Library Resources for Locating Evidence, Research in Nursing GN.2303

Susan Kaplan Jacobs/Health Sciences Librarian, Claire LeMasters/Health Sciences Reference Associate

Appointments with Susan:  http://tinyurl.com/skjAppointment
Appointments with Claire:  http://tinyurl.com/claire-appt1
Learning objectives

Students will understand:

• **Why** do a literature search?
• Where to **START** a literature search for a PICO question?
• Why have a search **strategy**?
• **Searching** CINAHL, PubMed, PsycINFO, Cochrane, Proquest databases for content
  – **Limiting** results by research methodology
• **Citing** search results in a standard format (APA) and managing results (Zotero/Mendeley/Endnote/Refworks)
Why?

• A literature search using specialized databases ensures comprehensive retrieval of best published evidence to answer clinical questions.

• If you are randomly searching google or other meta-tools
  – you may miss best evidence
  – you lack filtering functionality
  – you may retrieve too much, yet miss the most relevant studies
  – you will not always access article full text

• Entering specialized databases via the NYU gateway ensures maximized links to full text subscribed by NYU.
(How do I get from here to there?)
Steps

– Formulate answerable PICO(T) question

– Select a specialized database

– Translate the terms of the question to the controlled vocabulary of the database, when possible; use keyword searching when necessary.
  • Use **AND** to combine terms and narrow a search.
  • Use **OR** to expand with synonyms, related terms.

– Apply **filters**: limits for publication type, year, age group, *methodology*!

– Critical appraisal
Start with the beginner’s research guide

http://guides.nyu.edu/nursingtutorial
<table>
<thead>
<tr>
<th>Access Tool</th>
<th>Content/Currency</th>
<th>Primary Audience</th>
<th>Example</th>
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| Books, print | The publication cycle of books means that information is at least a few years old. Content is used for:  
- Background information  
- Overview of a topic  
- Lengthy treatments of a specialized subject | All | A book:  
https://getit.library.nyu.edu/go/5309660 |
| E-books | | | |
| Popular magazines and periodicals | Contains the most current information:  
- Newspapers (may be published daily)  
- magazines  
- newsletters  
- trade journals  
- scholarly journals  
- dissertations  
- more | general public, health consumers and patients, researchers, educators, students | A newspaper article:  
https://getit.library.nyu.edu/go/3595671 |
| Scholarly Journals (Peer-Reviewed/Refereed) | Published quarterly or monthly; information/data often at least 6 months old or more.  
- peer-reviewed journals publishing original research studies  
- non-peer-reviewed articles  
- book chapters  
- government, international, & other documents  
- dissertations  
- more (e.g., CE programs, websites, conference proceedings) | Researchers, educators, students, business leaders | A scholarly journal article:  
https://getit.library.nyu.edu/go/3595691 |
<table>
<thead>
<tr>
<th>Books, print</th>
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<td>Textbooks</td>
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<tr>
<th>Specialized databases, e.g.,</th>
<th>Contains the most current information:</th>
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<tr>
<td>Proquest Central</td>
<td>Newspapers (may be published daily)</td>
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<tr>
<td>LexisNexis</td>
<td>- magazines</td>
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<td>- newsletters</td>
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<td>- trade journals</td>
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<td>- scholarly journals</td>
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<td>- dissertations</td>
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<tr>
<th>Scholarly Journals (Peer-Reviewed/Refereed)</th>
<th>Published quarterly or monthly; information/data often at least 6 months old or more.</th>
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<td>Specialized article databases</td>
<td>- peer-reviewed journals publishing original research studies</td>
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<td>- book chapters</td>
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<td>- government, international, &amp; other documents</td>
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<td>- dissertations</td>
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<td>- more (e.g., CE programs, websites, conference proceedings)</td>
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| Reminder, not all queries require an article search! (Sometimes you just need an encyclopedia or drug guide.) |
Evidence is hierarchical. As the arrow goes up there is a reduction of bias, increased quality of evidence and clinical relevance.
Find Books/E-texts for BACKGROUND INFORMATION

http://guides.nyu.edu/health
### Background questions:
Ask about general knowledge about a disorder or topic
Are answered by summaries, overviews, review articles, ebooks, texts
evidence summaries, etc.

### EXAMPLE: Background question
What is the evidence for effective and safe hand hygiene to minimize cross-transmission of microorganisms?

<table>
<thead>
<tr>
<th>Source of Evidence</th>
<th>Level of Evidence</th>
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From the Joanna Briggs (JBI) EBP Database, an Evidence Summary:

What is the evidence regarding hand hygiene?

(A pre-aggregated, pre-appraised evidence-based summary)

Hand Hygiene

11/11/2013

Author
Catalin Tufenaru MD, MPH

Summary

Question
What is the best available evidence regarding hand hygiene?

Clinical Bottom Line
Evidence demonstrates that effective hand hygiene practices can significantly reduce both cross-transmission and cross-infection rates for the majority of healthcare associated infection in all healthcare settings decreasing the incidence of morbidity and mortality.1,2,3 Effective hand washing technique involves three stages: preparation, washing and rinsing and drying.2 Hand hygiene is defined as “the reduction of harmful infectious agents by the application of alcohol based hand rubs without the addition of water, or by hand washing with plain or medicated/antimicrobial soap and water”.7
FOLLOW THE LINKS! (In this example the evidence summary points to a Level 1 systematic review in the reference list.)

References

Searching for hand hygiene: Nursing Reference Center (an aggregated “point-of-care” tool)
Hand Hygiene

What We Know

- Proper healthcare worker hand hygiene is considered an important measure to prevent hospital associated infections (HAI; formerly called hospital-acquired infections) between patients and hospital personnel.\(^1\,\,2\,\,3\,\,4\,\,5\,\,6\,\,8\,\,9\,\,11\,\,12\,\,13\)
  - Research studies have found that many healthcare workers do not fully adhere to facility protocols for hand-washing; HAI develop in as many as 1 in 10 patients in the United States, and 15–30% are thought to be preventable with proper hand hygiene.\(^4\,\,13\)
    - Authors of a systematic review of 96 studies on hospital staff adherence to protocols for hand hygiene found that the overall rate of adherence was 40%. Adherence rates were lower in the intensive care unit (30–40%) than in other patient care areas (50–60%), lower among physicians (32%) than nurses (48%), and lower before patient contact (21%) than following patient contact (47%).\(^2\)
  - Reasons for poor adherence to proper hand hygiene practices include heavy workloads, lack of time, lack of access to resources, and complaints of dryness, irritation, and sore hands.\(^4\,\,9\)
- It is widely recognized that improvements in adherence to protocols for hand hygiene are needed in healthcare organizations worldwide.\(^5\,\,8\,\,10\)
  - Monitoring of hand hygiene in U.S. inpatient facilities is now mandated by the Joint Commission and is required for hospital reaccreditation.\(^10\)
    - After determining that 8 leading hospitals in the U.S. were able to achieve a hand hygiene compliance rate of just 82%, the Joint Commission recently amended their infection control standard that called for hand
References


10. Reality check: Joint Commission drops 90% hand hygiene compliance expectation. [mmwr/preview/mmwrhtml/rr5116a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm) (GI)

References may be data, articles, reports, which have been synthesized into a point of care resource.
References


Coding Matrix

References are rated in order of strength:
- M: Published meta-analysis
- SR: Published systematic or integrative literature review
- RCT: Published research (randomized controlled trial)
- R: Published research (not randomized controlled trial)
- C: Case histories, case studies
- G: Published guidelines
- RV: Published review of the literature
- RU: Published research utilization report
- P: Published quality improvement report
- L: Legislation
- PGR: Published government report
- PFR: Published funded report
- PP: Policies, procedures, protocols
- X: Practice examples, stories, opinions
- GI: General or background information/texts/reports
- U: Unpublished research, reviews, posters, presentations or other such materials
- CP: Conference proceedings, abstracts, presentations

References may be data, articles, reports, which have been synthesized into a point of care resource.
Alcohol Abuse and Pregnancy

Quick Lesson
By: Penny D. March, Psy.D.; Cynthia Frozena, RN, MSN, ONC Edited by: Diane Pravikoff, RN, PhD, FAAN Cinahl Information Systems

Description/Etiology

Alcohol abuse is defined as a pattern of drinking that is harmful to health, damages interpersonal relationships, and interferes with the ability to work or attend school. According to the Centers for Disease Control and Prevention (CDC), alcohol use is the leading preventable cause of death in the United States.

Downloading directions: http://nyu.libguides.com/mobilehealth
There are electronic versions of many

- Books
- Encyclopedias
- Point-of-care tools
- Apps

STAT!Ref is one example...
Background info from e-brary
(another aggregator of e-books in all disciplines)

**Essential Midwifery Practice: Intrapartum Care**
Author: Walsh, Denis, Downe, Soo
Publisher: Wiley-Blackwell
Original Publication Date: 11/2009
Subjects: Midwifery, Midwives

**Midwifery Practice: Critical Illness, Complications And Emergencies Case Book**
Author: Raynor, Maureen, Marshall, Jayne, Jackson, Karen
Publisher: Open University Press
Original Publication Date: 06/2012
Subjects: Pregnancy -- Complications, Midwifery, Midwives -- Practice

**Psychology for Midwives**
Author: Raynor, Maureen, England, Carole
Publisher: Open University Press
Original Publication Date: 01/2010
Subjects: Midwifery, Midwives, Pregnancy -- Psychological aspects, Childbirth -- Psychological aspects
Find Book

Book Title: The encyclopedia of elder care the comprehensive resource on geriatric and social care

Author: Capezuti, Liz

ISBN: 082610259X

Publisher: Springer Pub.

Search inside this book via Google Book Search:

Electronic Version via:

- ebrary Academic Complete
- ProQuest Central New Platform
- Online Version
- Online Version
- Online Version (New School access only)

Limited Excerpts

A limited preview which may include table of contents, index, and other selected pages.
The Encyclopedia of Elder Care

The Comprehensive Resource on Geriatric and Social Care

Second Edition

Elizabeth A. Capezuti, PhD, RN, FAAN
Eugenia L. Siegler, MD, FACP
Mathy D. Mezey, EdD, RN, FAAN
• **Bias:** a systematic tendency to produce an outcome that differs from the underlying truth

• More rigorous research methodologies minimize the incidence of bias
**Foreground information (PICO) questions:** seek evidence to answer a need for clinical information related to a *specific problem, (or patient, or population)*, and an *intervention (or therapy).*

<table>
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<tr>
<th>EXAMPLE: Foreground questions</th>
<th>Source of Evidence</th>
<th>Level of Evidence</th>
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Does **handwashing** among healthcare workers reduce **hospital acquired infection**?

- **Hospital acquired infection**
- **handwashing**

AND

**Handwashing** → MeSH term: **hand disinfection**

AND

**Hospital-acquired infection** → MeSH term: **cross infection**
Search steps schematically…

AND

You may wish to expand one or both search sets using synonyms…
Specialized article databases like PubMed, PsycInfo, CINAHLPlus, and more, are searchable by topic. They index articles from thousands of scholarly journals.  

http://guides.nyu.edu/findarticles/health
Physical interventions to interrupt or reduce the spread of respiratory viruses.

Jefferson T, Del Mar C, Dooley L, Ferroni E, Al-Ansary LA, Bawazeer GA, van Driel ML, Nair S, Foxlee R, Rivetti A.
Vaccines Field, The Cochrane Collaboration, Via Adige 28a, Anguillara Sabazia, Roma, Italy, 00061.

Update in

Abstract

BACKGROUND: Viral epidemics or pandemics of acute respiratory infections like influenza or severe acute respiratory syndrome pose a world-wide threat. Antiviral drugs and vaccinations may be insufficient to prevent catastrophe.

OBJECTIVES: To systematically review the effectiveness of physical interventions to interrupt or reduce the spread of respiratory viruses.

SEARCH STRATEGY: We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library 2009, issue 2); MEDLINE (1966 to May 2009); OLDMEDLINE (1950 to 1965); EMBASE (1990 to May 2009); and CINAHL (1982 to May 2009).

SELECTION CRITERIA: We scanned 2958 titles, excluded 2790 and retrieved the full papers of 168 trials, to include 59 papers of 60 studies. We included any physical interventions (isolation, quarantine, social distancing, barriers, personal protection and hygiene) to prevent transmission of respiratory viruses. We included the following study designs: randomised controlled trials (RCTs), cohorts, case controls, cross-over, before-after, and time series studies.

DATA COLLECTION AND ANALYSIS: We used a standardised form to assess trial eligibility. RCTs were assessed by: randomisation method; allocation generation; concealment; blinding; and follow up. Non-RCTs were assessed for the presence of potential confounders, and classified into low, medium, and high risks of bias.

MAIN RESULTS: The risk of bias for the four RCTs, and most cluster RCTs, was high. The observational studies were of mixed quality. Only case-control data were sufficiently homogeneous to allow meta-analysis. The highest quality cluster RCTs suggest respiratory virus spread can be prevented by hygienic measures, such as handwashing, especially around younger children. Additional benefit from reduced transmission from

A randomized controlled trial from PubMed

A randomised intervention trial to test the effect of adherence to hand hygiene among healthcare workers: a cluster-randomized trial.

Mertz D, Dafoe N, Walter SD, Brazil K, Loeb M.
Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada.

Abstract

OBJECTIVES: Adherence to hand hygiene among healthcare workers (HCWs) is widely believed to be a key factor in reducing the spread of healthcare-associated infection. The objective of this study was to evaluate the impact of a multifaceted intervention to increase rates of hand hygiene among HCWs and to assess the effect on the incidence of hospital-acquired methicillin-resistant Staphylococcus aureus colonization.

DESIGN: Cluster-randomized controlled trial.

SETTING: Thirty hospital units in 3 tertiary care hospitals in Hamilton, Ontario, Canada.

INTERVENTION: After a 3-month baseline period of data collection, 15 units were randomly assigned to the intervention arm (with performance feedback, small-group teaching seminars, and posters) and 15 units to usual practice. Hand hygiene was observed during randomly selected periods on each unit, and the incidence of MRSA colonization was measured using weekly surveillance specimens from June 20 to May 2008.

RESULTS: We found that 3,812 (48.2%) of 7,901 opportunities for hand hygiene in the intervention group resulted in adherence, compared to 3,205 (42.6%) of 7,526 opportunities in the control group (P < .001; independent t test). There was no difference in the rate of MRSA colonization in the intervention group.

CONCLUSION: Among HCWs in Ontario tertiary care hospitals, the rate of adherence to hand hygiene with a multifaceted intervention, but the incidence of MRSA colonization was not reduced.

PMID: 20923288 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms

Publication Types
Randomized Controlled Trial
Research Support, Non-U.S. Gov't

MeSH Terms
Cross Infection/prevention & control
Guideline Adherence*
Hand Disinfection/standards*
Health Personnel*
Hospitals
Humans
Hygiene*
Infectious Disease Transmission, Professional-to-Patient/prevention & control
Impact of Wearable Alcohol Gel Dispensers on Hand Hygiene in an Emergency Department.

Authors: Haas JP; Larson EL

Affiliation: Infection Prevention and Control Department, NYU Medical Center, New York, NY


Publication Type: journal article - research

Language: English

Major Subjects: Alcohols -- Administration and Dosage
Cross Infection -- Prevention and Control
Emergency Service
Handwashing -- Standards
Health Personnel
Infection Control -- Methods
Skin Care -- Standards

Minor Subjects: Chi Square Test; Gels; Logistic Regression; Risk Factors; Human

Abstract: OBJECTIVES: Compliance with hand hygiene (HH) by health care workers is widely recognized as the most effective way to decrease transmission of infection among patients. However, compliance remains poor despite use of sinks or alcohol hand sanitizer dispensers. The purpose of this study was to evaluate the impact of a wearable alcohol gel dispenser on compliance among healthcare personnel in an emergency department. A randomized, crossover, single-center control intervention trial of a personal wearable alcohol hand sanitizer dispenser was performed during the first intervention period, and during three intervention phases over a 2.5-month period, compliance was compared with the traditional wall-mounted alcohol gel dispenser. Results: During the first intervention period, but improvement was not sustained during the second intervention period. The wearable alcohol gel dispenser was associated with a significant improvement in use of alcohol products compared with reported with a single intervention; greater success in sustaining increased compliance with HH relies upon widespread adoption.

A “research” article from CINAHLplus

A citation is the basic building block of databases.
Marketing hygiene behaviours: The impact of different communication channels on reported handwashing behaviour of women in Ghana. [References].

Scott, Beth E; Schmidt, Wolf P; Aunger, Robert; Garbrah-Aidoo, Nana; Animashaun, Rasaaque.


Year of Publication
2008

AB In 2003-04, a National Hand-washing Campaign utilizing mass media and community events took place in Ghana. This article describes the results of the evaluation of the campaign in a sample of 497 women with children <5 years. The unifying message across all communication channels was that hands were not 'truly' clean unless washed with soap. The campaign reached 82% of the study population. Sixty-two per cent of women knew the campaign song, 44% were exposed to one channel and 36% to two or more. Overall, TV and radio had greater reach and impact on reported hand-washing than community events, while exposure to both a mass media channel and an event yielded the greatest effect, resulting in hand-washing with soap after visiting the toilet or cleaning a child. It questions wide-held belief that community events are more effective in change than mass media commercials, at least in the case of hygiene failure of mass media to reach the entire target audience, particularly lower socio-economic groups, and the additive effect of exposure.
Steps to Locate Evidence!

– Formulate answerable PICO(T) question

– Select a specialized database

– Translate the terms of the question to the controlled vocabulary of the database, when possible; use keyword searching when necessary.
  • Use **AND** to combine terms and narrow a search.
  • Use **OR** to expand with synonyms, related terms.

– Apply **filters**: categorical limits for publication type, year, age groups

– Critical appraisal
Steps to Locate Evidence!

– Formulate answerable PICO(T) question

– Select a specialized database

– Translate the terms of the question into the controlled vocabulary of the database, when possible; use keyword searching when necessary.
  - Use **AND** to combine terms and narrow a search.
  - Use **OR** to expand with synonyms, related terms.

– Apply filters: categorical limits for publication type, year, age groups

– Critical appraisal

Formulating the question, selecting a database, scoping the existent literature…you might do a lot of iterative searching and wrangling with **P** and **I** as you immerse yourself in the published literature.
Effect of a multifaceted intervention on adherence to hand hygiene among healthcare workers: a cluster-randomized trial.
Mertz D, Dafoe N, Waller SD, Brazil K, Loeb M.
Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Ontario, Canada.

Abstract
OBJECTIVES: Adherence to hand hygiene among healthcare workers (HCWs) is widely believed to be a key factor in reducing the spread of healthcare-associated infection. The objective of this study was to evaluate the impact of a multifaceted intervention to increase rates of hand hygiene among HCWs and to assess the effect on the incidence of hospital-acquired methicillin-resistant Staphylococcus aureus colonization.

DESIGN: Cluster-randomized controlled trial.
SETTING: Thirty hospital units in 3 tertiary care hospitals in Hamilton, Ontario, Canada.

INTERVENTION: After a 3-month baseline period of data collection, 15 units were randomly assigned to the intervention arm (with performance feedback, small-group teaching seminars, and posters) and 15 units to usual practice. Hand hygiene was observed during randomly selected, 5-minute periods on each unit, and the incidence of MRSA colonization was measured using weekly surveillance specimens from June 20, 2008.

RESULTS: We found that 3,812 (48.2%) of 7,901 opportunities for hand hygiene in the intervention group resulted in adherence, compared with 3,205 (42.6%) of 7,526 opportunities in the control group (P < .001; independent t test). There was no reduction in the incidence of hospital-acquired MRSA colonization in the intervention group.

CONCLUSION: Among HCWs in Ontario tertiary care hospitals, the rate of adherence to hand hygiene had a statistically significant increase with a multifaceted intervention, but the incidence of MRSA colonization was not reduced.

PMID: 20923288 [PubMed - indexed for MEDLINE]

A sample citation meets the search criteria:
Hand disinfection adherence (INTERVENTION)
AND cross infection (PROBLEM)
Q: As we embark on constructing a database search strategy…Why not include **Comparison** and **Outcomes**?

A: Inclusion of a term may be too limiting for the initial broad search. It may omit relevant studies. A comparative term is not necessary if placebo or no treatment. Entering outcomes in your search will limit results to studies containing *only* those outcomes. Search terms may not be in the abstract, and you may risk limiting the search as a result.
**Foreground questions** are specific to a Problem/Patient/Population AND Intervention (PICO question!)

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<tr>
<th>EXAMPLES:</th>
<th>Source of Evidence</th>
<th>Level of Evidence</th>
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</table>
1. **Research question**

2. **Select database**
   - Initial search with keywords
   - Conduct revised search; view related records
   - Revise/expand search strategy
   - More results

3. **Translate terms**
4. **View initial results**
5. **Select relevant articles**
6. **Results**
1. Do exercise programs reduce the incidence of falls in the aged population?

2. Is the use of a checklist an effective intervention for reducing errors for patients in operating rooms?
Why should you have a search strategy?

• Searching using standard terms ensures developing a consistent and repeatable strategy. Random keyword searching is frustrating, unproductive, overwhelming.

• Exploiting metadata* and the database structure using categorical limits maximizes retrieval of relevant and best evidence.

*metadata: “information about other information or information systems” (http://en.wikipedia.org/wiki/Metadata)
Other ways to think about Metadata:

- Going in through the back door...
- Think of the metadata as “breadcrumbs,” that can lead you to related/similar citations.

Follow the breadcrumbs...
3. Does food or fluid restriction affect the progress of labor in low risk women?
3. Does **food or fluid restriction** affect the progress of **labor in low risk women**?
Does **food or fluid restriction** affect the progress of **labor in low risk women**?

Q: Where should you start? 
Background sources or Foreground (articles?)
An example of background information from a “Point of Care” resource.

Title: Literature review: Eating and drinking in labour.

Authors: Hunt, Lauren

Affiliation: Midwife, Whipps Cross University Hospital


Publication Type: journal article - research, systematic review

Language: English

Major Subjects: Food Intake -- In Pregnancy Labor Fluid Intake -- In Pregnancy Intrapartum Care

Minor Subjects: Human ; Systematic Review ; Pregnancy ; Female ; Medline ; Cochrane Library ; CINAHL Database ; Midwives

Abstract: The aim of this literature review is to investigate whether women of low-risk status should be denied oral fluids and food during labour. Objective: To improve outcome of mothers and neonates by looking at appropriate studies to discern whether withholding oral fluids and food during labour decreases the risk of maternal morbidity from Mendelson's syndrome (causing maternal hypoglycaemia). The review also aims to determine the benefits and harm of oral fluid or food for women in labour compared with women who are awake and drink. Method: Randomised controlled clinical trials. Data collection methods: Quarterly searches of the Cochrane Review Library, Systematic Reviews and weekly searches of MEDLINE. Findings: This review discovered that there is no clear statement on whether to restrict oral fluids and foods in labour, and that the validity of this practice needs to be questioned and further research is done. Conclusion: When undertaking this literature review, the author found limited studies looking at eating and drinking during labour. The issue of whether women should eat and drink in labour is controversial. This diet restriction is a precaution for women at high risk of requiring a caesarean section (general anaesthesia); however, for pregnant women who are low risk, there indicated there was little risk and midwives should review policies within their own Trusts.
Restricting oral fluid and food intake during labour.
Singara M, Tranmer J, Gyte G.M.
Effective Care Research Unit, University of the Witwatersrand/University of Fort Hare/East London Hospital complex.

Abstract
BACKGROUND: Restricting fluids and foods during labour is common practice across many birth settings with some women only being allowed sips of water or ice chips. Restriction of oral intake may be unpleasant for some women, and may adversely influence their experience of labour.

OBJECTIVES: To determine the benefits and harms of oral fluid or food restriction during labour.

SEARCH METHODS: We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (30 June 2013) and reference lists of retrieved studies.

SELECTION CRITERIA: Randomised controlled trials (RCTs) and quasi-RCTs of restricting fluids and food for women in labour compared with women free to eat and drink.

DATA COLLECTION AND ANALYSIS: Two review authors independently assessed the studies for inclusion, assessed risk of bias and carried out data extraction.

MAIN RESULTS: We identified 19 studies of which we included five, involving 3130 women. We excluded eight studies, one awaits classification and five are ongoing studies. All the included studies looked at women in active labour and at low risk of potentially requiring a general anaesthetic. One study looked at complete restriction versus giving women the freedom to eat and drink at will; two studies looked at water only versus giving women specific fluids and foods and two studies looked at water only versus giving women carbohydrate drinks. When comparing any restriction of fluids and food versus women given some nutrition in labour, the meta-analysis was dominated by one study undertaken in a highly medicalised environment. There were no statistically significant differences identified in: caesarean section (average risk ratio (RR) 0.69, 95% confidence interval (CI) 0.63 to 1.25, five studies, 3103 women), operative vaginal births (average RR 0.98, 95% CI 0.83 to 1.10, five studies, 3103 women) and Apgar scores less than or equal to seven at five minutes (average RR 1.43, 95% CI 0.77 to 2.68, four studies, 2902 infants), nor in any of the other outcomes assessed. Women’s views were not assessed. The pooled data were insufficient to assess the incidence of Mendelson’s syndrome, an extremely rare outcome. Other comparisons showed similar findings, except one study did report a significant increase in caesarean sections for women taking carbohydrate drinks in labour compared with water only, but these results should be interpreted with caution as the sample size was small.

AUTHORS’ CONCLUSIONS: Since the evidence shows no benefits or harms, there is no justification for the restriction of fluids and food in labour for women at low risk of complications. No studies looked specifically at women at increased risk of complications, hence there is no evidence to support restrictions in this group of women. Conflicting evidence on carbohydrate solutions means further studies are needed and it is critical in any future studies to assess women’s views.
The effect of unrestricted oral carbohydrate intake on labor progress.

Authors: Tranmer JE; Hodnett ED; Hannah ME; Stevens BJ

Affiliation: Director, Nursing Research, Kingston General Hospital, 76 Stuart Street, Kingston, Ontario, Canada K7L 2V7, tranmerj@KGH.KARI.NET


Publication Type: journal article - clinical trial, research, tables/charts

Language: English

Major Subjects: Dietary Carbohydrates -- In Pregnancy
Dystocia
Eating -- In Pregnancy
Labor

Minor Subjects: Academic Medical Centers ; Adult ; Cervix Dilatation and Effectiveness Evaluation ; Chi Square Test ; Clinical Research ; Descriptive Statistics ; Effect Size ; Medical Records ; Nullparas ; Odds Ratio ; Pregnancy Outcomes ; Random Assignment ; Record Review ; Sample Size ; Summated Rating Scaling ; Human

Cite your sources

Full text options at NYU
Filtering: raising the level of evidence

(In all databases, look for the feature that allows filtering)

Use LIMITS for:

**Age groups**, e.g., aged, child, young adult (rather than keywords such as “pediatric” or “elderly”)

**Article type** e.g., clinical trial, cohort study, case report.
  In CINAHL, look for the limit to “Research”

**Publication date**

Help with database filters:  [http://guides.nyu.edu/filtering](http://guides.nyu.edu/filtering)
Cross infection
Hand disinfection
Randomized controlled trials
AND
In this PubMed example a search on:

handwashing AND cross infection

retrieves 1694 results.
In this PubMed example a search on:
handwashing AND cross infection
retrieves 1694 results.

Filtering by Article type:
1. Female fetuses are more reactive when mother eats chocolate.
   Tranquilli, Andrea L; Lorendi, Sara; Busciochio, Giorgia; Di Tommaso, Marica; Mazzanti, Laura; Emanuelli, Monica; Journal of Maternal-Fetal & Neonatal Medicine, 2014 Jan; 27 (1): 72-4. (journal article - research) ISSN: 1476-7058 PMID: 23662574
   Subjects: Cacao; Candy; Eating; Fetal Movement; Heart Rate; Fetal; Adult: 19-44 years; Female; Male

   (includes abstract) Romano AM, Lothian JA; JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 2008 Jan-Feb; 37 (1): 94-105. (journal article - CEU; exam questions, review) ISSN: 0884-2175 PMID: 18226163
   Interfering with the normal physiological process of labor and birth in the absence of medical necessity increases the risk of complications for mother and baby. Six evidence-based care practices...
   Subjects: Childbirth; Delivery; Obstetric; Labor
   Cited References: 83 Times Cited in this Database: (1)
   PDF Full Text (194.4KB)

3. Eating and drinking in labor: the influence of caregiver advice on women's behavior.
   (includes abstract) Schepens MCJ; Thans MCJ; de Jong PA; Essed GGM; Le Cessie S; Kanhai HHH; Birth: Issues in Perinatal Care, 2001 Jun; 28 (2): 119-23. (journal article - research, tables/charts) ISSN: 0730-7659 PMID: 11303383
   BACKGROUND: Although there is much debate about eating and drinking during labor, little scientific data about its influence on the course of labor exist. In The Netherlands, most midwives and obstetrician-gynecologists...
   Subjects: Labor; Eating in Pregnancy; Obstetric Care Netherlands; Adult: 19-44 years; Female
   Cited References: 25 Times Cited in this Database: (2)
   PDF Full Text (49.9KB)

4. Is ketosis in labour pathological?
   (includes abstract) Lewis F; Practising Midwife, 2007 Dec; 10 (11): 47-51. (journal article) ISSN: 1461-3123 PMID: 18210968
   As our anniversary year draws to a close, Paul Lewis examines a seminal review by Tricia Anderson on whether ketosis in labour is pathological.
   Subjects: Addosin in Pregnancy; Labor Physiology; Metabolism in Pregnancy; Female
   Cited References: 22
   PDF Full Text

5. The time of your life.
Use filters on the left menu.

More about filtering in CINAHL: http://guides.nyu.edu/filtering#CINAHL
Q: Does google or googlescholar have a feature for filtering?
Take home message for ALL:

• Use **Patient/Problem/Population** AND **Intervention** first when planning your search strategy and selecting database search terms. (Look for the **Comparison**, **Outcome**, and optional **Time** element when you browse abstracts and review full text of articles)

• Use **filters (Limits)** to narrow by research methodology, date, population, comparative or outcome terms if possible.
• **Medline/PubMed**: the premier biomedical database; 1950 to present with some older refs; more than 20 million records

• **Web of Science** *(Social Science Citation Index, Science Citation Index, Arts and Humanities Citation Index)*

• **CINAHLPlus** *(Cumulative Index to Nursing and Allied Health Literature)*; indexes nursing and allied health literature for more than 3200 journals back to 1937.

• **PsycINFO**: International coverage of the professional and academic literature in psychology, medicine, psychiatry, nursing, sociology, education, pharmacology, physiology, linguistics, and other areas.

• **Proquest** multidisciplinary resource for research on contemporary topics or for the beginning stages of a research project. Includes Newspapers, *NYT/WSJ* and more.

• **COCHRANE Database of Systematic Reviews**: Provides access to the Cochrane Collaboration’s systematic reviews in addition to other sources of reliable information, from other systematic review abstracts, technology assessments, economic evaluations and individual clinical trials. Includes Cochrane Database of Systematic Reviews (CDSR), Database of Abstracts of Reviews of Effects (DARE), Cochrane Central Register of Controlled Trials (CENTRAL), Cochrane Methodology Register (CMR), NHS Economic Evaluation Database (NHSEED), and Health Technology Assessment Database (HTA)
Does the giving of **flu vaccinations** to people over the age of 75 lead to reduced **morbidity**?*

- A. CINAHL
- B. PubMed (Medline)
- C. PsycINFO
- D. Proquest Central
- D. None of the above
Is the incidence of ventilator-associated-pneumonia decreased by a higher nurse-patient ratio?

- A. CINAHL
- B. PubMed (Medline)
- C. PsycINFO
- D. Proquest Central
- D. None of the above
I read in the *New York Times*… something about the health hazards for workers in nail salons.

A. CINAHL

B. PubMed (Medline)

C. PsycINFO

D. Proquest Central

D. None of the above
Does the implementation of routine rounding increase patient satisfaction?

- A. CINAHL
- B. PubMed (Medline)
- C. PsycINFO
- D. Proquest Central
- D. None of the above
What are the common side effects of Lipitor?

- A. CINAHL
- B. PubMed (Medline)
- C. PsycINFO
- D. Proquest Central
- D. None of the above
While you were busy... working, caring, researching, educating, mentoring, sleeping, pre-critiqued aggregations of evidence was bundled: “point-of-care” tools
Filtered/Pre-synthesized resources appraise the quality of studies and often make recommendations for practice.

- Critically appraised topics (e.g., Clinical Evidence)
- Critically appraised articles (abstract journals e.g., Evidence Based Nursing)
- [Tool]: PubMed and CINAHL Clinical Queries
- [Tool]: NLM Health Services Research (HSR) Queries
- More pre-aggregated evidence sources are found in the Evidence Pyramid: http://nyu.libguides.com/pyramid

TWO EXAMPLES:
The Cochrane Database of Systematic Reviews
Consists of detailed, structured topic reviews of hundreds of articles. Teams of experts complete comprehensive literature reviews, evaluate the literature, and present summaries of the findings of the best studies. Published by the International Cochrane Collaboration.

Joanna Briggs Institute EBP Database, @ NYU via: https://arch.library.nyu.edu/databases/proxy/NYU04719
A sample search in the Cochrane Database of Systematic Reviews

Search Manager:
- Title, Abstract, Keywords
- hand hygiene
- AND
- Search All Text
- cross infection

Medical Terms (MeSH)

Search Limits
Search Help
(Words variations have been searched)

Cochrane Database of Systematic Reviews: Issue 9 of 12, September 2014

Issue updated daily throughout month

There are 4 results from 8637 records for your search on 'hand hygiene in Title, Abstract, Keywords and cross infection in Cochrane Reviews'

Sort by: Relevance: high to low

Select all | Export all | Export selected

- Interventions to improve hand hygiene compliance in patient care
  Dinah J Gould, Donna Morello, Nicholas Drey and Jane H Chadleigh
  Online Publication Date: September 2010

- Physical interventions to interrupt or reduce the spread of respiratory viruses
  Tom Jefferson, Chris B Del Mar, Liz Dooley, Ellena Ferroni, Lubna A Al-Ansary, Ghada A Bawaseer, Mieke L van Driel, Sreekumar Nair, Mark A Jones, Sarah Thorning and John M Conly
  Online Publication Date: July 2011
Interventions to improve hand hygiene compliance in patient care

Dinah J Gould¹, Donna Moralejo², Nicholas Drey¹, Jane H Chudleigh³

Editorial Group: Cochrane Effective Practice and Organisation of Care Group

Published Online: 8 SEP 2010
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DOI: 10.1002/14651858.CD005186.pub3

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Abstract

BACKGROUND: Although various forms of psychoeducation and counseling interventions have been examined among patients with a variety of diagnoses, the unique contribution of phase-specific psychoeducation and telephone counseling (TC) to the ongoing process of adjustment has not been explored among patients with breast cancer and their partners.

OBJECTIVE: To conduct a randomized controlled clinical trial of phase-specific evidence-based psychoeducation and TC interventions to enhance emotional, physical, and social adjustments in patients with breast cancer and their partners.

METHODS: A purposive sample of 249 patient-partner dyads were assigned randomly to one of four groups: (a) control group receiving disease management (DM), (b) standardized psychoeducation (SE), (c) TC, or (d) standardized psychoeducation plus telephone counseling (SE + TC). Data were collected at baseline, diagnostic, postsurgery, adjuvant therapy, and ongoing recovery phases measuring emotional, physical, and social adjustments.

RESULTS: Patients showed poorer adjustment over time in the DM group relative to those receiving intervention. All patients showed improvement over time in overall health and adjustment in social and vocational activities. Patients exhibited improvement over time for measures of adjustment in the social environment but no changes in psychological functioning. Partners in the TC group had poorer scores on physical symptoms compared with the SE + TC group and postoperative adjustment outcomes.

DISCUSSION: Findings from this research provide preliminary support for the value of phase-specific SE and TC interventions to enhance ongoing adjustment outcomes in patients with breast cancer and their partners.
If an article is not available full text, click to order via Interlibrary Loan.
Citing PRINT Sources, APA

For examples not listed here, see print version of the *Publication Manual of the American Psychological Association*, 6th ed., at the 1st floor reference center or the Reserves Desk at call number BF76.7 P83 2010.

Link to: Citing ELECTRONIC Sources, APA

<table>
<thead>
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<th>Reference Type</th>
<th>In Reference List</th>
<th>In-Text Citation</th>
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Appointments with Claire LeMasters:  [http://tinyurl.com/claire-appt1](http://tinyurl.com/claire-appt1)