**For the times they are a changing**

As I sat down to write this editorial the song *for the times they are a changing* started playing. This could not be truer for nurse education in the UK at the moment. Indeed, it would be easy to feel overwhelmed by the amount and scope of change. In my current role, I am responsible for overseeing the implementation of a pre-registration nursing curriculum based on the new Nursing and Midwifery Council (NMC) standards. (More information about the new NMC standards is available at: <https://www.nmc.org.uk/education/programme-of-change-for-education/programme-change-education/> and in an EBN Blog at: <http://blogs.bmj.com/ebn/2017/07/03/consultation-on-the-new-education-standards-have-your-say/>.)

As editor of Evidence Based Nursing (EBN) I am keen to ensure the pedagogy underpinning our new curricula is educationally sound. This is particularly important as a recent review of pre-registration nursing curricula in the UK found that only 42% of curricula documents used the words pedagogy and where they did this was often superficial (1). I also believe we need to use teaching strategies that support students to use their knowledge in practice alongside assessment strategies that test the application of knowledge rather than the regurgitation of memorised information. In the past year, a couple of EBN Blogs have focused on this. The first Blog looked at whether or not we need to change how we educate health care professionals about pain management (see: <http://blogs.bmj.com/ebn/2017/04/30/do-we-need-to-rethink-how-we-educate-healthcare-professionals-about-pain-management/)>. The second looked at ensuring how what we teach in the university is applied in practice (see: <http://blogs.bmj.com/ebn/2017/09/03/how-do-we-ensure-that-what-we-teach-in-university-is-applied-in-nursing-practice/>).

So, as I move into a period of curricula development what am I thinking is the way forward? The final version of the NMC standards is not due to be published until April 2018. However, we have a fairly good idea about some of the things that are going to change. For example, the current cap on 300 hours of the 2,300 practice hours being simulated learning is likely to be lifted. This provides us with the opportunity to deliver our curricula in new and innovative ways. There is also likely to be an increased emphasis on nurses’ role in health promotion as well as care in the community.

In preparation for this work I have been reviewing the evidence base to support nurse education. Interestingly the available evidence is patchy. For example, a colleague has just carried out a review of the evidence for involving service users in teaching. She has concluded that despite this being an NMC requirement there is little evidence regarding the most effective way of doing it. This is interesting because many of the contributors to one of our EBN Twitter chats have suggested this is a useful strategy to use to help the application of theory into practice (see: <https://storify.com/alitwy/do-we-need-to-rethinkhow-we-educate-healthcare-pro#publicize)>. Personally, I think it is imperative that the views of service users (patients and carers) are incorporated into nursing curricula but further research is needed to identify the most effective ways of doing so.

One of the things I am determined to do is ensure the delivery of our curricula is evidence based. Since a visit to Dalhousie University’s School of Nursing earlier this year I am particularly interested in the flipped classroom model. Flipped classroom is an innovative way of educating students. Students no longer attend lectures but instead engage in online teaching and learning activities alongside teacher and student meetings (usually face to face seminars using active teaching strategies). Could this be a way of facilitating our students being better able to apply their knowledge in practice?

It appears I am not alone in being interested in the flipped classroom as over the past few years several literature reviews have been published pulling the current evidence for this teaching model together. A scoping review concluded that there is emerging evidence that using a flipped classroom model in higher education improves students’ academic performance as well as increasing student and staff satisfaction (2). A systematic review of the flipped classroom in nurse education found the use of the flipped classroom produced neutral or positive results in relation to academic achievement but mixed results in relation to student satisfaction (3). The authors noted that student engagement was better if academics had explained the rationale for the flipped classroom model to the students.

So in conclusion, I am excited about the opportunities provided by the new NMC standards for pre-registration nursing. My wish at the start of 2018 is that the standards provide the catalyst for a revolution in the way nurses are educated across the UK.

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**References**

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