

A training project in surgical Nursing

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The global procedures: an educational proposal to initiate critical thinking



Ratio

Nursing professions are impoverished by technical professionalism that obscures the **essence** of being a Nurse. The training in surgical Nursing is full of procedural contents that focus on technique: educational and relational aspects are neglected. There is a need to **educate about depth and emotional involvement**. The intellectual and practical Nursing Profession need to approach theory and practice with a critical and holistic attitude.

Aim

The project aim is to initiate an overall perception, a global way of being a nurse, in every practical situation, avoiding the **objectification** of the Person. Also, to build bridges and fill gaps between theory and clinical practice.

Relational
Educational
Technical

Nursing

The project



Step 1

lesson on "The meaning of the body in care": key-step.

Reflections are made on the **global dimension of the body**: physical, psychic and spiritual. The **technology** of surgical procedures **risks objectifying** the Person.



Step 2

The students receive an **educational mandate**. They are invited to:

- Choose a basic or specialistic **procedure** from the text in use;
- Complete the technical text with the **educational** and **relational** aspects;
- Present the written work in plenary for a **group discussion**.

Source: UNAIBODE "Pratique et références de l'infirmier(e) de bloc opératoire ; Masson P253-258

Installation du patient opéré de otospongiose.

Original text: Le patient est installé en décubitus dorsal. Les cheveux autour de l'oreille sont plaqués par du sparadrap ou par de la Betadine gel. Une tonte réduite péri-auriculaire peut être pratiquée en fonction des habitudes de l'équipe chirurgicale.

Example

Modified text: The patient is helped onto the operating table, supine, and immediately covered: the temperature in the OR is around 18°C. Hair can interfere with the asepsis: **with the patient's consent**, we will shave a small part of hair around the ear. Alternatively, we can comb it with a brown pomade, the color will go away with water. [...] It will be necessary to close the cap on the scalp with a plaster, the glue may pull a little, we'll use a thinning product to remove it. A gel pillow will be placed under the shoulder to hyper-extend the head by 30°: let's test now if it is painful, when anaesthetized, the patient won't be able to tell us.

Step 3

19 modified procedures has been discussed.

The main changes implemented concerned:

- Building a **trusting relationship**, along with a **comfortable environment**.
- Using of **understandable language** and encouragement of **active participation**. **Positive attitude, empathy**.
- **Adopting attitudes** that convey **respect** for the person in their **intimacy and fragility**;
- Careful **observation** of the patient's reactions.
- **Welcoming of emotions**.

Results

Conclusions

In the revisited procedures, the **patient** emerges as the **protagonist**. Students perceive moments of care as a combination of technique, education and relationship: without communication and education, even technique is less effective. **Emotions** are sought and experienced in complete **naturalness**. Each student demonstrated **reflective skills** and the ability to empathize. These future nurses concretely pursue a simple, non-superficial, nursing care, made of **dialogue and empathy**, in which they recognize themselves.

Implication for future works: Students can learn how to enrich the Nursing procedures of the relational and educational parts, through paths of awareness and empathy. They might build new, precious bridges between theory and practice.

State of knowledge of french nursing students and effectiveness of teaching in infection prevention and control

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State of knowledge of french nursing students and effectiveness of teaching in infection prevention and control



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Introduction

In order to prevent healthcare-associated infections, Infection Prevention and Control (IPC) is taught to nursing students in France as soon as they enter the nursing training institutes.

Objectifs

Assess the knowledge of standard precautions and hand hygiene of French nursing students on entry to training and on completion of the IPC course at the end of the 1st semester

Measure progress on knowledge tests, measure factors predicting success on knowledge tests

Investigate the effectiveness of the different teaching techniques used

Material and methods

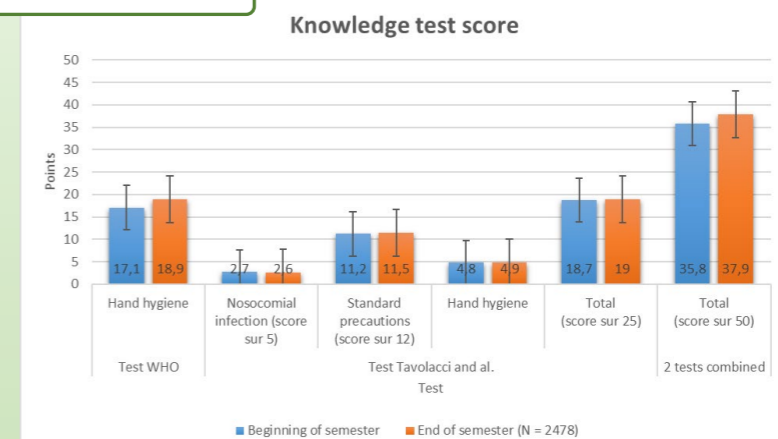
Quantitative study using online self-administered questionnaires

Between September 1, 2022 and March 7, 2023 in French nursing training institutes

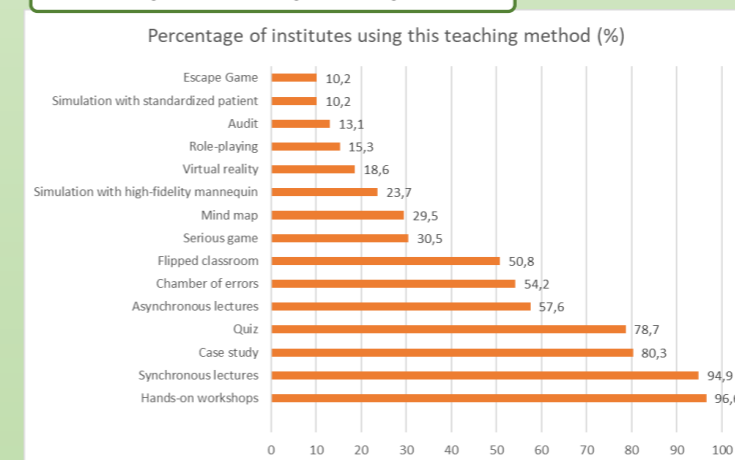
Self-administered questionnaires were administered:

- IPC trainers on their teaching methods
- Nursing students on their knowledge and socio-demographic characteristics, with one questionnaire before and one after IPC training.

Nursing students' knowledge test scores before and after training



Percentage of institutes using this teaching method



Results

59 nursing training institutes took part in the study

For the Before survey, 3 739 nursing students participated, and 2 378 for the After survey.

At the start of training, the level of knowledge was moderate. After IPC training, level of knowledge was good.

Students with a nursing auxiliary diploma scored significantly better than other students, both before and after IPC training.

The teaching techniques used were varied and combined, but only the practice audit significantly improved students' knowledge after training.

Discussion

Nursing students' knowledge of IPC at the start of their training is heterogeneous and moderate.

By the end of the 1st semester of training, students' level of knowledge of IPC had improved little but significantly.

Only auditing was effective.

Adaptación transcultural de una escala validada para la evaluación de competencias enfermeras

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ADAPTACIÓN TRANSCULTURAL DE UNA ESCALA VALIDADA PARA LA EVALUACIÓN DE COMPETENCIAS ENFERMERAS
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Introduction

The International Council of Nurses sets out the competencies to be acquired and demonstrated by nursing professionals. Similarly, nursing competencies in Europe are determined by the Qualifications Directive. Demonstrating that nurses have these competencies requires tools and strategies to demonstrate them.

Methods

Objective: to cross-culturally adapt the nursing competency assessment scale to different training contexts in Europe and internationally. The scale will be translated, participating countries will be selected, a focus group will be formed in each selected country in order to have a first draft and submit it to a subsequent Delphi panel, seeking a broader consensus and the concordance and internal validity of the instrument. The data collected will be used to calculate the content validity ratio for the items; the content validation index to assess concordance and Cronbach's index.

Results

Focus groups of experts were formed in each of the participating countries in order to get as much agreement as possible on the translation and cross-cultural adaptation of the instrument. Internal Validation was achieved in the 3 selected countries. External validation was achieved in Portugal and Romania. Pending finalization of the UK study.

Results

This project has started in October 2022. The following countries have been contacted and have agreed to participate Romania, Portugal, and UK. Are interested in participate also the United States and several Latin American countries. The first results on cross-cultural adaptation are expected to be available in June 2024 and thus contribute to the unification of criteria and standards.

	ROMANIAN		PORTUGUESE	
	UNIDAD DE COMPETENCIA	CVI	UNIDAD DE COMPETENCIA	CVI
UC1	EVALUARE SI DIAGNOSTIC	0.96	AVALIAÇÃO E DIAGNÓSTICO	0.92
UC2	PLANIFICARE	0.99	PLANEAMENTO	0.95
UC3	INTERVENTIE	0.98	INTERVENÇÃO	0.95
UC4	EVALARE SI CALITATE	0.96	AVALIAÇÃO E QUALIDADE	0.96
UC5	GESTIUNE	1.00	GESTÃO	0.98
UC6	COMUNICARE SI RELATIE INTERPERSONALA	0.98	COMUNICAÇÃO E RELAÇÕES INTERPESSOAIS	0.97
UC7	ATITUDINI, VALORI SI TRANSFER	0.98	ATITUDE, VALORES E HABILIDADES TRANSFERÍVEIS	0.98
CVI TOTAL		0.98		0.96

Discussion and Conclusions

Internal validity was found in range and consistency with the proposed tests, pending completion of external validation in the UK. The instrument was applied with good results in students in Portugal and Rumania.

Participant

Nurses and academics linked to nursing schools. With more than two years of experience, they are directly involved in the evaluation of the competences of the students of the Degree in Nursing at the end of the clinical practice rotations in different hospital services.

Purpose

To cross-culturally adapt the nursing competence assessment scale to different educational contexts at European and international level.

Acknowledgements

The project has the approval of the Ethics Commission of the Faculty of Health Sciences of the Francisco de Vitoria University.

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Sustainable development in the nursing curricula

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Sustainable development in the nursing curricula

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Background

- The state of the environment, nature and climate change are global concerns and pose a serious threat to human health. The changing climate affects food production, its nutritional value, water, air quality and extreme weather events. These changes put vulnerable patients at high risk. ¹
- Experts have suggested that one area of future competence in health care is sustainability and environmental competence. ²
- Little research has been done of the sustainable development content of the nursing curriculum. ²

Objective

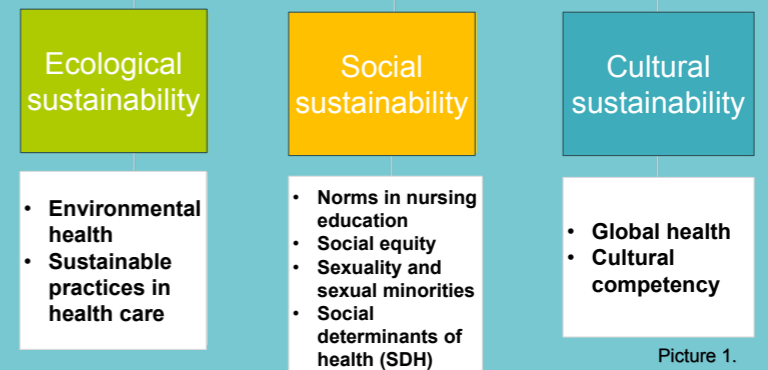
- The objective of this study was to find out what research has been done on sustainability in curricula of nursing education and how the different aspects and goals of the sustainable development are reflected in nursing curricula.

Method & Analysis

- The study was conducted as a narrative literature review. For the review, data were searched (03/2023) from CINAHL, PubMed, Medic and Eric. A total of 1 040 search results were obtained from the databases. A total of 43 articles were selected for full text review, of which 9 were selected for the final review.
- The method of analysis was descriptive categorization, and the results were divided under the areas of sustainable development. (Picture 1).

Results

Sustainable development in the nursing curricula



Picture 1.

Conclusions

- The results of the review showed that some schools and countries did not have ecological sustainability in their curricula at all.
- The socio-cultural aspects were the most reflected aspects of sustainable development.
- The integration of sustainability into curricula is essential for the competence of future nurses. Among the aspects of sustainable development, economical aspects have not been reflected in curricula.
- In future, more attention should be paid to sexuality education and LGBTQ topics. The official documents that guide nursing education follow a certain norm, which is not socially just.
- The impact of the environment on health should be more strongly integrated in future teaching. Sustainability issues should be made more central and integrated more explicitly into the nursing curriculum.
- Perceptions and attitudes of nurse educators towards the integration of sustainability issues in the curriculum need further development

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² Kangasniemi, M., Hipp, K., Häggman-Laitila, A., Kallio, H., Karki, S., Kinnunen, P., Pietilä, A.-M., Saarnio, R., Viinamäki, L., Voutilainen, A. & Waldén, A. (2018). Optimoitu sote-ammattilaisten koulutus- ja osaamisuudistus. Valtioneuvoston selvitys- ja tutkimustoiminnan julkaisusarja 39/2018.

Patient safety as the axis of evaluation in an OSCE of nursing students

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Patient safety as the axis of evaluation in an OSCE of nursing students

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Introduction

In the nursing degree, active methodologies should be used to promote the acquisition of skills necessary for the development of clinical practice. The fundamental pillar of competency development must revolve around patient safety and this way promote a culture of safety in the students himself to lay the foundations for his future practice.

Patient safety is a fundamental principle of healthcare. Adverse events due to unsafe care are probably one of the 10 leading causes of death and disability in the world (1). In high-income countries, it is estimated that one in 10 patients suffer harm while receiving hospital care (2) of which almost 50% are preventable (3).

In order to evaluate the acquisition of skills, the Objective Structured Competency Exam (OSCE) is considered the gold standard but requires valid and reliable rubrics. Including in these rubrics criteria related to patient safety helps both the student and the teacher to consider backbone safety. In this way, both the teaching given and the evaluation carried out will make the learning process more coherent.

Objective

Share the evaluation experiences about the inclusion of clinical safety items that a student must achieve in an OSCE in nursing students from 1st year Bachelor Degree.

Methods

The process included several steps:

1. A categorization for the safety item was defined. It consisted in 3 levels: conditioning items, critical items and mild items according to their relevance and impact in patient safety and related to the learning outcomes of students
2. A nominal group was carried out to define the initial rubrics and establish the evaluation criteria related to patient safety of the 7 existing rubrics using the established categorization.

Results

The members of the nominal group were lecturers of the subject with at least 3 years of experience (n=13). 3 discussion sessions were held to reach consensus on the items, response options and criteria related to patient safety. The classification of three levels of items related to patient safety were defined as follows and the students had to reach certain level in order to pass the exam:

Conditioning items (n=9) which establish conditions that the student had to meet to pass the exam because they were considered essential as a learning outcome. For example: hand washing, patient identification, correct medication calculation, correct route of administration, correct drug and checking allergies.

Critical items (n=20), were those that affected the morbidity and/or mortality of the patient but were not as critical as the conditioning items, considering the students' level. These students must exceed 70% of them.

Mid safety items (n=32) although they have an impact on the patient, they were not considered to directly affect morbidity and/or mortality. The students must exceed 65%.

Competencia	Tipo ítem	Ítem	Opciones de respuesta			
Habilidad técnica	Ítem condicionante	Se lava las manos justo al entrar a la habitación, antes de tocar el entorno y/o paciente	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Ética y profesión	Ítem condicionante	Comprueba la identidad del paciente (nombre + apellidos + fecha de nacimiento)	Le pregunta nombre y apellidos, fecha de nacimiento y comprueba pulsera	Mira la pulsera pero no comprueba todos los elementos de la identidad	No comprueba la pulsera	<input type="checkbox"/>
Análisis y Síntesis	Ítem crítico	Comprueba el nombre del paciente con el de la petición	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Habilidad técnica	Ítem condicionante	Se lava las manos después de preparar el material, antes de realizar el contacto con el paciente	Si	<input type="checkbox"/>	No	<input type="checkbox"/>
Habilidad técnica	Ítem leve	Se coloca los guantes no estériles justo antes del contacto con el paciente	Si, después de haber preparado el material	Para preparar el material	No	<input type="checkbox"/>

Conclusions

Having patient safety as the axis in the OSCE evaluation allow us to guide student learning towards safety and train future professionals being sensitive to a culture that is so necessary to achieve quality in nursing care.

Keywords: Patient safety, OSCE, competencies, evaluation, rubrics.

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Use of VR Serious Game to develop Emotional Competence amongst nursing students; a preliminary study

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Use of VR Serious Game to develop Emotional Competence amongst nursing students; a preliminary study
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Introduction
The Serious Game was designed and produced as an intellectual output of an ERASMUS+ project titled – **SERIOUS** - Developing Emotional Competencies for Nursing Students (SG4NS). This project comprised an eclectic pool of expertise and experience from five university partners, across five countries: Portugal, Italy, Spain, Malta, and Romania.

Methods
A 3-day comprehensive emotional competence workshop was facilitated by two trained nursing educators. The workshop comprised a series of presentations and discussions, which focussed on (1) exploring and addressing positive and negative emotions in healthcare settings; (2) the role of healthcare professionals in relation to patients' and relatives' emotions; and (3) empathy, assertiveness, and teamwork. The workshop also offered the opportunity for students to play the Serious Game using Oculus Quest 2 VR headsets, which were provided by the entity.

Evaluation
Data were collected by way of focus group. Data analysis is still ongoing. Preliminary analysis indicates that it was a favourable learning experience for the students. In essence, the game offered a unique opportunity for a deeply immersive experience where students' emotions were elicited in a safe environment. Furthermore, it allowed the students to reflect on these emotions and to discuss them in a constructive manner. Additionally, this study found that students are eager to learn about the application of VR; in fact, the use of VR was distinguished as a major attraction to the workshop, alongside the relevance of emotional competence for the nursing profession.

Recommendations
The participants suggested shorter sessions with more frequent breaks in view of the nature of the workshop, that is emotional competence. A wider range of topics in the workshop content was advised, such as conflict resolution and assertiveness. Preparedness regarding the use of such technology in learning, that is VR, is advised before the delivery of initiatives of this kind.

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Assessing the role of digital competences in higher education's online learning environments: A systematic literature review

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Assessing the role of digital competences in higher education's online learning environments: A systematic literature review



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ABSTRACT

INTRODUCTION

With the increasing integration of digital technologies into the higher education field, the competences required for effective online teaching have moved to the forefront of educational discourse. Previous research has focussed primarily on the digital skills of students, overlooking the equally important role of teachers in shaping the online teaching experience. This gap in research is particularly concerning as teachers are central to the quality of learning in online environments.

In this study, a systematic literature review is conducted to investigate the role of teachers' digital competencies in online higher education.

METHODS

Databases such as EBSCO—Medline with full text, Science Direct and PubMed were searched using keywords such as "digital competences", "online education", "higher education", "e-learning" and "higher education teachers". The inclusion criteria were peer-reviewed articles published within the last ten years that addressed the digital competences of teachers in online education. Data from the selected articles were summarised to identify key competences, methods used and key findings to address the existing research gap.

RESULTS

The initial search yielded 356 articles. After a rigorous assessment based on the inclusion criteria, 13 articles were selected for final analysis. The review revealed that key digital skills are essential for teachers in online higher education, such as digital communication, online pedagogical design and digital assessment skills. The methods used in the studies examined generally included surveys, interviews and content analyses. The results suggest that the effective integration of these competences positively influences the quality of online education. However, a need for standardised frameworks and further empirical studies was identified. This review serves to consolidate existing knowledge and identify areas for future research.

DISCUSSION

The study emphasises the clear need for digital literacy among teachers to improve the quality of online higher education. While the 13 studies reviewed provide valuable insights into key competences such as digital communication, pedagogical online design and digital assessment skills, the limited number of articles and the diverse methodologies show that the field is still in its infancy. The lack of a standardised framework for digital competences in higher education points to an important area for future research. This review not only consolidates the current understanding, but also emphasises the need for more comprehensive, empirically grounded studies of online higher education.



ONLINE EDUCATION

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Images

Freepik.com



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La valise d'Harry Potter : L'éducabilité des moldus dans les thérapeutiques

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LA VALISE D'HARRY POTTER : L'ÉDUCABILITÉ DES MOLDUS DANS LES THÉRAPEUTIQUES

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1 MISE EN CONTEXTE

- Étudiant(e)s en soins infirmiers de première année : 35h de cours magistraux et 10h de travaux dirigés (TD) pour l'unité d'enseignement (U.E.) de **pharmacologie et thérapeutiques** (Arrêté du 31 juillet 2009 relatif au diplôme d'Etat d'infirmier).
- Termes « pharmacologie » et « calculs de doses » : freins potentiels à leur motivation et à leur apprentissage (Viau, 2002), majorés par des expériences parfois laborieuses avec les mathématiques.
- Estime de soi (Doré, 2017) et sentiment d'efficacité personnelle (Vandellie, 2017) concernant leur capacité à réussir : impactés pour cette U.E.
- Défi pédagogique pour le formateur : élaborer un T.D. en favorisant un environnement capacitant d'apprentissage (Falzon, 2013) et un intervalle d'apprentissage pour se développer (Durat, 2022).

2 PROBLÉMATIQUE DOUBLE

- Comment le formateur en soins infirmiers peut-il accompagner (Paul, 2012) les apprenants de façon ludique dans l'acquisition des savoirs en thérapeutiques ?
- Comment développer l'élaboration du raisonnement clinique (Lavoie & al., 2021), (Psiuk, 2013) en lien avec la pharmacologie et les thérapeutiques ?

3 OBJECTIFS PÉDAGOGIQUES DE CE T.D.

- Selon une Taxonomie (Bloom, 1979)
Démontrer ses savoirs (compréhension),
Exprimer ses savoirs à ses collègues (compréhension),
Restructurer ses savoirs (application),
Évaluer ses savoirs (évaluation).

4 MÉTHODES PÉDAGOGIQUES

- Constructivisme
- Socioconstructivisme

5 DÉROULEMENT DE LA SÉANCE PÉDAGOGIQUE : 1h30

Possibilité de se déguiser pour les apprenants/formateurs dans le thème, (Rowling, J.K., 1998).

- Se répartir en groupe restreint sous une bannière, par exemple Serpentard,
- Se confiner dans une pièce obscure, et utiliser uniquement une lampe frontale pour s'éclairer ;
- Calculatrice proscrite ;
- 33 questions à répondre : à choix unique, à réponse ouverte courte, calculs de potions à répartition solaire/lunaire ;
- Chaque réponse, exacte ou non, génère un chiffre ;
- L'ensemble des chiffres génère un code pour ouvrir la valise d'Harry Potter ;
- La valise renferme une information secrète et cruciale pour l'évaluation normative ;
- Restitution en promotion : argumentation des 33 questions ;
- Si code exact : ouverture de la valise.



6 EXEMPLES DE QUESTIONS À CHOIX UNIQUE (VRAI/FAUX) DU T.D.

- La confusion entre deux moldus hospitalisés relève de l'hémovigilance : vrai ou faux ?
- Le professeur Dumbledore est pris en soin par Mme Pomfresh suite à un mauvais sort jeté par Béatrix Lestrange. Il est perfusé. Sa perfusion d'1 L d'essence de champignons hallucinogènes et de fermentation de betteraves doit passer en 24h. Pour cela, le débit gouttes/seconde doit être réglé à 13,888 : vrai ou faux ?

7 CADRE THÉORIQUE : 3 CONCEPTS CLÉS

- Principe d'éducabilité associé à la non-réciprocité (Meirieu, s.d.)
- L'éthique dans la pédagogie (Chalmel, 2010)
- L'environnement capacitant (Falzon, 2013)

8 RÉSULTATS

- Retour très positif des étudiant(e)s : T.D. perçu comme un jeu et non un exercice, ouverture galvanisante de la valise
- Évaluation normative : 47 apprenants sur 61 ont validé

9 RÉFÉRENCES MAJEURES

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- La Direction, l'Encadrement : Mme Huet, M. Guillou.

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Le dilemme de l'apprenant : entre louvoyer et s'affirmer en stage

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Le dilemme de l'apprenant : entre louvoyer et s'affirmer en stage

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Coordonnateur du projet/auteur : Néel Geoffroy

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Résumé

- Formation en soins infirmiers et formation aide-soignante : **visée professionnalisante** grâce à l'immersion sur le terrain (Coudray & Gay, 2009).
- Étudiants en soins infirmiers (E.S.I.) : 2100 heures d'enseignement + 2100 heures de formation clinique (stages),
- Élèves aides-soignants (E.A.S.) : 770 heures d'enseignement + 770 heures de formation clinique (stages),
- Vécus des apprenants et analyses de leurs pratiques professionnelles : **souvent tiraillés entre le rôle d'agent ou d'acteur** (Bourdieu, 1980) en stage,
- **Comment se positionner** (Portal, 2012) ?
- Cinq E.S.I. novices (Benner, 1976), (Morel, 2012) se questionnent donc sur **l'estime de soi et la confiance en soi** (André, 2005) pour se positionner en stage, vis-à-vis des pratiques d'accompagnement des professionnels (Paul, 2012).

Focus apprenants : population vulnérable

- Vulnérabilité conjoncturelle (Morenon, 2017),
- Dont par le statut d'apprenant (FNESI, 2022).

Objectifs doubles de la réflexion

- **Enquêter** : recenser les avis des apprenants sur leur **estime de soi** et sur la **confiance en soi**,
- **(Re) Sensibiliser les professionnels de terrain**, et les formateurs, à la situation de vulnérabilité propre au statut d'apprenant.

Méthode quantitative

- **Questionnaire** Google Forms et version papier,
- **Population cible** I.F.P.S. Lannion :
 - 164 E.S.I., 38 E.A.S.,
 - Entre 17 et 55 ans.
- **Période** : mars 2024,
- **Thèmes** : estime de soi et confiance en soi, Termes définis au préalable dans le questionnaire,

• Questions :

- Estime de soi au quotidien, à l'I.F.P.S., en stage**
0 = très faible, 5 = très forte
- Confiance en soi au quotidien, à l'I.F.P.S., en stage**
0 = très faible, 5 = très forte
- Capacité à dire « non », dans des situations particulières, au professionnel de santé qui encadre.**

Analyse des résultats

- **3 sur 5** : prépondérant pour l'estime de soi,
- **3 sur 5** : prépondérant pour la confiance en soi,
- **Estime de soi et confiance en soi : très peu de différences,**
- Spécificités :
 - **Stage** : estime de soi et confiance en soi varient majoritairement entre 2 et 4 sur/5,
 - **I.F.P.S.** : lieu propice à l'estime de soi et à la confiance en soi.

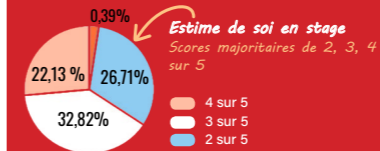
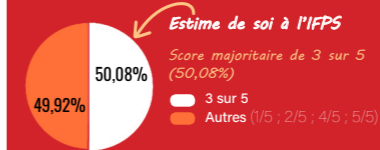
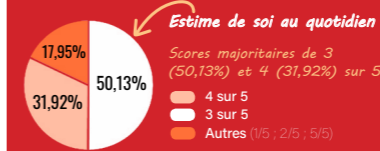
Conclusions

- **Fort intérêt** des apprenants pour cette enquête,
- Estime de soi et confiance en soi, **concepts très proches** pour les apprenants,
- **Stage** : lieu pouvant favoriser l'estime de soi et la confiance en soi,
- **Près d'un apprenant sur 2 a été en difficulté pour dire « non »** pour réaliser certains actes/activités de soins.



Présentation des résultats majeurs

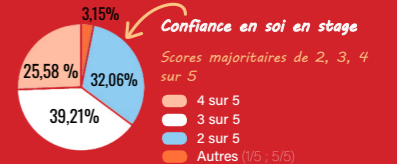
(65% de réponses au questionnaire = 131 personnes/202)



Vous est-il déjà arrivé en stage de vouloir dire « non » à votre tuteur/professionnel de proximité qui vous encadre pour réaliser certaines activités de soin (sans oser lui dire) ?

48,08% **OUI** **NON**

Si oui, raison principale (20,37%)
La crainte des répercussions sur le bilan de stage



Références principales

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Discussion

- **Précision des résultats** :
 - Différencier selon E.S.I et E.A.S.,
 - Différencier selon les niveaux formation des E.S.I
- **Présentation non exhaustive** des résultats en lien avec le format du poster.

Evaluating an international nurse educator education programme using Community of Inquiry model

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Evaluating an international nurse educator education programme using Community of Inquiry model – a cross-sectional study

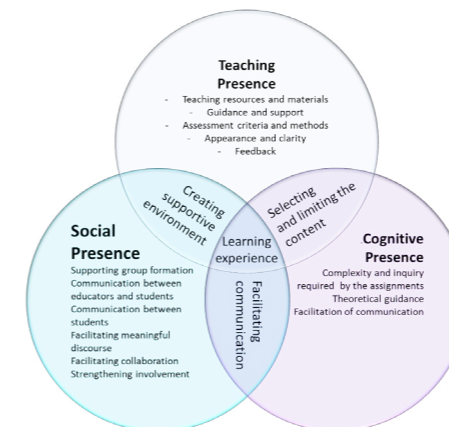
Tomáš Sollár*, Imane Elonen, Andrea Solgajová, Terhi Saaranen, Juha Pajari, Maria Cassar, Pilar Fuster Linares, Laia Wennberg Capellades, Susanne Kean, Leena Salminen

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INTRODUCTION

- Continuing professional development (CPD)
- opportunities and sources of be high-quality, easily accessible, and independent in time and place
- **Community of Inquiry (COI):** learners do not learn independently and in isolation from the group and the supervisors, they utilize the group to form new ideas and understandings (Garrison et al., 1999; Garrison, 2007; Kozan & Caskurlu, 2018; Elonen et al., 2023)



RESULTS

	Age (n=11)	Clinical experience in years (n=11)	Teaching experience in years (n=16)
Teaching presence	.391	.023	.792**
Design & Organization	.404	.032	.724**
Facilitation	.298	.076	.731**
Direct Instruction	.199	.070	.744**
Social presence	-.305	-.488	.557*
Affective expression	-.351	-.619*	.403
Open Communication	-.082	.046	.478
Group Cohesion	-.284	-.220	.477
Cognitive presence	-.016	-.261	.613*
Triggering Event	-.103	.095	.387
Exploration	.115	-.014	.586*
Integration	-.119	-.381	.601*
Resolution	.000	-.360	.723**

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

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OBJECTIVE



✓ to evaluate the Empowering the Nurse Educators in the Changing World (ENEW) education programme from the COI perspective

METHODS

- Cross sectional quantitative study
- **Community of Inquiry Peer Review tool** (Shelton & Hayne, 2017)
- **42 students** (nurse educators or nurse educator candidates); 7 countries; **16 (38 %)** participated in the survey
- study programme – “**Empowering the nurse educators in the changing world (ENEW)**”:
 1. Empowering Learning Environments in Nursing Education (ELENE)
 2. Global health issues (Global health)
 3. Issues in Future Nurse Education (IFNE)
 4. Evidence-based Teaching (EBT)
 5. Ethics and Nurse Educators’ Work (ENEW)

CONCLUSIONS



- the ENEW hybrid education programme meets the fundamental requirements of high-quality education
- COI peer review tool, may enhance the quality of online teaching and learning
- professional development of nurse educators’ competences is essential and online or hybrid education is necessary



This research was supported by the Erasmus+. Project number: 2020-1-FI01-KA203-066590.

Empowering the nurse educators in the changing world: the students' perspectives

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INTRODUCTION

Empowering the Nurse Educators in the Changing World

- Study program based on (WHO, 2016; NLN, 2019) and research results
- 30 ECTS, 5 modules
- distance and contact teaching and learning methods (webinars, intensive week, written assignments, study visits, group working, e-learning course with online lectures, online discussions, teacher training, intensive day seminars and lecture and/or teacher exchange/training)
- for all European countries; English language

OBJECTIVE



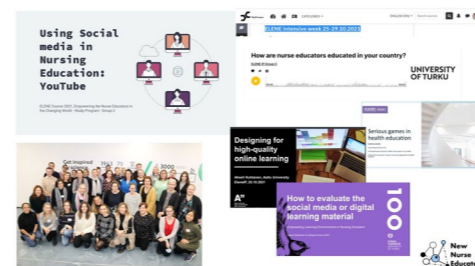
✓ to introduce and evaluate the education programme Empowering the Nurse Educators in the Changing World (ENEW) – from the perspective of the programme participants

METHODS

- **experiences** of three nurse educators as students are presented
- **total of 42 students** (nurse educators or nurse educator candidates) from 7 countries;

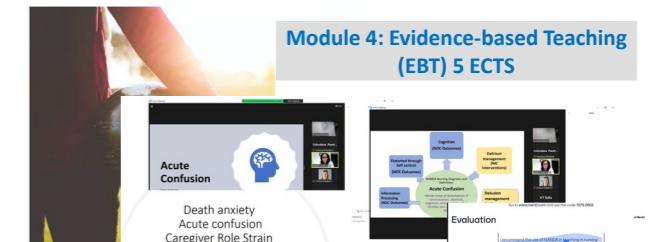
RESULTS

Module 1: Empowering Learning Environments in Nursing Education (ELENE), 10 ECTS

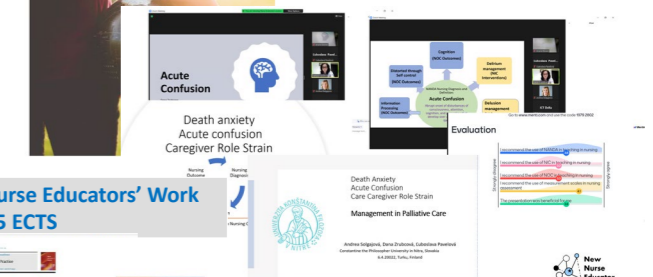


Module 3: Issues in Future Education (IFE) 5 ECTS

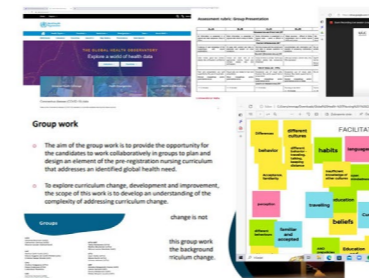
Time table of Issues in Future Nurse Education -study unit
 Welcome to the study unit: Issues in Future Nurse Education



Module 4: Evidence-based Teaching (EBT) 5 ECTS



Module 2: Global Health Issues (Global health) 5 ECTS



Module 5: Ethics and Nurse Educators' Work (ENEW) 5 ECTS



CONCLUSIONS

Impact of the programme: a student's perspective

- **Nurse educator's education** is applicable in nurse educator education in the European countries
- ENEW programme reflects current changes in health care



Co-funded by the Erasmus+ Programme of the European Union

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Étude de l'évolution de l'état de santé des étudiants en première année de licence en sciences infirmières

Cathy Thiel
Jane-Laure Danan
Gisèle Kanny



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^{*}Thèse en sciences de la vie et de la santé dirigée par Prof Kanny et Dr Danan

INTRODUCTION

La santé des professionnels de la santé, des étudiants en santé et en particulier des étudiants en sciences infirmières est une préoccupation internationale et nationale toujours d'actualité. Il a été montré que l'état de santé des étudiants en sciences infirmières (ESI) s'altère dès leur entrée en formation (1,2,3). Cette recherche a été menée auprès de 585 étudiants inscrits en première année de licence dans quatre instituts en sciences infirmières publics, français du Grand-Est.

OBJECTIFS DE LA RECHERCHE

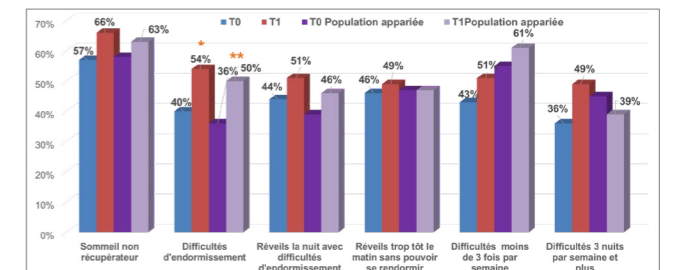
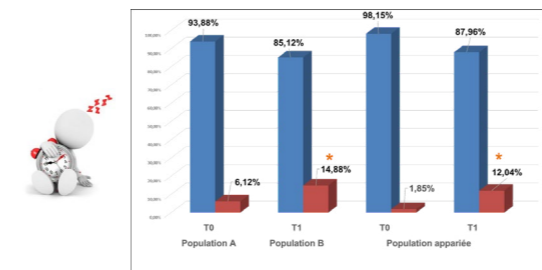
L'objectif principal est d'évaluer l'état de santé physique, mentale et sociale en début de première année (T0) et son évolution à la fin (T1) de l'année universitaire 2020/2021. L'objectif secondaire est d'identifier les déterminants de santé selon leur évolution entre T0 et T1.

MATÉRIEL ET MÉTHODES

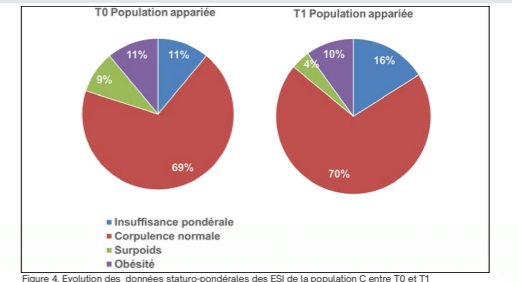
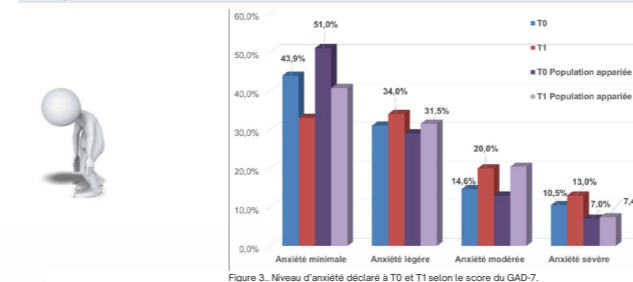
- Méthode.** Étude épidémiologique, descriptive, quantitative, observationnelle, longitudinale et multicentrique. Le protocole de cette recherche non-interventionnelle a obtenu un avis favorable du comité de protection des personnes le 1er octobre 2020. Cette étude a été menée à partir d'un questionnaire numérique, anonyme diffusé auprès de 585 ESI inscrits pour la première fois en septembre 2020 dans quatre instituts français. Deux sont rattachés à un CHR et deux à un CHU. L'effectif est réparti de la façon suivante : 106 ESI inscrits à l'IFSI 1, 224 à l'IFSI 2, 164 à l'IFSI 3 et 91 à l'IFSI 4. Les critères d'exclusion sont la reprise de la formation ou un redoublement. Le questionnaire est envoyé par courriel en octobre 2020 (T0) puis en septembre 2021 (T1). Avec un identifiant personnel, les ESI ont répondu de façon volontaire et entièrement libre, en dehors des locaux de la formation.
- Le questionnaire.** Construit à partir d'échelles existantes et validées, il est composé de 47 questions. Il porte sur des données sociodémographiques, la santé perçue, le niveau d'anxiété, la qualité du sommeil, le poids et la taille, l'alimentation, la pratique d'une activité sportive et des conduites addictives.
- Analyse statistique.** Le principal critère d'évaluation est la comparaison des variables entre T0 et T1 à l'aide du test d'appariement de Mac Némar et de Student apparié. Le seuil de significativité est de 5% avec un risque alpha. Le logiciel d'exploitation des données SAS (version 9.4) est utilisé.

RÉSULTATS

Parmi la population cible, on note 294 répondants à T0 (Population A), 168 à T1 (Population B) ; 108 ESI appariés ont répondu à T0 et à T1 (Population C). L'état de santé globale perçue se dégrade de façon significative entre le début et la fin de la première année de formation ($p < 0,0001$) : 94% (T0) contre 85% (T1) ($p < 0,0001$). Plus de 10% des étudiants de la population appariée déclarent une dégradation de l'état de santé entre T0 et T1 ($p < 0,0001$). Les difficultés d'endormissement augmentent significativement entre T0 et T1 : 54% des ESI déclarent des difficultés d'endormissement à T1 comparé à 40% à T0 ; 50% à T0 versus 36% à T1 pour la population appariée. Ces difficultés retentissent sur l'humeur des ESI (54% à T0 et 62% à T1) et sur leur apprentissage (35% à T0 et 45% à T1) pour la population appariée.



Niveau d'anxiété : parmi 108 étudiants, 36% déclarent une évolution positive de leur anxiété entre T0 et T1, 30% une évolution négative. La différence du niveau d'anxiété déclaré entre T0 et T1 n'est pas significative ($p = 0,22$).
IMC (Données staturo-pondérales) : stables entre T0 et T1.
Pratique d'une activité sportive constante : 62% des étudiants (population A) versus 66% (population B), 64% à T0 versus 71% à T1 pour la population appariée.
Pratiques alimentaires non modifiées.



DISCUSSION

A T0, une majorité d'ESI (94%) déclarent un bon état de santé, ce qui est supérieur (70%) à la population d'étudiants de la même tranche d'âge en France (4). A contrario, entre T0 et T1, la santé perçue se dégrade modérément (10%) et le sommeil également (14%). Cela pourrait générer des risques d'erreurs auprès des patients (5). Les comportements de santé semblent satisfaisants quant à la pratique d'une activité sportive et l'alimentation. Concernant l'IMC, cette étude montre un taux d'insuffisance pondérale supérieur et d'obésité inférieur à celui d'une autre population étudiante.

CONCLUSION

Cette étude descriptive, locale, longitudinale montre des résultats positifs qui vont à l'encontre de la littérature et des représentations sur la santé des ESI. L'évolution de l'état de santé entre le début et la fin de la première année d'études des 108 répondants appariés semble stable en dehors de la santé perçue et du sommeil. Cela justifie une attention particulière de la part des enseignants, des professionnels en charge des étudiants en stage et des étudiants eux-mêmes pour une préservation de leurs comportements face à la santé. Une étude qualitative pourrait permettre d'identifier les déterminants de changements survenant au cours de la première année d'études. Cette étude pourrait être étendue à un niveau interrégional, national voire international. De plus à titre préventif, une recherche-intervention en milieu thermal pourrait évaluer les effets bénéfiques sur la santé mentale(6).

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Mentoring Generation Z Nursing Students: A Needs Assessment

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Introduction

Mentoring has been proven to be a key element to adequately integrate and manage the different challenges underlying academic and clinical learning, enhance the retention of professionals and develop leadership capabilities. However, mentoring programs are scarce, specially in some contexts where there is a lack of mentoring culture, with no standardized mentoring models to respond to the needs of students or new professionals. The mentoring needs of students also change with time. The majority of the current nursing students worldwide belong to generation Z, which is distinguished by being digital natives that prefer teaching methods linking mentorship learning to clinical experiences, online tutorials or videos, interactive gaming, and virtual learning environments.

Objective

To describe, from the perspective of generation Z nursing students, the mentoring needs in relation to the dimension of academic learning.

Methods

A cross-sectional design was followed with a convenience sample of nursing students from the Blanquerna School of Health Sciences, Spain, who completed a survey including two validated questionnaires that gather data on the mentoring needs/experience of students in the academic environment: Mentoring Competence Assessment Scale (MCA) and Mentoring Processes Assessment Questionnaire (MPAQ). Six additional open questions about the students' view on the academic spaces and main characteristics that they would seek or had found in a mentor were also included.



Mentoring Generation Z Nursing Students: A Needs Assessment

Míriam Rodríguez-Monforte; Cristina Olivé-Adrados; Montserrat Sanromà-Ortiz; Rosa Rifà-Ros; Anna Martín-Arribas; Pilar González-Gálvez; Sofía Berlanga-Fernández; Olga Canet-Vélez

Blanquerna School of Health Sciences - Ramon Llull University

Results

110 nursing students participated in the study from different academic years (junior and senior students). The majority of the students were women (81.81%) and from Spain (94.30%).

42.7% (43 students) of our sample considered they had already found a mentor, rating the mentoring relationship on a Likert scale of 1 to 5 as satisfactory (4.26 ± 1.02). The academic spaces where students consider they had found a mentor were small group sessions (seminars) (20 students) and simulations (21 students). Some students also highlighted they had found a mentor in a senior student (2). The main characteristics of the mentors, as well as the benefits of the mentoring relationship described by the students can be seen in figures 1 and 2.

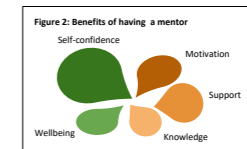
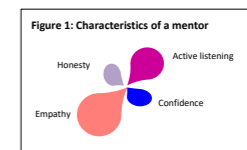
57.3% (67 students) of our sample had not found a mentor yet. Their view on the academic profile of their ideal mentor at university included clinical internship tutors (24); academic internship tutors (22); small group sessions' professors (seminars) (10); simulations' professors (8); and senior students (3).

Mentoring Competencies Assessment Scale (MCA)-Likert scale 1-7			
Items	Mean \pm SD Full sample n = 110	Mean \pm SD Junior students n = 98	Mean \pm SD Senior students n = 12
My mentor is able to effectively work with people very different to him/her (age, gender, social status, religion)	6.37 \pm 1.12	6.43 \pm 0.95	5.83 \pm 1.95
My mentor motivates me	6.28 \pm 1.19	6.36 \pm 1.06	5.58 \pm 1.18
My mentor actively listens to me	6.11 \pm 1.03	6.14 \pm 1.04	5.91 \pm 0.95
My mentor supports me in the definition of strategies for achieving my goals	6.10 \pm 1.20	6.23 \pm 1.07	5.08 \pm 1.60
My mentor helps me develop my self-confidence	6.1 \pm 1.25	6.15 \pm 1.19	5.66 \pm 1.54
My mentor acknowledges my academic contributions	6.02 \pm 1.01	6.13 \pm 0.89	5.16 \pm 1.40
My mentor recognizes his/her own prejudices in relation to our mentoring relationship	6.02 \pm 1.01	5.69 \pm 1.11	4.66 \pm 1.24
My mentor implements strategies to improve my comprehension of academic aspects	6.01 \pm 1.12	6.10 \pm 1.04	5.33 \pm 1.49
My mentor generates a mutual confidence relationship with me	5.99 \pm 1.25	6.05 \pm 1.21	5.55 \pm 1.44
My mentor provides feedback	5.97 \pm 1.19	6.06 \pm 1.05	5.25 \pm 1.83
My mentor works with me to define my academic goals	5.95 \pm 1.13	6.09 \pm 1.01	4.83 \pm 1.46
My mentor uses strategies to foster a better communication with me	5.92 \pm 1.16	6.01 \pm 1.09	5.25 \pm 1.47
My mentor is able to correctly identify my skills to develop my academic work	5.91 \pm 1.09	5.97 \pm 1	5.41 \pm 1.55
My mentor stimulates my creativity	5.86 \pm 1.26	5.94 \pm 1.13	5.16 \pm 1.86
My mentor is able to adapt to different communication needs	5.85 \pm 1.09	5.92 \pm 1.02	5.25 \pm 1.42
My mentor is able to correctly identify my academic knowledge	5.83 \pm 1.09	5.89 \pm 1.01	5.33 \pm 1.49
My mentor co-creates with me a path to promote my professional autonomy	5.81 \pm 1.21	5.91 \pm 1.13	5 \pm 1.47
My mentor works with me on defining clear expectations on the mentoring relationship	5.8 \pm 1.15	5.89 \pm 1.07	5 \pm 1.47
My mentor helps me define my professional goals	5.8 \pm 1.28	5.88 \pm 1.20	5.08 \pm 1.65
My mentor considers the impact of our professional and personal differences when defining our expectations	5.64 \pm 1.19	5.73 \pm 1.14	4.91 \pm 1.32
My mentor helps me organize to find the balance in my professional and personal life	5.64 \pm 1.38	5.88 \pm 1.20	4.41 \pm 2.09
My mentor helps me expand my professional network	5.58 \pm 1.41	5.67 \pm 1.35	4.83 \pm 1.62
My mentor aligns his/her expectations with mine	5.53 \pm 1.23	5.59 \pm 1.19	5.08 \pm 1.44

*Results have been ordered first showing the highest scale ratings.

Mentoring Processes Assessment Questionnaire (MPAQ)-Likert scale 1-5			
Items	Mean \pm SD Full sample n = 110	Mean \pm SD Junior students n = 98	Mean \pm SD Senior students n = 12
My mentor has enough experience and knowledge about the university and my major	4.39 \pm 0.82	4.41 \pm 0.80	4.16 \pm 0.98
My mentor is completely honest with me	4.26 \pm 0.88	4.26 \pm 0.87	4.25 \pm 0.92
My mentor usually is able to put him/herself in my place when I have pointed out questions and difficulties	4.25 \pm 0.92	4.24 \pm 0.82	3.5 \pm 1.25
My mentor encourages me to solve my own problems	4.24 \pm 0.89	4.28 \pm 0.89	3.91 \pm 0.86
My mentor adequately structures and organizes the mentoring process	4.22 \pm 0.90	4.26 \pm 0.81	3.91 \pm 1.38
My mentor shows a high level of involvement and enthusiasm	4.17 \pm 0.82	4.21 \pm 0.78	3.83 \pm 1.06
My mentor is a role model	4.15 \pm 1	4.19 \pm 0.95	3.83 \pm 1.28
My mentor is always accessible and available when I need him/her	3.96 \pm 0.92	4.01 \pm 0.92	3.58 \pm 0.86

*Results have been ordered first showing the highest scale ratings.



Conclusions

- Generation Z nursing students value the presence of an experienced mentor that can adapt to different student profiles, be honest, motivate them, show empathy and effectively listen and communicate with them. Small groups or 1 to 1 learning are preferred in order to find a mentor.
- More data is being collected in order to include a bigger sample of senior students, thus allowing comparability of the different needs and student profiles.
- Future analysis will help define a specific profile of mentors that current nursing students need which will serve as a basis for their growth as future nursing professionals.

Future of Nurse Educator Education

What would make the nursing profession attractive to young people in Europe?

Brigita Skela-Savič

Angela Boškin Faculty of Health Care, Slovenia



Future of Nurse Educator Education

What would make the nursing profession attractive to young people in Europe?

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Background

The results of an RN4CAST give us important micro- and meso-level insights into working conditions, norms, health care team relationships, and career opportunities in direct care. The results of a survey conducted in more than 38 countries, including those outside Europe, provide us with important micro- and meso-level insights into direct care working conditions, norms, health care team relationships, and career opportunities. Nurses' work environment had significant effects on job satisfaction, professional development, and staff retention (1-5).

Question

Why do European countries need to change their understanding of nursing education and development? We answer the question with a simplified application of the discourse technique, which helps to maintain or change social status by transforming power and attitudes (6).

Discourse

- ❑ Implementing the 4600-hour curriculum required by the EU Directive is extremely difficult in three-year undergraduate nursing programs. Nursing students are among the most stressed student groups, which also affects their choice of study and thus career.
- ❑ Politicians and employers are not interested in extending nursing education to four years, and countries will only take this step if the requirement is enshrined in the Directive.
- ❑ The fact is that European countries do not adequately support the development of bachelor's, master's, and PhD education in nursing and do not offer jobs for Advanced Nurse Practitioner (ANP), Clinical Nurse Specialist (CNS), or minimal Specialised Nurse (SN) after bachelor's education.
- ❑ The numerous systematic reviews that have evaluated the clinical effectiveness and quality of care provided by nurses in advanced roles compared with general practitioners/physician consistently show that task shifting results leads in equivalent or better quality of care (1, 7).
- ❑ According to the study by Maier et al (7) most Central and Eastern Europe countries belong to the group of countries with the least developed advanced practical skills of nurses.

Discussion

In addition, research has shown that some of the competences acquired in undergraduate education are not applied whereas other are applied, while others are applied but not learned. An inventory of competencies acquired in undergraduate education and applied in clinical practice could help clinically active nurses, nurse educators, and health care managers identify areas for improvement (8). Master's degree programs must target different areas of clinical practice in nursing, which should be defined nationally as clinical specialization in nursing (CNS) for the secondary and tertiary levels and advanced nursing practice (ANP) at the primary level of the health care system. This transition requires the development of master's degree programs in various nursing specialties with at least 500 hours of clinical practice (3). The introduction of new roles for nurses with master's degrees, redistribution of existing roles, improvement of nurses' education to implement patient-centred health care, effective health care coordination, implementation of evidence-based health care, and quality assurance are also needed. A four-year bachelor's degree, ANP and CNS with clear competencies for independent professional practise must be added to the directive. This will make nursing an attractive choice of study and career. Governments support to make progress towards strengthening the nursing profession in their countries is needed.

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Conclusions

The declining interest in nursing education and the often stereotypical and condescending view of the role and work of nurses on the health care team should be a red flag to all who work on health care reform.

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Models on clinical reasoning across european countries

Ana Pérez-Perdomo
Sandra Martín
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MODELS ON CLINICAL REASONING ACROSS EUROPEAN COUNTRIES



Ana Pérez-Perdomo, Sandra Martín, Adelaida Zabalegui



Introduction

Clinical reasoning (CR) is the ongoing process in which a nurse/midwife quickly and accurately assesses a care situation by collecting cues, making the right observations, processing the information and coming to an understanding of a person's problem, planning and implementing interventions, taking the right actions with the right goal in mind, evaluating outcomes, reflecting on and learning from this process (1). The University of Ljubljana, the Polytechnic Institute of Setubal, the University of Warsaw, the Atlas College of Genk, the UC Leuven-Limbourg, and University of Barcelona, collaborated in the European project Erasmus+ "Clinical reasoning in nursing/midwifery education and clinical practice" to build interconnection, innovation, inclusion and digital competence in clinical reasoning in nursing and midwives' students.

Methodology

A descriptive qualitative study, to identify and describe the various teaching models of CR for nursing/midwife students across EU countries. An ad hoc qualitative questionnaire was developed to collect the methodologies and educational strategies in the participants universities

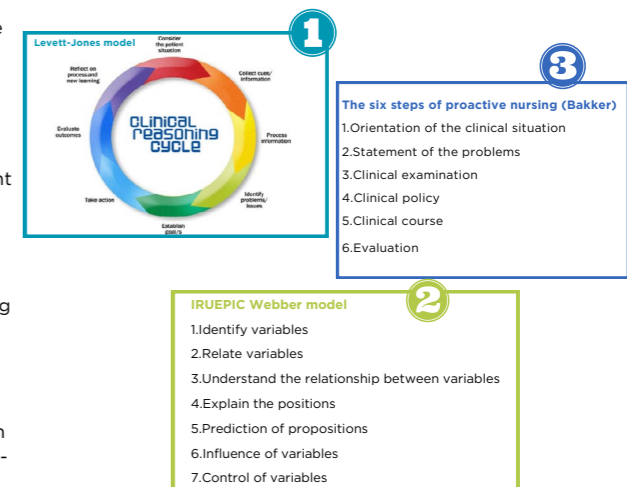
Aim

Identify the different clinical reasoning models used in nursing/midwifery graduate education across five european countries.

Results

Out of the six institutions, only three had an established clinical reasoning model implemented; the other three institutions used clinical reasoning processes integrated in academic courses but not based on specific models. The models used were:

1. The Levett-Jones (2010) model used in the UC Leuven-Limbourg (Belgium) that has eight stages, beginning with the students considering the patient situation and finishing with the stage reflecting on the strategies.
2. The IREUPIC model from Webber (Johnson & Webber, 2010) used in the Polytechnic Institute of Setubal (Portugal) that has seven stages, beginning with identifying variables, and the last step is to control them.
3. The Six Steps of Proactive Nursing of Bakker (Bakker and van Heycop, 2014) used in the Atlas College of Genk (Belgium) have six stages, from an orientation to the situation of the patient to a post-review of the situation of the patient.



Conclusions

There are different models to teach clinical reasoning in nursing schools and universities in Europe. CR education for nurses/midwives is recommended to prepare them to work in complex clinical situations.

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Men should not be nurses... les hommes ne devraient pas être infirmiers

Sean Morton RN, B.Sc (Hons), MA



Men should not be nurses... les hommes ne devraient pas être infirmiers

Sean Morton RN, B.Sc (Hons), MA

The Problem

International Council of Nurses (ICN) in 2019 [1] there was a shortfall of around 6 million nurses globally and expected to rise to nearly 11 million by 2030, after the covid 19 pandemic this figure has been reported to be nearly 13 million. ICN reports that 90% of National Nursing Associations are concerned with heavy workloads and resourcing and that 20% report that there is an increase in nurses leaving the profession. A further 70% state that they are trying to address this balance, but recognise that nurse take around 3 to 4 years to train.

World Health Organisation reported in 2021 [2] that the pandemic had a significant impact on global health and in 2022 WHO stated that the proportion of the worlds over 60 year olds would rise from 12% to 25% by 2050.

This increase in the aging population brings with it opportunities, but also healthcare challenges due to typical diseases that are associated with an older population.

...because of the numbers, and...

WHO [3] data reviewed since 2009 reported on 157 countries and reviewed their data on numbers of men in nursing. European data suggests that the lowest numbers of men in nursing are 0% (Georgia) and the highest 65.8% in Germany in 2020 (previously 15.9% in 2019) Of the 40 European countries cited, over 50% have a male nursing workforce of around 10%. The United Kingdom not at the bottom at around 11% unlike



...because of the media, and

Stanley (2008)[4] reviewed films from 1900 to 2007 and concluded that nurses were *divas and devils or self-sacrificing heroines or sex objects...* A further study in 2012 [5] concluded that men in nursing were *effeminate, homosexual, homicidal, morally corrupt and incompetent*



Divas and Devils??
Diva ou Diable?

...society says they should not be nurses

In 2019, Jessica Anderson, a nurse, ran the London Marathon in the fastest time wearing a nurse uniform but was initially denied the record as she wasn't wearing a 'nurses uniform'



Why are men underrepresented in nursing, it wasn't always the case

The first recorded nursing school was in India and only allowed men as they were considered "pure" enough to become nurses, from the 11th to 12th centuries, Knights Hospitallers and Order of brothers cared for the sick. Between the 15th & 16th century St John of God and St Camillus vowed to care for the sick and are considered patron saints for nurses.

Men in nursing saw a decline between 1850s as men, in 1919, The Nurses Act in England barred men from entering nursing...[6]



So what can we do about it?

1. Continue to challenge the stereotypes of nursing
2. Educate our young people on roles
3. Reignite the history of men in nursing
4. Explore what similar gender biased professions have done, such as engineering

Of course, men should be nurses!...bien sûr, les hommes devraient être infirmiers

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Eurovision logo, Florence Nightingale, Mary Seacole and Edith Cavell are used a free to use images, sexualised images created and attributed to Hotspot.ai/image generator. Drawn images are the authors own



For my contact details
and for a link to my TEDx
Talk on Men in Nursing

Relational ethics in nurse education

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Ms Gabriella Muscat
Dr Maria Cassar

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BACKGROUND

Ethical decisions and actions are an inherent part of the nurses' everyday practice and interplay across the interpersonal relationships of healthcare professionals, patients and their families. Student nurses too are often challenged with questions relating to what the right thing is to do. Safeguarding patients' rights and patient safety, entails decision by all players in the healthcare field who operate within complex environments. The context in which ethical decisions need to be made are not pre-empted, defined or calculated. It is dynamic and relationship centered.

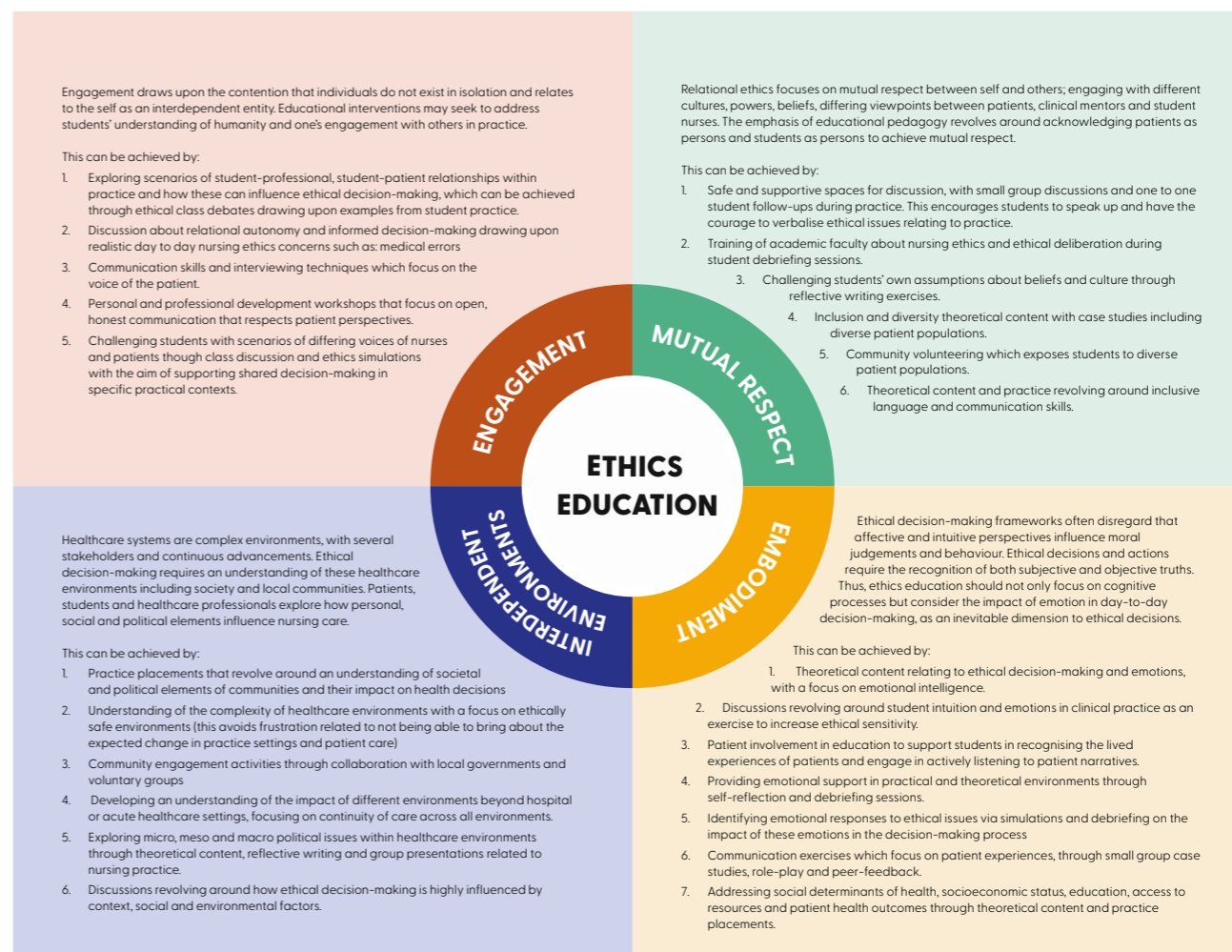
This highlights the importance of having education enable meaningful dialogue and understanding of relationships.

The evidence to-date suggests that nursing students are often challenged with:
dilemmas relating to applying learned ethical principles
observing unethical principles,

lack of autonomous decision-making and
inability to speak up about ethical issues and negligence in patient care (Albert et al., 2020)

The relevance of a relational ethics framework as a pedagogical framework is proposed.

The four themes of relational ethics are **Engagement, Mutual Respect, Embodiment** and **Interdependent Environments**.



CONCLUSION

Using a relational ethics framework seeks to support the nursing students in self-reflection and reflexivity which enables the understanding of relationships in practice. It moves education and practices away from an ideological and neatly defined decision-making process. It supports students in acknowledging that ethical dilemmas and uncertainty in decisions is part of nursing practice; the complexity of health care contexts and the generation of knowledge which is interdependent on this context characteristically give rise to dilemmas and uncertainty.

Applying a relational ethics pedagogy framework in nursing education may promote students' commitment to health equity, patient rights advocacy, and cultural diversity. Furthermore, by understanding the relationships, emotions, and interdependent environments which characterise practice settings, students may improve patient safety outcomes, identify potential risks and prevent adverse events.

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Promoting Social Justice through Nursing Education: A Study Protocol to Optimize Equitable Access to Future Healthcare

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Promoting Social Justice through Nursing Education: A Study Protocol to Optimize Equitable Access to Future Healthcare

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Research Group in Attention to Chronicity and Innovation in Health - (GRACIS)

INTRODUCTION

- Research in the field of nursing has approached Social Justice (SJ) from various perspectives, demonstrating that it is a complex concept (1), linking educational practice in SJ to assisting students in empathizing with vulnerable groups, acquiring skills to critically analyze social determinants of health, and developing the knowledge needed to become agents for social change (2).
- We are implementing an educational intervention grounded in Service-Learning (SL), targeting a socially disadvantaged population – newly arrived Maghrebien women in Spain.
- This proposal guided by sustainability, aims to address present-day educational and social needs without compromising the ability of future generations to meet their own needs (3).
- This participatory and reflective educational intervention leverages the capacity of Nursing Degree students to embrace the principles of Social Justice: the fair and equitable distribution of resources, recognition of others and their diversity, and active engagement in democratic processes (4,5).

GENERAL OBJECTIVE

The general aim of this study is to contribute to scientific evidence by evaluating the effectiveness of Service-Learning in changing attitudes towards the Social Justice paradigm among nursing undergraduate students

PHASE 1

Objectives

To evaluate the change in attitude and values of nursing undergraduate students towards SJ and their intentions to participate in future actions, before and after taking the SL subject.

1. To analyze the impact of SL on nursing students' critical consciousness towards the unequal distribution of resources.
2. To analyze the impact of SL on nursing students' attitudes towards vulnerable groups.
3. To explore the impact/effectiveness of SL on nursing students' skills to engage with institutions working within the framework of SJ.

PHASE 2

Objectives

To understand, from a phenomenological-hermeneutic perspective, the perceptions and meaning of SJ among nursing undergraduate students after completing the SL subject.

1. To explore students' critical consciousness towards the unequal distribution of resources.
2. To explore students' attitudes towards vulnerable groups.
3. To explore nursing students' skills in engaging with institutions working within the framework of SJ.
4. To understand nursing students' interpretive-explanatory understanding of SJ.

METHODOLOGY

- A mixed-method approach with a descriptive and interpretative purpose is directed towards third-year Nursing students at the Tecnocampus University (Catalonia, Spain) who are enrolled in the subject of SL.
- Triangulation of both methodologies will be used to confirm the results obtained.
- This study is expected to last 20 months (from April 2023 until December 2024).

PHASE 1

Design

Quantitative quasi-experimental design with pretest, posttest, and follow-up, including a control group

Instrument

Social Justice Scale (6). Consists of 24 items evaluated on a Likert scale ranging from 1 (totally disagree) to 7 (totally agree). Reliability: $\alpha=0,904$

Statistical analysis

Descriptive statistics will be conducted to gain an overview of the data and demographic variables to better understand the variables of interest. To compare the pre, post, and follow-up surveys, t-tests and chi-square tests will be utilized.

PHASE 2

Design

Phenomenological hermeneutic qualitative design

Data collection method

Semi-structured interview

Data analysis

Quotes will be analyzed to form initial codes. These codes will be grouped into categories, ultimately leading to the identification of the study's main themes.

ETHICAL CONSIDERATIONS

- > Informed consent signed by the students before inclusion to study. This project has received approval from the Ethics Committee of the Tecnocampus Foundation (CE16/2022)

EXPECTED OUTCOMES

- This study can provide relevant insights into the effectiveness of an educational intervention such as Service-Learning.
- It aims to assess changes in students' attitudes towards Fraser's Social Justice model and its core pillars: critical awareness, recognition, and democratic participation.

DISCUSSION

- Social Justice Education via Service-Learning:
- Potential to enhance healthcare access for disadvantaged groups, facilitating justice and equity principles.
 - Offers transferable tools for various educational contexts and across different countries and settings.

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Web conference promising tool to learn patient education in nursing education

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Web-conference – promising tool to learn patient education in nursing education

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Background

Patient education is one of the main competence areas in nursing care and need to learn during nursing education.

Web-conference is a teaching and learning method for bringing the patient into the classroom. In this study there is a real patient at the nurse's reception in hospital which is delivered via internet connection to students in the classroom.

Aim

The aim of this study was two-fold:

- to evaluate the learning outcomes in patient education of nursing students when using web-conference as a teaching and learning method, and
- to evaluate the usability of the web-conference method.

Methods

- Study design: Longitudinal research design with survey data from three following study terms.
- Sampling: Purposeful sampling.
- Sample: Second and third-year nursing students in Finland in the years 2021-2022.
- Measurements:
 1. The Competence in Empowering Discourse (CED) questionnaire consisting of 84 items divided in two areas: knowledge and skills on the method and content of patient education. The scale was VAS scale 1-10.
 2. Usability questionnaire consisted of 13 structured questions on pedagogical usability and learning in web-conference. A scale was 5-point Likert scale, and four open-ended questions on students' experiences of web-conference teaching.

Results

Table 1. Students' learning outcomes

Evaluation of students' learning outcomes	Baseline	After 1st teaching session	After 2nd teaching session	After 3rd teaching session
Students' self-evaluation of competence	n = 48	n = 48	n = 51	n = 26
• Knowledge on ED (VAS scale 1-10)	m (sd)	m (sd)	m (sd)	m (sd)
Knowledge on method of patient education	6,1 (1,4)	6,8 (1,5)	6,5 (1,3)	7,3 (1,2)
Knowledge on content of patient education	5,4 (1,6)	5,8 (1,6)	7,18 (1,55)	6,3 (1,4)
• Abilities in ED (VAS scale 1-10)				
Ability to educate patient using educational methods	6,0 (1,8)	7,60 (1,24)	6,4 (1,6)	7,3 (1,3)
Ability to educate patient with content	5,7 (1,7)	5,9 (1,7)	5,9 (1,6)	6,3 (1,6)

Table 2. Perceptions of usability of the web-conference method

Usability (5-point Likert scale)	1st session (n= 48)	2nd session (n = 51)	3rd session (n = 26)
	m (sd)	m (sd)	m (sd)
Pedagogical usability	4,2 (0,8)	4,0 (0,9)	4,1 (1,0)
Supporting learning	3,8 (0,8)	3,8 (0,9)	3,8 (0,9)

Conclusion

The web-conference as a teaching and learning method is promising in learning of patient education. This study showed evidence that web-conference provides positive learning outcomes, but students also consider it as a useful method of learning patient education by motivating and offering real patient education situations.

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It's looking good! A survey of European nurse educators' competence

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BACKGROUND

More than ever, teaching nursing to the future nurse generation requires excellence. The main role of nurse educator is to promote students learning and professional development. Nurse educator competence is multidimensional and has been seen as a vital and substantial element in ensuring the quality of nurse education. The World Health Organization (2016) and some researchers have described and defined required competence areas of nurse educators. There is the consensus that an educator needs to administrate the evidence-based content of nursing care using appropriate pedagogic and teaching methods, including through digital methods.

This study has been conducted as part of A New Agenda for Nurse Educator Education in Europe (New Nurse Educator) –project funded by Erasmus+.



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AIM

The aim was to describe and analyse the nurse educators' self-evaluated competence in Europe.

METHODS

Descriptive cross-sectional comparative study design was used. The data were collected with two validated instruments:

- 1) Evaluation of the Requirements of Nurse Teachers, ERNT (Salminen et al. 2013)
 - 20 items, scale 1-5
- 2) Health and Social Care educator's competence, HeSoEduCo (Mikkonen et al. 2020)
 - 43 items, scale 1-4

Background factors age, the highest education and working experience in nurse education were asked.

The data were collected from educators themselves (n=329) in four European countries (Finland, Malta, Slovakia and Spain) in 5/2021-2/2022 using an electronic questionnaire.

The data were analysed with statistical analysis.

RESULTS

- The mean age of educators was 48 years (SD 9.3)
- About 50% of the educators had a Doctoral level education and 50% had a Master's level education.
- The working experience as an educator was about 13 years
- The overall competence of the educators was good, measuring with both instruments, but there were variations between individual educators and countries.
- The total ERNT was 4.5 (SD 0.36).
 - The highest were evaluated being honest (mean 4.8, SD 0.50)
 - The lowest were evaluated enhancing self-evaluation skills
- The total HeSoEduCo was 3.4 (SD 0.35)
 - The highest were evaluated competence in evidence based practice (mean 3.5, SD 0.41)
 - The lowest were evaluated cultural competence (3.1, SD 0.59)
- There were differences between the competence of nurse educators in selected four countries. The differences were very small.
- Concerning evidence-based nursing nurse educators encouraged the students to use research.
- The more experienced educators evaluated their competence higher than those having less experience.

CONCLUSION

The overall nurse educator competence is clearly at a good level in the selected European countries. This study shows homogeneity concerning the competence of nurse educators in Europe. This indicates from the perspective of nurse educators' competence that nursing education is in equal level in Europe. Still, there is a need to maintain and promote educators' competence with relevant continuing education focusing on pedagogical issues and strengthening the cultural competence.



A New Agenda for Nurse Educator Education in Europe (New Nurse Educator)
<https://new-nurse-educator.utu.fi/>



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Nurses' competence in and realization of empowering discourse in patient education

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Nurses' competence in and realization of empowering discourse in patient education

EPE

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Background

Empowering patient education is an essential area of nurses' professional competence. **Empowering Discourse (ED)** is a complex face-to-face patient education intervention, which needs specific competence of the nurses. Therefore, it should be taught and learned already in nursing education as well as in nurses continuing education.

Aim

The aim of this study was to evaluate nurses' competence in and realization of ED in patient education and the association between them.

Evaluation consisted of nurses self-evaluation of their competence, patients' evaluation of the realization of empowering discourse and observational evaluation of empowering discourse between a patient and a nurse.

Methods

- **Mixed method research design** was used by comprising a study of a cluster randomized trial and an observational study.
- Educational intervention of **online computer simulation program** of ED was used.
- Data were collected from **four day-surgery** and **three inpatient** surgical wards of one university hospital in Finland.
- Sample consisted of
 - 58 nurses,
 - 40 patients,
 - 75 patient education sessions.
- Data collection methods were :
 - **The Competence in Empowering Discourse (CED)** -questionnaire with 84 items divided in two areas: knowledge and skills in the method and content of ED (VAS scale 1-10)
 - **Questionnaire to patients** (44 items) on evaluation of method and content of ED
 - **Observation form** on realization of method (19 items) and content (23 items) of ED.

Results

Evaluation of empowering discourse	Before intervention	After intervention	Comparison group
Nurses self-evaluation of competence	n = 32	n = 32	n = 26
• Knowledge on ED (VAS scale 1-10)	m (sd)	m (sd)	m (sd)
Knowledge on method of ED	7,8 (0,9)	7,9 (0,9)	7,80 (1,2)
Knowledge on content of ED	6,8 (1,1)	7,1 (1,3)	7,18 (1,6)
• Abilities in ED (VAS scale 1-10)			
Ability to educate patient with methods of ED	7,4 (1,2)	7,6 (1,2)	7,6 (1,2)
Ability to educate patient with content of ED	6,8 (1,1)	7,1 (1,3)	7,2 (1,6)
Patients' evaluation of the realization of ED		n = 40	
• Realization of ED method (Likert scale 1-5)		4,2 (0,8)	
• Patient knowledge of ED content areas (VAS scale 1-10)		8,5 (1,8)	
Observational evaluation of realization of ED in sessions	n = 26	n = 26	n = 23
• Realization of the method of ED (n, %)	8/19, 38 %	43 %	45 %
• Realization of the content of ED (n, %)	8/23, 16 %	12 %	14 %

Conclusion

This study provided information on nurses' competence in empowering patient discourse from subjective and objective point of view as well as objective information on how empowering discourse is realized in educational sessions between surgical nurses and their patients. There were differences between nurses' self-assessments (assessed medium to high) and observation (showing lack of realization of ED in practice). These results highlight development needs for clinical patient education, and especially for nurses' continuing education. Computer simulation programs are one of the recommended education methods for continuing education for nurses.

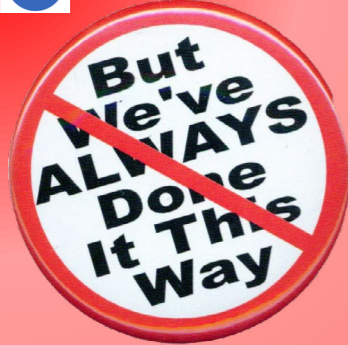

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Strategy to implement Evidence-Based Practice (EBP) Teaching EBP to Nurses Students in Master, a longitudinal quasi experimental study

Audrey Chays-Amania



Strategy to implement Evidence-Based Practice (EBP) Teaching EBP to Nurses Students in Master, a longitudinal quasi experimental study

Aim: To investigate students' beliefs about EBP over a 6-month period, before and after completing the training.

Method: A 6-month longitudinal quasi-experimental study without a control group
EBP-Beliefs for students' tool was used after translation and cultural adaptation, from ARCC-E© Model (Fineout-Overholt, E. & Melnyk, B., 2017)


Results: Response rate 100% pre-test, 88% post-test, 75% 6-month test
The test score rose from 48 in the pre-test, which means that there is no belief in EBP, to 76 in the immediate post-test and 74 in the 6-month post-test. The training strategy therefore achieved good results that were maintained over time. However, it would be necessary to obtain a score above 80 to affirm that EBP beliefs are strong.


**EBP Beliefs Students Nurses
Master Degree**

Before training	After 1 week	After 6 months
47,98	76,6	74,1

Discussion: This type of result should enable other universities to offer EBP teaching at Masters level to nursing students. However, it is imperative that undergraduate nursing students are also trained. It's perfectly possible to start developing an EBP culture and practice within the first week of training.

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No conflict of interest





Socialement engagée



Evaluation of the acquisition of nursing competencies in 2nd year students, through Clinical Simulation

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Mentoring Generation Z Nursing Students: A Needs Assessment

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Introduction

Mentoring has been proven to be a key element to adequately integrate and manage the different challenges underlying academic and clinical learning, enhance the retention of professionals and develop leadership capabilities. However, mentoring programs are scarce, specially in some contexts where there is a lack of mentoring culture, with no standardized mentoring models to respond to the needs of students or new professionals. The mentoring needs of students also change with time. The majority of the current nursing students worldwide belong to generation Z, which is distinguished by being digital natives that prefer teaching methods linking mentorship learning to clinical experiences, online tutorials or videos, interactive gaming, and virtual learning environments.

Objective

To describe, from the perspective of generation Z nursing students, the mentoring needs in relation to the dimension of academic learning.

Methods

A cross-sectional design was followed with a convenience sample of nursing students from the Blanquerna School of Health Sciences, Spain, who completed a survey including two validated questionnaires that gather data on the mentoring needs/experience of students in the academic environment: Mentoring Competence Assessment Scale (MCA) and Mentoring Processes Assessment Questionnaire (MPAQ). Six additional open questions about the students' view on the academic spaces and main characteristics that they would seek or had found in a mentor were also included.



Mentoring Generation Z Nursing Students: A Needs Assessment

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Results

110 nursing students participated in the study from different academic years (junior and senior students). The majority of the students were women (81.81%) and from Spain (94.30%).

42.7% (43 students) of our sample considered they had already found a mentor, rating the mentoring relationship on a Likert scale of 1 to 5 as satisfactory (4.26 ± 1.02). The academic spaces where students consider they had found a mentor were small group sessions (seminars) (20 students) and simulations (21 students). Some students also highlighted they had found a mentor in a senior student (2). The main characteristics of the mentors, as well as the benefits of the mentoring relationship described by the students can be seen in figures 1 and 2.

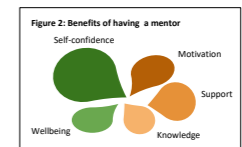
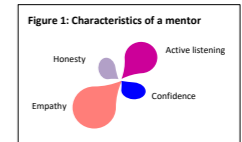
57.3% (67 students) of our sample had not found a mentor yet. Their view on the academic profile of their ideal mentor at university included clinical internship tutors (24); academic internship tutors (22); small group sessions' professors (seminars) (10); simulations' professors (8); and senior students (3).

Items	Mentoring Competencies Assessment Scale (MCA) Likert scale 1-7		
	Mean ± SD Full sample n = 110	Mean ± SD junior students n = 98	Mean ± SD senior students n = 12
My mentor is able to effectively work with people very different to him/her (age, gender, social status, religion)	6.37 ± 1.12	6.43 ± 0.95	5.83 ± 1.95
My mentor motivates me	6.28 ± 1.19	6.36 ± 1.06	5.58 ± 1.8
My mentor actively listens to me	6.11 ± 1.02	6.14 ± 1.04	5.91 ± 0.95
My mentor supports me in the definition of strategies for achieving my goals	6.10 ± 1.20	6.23 ± 1.07	5.08 ± 1.60
My mentor helps me develop my self-confidence	6.1 ± 1.25	6.15 ± 1.19	5.66 ± 1.54
My mentor acknowledges my academic contributions	6.02 ± 1.01	6.13 ± 0.89	5.16 ± 1.40
My mentor recognizes his/her own prejudices in relation to our mentoring relationship	6.02 ± 1.01	5.69 ± 1.11	4.66 ± 1.24
My mentor implements strategies to improve my comprehension of academic aspects	6.01 ± 1.12	6.10 ± 1.04	5.33 ± 1.49
My mentor generates a mutual confidence relationship with me	5.99 ± 1.25	6.05 ± 1.21	5.55 ± 1.44
My mentor provides feedback	5.97 ± 1.19	6.06 ± 1.05	5.25 ± 1.83
My mentor works with me to define my academic goals	5.95 ± 1.13	6.09 ± 1.01	4.83 ± 1.46
My mentor uses strategies to foster a better communication with me	5.92 ± 1.16	6.01 ± 1.09	5.25 ± 1.47
My mentor is able to correctly identify my skills to develop my academic work	5.91 ± 1.09	5.97 ± 1	5.41 ± 1.55
My mentor stimulates my creativity	5.86 ± 1.26	5.94 ± 1.13	5.16 ± 1.86
My mentor is able to adapt to different communication needs	5.85 ± 1.09	5.92 ± 1.02	5.25 ± 1.42
My mentor is able to correctly identify my academic knowledge	5.83 ± 1.09	5.89 ± 1.01	5.33 ± 1.49
My mentor co-creates with me a path to promote my professional autonomy	5.81 ± 1.21	5.91 ± 1.13	5 ± 1.47
My mentor works with me on defining clear expectations on the mentoring relationship	5.8 ± 1.15	5.89 ± 1.07	5 ± 1.47
My mentor helps me define my professional goals	5.8 ± 1.28	5.88 ± 1.20	5.08 ± 1.65
My mentor considers the impact of our professional and personal differences when defining our expectations	5.64 ± 1.19	5.73 ± 1.14	4.91 ± 1.32
My mentor helps me organize to find the balance in my professional and personal life	5.64 ± 1.38	5.88 ± 1.20	4.41 ± 2.09
My mentor helps me expand my professional network	5.58 ± 1.41	5.67 ± 1.35	4.83 ± 1.62
My mentor aligns his/her expectations with mine	5.53 ± 1.23	5.59 ± 1.19	5.08 ± 1.44

*Results have been ordered first showing the highest scale ratings.

Items	Mentoring Processes Assessment Questionnaire (MPAQ) Likert scale 1-5		
	Mean ± SD Full sample n = 110	Mean ± SD junior students n = 98	Mean ± SD senior students n = 12
My mentor has enough experience and knowledge about the university and my major	4.39 ± 0.83	4.41 ± 0.80	4.16 ± 0.98
My mentor is completely honest with me	4.26 ± 0.88	4.26 ± 0.87	4.25 ± 0.92
My mentor usually is able to put him/herself in my place when I have pointed out questions and difficulties	4.25 ± 0.92	4.34 ± 0.83	3.5 ± 1.25
My mentor encourages me to solve my own problems	4.24 ± 0.89	4.28 ± 0.89	3.91 ± 0.86
My mentor adequately structures and organizes the mentoring process	4.22 ± 0.90	4.26 ± 0.81	3.91 ± 1.38
My mentor shows a high level of involvement and enthusiasm	4.17 ± 0.82	4.21 ± 0.78	3.83 ± 1.06
My mentor is a role model	4.15 ± 1	4.19 ± 0.95	3.83 ± 1.28
My mentor is always accessible and available when I need him/her	3.96 ± 0.92	4.01 ± 0.92	3.58 ± 0.86

*Results have been ordered first showing the highest scale ratings.



Conclusions

- Generation Z nursing students value the presence of a experienced mentor that can adapt to different student profiles, be honest, motivate them, show empathy and effectively listen and communicate with them. Small groups or 1 to 1 learning are preferred in order to find a mentor.
- More data is being collected in order to include a bigger sample of senior students, thus allowing comparability of the different needs and student profiles.
- Future analysis will help define a specific profile of mentors that current nursing students need which will serve as a basis for their growth as future nursing professionals.