

# Editorial: Enhancing Health and Social Care Student Learning Experiences

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As the higher education landscape world-wide experiences significant change and the need for graduates in the health and social care disciplines expands, innovative and effective teaching and learning approaches are arguably more important than ever. The World Health Organisation (WHO, 2025) is projecting a shortage of 11 million health workers by 2030, placing pressure on universities to educate students more effectively and efficiently. Countries of all socioeconomic levels are facing challenges in the education, performance and retention of health workforce (WHO, 2025). From the higher education perspective, we are facing a taxing and changeable environment that is potentially unlike anything we have seen before (de Wit et al., 2025). These challenges including significant financial constraints, changes to student internationalisation and the impact of big data, rapid technological advancement and artificial intelligence.

In this uncertain context, this issue brings together perspectives and innovations relating to improving the experiences for health and social care students whilst also responding to the demands being placed on both the higher education and health care settings world-wide.

In a United Kingdom (UK) based study Winter and Craig (2025) offer a comparison of paper and video cases for use in case-based learning. Using a sample of 29 physiotherapy students in a cross-over study they established that while there was no difference in the development of clinical reasoning using each of the case types, students found video case studies more authentic and understood the assessment process better. Paper based cases however, afforded students opportunity to view all of the information and to refer to written notes. Overall, both methods proved supportive for developing clinical reasoning and assessment skills. The authors suggested that use of a mix of video and written cases is ideal.

In a second study hailing from the UK, Dunford and colleagues (2025) described the implementation and pilot evaluation of a collaborative learning in practice (CLiP) placement in an acute hospital setting. In this study the authors collected feedback from two physiotherapy students who were participating in a six-week placement that implemented the CLiP model. This model utilises coaching to support students to take the lead in their practice experience. The students were coached by registered staff and had additional mentoring support. The authors suggested that the model may have benefits for the discipline of physiotherapy as it appeared to support the

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development of student autonomy, caseload management and communication skills, although consideration of the placement setting and preparation for this model of placement are important.

The third article written by Almahmoud and colleagues (2025) was based in a Palestinian setting and provided information about student satisfaction with blended learning in COVID-19 times. Whilst we are now three years post the height of COVID-19 the use of blended learning remains a common across the world and has proven particularly relevant in the Palestinian setting due to political instability. In this study, Almahmoud and colleagues surveyed 300 nursing students from five schools to establish their views on the effectiveness of blended learning with a focus on knowledge management. Seventy-one percent of participants reported that blended learning was helpful, however the authors highlight the need for balanced blended learning, that is introduced to students early in their studies and the need to invest in academic training in blended learning techniques for staff.

Bogossian and colleagues (2025) highlight the importance of training and development for teachers facilitating inter-professional education (IPE). In an Australian setting, the authors described the development of an online modular IPE education program and the use of an expert panel to establish program content and face validity. Using focus groups, they then explored user group experience establishing that the modules reinforced current practice, taught new concepts, used inclusive language and assisted in the implementation of IPE.

In the final article, Chalk and colleagues (2025) outlined two aims for their preliminary study. The first was to develop and refine a resuscitation training strategy, enabling the team to establish study procedures and outcome measures suitable for a larger investigation. Findings from this initial work informed their second aim: assessing whether a full-scale study would generate robust evidence and further validate the proposed training strategy. Using a mixed-methods approach, the researchers explored how a small cohort engaged with Lifesaver manikins and a Q CPR resuscitation app, with a particular focus on determining the optimal frequency of virtual refresher CPR training for primary care professionals. Although the data collection process required some modification, the preliminary results supported the case for undertaking a more extensive study.

We hope that this issue of IJPLHSC provides you with ideas for innovation and collaboration that can assist you in navigating these uncertain times and the challenges of educating health and social care students for the future.

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