**Outreach**

Your Outreach Librarian can help facilitate evidence-based practice 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**

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.

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

**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: library@uhbristol.nhs.uk
Contents

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

2: New NICE Guidance

3: Latest relevant Systematic Reviews from the Cochrane Library

4: NHS Behind the Headlines

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6: Current Awareness database articles

Upcoming Lunchtime Drop-in Sessions

The Library and Information Service provides free specialist information skills training for all UHBristol staff and students. To book a place, email: library@uhbristol.nhs.uk

If you’re unable to attend we also provide one-to-one or small group sessions. Contact library@uhbristol.nhs.uk or katie.barnard@uhbristol.nhs.uk to arrange a session.

<table>
<thead>
<tr>
<th>June (12pm)</th>
<th>July (1pm)</th>
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<tbody>
<tr>
<td>Weds 8th</td>
<td>Tue 5th</td>
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<td>Thurs 16th</td>
<td>Wed 13th</td>
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<td>Fri 24th</td>
<td>Thurs 21st</td>
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<tr>
<td>Understanding articles</td>
<td>Information resources</td>
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<tr>
<td>Statistics</td>
<td>Critical Appraisal</td>
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<tr>
<td>Information resources</td>
<td>Statistics</td>
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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
July 2015, Volume 19

New NICE Guidance

CG155 Updated Psychosis and schizophrenia in children and young people: recognition and management

Latest relevant Systematic Reviews from the Cochrane Library

Fasting for haemostasis in children with gastrointestinal bleeding
Systemic antifungal therapy for tinea capitis in children
Corticosteroids for the treatment of Duchenne muscular dystrophy
Exam stress linked to teen suicide

Thursday May 26 2016

"First detailed study into 130 [teen] suicide cases in England finds range of common anxieties," The Guardian reports, citing factors including exam stress, bullying and bereavement...

Quick Exercise

Relative Risk

The relative risk is the ratio of probability of an event (a specified outcome) occurring in one group (i.e. those exposed to a particular intervention) compared to those in another group (i.e. those not exposed – a control group).

The relative risk can be interpreted using the following chart. First, you must determine whether the event (the outcome measure) is adverse or beneficial.

<table>
<thead>
<tr>
<th>Relative Risk</th>
<th>Adverse outcome (e.g. death)</th>
<th>Beneficial outcome (e.g. recovery of limb function)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>Intervention better than control</td>
<td>Intervention worse than control</td>
</tr>
<tr>
<td>1</td>
<td>Intervention no better or worse than control</td>
<td>Intervention no better or worse than control</td>
</tr>
<tr>
<td>&gt;1</td>
<td>Intervention worse than control</td>
<td>Intervention better than control</td>
</tr>
</tbody>
</table>

Have a go at interpreting the relative risks for these three studies using the chart above. Is the intervention better or worse than the control?

<table>
<thead>
<tr>
<th>Study</th>
<th>Intervention</th>
<th>Population</th>
<th>Outcome measure (think: adverse or beneficial?)</th>
<th>Relative Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug X</td>
<td>Adults at risk of a heart attack</td>
<td>Heart attack</td>
<td>1.2</td>
</tr>
<tr>
<td>2</td>
<td>Therapy programme Y</td>
<td>Smokers</td>
<td>Smoking cessation</td>
<td>0.8</td>
</tr>
<tr>
<td>3</td>
<td>Probiotic Z</td>
<td>Children on antibiotics</td>
<td>Diarrhoea</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Find out more about relative risk in one of our Basic Statistics training sessions. For more details, email library@uhbristol.nhs.uk.
Current Awareness Database Articles

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

Title: Do you see what I see? Identification of child protection concerns by hospital staff and general dental practitioners.

Citation: British dental journal, May 2016, vol. 220, no. 9, p. 451-457, 1476-5373 (May 13, 2016)

Author(s): Olive, S, Tuthill, D, Hingston, E J, Chadwick, B, Maguire, S

Abstract: Aim An exploration of the threshold that dentists, doctors and nurses recognise for dental and child protection (CP) actions in sample clinical cases, and any differences between these professional groups.

Method We present a cross-sectional survey of dentists, doctors and nurses (50 each), who regularly examine children, utilised five fictitious vignettes, combining an oral examination image and clinical history reflecting dental and CP issues. Demographics were collected, and each participant gave their likely action for the cases presented.

Results Dentists were significantly better at answering the dental element than the doctors and nurses, (P <0.0001) with no significant difference between these two; only 8% of the latter had undergone any training in assessment of dental health. Although 90.6% of all professionals had undergone CP training, dentists were significantly less accurate at identifying the CP component than doctors and nurses, (P <0.0001) between whom there were no significant differences. Those with higher levels of CP training were most accurate at identifying correct CP actions.

Conclusions CP training is effective at improving recognition of child maltreatment, although there remains a worrying lack of knowledge about thresholds for action among dentists. Doctors and nurses have minimal training in, or knowledge of, dental health in children, thus precluding appropriate onward referrals.

Title: Nurse-led implementation of a ventilator-associated pneumonia care bundle in a children's critical care unit.

Citation: Nursing children and young people, May 2016, vol. 28, no. 4, p. 23-27, 2046-2344 (May 9, 2016)

Author(s): Hill, Charlotte

Abstract: Ventilator-associated pneumonia (VAP) is the leading cause of death with hospital-acquired infections, and preventing it is one of the Saving Lives initiatives (Department of Health 2007). This article discusses the implementation of a purpose-designed VAP care bundle in a children's intensive care unit and examines the unique role of nurses in the management of the change process. A nurse-led VAP education, implementation and surveillance programme was set up. Nurse education was paramount, as nursing staff acceptance and involvement was a key feature. A multi-method training strategy was implemented, providing staff with multiple training opportunities and introducing VAP project education as a routine part of staff induction. Bundle compliance was monitored regularly and graphs of the results produced quarterly; feedback proved to be useful in keeping staff informed and engaged in VAP reduction. Comparison of VAP incidence before and after introduction of the care bundle showed a reduction after its implementation. With a co-ordinated, multidisciplinary approach, VAP care bundles can result in significant and sustained reductions in VAP rates in the paediatric intensive care unit. Effective co-ordination and leadership is
crucial to successful implementation of the VAP bundle, and nurses are well placed to undertake this role.

**Title:** Therapeutic safe holding with children and young people in hospital.

**Citation:** Nursing children and young people, May 2016, vol. 28, no. 4, p. 28-32, 2046-2344 (May 9, 2016)

**Author(s):** Kennedy, Robert, Binns, Frances

**Abstract:** This article demonstrates how a strategy to improve patient safety and the patient experience in hospital health care was implemented in a large tertiary children's hospital. A children and young people's therapeutic safe holding policy and training programme for all clinical nursing staff was developed and introduced. The strategy aimed to define best practice and equip healthcare professionals with the appropriate tools to deliver care safely, effectively and in the best interests of the child or young person.

**Title:** OC14 - Implementation of an educational program in children's post-operative pain.

**Citation:** Nursing children and young people, May 2016, vol. 28, no. 4, p. 65-66, 2046-2344 (May 9, 2016)

**Author(s):** Mavridi, Fotini, Statiri, Anastasia, Tsoltou, Adelais, Kaliardou, Evangelia, Doxara, Anastasia, Matziou, Vasiliki

**Abstract:** Theme: Nursing education, management and leadership. Successful pain management contributes to high-quality postoperative care. To estimate the intensity of postoperative pain in children after an educational intervention. Surgical ward nurses after educational intervention recorded 146 children (0-16 years) postoperative pain scores, applying FLACC, FACES, NRS according to child's age during December 2012 to March 2014. The mean values of children's pain scores at the reception, 24h and 48h after surgery was 0,99 ± 1,68, 0,6 ± 1,43 and 0,13 ± 0,79 respectively. The median pain scores for the 1st and 2nd 24-hour seemed to correlate with the duration of surgery (p = 0.048). Only 20% of cases applied some form of non-pharmacological pain method that was associated with the child's age (p = 0,001). Special care should be taken about using non-pharmacological pain control methods. Postoperative pain management programs contribute to effective deal.

**Title:** OC15 - Leading nursing educational progress in child mental health.

**Citation:** Nursing children and young people, May 2016, vol. 28, no. 4, p. 66, 2046-2344 (May 9, 2016)

**Author(s):** Yearwood, Edilma L, Raphel, Sally

**Abstract:** Theme: Nursing education, management and leadership. Given the increasingly complex mental health needs of children and young people and the critical shortage of proficient mental health specialists, a study of US nursing education programs was done. Does the current paediatric nursing workforce preparation best meet the distinct needs of young people with behavioral and
mental health challenges is the key question? Experts in the field of child psychiatric nursing practice, education and research came together to find model nursing programs for educational and clinical preparation. This presentation will report an analysis of the content of curricula-preparing psychiatric mental health nurse practitioners, models for adaptation to paediatric nurses' training and recommendations for leadership strategies. Describe existing US nursing education models for child and youth mental health care. Propose strategies for education leadership.

**Title:** OC16 - Calculation skills and e-learning platform: study pre-post test on students of paediatric nursing in Italy.

**Citation:** Nursing children and young people, May 2016, vol. 28, no. 4, p. 67, 2046-2344 (May 9, 2016)

**Author(s):** Bambaci, Marilena, Vignali, Federica, Ricceri, Fulvio, Persico, Anna, Ariotti, Maria Chiara, Vagliano, Liliana

**Abstract:** Theme: Child protection and managing risk. Errors in medication is a very recurring problem in paediatric units and for that reason paediatric nursing students have to possess good mathematical skills (Doherty C, 2012). It is important to evaluate these competences during their university nursing degree (Harvey 2009). This problem has been discussed and it was subsequently decided to introduce 'Clinical and Practical pharmacology' lessons like a mandatory subject. Evaluate the paediatric nursing students learning curve before and after 'Clinical and Practical pharmacology' lessons, job placement and through an e-learning platform. A before and after experimental study, using a non-randomized test, administered at different academic phases was used. Learning curve had an increase from 54.09 % to 82.65 %. In particular, that result is significant before 'Clinical and Practical pharmacology' lessons and at final test (p<0.00578). These study results are helpful for increased training action and to develop a customized e-learning platform.

**Title:** Acute Care Pediatric Nurse Practitioner: The 2014 Practice Analysis.


**Author(s):** Reuter-Rice, Karin, Madden, Maureen A, Gutknecht, Sarah, Foerster, Adele

**Abstract:** Practice research serves as the certification framework for validating advanced practice roles and updating national qualifying examinations. This national study describes the current practice of the acute care pediatric nurse practitioner (AC PNP) to inform an update of the Certified Pediatric Nurse Practitioner-Acute Care (CPNP-AC) examination content outline. A descriptive analysis was performed of the responses of 319 pediatric nurse practitioners, practicing in an acute care role, who completed a practice survey in 2014. Respondents were primarily White women with a mean age of 40 years; 75% had been formally educated as AC PNPs, compared with 48% in 2009. Regional practice was most heavily concentrated in the Southeast (28%) and Midwest (27%). Most respondents (81%) practiced in urban areas. Respondents reported spending 75% of practice time in inpatient settings. The most frequently cited areas of practice were critical care (36%), followed by emergency department (9%) and subspecialty practices. This third analysis of AC PNP practice 10 years after initiation of the CPNP-AC certification examination demonstrates changes in clinical practice and educational preparation. Copyright © 2016 National Association of Pediatric Nurse Practitioners. Published by Elsevier Inc. All rights reserved.
**Title:** Interactions Between Children and Pediatric Nurses at the Emergency Department: A Swedish Interview Study.

**Citation:** Journal of pediatric nursing, May 2016, vol. 31, no. 3, p. 284-292, 1532-8449 (2016 May-Jun)

**Author(s):** Grahn, Malin, Olsson, Emmy, Mansson, Marie Edwinson

**Abstract:** Admission to an emergency department can be considered a stressful event for both the child and the family. Due to the nature of traumas, illnesses and fatalities it is a chaotic forum in which good communication between child and staff can be difficult to establish. The purpose of the study was to describe nurses' methods when interacting with children aged three to six at a pediatric emergency department and to identify aspects in need of further investigation. The study included seven nurses who work with children. The data were collected through semi-structured interviews and analyzed using qualitative content analysis. The analysis resulted in three main themes; fundamentals for being able to create a good encounter, nurse's adaptations when encountering children and limitations associated with providing child and family-centered care in the pediatric emergency department. Healthcare organizations must create time to allow important communication to take place between staff and pediatric patients so that children and families feel safe when being treated. The implementation of effective measures to train staff in communication with pediatric patients is important. The child should participate in his/her care and in procedures as much as possible. By listening to children and their parents proposals, especially before invasive procedures, effective ways to handle pain and discomfort may be developed. Copyright © 2016 Elsevier Inc. All rights reserved.

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**Title:** Nurses Identify Education and Communication Among Professionals as Essential in Serving ASD Children.

**Citation:** NASN school nurse (Print), May 2016, vol. 31, no. 3, p. 164-169, 1942-6038 (May 2016)

**Author(s):** McIntosh, Constance E, Thomas, Cynthia M, Brattain, Chloe K

**Abstract:** Autism spectrum disorder (ASD) is a broad term encompassing a group of neurodevelopmental disabilities. Children with ASD present behavioral, communication, and social behaviors. One in 68 individuals is diagnosed with autism. With ASD prevalence continuing to rise, it makes sense for school nurses to identify areas that may be helpful in serving this population. This school nurse focus group study shared specific areas that would benefit school nurses when working with children with autism. Two glaring trends surfaced from the focus group-continuing education needs and communication among all school professionals (i.e., teachers, special education services). © 2015 The Author(s).

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**Title:** The nurse match instrument: Exploring professional nursing identity and professional nursing values for future nurse recruitment.

**Citation:** Nurse education in practice, May 2016, vol. 18, p. 36-45, 1873-5223 (May 2016)
**Author(s):** Mazhindu, Deborah M, Griffiths, Lauren, Pook, Carol, Erskine, Allen, Ellis, Roger, Smith, Fleur

**Abstract:** From April 1st 2015 it will be mandatory for Higher Education Institutions (HEI) in the United Kingdom (UK) providing pre-qualifying health care higher education to use a Values Based Recruitment (VBR) tool, to ensure only the candidates with the "right" personal identity and values commensurate with the Professional Identity of Nursing (PIN) are accepted for nurse education. "Nurse Match" instrument was developed to enhance the recruitment and selection of candidates for pre-qualifying nursing. Action Research into PIN commenced with voluntary, purposive, convenience samples of qualified nurses (n = 30), Service Users (N = 10), postgraduate diploma nurses in mental health (N = 25), third year mental health branch students (N = 20) and adult and child student nurses in years 2 and 3 (N = 20) in Focus Groups. Data collection and analysis occurred concomitantly between July 2013 and October 2014, aided by NVivo 10 software and revealed Key Quality Indicators (KQIs) of the social construction of PIN. Construct development included a literature review spanning the last fifteen years, which identified four main themes; 1. Nursing's ethics and values. 2. Nursing's professional identity and caring. 3. Nursing's emotional intelligence. 4. Nursing's professionalism. Nurse Match offers an evidence-based enhancement to VBR, for future nurse recruitment locally, nationally and internationally. Copyright © 2016 Elsevier Ltd. All rights reserved.

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**Title:** Student nurse selection and predictability of academic success: The Multiple Mini Interview project.

**Citation:** Nurse education today, May 2016, vol. 40, p. 123-127, 1532-2793 (May 2016)

**Author(s):** Gale, Julia, Ooms, Ann, Grant, Robert, Paget, Kris, Marks-Maran, Di

**Abstract:** With recent reports of public enquiries into failure to care, universities are under pressure to ensure that candidates selected for undergraduate nursing programmes demonstrate academic potential as well as characteristics and values such as compassion, empathy and integrity. The Multiple Mini Interview (MMI) was used in one university as a way of ensuring that candidates had the appropriate numeracy and literacy skills as well as a range of communication, empathy, decision-making and problem-solving skills as well as ethical insights and integrity, initiative and team-work. To ascertain whether there is evidence of bias in MMIs (gender, age, nationality and location of secondary education) and to determine the extent to which the MMI is predictive of academic success in nursing. A longitudinal retrospective analysis of student demographics, MMI data and the assessment marks for years 1, 2 and 3. One university in southwest London. One cohort of students who commenced their programme in September 2011, including students in all four fields of nursing (adult, child, mental health and learning disability). Inferential statistics and a Bayesian Multilevel Model. MMI in conjunction with MMI numeracy test and MMI literacy test shows little or no bias in terms of ages, gender, nationality or location of secondary school education. Although MMI in conjunction with numeracy and literacy testing is predictive of academic success, it is only weakly predictive. The MMI used in conjunction with literacy and numeracy testing appears to be a successful technique for selecting candidates for nursing. However, other selection methods such as psychological profiling or testing of emotional intelligence may add to the extent to which selection methods are predictive of academic success on nursing. Copyright © 2016 Elsevier Ltd. All rights reserved.

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**Title:** Case-Based Teaching for Interprofessional Postgraduate Trainees in Adolescent Health.
Citation: The Journal of adolescent health : official publication of the Society for Adolescent Medicine, May 2016, vol. 58, no. 5, p. 567-572, 1879-1972 (May 2016)

Author(s): Gooding, Holly C, Ziniel, Sonja, Touloumtzis, Currie, Pitts, Sarah, Goncalves, Adrianne, Emans, Jean, Burke, Pam

Abstract: Adolescent health providers increasingly work in interprofessional environments. There is a lack of evidence regarding best educational practices for preparing the adolescent health care workforce of the future. We developed, implemented, and evaluated an interprofessional longitudinal case-based curriculum for postgraduate trainees in adolescent health. Faculty in an academic adolescent medicine division worked collaboratively with recent trainees to develop six teaching cases illustrative of interprofessional care of adolescents. During the 2013-2014 academic year, seven trainees (two social workers, two physicians, one nurse practitioner, one psychologist, and one dietician) completed the six month-long case modules while simultaneously working together in an interprofessional clinic. Trainees completed four-item pre- and post-case questionnaires that assessed confidence with assessment and diagnosis, comfort with counseling skills, ability to devise a treatment plan, and understanding of their colleagues' role for each of the six cases. Participants completed the 19-item Readiness for Interprofessional Learning Scale and the 12-item Interdisciplinary Education Perception Scale at three time points during the academic year and a 15-minute interview after their final session. Confidence with assessment/diagnosis, comfort counseling adolescents, and the ability to devise treatment plans increased for most case topics, as did understanding of the role of others on the interprofessional team. Mean Readiness for Interprofessional Learning Scale and Interdisciplinary Education Perception Scale scores were high at baseline and similar at all three time points. Interviews highlighted the value of role clarity, communication, and learning within interprofessional teams along with modeling from interprofessional faculty. Case-based learning in conjunction with collaborative practice provided a successful teaching strategy for interprofessionals in adolescent health. Copyright © 2016 Society for Adolescent Health and Medicine. Published by Elsevier Inc. All rights reserved.

Title: Education and Role Title as Predictors of Enacted (Actual) Scope of Practice in Generalist Nurses in a Pediatric Academic Health Sciences Center.

Citation: The Journal of nursing administration, May 2016, vol. 46, no. 5, p. 265-270, 1539-0721 (May 2016)

Author(s): Déry, Johanne, Clarke, Sean P, D'Amour, Danielle, Blais, Régis

Abstract: The aim of this study is to document the enacted (actual) scope of practice (SOP) of nurses in pediatric settings in relation to education level and position. Baccalaureate-prepared staff nurses routinely carry out only a fraction of the activities essential for quality of care and patient safety they have been educated for. A direct care nurse clinician role exists for nurses with bachelor's degrees in Quebec, Canada. Survey of 301 nurses in a pediatric university hospital in Quebec was conducted. Enacted (actual) SOP for baccalaureate-educated nurses was significantly broader than that of nurses with junior college diplomas and nurse clinicians (baccalaureate-educated) carried out complex activities more frequently. The creation of job titling and role descriptions that reflect the upper range of nursing competencies could be an important tool for promoting broadened SOP for baccalaureate nurses.
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