Outreach

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Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: thomas.osborne@uhbristol.nhs.uk
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2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library.

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Tables of Contents from Nurse Education journals

If you require full articles please email me @ Thomas.Osborne@UHBristol.nhs.uk

Nurse Educator

Celebrating Our 40th Year of Publication: Looking Back, Moving Forward

Going Back to the Future: What Is All the Buzz About Interprofessional Education and Collaborative Practice?

Reasoning Back, Looking Ahead

Evaluating Senior Baccalaureate Nursing Students’ Documentation Accuracy Through an Interprofessional Activity

Student Clinical Contract Struggles: A Long History, 1976 to 2015

Will the Nursing Profession Survive?

A Framework for the Design, Implementation, and Evaluation of Interprofessional Education

Infusing Interprofessional Education Into the Nursing Curriculum

Statistical Challenges in Nursing Education and Research: An Expert Panel Consensus

Becoming a Nurse: Role Formation Among Accelerated Baccalaureate Students

Comparison of Student Experience With Critical Events During Simulation and Acute Care Hospital Rotations

Designing Authentic Assessment: Strategies for Nurse Educators

Admitting International Graduate Nursing Students: What Faculty Need to Know

Improving Self-directed Learning/Intercultural Competencies: Breaking the Silence

Preparing Health Professions’ Educators via Online Certificate Program: Structure and Strategies for Quality

Developing Communities of Interprofessional Practice: Using a Communities of Practice Framework for Interprofessional Education

Nurse Education in Practice

Evaluating interactive computer-based scenarios designed for learning medical technology

Developing a short version of the test anxiety scale for baccalaureate nursing skills test – A preliminary study

Preparing Health Professions’ Educators via Online Certificate Program: Structure and Strategies for Quality

Developing Communities of Interprofessional Practice: Using a Communities of Practice Framework for Interprofessional Education

United States nurse practitioner students’ attitudes, perceptions, and beliefs working with the uninsured

EVITEACH: A study exploring ways to optimise the uptake of evidence-based practice to undergraduate nurses

Role transition from student nurse to staff nurse: Facilitating the transition period

Leadership development through action learning sets: An evaluation study
Nursing leadership competencies: Low-fidelity simulation as a teaching strategy

Students' perceptions of practice assessment in the skills laboratory: An evaluation study of OSCAs with immediate feedback

Course development for web-based nursing education programs

Issues concerning recruitment, retention and attrition of student nurses in the 1950/60s: A comparative study

Comparisons of the educational preparation of registered and enrolled nurses in Australia: The educators' perspectives

Nursing student's evaluation of a virtual classroom experience in support of their learning Bioscience

New Zealand newly graduated nurses medication management: Results of a survey

Pre-registration nursing students' perceptions and experiences of violence in a nursing education institution in South Africa

Nursing students with special educational needs in Japan

Relate better and judge less: Poverty simulation promoting culturally competent care in community health nursing

Discipline matters: Embedding academic literacies into an undergraduate nursing program

The learning experiences of senior student nurses who take on the role of standardised patient: A focus group study

The effects of using problem-based learning in the clinical nursing education on the students' outcomes in Iran: A quasi-experimental study

Psychometric testing of the Norwegian version of the questionnaire, Student Satisfaction and Self-Confidence in Learning, used in simulation

Clinical Coaching – An innovative role to improve marginal nursing students' clinical practice

Academic learning for specialist nurses: A grounded theory study

Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study

Educational environment and approaches to learning of undergraduate nursing students in an Indonesian School of Nursing

Telling stories out of school: Experiencing the paramedic's oral traditions and role dissonance

Qualitative evaluation of a standardized patient clinical simulation for nurse practitioner and pharmacy students

A method of teaching critical care skills to undergraduate student midwives using the Maternal-Acute Illness Management (M-AIM) training day

Assertiveness training for undergraduate midwifery students

An online course checklist

The sum of all parts: An Australian experience in improving clinical partnerships

Establishing and maintaining the clinical learning environment for nursing students: A qualitative study

The development and issues of nursing education in China: A national data analysis

Comparison of knowledge, confidence in skill performance (CSP) and satisfaction in problem-based learning (PBL) and simulation with PBL educational modalities in caring for children with bronchiolitis

Happiness, stress, a bit of vulgarity, and lots of discursive conversation: A pilot study examining nursing students' tweets about nursing education posted to Twitter

A Q methodology study of perceptions of poverty among midwestern nursing students

A meta-analysis of educational interventions designed to enhance cultural competence in professional nurses and nursing students

Integrating learning assessment and supervision in a competency framework for clinical workplace education

A systematic review of clinical assessment for undergraduate nursing students

An integrative review of the literature on the teaching of the history of nursing in pre-registration adult nursing education in the UK

Pain knowledge and attitudes of nursing students: A literature review

Comparison of meaningful learning characteristics in simulated nursing practice after traditional versus computer-based simulation method: A qualitative videography study

Working with the disabled patient: Exploring student nurses views for curriculum development using a swot analysis

Illuminating the process: Enhancing the impact of continuing professional education on practice

Evaluation of the attitudes of the nurses related to rational drug use in Gaziantep University Sahinbey Research and Practice Hospital in Turkey

Determining the effect of periodic training on the basic psychomotor skills of nursing students

Self-reported eHealth literacy among undergraduate nursing students in South Korea: A pilot study

Investigating critical care nurses' perception regarding enteral nutrition

Perspectives on the application of technology to enhance learning in an undergraduate nursing degree programme

Better together: The "M" word

The simulation method in learning interpersonal communication competence—Experiences of masters' degree students of health sciences

Exploring experienced nurses' attitudes, views and expectations of new graduate nurses: A critical review

Experiential learning in nursing consultation education via clinical simulation with actors: Action research

Teaching styles used in Malawian BSN programmes: A survey of nurse educator preferences
New NICE Guidance

Gastro-oesophageal reflux disease: recognition, diagnosis and management in children and young people (NG1)
January 2015

NICE support for commissioning for nocturnal enuresis (bedwetting) in children and young people (SFCQS70)
September 2014

Latest relevant Systematic Reviews from the Cochrane Library

If you require full articles, or a more enhanced search of any of the below topics please email me @ Thomas.Osborne@UHBristol.nhs.uk

Protocol-directed sedation versus non-protocol-directed sedation to reduce duration of mechanical ventilation in mechanically ventilated intensive care patients
Leanne M Aitken, Tracey Bucknall, Bridie Kent, Marion Mitchell, Elizabeth Burmeister and Samantha J Keogh
Online Publication Date: January 2015

Alpha-2 agonists for long-term sedation during mechanical ventilation in critically ill patients
Ken Chen, Zhijun Lu, Yi Chun Xin, Yong Cai, Yi Chen and Shu Ming Pan
Online Publication Date: January 2015

Follow-up strategies after treatment (large loop excision of the transformation zone (LLETZ)) for cervical intraepithelial neoplasia (CIN): Impact of human papillomavirus (HPV) test
Esther van der Heijden, Alberto D Lopes, Andrew Bryant, Ruud Bekkers and Khadra Galaal
Online Publication Date: January 2015

NHS Behind the Headlines
**Sugary soft drinks linked to earlier periods in girls**

Wednesday Jan 28 2015

"Sugary drinks may cause menstruation to start earlier, study suggests," The Guardian reports. A US study found that girls drinking more than one and a half drinks a day had their period around three months earlier than girls drinking two or less a week.

**Napping 'key' to babies' memory and learning**

Tuesday Jan 13 2015

"The key to learning and memory in early life is a lengthy nap, say scientists," BBC News reports. The scientists were interested in babies' abilities to remember activities and events. They carried out a study…

**How 'baby talk' may give infants a cognitive boost**

Friday Jan 9 2015

"Say 'mama'! Talking to babies boosts their ability to make friends and learn," the Mail Online reports. In a review, two American psychologists argue that even very young infants respond to speech, and that "baby talk" is essential for their development…

**Quick Exercise**

Is the P Value significant at the below cut off points?

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Current Awareness Database Articles

If you require full articles, or a more enhanced search of any of the below topics please email me at Thomas.Osborne@UHBristol.nhs.uk

Title: Cognitive outcome of early intervention in preterms at 7 and 9 years of age: A randomised controlled trial

Citation: Archives of Disease in Childhood: Fetal and Neonatal Edition, January 2014, vol./is. 100/1(F11-F16), 1359-2998;1468-2052 (01 Jan 2015)

Author(s): Hauglann L., Handegaard B.H., Ulvund S.E., Nordhov M., Ronning J.A., Kaaresen P.I.

Abstract: Objective Examine the effect of an early intervention programme on cognitive outcome at 7 and 9 years in children with birth weight (BW) <2000 g. Design A randomised controlled trial of a modified version of the Mother-Infant Transaction Program. Setting A single tertiary neonatal unit. Patients 146 infants were randomised into a preterm control group (74) or a preterm intervention group (72). Interventions The intervention consisted of eight sessions shortly before discharge and four home visits by specially trained nurses focusing on the infants' unique characteristics, temperament, developmental potential and the interaction between infants and parents. Main outcome measures Outcomes were assessed with the Wechsler Intelligence Scale for Children (WISC-III). Results Mean BWs were 1396 (429) g in the intervention group and 1381(436) g in the control group. After adjusting for the possible clustering effects of twin pairs and maternal education, there were no significant differences in WISC-III scores at age 7 or 9. The mean difference was 4.1 points (95% CI -1.5 to 9.8 points) in favour of the intervention group at 7 years and 2.2 points (95% CI -3.4 to 7.6 points) at 9 years. At 7 years, a 6.8 points difference in the Verbal Comprehension Index (95% CI 0.5 to 13.0 points) was found in favour of the intervention group. Loss to followup at age 7 and 9 was 11% and 14%, respectively. Conclusions This intervention programme did not have a sustained significant effect on overall cognitive outcomes in preterm children at age 7 and 9. Trial registration number The trial has been registered at http://www.clinicaltrials.gov (identifier NCT00222456).

Title: Clinical examination and pulse oximetry as screening for congenital heart disease in low-risk newborn

Citation: Journal of Maternal-Fetal and Neonatal Medicine, January 2014, vol./is. 28/1(7-11), 1476-7058;1476-4954 (01 Jan 2015)


Language: English

Abstract: Objective: To assess sensitivity, specificity, positive predictive value and negative predictive value of the cardiovascular physical examination (CPE) and of pulse oximetry in screening for congenital heart diseases (CHD) in asymptomatic newborn when prenatal ultrasound evaluation is negative for structural cardiac abnormalities. Methods: In this observational cohort study, 5750 asymptomatic newborns, admitted to nursery in a period of 2 years, underwent to CPE and determination of arterial oxygen saturation by pulse oximetry between 48th and 72nd of life. Results: Two hundred and ninty-eight newborns presented a suspected CPE; in 70% of cases, we found a transitional alteration and in only 17% of cases, the echocardiography examination performed for suspected CPE were completely negative. Three newborns were positive to pulse oximetry screening test but negative at CPE. After discharge, one case of critical CHD was diagnosed. Conclusions: An accurate CPE performed by trained and experienced pediatricians is indicative of important cardiac structural alteration in more than 25%. The association of CPE and pulse oximetry allows to further improve the diagnostic accuracy.

Publication Type: Journal: Article
**Source:** EMBASE

**Title:** European neonatal intensive care nursing research priorities: An e-delphi study

**Citation:** Archives of Disease in Childhood: Fetal and Neonatal Edition, January 2014, vol./is. 100/1(F66-F71), 1359-2998:1468-2052 (01 Jan 2015)

**Author(s):** Wielenga J.M., Tume L.N., Latour J.M., Van Den Hoogen A.

**Abstract:** Objective This study aimed to identify and prioritise neonatal intensive care nursing research topics across Europe using an e-Delphi technique. Design An e-Delphi technique with three questionnaire rounds was performed. Qualitative responses of round one were analysed by content analysis and research statements were generated to be ranged on importance on a scale of 1-6 (not important to most important). Setting Neonatal intensive care units (NICUs) in 17 European countries. Population NICU clinical nurses managers educators and researchers (n=75). Intervention None. Main outcome measures A list of 43 research statements in eight domains. Results The six highest ranking statements (> 5.0 mean score) were related to prevention and reduction of pain (mean 5.49; SD 1.07), medication errors (mean 5.20; SD 1.13), end-of-life care (mean 5.05; SD 1.18), needs of parents and family (mean 5.04; SD 1.23), implementing evidence into nursing practice (mean 5.02; SD 1.03), and pain assessment (mean 5.02; SD 1.11). The research domains were prioritised and ranked: (1) pain and stress; (2) family centred care; (3) clinical nursing care practices; (4) quality and safety; (5) ethics; (6) respiratory and ventilation; (7) infection and inflammation; and (8) professional issues in neonatal intensive care nursing. Conclusions The results of this study might support developing a nursing research strategy for the nursing section of the European Society of Paediatric and Neonatal Intensive Care. In addition, this may promote more European researcher collaboratives for neonatal nursing research.

**Title:** The family medicine model in the Spanish health care system

**Citation:** European Journal of General Practice, September 2014, vol./is. 20/3(219-220), 1381-4788 (September 2014)

**Author(s):** Orozco-Beltrán D.

**Abstract:** The Spanish National Health Service (SNHS) is the agglomeration of public health services in Spain and it was established in 1986. The main characteristics of the SNHS are: a) Extension of services to the entire population; b) Adequate organization to provide comprehensive health care, including promotion of health, prevention of disease, treatment and rehabilitation; c) Coordination and integration of all public health resources into a single system; d) Financing of the obligations derived from this law will be met by resources of public administration, contributions and fees for the provision of certain services; and e) The provision of a comprehensive health care, seeking high standards, properly evaluated and controlled. Management of health services has been transferred to the Spanish regions. Every region has its own health service and its own ministry of health. All of them are included in the Interterritorial Council of the SNHS to give cohesion to the system. The system is organized administratively in Health Areas (Areas de Salud) who attend around 250 000 inhabitants and have 10 health centres and one hospital. Every Health Centre attends around 25 000 inhabitants in a Basic Health Zone. Therefore, every Health Area has 10 Basic Health Zones. Depending of the characteristics of the population, a Health Zone can vary from 5 000 to 25 000 inhabitants. Primary and Secondary (outpatient, hospital) care are accessible free of charge for all population. Primary Care (PC) is the basic level of patient care. Primary care includes health promotion, health education, and prevention of illness, health care, maintenance and recuperation of health, as well as physical rehabilitation and social work. Primary health care includes service provided either on-demand, scheduled, or urgently, both in the clinic as well as in the patient’s home. Secondary Care (SC) is provided at the request of primary care physicians, as the patient cannot go directly to the specialists without a previous inform from PCPs. The PC team is formed by different health professionals: a typical health centre attends 25 000 inhabitants and has 10 family physicians, 10 nurses, 4 paediatricians, 2 paediatric nurses, 1 social worker and administrative personnel. Some of them have additional services as physiotherapy, mental health, gynaecology or family planning. Citizens’ access to health services is facilitated by use of an individual health card, as the administrative document that accredits his holder and provides certain basic data. All the records from PC and SC are electronic and the information generated in the system for each patient is linked to a unique number. This is very important for research as there are electronic records for both primary and secondary care and it is possible to have all information from the health process: diagnosis, prescription, visits, from primary care, emergency room, or hospital care. Some examples of research
in primary care using these electronic records are pointed out making possible to design whole population studies in contrast to randomized clinical trials. Finally, a whole perspective from research in primary care is done looking to difficulties to really identify all the research coming from primary care.

**Title:** Dating violence and nursing student well-being

**Citation:** Atencion Primaria, November 2014, vol./is. 46/S5(129-134), 0212-6567;1578-1275 (01 Nov 2014)

**Author(s):** Martins C., Gouveia A., Chaves M., Lourenco R., Marques S., Santos T.

**Language:** English

**Abstract:** Background Violence in dating relationships involves dimensions such as physical, psychological and sexual abuse, requiring strategies for prevention and early intervention. Objective To identify the socio-demographic variables that influence violence in dating relationships; to identify whether having been a victim and/or witnessing violence in childhood has significant effect on violence in dating relationships; to verify the correlation between violence in dating relationships and psychological well-being. Material and method Quantitative non-experimental, cross-sectional, descriptive correlational study. Data collection conducted by a socio-demographic characterisation questionnaire; Dating Relationship Victimization Practices and Behaviours Scale and Demonstration of Psychological Well-Being Measurement Scale. The non-probabilistic, convenience sample consisted of 203 students from the Health School of Viseu. Results Mostly female students gender; Mean age of 18.85 years, minimum of 18 and maximum of 34; Gender and having been a victim or witness of violence against children and sexual violence are variables that seem to intervene in dating violence and psychological well-being. Age has an influence on psychological well-being. Stalking violence and psychological violence were more prevalent in the study sample. It was found that the presence of any type of violence is associated with a decrease in student psychological well-being. Conclusion By analysing the results we can infer the need to include this topic in education/training, active methodologies and effective participation of all stakeholders in the process, with a view to promoting and developing relationship and affective skills.

**Title:** Perspective of health professionals on hand hygiene

**Citation:** Atencion Primaria, November 2014, vol./is. 46/S5(135-139), 0212-6567;1578-1275 (01 Nov 2014)

**Author(s):** Silva D., Andrade O., Silva E.

**Language:** English

**Abstract:** Objective To identify the practices reported by health professionals on hand hygiene; To determine how the practices of hand hygiene are related to socio-demographic and professional variables and variables in the context of practice. Material and methods A descriptive-correlational and cross-sectional study conducted in a hospital in central Portugal, in May and June, 2012. 71 health professionals participated, with 23.9% physicians, 64.8% nurses and 11.3% operating assistants, in paediatrics, neonatology and paediatric emergencies. The majority was female (91.5%) and 32.4% are between the ages of 31 and 40 years. A questionnaire developed from DGS (General Health Directorate) recommendations was applied with questions on socio-demographic and professional characteristics as well as on the context of practice. Results The professionals are motivated to perform hand hygiene (98.6%). In self-assessment, they practice hand hygiene appropriately, however the results revealed that 43.7% of subjects reported little knowledge concerning the interference of ornaments on the practice of hand hygiene, 38% of the sample reported the steps of the hand washing technique improperly, and approximately 43% of the sample does not practice hygiene at the correct times. The majority of the participants who use a proper technique are nurses, with significant differences with regards to doctors and operating assistants (P = .001). Conclusions Most have knowledge about the practice of hand hygiene; however, some professional groups need to improve their practice of proper technique and the correct time to do so. Approximately a third did not attend specific training, leading us to reflect on the need to invest in training.

**Title:** A longitudinal study in mothers and firstborn children of genetic and environmental influences on externalizing and internalizing disorders across development
Abstract: Background: The development of behavior across childhood and adolescence is known to be both genetically and environmentally influenced. The aim of this study was to determine the effects of genetic and environmental factors on the development of externalizing and internalizing disorders in a cohort of 600 firstborn children followed from pre-birth to 18 years. We hypothesized that maternal mental health and resilience, alcohol and drug use and smoking would predict child behavioral outcomes and that an early life nurse visiting intervention program would be associated with better childhood behavioral outcomes. We also hypothesized that a GABRA2 variant, previously robustly associated with the development of externalizing disorders in late adolescence would predict childhood behavior. Methods: Data were derived from a longitudinal study of the effects of prenatal and infancy nurse home educational visiting (NHV) on health outcomes up to age 18 years in a group of urban, predominantly African American economically disadvantaged individuals in Memphis, TN. In a sub-study, a total of 600 women were consecutively recruited from an obstetric clinic with their first viable pregnancy. Of these, 200 were randomly assigned to NHV; on average 7 visits in pregnancy and 26 from birth to age 2. Mothers were assessed and scored at intake for mental health (depression, anxiety, emotional dysregulation), self-efficacy (belief in one's own ability to complete tasks/achieve goals) and the Pearlin mastery scale (personal sense of mastery, control). Mothers reported on smoking, alcohol and drug use during pregnancy and when their children were 6, 9 and 12 years old. The Achenbach Child Behavior Checklist (CBCL) was completed by mothers at 2, 6, 12 and 18 years and by youths at ages 12 and 18 years. Outcome measures derived from the CBCL were a composite internalizing disorders (ID) score (anxious/depressed, withdrawn/depressed, somatic complaints) and a composite externalizing disorders (ED) score (rule-breaking behavior, aggressive behavior). DSM-IV alcohol and drug use disorder (AUD, DUD) diagnoses were derived from the Substance Abuse Module (SAM) completed by youth at age 18. Mothers and children were genotyped for the GABRA2 tag SNP rs279858 together with 186 ancestry informative markers. Multiple regression analyses were performed for each of the 4 time-points. Results: Maternal use of alcohol and drugs was minimal throughout but smoking increased from 12% in pregnancy to 30% at age 12 years. ED and ID scores were strongly positively correlated at all time-points (r=0.57 - 0.76, p<0.0001). Independent predictors for both ED and ID scores at age 2 included sex, maternal mastery, maternal mental health, a maternal mental health x GABRA2 rs279858 interaction and a maternal self-efficacy x NHV interaction. In the latter case, ED and ID scores were both significantly lower in children whose mothers had high selfefficacy and had received NHV, compared with the other 3 groups. At age 6 the influence of NHV on ED and ID scores was no longer apparent. Within the whole regression models, the strongest predictors of ED and ID from 6 and upwards were ED and ID scores at younger ages. As an illustration, the ED score at age 2 was correlated (all p<0.0001) with ED at age 6 (r=0.44), age 12 (r=0.31) and age 18 (r=0.23). Maternal mental health during pregnancy continued to influence ED and ID up to 12 years after which maternal mastery re-emerged in importance. Maternal smoking predicted ED at all time-points from 2 to 18 years and ID from 6 to 18 years. The influence of GABRA2 rs279858 emerged again at age 18 with a main effect on both ED and ID. Moreover, there was an interactive effect between GABRA2 rs279858 genotype and youth-report ED at age 12 (but not ID) on AUD and DUD at age 18. Conclusions: Our study suggests that there are long lasting effects of maternal mental health during pregnancy, resilience (belief in one's own ability, personal sense of control) and smoking (possibly a marker for maternal ED and ID) on childhood behavior, even though the ID and ED scores were respectively clinically significant in only 10-15% of children. NHV positively influenced early behavior but only in children of resilient mothers. As has been shown in earlier studies of ED across development, environmental influences predominate at younger ages and genetic effects, such as the influence of GABRA2 rs279858 genotype, become relatively more important towards adulthood. The results of our study have implications for strategies for prevention of pathological ED and ID in adulthood.

Title: Professionals’ Reported Provision and Recommendation of Psychosocial Interventions for Youth With Autism Spectrum Disorder

Citation: Behavior Therapy, January 2015, vol./is. 46/1(68-82), 0005-7894;1878-1888 (January 01, 2015)

Author(s): Christon L.M., Arnold C.C., Myers B.J.

Language: English
Abstract: Children and adolescents with autism spectrum disorder (ASD) receive intervention services from multiple professionals across disciplines. Little is known about services for youth with ASD in community settings. The purpose of this study was to provide data on professionals' self-reported practices across different classes of psychosocial interventions for youth with ASD. A multidisciplinary (medicine/nursing, education, occupational/physical therapy, psychology, social work, and speech-language pathology/audiology) sample (N=709; 86% female, 86% White) of professionals who endorsed providing clinical services to youth with ASD was recruited through convenience sampling (listservs, etc.) and stratified random sampling (online provider listings). Professionals completed a survey on intervention practices with youth with ASD, specifically on their own provision of, as well as their recommendation/referral of, psychosocial interventions (focused intervention practices [FIPs], comprehensive treatment models [CTMs], and other interventions). Hierarchical multiple regression models showed discipline differences in self-reported provision and recommendation of evidence-based FIPs; training variables and unfamiliarity with FIPs predicted rates of providing and recommending. FIPs were reportedly provided and recommended at higher rates than CTMs. Descriptive data are presented on professionals' reported practice of other psychosocial interventions (e.g., cognitive-behavioral therapy). This study highlights the usefulness of examining not only provision of services but also recommendation/referral practices: professionals are important sources of information for families. Implications of the results are discussed in terms of the importance of disseminating intervention information to professionals and the need for consensus on terminology used to classify interventions and on criteria used to evaluate intervention efficacy.

Title: Evaluation of health-care providers' knowledge of childhood tuberculosis in Lima, Peru

Citation: Paediatrics and International Child Health, 2015, vol./is. 35/1(29-35), 2046-9047;2046-9055 (2015)

Author(s): Chiang S.S., Cruz A.T., del Castillo H., Contreras C., Becerra M.C., Lecca L.

Language: English

Abstract: Background: As most national tuberculosis programmes (NTPs) focus on adult tuberculosis (TB), NTP providers may not appreciate differences in the pathophysiology and presentation of childhood TB. Objectives: This study aimed to identify strengths and weaknesses in knowledge of childhood TB among the 326 NTP providers in Lima Ciudad and Lima Este-two of the Peruvian capital's four health districts. Methods: 310 providers-103 physicians, 106 nurses, 101 nursing technicians-accepted personal invitations to complete self-administered surveys, which included 14 childhood TB questions grouped into five sections: transmission, symptoms, diagnosis, prevention and treatment. Physicians were asked ten additional questions targeting their NTP diagnostic and management responsibilities. Results: All three groups scored 97-99% on the transmission section and 83-85% on the treatment section; however, no group scored above 66% on any other section. Fewer than 50% of nurses and technicians recognised young children's high risk of extrapulmonary TB, extrapulmonary TB symptoms or the causes of false negative tuberculin skin tests. Twenty-three per cent of physicians correctly identified gastric aspirate culture sensitivity, and 42% the radiographical findings of pulmonary TB. Less than two-thirds of providers recognised the definition of latent TB infection (LTBI), young children's high risk of progression from LTBI to disease or indications for isoniazid preventive therapy. Conclusions: Providers at the frontline of Peru's TB control efforts demonstrated weaknesses in the areas of extrapulmonary disease, diagnosis and prevention. These knowledge gaps are likely to have resulted in delayed or missed diagnoses and lost opportunities for prevention. Educational interventions targeting NTP personnel may improve childhood TB care and outcomes.

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Language: English

Abstract: Objective: To assess sensitivity, specificity, positive predictive value and negative predictive value of the cardiovascular physical examination (CPE) and of pulse oximetry in screening for congenital heart diseases
(CHD) in asymptomatic newborn when prenatal ultrasound evaluation is negative for structural cardiac abnormalities. Methods: In this observational cohort study, 5750 asymptomatic newborns, admitted to nursery in a period of 2 years, underwent to CPE and determination of arterial oxygen saturation by pulse oximetry between 48th and 72nd of life. Results: Two hundred and ninety-eight newborns presented a suspected CPE; in 70% of cases, we found a transitional alteration and in only 17% of cases, the echocardiography examination performed for suspected CPE were completely negative. Three newborns were positive to pulse oximetry screening test but negative at CPE. After discharge, one case of critical CHD was diagnosed. Conclusions: An accurate CPE performed by trained and experienced pediatricians is indicative of important cardiac structural alteration in more than 25%. The association of CPE and pulse oximetry allows to further improve the diagnostic accuracy.

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Author(s): Orozco-Beltran D.

Abstract: The Spanish National Health Service (SNHS) is the agglomeration of public health services in Spain and it was established in 1986. The main characteristics of the SNHS are: a) Extension of services to the entire population; b) Adequate organization to provide comprehensive health care, including promotion of health, prevention of disease, treatment and rehabilitation; c) Coordination and integration of all public health resources into a single system; d) Financing of the obligations derived from this law will be met by resources of public administration, contributions and fees for the provision of certain services; and e) The provision of a comprehensive health care, seeking high standards, properly evaluated and controlled. Management of health services has been transferred to the Spanish regions. Every region has its own health service and its own ministry of health. All of them are included in the Interterritorial Council of the SNHS to give cohesion to the system. The system is organized administratively in Health Areas (Areas de Salud) who attend around 250 000 inhabitants and have 10 health centres and one hospital. Every Health Centre attends around 25 000 inhabitants in a Basic Health Zone. Therefore, every Health Area has 10 Basic Health Zones. Depending of the characteristics of the population, a Health Zone can vary from 5 000 to 25 000 inhabitants. Primary and Secondary (outpatient, hospital) care are accessible free of charge for all population. Primary Care (PC) is the basic level of patient care. Primary care includes health promotion, health education, and prevention of illness, health care, maintenance and recuperation of health, as well as physical rehabilitation and social work. Primary health care includes service provided either on-demand, scheduled, or urgently, both in the clinic as well as in the patient’s home. Secondary Care (SC) is provided at the request of primary care physicians, as the patient cannot go directly to the specialists without a previous inform from PCPs. The PC team is formed by different health professionals: a typical health centre attends 25 000 inhabitants and has 10 family physicians, 10 nurses, 4 paediatricians, 2 paediatric nurses, 1 social worker and administrative personnel. Some of them have additional services as physiotherapy, mental health, gynaecology or family planning. Citizens’ access to health services is facilitated by use of an individual health card, as the administrative document that accredits its holder and provides certain basic data. All the records from PC and SC are electronic and the information generated in the system for each patient is linked to a unique number. This is very important for research as there are electronic records for both primary and secondary care and it is possible to have all information from the health process: diagnosis, prescription, visits, from primary care, emergency room, or hospital care. Some examples of research in primary care using these electronic records are pointed out making possible to design whole population studies in contrast to randomized clinical trials. Finally, a whole perspective from research in primary care is done looking to difficulties to really identify all the research coming from primary care.

Title: Phase-Based Treatment of a Complex Severely Mentally Ill Case Involving Complex Posttraumatic Stress Disorder and Psychosis Related to Dandy Walker Syndrome

Citation: Journal of Trauma and Dissociation, October 2014, vol./is. 15/5(588-606), 1529-9732;1529-9740 (26 Oct 2014)

Author(s): Mauritz M.W., van de Sande R., Goossens P.J.J., van Achterberg T., Draijer N.
Abstract: For patients with comorbid complex posttraumatic stress disorder (PTSD) and psychotic disorder, trauma-focused therapy may be difficult to endure. Phase-based treatment including (a) stabilization, (b) trauma-focused therapy, and (c) integration of personality with recovery of connection appears to be the treatment of choice. Objective: The objective of this article is to describe and evaluate the therapeutic process of a single case from a holistic perspective. Method: We present a case report of a 47-year-old woman treated for severe complex PTSD resulting from repeated sexual and physical abuse in early childhood and moderate psychotic symptoms stemming from Dandy Walker Syndrome with hydrocephalus. Results: The patient was treated with quetiapine (600-1,000 mg) and citalopram (40 mg). Stabilization consisted of intensive psychiatric nursing care in the home and stabilizing group treatment for complex PTSD. After stabilization, the following symptom domains showed improvement: self-regulation, self-esteem, assertiveness, avoidance of social activities, and negative cognitions. However, intrusions and arousal persisted and were therefore subsequently treated with prolonged imaginary exposure that also included narrative writing assignments and a final closing ritual. This intensive multidisciplinary, phase-based approach proved effective: All symptoms of complex PTSD were in full remission. Social integration and recovery were promoted with the reduction of polypharmacy and the provision of social skills training and lifestyle training. Conclusion: The present case shows a phase-based treatment approach with multidisciplinary collaborative care to be effective for the treatment of a case of complex PTSD with comorbid psychotic disorder stemming from severe neurological impairment. Replication of this promising approach is therefore called for.

Title: Perspective of health professionals on hand hygiene

Citation: Atencion Primaria, November 2014, vol./is. 46/S5(135-139), 0212-6567;1578-1275 (01 Nov 2014)

Author(s): Silva D., Andrade O., Silva E.

Language: English

Abstract: Objective To identify the practices reported by health professionals on hand hygiene; To determine how the practices of hand hygiene are related to socio-demographic and professional variables and variables in the context of practice. Material and methods A descriptive-correlational and cross-sectional study conducted in a hospital in central Portugal, in May and June, 2012. 71 health professionals participated, with 23.9% physicians, 64.8% nurses and 11.3% operating assistants, in paediatrics, neonatology and paediatric emergencies. The majority was female (91.5%) and 32.4% are between the ages of 31 and 40 years. A questionnaire developed from DGS (General Health Directorate) recommendations was applied with questions on socio-demographic and professional characteristics as well as on the context of practice. Results The professionals are motivated to perform hand hygiene (98.6%). In self-assessment, they practice hand hygiene appropriately, however the results revealed that 43.7% of subjects reported little knowledge concerning the interference of ornaments on the practice of hand hygiene, 38% of the sample reported the steps of the hand washing technique improperly, and approximately 43% of the sample does not practice hygiene at the correct times. The majority of the participants who use a proper technique are nurses, with significant differences with regards to doctors and operating assistants (P =.001). Conclusions Most have knowledge about the practice of hand hygiene; however, some professional groups need to improve their practice of proper technique and the correct time to do so. Approximately a third did not attend specific training, leading us to reflect on the need to invest in training.

Publication Type: Journal: Conference Paper

Source: EMBASE

Title: Dating violence and nursing student well-being

Citation: Atencion Primaria, November 2014, vol./is. 46/S5(129-134), 0212-6567;1578-1275 (01 Nov 2014)

Author(s): Martins C., Gouveia A., Chaves M., Lourenco R., Marques S., Santos T.

Abstract: Background Violence in dating relationships involves dimensions such as physical, psychological and sexual abuse, requiring strategies for prevention and early intervention. Objective To identify the socio-demographic variables that influence violence in dating relationships; to identify whether having been a victim
and/or witnessing violence in childhood has significant effect on violence in dating relationships; to verify the correlation between violence in dating relationships and psychological well-being Material and method Quantitative non-experimental, cross-sectional, descriptive correlational study. Data collection conducted by a socio-demographic characterisation questionnaire; Dating Relationship Victimization Practices and Behaviours Scale and Demonstration of Psychological Well-Being Measurement Scale. The non-probabilistic, convenience sample consisted of 203 students from the Health School of Viseu. Results Mostly female students gender; Mean age of 18.85 years, minimum of 18 and maximum of 34; Gender and having been a victim or witness of violence against children and sexual violence are variables that seem to intervene in dating violence and psychological well-being. Age has an influence on psychological well-being. Stalking violence and psychological violence were more prevalent in the study sample. It was found that the presence of any type of violence is associated with a decrease in student psychological well-being. Conclusion By analysing the results we can infer the need to include this topic in education/training, active methodologies and effective participation of all stakeholders in the process, with a view to promoting and developing relationship and affective skills.

Title: Ending neglect: Providing effective childhood tuberculosis training for health care workers in Tanzania

Citation: Public Health Action, December 2014, vol./is. 4/4(233-237), 2220-8372 (21 Dec 2014)

Author(s): Adams L.V., Olotu R., Talbot E.A., Cronin B.J., Christopher R., Mkomwa Z.

Abstract: Setting: Health care facilities in Dar es Salaam, Pwani, and Arusha, Tanzania. Objective: To assess health care worker (HCW) knowledge and practices 1 year after specialized training in childhood tuberculosis (TB). Design: Using a standardized survey, we interviewed a convenience sample of HCWs providing both general and specialized care to children. Results: We interviewed 117 HCWs in TB clinics, maternal and child health clinics, human immunodeficiency virus (HIV) clinics, out-patient departments, and pediatric in-patient wards at 12 facilities. A total of 81 HCWs (62% of nurses, 74% of clinicians) reported having attended the national childhood TB training course. Most HCWs responded correctly to questions on childhood TB diagnosis, treatment, and TB-HIV co-management, regardless of training history. Most HCWs reported that they routinely obtain chest radiographs, HIV testing, and a TB contact history when evaluating children for TB. Less than half of HCWs reported routinely obtaining sputum for mycobacterial culture or performing a tuberculin skin test. Three times as many trained as untrained HCWs reported having ever prescribed isoniazid preventive therapy (IP) to a child (P < 0.05). Conclusion: In general, levels of childhood TB knowledge were high and practices were in accordance with national guidance. Specific gaps in diagnosis, treatment and use of IP were identified for future focused training.

Title: A longitudinal study in mothers and firstborn children of genetic and environmental influences on externalizing and internalizing disorders across development

Citation: Neuropsychopharmacology, December 2014, vol./is. 39/(S401-S402), 0893-133X (December 2014)

Author(s): Enoch M.-A., Kitzman H., Smith J., Anson E., Hodgkinson C., Goldman D., Olds D.

Abstract: Background: The development of behavior across childhood and adolescence is known to be both genetically and environmentally influenced. The aim of this study was to determine the effects of genetic and environmental factors on the development of externalizing and internalizing disorders in a cohort of 600 firstborn children followed from pre-birth to 18 years. We hypothesized that maternal mental health and resilience, alcohol and drug use and smoking would predict child behavioral outcomes and that an early life nurse visiting intervention program would be associated with better childhood behavioral outcomes. We also hypothesized that a GABRA2 variant, previously robustly associated with the development of externalizing disorders in late adolescence would predict childhood behavior. Methods: Data were derived from a longitudinal study of the effects of prenatal and infancy nurse home educational visiting (NHV) on health outcomes up to age 18 years in a group of urban, predominantly African American economically disadvantaged individuals in Memphis, TN. In a substudy, a total of 600 women were consecutively recruited from an obstetric clinic with their first viable pregnancy. Of these, 200 were randomly assigned to NHV; on average 7 visits in pregnancy and 26 from birth to age 2. Mothers were assessed and scored at intake for mental health (depression, anxiety, emotional dysregulation), self-efficacy (belief in one’s own ability to complete tasks/achieve goals) and the Pearlin mastery scale (personal sense of mastery, control). Mothers reported on smoking, alcohol and drug use...
during pregnancy and when their children were 6, 9 and 12 years old. The Achenbach Child Behavior Checklist (CBCL) was completed by mothers at 2, 6, 12 and 18 years and by youths at ages 12 and 18 years. Outcome measures derived from the CBCL were a composite internalizing disorders (ID) score (anxious/depressed, withdrawn/depressed, somatic complaints) and a composite externalizing disorders (ED) score (rule-breaking behavior, aggressive behavior). DSM-IV alcohol and drug use disorder (AUD, DUD) diagnoses were derived from the Substance Abuse Module (SAM) completed by youth at age 18. Mothers and children were genotyped for the GABRA2 tag SNP rs279858 together with 186 ancestry informative markers. Multiple regression analyses were performed for each of the 4 time-points. Results: Maternal use of alcohol and drugs was minimal throughout but smoking increased from 12% in pregnancy to 30% at age 12 years. ED and ID scores were strongly positively correlated at all time-points ($r=0.57 - 0.76$, $p<0.0001$). Independent predictors for both ED and ID scores at age 2 included sex, maternal mastery, maternal mental health, a maternal mental health x GABRA2 rs279858 interaction and a maternal self-efficacy x NHV interaction. In the latter case, ED and ID scores were both significantly lower in children whose mothers had high self-efficacy and had received NHV, compared with the other 3 groups. At age 6 the influence of NHV on ED and ID scores was no longer apparent. Within the whole regression models, the strongest predictors of ED and ID from 6 and upwards were ED and ID scores at younger ages. As an illustration, the ED score at age 2 was correlated (all $p<0.0001$) with ED at age 6 ($r=0.44$), age 12 ($r=0.31$) and age 18 ($r=0.23$). Maternal mental health during pregnancy continued to influence ED and ID up to 12 years after which maternal mastery re-emerged in importance. Maternal smoking predicted ED at all time-points from 2 to 18 years and ID from 6 to 18 years. The influence of GABRA2 rs279858 emerged again at age 18 with a main effect on both ED and ID. Moreover, there was an interactive effect between GABRA2 rs279858 genotype and youth-report ED at age 12 (but not ID) on AUD and DUD at age 18. Conclusions: Our study suggests that there are long lasting effects of maternal mental health during pregnancy, resilience (belief in one's own ability, personal sense of control) and smoking (possibly a marker for maternal ED and ID) on childhood behavior, even though the ID and ED scores were respectively clinically significant in only 10-15% of children. NHV positively influenced early behavior but only in children of resilient mothers. As has been shown in earlier studies of ED across development, environmental influences predominate at younger ages and genetic effects, such as the influence of GABRA2 rs279858 genotype, become relatively more important towards adulthood. The results of our study have implications for strategies for prevention of pathological ED and ID in adulthood.

Title: Parents’ behavior in response to infant crying: Abusive head trauma education

Citation: Child Abuse and Neglect, December 2014, vol./is. 38/12(1914-1922), 0145-2134;1873-7757 (01 Dec 2014)

Author(s): Simonnet H., Laurent-Vannier A., Yuan W., Hully M., Valimahomed S., Bourennane M., Chevignard M.

Abstract: Abusive head trauma (AHT) is still too common, and probably underestimated. It is the leading cause of death from child abuse. Crying is thought to contribute to the act of shaking. Objectives of this study were to (a) assess parents’ knowledge about infant crying, their ability to manage crying, and their knowledge about AHT; and (b) assess the feasibility and the impact of a simple educational intervention about crying and AHT with parents shortly after their child’s birth. A short questionnaire was completed orally by the parents of 190 consecutive newborns in a maternity hospital at day 2 of life. Then, during the routine examination of the child, the pediatrician gave parents a short talk about infant crying and AHT, and a pamphlet. Finally, parents were contacted by phone at 6 weeks for the post-intervention questionnaire assessing their knowledge about crying and AHT. Among 202 consecutive births, parents of 190 children were included (266 parents; 70% mothers) over a 1-month period and answered the pre-intervention questionnaire. The intervention was feasible and easy to provide. Twenty-seven percent of mothers and 36% of fathers had never heard of AHT. At 6 weeks, 183 parents (68% of the sample, 80% mothers) answered the post-intervention questionnaire. Parents’ knowledge improved significantly post-intervention. Parents found the intervention acceptable and useful. Health care professionals such as pediatricians or nurses could easily provide this brief talk to all parents during systematic newborn examination.

Title: Professionals’ Reported Provision and Recommendation of Psychosocial Interventions for Youth With Autism Spectrum Disorder

Citation: Behavior Therapy, January 2015, vol./is. 46/1(68-82), 0005-7894;1878-1888 (January 01, 2015)
Author(s): Christon L.M., Arnold C.C., Myers B.J.

Abstract: Children and adolescents with autism spectrum disorder (ASD) receive intervention services from multiple professionals across disciplines. Little is known about services for youth with ASD in community settings. The purpose of this study was to provide data on professionals' self-reported practices across different classes of psychosocial interventions for youth with ASD. A multidisciplinary (medicine/nursing, education, occupational/physical therapy, psychology, social work, and speech-language pathology/audiology) sample (N= 709; 86% female, 86% White) of professionals who endorsed providing clinical services to youth with ASD was recruited through convenience sampling (listservs, etc.) and stratified random sampling (online provider listings). Professionals completed a survey on intervention practices with youth with ASD, specifically on their own provision of, as well as their recommendation/referral of, psychosocial interventions (focused intervention practices [FIPs], comprehensive treatment models [CTMs], and other interventions). Hierarchical multiple regression models showed discipline differences in self-reported provision and recommendation of evidence-based FIPs; training variables and unfamiliarity with FIPs predicted rates of providing and recommending. FIPs were reportedly provided and recommended at higher rates than CTMs. Descriptive data are presented on professionals' reported practice of other psychosocial interventions (e.g., cognitive-behavioral therapy). This study highlights the usefulness of examining not only provision of services but also recommendation/referral practices: professionals are important sources of information for families. Implications of the results are discussed in terms of the importance of disseminating intervention information to professionals and the need for consensus on terminology used to classify interventions and on criteria used to evaluate intervention efficacy.

Title: The effectiveness of Mindful Parenting programs in promoting parents' and children's wellbeing: A systematic review protocol

Citation: JBI Database of Systematic Reviews and Implementation Reports, 2014, vol./is. 12/11(184-196), 2202-4433 (2014)

Author(s): Townshend K., Jordan Z., Peters M.D.J., Tsey K.

Abstract: The review will consider studies that include patients who are 19 years of age or older, diagnosed with heart failure, regardless of gender, ethnicity, other co-existing health conditions, level of education, income or health insurance. Participants must have been assessed using an established classification or categorization system by a primary care provider (i.e. Advanced practice nurses, physician or cardiologist) at the beginning of the research study to determine their severity of symptoms or physical activity limitations. The New York Heart Association Functional Classification and the American Heart Association Stages of Heart Failure are two of the most widely used instruments. Types of intervention(s) The review will consider studies that evaluated evidence-based interventions delivered in Advanced practice nurses-led Heart Failure clinics compared to usual care. Usual care refers to all non-Advanced practice nurses-led Heart Failure clinics, care approaches including care provided by primary care physicians, or cardiology clinics and physician-led Heart Failure clinics. Advanced practice nurses-led Heart Failure clinics are defined as outpatient Heart Failure clinics where a nurse with advanced practice education and skills is the primary care provider for the patient. The types of interventions that will be included in the review are symptom management, optimization of medication therapy, patient and caregiver education, and psychosocial support. The Advanced practice nurses with specialized training in Heart Failure collaborates and consults with physicians, but is not dependent on physicians to provide the healthcare described above. The objective of this systematic review is to synthesize the best available evidence regarding the effectiveness of interventions delivered in advance practice nurse-led clinics on mortality in adult (19 years of age and older) patients with heart failure. The review question is: in adult patients, 19 years of age and older, diagnosed with heart failure, what is the effectiveness of the interventions provided in advanced practice nurse-led heart failure clinics on all-cause mortality rates compared to usual care? Inclusion criteria Types of participants

Title: The knowledge and attitudes towards breastfeeding of Iranian mothers during the first year after delivery in 2013

Citation: Macedonian Journal of Medical Sciences, 2014, vol./is. 7/4(635-639), 1857-5749;1857-5773 (2014)

Author(s): Maryam Z., Moniralsadat H.T., Zohreh K., Banafsheh M.Z., Amir S.
Abstract: Objective: Globally less than 40% of infants less than six months of age are exclusively breastfed. Adequate breastfeeding support for mothers and families could save many young lives. This study aimed to determine knowledge and attitudes of mothers toward breastfeeding in Tonekabon, Iran. Methods: This study was a descriptive-analytical cross sectional study with convenience sampling. The sample consisted of 200 nursing mothers who have including criteria of the study. Data was collected by a questionnaire including demographic data and questions about knowledge and attitude toward breastfeeding. Data analysis performed by using of SPSS (11.5) and appropriate statistical tests. Results: Most of them (73.5%) were 21-30 age group. 50.5% of them had a diploma education. 46% of them reported the essential information about breastfeeding obtained from medical-health centers. 5% of them had poor and 42% had a medium knowledge about breastfeeding while 53% of them had good knowledge about it. Most of the mothers (79.5%) had positive attitude regarding breast feeding. Conclusion: According to most of the mothers had good knowledge and positive attitude about breastfeeding, with proper planning to increase awareness and promote a positive attitude towards breastfeeding can be tried for child survival.

Title: Compliance of healthcare workers with hand hygiene practices in neonatal and pediatric intensive care units: Overt observation

Citation: Interdisciplinary Perspectives on Infectious Diseases, 2014, vol./is. 2014/, 1687-708X;1687-7098 (2014)

Author(s): Karaaslan A., Kepenekli Kadayifci E., Atici S., Sili U., Soysal A., Culha G., Pekru Y., Bakir M.

Abstract: Background. The objective of this study was to assess the compliance of hand hygiene (HH) of healthcare workers (HCWs) in the neonatal and pediatric intensive care unit in a tertiary university hospital in Istanbul. Methods. An observational study was conducted on the compliance of HH for the five World Health Organization (WHO) indications. HCWs were observed during routine patient care in day shift. The authors also measured the technique of HH through hand washing or hand hygiene with alcohol-based disinfectant. Results. A total of 704 HH opportunities were identified during the observation period. Overall compliance was 37.0% (261/704). Compliance differed by role: nurses (41.4%) and doctors (31.9%) [P=0.02, OR: 1.504, CI 95%: 1.058-2.137]. HCWs were more likely to use soap and water (63.6%) compared to waterless-alcohol-based hand hygiene (36.3%) [P<0.05]. Conclusion. Adherence to hand hygiene practice and use of alcohol-based disinfectant was found to be very low. Effective education programs that improve adherence to hand hygiene and use of disinfectants may be helpful to increase compliance.

Title: Airports in the United States: Are they really breastfeeding friendly?

Citation: Breastfeeding Medicine, December 2014, vol./is. 9/10(515-519), 1556-8253;1556-8342 (01 Dec 2014)

Author(s): Haight M., Ortiz J.

Abstract: Introduction: State and federal laws have been enacted to protect the mother's right to breastfeed and provide breastmilk to her infant. The Patient Protection and Affordable Care Act requires employers to provide hourly waged nursing mothers a private place other than a bathroom, shielded from view, free from intrusion. Minimum requirement for a lactation room would be providing a private space other than a bathroom. Workplace lactation accommodation laws are in place in 24 states, Puerto Rico, and the District of Columbia. These requirements benefit the breast-pumping mother in an office, but what about the breast-pumping mother who travels? Of women with a child under a year, 55.8% are in the workforce. A significant barrier for working mothers to maintain breastfeeding is traveling, and they will need support from the workplace and the community. This study aimed to determine which airports offer the minimum requirements for a breast-pumping mother: private space other than a bathroom, with chair, table, and electrical outlet. Study Design: A phone survey was done with the customer service representative at 100 U.S. airports. Confirmatory follow-up was done via e-mail. Results: Of the respondents, 37% (n=37) reported having designated lactation rooms, 25% (n=25) considered the unisex/family restroom a lactation room, 8% (n=8) offer a space other than a bathroom with an electrical outlet, table, and chair, and 62% (n=62) answered yes to being breastfeeding friendly. Conclusions: Only 8% of the airports surveyed provided the minimum requirements for a lactation room. However 62% stated they were breastfeeding friendly. Airports need to be educated as to the minimum requirements for a lactation room.
Abstract: Children have unique medical, social, and psychologic needs. When disasters strike, children can be incredibly vulnerable and require highly trained medical response personnel. Pediatricians, emergency physicians, family medicine physicians, pediatric nurse practitioners, and pediatric surgeons are examples of medical response individuals who can and should be a part of a coordinated medical response. This article will highlight some of the important training and organizational issues facing pediatric personnel who are ready, willing, and able to respond to the needs of America's children during times of crisis. Several important Web-based resources for training and information will also be highlighted.
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