This seminar will...

- Revise some effective note-taking strategies
- Revise some effective reading strategies
- Address your final essays – NMIH103 & NMIH101

But first, a reminder of what’s ahead...

Some more tips...

- Take notes
- Author, date, p. #
- Dot point only
- In your own words
- Become an analytical or ‘active’ reader
- Avoid plagiarism
Strategies

- Reading broadly
- Scanning
- Skimming
- Reading critically
- Making useful notes

Textbooks

The purpose of a textbook is to convey the basic information of a subject and, therefore, is usually structured in a way that information can be found and understood as easily as possible.

Warm-up exercise

To read about the main concepts relevant to ‘ways of knowing’, where would you go first?


Skimming…

Use the structural features of a text to discover its main message or argument:

- Title of the book or article
- Table of contents/sections/subsections
- Introduction and conclusion
- Topic sentences of each paragraph
Journal articles usually have a conventional structure that is determined by the particular journal in which they appear and by the type of research being reported.

This feature of the genre makes extracting information from them sometimes easier than from less conventional text types.

Against the background of the popular concept of ‘patient collaboration’ in care, this paper describes how patients perceive involvement in decisions concerning their own treatment and nursing care. A convenience sample of 12 patients were selected. The data collection and analysis were informed to some extent by the approach known as grounded theory. Although only 12 in-depth interviews were conducted, one major theme emerged from the data and that was named ‘toeing the line’. The data suggests that some patients are more concerned about doing what is right, that is, pleasing the nurse, than participating in decisions concerning care. It is contended that if nurses adopt practices which encourage involvement they may unwittingly coerce patients to comply. It is argued that patients will accept this situation even if they do not wish a collaborative role. Despite the small sample size, interesting questions are raised concerning the underlying rationale of patient involvement. The conclusion is drawn that promoting individualized care is not necessarily synonymous with active patient involvement as advocated in much of the literature.

A microbiological survey of stethoscopes in Australian teaching hospitals: potential for nosocomial infection? (Denholm et al. 2005, p.79).

- **Abstract**: Our study aimed to investigate how frequently ward-based stethoscopes in high-risk areas are colonised with potential pathogens, and to compare that with the colonisation rates for personal stethoscopes. We performed a survey of microbiological flora on stethoscopes, with single-blinded laboratory analysis, based in immunologically high-risk areas in three tertiary teaching hospitals in Newcastle, Australia. One hundred fifty five doctors and medical students working in pre-selected areas of each hospital at the time of the survey were selected for inclusion, and participants’ stethoscopes and the ward-based stethoscopes used in the same areas were swabbed and cultured. Participants also completed a questionnaire regarding their stethoscope use and cleaning. The stethoscopes were compared on the basis of total colony count and pathogenic organisms, cross-matched against personal characteristics (eg doctor or student) and stethoscope use and cleaning habits. We found that there were significantly more organisms isolated from personal stethoscopes (mean colony count (CC)=50.3, 95% CI 41.7-58.9) than ward-based (mean CC=29.3, 95% CI 17.9-40.7) (p<0.01). There was no significant relationship between the frequency of stethoscope cleaning and degree of stethoscope contamination, nor was the amount of patients seen per day a significant factor. This study suggests that even regular cleaning of stethoscopes may be insufficient to prevent colonisation with potentially pathogenic organisms, and that patients at high-risk for nosocomial infection should only be examined with stethoscopes that are restricted to single-patient use. (author abstract)
Introduction
The anaerobic bacterium Clostridium difficile is an important nosocomial pathogen, the most commonly diagnosed cause of infectious hospital diarrhoea.

Clinical presentation
Hospitalized patients may be rapidly colonized by C. difficile following admission with a high proportion remaining asymptomatic.

Pathogenesis
The disruption of normal colonic flora appears to be essential in the pathogenesis of C. difficile infection.

Risk factors
... Frequently identified risk factors for CDAD included increasing age, severity of underlying disease, nasogastric intubation, gastric and suppressants, duration of hospital stay, duration of antibiotic course and multiple antibiotics.

Virulence factors
CDAD is primarily a toxin-mediated disease. C. difficile produces two main toxins, TcdA (308 kDa) and TcdB (270 kDa).

Laboratory diagnosis
As C. difficile is the most commonly identified cause of infectious nosocomial diarrhoea, it has been argued that any inpatient who develops diarrhoea during hospital stay should be routinely tested for C. difficile infection.

Epidemiology
Asymptomatic cases of C. difficile infection consistently outnumber symptomatic cases, particularly in hospitals.

Treatment
The most important step in treating CDAD is immediately discontinuing the agent responsible for provoking the disease.

Antibiotic resistance
C. difficile isolates are typically susceptible in vitro to metronidazole and vancomycin and show variable susceptibility to other antimicrobial agents.

Prevention and control
Control and prevention of CDAD in hospitals can be divided into two broad approaches: a restrictive approach to antimicrobial use (primary prevention) and preventing transmission of C. difficile to patients (secondary prevention).

Introduction
Few concepts are as persistently ambiguous as critical thinking ...

The concept of critical thinking is plagued by many uncertainties, so the steadfast belief in its importance, both to individual nurses and collectively to the nursing profession, may be surprising.

Nurses' interest in critical thinking
Nurses have exhibited a growing interest in critical thinking, as revealed in the nursing literature. Turner7 reviewed articles on critical thinking in nursing literature from 1981 to 2002.

Definitions of critical thinking
With the awareness of the importance of critical thinking in nursing evident, why is there a disparity between mandates to teach critical thinking and outcomes assessments of critical thinking in practicing nurses?

Learning arenas
A compelling question then arises—where should critical thinking be taught? Nursing programs are mandated to teach critical thinking skills to students; therefore, nursing education must begin the process.

Developing critical thinking
There is a great deal of literature detailing strategies and techniques to develop critical thinking skills. In the practice environment, these strategies can be tailored or modified to teach critical thinking to both new nurses and to experienced nurses who are transitioning into the perioperative area.

Conclusion
Critical thinking skills are necessary for nurses to be able to change as the profession of nursing and health care evolves.
NMIH103: Week 10 Wednesday
Essay 2000 words
Weighting 45%

Introduction ~ 200 wds
- **Context**
  - Identify your activity of living

- **Thesis statement**
  - What is the one big idea you want to get across in this essay?

- **Structure**
  - What are your main points?
  - How will they be presented?

- **Signposts**
  - How will you connect each point you wish to make?

Develop your essay paragraph by paragraph ...
- Your idea/point (topic sentence)
- Some evidence/explanation to support your point
- Synthesis: connecting this point to your wider discussion / the topic (analysis)

Your conclusion ...
- **Summarise your main points**
  - eg To assist persons with X, then, the assessment skills required of nurses are ...
  - Following the use of these skills, nurses should ...

- **Restate your one big idea / thesis**
  - eg With expertise in these assessment skills and subsequent actions, nurses ...

- **Implications / So what?**
  - eg outcome/s for skilled nurses?
  - eg outcome/s for persons with X?
Planning ahead for assessment...

ABC


In the beginning....

✓ Analyse the task: this will allow you to plan each component so that when you begin writing, you can be fairly sure that you’re going to address all aspects of the topic.

✓ Briefly map your plan of action: use the process above to sketch out a plan that you might then apply for your essay. What are the key terms? How do you need to order your response?

✓ Consider your terms: do you understand the meaning of all the terms / ideas relevant to the task?

Week 13: NMIH101 Essay

Your task ...

• This essay is based on three (3) key communication concepts that have been discussed throughout the weeks of session. You are to choose one (1) of the following three (3) key communication concepts (the same one you choose for assessment 1) on which to base your essay:
  • Self-awareness
  • Empathy
  • Emotional Intelligence

Week 13: NMIH101 Essay

How does a health care worker use self-awareness / emotional intelligence / empathy when communicating with the person receiving care in a health care setting?
How does a health care worker use self-awareness / emotional intelligence / empathy when communicating with the person receiving care in a health care setting?

At this stage ...

- 2500 words
- 10% each for introduction & conclusion
- How many words left?
  - ~100-150 words/paragraph
- How many body paragraphs?
  - 1 paragraph = 1 idea to answer the topic
- How many ideas/? do you need?
  - + ½ extra just in case
- 1 page of notes = 1 idea = 1 paragraph

More advice ...

- Your discussion is to be in essay structure (introduction, body, conclusion). The content of your essay must be supported with scholarly references to current journal material.
  - Please review the marking guide for more information on how marks are distributed for this assessment.
  - NB: Lecture notes are NOT acceptable as supporting references.
DON’T FORGET!

To get the best grades you can ...
Come & see me ...
Thursdays

BOOK ON WINDOW SHEET

Questions?

Next Week

Preparing for & performing in exams