

exploring various possibilities, such as an online repository and a potential annual award for the PhD thesis judged the best.

Prodigy News

<http://www.prodigy.nhs.uk>

The Extended Formulary Table

<http://www.prodigy.nhs.uk/Nurse/NPEFMedConAndRecommendation.asp>

The Extended Formulary Table on the PRODIGY website has recently been updated. The table has been specifically designed to assist Extended Formulary Nurse Prescribers (EFNP) to link the medical conditions specified by the Nurse Prescribers' Extended Formulary (NPEF) to allowable Prescription Only Medicines (POMs) that are suitable for management. It also suggests some, but not necessarily all, Pharmacy (P) and General Sales List (GSL) medicines that may be appropriate to manage the condition.

Current Awareness

This new section is designed to alert readers to new research, guidelines, reports etc. that are relevant to Nursing Librarians and Information Professionals. If you would like to contribute to this section, please contact: Jenny.Drury@nottingham.ac.uk

Journal Articles

Carlson, Judith H; Cvitan, Tome; Krieger, Mary M; Lavin, Mary A; McNary, Patricia; Meyer, Geralyn A; Perry, Anne G; Reese, Cordie G; Spasser, Mark A (2005). *Development and evaluation of evidence-based nursing (EBN) filters and related databases*. *Journal of the Medical Library Association (JMLA)*; 93 (1), pp.104-115

Abstract:

Objectives: Difficulties encountered in the retrieval of evidence-based nursing (EBN) literature and recognition of terminology, research focus, and design differences between evidence-based medicine and nursing led to the realization that nursing needs its own filter strategies for evidence-based practice. This article describes the development and evaluation of filters that facilitate evidence-based nursing searches.

Methods: An inductive, multistep methodology was employed. A sleep search strategy was developed for uniform application to all filters for filter development and evaluation purposes. An EBN matrix was next developed as a framework to illustrate conceptually the placement of nursing-sensitive filters along two axes: horizontally, an adapted nursing process, and vertically, levels of evidence. Nursing diagnosis, patient outcomes, and primary data filters were developed recursively. Through an interface with the PubMed search engine, the EBN matrix filters were inserted into a database that executes filter searches, retrieves citations, and stores and updates retrieved citations sets hourly. For evaluation purposes, the filters were subjected to sensitivity and specificity analyses and retrieval set comparisons. Once the evaluation was complete, hyperlinks providing access to any one or a combination of completed filters to the EBN matrix were created. Subject searches on any topic may be applied to the filters, which interface with PubMed.

Results: Sensitivity and specificity for the combined nursing diagnosis and primary data filter were 64 per cent and 99 per cent, respectively; for the patient outcomes filter, the results were 75 per cent and 71 per cent, respectively. Comparisons were made between the EBN matrix filters (nursing diagnosis and primary data) and

PubMed's Clinical Queries (diagnosis and sensitivity) filters. Additional comparisons examined publication types and indexing differences. Review articles accounted for the majority of the publication type differences, because "review" was accepted by the CQ but was "NOT'd" by the EBN filter. Indexing comparisons revealed that although the term "nursing diagnosis" is in Medical Subject Headings (MeSH), the nursing diagnoses themselves (e.g., sleep deprivation, disturbed sleep pattern) are not indexed as nursing diagnoses. As a result, abstracts deemed to be appropriate nursing diagnosis by the EBN filter were not accepted by the CQ diagnosis filter. Conclusions: The EBN filter capture of desired articles may be enhanced by further refinement to achieve a greater degree of filter sensitivity. Retrieval set comparisons revealed publication type differences and indexing issues. The EBN matrix filter "NOT'd" out "review," while the CQ filter did not. Indexing issues were identified that explained the retrieval of articles deemed appropriate by the EBN filter matrix but not included in the CQ retrieval. These results have MeSH definition and indexing implications as well as implications for clinical decision support in nursing practice. (Original abstract)

Black, Richard; Harrison, Joy M; Morris-Docker, Sara B; Tod, Angela; Wolstenholme, Dan (2004). *Nurses' use of the Internet in clinical ward settings*. *Journal of Advanced Nursing*; 48 (2), pp.157-166

Abstract

Background. The potential of the Internet as a fast and efficient way of accessing evidence to support nursing practice has been well recognized. In addition, nurses have highlighted the need for training in the use of information technology, information retrieval and critical appraisal as essential to their professional development.

Aim. The aim of this paper is to present selected results of a longitudinal project that evaluated the impact of networked computers, with open access to the Internet, on four acute wards in a large UK teaching hospital.

Method. Evaluation methods in the project included monitoring data from an Internet surveillance software package, a questionnaire survey with the nurses ($n = 97$) and in-depth interviews with a sample of nurses ($n = 12$).

Findings. A complex picture was revealed of the nature of Internet use and the factors that nurses perceived as influencing this. The majority used the networked computers and some frequent users emerged. Nurses were able to use the technology during quiet periods throughout the day and night. Patterns of use were mixed, with nurses accessing the Internet for a combination of work and non-work-related activities. They integrated use of Internet technology into their working days in ways that appropriately fitted patterns of clinical activity. Factors relating to the organization, workplace culture and training were identified influencing Internet use.

Conclusions. Open access to the Internet in the workplace emerged as a useful but unrefined tool for encouraging the retrieval of information for practice. Future development of this technology in the workplace must include support and training for professional staff in order to enhance the skills required. Recommendations are made about what and how training may be useful in promoting nurses' use of Internet technology in clinical settings. (Original abstract)

Eminovic, Nina; Ingrams, Grant J; Murray, Gerard; Tarpey, Aideen M; Wyatt, Jeremy C. (2004). *First evaluation of the NHS Direct Online Clinical Enquiry Service: a nurse-led Web chat triage service for the public*. *Journal of Medical Internet Research*;6(2)

The full text of this electronic journal article can be found at:
<http://www.jmir.org/2004/2/e17/>

Abstract

Background: NHS Direct is a telephone triage service used by the UK public to contact a nurse for any kind of health problem. NHS Direct Online (NHSDO) extends NHS Direct, allowing the telephone to be replaced by the Internet, and introducing new

opportunities for informing patients about their health. One NHSDO service under development is the Clinical Enquiry Service (CES), which uses Web chat as the communication medium.

Objective: To identify the opportunities and possible risks of such a service by exploring its safety, feasibility, and patient perceptions about using Web chat to contact a nurse. **Methods:** During a six-day pilot performed in an inner-city general practice in Coventry, non-urgent patients attending their GP were asked to test the service. After filling out three Web forms, patients used a simple Web chat application to communicate with trained NHS Direct triage nurses, who responded with appropriate triage advice. All patients were seen by their GP immediately after using the Web chat service. Safety was explored by comparing the nurse triage end point with the GP's recommended end point. In order to check the feasibility of the service, we measured the duration of the chat session. Patient perceptions were measured before and after using the service through a modified Telemedicine Perception Questionnaire (TMPQ) instrument. All patients were observed by a researcher who captured any comments and, if necessary, to assist with the process. **Results:** A total of 25 patients (mean age 48 years; 57% female) agreed to participate in the study. An exact match between the nurse and the GP end point was found in 45% (10/22) of cases. In two cases, the CES nurse proposed a less urgent end point than the GP. The median duration of Web chat sessions was 30 minutes, twice the median for NHS Direct telephone calls for 360 patients with similar presenting problems. There was a significant improvement in patients' perception of CES after using the service (mean pre-test TMPQ score 44/60, post-test 49/60; $p=0.008$ (2-tailed)). Patients volunteered several potential advantages of CES, such as the ability to re-read the answers from the nurse. Patients consider CES a useful addition to regular care, but not a replacement for it. **Conclusions:** Based on this pilot, we can conclude that CES was sufficiently safe to continue piloting, but in order to make further judgments about safety, more tests with urgent cases should be performed. The Web chat sessions as conducted were too long and therefore too expensive to be sustainable in the NHS. However, the positive reaction from patients and the potential of CES for specific patient groups (the deaf, shy, or socially isolated) encourage us to continue with piloting such innovative communication methods with the public. (Original abstract)

Books

Crecy, L (ed.) (2005). **Directions: a guide to key documents in health and social care**. 4th ed. TSO, 194 p. ISBN 0117034762

This covers summaries of over 200 reports and legislation in health and social care with listings chronologically, alphabetically and by subject.

Reports

Department of Information Studies, University of Wales, Aberystwyth. (2005) **Assessing training and professional development needs of library staff**. Undertaken for the National Library for Health, IA-04-0224, NHS Information Authority, May 2005.

The report from the NLH-commissioned study into learning and development needs of library staff, is now available. The study team led by Christine Urquhart, was tasked with synthesising existing knowledge. A national meeting of stakeholders and library staff (attended by various LKDN members) was held last week in Birmingham.

The report and Chris' presentation from the meeting are now available at www.library.nhs.uk/ForLibrarians