**Outreach**

Your Outreach Librarian can help facilitate evidence-based practise for all members of staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

**Literature Searching**

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For more information, email: katie.barnard@uhbristol.nhs.uk

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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: library@uhbristol.nhs.uk
Contents

1: Tables of Contents from May’s Paediatric Nurse Education journals

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library

4: NHS Behind the Headlines

5: Quick Exercise

6: Current Awareness database articles
Tables of Contents from Nurse Education journals

The links below will take you to the full Tables of Contents.

If you require full articles please email: library@uhbristol.nhs.uk

Nurse Educator
May/June 2016, Volume 41, Issue 3

Nurse Education in Practice
March 2016, Volume 17

New NICE Guidance

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Do you urgently need to find evidence to support your treatment of a patient? Would you like immediate information about a particular therapy, practice, condition, or other clinical need?

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For speedy article requests and other library services, email library@uhbristol.nhs.uk. If you specify your urgent need, we will prioritise this.
Latest relevant Systematic Reviews from the Cochrane Library

Drugs for the acute treatment of migraine in children and adolescents

Interventions for treating ankle fractures in children

NHS Behind the Headlines

Child head injuries could harm relationship with parents
Monday Apr 18 2016
"A simple bang on the head can alter a child's relationship with their parents claim academics," the Daily Mail reports. A Canadian study found children who had experienced even just a mild traumatic head injury...

Attending all-girl school linked to increased risk of eating disorders
Thursday Apr 21 2016
"Anorexia could be 'contagious' in girls' schools," the Daily Telegraph reports, while the Mail Online claims that, "Pushy parents are driving children to eating disorders." The study, which took place in Sweden, found...

Quick Exercise

Heterogeneity

Heterogeneity is the extent to which studies brought together in a systematic review demonstrate variation across a range of key variables.

Match the different types of heterogeneity:

1. Statistical heterogeneity (conventionally just known as 'heterogeneity')
2. Methodological heterogeneity
3. Clinical heterogeneity

A. Variability in the participants, interventions and outcomes studied
B. Variability in study design and risk of bias
C. Variability in the intervention effects being evaluated in the different studies
Title: Communication skills training enhances nurses' ability to respond with empathy to parents' emotions in a neonatal intensive care unit.

Citation: Acta paediatrica (Oslo, Norway : 1992), Apr 2016, vol. 105, no. 4, p. 397-406, 1651-2227 (April 2016)

Author(s): Bry, Kristina, Bry, Maija, Hentz, Elisabet, Karlsson, Håkan L, Kyllönen, Hanna, Lundkvist, Malin, Wigert, Helena

Abstract: We quantitatively analysed the effect of a course in communication on the content of nurse-parent encounters and the ability of nurses to respond to the empathic needs of parents in a level III neonatal intensive care unit. We evaluated 36 and 45 nurse-parent encounters audio recorded before and after 13 neonatal nurses attended a communication course. The number of empathic opportunities, the nurses' responses to these and the ways they involved parents in their infants' care were studied. Both before and after the course, the nurses talked more than the parents during the conversations. This nurse-centredness decreased after the course. The use of empathic or exploring responses to empathic opportunities increased from 19.9 ± 9.0% to 53.8 ± 8.9% (p = 0.027), whereas ignoring the feelings of the parents or giving inadequate advice decreased from 63.0 ± 10.0% to 27.5 ± 8.4% (p = 0.043) after the course. Use of statements expressing caring for the parents and encouragement for parents to participate in the care of their infant increased after the course (p = 0.0034 and p = 0.043, respectively). The nurses felt the course was very useful for their profession. A course in communication techniques improved nurses' ability to respond to parents' feelings with empathy. ©2015 The Authors. Acta Paediatrica published by John Wiley & Sons Ltd on behalf of Foundation Acta Paediatrica.

Title: Exploring the Needs for Support of Pediatric Nurses Caring for Children with a Mental Health Disorder Hospitalized in Non-Psychiatric Units.

Citation: Archives of psychiatric nursing, Apr 2016, vol. 30, no. 2, p. 170-177, 1532-8228 (April 2016)

Author(s): Vallières-Noël, Marie-Michelle, Garçon, Schnell, Rosmus, Christina, Goulnik, Francoise, Lavoie-Tremblay, Mélanie

Abstract: This qualitative study explored the experience and the needs for support of pediatric nurses caring for children with a mental health disorder hospitalized in non-psychiatric units in a health organization in Canada. Semi-structured interviews were conducted with 17 nurses. Content analysis revealed two main themes: (a) nurses are challenged by the lack of knowledge, the gap between access to mental health resources and the basic role of only ensuring safety. Amidst these barriers, nurses revealed their feelings of helplessness, frustration and injustice. (b) All participants voiced their willingness to break this powerlessness loop. They identified several strategies to support them: more training in mental health, better collaboration with the mental health team, etc. Further research is needed to evaluate the efficiency of these strategies to improve the delivery of
Title: Dramatic increase of central venous catheter-related infections associated with a high turnover of the nursing team.

Citation: Clinical nutrition (Edinburgh, Scotland), Apr 2016, vol. 35, no. 2, p. 446-452, 1532-1983 (April 2016)

Author(s): Mirabel-Chambaud, Eléa, N’Guyen, Michael, Valdeyron, Marie-Laure, Quessada, Thierry, Goudable, Joelle, Loras-Duclaux, Irene, Marotte, Stephanie, Heissat, Sophie, Restier, Lioara, Lachaux, Alain, Peretti, Noel

Abstract: This retrospective study evaluated the impact of new organization during the moving to a new university pediatric hospital on the incidence of central catheter-related blood stream infections (CRBSIs) among children on long-term parenteral nutrition. The study ran from April 2007 to March 2014, starting a year prior to reorganisation of the department of pediatric Hepato-Gastroenterology and Nutrition associated to moving the children to a new hospital in April 2008, and continuing for 6 years following the move. During this time, data from all children hospitalized in this department who received parenteral nutrition (PN) for more than 15 days were analysed. During this 7-years study, 183 children aged 4.6 ± 0.5 years received prolonged PN. Intestinal diseases were the main aetiologies (89%), primarily short bowel syndrome (18.4%), Hirschsprung disease and CIPO (13.5%) and inflammatory bowel disease (13.8%). The mean durations of hospitalization and of PN during hospitalization were, respectively, 70 ± 2.1 and 55.7 ± 3.6 days. During the study period, 151 CRBSIs occurred in 77 children (42% of all patients), i.e. 14.8 septic episodes/1000 PN days and 12.0 septic episodes/1000 CVC days. No patient died of a central venous catheter-related infection. However, following the move from the older hospital to the newer one, the rate of CRBSIs significantly doubled, from 3.9/1000 to 8.8/1000 CVC days (p = 0.02). During the following 4 years, the incidence of CRBSIs tended to increase between the 2nd and the 5th year after the move: 11.3 (p = NS); 21.4 (p = 0.01); 17.3 (p = NS), 20.3/1000 (p = NS) CVC days. We also observed that after evaluations by the Department of Infection Control, nurse training and stabilization of the nursing team, the incidence decreased significantly from 20.3 to 11.1/1000 CVC days during the 6th year after the move (p = 0.01). Our results reveal the deleterious impact of the reorganization during the hospital moving on the CRBSI incidence rate, and the possible implication of inexperienced team of nurses. Copyright © 2015 Elsevier Ltd and European Society for Clinical Nutrition and Metabolism. All rights reserved.

Title: Improving postoperative pain management in children by providing regular training and an updated pain therapy concept.

Citation: European journal of pain (London, England), Apr 2016, vol. 20, no. 4, p. 586-593, 1532-2149 (April 2016)

Author(s): Heinrich, M, Mechea, A, Hoffmann, F

Abstract: In recent years, children's hospitals have increasingly implemented postoperative pain management protocols to reduce postoperative pain and improve patient satisfaction. The effectiveness and long-term sustainability of such protocols have rarely been studied. Therefore, we conducted a prospective intervention study to assess the impact of regular training and
improvement of clinical processes on the quality of postoperative pain management. We conducted an initial assessment of the status quo of postoperative pain management (Audit 1) followed by repeated training and improvement of clinical processes (analgesic pocket card, parents’ brochure, modification of the patient chart, bimonthly advanced trainings sessions) and a follow-up review after 3 years (Audit 2). We used a data entry form, a patient survey, and an anonymous questionnaire for the nursing staff as measurement tools. Our analysis included a total of 93 and 85 patients in the initial and final audits. The return rates of the nursing staff questionnaire were 83% (Audit 1) and 77% (Audit 2). The training and process improvements resulted in significant improvement in the administration of analgesics for pain requiring treatment, the control of pain measurement after the administration of analgesics and the use of non-pharmacological pain therapies. The patients reported faster administration of analgesics for acute pain and improved pain relief following the intervention. Repeated training and improvement of clinical processes can significantly improve the long-term quality of postoperative pain management in children with a tolerable amount of effort on the part of health care professionals and institutions. © 2015 European Pain Federation - EFIC®

Title: Rates of ICU Transfers After a Scheduled Night-Shift Interprofessional Huddle.

Citation: Hospital pediatrics, Apr 2016, vol. 6, no. 4, p. 234-242, 2154-1663 (April 2016)

Author(s): Newman, Ross E, Bingler, Michael A, Bauer, Paul N, Lee, Brian R, Mann, Keith J

Abstract: To evaluate a scheduled interprofessional huddle among pediatric residents, nursing staff, and cardiologists on the number of high-risk transfers to the ICU. A daily, night-shift huddle intervention was initiated between the in-house pediatric residents and nursing staff covering the cardiology ward patients with the at-home attending cardiologist. Retrospective cohort chart review identified high-risk transfers from the inpatient floor to the ICU over a 24-month period (eg, inotropic support, intubation, and/or respiratory support within 1 hour of ICU transfer). Satisfaction with the intervention and the impact of the intervention on team-based communication and resident education was collected using a retrospective pre-post survey. Ninety-three patients were identified as unscheduled transfers from the ward team to the ICU. Overall, 21 preintervention transfers were considered high risk, whereas only 8 patients were considered high risk after the intervention (P = .004). During the night shift, high risk transfers decreased from 8 of 17 (47%) to 3 of 21 patients (14%) (P = .03). Interprofessional communication improved with 12 of 14 nurses and 24 of 25 residents reporting effective communication after the intervention (P < .0001) compared with only 1 nurse and 15 residents reporting a positive experience before the intervention. Overall, all 3 provider groups stated an improved experience covering a high-risk cardiology patient population. Implementation of an interprofessional huddle may contribute to decreasing high-risk transfers to the ICU. Initiating a daily huddle was well received and allowed for open lines of communication across all provider groups. Copyright © 2016 by the American Academy of Pediatrics.

Full Text: Available from Highwire Press in Hospital Pediatrics

Title: Family presence during resuscitation in a paediatric hospital: health professionals’ confidence and perceptions.

Citation: Journal of clinical nursing, Apr 2016, vol. 25, no. 7-8, p. 1045-1052, 1365-2702 (April 2016)
Author(s): McLean, Julie, Gill, Fenella J, Shields, Linda

Abstract: To investigate medical and nursing staff’s perceptions of and self-confidence in facilitating family presence during resuscitation in a paediatric hospital setting. Family presence during resuscitation is the attendance of family members in a location that affords visual or physical contact with the patient during resuscitation. Providing the opportunity for families to be present during resuscitation embraces the family-centred care philosophy which underpins paediatric care. Having families present continues to spark much debate amongst health care professionals. A descriptive cross-sectional randomised survey using the 'Family Presence Risk/Benefit Scale' and the 'Family Presence Self-Confidence Scale 'to assess health care professionals' (doctors and nurses) perceptions and self-confidence in facilitating family presence during resuscitation of a child in a paediatric hospital. Surveys were distributed to 300 randomly selected medical and nursing staff. Descriptive and inferential statistics were used to compare medical and nursing, and critical and noncritical care perceptions and self-confidence. Critical care staff had statistically significant higher risk/benefit scores and higher self-confidence scores than those working in noncritical care areas. Having experience in paediatric resuscitation, having invited families to be present previously and a greater number of years working in paediatrics significantly affected participants' perceptions and self-confidence. There was no difference between medical and nursing mean scores for either scale. Both medical and nursing staff working in the paediatric setting understood the needs of families and the philosophy of family-centred care is a model of care practised across disciplines. This has implications both for implementing guidelines to support family presence during resuscitation and for education strategies to shift the attitudes of staff who have limited or no experience. © 2016 John Wiley & Sons Ltd.

Title: The effects of pediatric community simulation experience on the self-confidence and satisfaction of baccalaureate nursing students: A quasi-experimental study.

Citation: Nurse education today, Apr 2016, vol. 39, p. 93-98, 1532-2793 (April 2016)

Author(s): Lubbers, Jaclynn, Rossman, Carol

Abstract: Simulation in nursing education is a means to transform student learning and respond to decreasing clinical site availability. This study proposed an innovative simulation experience where students completed community based clinical hours with simulation scenarios. The purpose of this study was to determine the effects of a pediatric community simulation experience on the self-confidence of nursing students. Bandura’s (1977) Self-Efficacy Theory and Jeffries’ (2005) Nursing Education Simulation Framework were used. This quasi-experimental study collected data using a pre-test and posttest tool. The setting was a private, liberal arts college in the Midwestern United States. Fifty-four baccalaureate nursing students in a convenience sample were the population of interest. The sample was predominantly female with very little exposure to simulation prior to this study. The participants completed a 16-item self-confidence instrument developed for this study which measured students' self-confidence in pediatric community nursing knowledge, skill, communication, and documentation. The overall study showed statistically significant results (t=20.70, p<0.001) and statistically significant results within each of the eight 4-item sub-scales (p<0.001). Students also reported a high level of satisfaction with their simulation experience. The data demonstrate that students who took the Pediatric Community Based Simulation course reported higher self-confidence after the course than before the course. Higher self-confidence scores for simulation participants have been shown to increase quality of care for patients. Copyright © 2016 Elsevier Ltd. All rights reserved.
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