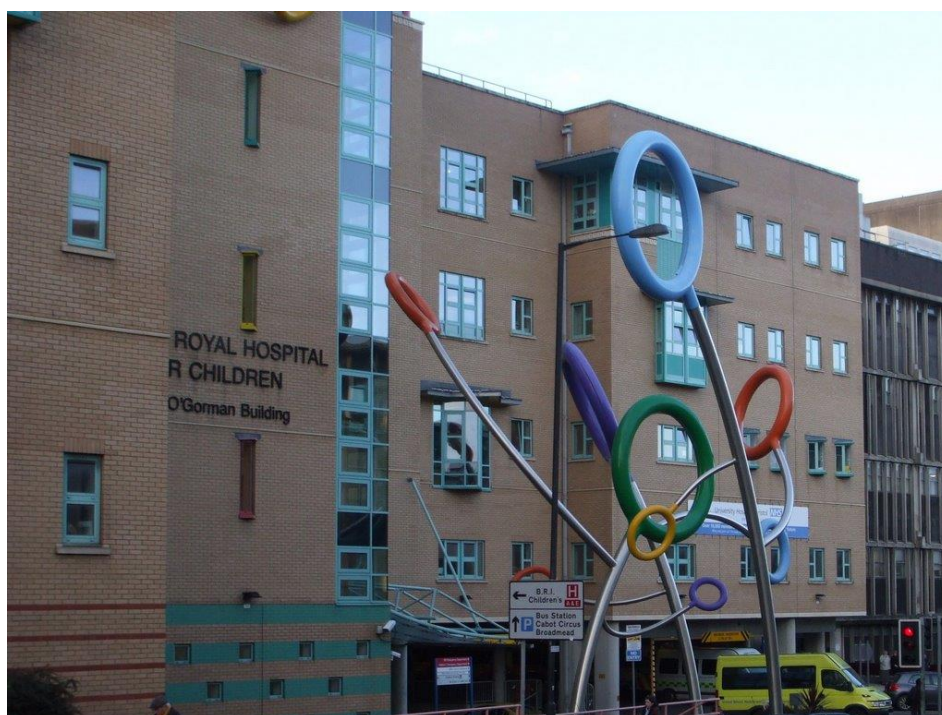


# Paediatric Nurse Education

## Current Awareness Newsletter

### November

# 2016



Respecting everyone  
Embracing change  
Recognising success  
Working together  
**Our hospitals.**



Library and Information Service

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Teaching and Learning

## Training Calendar 2016

*All sessions are 1 hour*

### October (12pm)

Fri 7th      **Statistics**  
Mon 10th    **Information resources**  
Tue 18th    **Literature Searching**  
Wed 26th    **Critical Appraisal**

### November (1pm)

Thurs 3rd    **Statistics**  
Fri 11th     **Information resources**  
Mon 14th    **Literature Searching**  
Tues 22nd   **Critical Appraisal**  
Wed 30th    **Statistics**

## Your Outreach Librarian – **Helen Pullen**

Whatever your information needs, the library is here to help. Just email us at [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**Outreach:** Your Outreach Librarian can help facilitate evidence-based practice for all in the team, as well as assisting with academic study and research. We also offer one-to-one or small group training in **literature searching, critical appraisal and medical statistics**. Get in touch: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

**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.

Please email requests to [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

# Contents

## The Latest Evidence

**NICE** National Institute for  
Health and Care Excellence



[Factors that impact on the use of mechanical ventilation weaning protocols in critically ill adults and children: a qualitative evidence-synthesis](#)

Joanne Jordan, Louise Rose, Katie N Dainty, Jane Noyes, Bronagh Blackwood

Online Publication Date: October 2016

### Other – Behind the Headlines, Guidance

[Does vitamin D in pregnancy prevent ADHD?](#) Monday Oct 10 2016

"Sunbathing mothers guard against hyperactive babies," The Daily Telegraph reports – a headline that achieves the dubious dual distinction of being both inaccurate and irresponsible...

[Warning over babies sleeping in car seats](#) Tuesday Oct 4 2016

"Long periods sleeping in car seats may be dangerous for young babies," the Daily Mail reports. The results of a small study suggest babies spending long periods of time in a car seat may lead to breathing difficulties...

## Journal Tables of Contents

The most recent issues of key journals. If you would like any of the papers in full text then please email the library: [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk)

Nurse Educator

[Current Issue: September/October 2016 - Volume 41 - Issue 5](#)

Nurse Education

[CURRENT ISSUE October 2016 Volume 55 · Issue 10](#)

# Exercise

## Creating a search strategy

**Scenario:** A 64 year old obese male who has tried many ways to lose weight presents with a newspaper article about 'fat-blazer' (chitosan). He asks for your advice.

### 1. What would your PICO format be?

Population/problem	
Intervention/indicator	
Comparator	
Outcome	

### 2. What would your research question be?

*Taken from the Centre for Evidence Based Medicine*

*Find out more about constructing an effective search strategy in one of our **Literature searching** training sessions.*

*For more details, email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk).*

**PICO:** P = obese patients; I = chitosan; C = placebo; O = decrease weight  
**Research question:** In obese patients, does chitosan, compared to a placebo, decrease weight?

## Current Awareness Database Articles on Paediatric Nurse Education

### **Results** 11 of 11 results on Saved Results

**1. Effectiveness of an adolescent healthcare training programme for enhancing paediatric nurses' competencies.**

**Source:** Journal of Clinical Nursing; Nov 2016; vol. 25 (no. 21/22); p. 3300-3310

**Publication Date:** Nov 2016

**Publication Type(s):** Academic Journal

**Publisher:** Wiley-Blackwell

**Author(s):** Lee, Regina Lai Tong; Wang, Jing Jing

**Database:** CINAHL

**2. Corrigendum...Mahon, P., Holsti, L., Siden, H., Strahlendorf, C., Turnham, L, & Giaschi, D. (2015). Using colors to assess pain in toddlers: Validation of "the Rainbow Pain Scale" —A proof-of-principle study. Journal of Pediatric Oncology Nursing, 32(1), 40-46. doi:10.1177/1043454214555197**

**Source:** Journal of Pediatric Oncology Nursing; Nov 2016; vol. 33 (no. 6); p. 460-460

**Publication Date:** Nov 2016

**Publication Type(s):** Academic Journal

**Publisher:** Sage Publications Inc.

**Database:** CINAHL

**3. Barriers to asthma management as identified by school nurses**

**Source:** Journal of School Nursing; Oct 2016; vol. 32 (no. 5); p. 365-373

**Publication Date:** Oct 2016

**Publication Type(s):** Article

**Publisher:** Sage Publications Inc

**Author(s):** Quaranta, Judith E.; Spencer, Gale A.

**Abstract:** Asthma rates are increasing in children. School nurses have opportunities to care for children with asthma but need to overcome barriers impacting their ability to manage asthma in the school setting. This study (a) assessed barriers present in the school setting, (b) determined the impact of barriers on performance of asthma management behaviors, and (c) determined the impact of barriers on importance ratings of asthma management behaviors, asthma self-efficacy, and asthma attitudes (N = 537). Results revealed 72% of the nurses reported at least one barrier. As numbers of barriers increased, performance of asthma management behaviors decreased. Significant relationships were found between specific asthma management behaviors and specific barriers. No significant relationships were found between barriers and asthma self-efficacy, asthma attitude, or importance ratings of asthma management behaviors. Removing barriers may allow the nurse to perform at greatest effectiveness, enhancing the positive outcomes that result from appropriate asthma management. References

**Database:** BNI

#### 4. Prevalence and costs of five chronic conditions in children

**Source:** Journal of School Nursing; Oct 2016; vol. 32 (no. 5); p. 357-364

**Publication Date:** Oct 2016

**Publication Type(s):** Article

**Publisher:** Sage Publications Inc

**Author(s):** Miller, Gabrielle F.; Coffield, Edward; Leroy, Zanie; Wallin, Robin

**Abstract:**The objective is to examine the prevalence and health-care costs associated with asthma, epilepsy, hypertension, food allergies, and diabetes in children aged 0-18 years. Prevalence was calculated using 2005-2012 Medical Expenditure Panel Survey (MEPS) data, a population-based, nationally representative sample. Using MEPS, two-part models estimated the cost of each condition for all children while controlling for sociodemographic categories. Prevalence rates varied by race and ethnicity across conditions. Females had higher prevalence of all chronic conditions, except epilepsy. An additional US\$1,377.60-US\$9,059.49 annually were spent on medical expenses for children aged 0-18 years, with asthma, diabetes, or epilepsy compared to children without these conditions. This is the first study to examine the costs and prevalence of chronic health conditions in children and adolescents using a single data set. Understanding the odds of having a condition by sociodemographic categories highlights disparities that can potentially inform school nurses on the best allocation of resources to serve students. References

**Database:** BNI

#### 5. Exploring resilience in nursing and midwifery students: a literature review

**Source:** Journal of Advanced Nursing; Oct 2016; vol. 72 (no. 10); p. 2272-2283

**Publication Date:** Oct 2016

**Publication Type(s):** Article Literature Review

**Publisher:** Wiley-Blackwell Publishing Ltd.

**Author(s):** McGowan, Jennifer E.; Murray, Karen

**Abstract:**Aim. The aim of this study was to explore the concepts of 'resilience' and 'hardiness' in nursing and midwifery students in educational settings and to identify educational interventions to promote resilience. Background. Resilience in healthcare professionals has gained increasing attention globally, yet to date resilience and resilience education in nursing and midwifery students remain largely under-researched. Design. An integrative literature review was planned, however, only quantitative evidence was identified therefore, a review of quantitative studies was undertaken using a systematic approach. Data sources. A comprehensive search was undertaken using Medline, CINAHL, Embase, PsycINFO and Maternity and Infant Care databases January 1980- February 2015. Review methods. Data were extracted using a specifically designed form and quality assessed using an appropriate checklist. A narrative summary of findings and statistical outcomes was undertaken. Results. Eight quantitative studies were included. Research relating to resilience and resilience education in nursing and midwifery students is sparse. There is a weak evidence that resilience and hardiness is associated with slightly improved academic performance and decreased burnout. However, studies were heterogeneous in design and limited by poor methodological quality. No study specifically considered student midwives. Conclusion. A greater understanding of the theoretical underpinnings of resilience in nursing and midwifery students is essential for the development of educational resources. It is imperative that future research considers both nursing and midwifery training cohorts and should be of strong methodological quality. References

**Database:** BNI

### **6. Handing Off Safety at the Bedside**

**Source:** Clinical Nursing Research; Oct 2016; vol. 25 (no. 5); p. 473-493

**Publication Date:** Oct 2016

**Publication Type(s):** Article

**Publisher:** Sage Publications Inc

**Author(s):** Groves, Patricia S; Manges, Kirstin A; Scott-Cawiezell, Jill

**Abstract:**The study purpose was to describe how bedside nurses can use nursing bedside shift report (NBSR) to keep patients safe. NBSR has been recommended as a means of increasing patient safety, but little is known about how or whether it does so. Grounded theory methods were used. Data were collected from 2014 to 2015 with bedside nurses in a pediatric unit with an established NBSR process. The primary process by which bedside nurses use NBSR to keep patients safe is reducing risk of harm through conveying the patient story from shift to shift. Having a perspective from the bedside is a key antecedent to reducing risk of harm, as it supports the nurses' ability to subsequently identify and address risks. Although often seen as a routine exchange of information, how nursing shift report is conducted can impact patient safety. The study reinforces the value of targeting nursing communication to improve patient safety. References

**Database:** BNI

### **7. Conducting Objective Structured Clinical Exams in a Pediatric Nurse Practitioner Program Using Google Tools**

**Source:** The Journal for Nurse Practitioners; Sep 2016; vol. 12 (no. 8); p. 566-573

**Publication Date:** Sep 2016

**Publication Type(s):** Article

**Publisher:** Elsevier Inc.

**Author(s):** Reyes, Imelda; Rodriguez, Jeannie

**Abstract:**Objective structured clinical evaluations have been used within the clinical teaching environment in physician and advanced practice registered nurse training programs for many years. This article highlights the value of using Google suite tools (including presentations, forms, and spreadsheets) to perform objective structured clinical evaluations within nurse practitioner training programs. These web-based tools enable faculty to evaluate a higher level of clinical acumen on Miller's pyramid of clinical competence. Using the Google suite, faculty are now able to evaluate "shows how" in a more efficient manner. References

**Database:** BNI

### **8. The impact PICU nursing expertise has on a child's unplanned extubation**

**Source:** Nursing in Critical Care; Sep 2016; vol. 21 (no. 5); p. 295-303

**Publication Date:** Sep 2016

**Publication Type(s):** Article

**Publisher:** Wiley-Blackwell Publishing Ltd.

**Author(s):** Norridge, Matthew; While, Alison E



**Abstract:**Background: Unplanned extubations in PICU are used as a measure of quality in clinical governance strategies. While many factors, such as sedation or unit activity, impact negatively on unplanned extubations, high nurse-patient ratios reduce adverse patient events and improve patient safety. However, optimal nurse-patient ratios and the impact of the level of nursing expertise on the quality of care are unknown. Aim: The study aimed to examine the impact of PICU nursing expertise on the unplanned extubations of children. Design: Audit and analysis of existing adverse event patient and nurse workforce data. Method: This single-centre study examined unplanned extubations at a mixed general and cardiac tertiary PICU in the UK. Routinely collected data from nursing and adverse incident databases were examined. The dataset included over 74,477 nurse allocations between August 2006 and April 2011. Unplanned extubations were the adverse event of interest. Results: A total of 78 unplanned extubations occurred between April 2006 and April 2011. The majority of unplanned extubations occurred when patients were looked after by junior nurses. The seniority of the nurse in-charge and the qualifications of the patient's nurse were not related to unplanned extubations. However, more unplanned extubations occurred at times of higher patient occupancy. Conclusions: Nursing expertise and nurse-patient ratios were not related to unplanned extubations in this study. Further research is needed to explore the non-workforce factors such as the securing of endotracheal tubes, sedation levels and unit activity and their relationship with adverse events. Relevance to Clinical Practice: In paediatric intensive care units where nurse-patient ratios are high, further investigation is needed to establish what impact non-workforce factors have on unplanned extubations. References

**Database:** BNI

#### **9. Education: Pediatric Trauma Nurse Leader Implementation.**

**Source:** Journal of Pediatric Nursing; Sep 2016; vol. 31 (no. 5); p. 560-560

**Publication Date:** Sep 2016

**Publication Type(s):** Academic Journal

**Publisher:** W B Saunders

**Author(s):** Christensen, Regina; Wise-Hassler, Claire; Simon, Tiffany

**Database:** CINAHL

#### **10. Empowering Staff Nurses As Primary Educators to Children With Type 1 Diabetes.**

**Source:** Pediatric Nursing; Sep 2016; vol. 42 (no. 5); p. 247-251

**Publication Date:** Sep 2016

**Publication Type(s):** Academic Journal

**Publisher:** Jannetti Publications, Inc.

**Author(s):** Sy, Virginia

Available in full text at [Pediatric Nursing](#) - from ProQuest

Available in full text at [Pediatric Nursing](#) - from EBSCOhost

**Database:** CINAHL

#### **11. Oral dosage form administration practice in children under 6 years of age: A survey study of paediatric nurses.**

**Source:** International journal of pharmaceuticals; Sep 2016; vol. 511 (no. 2); p. 855-863

**Publication Date:** Sep 2016

**Publication Type(s):** Journal Article

**Author(s):** Walch, A C; Henin, E; Berthiller, J; Dode, X; Abel, B; Kassai, B; Lajoinie, A; EREMI Group

**Abstract:** The purpose of this study was to interview paediatric nurses on administration issues using extemporaneous capsules and marketed capsules and tablets in children younger than 6 years old, based on most frequently administered drugs in six participating wards. The 59 responding nurses estimated respectively at  $7.7 \pm 1.7$  and  $7.3 \pm 1.8$  years the age from which children would properly swallow extemporaneous capsules and marketed solids, with 33% and 37% of nurses considering that children under 6 would not get their prescribed treatment using these dosage forms. Refusal of the child to take the solid was the first reason to explain administration failure (85% of nurses for extemporaneous capsules, 89% for marketed solids). Although type of formulation and requirement of chewing were factors influencing the age at which children would take solid from nurses' experience, size of conventional tablets was not among these factors. All respondents use to crush tablets in children unable to swallow whole solids; 37% of nurses systematically split the tablets to ease the swallowing in children able to swallow. Only 11 nurses had an information tool at their disposal to guide manipulation of solids, with 7 of them using it in their daily practice. Providing specific-ward questionnaires, this study gives factual information on administration practices, perceptions and issues faced by paediatric nurses. Copyright © 2016 Elsevier B.V. All rights reserved.

**Database:** Medline



### What is OpenAthens?

OpenAthens is a way of authenticating that you have permission to access our subscription e-resources. To access our electronic resources you will need a UH Bristol Athens username/password.

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Click [here](#) to complete the online registration form. You will need to register using a Trust PC and a UH Bristol email address. Once you have successfully completed the form, you will be sent an email to you UH Bristol account with an authentication link.

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You will need a UH Bristol account to access our local subscription resources. You can either update the settings of your existing account by logging in and selecting 'change organisation', or you can set up a new UH Bristol account by clicking [here](#) (you will need to register using a Trust PC and a UH Bristol email address).

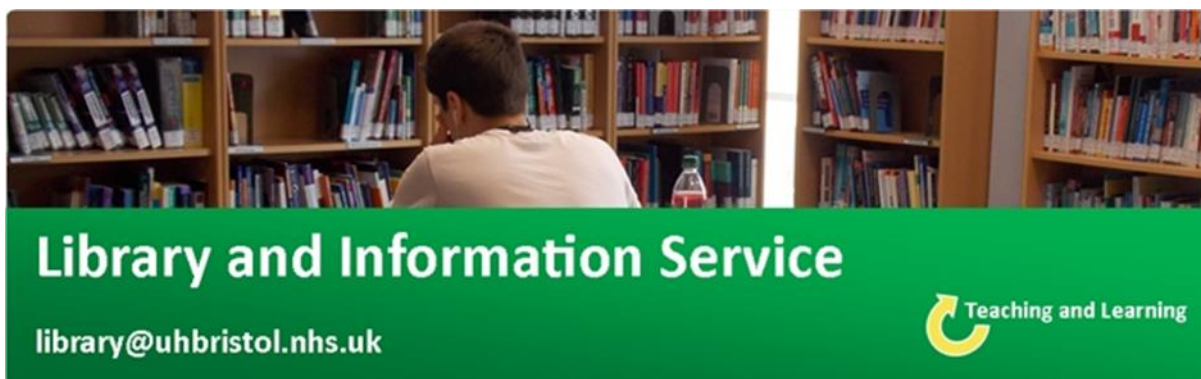
### My Athens account has expired. What should I do?

You can register for a new account [here](#).

### I have forgotten my Athens Username / Password. How can I reset it?

**Password:** If you are on a Trust PC, follow the link to [https://register.athensams.net/nhs/forgotten\\_password.php](https://register.athensams.net/nhs/forgotten_password.php).

**Username and password:** You should email [athens.sdhtc@nhs.net](mailto:athens.sdhtc@nhs.net) with your full name, full work address, work telephone number and the email address you used to register for the account. In the email subject line put 'Forgotten username and password'. It may take up to five working days to receive your username and a reset password.



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Swipe-card access: 7am-11pm 7 days a week

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***Helen Pullen***