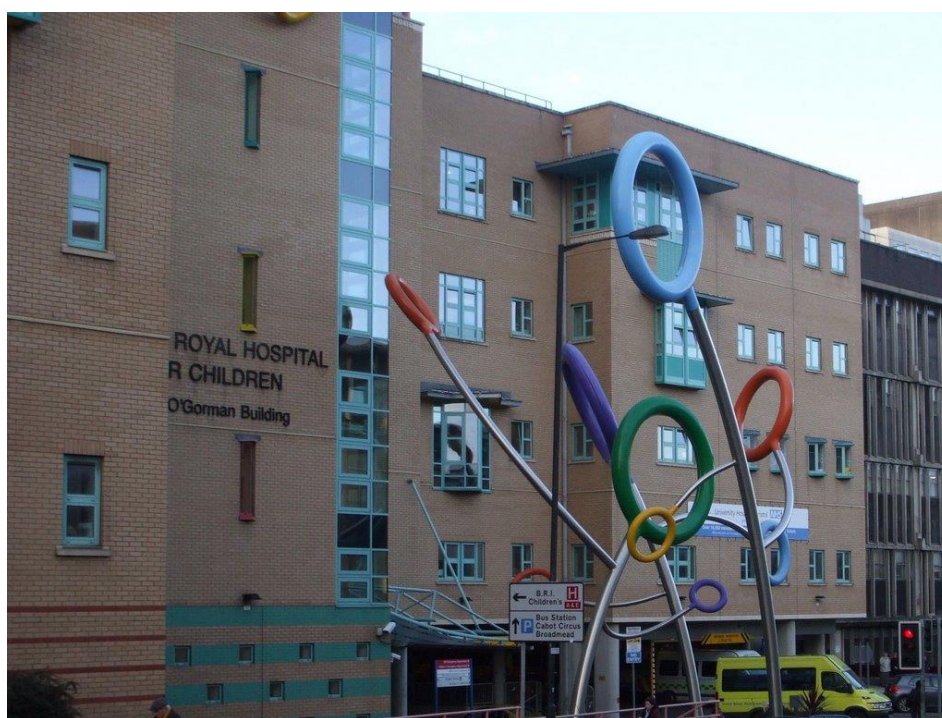


Paediatric Nurse Education

Current Awareness Newsletter

March 2017

(Quarterly)



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.



Training Calendar 2017

All sessions are 1 hour

<u>March</u>	(1pm - 2pm)
Fri 10th	Interpreting Statistics
Mon 13th	Literature Searching
Tues 21st	Critical Appraisal
Weds 29th	Interpreting Statistics

<u>April</u>	(12pm - 1pm)
Thurs 6th	Literature Searching
Mon 10th	Critical Appraisal
Tues 18th	Interpreting Statistics
Thurs 27th	Literature Searching

<u>May</u>	(1-2pm)
Mon 8 th	Critical Appraisal
Mon 15 th	Literature Searching
Fri 26 th	Interpreting Statistics
Wed 31 st	Critical Appraisal

Your Outreach Librarian – **Helen Pullen**

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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

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Updates

NICE National Institute for
Health and Care Excellence

<https://www.nice.org.uk/guidance/population-groups/children-and-young-people>



[Once-daily versus multiple-daily dosing with intravenous aminoglycosides for cystic fibrosis](#)

Alan R Smyth, Jayesh Bhatt, Sarah J Nevitt

Online Publication Date: March 2017

[Capnography versus standard monitoring for emergency department procedural sedation and analgesia](#)

Brian F Wall, Kirk Magee, Samuel G Campbell, Peter J Zed

Online Publication Date: March 2017

[Dietary interventions for recurrent abdominal pain in childhood](#)

Tamsin V Newlove-Delgado, Alice E Martin, Rebecca A Abbott, Alison Bethel, Joanna Thompson-Coon, Rebecca Whear, Stuart Logan

Online Publication Date: March 2017

[Infant formulas containing hydrolysed protein for prevention of allergic disease and food allergy](#)

David A Osborn, John KH Sinn, Lisa J Jones

Online Publication Date: March 2017

[Interventions to improve inhaler technique for people with asthma](#)

Rebecca Normansell, Kayleigh M Kew, Alexander G Mathioudakis

Online Publication Date: March 2017

[Frenotomy for tongue-tie in newborn infants](#)

Joyce E O'Shea, Jann P Foster, Colm PF O'Donnell, Deirdre Breathnach, Susan E Jacobs, David A Todd, Peter G Davis

Online Publication Date: March 2017

[Vitamin A supplementation for preventing morbidity and mortality in children from six months to five years of age](#)

Aamer Imdad, Evan Mayo-Wilson, Kurt Herzer, Zulfiqar A Bhutta

Online Publication Date: March 2017

[Long chain polyunsaturated fatty acid supplementation in infants born at term](#)

Bonny Jasani, Karen Simmer, Sanjay K Patole, Shripada C Rao

[Urate oxidase for the prevention and treatment of tumour lysis syndrome in children with cancer](#)

Daniel KL Cheuk, Alan KS Chiang, Godfrey CF Chan, Shau Yin Ha

Online Publication Date: March 2017

[Pharmacological interventions for recurrent abdominal pain in childhood](#)

Alice E Martin, Tamsin V Newlove-Delgado, Rebecca A Abbott, Alison Bethel, Joanna Thompson-Coon, Rebecca Whear, Stuart Logan

Online Publication Date: March 2017

A full review, complete with results and discussion, possibly including meta-analyses to combine results across studies.

Intervention

[Vitamin E supplementation in people with cystic fibrosis](#)

Peter O Okebukola, Sonal Kansra, Joanne Barrett

Online Publication Date: March 2017

[Prophylactic levosimendan for the prevention of low cardiac output syndrome and mortality in paediatric patients undergoing surgery for congenital heart disease](#)

Johanna Hummel, Gerta Rücker, Brigitte Stiller

Online Publication Date: March 2017

[Iodine supplementation for women during the preconception, pregnancy and postpartum period](#)

Kimberly B Harding, Juan Pablo Peña-Rosas, Angela C Webster, Constance MY Yap, Brian A Payne, Erika Ota, Luz Maria De-Regil

Online Publication Date: March 2017

[Botulinum toxin for the treatment of strabismus](#)

Fiona J Rowe, Carmel P Noonan

Online Publication Date: March 2017

Other – Behind the Headlines, Guidance

[Grandparents 'may be first to spot autism in a child'](#)

Friday Mar 17 2017

"Grandmas are usually the first to spot autism in children," the Mail Online reports. The headline was prompted by a US online survey of parents and family members of children with autism spectrum disorder (ASD)...

[Children's screen time linked to diabetes risk factors](#)

Tuesday Mar 14 2017

"Children who are allowed more than three hours of screentime a day are at greater risk of developing diabetes," The Guardian reports. In a new study, UK researchers found a link between

three hours or more of screen time and risk factors...

[Parents told to use pram covers to protect babies from air pollution](#)

Friday Mar 10 2017

"Parents warned to use pram covers to protect babies from air pollution," reports The Daily Telegraph. The advice is prompted by a UK study where researchers simulated a normal walk to school in Guildford...

['Antibiotics, not surgery, best for child appendicitis' says study](#)

Friday Feb 10 2017

"Operating on children with acute appendicitis may be unnecessary in many of cases, a landmark British study suggests," the Mail Online reports. The study suggests that infected or inflamed appendixes in children may be better treated using antibiotics...

Journal Tables of Contents

Click on the hyperlinked title (+ Ctrl) for contents. If you would like any of the papers in full then please email the library: library@uhbristol.nhs.uk

Nurse Educator

March/ April 2017: Volume 42, Issue 2

<http://journals.lww.com/nurseeducatoronline/pages/currenttoc.aspx>

Nursing Education

March 2017: Volume 56, Issue 3

<http://www.healio.com/nursing/journals/jne>



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1. Nurses' experiences of what constitutes the encounter with children visiting a sick parent at an adult ICU.

Author(s): Knutsson, Susanne; Enskär, Karin; Golsäter, Marie

Source: Intensive & critical care nursing; Apr 2017; vol. 39 ; p. 9-17

Publication Date: Apr 2017

Publication Type(s): Journal Article

Abstract:BACKGROUND Despite a cultural change in visitation policies for children (0-17 years) at the intensive care unit (ICU) to a more open approach, children are still restricted from visiting for various reasons. To overcome these obstacles, it is vital to determine what is needed while encountering a child. AIM To elucidate nurses' experiences of what constitutes the encounter with children visiting a sick parent at an adult ICU. METHOD An explorative inductive qualitative design was used, entailing focus group interviews with 23 nurses working at a general ICU. The interviews were analysed according to inductive content analysis. RESULT The findings show components that constitute the encounter with children as relatives at the ICU, as experienced by ICU nurses: nurses need to be engaged and motivated; parents need to be motivated; the child needs individual guidance; and a structured follow-up is needed. This reflects a child-focused encounter. CONCLUSION Nurses need to adopt a holistic view, learn to see and care for the child individually, and be able to engage parents in supporting their children. To accomplish this the nurses need engagement and motivation, and must have knowledge about what constitutes a caring encounter, in order to achieve a caring child-focused encounter.

Database: Medline

2. Development and Evaluation of the Barriers to Nurses' Participation in Research Questionnaire at a Large Academic Pediatric Hospital.

Author(s): Hagan, Joseph; Walden, Marlene

Source: Clinical nursing research; Apr 2017; vol. 26 (no. 2); p. 157-175

Publication Date: Apr 2017

Publication Type(s): Journal Article

Abstract: The purposes of this study were to survey nurses at a large pediatric hospital to examine barriers to nursing research and to develop the Barriers to Nurses' Participation in Research Questionnaire (BNPRQ) in preparation for its use at other institutions. The BNPRQ was created and refined through iterative pilot testing. Exploratory factor analysis was applied, and composite scores were computed for the identified factors. The two latent factors "Research Resources" and "Personal Relevance of Research" were extracted. The independent item "lack of time to do research" represented the largest barrier to research. Factor and item scores differed according to subject characteristics. Findings from this study will be used to create targeted interventions to reduce barriers to research participation prevalent in specific groups of nurses. By using the BNPRQ developed in this study, researchers and administrators at other institutions can identify and address barriers to research among their nurses.

Database: Medline

3. Nursing judgement and decision-making using the Sedation Withdrawal Score (SWS) in children.

Author(s): Craske, Jennie; Carter, Bernie; Jarman, Ian H; Tume, Lyvonne N

Source: Journal of advanced nursing; Mar 2017

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:AIMS The aim of the study was to evaluate registered children's nurses' approaches to the assessment and management of withdrawal syndrome in children. BACKGROUND Assessment of withdrawal syndrome is undertaken following critical illness when the child's condition may be unstable with competing differential diagnoses. Assessment tools aim to standardise and improve recognition of withdrawal syndrome. Making the right decisions in complex clinical situations requires a degree of mental effort and it is not known how nurses make decisions when undertaking withdrawal assessments. DESIGN Cognitive interviews with clinical vignettes. METHODS Interviews were undertaken with 12 nurses to explore the cognitive processes they used when assessing children using the Sedation Withdrawal Score (SWS) tool. Interviews took place in Autumn 2013. FINDINGS Each stage of decision-making - noticing, interpreting and responding - presented cognitive challenges for nurses. When defining withdrawal behaviours nurses tended to blur the boundaries between Sedation Withdrawal Score signs. Challenges in interpreting behaviours arose from not knowing if the patient's behaviour was a result of withdrawal or other co-morbidities. Nurses gave a range of diagnoses when interpreting the vignettes, despite being provided with identical information. Treatment responses corresponded to definite withdrawal diagnoses, but varied when nurses were unsure of the diagnosis. CONCLUSION Cognitive interviews with vignettes provided insight into nurses' judgement and decision-making. The SWS does not standardise the assessment of withdrawal due to the complexity of the context where assessments take place and the difficulties of determining the cause of equivocal behaviours in children recovering from critical illness. This article is protected by copyright. All rights reserved.

Database: Medline

4. 'Learn from the people you meet'.

Source: Nursing standard (Royal College of Nursing (Great Britain) : 1987); Mar 2017; vol. 31 (no. 29); p. 39

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract: Dawn Jarvis qualified as an enrolled nurse in 1987, converting to a registered nurse in 1993 and then a registered sick children's nurse in 1995. She has held many clinical and managerial roles as a children's nurse, including lead nurse in a paediatric high dependency unit, and programme director for children's and maternity services. She is now nursing programme lead for NHS England.

Database: Medline

5. 'Always listen more and talk less'.

Source: Nursing standard (Royal College of Nursing (Great Britain) : 1987); Mar 2017; vol. 31 (no. 28); p. 39

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:Gwen Moulster devoted her 40-year nursing career to improving the care of adults and children with a learning disability, with roles including clinical nurse specialist, lead nurse, and associate director of nursing. Last year she was awarded an OBE for services to nursing and people with a learning disability, and was part of a team that won the learning disability nursing award at the RCNi Nurse Awards 2016. She retired from the NHS last year and now works as an independent consultant nurse and honorary teaching fellow at Kingston University.

Database: Medline

6. Development of a digital storytelling resource to support children's nursing students in neonatal care.

Author(s): Petty, Julia; Treves, Richard

Source: Nursing children and young people; Mar 2017; vol. 29 (no. 2); p. 32-37

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:A digital storytelling resource focusing on the experience of nursing in neonatal care was developed using the narratives of six undergraduate children's nursing students who had undergone a practice placement on a neonatal unit. An evaluation of the resource in relation to its contribution to learning for students in a new, specialised area of practice revealed that storytelling based on peers' experiences is a valuable and insightful approach to learning. This is particularly important in a specialty such as neonatal care where the unfamiliarity of the environment and patient group can cause anxiety and uncertainty among students. Overall, the resource was seen to be useful to children's nursing students who are preparing for a practice placement in an unfamiliar clinical area.

Database: Medline

7. Is the children's nursing degree about to be scrapped?

Source: Nursing children and young people; Mar 2017; vol. 29 (no. 2); p. 5

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:A petition has been launched to save the children's nursing degree programme. So far the petition is doing well enough to prompt a response from the government, but not well enough to trigger a parliamentary debate. The concern that has led to the petition stems from the Shape of Caring review, which was published after questions were raised about the standards of nurse training following the scandal at Mid Staffordshire NHS Trust.

Database: Medline

8. Simulation in undergraduate paediatric nursing curriculum: Evaluation of a complex 'ward for a day' education program.

Author(s): Gamble, Andree S

Source: Nurse education in practice; Mar 2017; vol. 23 ; p. 40-47

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:Simulation in health education has been shown to increase confidence, psychomotor and professional skills, and thus positively impact on student preparedness for clinical placement. It is

recognised as a valuable tool to expose and engage students in realistic patient care encounters without the potential to cause patient harm. Although inherent challenges exist in the development and implementation of simulation, variability in clinical placement time, availability and quality dictates the need to provide students with learning opportunities they may otherwise not experience. With this, and a myriad of other issues providing the impetus for improved clinical preparation, 28 final semester undergraduate nursing students in a paediatric nursing course were involved in an extended multi-scenario simulated clinical shift prior to clinical placement. The simulation focussed on a complex ward experience, giving students the opportunity to demonstrate a variety of psychomotor skills, decision making, leadership, team work and other professional attributes integral for successful transition into the clinical arena. Evaluation data were collected at 3 intermittent points; post-simulation, post clinical placement, and 3 months after commencing employment as a Registered Nurse. Quantitative and qualitative analysis suggested positive impacts on critical nursing concepts and psychomotor skills resulted for participants in both clinical placement and beyond into the first months of employment.

Database: Medline

9. An Online Educational Program Improves Pediatric Oncology Nurses' Knowledge, Attitudes, and Spiritual Care Competence.

Author(s): Petersen, Cheryl L; Callahan, Margaret Faut; McCarthy, Donna O; Hughes, Ronda G; White-Traut, Rosemary; Bansal, Naveen K

Source: Journal of pediatric oncology nursing : official journal of the Association of Pediatric Oncology Nurses; ; vol. 34 (no. 2); p. 130-139

Publication Type(s): Journal Article

Abstract: This study evaluated the potential impact of an online spiritual care educational program on pediatric nurses' attitudes toward and knowledge of spiritual care and their competence to provide spiritual care to children with cancer at the end of life. It was hypothesized that the intervention would increase nurses' positive attitudes toward and knowledge of spiritual care and increase nurses' level of perceived spiritual care competence. A positive correlation was expected between change in nurses' perceived attitudes toward and knowledge of spiritual care and change in nurses' perceived spiritual care competence. A prospective, longitudinal design was employed, and analyses included one-way repeated-measures analysis of variance, linear regression, and partial correlation. Statistically significant differences were found in nurses' attitudes toward and knowledge of spiritual care and nurses' perceived spiritual care competence. There was a positive relationship between change scores in nurses' attitudes toward and knowledge of spiritual care and nurses' spiritual care competence. Online spiritual care educational programs may exert a lasting impact on nurses' attitudes toward and knowledge of spiritual care and their competence to provide spiritual care to children with cancer at the end of life. Additional studies are required to evaluate the direct effects of educational interventions patient outcomes.

Database: Medline

10. Identifying research priorities with nurses at a tertiary children's hospital in the United Kingdom.

Author(s): Williams, A; Sell, D; Oulton, K; Wilson, N; Wray, J; Gibson, F

Source: Child: care, health and development; Mar 2017; vol. 43 (no. 2); p. 211-221

Publication Date: Mar 2017

Publication Type(s): Journal Article

Abstract:AIMThe objective of this study was to undertake a research priority setting exercise with the aim of maximizing efficiency and impact in research activity undertaken by nurses at one children's tertiary healthcare institution by ensuring the clinical staff directly shaped a coherent, transparent and consensus driven nurse-led research agenda.BACKGROUNDIn Round 1, the research topics of 147 nurses were elicited using a modified nominal group technique as the consensus method. The number of participants in the 24 separate discussions ranged from 3 to 21, generating lists of between 6 and 23 topics. In Round 2, nurses from the clinical areas ranked topics of importance resulting in a set of four to five priorities. In Round 3, the divisional heads of nursing consulted with staff in all of their clinical areas to each finalize their five divisional priorities. The Nursing Research Working Group discussed and refined the divisions' priorities and voted on the final list to agree the top five research priorities for the organization.RESULTSA total of 269 research topics were initially generated. Following three rounds of ranking and prioritizing, five priorities were agreed at Divisional level, and from these, the five top organizational priorities were selected. These were (i) understanding and improving all aspects of the patient journey through the hospital system; (ii) play; (iii) staff wellbeing, patient care and productivity; (iv) team work - linking to a more efficient service; and (v) supporting parents/parent pathway.CONCLUSIONSDivisional priorities have been disseminated widely to clinical teams to inform a patient-specific nurse-led research agenda. Organizational priorities agreed upon have been disseminated through management structures and processes to ensure engagement at all levels. A subgroup of the Nursing Research Working Group has been delegated to take this work forward so that the agreed priorities continue to contribute towards shaping nurse-led research activity, thereby going some way to inform and embed an evidence-based culture of inquiry.

Database: Medline

11. Educational impact of paediatric palliative simulation study days.

Author(s): Renton, Kate; Quinton, Hilary; Mayer, Anton-Paul Thomas

Source: BMJ supportive & palliative care; Mar 2017; vol. 7 (no. 1); p. 88-93

Publication Date: Mar 2017

Publication Type(s): Journal Article

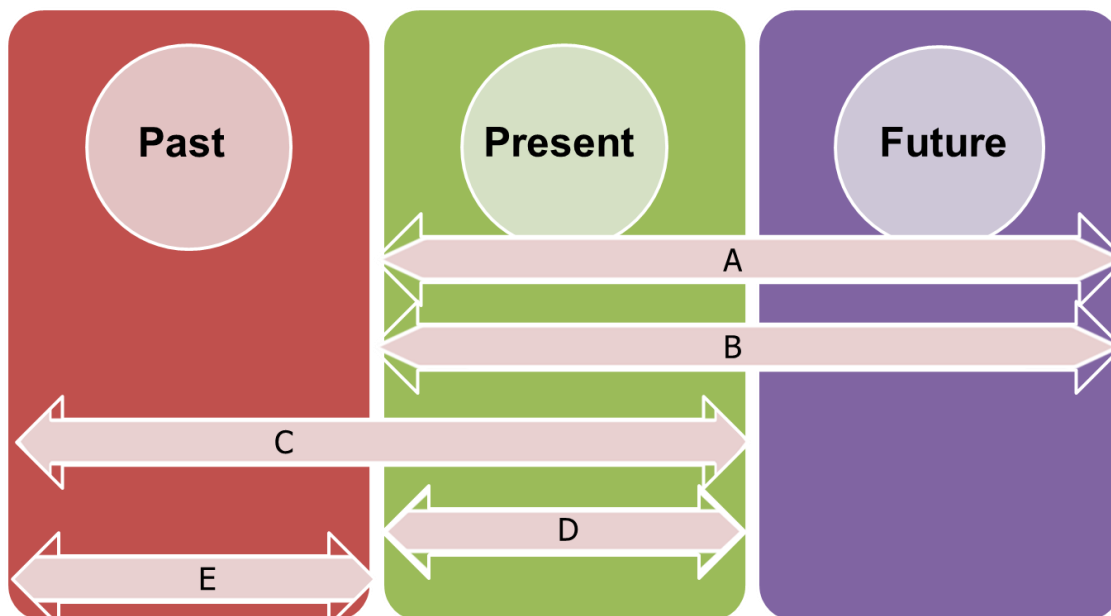
Abstract:BACKGROUNDThe use of simulation-based medical/nursing teaching is increasingly widespread. Simulation-based teaching offers an immersive learning experience where professionals can practice communication and practical skills in a safe, authentic environment. We designed a paediatric palliative simulation study day primarily aimed at nursing staff who manage these patients in the community/hospice. We believe this is the first of its kind in the UK.AIMSTo establish whether attendance at a paediatric palliative simulation study day improved confidence and knowledge in management of common and/or difficult situations in palliative care.METHODHealth professionals working at local paediatric hospices or in associated specialties to palliative care were invited to attend the free 1-day course. 5 scenarios were developed by experienced health professionals working in paediatric palliative care. On the day, participants were asked to complete a questionnaire to check basic demographic data, confidence levels and knowledge (50 true/false questions). Following participation/observation of 5 scenarios, they again completed the same questionnaire regarding confidence levels and knowledge. Results were analysed with Excel and XLStat using basic demographic data and Wilcoxon signed rank two-tailed test.RESULTS57 healthcare workers participated in 5 study days. 81% (n=47) professionals described themselves as working primarily in palliative care. Only 35% (n=20) had previously experienced simulation. Based on confidence questions, attendees felt more confident in managing specific palliative scenarios ($p < 0.0001$). Based on true/false questions pre-study and post-study day, 86% (n=49) of participants improved their knowledge. The median improvement score for the cohort was 3

($p < 0.0001$). **CONCLUSION** The study demonstrated a significant improvement in confidence and knowledge following the simulation course. This supports further time/financial investment in developing this type of study day. Simulation is a useful teaching adjunct in paediatric palliative care. The course also provides a valuable opportunity for professionals to network and discuss/share experiences.

Database: Medline

Exercise: Study Design Timeframes

Match the study design with the timeframe it covers.



1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

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Answers: 1A/B; 2D; 3C; 4A/B; 5E



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