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Research

Critical thinking, teaching satisfaction, and clinical placement readiness among undergraduate nursing and midwifery nursing students in Block model learning

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ABSTRACT

Background: Since the introduction of VU Block model® in 2018, student outcomes have improved. Clinical placement hours are essential for Nursing and Midwifery Board of Australia registration. Critical thinking skills are key for successful placement completion.
Aim: To assess the association between Victoria University (VU) Block model® and critical thinking on undergraduate nursing and midwifery students' by evaluating students' perception of their critical thinking-related capacity.
Methods: A quantitative, cross-sectional descriptive design was employed, guided by the consensus-based checklist for reporting of survey studies. 800 Bachelor of Nursing or Bachelor of Midwifery and Nursing students were invited to participate.
Results: 119 students consented to participate, with 82% providing meaningful responses. The participants average age was 27 years, 71% identifying as female and 63% enrolled domestically. No statistically significant associations were found with age (R2 0.350, $p = 0.645$) or student enrolment category-domestic/international (R2 0.364, $p = 0.965$). Significant associations were observed with gender (R2 0.501, $p = 0.050$) and professional experience practice completion (R2 0.517, $p = 0.039$).
Conclusions: Critical thinking was influenced by students' gender and frequency of exposure to professional experience practice.

Introduction

Intensive teaching methods, sometimes known as intensive and/or block modes, have become more common in universities over recent decades (Davies, 2006; Meissner et al., 2025; Testa & Van Dyke, 2025; Whillier & Lystad, 2013). The literature suggests that this change has occurred in response to shifting student demographics and in fostering better outcomes for students and their communities and in a bid to offer greater flexibility to improve student experience (Weldon & Konjarski, 2025; Whillier & Lystad, 2013). Given the convenience, there may be a financial imperative as universities can potentially accommodate more undergraduate students by using this teaching approach. Intensive teaching's benefits or lack of has been under-investigated generally (Harvey et al., 2017) and disciplines of Business, Management, Law and film (Burton & Nesbit, 2002; Ho and McPeak, 2012; Meissner et al., 2025; Ramsay, 2011) report benefits.

The pedagogical framework of Block mode was first introduced at Victoria University (VU), a public university within Australia, as the VU Block Model® in 2018 with the newly established VU First Year College®. The rest of the university fully converted to the Block in 2023 (Weldon & Konjarski, 2025). VU Block Model® generally consists of an intensive four-week period known as a block of study for a single unit/subject. All unit requirements are to be completed within the Block's time frame (2024). The main aim of adopting this pedagogical innovation was to facilitate the students being fully immersed in each unit/subject one at a time. Students have the opportunity of being offered 10 'mini semesters' allowing for a full-time study load to be completed with the usual four units/subjects per semester. This is equivalent to, the traditional semester study load (McCluskey et al.,

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2019; Weldon & Konjarski, 2025). Students have the benefit of re-enrolling in a unit in subsequent blocks if they have been unsuccessful, as each unit runs repeatedly across the four blocks. Additionally, students can catch up on any study load deficiency during a summer or winter block.

The learning environment involves small groups, with the year group divided into four groups, each of which will undertake a different unit in each block (2024). The main difference between the Block and traditional study periods is a greater flexibility in course delivery due to unit teaching being available throughout the year. The VU has a total of 11 blocks per annum and there is the ability for students to make-up units within the same semester as opposed to waiting for the following year to re-enroll which is a downfall in traditional teaching.

In Nursing and Midwifery, intensive teaching modes have quite a long history and an intensive block system was the usual mode of delivery of theoretical information, prior to the 1980s (Mason, 2013). During this era of hospital based, apprentice type education on the wards, most Nursing and Midwifery theory was delivered in six weeks intensive blocks, in classrooms (Mason, 2013). Later, with the transfer of Nursing and Midwifery education to universities, students spent most of their time in the classroom, with clinical placements occurring in blocks (Mason, 2013).

Several studies indicate that intensive teaching modes give rise to equal, or even enhanced learning experiences for students, grounded in measures of student satisfaction, commitment, and academic performance (Burton & Nesbit, 2002; Harwood et al., 2018; Kucsera & Zimmaro, 2010). However, most of these studies have taken place with students from disciplines such as Business, Management and Law, rather than clinical based disciplines such as Nursing and Midwifery. There is a lack of literature examining the association of intensive teaching on critical thinking skills, considering its difficulty in definition and incorporating all steps and processes involved (Facione, 2011) or preparedness for clinical placements, which are vital components of Nursing and Midwifery education (Carter et al., 2018; Facione et al., 1994; Kaya et al., 2018; Sommers, 2018).

Critical thinking is a cognitive process used to analyze data or information collected from an individual and how that is applied to the person's care. It is based on the nurse's or midwife's knowledge about the situation or subject which has been attained and developed (İlaslan et al., 2023; Victor-Chmil, 2013). Critical thinking is different to clinical judgement and clinical reasoning and should be differentiated from the two. Clinical reasoning is the application of critical thinking to a particular situation and clinical judgement is the application of critical thinking using cognitive, affective and psychomotor skills (Victor-Chmil, 2013). Although these three are usually clustered together, they are different. All these skills are essential in clinical practice to facilitate the appraisal of research, clinical evidence and to support decision-making for optimizing patient care in the complex health environment (Alamrani et al., 2018; Carbogim et al., 2018). Preparing nursing and midwifery students, as future health professionals, to practice safe and optimal person-centered care in a dynamic environment with critical thinking skills is paramount to the profession, given its association on clinical reasoning and judgement which is essential for safe practice (Victor-Chmil, 2013). In this study, we will explore the topic for a three-year Bachelor of Nursing program and four-year Bachelor of Midwifery/Bachelor of Nursing dual degree program.

Method

Aim

This study aimed to investigate the perceived development of students critical thinking skills, satisfaction, and readiness for PEP in the context of the intensive Block model learning and its association with their age, study pathway entry, enrolment type and their undertaking of, and stage in, mandatory nursing and midwifery placements within their programs of study.

Design and setting

A quantitative method using cross-sectional descriptive design with a questionnaire tool was utilized. Bachelor of Nursing (BN) and Bachelor of Midwifery/Bachelor of Nursing (BM/BN) students were surveyed. The study was guided by the consensus-based checklist for reporting of survey studies (CROSS) in Melbourne, Australia. Victoria University is renowned for its vibrant and diverse academic community, offering graduate and postgraduate degrees across various disciplines to both domestic and international students, presenting a broad and inclusive scope for the study.

Developing the questionnaire

The questionnaire tools were developed from existing validated tools. The survey utilized a validated, 29-item six-scale Likert (strongly agree, agree, tend to agree, tend to disagree, disagree, and strongly disagree) questionnaire which had content validity index score of >0.7 (Carter et al., 2018) and 13 questions (five on satisfaction with learning and eight on self-confidence) through a Likert scale with five options ranging from strongly disagree to strongly agree assessing students satisfaction and self-confidence in learning evaluation tool which was previously validated with reported Cronbach's alpha of 0.94 for the satisfaction subscale and 0.87 for self-confidence subscale (Franklin et al., 2014; Pamela R Jeffries & Rizzolo, 2006). A further optional five item tool, based on Jacobs et al. (2018) study on regional variation in cardiovascular mortality in Australia between 2009 and 2012 was used to further examine students critical thinking and their ability to associate remoteness, socio-economic status and cardiac disease in Australia (Watson & Glaser, 1980).

This approach provided an understanding of the participant's critical thinking skills. Both questionnaires composed of questions from two previously validated tools, the Carter Assessment of Critical Thinking in Midwifery Scale (Carter et al., 2018) and the Student Satisfaction and Self-Confidence in Learning Scale (Franklin et al., 2014), which were used to elicit student views on preparation for clinical practice.

A total of 29 items were used from the Carter Assessment of Critical Thinking tool with each being scored on a 6-point Likert-scale from strongly agree to strongly disagree. Scores for each item giving points of 1-6 (total 29-174) were applied to all items. The tool required minor modification to tailor it more effectively to the participant group. For example, the term 'woman' was changed to "individual' to promote greater inclusivity.

The second tool was a 13 item, 5-point Likert-scale of students' satisfaction ranging from strongly agree to strongly disagree (total 13-65) relating to current learning and developing self-confidence with learning (Franklin et al., 2014). Following completion of the questionnaires, participants were asked to interpret a practice scenario developed using the Watson-Glaser Critical Thinking Appraisal Approach (Watson & Glaser, 1980) which investigated the students understanding of cardiac disease in Australia. The modified questionnaire tool was validated by study members before it was distributed for data collection.

Sampling, data collection and analysis

Convenient sampling was utilized to identify students who satisfy the inclusion criteria for the study (Suen et al., 2014). The dissemination of information about the research study and the invitation to

participate were facilitated by unit convenors overseeing second to fourth-year units for BN and BM/BN students. Details were shared on the university's learning management system (LMS), news feed and study announcement flyers were distributed in common areas such as corridors, elevators, and bulletin boards.

Data was collected over a six-month period from October 2023 to April 2024 using the Qualtrics™ online survey platform. This ensured all responses were anonymous as no identifiers were collected. The survey responses were exported from the Qualtrics software to SPSS™ version 27 for data analysis. The data was stored using the University's password protected cloud drive. Numerical data were analyzed using a 95% Confidence Interval (CI) and presented as counts and percentages. In cases of missing values, the data was denoted as n (number of cases) / N (total instances) without making any assumptions about the missing data. Categorical data was analyzed using chi-square or Fisher's exact tests to compare proportions. Ordinal, interval, and discrete data were examined using, bivariate correlation, and multiple linear regression tests with statistical significance indicated by a two-sided p value < 0.05.

Ethics and participants

The study obtained ethics approval from the Human Research Ethics Committee of Victoria University (HRE19-043). Participation was voluntary and participants were informed that they could withdraw from the study at any time before data aggregation. This information was provided through a participant information and consent form, which was presented via the online survey landing page. Participants were asked whether they consent to participate in the study, and if so, they were advised to proceed to the questionnaire within the Qualtrics™ platform where anonymous responses were recorded.

Results

Participant demographics

Out of a target population of approximately 800, 15% (n = 119) consented to participate, of which 12% (n = 98) provided meaningful responses to the questions. Of these 98, their average age was 27 years with a range of 18-59. The majority (71%) identified their gender as female, 63% were enrolled as domestic students and 80% were enrolled into a single BN degree with majority being 3rd years nursing students as detailed in Table 1.

Most of the respondents, n = 94 (96.9%) reported having had at least one Professional Experience Placement (PEP) with an average of four placements as shown in Fig. 1.

The reported highest level of prior education was high school (38%) followed by Technical and Further Education/Vocational education (28%) and 40% reported to have had prior nursing/healthcare qualifications. When asked about engaging in paid work, 82% responded 'yes' and the majority, 28%, reported to be undertaking 17-24 h of work per week (Fig. 2).

Critical thinking

Students were invited to respond to 29 questions (see Appendix A) using a six option Likert scale starting with strongly agree. Descriptive scale statistics mean is 55.85 with variance of 258.23, Standard Deviation (SD) of 16.07 and multiple regression analysis of these research questions, using the participants' demographics as the predictors, revealed no statistical significance association with; age (R^2 0.350, p = 0.645), student enrolment category whether domestic/international (R^2 0.364, p = 0.965), highest level of prior education (R^2 0.318, p = 0.752), prior nursing/healthcare qualification (R^2 0.377, p = 0.460), engaging in paid employment (R^2 0.449, p = 0.159). However, there was a statistically significant association with gender (R^2 0.501, p = 0.050) and PEP completion (R^2 0.517, p = 0.039).

Students were also provided with an optional table based on Jacobs et al. (2018) study on regional variation in cardiovascular mortality in Australia between 2009 and 2012, examining the association of remoteness and socio-economic status. Similar dependent variables were statistically tested with the questions using multiple regression analysis on respondents (n = 63) and revealed no association with; age (R^2 0.030, p = 0.883), gender (R^2 0.112, p = 0.223), highest level of prior education (R^2 0.091, p = 0.347), PEP completion (R^2 0.037, p = 0.822) prior nursing/healthcare qualification (R^2 0.006, p = 0.997) or engaging in paid employment (R^2 0.088, p = 0.371). However, there was statistically significant association with student enrolment category whether domestic/international (R^2 0.178, p = 0.043).

Table 1
Participants demographics.

Variable	Frequency n (%)	Mean (where applicable)
Age categories(years). N = 95	18-25 = 52 (54.7%)	
	26-35 = 34 (35.8%)	27 years (Av. Age)
	36-45 = 6 (6.3%)	
	46-59 = 3 (3.2%)	
Gender (n = 98)	Female = 75 (76.5%)	
	Male = 21 (21.4%)	
	Other & prefer not to say = 2 (2%)	
Enrolment category (n = 98)	Domestic = 67 (68.4%)	
	International = 31 (31.6%)	
Discipline (n = 98)	Nursing = 85 (86.7%)	
	Midwifery & Nursing = 13 (13.3%)	
Year level (n = 98)	2nd year = 4 (4.1%)	
	3rd year = 89 (90.8%)	
	4th year = 5 (5.1%)	
Have you completed any clinical placement? (n = 97)	Yes = 94 (96.9%)	
	No = 3 (2.8%)	
Highest level of education previously attained (n = 98)	High school = 38 (38.8%)	
	TAFE/Vocational education = 36 (36.7%)	
	Bachelor's degree = 20 (20.4%)	
	Postgraduate = 3 (3.1%)	
Have you had prior Nursing/Healthcare qualification? (n = 98)	Yes = 42 (42.9%)	
	No = 56 (57.1%)	
Do you do paid work? (n = 98)	Yes = 87 (88.8%)	
	No = 11 (11.2%)	

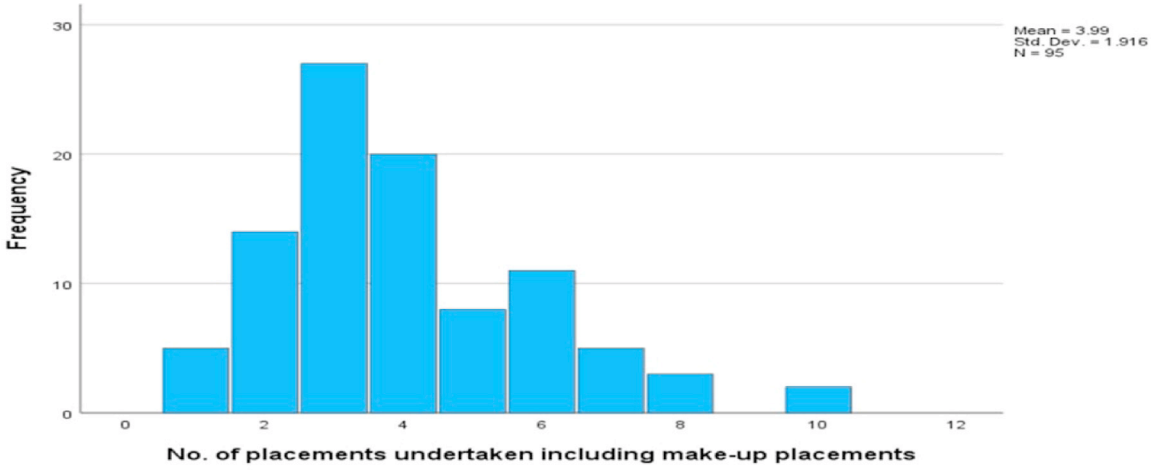

Fig. 1. PEP completion distribution (including make-up PEP).

Student satisfaction and self-confidence in learning

Student satisfaction and self-confidence in learning enquiries were made based on the validated National League for Nursing instrument (Jeffries & Rizzolo, 2005). Participants were presented with 13 questions (five on satisfaction with learning and eight on self-confidence) and provided with a Likert scale with five options starting with strongly agree.

On the five item student satisfaction questions, the scale statistics were; mean of 9.22, variance of 10.88, SD of 3.30 and the eight-item self-confidence in learning questions mean of 15.15, variance of 18.87, SD of 4.34, all tested against demographics as predictors in a multiple regression, resulting in the following respectively; age (R^2 0.081, p = 0.492 and R^2 0.214, p = 0.172), gender (R^2 0.059, p = 0.665 and R^2 0.105, p = 0.709), enrolment category (R^2 0.097, p = 0.361 and R^2 0.080, p = 0.852), PEP completion (R^2 0.054, p = 0.716 and R^2 0.161, p = 0.392), highest level of prior education (R^2 0.063, p = 0.623 and R^2 0.223, p = 0.136), prior nursing/healthcare qualification (R^2 0.092, p = 0.398 and R^2 0.136, p = 0.518) or engaging in paid employment (R^2 0.064, p = 0.615 and R^2 0.062, p = 0.924).

Despite the statistically nonsignificant findings, most students (~80%) reported either strongly agreeing or agreeing with statements regarding satisfaction, self-confidence in learning and the ability to retain content through the Block model learning method intensive learning.

Discussion

This quantitative cross-sectional descriptive design evaluated the impact of Block model on nursing and midwifery students' preparation for PEP through assessment of critical thinking capacity, satisfaction, and self-confidence in learning and related predictor variables.

Block model and PEP

Research by Edward et al. (2024), discussed how the Block and the assessments within are preparing students enrolled in the Bachelor of Nursing and Bachelor of Midwifery/Bachelor of Nursing for their nursing placements by applying theory to practice. The premise of the Block is to facilitate deeper learning in preparation for practice, where theory units are partnered with PEP units. This allows a PEP unit to follow on from the theory units. This sequence of theory units followed by PEP, enables nursing and midwifery/nursing students to undertake theory linked to clinical practice skills in one block by facilitating theory into nursing and midwifery practice. This was demonstrated in the improved levels of learner engagement at 80% in the Student Satisfaction and Self-Confidence in Learning survey (P.R. Jeffries & Rizzolo, 2005). Developing and promoting these learning opportunities within undergraduate nursing and midwifery education has the potential to reduce the impact of the theory-practice gap which can be an issue among nursing and midwifery students,

Fig. 2. Paid working hours distribution (n = 86).

especially those who feel underprepared for their PEP (Greenway et al., 2019; Singh et al., 2024).

The flipped classroom forms one of the foundational elements of the Block's pedagogical framework. It promotes active learning which is student-centered to foster the development of critical thinking skills and life-long learning in nursing and midwifery students (Dehghanzadeh & Jafaraghaee, 2018; Payan-Carreira et al., 2019; Weldon & Konjarski, 2025). Additionally, all students are exposed to nursing and midwifery/nursing simulation as part of their preparation for clinical practice. High fidelity simulation has been shown to significantly improve critical thinking skills (Guerrero et al., 2022). Through using this flipped classroom approach, the Block incorporates Problem-Based Learning (PBL) within the curriculum as it moves away from traditional lectures to embrace smaller student groups (Trullàs et al., 2022).

The findings of the current study suggest that increased access to PEP will inform and improve perceived critical thinking for students. The results found that there was a statistically significant ($p = 0.039$) association between previous PEP exposure and critical thinking, this is supported by Kataoka-Yahiro and Saylor (1994) who report that PEP increases student critical thinking, as it is one of the essential components that increase the development of critical thinking. This is unsurprising, as PEP is an integral component to vocational learning (Abery et al., 2015). The PEP offers students the opportunity to experience real-world situations and to work alongside a diverse range of clinicians which enables students to develop their critical thinking skills as they observe multiple perspectives of how to perform skills-based duties, implement person-centered care, make clinical decisions as they problem-solve when challenges arise (LeMone et al., 2014). In July 2025, the Australian government approved a series of payments, known as the Commonwealth Prac Payment (CPP) which is available to eligible students whilst they are undertaking a mandatory undergraduate bachelor's degree nursing or midwifery placement (Australian Government, 2025). This payment scheme addresses the issue of placement poverty (Lambert et al., 2024; William et al., 2024) which is experienced by majority of students who are unable to continue with their paid work whilst on their placement. The impact of not being able to continue with their paid work was reported by the participants. Financial issues impacting mental wellbeing, was reported to have a negative impact on their academic engagement and performance which can be associated to their critical thinking, satisfaction and self confidence in learning given the scarcity of time (Summer et al., 2025).

Critical thinking

The Block has been shown to enhance student success regardless of their background or educational experience (Samarawickrema & Cleary, 2021).This is supported by the current findings which showed over 80% of students had high levels of confidence in their ability to learn and retain information by strongly agreeing to the related variables in the tool as indicated by the descriptive scale results of the tool despite the nonsignificant association with predictor variable except gender and PEP. However, the study primarily focused on the students perceived ability to engage in critical thinking within the context of VU Block model®.

Critical thinking is widely recognized as a vital component in nursing and midwifery practice (Alamrani et al., 2018; Carbogim et al., 2018). However, the results found no significant association with critical thinking and demographics such as age, previous education, or previous nursing/healthcare experience. These findings align with Lee et al. (2020), who also found no significant correlation between age and critical thinking. Conversely, their research highlighted that Registered Nurses (RNs) practicing in clinical specialties and postgraduate qualifications significantly enhanced their critical thinking (Lee et al., 2020). Like Lee et al. (2020), Bowles (2000) also established that age did not impact critical thinking but instead identified that a nursing student's overall grade point average (GPA) was a stronger influence in demonstrating critical thinking. However, Bowles (2000) did not consider the association of PEP on critical thinking.

Satisfaction and self-confidence in learning

As highlighted by Leynes-Ignacio (2023), the goal of education is learning, and therefore academics in nursing and midwifery must be conscious of the students' experience and specifically satisfaction and self-confidence in their learning. Students' satisfaction with learning is related to their productive academic performance. This is supported by Birks et al. (2017), who state nursing education must give students a comprehensive knowledge base to support critical thinking and clinical decision-making in expert practice.

The development of self-confidence is essential for nursing students especially when exposed to different situations within clinical practice and how they can begin to make decisions on the management of a situation and how to provide effective and efficient person-centered care (Omer, 2016). Self-confidence, which had strong descriptive scale results besides the lack of association with the related predictors in our study, has been reported as being a key component for effective clinical performance, and confident students are more likely to be more effective nurses (Brown et al., 2003; Crooks et al., 2005). However, Edward et al. (2024) acknowledge that, more detailed information related to employer satisfaction with graduates would further strengthen the argument for using the Block model and its pedagogical framework in nursing and midwifery programs.

Block model and PEP are interdependent for the development of critical thinking in undergraduate nursing and midwifery students. Further research is required to assess the association of other variables such as GPA and exposure to simulation learning prior to PEP.

Limitations

This study has important limitations which necessitates the readers' interpretation with caution. The study design, being a self-reported questionnaire, cannot rule out participant response bias. While the study suggests a positive impact on student perception of the Block on critical thinking development, the lack of comparative data from the traditional semester model makes the quantification of this impact impossible. Furthermore, most of the participants' (97%) amount of exposure to PEP makes it difficult to correlate the attribution of critical thinking development among nursing and midwifery students to the Block's theoretical teaching only. The descriptive scale results variance and predictor result findings may suggest a failure to capture the true complexity of the relationship. Additional research is needed to examine whether perceived ability correlates with actual ability while controlling potential confounders.

Conclusion

Critical thinking development was found to be associated with students' gender and frequency of exposure to PEP but not with other predictors such as age and previous education. Despite statistically nonsignificant findings, most students (~80%) either strongly agreed or agreed with statements regarding satisfaction and self-confidence in learning. This included their ability to retain content, within the condensed Block's pedagogical framework.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

CRediT authorship contribution statement

Abdi D. Osman: Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Caglayan Yasan:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization. **Susan Philip:** Writing – review & editing, Writing – original draft, Investigation. **Kelli Wain:** Writing – review & editing, Writing – original draft, Investigation. **Karina Ireland:** Writing – review & editing, Writing – original draft, Investigation. **Caroline Cooper-Blair:** Writing – review & editing, Writing – original draft, Investigation. **Renju Joseph:** Writing – review & editing, Writing – original draft, Investigation. **Bianca Rohlje:** Writing – review & editing, Writing – original draft, Investigation. **Christopher Saunders:** Writing – review & editing, Writing – original draft, Investigation. **Kim Cabral:** Writing – review & editing, Writing – original draft, Investigation. **Mary Carolan:** Resources, Conceptualization. **Gina Kruger:** Writing – review & editing, Writing – original draft, Supervision, Resources, Methodology, Investigation, Conceptualization.

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Appendix A: The 29-item critical thinking questionnaire (Carter et al., 2018)

1	When a conclusion is presented in class or in the readings, I try to decide if there is good supporting evidence
2	I treat the course material as a starting point and try to develop my own ideas about it.
3	I try to play around with ideas of my own related to what I am learning in this program.
4	Whenever I read or hear an assertion or conclusion in this program, I think about possible alternatives.
5	I explore the individual's preferences of care and plan care accordingly.
6	I plan care and education to meet the needs of the individual.
7	I choose relevant literature and education strategies to facilitate the individual's decision making.
8	I share relevant evidence and clinical guidelines with the patient to assist their choices.
9	I use evidence to plan care according to the individual's circumstances.
10	I often instinctively know what type of care is right for the individual.
11	I liaise and negotiate with colleagues at different levels about processes to optimize outcomes for the individual.
12	I consult resources (e.g., literature, guidelines, etc.) to improve care for the individual.
13	If problems arise when caring for the individual, I try to seek the root cause.
14	I explore multiple solutions to a given situation
15	I seek clarification about clinical procedures or practice that appears inappropriate or unnecessary.
16	Where needed, I negotiate a collaborative intervention plan with relevant health care providers.
17	I can provide the rationale for following (or not following) established guidelines and policies.
18	I apply knowledge from past experiences to present situations
19	I continually analyze my own strengths and limitations in skills, knowledge, and experience
20	I address my limitations in skills, knowledge, and experience.
21	I can recognize nonevidence based or nonindividual centered practice by self and others
22	I voice my concerns about nonevidence based or nonindividual centered practices by self and others.
23	I identify organizational/service improvement opportunities
24	I question the 'unwritten rules' in nursing/ midwifery practice that are not evidence-based
25	I initiate professional dialogue around nursing/midwifery practice.
26	I evaluate my practice and its effect on the individual and others.
27	I adjust my practice based on feedback from the individual and others.
28	I recognize my attitudes, biases and values and their potential impact on practice.
29	I debrief with a professional colleague following complex situations to improve my future practice.

(*continued*)

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