledge test scores ... Critical thinking and clinical reasoning skills and dispositions were narratively synthesized, with [the] majority of included studies favouring AI-based interventions but the evidence had low to very low certainty.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.107322>

Interprofessional Education

Extended reality in interprofessional education

Source: Nurse Education in Practice

In a nutshell: Aside from the terminally curious and the masochistic most people go on holiday to somewhere more (or at least as) attractive than where they live. Virtual reality allows us to escape from life in semi-detached suburbia for a while – at least until the electricity bill arrives and someone from Curry’s pops round to repossess the headsets – but can it be used in interprofessional education? In this study a team of researchers, led by Dimitra Gkounta from the University of Oulu in Finland, attempted to find out. They reviewed the evidence on this topic and found nine studies which met their quality criteria. Most studies used virtual reality in single- or multi-user emergency care scenarios. It led to statistically-significant improvements in teamwork, interprofessional communication, and performance indicators. “Qualitative analysis identified perceived learning benefits, realism and immersion, cognitive and affective responses, pedagogical reflections and the central role of debriefing.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2026.104943>

Medical Education

Orthorexia in medical students

Source: Middle East Current Psychiatry

In a nutshell: Whilst many of us regard pickled-onion Monster Munch or prawn-cocktail Skips as proof that 21st century civilization might be just about bearable after

all others see them as life-threatening cocktails of harmful chemicals that will inevitably hasten their consumers to an early grave. Go too far down the latter route and you can develop orthorexia nervosa, an eating disorder which can lead to “significant nutritional deficiencies, weight loss, and medical complications such as osteopenia, anaemia, and bradycardia.” In this study a team of researchers – led by Mohamed Youssef Mohamed from Ain Shams University in Cairo – investigated the prevalence of orthorexia nervosa in a sample of 427 medical students. They found that 8.7% of them had orthorexia nervosa and that it was positively correlated with higher scores for obsessive-compulsive personality disorder, rigid perfectionism, intimacy avoidance, and “perseverance traits.”

You can read the abstract of this article at
<https://doi.org/10.1186/s43045-026-00661-y>

The state of play in ultrasound education

Source: The Clinical Teacher

In a nutshell: Even the most desperate TV executive scraping round the bottom of the barrel for docu-soaps on service stations in Doncaster, or wondering whether to send the Reverend Richard Coles to Haiti might draw the line at a channel devoted to ultrasound, the flickering and transitory images of which make [haruspicy](#) and [tasseography](#) seem like perfectly clear and transparent methods of prognostication. In this study Isabel Dutra da Cruz, from the Federal University of Rio Grande of the North in Brazil, led a team of researchers reviewing the evidence on point-of-care ultrasound education for medical students. The researchers found 59 studies which met their quality criteria. “Teaching methodologies comprised supervised practice with real patients, simulation using high-fidelity and low-cost models, didactic lectures, active learning strategies (including flipped classroom and peer-assisted learning), short and longitudinal courses and educational technologies such as e-learning platforms, portable ultrasound devices and virtual reality. Assessment strategies included objective structured clinical examinations, structured questionnaires and theoretical and practical tests. The most frequently reported educational outcomes were improved diagnostic accuracy and clinical performance, technology-supported theoretical learning, increased confidence and practical autonomy and the educational benefits of integrated active learning approaches. Educational interventions combining supervised practice, simulation and active learning were consistently associated with more favourable educational outcomes than isolated teaching strategies.”

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70485>

AI-simulated patients

Source: The Clinical Teacher

In a nutshell: AI might culminate in offices being set on fire in Silicon Valley, and their inhabitants being dragged out on to the streets before being hacked to death

with machetes. Or it could end badly. In the meantime, like a flock of turkeys with an advent calendar, everyone is keen to get on board with it. In this study W. Baraza, from the University of Auckland, led a team of researchers studying the effectiveness of AI-simulated patients at teaching medical students about gallstones. 36 students took part in the study. Half of them interacted with the AI-simulated patients whilst the other half were taught “using current educational resources.” The group who interacted with the AI patient had fewer borderline grades, and significantly more distinction grades than the control group “suggesting the AISP may have improved performance in clinical management. The qualitative data suggested widespread satisfaction and enthusiasm for AISP.”

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70486>

The missing piece of the jigsaw for medical education

Source: The Clinical Teacher

In a nutshell: In the jigsaw method students are asked to research different aspects of a topic then come back to the classroom and assemble it all into a coherent body of knowledge. All well and good until the last piece gets lost under the sofa upon which Neil (the one responsible for it) is sleeping off his hangover. In this study a team of researchers, led by Varsha Chaudhary from Swami Vivekanand Subharti University in India, studied 160 medical students. 80 of them were taught using the jigsaw method whilst the rest had a conventional tutorial. The relative improvement in test scores was 64.8% for the jigsaw group and 38.3% for the tutorial group. “Student perception data indicated generally higher engagement and satisfaction with the jigsaw approach, and faculty feedback was positive.”

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70488>

Can volunteering help medical students?

Source: The Clinical Teacher

In a nutshell: “Right, let’s start off with 20 star jumps and then we’ll have a quick game of Trivial Pursuit.” Cue a wardful of people diving under their bed covers and “shove off sonny Jim, I’ve still got 300 pages of *Middlemarch* to get through before I get sent home, I’ll never get another crack at it.” One hopes that this was not how the Active Mind Active Body described in this study (led by Kareena Nanda from the University of Alberta) turned out. Undergraduate medical students led the programme which was “designed to lessen cognitive and physical isolation in hospitalized patients by facilitating social and physical activities.” They had 424 encounters with 224 patients. 98% of them included socialization, and many included cognitive activities (27%), or physical activity (22%). 94% of the students saw the programme as valuable for patients and 88% said it was meaningful for them. 67% had gained experience of different medical specialties and 74% said that

their involvement in the programme would affect how they engaged with patients in the future. The students said that their communication skills, interprofessional collaboration, and relationship building had all improved.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70480>

Should podcasts be a priority?

Source: The Clinical Teacher

In a nutshell: One of the iron rules of domestic life is that the need to concentrate on something is inversely correlated with the likelihood of solitude while doing so. So while you can stare into space for hours at a time in complete solitude, the moment you pick up a bit of Proust, Jane Austen, or a cryptic crossword every family member in a 25-mile radius converges on you to ask you questions about car insurance, visiting plans, and the whereabouts of the remote control. Podcasts requiring rather more concentration than CDs I tend to eschew them safe in the knowledge that Melvyn Bragg, Dominic Sandbrook, and Roy Plomley are unlikely to get to the end of their sentences without being interrupted. In this study a team of researchers, led by Orlando Carlos Conceição-Neto from Universidade Estácio de Sá – UNESA in Brazil, investigated what happened when students and lecturers worked together to create podcasts on medical topics. “Recordings were made using smartphones and edited with freely accessible audio-editing tools and published on a podcast-hosting service.” The students recorded 30 podcasts, which were streamed 13,050 times in 16 different countries. “Student feedback highlighted the usefulness of the podcast during commutes and study sessions. Mentors reported skill development in communication, simplification of content and teamwork.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70493>

Clinical debrief in undergraduate education

Source: The Clinical Teacher

In a nutshell: Aside from lack of aptitude, work ethic, personal organization, and interest one of the other reasons for the failure of my career in accountancy was that I was expected to tackle debtors, creditors, and double-entry book-keeping without any instruction in the preliminary aspects of these topics. At my exit interview my kindly manager expressed puzzled bafflement at the fact that I wasn’t the first trainee auditor to fall short in the last few years. It’s exciting then, to see a similar approach being adopted in medical education with students asked to tackle imaginary cases then being given a clinical debrief on why they’ve mistaken emphysema for a Lego brick up somebody’s nose, or vice versa. In this study Susan Harris, from Manchester University, led a team of researchers investigating what students made of clinical debrief through their undergraduate years. The researchers reviewed 8,000 evaluation responses from first, third, and fifth year medical students and found that “clinical debrief was positively viewed across all cohorts, with increasing perceived

value for Year 3 students, though some decrease in perceptions for Year 5 students. Earlier year students emphasised the value for their communication and clinical reasoning skills, while later year students valued the ethical and medico-legal skill development and preparing for practice as a doctor. Tutors across all year levels were perceived highly for their contributions to an inclusive and effective learning environment and reducing professional isolation.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70494>

Medical students and specific learning difficulties

Source: BMC Medical Education

In a nutshell: With doctors’ handwriting being what it is it might be harder to find a medical student who *didn’t* suffer from dysgraphia; a somewhat worrying state of affairs when a handwritten DNA (Did Not Attend) can easily be confused with DNR (Do Not Resuscitate). In this study a team of researchers – led by Bernarda Pavletič from the University of Ljubljana in Slovenia – reviewed the evidence on medical students with specific learning disabilities; dyslexia, dysgraphia, dyscalculia, and dyspraxia. The researchers found 15 studies which met their quality criteria. The prevalence of specific learning disabilities ranged from 2% to 11.5% with an average of 5.5%. There was no statistically significant difference in multiple-choice assessments between the students with specific learning disabilities and those without as long as the former were given extra time to do their exams. The students with specific learning disabilities faced “persistent academic challenges and psychosocial impacts, alongside unmet support needs, including early identification, flexible assessment design, structured mentoring, and increased staff awareness.”

You can read the abstract of this article at

<https://doi.org/10.1186/s12909-026-09574-0>

Case-based training in paediatric mental health

Source: Frontiers in Medicine

In a nutshell: “It’s just a phase,” “they’ll grow out of it,” and “all teenagers are a bit mokey,” can be deployed to dismiss legitimate mental-health problems among youngsters; but they can also be true as well, which makes it all the more difficult to spot when the mental health equivalent of a paper cut has turned into galloping gangrene. In this study a team of researchers, led by Meshal A. Sultan from Al Amal Psychiatric Hospital in the United Arab Emirates, examined the effectiveness of an eight-week, case-based child and adolescent mental-health course for paediatricians. Eight paediatricians took the course and satisfaction with it was high with most rating the course as “highly relevant.” There were large improvements in confidence across key competencies including “conducting structured mental health screening, discussing mental health concerns with families, and managing mild to moderate mental health difficulties.” Most of the participants subsequently adopted routine mental-health screening. “Qualitative findings supported increased confidence,

practical application of skills, and early integration into clinical workflows, while highlighting ongoing barriers related to time constraints and access to specialist support.”

You can read the abstract of this article at
<https://doi.org/10.3389/fmed.2026.1793546>

Nurse Education

What do nursing students make of blended learning?

Source: Nurse Education Today

In a nutshell: It’s been so long since I attempted any serious academic endeavour that asking me whether I prefer online or traditional learning is a bit like (to paraphrase Alan Bennett’s response to queries about his sexual preferences) asking a man in the Sahara whether he’d prefer Malvern or Perrier water. Like it or not at least some learning is online these days and, in this study, Hongling Shi from Dalian University in China led a team of researchers studying “learning engagement among undergraduate nursing students in blended learning environments.” The researchers studied 346 nursing students and identified four learner profiles: 32.37% were “competent proactive learners”; 47.4% were “developing transitional learners”; 6.36% were disengaged learners; and 13.87% were autonomous and committed learners. “Competent proactive learners exhibited relatively high levels of self-directed learning and learning engagement but less-developed strategy use. Developing transitional learners demonstrated moderate engagement but limited self-directed learning, whereas passive and disengaged learners reported the lowest levels of both constructs and constituted a potentially vulnerable profile. Autonomous and committed learners exhibited the highest levels of self-directed learning and learning engagement.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107292>

Reviewing the evidence on immersive virtual reality

Source: Nurse Education Today

In a nutshell: When an elderly lady fell over in the pub the other day I was notably slow off the mark; held back, perhaps, by the near certain knowledge that any intervention on my part could well have proven the coup de grace for the person in question. Who knows how I’d have responded in the consequence-free world of virtual reality? Off the mark like an Olympic sprinter and dislocating the old girl’s shoulder in a heartbeat I imagine. In this study Lara Delbene, from the University of Genoa, led a team of researchers reviewing the effectiveness of “immersive technologies in nursing education.” The researchers found that “improvements in decision-making and problem-solving were consistently reported, particularly in interactive scenario-based IVR [immersive virtual reality] interventions. Effects on

critical thinking were mixed, with meta-analytic findings showing no significant advantage over traditional methods. Generally favourable findings were reported for clinical skills and knowledge acquisition. Positive effects were also observed for satisfaction, motivation, and self-efficacy. However, variability in intervention design, outcome measures, and study quality limited comparability.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107306>

Gimkit vs the Escape Room. Who comes out on top?

Source: Nurse Education in Practice

In a nutshell: However you spell it, gym kit conjures up images for me of apparel too small, too big, malodorous, or forgotten; the latter precipitating a desperate search through a box of disreputable vestments and ensuring humiliation began before you'd even started PE. [Gimkit](#) in *this* study is educational software – “a game show for the classroom that requires knowledge, collaboration, and strategy to win,” and in this article Abdülkadir Deniz and Nihal Taşkıran from Aydin Adnan Menderes University in Turkey compared it to an escape room. 82 third-year nursing students took part in the study which tested the two methods' ability to instil learning about the human papillomavirus (HPV). The researchers found that the students in the Gimkit group “achieved significantly higher post-intervention knowledge scores than those in the escape room and control groups, with large effect sizes.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104933>

Are we teaching nurses IT well enough?

Source: Nurse Education Today

In a nutshell: It's a ward in 2050. The internet-enabled beds have been hacked into by a bored 15-year-old in Wigan and have already tipped the patients onto the floor six times this morning; the commode has got an “unexpected item in the bagging area”; 24 pallets of Group O blood have arrived out of the blue, and – despite it being 30°C in the shade – the vending machine is only dispensing Bovril. This is not just IT – it's NHS IT. In this study Glen Malape and Charlené Downing from the University of Johannesburg reviewed the evidence on “educational strategies for integrating nursing informatics into undergraduate nursing curricula.” They found 15 studies which met their quality criteria from which four key themes emerged: “(1) a pervasive competency gap, (2) systemic and curricular limitations, (3) active and experiential learning strategies and (4) critical success factors and barriers.” The researchers concluded that “outdated institutional practices, redundant instructional methods, and faculty resistance were identified as barriers to effective nursing informatics training.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107309>

Generative AI and workplace violence

Source: Nurse Education in Practice

In a nutshell: A not-unenjoyable genre of internet videos features shopkeepers with forearms like boa constrictors setting about shoplifters with baseball bats. Who knows how much of it is AI-generated, or whether this is what a team of researchers – led by Gilny Rantung from Universitas Advent Indonesia – had in mind in this study which investigated “nursing students’ informal use of generative artificial intelligence in relation to workplace violence during clinical placement.” The researchers interviewed 24 final-year undergraduate nursing students in Indonesia who had experienced or witnessed workplace violence and used generative artificial intelligence in relation to those experiences. Three themes emerged from the interviews: “generative artificial intelligence as a discreet coping resource in constrained clinical environments; as a practical guide for navigating difficult clinical encounters; and as an interpretive resource for rights, reporting and future planning.” The students used AI to talk about their distress privately, to “rehearse respectful but protective communication,” to interpret volatile situations, and to “consider reporting and future options.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2026.104936>

Diagnostic reasoning and nurse practitioners

Source: Nurse Education Today

In a nutshell: From GP’s receptionists to consultants the beauty of the NHS is that the more medical qualifications and experience someone has the less likely they are to come across a patient. Sitting somewhere along this continuum are nurse practitioners and in this study a team of researchers – led by Sarah Pirani from the University of Victoria in Canada – investigated how they developed diagnostic reasoning. The researchers interviewed 24 nurse-practitioner students who were in their final semester at two Canadian universities. Four themes emerged from interviews with the nurses:

- Structured sense-making and professional identity transformation
- Prior RN experience as a double-edged influence
- Developing diagnostic reasoning under conditions of complexity and constraint
- Scaffolded and iterative pathways to diagnostic development

The participants described diagnostic reasoning (DR) as “ the “biggest leap” in the RN-to-NP transition, representing not only systematic hypothesis refinement but also diagnostic accountability as the most responsible provider. DR was experienced as inherently relational and co-constructed within the clinical encounter. Prior RN experience provided experiential foundations that supported pattern recognition, while at times narrowing diagnostic breadth due to specialization and habituated

practice patterns. Developing DR in primary care was experienced as intellectually taxing, shaped by cognitive load, uncertainty, and contextual fragmentation. Students actively strengthened their DR through self-regulated strategies, while simulation, engaged preceptors, and iterative reassessment functioned as scaffolded supports for DR development.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107307>

The newly-qualified nurses in at the deep end

Source: Nurse Education in Practice

In a nutshell: If, by some [Ripleyesque](#) prestidigitation, I managed to convince the powers that be that I was a fit and proper person to look after vulnerable people instead of a heartless psychopath who’d switch off a life-support machine if its beeping interfered with my progress through the collected works of John Le Carre I certainly wouldn’t want to start off in A&E or intensive care. I’d be quite happy spending the first few weeks getting the teas and coffees in, tidying up the stationery cupboard, and steering clear of the patients in case I caught something. Others are made of finer stuff though and in this study Yuhua Li, from Chengdu University of Traditional Chinese Medicine, led a team of researchers studying newly-qualified nurses’ transitions to working in A&E and intensive care. The researchers reviewed the evidence on this topic and found 12 studies, from eight countries, which met their quality criteria. Five themes emerged from the research:

- Emotional turbulence under high acuity
- Education-practice incongruence
- Competence development as accelerated progression
- Relational integration and team climate
- Moral commitment and professional identity

The researchers concluded that “transition into intensive care units and emergency departments extends beyond technical skill acquisition to include emotional adaptation, contextual clinical judgement, team integration and professional identity formation. Structured preceptorship, graduated responsibility, scenario-based simulation with debriefing and psychologically safe team cultures may support adaptation in high-acuity practice.”

Souping up support for new nurses

Source: Nurse Education Today

In a nutshell: Many newly-qualified nurses have a tough time when they start work and turnover rates have been rather too high for too long. In this study Sue-Hsien Chen, from Chang Gung Medical Education Research Centre in Taiwan, led a team of researchers investigating the effectiveness of a “multidimensional competency-based training programme for enhancing clinical competence in novice nurses.” The researchers held discussions with the new nurses and used the nurses’ comments to

design a six-month training programme which featured “interactive sessions with faculty guidance and incorporated classroom instruction, simulated teaching, hands-on practice, and reflective exercises.” 183 nurses took part in the study which found that the programme led to “significant improvements in professional competence, confidence, passion for nursing, and perceived healthcare team support.” The “simulation-based learning and structured team support enhanced nurses’ confidence, clinical care capability, and engagement. Participants reported high satisfaction with clinical skills simulators and perceived healthcare team support as essential. All participants who completed the program-maintained employment at the one-year follow-up assessment, yielding a 100% retention rate.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107305>

Co-teaching and nurse education

Source: Nurse Education Today

In a nutshell: My (assessed) experience of co-teaching was not a great success. The chronological Venn diagram of co-presenter, me, and assessor aligned about as well as a child’s kaleidoscope left in the bottom of a skip for six weeks. Of the 30 minutes allotted for the assessment, 25 of them were spent with a bored assessor listening to my co-presenter rabbit on, leaving five for me to go down in educational history. Who knows, the assessor’s eyes might just about have stopped rolling by now. In this study Mari Pakkonen, from Satakunta University of Applied Sciences in Finland, led a team of researchers reviewing the evidence on co-teaching in nursing. The researchers found 14 articles which met their quality criteria which “generated nine themes related to the definition and implementation of co-teaching, interdisciplinary collaboration, shared expertise, student learning, professional development, prerequisites for successful collaboration, and barriers to implementation. Clear shared goals, mutual respect, and effective communication were identified as prerequisites for successful implementation, while lack of time and challenges in aligning teaching practices were perceived as barriers. Overall, both teachers’ and students’ experiences were predominantly positive.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107298>

Teamwork – all the fun of the fair?

Source: Nurse Education in Practice

In a nutshell: “Nobody used metaphors in my day,” declared crusty cricket commentator [Fred Trueman](#), “we didn’t beat about the bush.” In this study Ana Luiza Ferreira Aydogdu from Istanbul Health and Technology University and Elaine Antunes Cortez from Fluminense Federal University in Brazil asked 68 nursing students which metaphors they would use to describe teamwork. Three themes emerged from the students’ answers:

- Functional and systemic integration – the team as a mechanism
- Harmonization and coordinated leadership – the team as a performance
- Identity, connection, and livelihood – the team as a foundation, a shield, and a means of survival

The students thought of teamwork both as a structured system, a coordinated practice, and a source of both support and emotional demands. The researchers concluded that “nursing students develop an early, complex understanding of teamwork that integrates technical, relational and emotional dimensions. While this may reflect the effectiveness of educational approaches in fostering teamwork, care coordination and patient safety, metaphors associated with stress and undervaluation may suggest a need to address the emotional and psychosocial dimensions of teamwork within nursing curricula.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104937>

What happens when you set fire to the metaverse?

Source: Nurse Education Today

In a nutshell: Given the disputes between my children it’s surely only a matter of time before the people behind Minecraft have to appoint a Planning Inspectorate to control illicit extensions and basements, shoddy new-builds, and unasked for demolitions. But what happens when you set fire to the metaverse? That was what a team of researchers – led by So Heen An from Chonnam National University in Korea – investigated in this study. 47 nursing students took part in the study and the researchers divided them into two groups. One group took part in the programme which included “an online lecture, a Gather Town-based pre-briefing, a Roblox-based simulation on managing fire disasters, and a debriefing,” designed to teach the students about paediatric intensive care unit fire disaster evacuation. The rest of the students were a control group. The researchers found that the group who took part in the metaverse simulation showed higher “evacuation competency,” than the control group. They also had higher “learning presence,” including “cognitive presence,” and “emotional presence.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107297>

Resilience, bullying, and stress

Source: Nurse Education Today

In a nutshell: Given my lengthy track record of incompetence, idleness, and lack of moral fibre I feel guilty enough about the passive harm I do to other people without actively trying to be horrible to them. Some people have more get-up-and-go when it comes to being a sh-t though and in this study a team of researchers – led by Hsiu-Lan Teng from Fooyin University in Taiwan – investigated the links between

workplace bullying, resilience, and work stress in a sample of 325 nursing students. They found that workplace bullying was positively associated with stress, whereas resilience was negatively associated with it. Unfortunately, resilience had no effect whatsoever – either negatively or positively – on the link between bullying and workplace stress.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107311>

What makes Gen Z nurses tick?

Source: Nurse Education Today

In a nutshell: Viewed through what A. N. Wilson calls the backwards telescope of history there happens – every so often – a sea change in culture. From the Georgians, for instance, famously liberal about extra-marital affairs, eating, and crying to the rather-more restrained Victorians piously trying to convert foreigners instead of taking advantage of relaxed local views on polygamy. One such change could be happening now as the lads and ladettes who grew up in the 1990s against a backdrop of Britpop, Chris Evans, and raves find themselves bringing up a group of youngsters intent on embracing monogamy, sobriety, and exercise. In this study Yasin M. Yasin, from the University of New Brunswick in Canada, led a team of researchers investigating “career choices, retention, and graduation among Generation Z undergraduate nursing students.” The researchers found 57 studies which met their quality criteria, covering a total of 16,415 Generation Z students. Four factors shaped the students’ career choices:

1. Intrinsic motivations and personal values
2. Prior personal or vicarious healthcare experiences
3. Extrinsic, pragmatic, and structural considerations
4. Social, cultural, and societal influences

Barriers to staying in nursing included the demands of academia, clinical placements, “role realities,” wellbeing and competing life demands, and social climate and inclusion. Facilitators of success included academic preparedness and performance, supportive relationships and learning environments, and personal motivation, resilience, and coping resources.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107316>

Does EBT + CDIO = A+ P-GURU?

Source: Nurse Education in Practice

In a nutshell: Given the enthusiasm with which pedagogical researchers embrace acronyms it’s perhaps no surprise that many articles end up looking like a set of Scrabble tiles going round a tumble drier. In this case the letters chosen were EBT (evidence-based teaching) and CDIO (the conceive, design, implement, operate

model). “EBT fosters learners’ competence in evidence-based practice (EBP), whereas the CDIO framework integrates theoretical knowledge with clinical practice,” and in this study Na Yang from Huazhong University of Science and Technology in China led a team of researchers examining their effectiveness when combined. The researchers compared 184 students who received traditional teaching in urology in one academic year to 152 who were taught using the new model the year after. The researchers found that the students taught using the new model “achieved significantly higher scores than the control group ... in theoretical evaluation, operational performance, EBP, self-directed learning and critical thinking.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104938>

Is breastfeeding promotion an entrustable professional activity?

Source: Nurse Education in Practice

In a nutshell: Certain proponents of breastfeeding adopt such an assiduous approach that one might consider [Miss Trunchbull](#) would be a worthy addition to their number – subject to DBS check and the whole Ofsted kerfuffle dying down a bit that is. But can breastfeeding promotion be an entrustable professional activity for nursing students? That was what a team of researchers, led by Sasitara Nuampa from Mahidol University in Thailand, investigated in this study. They interviewed 20 people from 14 academic-clinical partnership sites implementing a Breastfeeding Promotion Entrustable Professional Activities programme. Six themes emerged from the interviews:

- Reframing breastfeeding education towards entrustable practice
- Programme characteristics
- Outer setting influences
- Organizational readiness and collaboration
- Individual attitudes and professional identity
- Implementation processes

“Participants perceived that the BFP-EPAs programme enhanced educational structure, clarified performance expectations and strengthened students’ clinical confidence. However, implementation was influenced by contextual constraints, including workload, staffing limitations and policy–practice misalignment. Feedback mechanisms and strong academic–clinical collaboration were central to competency development and sustained implementation.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104939>

The students getting their quiet quitting in early

Source: Nurse Education Today

In a nutshell: Initiative is like virginity. People usually want it taken, but the results are often deemed unsatisfactory. With “can you do – no, not like that!” a frequent refrain among those asking others to perform tasks x,y and z it’s little wonder that many people restrict themselves to the bare minimum. This state of affairs has latterly become known as quiet quitting and in this study a team of researchers – led by Seda Tek Sevindik from Istanbul Medeniyet University – investigated it in a group of 93 senior nursing students. 19.4% of the students had high or very high quite quitting scores. For the students quiet quitting involved emotional withdrawal and doing only required tasks. Clinical hierarchy, injustice, and fear of violence were all linked to withdrawal, but the students saw quiet quitting as a means of self-protection rather than a manifestation of indifference. Supportive mentorship and fair learning environments both renewed engagement.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107314>

Reviewing the evidence on immersive virtual reality

Source: Nurse Education in Practice

In a nutshell: Outwith John Le Carre and *The Traitors* I’m loath to get immersed in things. As a natural pessimist immersion is as likely to conjure up images of jellyfish, turds, and used hypodermic needles bobbing around in the mud flats off Lincolnshire as any of the more pleasant experiences on offer in *Finding Nemo* or *The Blue Planet*. In this study a team of researchers – led by Daniel Monasor-Ortolà from the University of Alicante in Spain – reviewed the evidence on “technology acceptance and emotional experience in immersive virtual reality training in nursing.” The researchers found 43 studies which met their quality criteria. “Technology acceptance was generally positive, with perceived usefulness, perceived ease of use and intention to use emerging as the most frequently reported constructs... Emotional experience was characterized by high satisfaction, engagement and presence, alongside anxiety and cybersickness. Only 7 studies provided evidence on the relationship between emotional experience and technology acceptance, with findings suggesting a broadly positive but predominantly indirect association.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104940>

How do people teach trauma-informed care?

Source: Nurse Education Today

In a nutshell: In this study Rachel A. Elliott, from the University of Toronto, led a team of researchers asking 28 nurse educators how they taught students trauma-informed care. Three themes emerged from the interviews which were:

- 1) Using Creative Learning Strategies to Grow Self-Awareness, highlighting experiential, arts-based, Indigenous pedagogies, and simulation to scaffold trauma-informed perspectives
- 2) Creating Brave Spaces, emphasizing psychological safety, relational teaching, and proactive preparation for emotionally challenging content
- 3) Role Modelling Trauma-Informed Approaches to Enhance Application

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.107325>

Digital professionalism and nursing students

Source: “I’m not sure a ‘Match the patient to the bottom,’ competition on TikTok is quite what [Sir Tim Berners-Lee](#) had in mind when he invented the internet, Jennifer. And I’m not sure Florence Nightingale would have approved either. Still we did get 25K likes, so well done.” With mobile phones universal and nearly everyone on some type of social media digital professionalism is an increasingly salient issue for health professionals and in this article a team of researchers – led by Mee Kie Maggie Chan, from the Hong Kong Polytechnic University – reviewed the evidence as far as it applies to nursing students. The researchers found 18 studies which met their quality criteria. “Challenges included foundational structural gaps, blurred personal–professional boundaries, and intensifying issues related to Generation Z learners, influencer culture, and generative artificial intelligence. Opportunities demonstrated that guided digital engagement through social media initiatives, targeted digital pedagogy, virtual simulation, and critically informed influencer interactions can foster professional socialization, advocacy, belonging, and accountability.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.107320>

AI and nurse education

Source: Nurse Education Today

In a nutshell: One of the more rewarding televisual byways, so to speak, is Ben Fogle’s [New Lives in the Wild](#), featuring a variety of people who – for one reason or another – have all gone “off-grid.” It might be tempting to purse our lips at them now, but they will probably be the only people left when AI decides we’re illogical system bugs, surplus to requirements. In this study Dianne Stratton-Maher, from the University of Southern Queensland, led a team of researchers reviewing the evidence on efforts to teach nursing students about AI. The researchers found 17 studies which met their quality criteria concluding that “integration of AI and digital health within undergraduate nursing education remains fragmented and largely exploratory, most commonly occurring through isolated courses, pilot initiatives, or educator-led activities rather than coordinated, programme-wide curriculum design... Systemic barriers, including limited faculty preparedness, curriculum constraints, governance ambiguity, and resource disparities, continue to limit the sustainable integration of AI and digital health competencies within nursing curricula.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107318>

Reviewing the evidence on student attrition

Source: Nurse Education Today

In a nutshell: With student debt collecting one of the few growth areas in the economy universities might be better off advising their students to pump iron and acquire a sawn-off shotgun rather than wasting their time reading books and getting mortar boards. Acquiring debt can be even more galling when you don't finish the course and in this study Swapnali Gazula from Victoria University in Australia and Robyn Cant from Federation University (also in Australia) reviewed the evidence on attrition from nursing degrees. The researchers found 17 literature reviews which met their quality criteria. A number of factors led students to drop out including: academic preparedness, psychosocial wellbeing, socio-demographic factors, and institutional support. Retention strategies were “predominantly relational, developmental, and sustained over time, including mentoring, tutoring, academic skills development, psychosocial support, and interventions that foster belonging. Faculty engagement and holistic approaches were repeatedly associated with improved student persistence.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107331>

Virtual reality and non-technical skills

Source: Nurse Education Today

In a nutshell: In this article a team of researchers – led by Katie Janz from the University of Notre Dame in Australia – reviewed the evidence on how virtual-reality simulation could foster non-technical skills (NTS) in nursing. The researchers found 11 studies which met their quality criteria. The main non-technical skill measured was communication, however “no articles explored all elements of NTS, and limited studies measured confidence in performing NTS. Only two articles compared the acquisition of NTS learning within traditional simulation and VR, with neither affirming a preferred training modality.” Despite the lack of evidence about its effectiveness the researchers concluded that “what is known is VR is cost-effective, accessible and has good usability.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107332>

Self-concealment, alexithymia, and mental distress

Source: BMC Nursing

In a nutshell: Self-concealment occurs when a person actively hides negative or distressing information about themselves from others. It sounds like an essential survival skill to me, but psychologists (or at least some of them) have decided that it's not that good for you. In this study a team of researchers, led by Mira Naguib Abdelrazek from Alexandria University in Egypt, investigated the links between self-concealment, alexithymia and mental-health problems in a sample of 353 nursing students. The researchers found that 53.8% of the students screened positive for anxiety and that self-concealment and alexithymia were positively associated with depression, anxiety, and stress. Self-concealment had the strongest links with anxiety and stress, whereas alexithymia was more strongly linked with depression.

You can read the abstract of this article at
<https://doi.org/10.1186/s12912-026-05175-w>