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ELSEVIER: Teaching & Learning in Nursing

Decoding medical terminology: Implementing digital teaching innovations to support Nursing students' academic and clinical practice

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Abstract

The aim of this study was to ascertain the impact of an online teaching intervention on students' ability to accurately decode medical terminology and explore the effects of particular demographic characteristics. Nursing students encounter a range of medical terminology during their academic study and clinical practice. Mastering medical terminology is particularly challenging, yet proficiency in its use is critical for effective patient care. This study applied a non-experimental pre- and post-test research design alongside a cross-sectional survey. The sample included 145 pre-registration undergraduate BSc (Honours) Nursing students. The study was conducted in the School of Nursing and Midwifery at a university in the United Kingdom. A paired samples t-test revealed a significant difference between the pre- and post-assessment results, with participants' experiencing an average overall gain of 3.41 marks or 13.6% improvement irrespective of age, gender, ethnicity or branch of nursing field being studied. The data offers a strong argument for integrating digital approaches for teaching medical terminology into the wider curriculum. Due consideration must be attributed to digital poverty and the challenges faced when undertaking digital tasks.

Keywords: decoding medical terminology, communication, word parts, digital literacy, Nursing Education.

Introduction

Medical terminology refers to the specialised language used by healthcare professionals to communicate effectively with one another in clinical practice (Aygun, 2020; Links et al., 2019; Derevianchenko et al., 2018). Many of the terms from this discipline-specific discourse are derived from Greek and Latin words, adding to its complexity (Najmiddinova, 2021; Wermuth & Verplaetse, 2019; Karaca & Aslan, 2018). Research suggests that student nurses frequently struggle to grasp medical terminology and find it challenging to retain the volume of terms they are required to recall, suggesting the need to implement teaching strategies to support the development of this knowledge (Al-Wadi & Alkhabbaz, 2019; Kolodnytska & Vorona, 2019; Tindall, 2018).

Learner-centred pedagogical strategies, which support knowledge transfer via active involvement with the learning process, have been employed by digital education tools to encourage learning via

exploration and engagement rather than content consumption (Seidlein et al., 2020). Additionally, dynamic approaches to content delivery and visual technology-based strategies have been utilised effectively for terminology instruction (Aravind & Rajasekaran, 2020, Kingsley & Grabner-Hagen, 2018). Using these as foundations, this research aims to measure the impact of an online teaching intervention on undergraduate, pre-registration nursing students' ability to accurately decode medical terminology. It explores the effects of specific characteristics, namely age, gender, ethnicity and field of nursing being studied.

Background Literature

An emphasis on intelligible communication remains at the forefront of healthcare practice and is outlined in the Nursing and Midwifery Council's (2018) *Code of Practice* (Sibiya, 2018; Raphael-Grimm, 2015; Riley, 2015). Such guidelines dictate the necessity for practitioners to strive to uphold effective communication processes that support and develop patients' understanding of conditions pertaining to their health (Indra, 2018; Kourkouta & Papathanasiou, 2014). Notably, medical terminology is utilised daily in all aspects of patient care by numerous healthcare practitioners including nurses. Medical terminology can help to streamline communication processes within healthcare settings and aims to bestow clarity. Its understanding is central to ensuring seamless communication between practitioners and patients alike (Kerna, 2018). Moreover, the Covid-19 pandemic has emphasised the necessity for medical terminology to be used clearly to communicate medical knowledge regarding disease management (Cloitre & Shinn, 1985; Daniele, 2020).

Despite an emphasis on plain language use in practice to support optimal communication, research suggests that healthcare professionals continue to use medical jargon, sometimes up to 70% of the time during a single appointment (Pitt & Hendrickson, 2020; Links et al., 2019; LeBlanc et al., 2014). Ultimately, such practices can negatively impact communication between healthcare professionals and by extension, result in shortcomings in patient care. To overcome this communication barrier, a more thorough grasp of medical terminology may provide a possible solution. It could allow healthcare professionals to bridge the communication gap while positively impacting clinical practice (Derevianchenko et al., 2018; Kerna, 2018; Sykes & Nichols, 2015). Failure to actively support nursing students' development of medical terminology may result in barriers for students on placement, and later as Registered Nurses in clinical practice (Afriyie, 2020).

As proficiency in medical terminology aids effective patient care, the development of this knowledge requires additional attention in higher education settings (Mammas et al., 2020; Links et al., 2019; Kerba, 2018). Additionally, there is growing evidence indicating that nursing students benefit in the

long-term from curriculum-integrated teaching interventions focusing on developing their knowledge and understanding of medical terminology (McAllister et al., 2022; Senel Tekin et al., 2020; Karaca & Aslan, 2018). The benefits, following medical terminology instruction, are observed in students' university study as well as in clinical practice when communicating with colleagues and patients (Najmiddinova, 2021; Derevianchenko et al., 2018). A study conducted by Allenbaugh et al. (2019) demonstrates the impact of investing time within an academic curricula to develop clear communication through improved knowledge between healthcare practitioners. The study's results indicate the importance of streamlined communication to optimise patient experience.

While the authors acknowledge that higher education institutions may deliver teaching specifically developed to support nursing students in the comprehension of medical terminology, it is difficult to ascertain with any certainty using the current literature, the extent to which this vital support is being provided and the format that this support is taking. One example of an implemented teaching strategy to improve students' ability to recall medical terminology is described by Hseih (2016) who implemented a game to improve engagement. Hseih's (2016) study findings indicate the importance of increasing students' interest in learning to engage with medical terminology, which students acknowledge as a challenging area of their practice. Moreover, the study emphasises the importance of dedicating time to teaching medical terminology, which the authors acknowledge as being " a priority in nursing education" (Hseih, 2016, p. 1). The aim of this study was to ascertain the impact of an online teaching intervention on students' ability to accurately decode medical terminology and explore the effects of particular demographic characteristics. The objectives were derived from the literature review during the early phases of the research.

Methods

Study Design

Following the positive outcomes of a pilot study, which comprised a sample of 16 Nursing Associate Apprentices (McAllister et al., 2022), it was decided to extend the research to a larger sample. The research methodology for this study remained consistent with the pilot, incorporating a quantitative, non-experimental before and after design, which aimed to determine the impact of the short-term, digital teaching intervention focussed on accurately decoding medical terminology. This was paired with a cross-sectional survey (non-validated tool) to ascertain participants' experiences of the teaching intervention.

Participants

The participants for this study were a convenience sample of 145 first year pre-registration Bachelor of Science (Honours) Nursing students. This study was introduced during the induction programme during the students' first week at university. The study aims and delivery methods were clearly outlined, while allowing potential participants the opportunity to ask any questions of the Principal Investigators delivering the teaching intervention. All participants were made aware at the outset, and reminded at the conclusion of the teaching intervention, that the survey was anonymous and that by submitting a response the data would automatically be included in the research as there was no way to identify individual participant's responses for exclusion. Of the possible 232 students, a total of 145 participated in each study component. Thus, 62.5% of the cohort participated by providing written informed consent, completing both the pre-assessment and post-assessment, and responding to the survey at the end of the study.

Setting

The study was conducted in the School of Nursing and Midwifery at a widening participation university in the United Kingdom. This institution offers a range of postgraduate and undergraduate pre-registration programs across five fields (Adult, Child, Mental Health, Learning Disability, and Midwifery). At the time of this study, the cohort of undergraduate, pre-registration students were enrolled in only three fields; Adult, Child, or Mental Health. Currently, there is no dedicated time attributed to teaching medical terminology in the School.

Teaching intervention

The online teaching intervention was delivered via the University's Virtual Learning Environment (VLE) on Blackboard Collaborate during the first four weeks of the program. It consisted of four, one-hour long seminars developed and delivered by the Principal Investigators, and supplemented with student-directed learning activities. During the teaching intervention, participants created and uploaded their own TikTok-style videos (posted via the VLE Discussion Board) in which they presented homemade flashcards accompanied by a verbal description of the process of decoding their chosen medical term. The aim of these clips was to encourage active engagement with the decoding skills learned, while allowing participants to view their peers' videos to broaden their knowledge of medical terms in an engaging way. Deadlines were provided to encourage students to upload these to the platform. Participants had access to all teaching material throughout the study's duration and for six

months following its conclusion. This allowed participants to refer back to materials and download any resources to integrate into their learning.

In response to the feedback received during the pilot study, the following amendments to the delivery were implemented in an effort to improve the participants' experience: the teaching intervention was extended to four seminars delivered over four weeks, instead of the piloted three seminars over three weeks. During the first seminar, participants were inducted more thoroughly regarding the technology that was used throughout the teaching intervention. An outline of the teaching intervention is displayed in **Table 1.**

Table 1: Outline of digital teaching intervention.

PRE-ASSESSMENT TASK		
SESSION	**THEME**	**CONTENT**
Seminar 1	*Induction to the teaching intervention*	This session focused on presenting the study's parameters while providing insight into the approaches and technology to be applied during the teaching intervention. Time was spent clarifying the assessments, survey, consent, and study inclusion.
Seminar 2	*The basics of decoding medical terminology*	This session introduced students to the different word parts comprising medical terminology: prefixes, roots, suffixes. Emphasis was placed on students' ability to deconstruct difficult terms, rather than focusing on learning lists of words for later recall.
STUDENT-LED ACTIVITY: CREATE AND UPLOAD VIDEO CLIPS TO DISCUSSION BOARD. VIEW PEER VIDEO CLIPS.		
Seminar 3	*Medical terms in context*	This session aimed to impart the meanings of specific prefixes, roots, and suffixes when encountered in certain contexts e.g. word parts relating to size, location, quantity, and colour, were covered.
STUDENT-LED ACTIVITY: CREATE AND UPLOAD VIDEO CLIPS TO DISCUSSION BOARD. VIEW PEER VIDEO CLIPS.		
Seminar 4	*Application and reflection on learning*	During this session, students were divided into small break-out groups in the VLE and tasked with extracting the medical terminology from allocated case studies to demonstrate what they had learned. Students were also encouraged to reflect on the application of the newly learned skills to their academic study and clinical practice.
POST-ASSESSMENT AND SURVEY TASKS		

Data collection procedure

Data were collected in September and October 2021, during the first four weeks of the BSc (Honours) nursing program. At the study's outset, and before attending the first seminar, participants were required to complete a thirty-minute pre-assessment via the University's VLE. The pre-assessment aimed to establish participants' baseline understanding of medical terminology.

At the end of the 4 week teaching intervention, participants completed a post-assessment to measure their knowledge at this point in time. Notably, both the pre-assessment and post-assessment included the same questions, which were randomly shuffled, thereby upholding the test-retest reliability of the measurement (Qin et al., 2018; Shrout & Fleiss, 1979). Participants were not made aware that the questions in both assessments were the same.

In addition, participants were invited to complete an anonymous survey aimed to capture insights into their digital experiences. The questions posed in the survey were closed and open-ended, alongside Likert-scaled questions. Specific demographic characteristics pertaining to participants' age, gender, ethnicity and field of nursing being studied were also collected.

Data analysis

The quantitative data analysis was performed using the Statistical Package for Social Sciences Version 25.0 (SPSS). Descriptive statistics and further analysis were undertaken for two different datasets. One set of data pertained to the pre-assessment and post-assessment results, while the other dataset related to the survey and the participants' experiences of the digital teaching intervention.

Ethical considerations

The University's Research Ethics Panel granted full review approval for the study to proceed prior to commencement. In the spirit of inclusivity, eligible participants were invited to participate in the research and automatically enrolled into the teaching intervention. The automatic enrollment was to ensure that all students received an equitable opportunity to engage with the concepts taught during the four seminars. This decision also meant that there was no provision for a control group in the research design. Those who wished not to participate were permitted to withdraw either from the teaching intervention, the study, or both, without providing a reason for doing so. Prior to the study, participants were required to provide written informed consent acknowledging their permission to be involved in the research and for their data to be included in the final analysis.

In addition, unequal relationships were taken into consideration as the researchers were also lecturers on the wider programme of study. Additional care was taken to ensure that all participants were safeguarded against bias throughout the duration of the study. All participants were also made aware that the decision to participate or not, would not affect their programme of study. Participant data was stored within the University's VLE. Only participants who took part in the study, and the researchers, were granted access to this space. This was to ensure that responses and interactions throughout the teaching intervention's duration would be protected while ensuring all participants' data remained safely stored.

Results

Participants' characteristics are displayed in **Tables 2, 3, 4, and 5** alongside their pre-assessment and post-assessment results**.** Most participants belonged to one of three age groups: 18-24 comprised 31.7%, 25-34 constituted 23.4%, and 35-44 year accounted for 26.9% of the sample. The participants identified with a range of ethnicities. The three ethnicities comprising the largest share of the sample were: Black or Black British (African) (40.0%), White (25.5%), and Other Asian Background (10.3%). The majority of the participants were female (93.1%), with 6.9% of the sample being male. Of the three specialist fields of Nursing being studied by participants, 62.7% were studying Adult Nursing, 22.8% Child Nursing, and 14.5% Mental Health Nursing.

Pre-assessment and post-assessment results

Participants' baseline knowledge of medical terminology was determined using a timed online pre-assessment comprising multiple choice questions. The mean result achieved for the pre-assessment was 13.60 marks (54%) with a standard deviation of 4.17 and a range of 18 (minimum=4 and maximum=22). One fifth (20%) of participants achieved 40% or less in the pre-assessment. The mean result for the post-assessment was 17.01 marks (68%) with a standard deviation of 3.82 and a range of 21 (minimum=3 and maximum=24). For the post-assessment, only 4% of participants achieved less than 40%. In this study, 40% was identified as a pass grade for the assessment as this percentage aligns with the University's pass threshold across programmes.

Skewness and kurtosis values suggested that parametric testing was suitable for the data, although the distribution of the post-assessment results displayed a left skew (skewness = -.60). The correlation coefficient ($r=0.53$, $p<0.001$) indicated a moderate, positive correlation between the pre-assessment and post-assessment results. The mean calculated for the pre-assessment (M=13.60, SD=4.17) and post-assessment (M=17.01, SD=3.82) were compared using a paired samples t-Test and found to be significantly different, $t(144)=-10.53$, $p< 0.001$. On average, the pre-assessment marks were 3.41 less than the post-assessment results (95% CI [-4.06,-2.77]). Cohen's D effect size was 0.87, which

according to Cohen's classification is indicative of a large effect (<0.8) (Nissen et al., 2018; Lakens, 2013).

To compare the effects of different demographic variables on the pre-assessment and post-assessment results obtained by participants, one-way ANOVAs were performed. Normality tests and Levene's tests were carried out for each and the assumptions met. A one-way ANOVA revealed that there was no significant difference in the pre-assessment ($F(4, 140) = 1.21$, $p=0.31$) or post-assessment results ($F(4,140)=1.24$, $p=0.30$) based on age group. Likewise, there was no significant difference between the pre-assessment scores ($F(2,142)=0.13$, $p=0.88$) and post-assessment scores ($F(2,142)=0.57$, $p=0.57$) achieved by participants in different fields of study; nor the pre-assessment scores ($F(1,143)=0.06$, $p=0.82$) and post-assessment scores ($F(1,143)=0.01$, $p=0.94$) achieved by males and females; nor for the pre-assessment results ($F(7,137)=0.95$, $p=0.47$) and post-assessment results ($F(7,137)=1.40$, $p=0.21$) obtained by different ethnic groups.

Table 2: Participants' pre-assessment and post-assessment results (out of 25) according to gender

Variable	N	%		Mean	Std Deviation		Minimum		Maximum	
Gender	pre-& post-		pre-	post-	pre-	post-	pre-	post-	pre-	post-
Female	135	93.1	13.58	17.01	4.12	3.77	4	3	22	24
Male	10	6.9	13.90	17.10	5.11	4.73	4	9	21	23
Total	145	100	13.60	17.01	4.17	3.82	4	3	22	24

Table 3: Participants' pre-assessment and post-assessment results (out of 25) according to age

Variable	N	%		Mean	Std Deviation		Minimum		Maximum	
Age group	pre-& post-	%	pre-	post-	pre-	post-	pre-	post-	pre-	post-
18-24	46	31.7	14.22	17.17	4.09	3.80	7	7	22	24
25-34	34	23.4	13.62	17.29	3.85	3.38	7	11	22	23
35-44	39	26.9	12.74	16.15	4.66	3.75	4	7	22	23
45-54	21	14.5	13.19	17.14	4.05	4.77	4	3	18	23
55-64	5	3.5	16.20	19.80	2.68	1.64	12	17	19	21
Total	145	100	13.60	17.01	4.17	3.82	4	3	22	24

Table 4: Participants' pre-assessment and post-assessment results (out of 25) according to ethnicity

Variable	N	%	Mean		Std Deviation		Minimum		Maximum	
Ethnicity	pre-& post-	%	pre-	post-	pre-	post-	pre-	post-	pre-	post-
Low frequency mixed ethnicity	12	8.3	14.58	17.33	4.81	3.89	7	12	21	23
Asian or Asian British (Indian)	7	4.8	12.14	17.29	4.71	5.09	4	10	19	23
Asian or Asian British (Pakistani)	6	4.1	10.83	14.67	3.31	4.55	7	7	14	20
Black or Black British (African)	58	40.0	13.31	16.71	4.19	3.67	5	3	22	23
Black or Black British (Caribbean)	5	3.5	12.60	13.80	5.13	4.66	7	7	20	18
Other Asian Background	15	10.3	14.93	18.60	3.88	3.54	9	11	22	24
White	37	25.5	13.97	17.54	3.83	3.55	4	9	22	23
Not known	5	3.5	14.20	16.80	5.07	3.56	9	12	21	22
Total	145	100	13.60	17.01	4.17	3.82	4	3	22	24

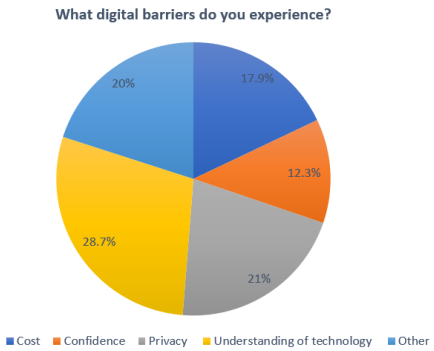
(N.B. "Low frequency mixed ethnicities" group includes all ethnicities that had 2 or less participants identifying with it.)

Table 5: Participants' pre-assessment and post-assessment results (out of 25) according to the nursing field being studied.

Variable	N	%	Mean		Std Deviation		Minimum		Maximum	
Nursing Field	pre-& post-	%	pre-	post-	pre-	post-	pre-	post-	pre-	post-
Adult Nursing	91	62.7	13.69	17.16	4.35	3.85	4	3	22	24
Child Nursing	33	22.8	13.27	17.12	3.89	3.72	7	7	21	23
Mental Health Nursing	21	14.5	13.71	16.19	3.98	3.91	7	9	21	23
Total	145	100	13.60	17.01	4.17	3.82	4	3	22	24

Barriers to digital access

Data was collected to examine the challenges that participants endured whilst participating in this digital teaching intervention, as it is acknowledged that a lack of digital access and skills can widen inequalities among the student population. The lack of digital access and skills were classified into 5 groups: *Confidence using technology*, *Cost*, *Privacy*, *Understanding technology*, and *Other*. Participants were asked to select all applicable options, refer to **Graph 1.**



Graph 1. *Digital barriers experienced by participants* (generated using Microsoft Forms).

To identify significant associations a Fisher's Exact Test was used as more than 20% of the cells had expected frequencies less than five. A positive correlation was observed between age and *Understanding of technology;* as age increased, the percentage of participants citing an understanding of the technology as a barrier also increased (two-tailed $p=0.004$). A positive correlation was also found between age and *Confidence using technology* (two-tailed $p<0.001$), with the exception of the 35-44 age group, which was notably lower than any other age group, and comprised only 3% of all participants who cited confidence as a barrier. A significant association was also identified between ethnicity and *Understanding the technology* (two-tailed $p<0.001$). In this instance, 45.5% of all participants who stated that *Understanding the technology* was a barrier were Black or Black British (African) and another 12.7% of participants belonged to the Other Asian Background.

Discussion

Innovation is a pivotal aspect of progress. In Nursing Education, innovation is key to meeting the rapidly changing needs of the future nursing workforce during this time of unrivalled digital transformation. Apparent gaps in the existing knowledge base and anecdotal evidence of need, led to the development of a novel digital teaching intervention to support nursing students' knowledge, understanding and use of medical terminology. By contrast, the outcomes achieved by participants were not influenced by characteristics such as age, gender, ethnicity, or nursing field studied.

What is the impact of an online teaching intervention on students' ability to accurately decode medical terminology?

Building on the foundations of the pilot study and applying the feedback obtained from its participants, this research was refined and delivered to a large cohort of first year BSc (Honours) Nursing students. One of the aims of this research was to quantitatively determine the impact of the teaching intervention on students' knowledge of medical terminology. The findings indicate that there was a significant

difference ($p<0.001$) between the participants' mean pre-assessment results and their mean post-assessment results. Although the average 13.7% gain in the post-assessment was less than the 20% improvement observed in the pilot study, there was still a significant improvement in knowledge of medical terminology among the participants following the intervention. Importantly, fewer participants (4%) failed to meet the minimum pass grade (40%) on the post-assessment compared with 20% on the pre-assessment, suggesting that a teaching intervention can be of particular benefit to learners who commence a pre-registration nursing program with limited exposure to medical terminology.

This study also sought to explore the effect of participant demographics on the mean pre-assessment and post-assessment results. Interestingly, gender, age, and ethnicity had no significant effect on the results obtained. Although there were notable variations in the assessment scores achieved for different demographic variables: for example, Asian or Asian British (Pakistani) participants had the lowest mean pre-assessment result, whilst Other Asian Background participants had the highest ($M=10.83$ and $M=14.93$ respectively); the 35-44 year age group achieved the lowest mean post-assessment results and the 55-64 year age group achieved the highest mean post-assessment results ($M=16.15$ and $M=19.80$ respectively), none of these differences were found to be significant. It appears that irrespective of gender, age, ethnicity, and chosen field of study, all pre-registration nursing students can potentially benefit from this short-term teaching intervention. While the results indicate a definitive improvement in participants' ability to accurately decode medical terminology, it is not possible to ascertain causality from this non-experimental study. Measures were taken to minimise the influence of extraneous variables, such as delivering the intervention to first year students during the first month of the academic program, however, the improvement in students' knowledge of medical terminology cannot be attributed solely to the teaching intervention.

What are the effects of specific characteristics, namely age and ethnicity, on the digital learning experience?

In consideration of the potential for this digital teaching intervention to widen inequalities and disadvantage student nurses who lack digital access and skills, the survey asked participants about their experiences. The majority of the sample acknowledged they were able to access the internet when needed and had consistent access throughout, 3% to 5% of participants disclosed in the survey responses that they did not. In this study, the barriers to digital access and skills were categorised as: *Cost* (18%); *Confidence* (12%); *Privacy* (21%); *Understanding of technology* (29%); *Other* (20%). A notable finding from the analysis was the significant association between age and participants')*Understanding of technology* (two-tailed $p=0.004$). The association suggests a positive correlation between age and *Understanding of technology*; as age increased, the percentage of participants citing *Understanding of technology* as a barrier also increased, which is an important consideration given the demographics of

the student nursing population at this university. Notably, 51% of the student population in this study comprised participants who were older than 25 years of age.

Another notable finding was the association identified between ethnicity and *Understanding the technology* (two-tailed $p<0.001$). A little over half of all participants who stated that *Understanding the technology* was a barrier were Black or Black British (African) or Other Asian Background. Given that in this particular cohort, 50.3% of the nursing student population belong to the Black or Black British (African) and Other Asian Background, the potential impact of not *Understanding the Technology* that is being integrated into the study programme should be appraised and opportunities for additional support with technology provided. These findings highlight the importance of giving due consideration to digital poverty and the challenges that nursing students face when confronting digital tasks. However, it should also be noted that as nursing duties in healthcare are becoming increasingly digitally driven, for example the increasing use of electronic patient records across the UK, there is a duty to support nursing students to build the skills and confidence to adapt to new digital technologies.

Limitations

There are limitations in this study. Only students from the Adult, Child, and Mental Health fields were recruited to participate as no students were enrolled in the field of Learning Disability at the time of the study and Midwifery forms part of a different cohort. The exclusion of these groups from the sample on this occasion, which may impact the generalisability of the results to these fields.

Recommendations

The findings of the pilot study in May 2021, coupled with those obtained from the main study conducted in September 2021, indicate a clear benefit to teaching pre-registration nursing students the skills needed to accurately decode medical terminology. It is evident that integrating such interventions into the wider curriculum supports students' acquisition and understanding of medical terms to support the development of the skills to communicate effectively with both colleagues and patients. There is potential to integrate similar interventions within practical nursing skills modules or anatomy and physiology modules, which in turn, would encourage prolonged engagement with the nuances associated with medical terminology. Alternatively, such delivery could be offered under the auspices of opportunity modules alongside the programme of study. The research outcomes support the efforts of Nursing Educators to adequately prepare future generations of nurses for success in practice. Additionally, the research advocates equitable access for all students to digital skills and technology to facilitate these types of teaching intervention. Further research is needed to understand whether the

provision of digital skills support could help to limit the widening inequalities among the student population attributed to digital poverty.

Conclusion

The findings illustrate that there is a clear benefit to nursing students of providing a short-term, digital teaching intervention focussed on decoding medical terminology. Collectively, the data offers a strong argument for integrating a digital medical terminology teaching intervention into the wider curriculum in order to positively impact Nursing Educators' own pedagogical practice and by extension, students' knowledge as the future generation of nurses.

Focussed digital teaching interventions like this one can help educators to prepare nursing students for the diverse roles they will encounter as registered professionals. Furthermore, the research demonstrates the need to empower teaching staff to shift educational practice from conventional approaches of teaching medical terminology to more engaging, skills-focussed, connectivist approaches which embrace the learning opportunities created by our digital society.

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