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General Healthcare Education

Five go to a focus group

Source: Nurse Education Today

In a nutshell: Even with scotch eggs, fruitcake, and lashings of ginger beer it seems unlikely that the Famous Five would put down going to a focus group on preceptorship as one of their more thrilling adventures – although Timmy the dog might well make short work of any biscuits on offer therein. In this study Erin Marchio, from Thompson Rivers University in Canada, led a team of researchers who got five health professionals – a nurse, a physiotherapist, a respiratory therapist, a medical imager, and a dietician – together to discuss “multidisciplinary student preceptorship models.” “All participants shared the importance of maintaining 1:1 ratios between preceptors and student preceptees during preceptorship placements. However, the duration of these preceptorship placements varied across disciplines. Staffing shortages across healthcare disciplines posed significant challenges to sustaining 1:1 ratios and hindered a preceptors' ability to attend preceptorship educational workshops.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106960>

Dealing with agitated patients – it’s a kind of MAGIC

Source: Medical Education Online

In a nutshell: At some point in the future the amount of land needed for servers to produce virtual reality and Minecraft will exceed that available for human habitation meaning Buckinghamshire will have to be compulsorily purchased and its inhabitants relocated to a tower block in Battersea. If nothing else, this will play havoc with the filming of *Midsomer Murders*. In this study Gabrielle Wann Nii Tay, from the University of Singapore, led a team of researchers studying the effectiveness of a virtual reality programme in teaching healthcare students how to deal with agitation. The researchers developed a programme called MAGIC – managing aggression using immersive content. “ This three-hour blended learning workshop, a mandatory component of the psychiatry curriculum for medical and nursing students, integrates didactic teaching, role-play, and the Virtual Reality in Agitation Management (VRAM) activity.” 152 medical and nursing students took part in the study which found that the MAGIC programme led to “significant improvements in mental health literacy, self-perceived proficiency, and confidence in managing agitated patients; there was also a marked reduction in stigma towards individuals with mental health conditions. In addition, participants responded positively to all aspects of the VRAM software, underscoring its usability and educational value.”

You can read the abstract of this article at

<https://doi.org/10.1080/10872981.2025.2542809>

Generative AI and health education

Source: Nurse Education in Practice

In a nutshell: At some point – if it isn't happening already – the two lines on the graph plotting artificial intelligence and human intelligence over time will begin to resemble the jaws of a boa constrictor tackling a particularly chunky capybara for its lunch. Like [Gloucestershire cheese rollers](#) on ketamine everyone seems intent on following this particular development to its logical conclusion though, and in this study Hayden Astbury from the University of Melbourne, led a team of researchers reviewing the evidence on “generative AI for teaching and assessment in health professions education.” The researchers found 26 articles which met their quality criteria and found that “the primary applications of GenAI were in learning resource development and assessment, with reported benefits such as time savings, personalised learning and reduced resource use. Challenges included accuracy concerns, inconsistent outputs, technical limitations, algorithmic bias and risks to academic integrity.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104697>

Interprofessional Education

Nurses and engineers – the new interprofessional education?

Source: Nurse Education Today

In a nutshell: Nurses (and office workers) screaming, swearing, kicking and generally being abusive are – one hopes – far more likely to be directing their frustrations to a hapless printer than a colleague, patient, or customer. For nurses refractory equipment can take all sorts of forms, some of which might even turn out to be life-threatening*. It might, therefore, make a lot of sense to have a certain amount of interdisciplinary education for nurses and engineers. In this study Can Liu, from Huazhong University of Science and Technology in China, led a team of researchers reviewing the evidence on this topic. The researchers found 29 articles which met their quality criteria and concluded that “the results indicate a growing global interest in nursing engineering education, which holds promise for enhancing students' knowledge, skills, and competencies. Moreover, the findings suggest the importance of interdisciplinary collaboration and learning when conducting nursing engineering education, but also reveal two critical limitations in the current delivery of education. First, the interdisciplinary education model for nursing and engineering is currently in the early stages of exploration and development, and secondly, there is an imbalance in the level of disciplinary crossover.”

*The nurses might have a stroke even if the patients are all fine

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106963>

Interprofessional education for paediatric safety

Source: The Clinical Teacher

In a nutshell: Even on a kitemarked indoor trampoline well away from traffic and strange men in long coats children can still get into trouble by deciding to inspect the underside of the apparatus while their sister is bouncing up and down on it. Children in hospital are more limited in the scope of their actions but it's still important to keep them safe and in this study a team of researchers – led by David D'Arienzo from Montreal Children's Hospital – investigated the effectiveness of “an interprofessional simulation programme for paediatric patient safety.” The four most-frequent and serious errors were identified and incorporated into the simulation. 86% of participants “responded positively regarding the programme's potential impact to enhance patient safety,” and there was an increase in incident reporting the year after the programme was introduced.

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70301>

Medical Education

Getting doctors ready for out-of-hours

Source: The Clinical Teacher

In a nutshell: Jack Torrance mulling over his new novel at the [Overlook Hotel](#), Ripley pacing the corridors of the [Nostramo](#) looking for extra-terrestrial life, or [Shaggy and Scooby](#) pulling up outside a haunted house with bats circling around the eaves – none of them have got anything, one imagines, on the first few hours as a new junior doctor after everyone else has gone home for the evening. Over the years a number of initiatives have been launched to help newly-qualified doctors deal with this situation and in this article a team of researchers, led by Alex Gordon from Torbay and South Devon NHS Foundation Trust, reviewed the evidence on them. The researchers found 18 studies which met their quality criteria and rated them according to [Kirkpatrick's model](#). 13 studies showed an improvement in learner confidence and attitudes, three showed measurable performance improvement, but only one led to behavioural change. Most of the studies lacked a long-term follow-up and “grey-literature analysis revealed inconsistent institutional expectations for OOH [out-of-hours] experience.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70299>

If you liked Brownies, you'll love medical school

Source: The Clinical Teacher

In a nutshell: As a disorganized dilettante with a profound horror of joining in it's often surprising to me how much people – from mustard-keen brownies to Andrew Mountbatten-Windsor in his glory years – love collecting badges, certificates, and medals. I'd always rather have the three hours back I spent getting them, but other people feel differently, and in this study Nazlee Sharmin and Ava K. Chow, from the University of Alberta, investigated the effectiveness of a game-based strategy “embedded into an entire dental hygiene (DH) course using a gated pathway and rewards. In a real game, a gated pathway requires players to complete specific tasks before unlocking the next level. In the learning management system (LMS), the same game-based concept was applied by restricting students' access to weekly content until they completed reviewing lecture materials and passed a quiz. Successful completion of the quiz unlocked the next week's materials. Quiz games designed in Gimkit were integrated as rewards for students.” 88% of the survey respondents agreed that the gated pathway helped them to complete their tasks on time, and 87% felt that the intervention had been “helpful for their studies.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70334>

Moving on up in intensive care

Source: The Clinical Teacher

In a nutshell: “Heads we keep Mrs Jackson’s life support on until home time, tails we switch her off so we can wheel a TV set in for the Cup Final,” is not necessarily the kind of conversation you might expect to hear at your local intensive-care unit but whether the basis is numismatic happenstance or the latest NICE guidelines tricky decisions are often there, needing to be made. Whether senior registrars feel ready to take them was the subject of this study by a team of researchers, led by Amod Karnik, from Mater Health in Brisbane. They interviewed seven registrars who had all completed at least one year as a senior registrar. Three themes emerged from the interviews with the doctors: *Apprehension*; *Weight of Responsibility* and *Decision-Making*. The researchers concluded that “these themes illustrate that the experience of moving from junior to senior ICU registrar is complex, requires a shift in decision-making focus and is characterised by uncertainty.”

You can read the whole of this article at

<https://doi.org/10.1111/tct.70327>

What makes ECHO work in rural areas?

Source: Medical Education Online

In a nutshell: Whilst in the UK “rural” tends to be associated with *Heartbeat*, *The Vicar of Dibley*, or *Midsomer Murders* in the US it's often more likely to put people in mind of *Deliverance* or *No Country for Old Men**. Project ECHO (Extension for Community Healthcare Outcomes) is a “telementoring model of continuing education and care management that uses video-conferencing technology to train, advise, and support clinicians to improve access to specialty treatment in rural and

underserved areas. In this study M. Kathryn Allison, from the University of Arkansas for Medical Sciences, led a team of researchers investigating the facilitators and barriers to implementing the project ECHO model. The researchers held virtual focus groups with eight project ECHO implementation teams totalling 29 people. Participants recognized the advantage of ECHO's virtual, learner-centric [sic], case-based-learning approach. They recommended recruiting subject-matter-expert presenters with skills as educators and understanding of the ECHO model. "Because of Project ECHO's emphasis on case-based learning, participants highlighted the importance of balancing didactics with case presentations and discussion. Scheduling and finding time to participate was reported as a challenge for provider engagement, though most participants suggested that the length, frequency of sessions, and number of participants can be tailored for each programme to accommodate needs. Providing CME credit and setting expectations for attendance and case presentation were said to improve provider engagement. Support and mentorship from the ECHO Institute was described as a facilitator in planning for ECHO implementation and delivery. Funding was reported as a barrier to sustainability."

*I know there's [*The Wicker Man*](#), but that's Scotland – you can expect that kind of thing up there.

You can read the abstract of this article at <https://doi.org/10.1080/10872981.2025.2473476>

Nurse Education

When moulage makes a difference

Source: Nurse Education in Practice

In a nutshell: [Visage](#) were one of the leading lights of the New Romantic movement, whereas moulage is a technique portraying wounds and injuries. Both used a lot of make up but in one people look disfigured – as though they've been through a terrible trauma – and can put you off your breakfast whilst the other plays an important role in nurse education. In this study Yakup Sarpdağı, from Van Yüzüncü Yıl University Faculty of Health Sciences, led a team of researchers investigating the "effect of moulage supported standardised patient simulation on nursing students' self-efficacy and clinical practice attitudes towards pressure injuries." 94 nursing students took part in the study. They were divided into two groups. One group took the training featuring moulage, whilst the other formed a control group. The researchers found that the moulage group "demonstrated significant improvements in clinical practice attitudes, self-efficacy, PIs knowledge, skill performance and wound assessment scores compared with the control group."

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2025.104695>

How do nursing students cope with stress?

Source: Nurse Education Today

In a nutshell: My coping strategies at university could be broadly grouped into two categories. Outdoor ones featured mud and a number of sports played with varying degrees of incompetence whereas indoor ones could be found behind the college bar guarded by Lynne and Hazel, two beady-eyed custodians who would have made the average [tricoteuse](#) churning out jumpers under the shadow of the guillotine* seem like a club 18-30 rep. In this study Alwin Issac, from the All India Institute of Medical Sciences, led a team of researchers reviewing the evidence on nursing students' coping strategies as they dealt with their clinical placements. The reviewers found 30 studies which met their quality criteria. These included a total of 573 students from 15 different countries. "The coping strategies identified were problem-solving, sharing and seeking help, determination, giving up, confrontation, self-regulation, proactive coping, positive reframing, avoidance, adaptation to ward culture, and venting emotions."

*I imagine scarves were superfluous by that point in proceedings.

What makes students ready for practice?

Source: Nurse Education Today

In a nutshell: I once shared an Italian class with a lady who – despite the most easygoing teacher imaginable - refused to say anything until she was 100% sure she was grammatically correct. Fast forward a few years and I found myself in a German class which – lubricated with coffee and Leberkuchen – treated the language of Goethe and Thomas Mann with a degree of brutality that could only be interpreted as a protracted revenge for the Blitz. Whether anyone can ever be really ready for speaking a foreign language, or practising as a nurse for that matter, is a moot point. In this study a team of researchers, led by Elizabeth M. Nease from the University of South Carolina, investigated how belongingness, self-efficacy, and clinical learning support predicted senior nursing students' "practice readiness." 251 nursing students took part in the study which found that belongingness, learning support, self-efficacy, and practice readiness were all significantly correlated. Belongingness directly influenced self-efficacy and support which, in turn, both directly affected practice readiness.

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2025.106955>

Can a meta-human make you a better midwife?

Source: Nurse Education Today

In a nutshell: Watching me grapple with a jam-jar lid or some flat-pack furniture the likes of Andrew Tate might well regard me as at best a [beta-male](#) if not an [epsilon semi-moron](#). All well and good, but has he got a boxed set of Ealing comedies and the DVD of *Smiley's People* to look forward to? Where meta-humans fit into this scheme

of things is anyone's guess, but in this study Jeongwon Han from Kyung Hee University and Hanna Lee from Gangneung-Wonju National University (both in Korea) used one in an "interactive learning programme for maternal nursing assessment in nursing students." 66 nursing students took part in the study and they were divided into two groups. One group "underwent nursing assessments and documentation through conversations," with a virtual pregnant woman whilst the other group received video-based instruction. The researchers found no significant differences between the two groups however "learning interest," was higher in the virtual-patient group and "open-ended responses indicated enhanced self-reflection, emotional involvement, and a sense of realism in the learning experience."

Do nurses get a gold medal for silence?

Source: Nurse Education Today

In a nutshell: In 1654 [an explosion at the gunpowder factory at Delft](#) in the Netherlands killed 100 people. It was the loudest man-made noise in Europe before World War One. With trays, doors, and bed-pans clanging, beeps going off, groaning patients and urgent discussions about last nights *The Traitors** the average hospital ward can't be too far behind and in this study Güven Soner and Ercan Tunç from Ondokuz Mayıs University in Turkey investigated how nursing students use silence in their clinical practice. Four themes emerged from the authors interviews with the students:

- Strategic use of silence in clinical practice
- The power of silence in fostering empathy and understanding needs
- Contribution to personal and professional development
- Limitations in the use of silence and the role of silence in nursing education

The researchers concluded that "silence is not merely the absence of speech but a meaningful and strategic communicative tool nursing students employ to support patient care, develop empathy, and grow professionally. Integrating silence and nonverbal communication skills into nursing education may enhance holistic and patient-centred care."

*As a late convert to this I don't blame people – it's the best thing on TV for years.

You can read the abstract of this article at <https://doi.org/10.1016/j.nedt.2025.106958>

AI and nursing students

Source: Nurse Education Today

In a nutshell: College lecturers debating the ethical aspects of AI are a bit like people stuck in a van on a level crossing discussing whether [Broad Gauge or Standard Gauge](#) is superior. In this study Dianne Stratton-Maher, from the University of Southern Queensland and Jennifer Kelly from Royal Melbourne

Institute of Technology held a series of focus groups about AI with 48 first-year nursing students following their use of ChatGPT in an assessment task. Analysis of the focus groups identified six themes: “ initial confusion, developing skills, evaluating reliability, negotiating academic integrity, recognising future benefits, and valuing support. Students initially experienced uncertainty, particularly around ethical use and institutional messaging. Many developed critical engagement skills, using ChatGPT to improve writing clarity, language proficiency, and idea generation. However, tensions remained between the benefits of AI support and concerns about dependency, misinformation, and digital inequities.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2025.106961>

Genome? No, never met him

Source: Nurse Education Today

In a nutshell: With [CRISPR editing](#) getting cheaper and cheaper and parents running out of crafting ideas for Christmas it’s surely only a matter of time before strange beings with ears on their feet, spleens on their elbow, and eyes in the back of their head start to replace dubious-quality artwork traditionally displayed on kitchen cupboards. Perhaps we can all get a hutch in the back garden to keep them in. In this study Ritambra Dadwal from IOUURC in India, led a team of researchers reviewing the evidence on what nursing students know about genomics. The researchers found 14 studies, with a total of 5,037 participants, which met their quality criteria. The studies showed “consistently low levels of genomic knowledge among nurses and nursing students worldwide.” “A significant discrepancy was found between the high perceived importance of genomics and the actual knowledge. Genomic education has been inadequately and inconsistently integrated into nursing curricula across countries. Key barriers included a lack of faculty expertise, insufficient funding, and inadequate curriculum content. The high perceived importance of genomics and a strong desire for more education were identified as key facilitators for improvement.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2025.106959>

What makes a good Dedicated Education Unit?

Source: Nurse Education in Practice

In a nutshell: As a parent there comes a blissful time when you can just drop your children off at a party and disappear to the pub, Costa, or bookies rather than having to hang around and either talk to your autistic son about black holes (enjoyable) or make small talk with the other parents (not so much). It’s a moot point whether nursing lecturers feel the same about students as they send them off to dedicated education units – medical facilities set up to have a focus on nurse education – and in this study a team of researchers, led by May Helen Midtbust from the Norwegian University of Science and Technology, conducted five focus groups made up of

nursing students, supervisors, nurse managers, and lecturers. Three themes emerged from the focus groups which were:

- The need to develop learning partnerships
- Working together to enhance competence in clinical supervision
- Challenges in information flow when establishing a dedicated education unit

The researchers concluded that “strengthening collaboration between educational institutions and the clinical field is crucial for developing learning partnerships to increase the quality of clinical practice and ensure the best possible learning environment. The collaborative nature and structure of the DEU model support the notion that nursing students’ clinical practice is the responsibility of both the educational institution and health care services.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104693>

[Do the fundamentals of care make a difference?](#)

Source: Nurse Education in Practice

In a nutshell: Most of us can book our holidays online now, but very few of us can kill and butcher a cow or grow enough wheat and potatoes to keep themselves going through the year. In much the same way nurses sometimes overlook patients’ basic needs such as washing, feeding, and being taken to the toilet as they grapple with antibiotic infusions, heart-rate monitors, and getting AI to draw pictures of the chief exec in a skip with a boa constrictor and a topless brass band. In this study a team of researchers – led by Gianluca Catania from the University of Genoa in Italy – investigated the effects of “integrating the [Fundamentals of Care framework](#) in[to] the undergraduate nursing curriculum.” Nursing students were divided into two groups. One group followed an integrated curriculum informed by the Fundamental of Care framework whilst the other group followed a standard curriculum. The group following the Fundamentals of Care curriculum “consistently achieved higher [Triple Jump](#) scores in the second and third years ... and higher objective, structured clinical examination (OSCE) scores across all three years.” They also had higher “relational skills scores,” in their third year. However, there were no differences in “patient-reported experiences of care or in students’ learning approaches.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104686>

[How do nursing students make their career choices?](#)

Source: Nurse Education in Practice

In a nutshell: Newly graduated nurses face a number of choices about their careers. Do they, for instance, put patients on commodes on wards, into straitjackets in tower blocks, or under a restraining order out in the community? In this study

Kevin Hambridge, from Plymouth University, led a team of researchers holding online focus groups with 21 final-year under-graduate nursing students who shared “their experience of career choices.” Five themes emerged from the interviews which were:

- Choosing an employer
- Job searches and applications
- Should I stay or should I go?
- Choosing a specialty
- An alternative career

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2025.104687>

Can an HIV test make you a better nurse?

Source: Nurse Education in Practice

In a nutshell: It’s surely only a matter of time – and a day out at the races for the Ethics Committee – before researchers break nursing students’ legs with a crowbar, or stuff their mouths with lit Silk Cut like laboratory beagles, to see if it gives them more empathy for patients on the orthopaedics and respiratory wards. HIV tests are rather lower stakes though and in this study a team of researchers – led by Cheng-Ru He, from National Cheng Kung University Hospital in Taiwan – examined whether giving them to emergency department nurses would enhance their knowledge about, and reduced the stigma they felt towards, HIV patients in the emergency department. 72 emergency-department nurses took part in the study. “The experimental group received supervised HIV self-testing with handbook-guided discussion, whereas the control group used unguided self-study.” The researchers found that the group who tested themselves for HIV showed significantly higher knowledge scores than the other group and felt less prejudice towards HIV patients. “Integrated findings suggest that experiential HIV self-testing enhanced knowledge through increased learning motivation and active inquiry and reduced prejudice through emotional awareness and empathy. Although no significant changes were observed in stereotyping or discrimination scores, some participants reported improved cognitive accuracy and a greater commitment to affirmative care, suggesting modest improvements in stigma-related beliefs and behaviors. The intervention’s high accessibility, immersive engagement and practical applicability were favoured over lecture-based and unguided self-study formats, supporting sustained improvements over one month.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2025.104694>

Are midwifery students trained to cope with perinatal loss?

Source: Nurse Education in Practice

In a nutshell: Newspaper headlines can often be categorized under the rather clumsy acronym QTWTAIN – question to which the answer is no. “Will Ed Miliband reduce your fuel bills?” “Can [insert manager’s name here] turn round Manchester United?” or “Can your family enjoy a vegan Christmas?” among them. Sadly it appears that “Are midwifery students trained to cope with perinatal loss?” is another one. In this study Jocelyn Bui, from the University of Technology in Sydney, led a team of researchers who reviewed the evidence on this topic. The researchers found eight articles which met their quality criteria from which four themes emerged. They were:

1. My early perinatal loss experiences were unexpected and disturbing
2. My education was piecemeal
3. I was left feeling anxious and ill-equipped to provide perinatal loss care
4. As students, we need support

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104681>

[Piecing together the jigsaw of wound care](#)

Source: Nurse Education in Practice

In a nutshell: The jigsaw technique is a method of organizing classroom activity that makes students dependent on each other to succeed. It breaks classes into groups that each assemble a piece of an assignment then put the pieces together when they have finished. Applied to wound care education it conjures up alarming images of students sifting through boxes of flesh, looking for straight edges, and breaking off for a cup of tea and a couple of digestive biscuits culminating in an anguished cry of “there’s a piece missing! Somebody check under the sofa in the staff room.” In this study Tuğçe Kabak Solak from Agri Ibrahim Cecen University in Turkey, led a team of researchers assessing the effectiveness of the Jigsaw IV learning technique “on nursing students’ knowledge, collaborative learning attitudes and motivation.” 87 students took part in the study. Some used the Jigsaw IV technique, whilst the rest formed a control group. The jigsaw group demonstrated higher post-test wound-care knowledge and greater “increases in intrinsic motivation—‘to know,’ ‘to accomplish,’ and ‘to experience stimulation’” They also showed less amotivation.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104677>

[Jigsaws and seizures](#)

Source: Nurse Education in Practice

In a nutshell: Also looking into the jigsaw method were a team of researchers led by Huriye Ayhancı, from Ege University in Turkey who studied its effectiveness at teaching nursing students how to deal with childhood epileptic seizures. (“Don’t bother about Chloe’s head just make sure she doesn’t knock the box over, I’ve spent

ages sorting out all those sky pieces,” etc). 80 nursing students took part in the study. They were divided into two groups. One group took part in small-group training sessions using the jigsaw technique, whilst the other group “underwent traditional training.” The researchers found no significant differences between the two groups in terms of knowledge or attitude, but the group trained using the jigsaw technique did show a greater improvement in self-confidence.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104692>

All the ward’s a stage

Source: Nurse Education in Practice

In a nutshell: Like randy vicars or feuding footballers’ wives in tabloid newspapers every so often drama crops up in healthcare education. Whether this is down to lecturers wanting to have one more crack at Coriolanus or actors seeking a nice little earner between the end of the summer season and the start of panto is a moot point. In this study Ebru Sevin from Altınbas University and Sibel Erkal İlhan from Haliç University (both in Turkey) investigate “the effect of creative drama-based teaching on the knowledge level of nursing theories and perception of the nursing profession in a basic nursing course.” 54 nursing students took part in the study and they were divided into two groups. One group took part in a creative, drama-based instructional programme whereas the other group received the same content through traditional teaching. Both groups showed a similar increase in knowledge, but the drama group retained this knowledge for longer.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104679>

Role-playing and AI in nurse education

Source: Nurse Education in Practice

In a nutshell: Rather like one of those celebrity travelogues – *Stacey Solomon Sorts out Haiti* or *Rylan’s Riyadh* – it was probably only a matter of time before someone put role-playing and AI together into a study. Step forward a team of researchers, led by Sinan Aydoğan from Burdur Mehmet Akif Ersoy University in Turkey. They divided 50 first-year nursing students into two groups. One group took part in educational role-playing and the other group used AI-based learning. The role-playing group showed a statistically-significant increase in “nursing-process knowledge,” whereas the AI group showed a significant increase in their “mean diagnostic accuracy.” The researchers concluded that “integrating both methods may offer complementary benefits in nursing education.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2025.104680>

Digital learning and nurse education

Source: Nurse Education in Practice

In a nutshell: Until such times as Keir Starmer bans everyone from the internet, we all decide we'd rather use pen and paper than be spied on by the Chinese, or electricity is rationed before the kids get home from school and start work cycling on the dynamo it seems as though digital learning is here to stay. But what effect has it had on nurse education? That was what Amany Sadat and Cristina Vasilica from Salford University attempted to answer in this study. They reviewed the evidence on this topic and found eight articles which met their quality criteria. Three themes emerged from the articles:

1. Digital Literacy – the variability in students' and educators' digital skills and confidence
2. Generational characteristics and learners' needs – Generation Z's preferences for technology-enhanced, self-paced and interactive learning
3. Evolving pedagogies in nursing education – integration of learning-management systems, virtual simulations, and blended learning to enhance engagement and accessibility

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2025.104682>

Observation, education, and ethics

Source: Nurse Education Today

In a nutshell: I'd watched a fair amount of football and cricket by the time I got to university although anyone witnessing me attempting either of those games once I got there would have been tempted to conclude that I'd never seen a ball in my life, let alone interacted with one. Whether we can learn from observation alone is a moot point, but in this article a team of researchers – led by Wei Liang from Nanjing Medical University in China - studied the effectiveness of "clinical ethics observation embedded in nursing ethics education." "Clinical ethics observation engages students in real-world clinical settings to reflect on nursing ethics through guided observation." The researchers held five focus groups with 29 second-year nursing students who took part in clinical-ethics observaton classes. Four key themes emerged from the focus groups which were:

1. Reflecting on the gap between "ideal," ethical decisions and "real," ethical decisions
2. Impact on knowledge application and competence building
3. Inspiring future self-improvement in nursing professionalism
4. Suggestions for future improvement

The researchers concluded that "the module facilitated students' knowledge application and competence building and motivated them to pursue professional growth."

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2025.106967>

How do nurses develop non-technical skills?

Source: Nurse Education Today

In a nutshell: Whilst most office workers should probably view AI in the same way the Aztecs regarded the [conquistadors](#) nurses are sitting (or more probably standing) pretty with a combination of physical (sticking things in people) and human (cheering them up afterwards) skills that are hard to reproduce digitally. It was the latter which Ying Sun, from Monash University in Australia, concentrated on in this study. Ying Sun interviewed eight nursing students in two focus groups asking them how they had developed their non-technical skills. “Three key insights emerged: (1) Personal life experiences—including prior healthcare roles, volunteering, and non-clinical work—significantly shape how students understand and apply non-technical skills, suggesting a valuable but underrecognized learning pathway; (2) Low-fidelity simulations, while accessible, provide limited opportunities for developing the emotional and interpersonal dimensions of non-technical skills, raising concerns about their educational efficacy; (3) non-technical skills are not separate from technical skills but actively support their application, with strong communication and emotional regulation skills enhancing the effectiveness and safety of technical procedures.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2025.106969>

AI and Empathy

Source: Nurse Education Today

In a nutshell: People who imagine digital technology can make people kinder and more empathetic should have seen the language I used as I attempted to buy some train tickets online the other day. Caligula – as they say – would have blushed. Hope springs eternal though (at least it does if you can get a research grant for it) and in this study Pao-Ju Chen, from Asia Eastern University of Science and Technology, investigated an “AI-enhanced virtual-reality simulation for nursing students’ empathy.” 80 nursing students were split into two groups. One group watched a 360-degree video with a standardized patient interaction whilst the other group “experienced first-person simulations incorporating AI-guided dialogue and real-time feedback.” AI was also used to give the students feedback on their performance. The group who used AI showed “significantly higher empathic communication scores,” and the ratings of AI and lectures were “strongly correlated.” The students themselves said that “dual perspectives and AI feedback enhanced their awareness and communication.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2025.106968>

How do nursing students reflect?

Source: Nurse Education Today

In a nutshell: Reflection on one's performance takes a multitude of forms from calm contemplation of the day's proceedings ("if I hadn't held Kitty's hand all the way through *Call the Midwife* I could have read an extra Emily Dickinson poem to Hector") to an anguished wail at four in the morning followed by a taxi to the airport and a new life as a Buddhist monk in Kathmandu. Examining how nursing students do it were Caroline Browne and Helen Dugmore from Murdoch University in Australia who studied the use of digital storytelling as a new way to engage students in reflective practice. 147 students took part in their study and "preferences were mixed," between digital storytelling and written forms of reflection. "Digital Storytelling provided an opportunity for students to share their stories with their peers leading to reflective learning, whilst written reflection provided an avenue to enhance clinical confidence and identify areas for development. Both methods had challenges including the timing of reflective activities within their units, expressing and sharing emotion, and working with technology and assessment restrictions to complete reflections."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.106973>

Digital education and palliative nursing

Source: Nurse Education Today

In a nutshell: Nobody wants their last words to be "I think that might have been an artery not a vei..." and it can be hard for nursing students to gain enough experience in palliative care before they enter the world of work. So, could digital education be a good alternative? That was what a team of researchers, led by Adam Graham from the University of Oulu in Finland, investigated in this study. They reviewed the evidence on this topic and found six articles which met their quality criteria. "Interventions varied between use of immersive simulation and screen-based simulation." The studies showed statistically-significant improvements in "palliative care attitudes, abilities and readiness for practice."

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.106982>

What is the SECI model, and what does the evidence say about it?

Source: Nurse Education Today

In a nutshell: Rather like Mick Jagger's wives and Keir Starmer's policies nursing models come and go so quickly that most sane people conclude it's not worth the cognitive effort of keeping up with them. In this study a team of researchers, led by Kaihan Yang from Chengdu University in China, reviewed the evidence on [the SECI model](#) – SECI standing for Socialization, Externalization, Combination, and Internalization. The researchers found five studies which met their quality criteria

covering 340 people. These showed that, compared to a control group, SECI led to increases in theoretical knowledge, skill, overall competence, professional commitment, and teaching satisfaction. However, the quality of the evidence from the studies was rated as either “low,” or “very low.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.106984>