



Joint Education and Training Library



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Compiled by John Gale
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Medical Education

When all the ward's a Peep Show

Source: The Clinical Teacher

In a nutshell: Fans of *Peep Show* will know how much embarrassment and humiliation can be engendered by filming real life from a particular person's point of view. Recording our incriminating thoughts isn't compulsory – yet - but give the neuroscientists and AI bods a few years and it soon will be. In this study a team of researchers, led by Tessa A. Mulder, from Leiden University Medical Centre, experimented with using head-mounted cameras in virtual clinical learning to get round Covid restrictions during the pandemic. "The Virtual Clinic was established in a separate space with live video connections to the hospital ward. Students rotated between wearing head-mounted cameras during rounds, teaching visits and consultations, whereas peers observed remotely in small groups. Educational design was informed by principles of authentic and active learning strategies. Remote students contributed through discussion, documentation tasks and peer feedback." 27 medical students took part in the virtual clinic and they "reported that Virtual Patient Rounds and Virtual Teaching Visits were both engaging and intellectually stimulating. Despite remote engagement, students reported a strong sense of integration within the medical team. Limitations included occasional connectivity issues."

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70341>

Reviewing the evidence on neurodivergent medical students

Source: BMC Medical Education

In a nutshell: Us neurodivergent types are just ahead of the curve, frankly. Give it another 10 years of wall-to-wall Teams meetings, LPM* government, and Take That ("I just want you back for good") in funeral parlours and we'll all be avoiding human contact, sitting in darkened rooms, and wearing ear defenders. While the rest of the world catches up Emily J. Green, from Newcastle University led a team of researchers reviewing the evidence on "undergraduate medical education for neurodivergent students." The researchers found 15 studies which met their quality criteria. "Most focused on dyslexia or specific learning disabilities, with few explicitly referencing the neurodiversity paradigm. Studies of student experience frequently identified discrimination and stigma, and studies of staff perceptions highlighted inadequate training. Barriers to neurodivergent student education were linked to certain teaching modalities and learning environments. Several perceived strengths of neurodivergence were also noted. Studies on assessment focused on the role of accommodations, with an emphasis on written rather than clinical examinations."

*Liars, Psychopaths, and Morons – not scheduled to change after 2029.

You can read the whole of this article at

<https://doi.org/10.1186/s12909-025-08447-2>

How does it feel when you know you don't know?

Source: The Clinical Teacher

In a nutshell: One of the many consolations of becoming middle-aged is the ever-increasing number of things you're allowed to know nothing, and care less, about: contemporary pop music, new films, ballet, video games and celebrities among them. It's worth adding one more each year. Sadly when it comes to medicine students aren't really allowed to adopt this approach – “I've lost all interest in the digestive system to be honest” – and in this study a team of researchers, led by Jennifer F. Zepf from Hackensack Meridian School of Medicine in New Jersey investigated “medical students' metacognitive reflections when they encounter knowledge gaps.” 12 medical students took part in the study which analyzed their “thoughts and emotions when confronted with a complex clinical scenario using think-alouds and debriefing interviews.” The researchers found that “while participants had disorienting metacognitive experiences in the face of challenging clinical scenarios, they also displayed awareness of their limitations. This awareness was accompanied by a sense of responsibility and efficacy to address those limitations. Additionally, participants' knowledge deficits were characterized by disorganized reasoning and feelings of uncertainty, which for some could then grow into frustration, embarrassment and various kinds of emotional discomfort. Participants reported feeling ill-equipped to move past these moments.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70339>

Getting ready for a trip to the theatre

Source: The Clinical Teacher

In a nutshell: 1. Buy a programme 2. Crack into the family-sized packet of Doritos 3. Nod off 4. Interval – go for a pee and buy a large G&T 5. Second half – repeat stages two and three 6. Clap, clap, clap 7. Go home. Sadly, while trips to the operating theatre might be more entertaining than *Uncle Vanya* they're unlikely to feature the opportunity for much in the way of light refreshment or shut-eye. In this study Lachlan Dick, from NHS Lothian, led a team of researchers investigating “an engaging, standardized, and resource-efficient approach,” for preparing medical students for the operating theatre. The researchers made a short educational video “showcasing appropriate and examples of inappropriate theatre attire, gave a 360-degree tour of a typical operating theatre, and made some Shadowbox simulation videos depicting frequent challenges students face in this environment. “Students rated the session as enjoyable and relevant to their learning. Across a number of domains, self-perceived preparedness significantly improved after the session. Qualitative analysis revealed that following the session, students' intended future behaviours in the operating theatre included engaging with preoperative practices, being primed for active participation and seeking learning opportunities beyond the operating theatre.”

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70351>

When contrast is a calamity

Source: The Clinical Teacher

In a nutshell: Among the many cures purveyed by 21st century medicine which sound almost as bad as the disease is injecting people with contrast agents to make whatever people are looking for on radiology scans show up more easily. Shouldn't they be injecting a miniature version of C3PO into your veins to make some sketches and report back by now? Some people can have allergic reactions to contrast agents and in this study a team of researchers, led by Ping Yin from Peking University People's Hospital, investigated a new way of teaching people about this problem. The researchers developed a teaching programme using problem-based learning and simulation-based learning to "improve the response of radiology staff to iodinated contrast media allergic reactions." 60 radiology staff took part in the study and they were divided into two groups. One group took part in the new training and the other group received traditional lectures and "skill demonstration." The researchers found that – compared to the control group – the people who took part in the new programme performed significantly better in emergency procedures, medication use, and teamwork as well as scoring higher "across all critical thinking dimensions." The people taking part in the new programme "also reported higher satisfaction with teaching methods, stronger teamwork and self-directed learning, improved learning quality, and greater learning interest."

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70346>

Bringing the screwdriver back to the workshop

Source: The Clinical Teacher

In a nutshell: As medical care gets increasingly technological there's a real risk that workshops might stop being an excuse for a good natter over tea and biscuits and revert to their original purpose featuring screwdrivers, Allan keys and soldering irons. In this study Kelci Butler, from Advocate Children's Hospital in Illinois, led a team of researchers investigating the effectiveness of a workshop designed to teach resident doctors working in paediatrics using a new hands-on medical devices curriculum. The curriculum was developed using [Kern's six-step approach](#) and five educational workshops – covering central lines, chest tubes, enteral feeds, tracheostomies and shunts – were designed using [Kolb's experiential learning](#) theory. 13 resident doctors took part in the study and "thematic analysis highlighted the value of practical application of skills with improved comfort managing medical devices. Exposed residents demonstrated statistical improvement in self-assessed skills associated with 3/5 devices and in 9/10 Milestones. These residents also scored higher on the knowledge assessment compared to nonexposed peers, though this was not statistically significant."

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70344>

Does spaced repetition come up with the goods?

Source: The Clinical Teacher

In a nutshell: For a few heady weeks around my driving test I had mastered the art of parallel parking. Thanks to innate cowardice and a desire to preserve my no-claims bonus I'm now much more likely to just say "there was a nice big space a couple of miles back. It'll do the kids good to get a bit of fresh air and exercise." Spaced repetition – practising a skill repeatedly – would probably have prevented this and in this study James Anthony Maye and Florence Hurley from Royal Devon and Exeter Hospital reviewed the evidence on this approach. They found 13 studies which met their quality criteria covering a total of 21,415 people. The studies showed "an overall significant effect in favour of spaced repetition study compared to standard studying techniques." Spaced-repetition interventions included "faculty-created or third-party flash cards, MCQs delivered via email or as part of a continuing medical education framework, and spaced classroom quizzes."

You can read the abstract of this article at

<https://doi.org/10.1111/tct.70353>

How do educators keep patients safe?

Source: The Clinical Teacher

In a nutshell: "Sorry, my eyes started swimming a bit then. Am I right in thinking you're not supposed to let the two dots merge? Ah, OK, then I think I might have made a bit of a boo-boo." Student air-traffic controllers can cause all sorts of havoc. The consequences aren't quite as bad for medical students but there are risks and in this study a team of researchers – led by Raelynn R. Tong from the University of Melbourne – investigated how they are mitigated. The researchers reviewed 21 studies. 12 reported on existing local practices with nine evaluating new interventions. 10 intervened at the student level with education programmes, and 11 intervened at the faculty level with protocols and policies. "Included studies involved students from medicine, nursing, dentistry, physiotherapy and psychology, with one study involving multiple disciplines."

You can read the whole of this article at

<https://doi.org/10.1111/tct.70355>

Nurse Education

Concept maps and critical thinking

Source: Nurse Education Today

In a nutshell: Different authors' prose styles can have different effects on people. PG Wodehouse's is like injecting sunshine into your veins while you tuck into a family-size pack of Maltesers and a large gin-and-tonic; Jane Austen's is like sitting in a nice shady conservatory with a pot of Earl Grey and a cream tea; and Lee Child's is like three cups of coffee washed down with a Red Bull chaser. For much academic

writing the equivalent simile is of stripping naked, being smeared with honey and forced to fight your way through a thorny hedge full of wasps' nests. It's to this school of prosody that a team of researchers, led by Chin-Yen Han from Chang Gung University of Science and Technology (whose English, to be fair, is better than my Mandarin) belongs. They "aimed to explore an educational and learning approach that integrates bioscience concepts, utilizing concept maps and situated cases, to systematically enhance the progression from lower- to higher-order cognitive and logical reasoning skills, thereby strengthening clinical decision-making among undergraduate nursing students." They interviewed 17 nursing students who studied using the new approach and found that it "enhances students' logical reasoning and cognitive abilities with integrated concepts. Emphasizing concept mapping, this methodology allows students to engage in a logical reasoning process that includes deductive, inductive, and abductive reasoning. Such an approach fosters cognitive skills development, enabling students to create concept maps for specific scenarios and implement effective care interventions." The researchers turned this framework into a new education model called B-V-C – the Bioscience Concepts-Visual Hypotheses-Concrete Applications model.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107004>

[When midwives step out of the revolving door](#)

Source: Nurse Education Today

In a nutshell: In Michael Frayn's *Noises Off* we watch a troupe of actors rehearsing a play, see behind the scenes, and then watch the performance itself. Watching it on stage was one of the few occasions when the poster cliché of "I laughed so much it hurt," had a ring of truth to it. Having a baby can feature as many exits and entrances – although the end results aren't always that funny. In this study a team of researchers – led by Maria Ekelin from Lund University in Sweden – examined the effectiveness of an educational project in which midwifery students stuck with the same patient through pregnancy, birth, and postnatal care. The researchers interviewed 22 students who had taken part in the project and found that "students developed knowledge in a unique way through relational learning and by being with the women. The students needed to navigate challenges and create their own role in the project. They benefited from a collaborative experience with their peers contributing to their learning... Students described participation in the MCoCE project, which offered continuous engagement with women during childbearing, as highly enriching their learning through active involvement, thus boosting and strengthening their professional confidence and identity. They described a possibility to develop meaningful relationships, internalise the core principles of midwifery, and acquire essential clinical competencies and perspectives that often are less accessible through ordinary education.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107001>

Reviewing the evidence on high-fidelity simulation

Source: Nurse Education in Practice

In a nutshell: Simulations of critical care run from Rosie – who looks as though she could run 10K, down three pints of cider, dance until two and have a bag of chips on the way home without breaking sweat – pretending to be an 80-year-old stroke victim to the marginally-more-realistic set-up favoured by the makers of *Casualty*. In this study a team of researchers, led by Jinfang Wang from Shandong University in China, reviewed the evidence on the more realistic end of the spectrum – high-fidelity simulation. The researchers found 11 studies which met their quality criteria. These showed that high-fidelity simulation significantly improved students’ theoretical knowledge, knowledge retention, and operational skill. However, it’s effect on critical-thinking remained “inconclusive.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nepr.2026.104731>

When nursing students vote with their feet

Source: Nurse Education Today

In a nutshell: I was never that keen on Sports Day at school so when the teachers – doubtless motivated, in those pre-Ofsted days, by the potential for a few G&Ts in the staffroom – decided to have a Sports Day Rehearsal something inside me snapped. I picked up my bag, hopped over the stile at the end of the field and – in the absence of the school bus – walked the three or so miles home; ironically getting more exercise (and quite possibly being safer) than I would have been watching the first years chucking a javelin around in a 360-degree arc. In this study Eleni Kata, from Sangam College of Nursing and Health Care Education in Fiji, led a team of researchers reviewing the evidence on absenteeism among nursing students. The researchers found 26 studies which met their quality criteria. These showed that “absenteeism in classroom and clinical settings reflected four broad factors: teaching and academic factors, personal and health factors, logistical and institutional factors, and social and cultural factors. Impacts of absenteeism included reduced academic performance, delayed progression, and diminished clinical competency and skill development. Strategies to mitigate absenteeism were categorised into five domains: academic and curriculum support, student engagement and motivation, student wellbeing and support services, governance and policy enforcement, and community, clinical, and collaborative engagement.”

You can read the abstract of this article at

<https://doi.org/10.1016/j.nedt.2026.107006>

Robots and CPD

Source: Nurse Education in Practice

In a nutshell: Between heady days as a child prodigy and the advent of middle-aged pub quizzing there is a long, desolate stretch of time where nobody likes a know-all. Prior to that I often triumphed at family games featuring the [Magic Robot](#) – testament, perhaps, to the forbearance of my family that none of them ever thought of inserting said robot into me at any point. That was probably the closest I ever came to robotic education but in this study a team of researchers, led by Hsin-Yu Chen, from National Taiwan University of Science and Technology, reviewed the evidence on “educational robotics in health professional development.” The researchers reviewed 60 articles and concluded that there had been a growing trend in HPD (healthcare professional development) robots since 2006. “Robots were most frequently applied in nursing-related skills training, with simulation robots being the predominant type. Robotic sensors provide a different data collection method, allowing for a more objective observation of learners' performance. To date, many important topics in HPD, such as problem-solving, critical thinking, collaboration and communication skills, have not been adequately explored. Finally, the human-robot interaction methods that robots can provide have diversified, but the impact on learning remains unknown.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104734>

[E-books, interactions, and ECGs](#)

Source: Nurse Education in Practice

In a nutshell: As with ECGs so with landscapes the optimum situation to go for is the gentle and regular undulations characteristic of Herefordshire, Devon, Shropshire or the South Downs. Too much up and down like Scotland and you're in for a torrid time and flat like the Cheshire Plain – well if you're not dead, you might as well be. In this study Pei-Hui Tsai, from Kaohsiung Medical University in Taiwan, led a team of researchers investigating combining an interactive e-book with feedback to teach nurses ECG interpretation. 75 nurses from six medical units took part in the study. 38 used the e-book and the rest formed a control group. The group who used the books and the feedback “demonstrated significantly higher levels of ECG conceptualization and confidence at both post-intervention and follow-up assessments, as well as superior waveform interpretation skills at the follow-up. They also expressed satisfaction with the integration of the interactive eBook and video feedback. Three qualitative themes emerged: clear focus, self-paced convenience and applicability.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104732>

[Teaching critical thinking to nurses](#)

Source: Nurse Education in Practice

In a nutshell: Highfalutin types often cast aspersions on the critical thinking of the electorate. All well and good when people would elect a chimpanzee if they had the

right colour rosette on, but a little harsh when *all* the available possibilities are distinctly sub-simian. Educators are keen to teach nurses critical thinking but how well do they do and what's the best way of going about it? In this article a team of researchers – led by Ester Mutiara Indah Silitonga, from the University of Indonesia – reviewed the evidence on this topic. The researchers found 12 articles which met their quality criteria. “Four categories of learning strategies were identified: case-based learning, simulation-based learning, reflective strategies and collaborative or peer-based learning. Interventions were implemented across academic, clinical and workplace settings and commonly incorporated authentic clinical cases, simulation scenarios, structured reflection and group-based learning activities.” The researchers concluded that “educational strategies are most effective when instructional design aligns pedagogical approaches with theoretical frameworks, learning environments and organizational conditions to support the consistent and sustainable development of critical thinking in nursing education and practice.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104730>

Stepping up to critical thinking

Source: Nurse Education in Practice

In a nutshell: Not being a close monitor of the local aerobics scene I've no idea whether [Step classes](#) are still a thing. Perhaps they've been superseded by Zumba and Pilates. At my age it's probably best to avoid humiliation entirely and stick to stepping upstairs with the laundry basket every so often as my choice of indoor exercise. Stepping Up – at least intellectually – in this study were 124 first-year nursing students taking part in a study, led by Florence Mei Fung Wong, from Tung Wah College in Hong Kong. Half of them used a new tool called Step Up which “involved interactive lectures, self-assessments via e-learning and short questions, videos with feedback, and high-fidelity patient simulation (HFPS),” and the other half formed a control group. The group who used the Step Up programme showed significant improvements in problem-solving and clinical reasoning compared to the control group.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104744>

Meeting fundamental needs on placement

Source: Nurse Education in Practice

In a nutshell: Very few people self-actualize in A&E at 10 o'clock on a Friday night. When it comes to [the pyramid of Maslow's hierarchy of human needs](#) it's probably fair to say that very few hospital patients get close enough to the top to need oxygen; in fact for many getting oxygen at all – food, drink and a wash even – can leave them scrabbling around at the foot of the pyramid trying to get their basic needs met. In this study Annamaria Bagnasco, from Genoa University in Italy, led a team of

researchers interviewing first- and second-year nursing students about meeting patients' needs during their clinical placements. Four themes emerged from the interviews – personal resources, care dynamics, contextual features and characteristics of the internship programme. “Students highlighted the importance of time management, relational aspects and mentoring in delivering fundamental care. Differences between first- and second-year students were observed in their clinical reasoning and approach to patient-centered care. Organizational factors such as workload and staffing also influenced their ability to meet fundamental needs.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104735>

[Animation and dilation](#)

Source: Nurse Education in Practice

In a nutshell: Escape rooms are all the rage now. Even my kids have been to a few although sadly they've always managed to get out. Perhaps the most amazing one is when an exhausted woman, fresh from spending nine months either throwing up or waddling about, attempts to facilitate the escape of an unwilling baby from a safe, cosy space into the outside world through an aperture clearly not fit for purpose. Attempting to shed light on this process were a team of researchers, led by Michelle Gray from the University of Newcastle in New South Wales. The researchers worked with a group of students to create a 3D animation which aimed to help them to “understand the movement of the cervix during labour from a posterior retroverted position to a central location, cervical effacement, dilatation of the cervix and descent of the foetal skull.” The students produced a PowerPoint embedded with 2D images and 3D animations which illustrated “the simulated environment of the pelvic anatomy and the physiology of the cervical changes in early labour.” The researchers concluded that “the benefits of the new learning resource are that it can be presented synchronously by academics without the need for technology skills or accessed asynchronously by students without the need for other equipment. The resource incorporates a story of a woman in early labour which enables students to learn to understand complex concepts within a holistic case scenario.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104738>

[Should you be feeling like a nurse by the second year?](#)

Source: Nurse Education in Practice

In a nutshell: I loved my second year at university. I'd made friends, knew where everything was, the work had become interesting rather than terrifying, and the world of work still seemed reassuringly distant. In this study Karen Connor and Bernie Carter, from Edge Hill University interviewed 11 second-year nursing students “to examine how student nurses navigate the second year of an undergraduate degree programme in the UK and how different learning environments (practice and university) and previous experiences influence their perceptions, meanings and

identity.” Six themes emerged from the interviews: (1) the perceived identity of year two; (2) re-evaluating past, present, future; (3) constructing and balancing identities; (4) engaging with knowledge; (5) reference groups: significant others and the generalized other; and (6) the hidden curriculum: professional socialisation. The researchers concluded that “students place importance on and seek familiarity in the clinical environment and this can constrain opportunities for deeper critical engagement and hinder the development of autonomous practitioners capable of independent, reflective and critical thinking. Year two marks a pivotal stage in professional identity development and students seek knowledge and guidance from ‘significant others’ - typically their peers. Informal and hidden elements of the curriculum can influence students' learning and professional identity formation.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104741>

Self-determination and pressure sores

Source: Nurse Education in Practice

In a nutshell: With watching test-match cricket and the Tour de France high up the list on my retirement plans pressure sores present a real threat; one I intend to keep at bay by drinking enough tea/beer to necessitate regular trips to the toilet. Hospital patients aren't quite so lucky though – they can't drink beer for starters – and in this study Hwi Gon Jeon from Chonnam National University Hospital and Hye Won Jeong from Korea National University of Transportation examined the effectiveness of a “self-determination theory–based mixed reality pressure injury nursing simulation programme.” 73 nurses took part in the study. 37 took part in the new programme and 36 formed a control group being taught via case-based education. The researchers found that knowledge improved significantly in both groups, but that confidence rose more in the intervention group and clinical performance was higher in this group as well. There was no significant difference in clinical reasoning between the two groups.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104740>

When time is all you need

Source: Nurse Education Today

In a nutshell: Some people have too much time on their hands and end up palling up with Jeffrey Epstein or planning to invade Greenland whereas others would give their eye teeth to be able to read a newspaper from start to finish without skimming, or be fewer than six weeks behind with *Match of the Day*. Gone are the days when students crawled out of bed in time for the lunchtime edition of *Neighbours*. If this was ever the case for nursing students it certainly isn't now and in this study a team of researchers, led by Shuxin Zhang from The Third People's Hospital of Huzhou City, investigated time poverty among nursing students doing their placements. The

researchers interviewed 12 nursing students on placement and four themes emerged from the interviews which were:

- Life on the treadmill
- The emotion of being chased
- Professional shake
- Adaptation and coping strategies

The researchers concluded that “time poverty significantly affects clinical nursing interns' emotional well-being, professional growth, and motivation. Addressing this issue requires institutional reforms and supportive measures, including: formal training in effective time management; structured mentorship programs to guide interns through challenging schedules; [and] enhanced emotional support systems to foster resilience.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107012>

[Social acuity, self-efficacy, and clinical competence](#)

Source: Nurse Education Today

In a nutshell: Body language can be notoriously difficult to interpret. Going upstairs, coming back down in your pyjamas and switching the front-room light off, for instance, can easily be misconstrued as “well, if you insist, I’ll have a quick one for the road.” Social acuity is the capacity to perceive and interpret subtle interpersonal and contextual cues and in this study Soojin Bong, from Incheon Catholic University in Korea, led a team of researchers investigating it in a study of 128 third- and fourth-year nursing students. They found that social acuity led to a greater sense of self-efficacy which, in turn, was “strongly associated with nursing students’ clinical competence.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nedt.2026.107010>

[Which is better Halsted or Peyton?](#)

Source: Nurse Education in Practice

In a nutshell: Such is the multiplicity of nursing models and frameworks it would be no surprise to find that [Panini](#) had launched a sticker book devoted to them with lecturers swapping Kolb for Kirkpatrick before giving each other Chinese burns and fighting over who gets to play kiss-chase with the new research assistant. In this study Merve Şahin from Goodmayes Hospital in London and Özlem Doğu from Sakarya University Turkey compared [Peyton’s four-step teaching method](#) to the traditional [Halsted method](#) for effectiveness at teaching nursing students urinary catheterization skills. 217 first-year nursing students took part in the study. 109 were

taught using the Peyton method and the rest were taught using the Halsted method. The researchers found that the students taught using the Peyton method achieved higher marks, had higher levels of satisfaction and scored more highly on a skills checklist than those taught using the Halsted method.

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104726>

What makes a good advanced practice nurse?

Source: Nurse Education in Practice

In a nutshell: On the long march to the summit of human endeavour many a ditch is full to the brim of people who failed to fulfil their early promise and had to watch – in the gutter, but looking at the stars, so to speak – steadier plodders plant the flag in the apex ahead of them. Technical skills aren't always the be-all and end-all though – just ask [Mark Ramprakash](#) – and in this study a team of researchers, led by Cathrine [sic] Selsvold Natterøy from Western Norway University of Applied Sciences investigated the non-technical skills that make up a good advanced-practice nursing placement. The researchers reviewed the evidence on this issue and found six qualitative studies from Norway, China and the Netherlands which met their quality criteria. Three categories emerged from an analysis of the studies which were: engagement and attitude; relational factors; and professional development. “Assessors emphasised motivation, initiative, self-reflection, communication, trust, professionalism, ethical values and readiness for future roles.”

You can read the abstract of this article at
<https://doi.org/10.1016/j.nepr.2026.104742>

Apprentices of AI

Source: Nurse Education in Practice

In a nutshell: Cognitive apprenticeship is an instructional design model that makes thinking visible by pairing novices with experts to learn complex cognitive skills through modelling, coaching, and scaffolding. It blends traditional mentorship with formal education, focusing on teaching tacit mental processes – such as reasoning and problem-solving – rather than just physical tasks. It's usually carried out by a human expert but who needs one of them when you've got a shady Californian billionaire with an army of programmers, a personal rocket, and a malfunctioning moral compass to write some AI for you? In this study Jiasi Li, from Guangzhou Medical University in China, led a team of researchers “applying an AI-human intelligence collaborative cognitive apprenticeship model in nursing psychology education.” The researchers studied 66 nursing students, dividing them up into two groups. One group used an AI-HI (human intelligence) platform whilst the other group used a standard university learning platform. The researchers found that the students who used the AI-HI platform significantly outperformed the other group in both theoretical knowledge and in an OSCE exam. “Qualitative analysis revealed two

themes: “From passive acceptance to active construction: the cognitive scaffolding role of teacher-AI collaboration” and “Technical friction as a moderator of engagement.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2026.104743>

Psychosocial factors and new nurses

Source: Nurse Education in Practice

In a nutshell: Every so often the Health Service pays lip service to treating the whole patient before plugging your vital statistics into an algorithm, emailing the pharmacy, and texting you to tell you that you can pick up your statins from a vending machine next door to Ward 29. In this study a team of researchers – led by Terese Isacson from Sophiahemmet University in Stockholm – attempted to apply the human factor when examining what makes for a successful transition for first-year nurses. The researchers reviewed the evidence and found 13 articles which met their quality criteria. Psychosocial factors fostering a sustainable working life for new nurses were categorized into three broad groups:

1. Role Identification - emphasizing reasonable organizational demands and a positive work environment for role establishment
2. Support Functions - highlighting the importance of organizational, colleague and supervisor support
3. Psychological Capital - describing empathy, resilience, a desire for development and self-efficacy as crucial factors

The researchers concluded that “sustainable working life for newly graduated nurses is promoted by a supportive work environment that facilitates incremental professional responsibility during the first year and by strengthening internal psychological capital.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2026.104746>

Team training for resuscitation

Source: The Clinical Teacher

In a nutshell: Politics used to be known as “showbusiness for ugly people,” which seems a trifle harsh given that the former featured [Les Dawson](#) and [Charles Hawtrey](#) among its ranks; far more accurate would be its modern equivalent of *The Traitors* for dislikeable ones. Certainly, when you’re lying there contemplating the guest list at the Pearly Gates you’d rather have the kind of teamwork to be found in one of Pep Guardiola’s sides or among the [Trapp](#) family than anything on offer in the Houses of Parliament. In this study Kyeongming Jang from Daejin University and Sung Hwan Kim from Catholic Sangji University (both in Korea) evaluated “the impact of structured team training on teamwork, communication and resuscitation

performance among undergraduate nursing students in simulated cardiac arrest scenarios.” 67 third-year nursing students took part in the study. 34 of them took part in “five structured team training sessions based on the [TeamSTEPPS](#) framework,” with the rest forming a control group. The researchers found that the students who took part in the TeamSTEPPS training demonstrated significant improvements in teamwork and communication scores compared to the control group and had better “resuscitation performance.” The researchers concluded that “the integration of structured team training enhances both technical and nontechnical competencies in high-pressure clinical situations.”

You can read the abstract of this article at <https://doi.org/10.1111/tct.70352>

Peer-led digital tutorials

Source: Nurse Education in Practice

In a nutshell: “So we don’t turn up for the tutorials?” “Yep.” “We get one of the students do it instead?” “Yep.” “And they don’t even have to be in the same room, they can literally dial it in via Zoom?” “Yep.” “And we’re going to charge them £9K a year for this?” “Yep.” “Well that sounds like a good business model, let’s go for it!” With large swathes of life now resembling the scene in *Fawlty Towers* where Basil Fawlty – in a jam as usual - asks “[perhaps it's a dream?](#)” bangs his head on the counter then says “no, we’re stuck with it!” it’s perhaps only fair that nurse-education research joins in with the general last-days-of-Rome vibe. In this study, a team of researchers - led by Gideon U. Johnson from King’s College London – studied the effectiveness of “peer-led digital tutorials to enhance clinical reasoning in undergraduate nursing education.” They got a “high-achieving” undergraduate student to deliver the tutorial and concluded that it could “provide authentic, relatable insights into CRC [the Clinical Reasoning Cycle], demystify assessment expectations and promote engagement.”

You can read the abstract of this article at <https://doi.org/10.1016/j.nepr.2026.104750>

Paramedic Education

What makes a good paramedic preceptor?

Source: The Clinical Teacher

In a nutshell: Among many other things my inability to parallel park would disbar me from a career as a paramedic. “There was a nice drive-through space at the retail park, let’s pull up there shall we, it can’t be more than a mile-and-a-half to the house. If we run back with the stretcher we can be there in 40 minutes,” etc. Like other healthcare professionals newly qualified paramedics often rely on a preceptor to guide them when they first start work, but what makes a good one? In this study Andrew Van Noordenburg, from Australian Catholic University in Melbourne, led a

team of researchers who asked 75 student paramedics this very question. Their responses showed that "the key personal attributes paramedic preceptors require are being respectful, approachable and enthusiastic. Knowing how to provide constructive feedback and develop critical thinking skills in students was also viewed as highly important. Additionally, paramedic preceptors are expected to be skilled communicators in high-stress situations."

You can read the abstract of this article at
<https://doi.org/10.1111/tct.70348>