



Covenant
Health



Covenant Health Research

Issue 15, Spring / Summer 2010

Screening men for osteoporosis: Are we meeting current practice guidelines?

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The Covenant Health Research Centre is pleased to present

**“Literature Searching
Step-by-Step”**

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Screening Men for Osteoporosis: Are We Meeting Current Practice Guidelines? Submitted by: Ann Lee, MD; Faculty Advisor: Shenya Khera, MD, CCFP



Introduction

As our population ages, osteoporosis is becoming an increasingly major and costly public health issue. Much of the burden is related to the fractures associated with osteoporosis including hip and vertebral fractures. Although it has previously been considered a women's disease, osteoporosis occurs in men. Men, in fact, account for approximately 1/3 of osteoporotic hip fractures. Studies have also shown that such fractures in men are associated with equivalent morbidity and higher mortality compared with those occurring in age-matched women. As a result, research interest in this area is building and information about osteoporosis in men is beginning to accumulate.

Screening for osteoporosis and fracture risk is typically performed with bone densitometry. It is a robust method of assessing fracture risk in both men and women. The Canadian Task Force on Preventive Health Care (CTF) has included bone densitometry to predict fractures in women over the age of 65 and research shows that this is cost-effective. There is limited data assessing the cost-effectiveness of screening bone densitometry in men. Thus, the CTF has

made no recommendations regarding osteoporosis screening in men.

A recent study suggests that bone densitometry followed by bisphosphonate therapy may be cost-effective for all men as young as 70 years of age. Other authors as well as current Canadian clinical practice guidelines published in 2002 by the Osteoporosis Society of Canada, however, recommend osteoporosis screening with bone mineral density testing in all patients age 65 or older.

To explore the extent to which this recommendation is being followed, we examined bone mineral density testing among a cohort of male patients over the age of 65. To our knowledge, there are no studies in Canada looking at current practices in identification of osteoporosis in elderly men.

Method

Study design and setting: This was a retrospective, observational chart audit study. The study was conducted at the Family Medicine Centre at the Misericordia Hospital, an academic family medicine teaching unit in the Department of Family Medicine at the University of Alberta in Edmonton.

Researcher Profiles



Dr. Ann Lee graduated from the University of British Columbia and completed her residency in Family Medicine at the University of Alberta. She is now a Clinical Lecturer and Clinic Preceptor at the

There are 5 physicians at this teaching unit. Ethics approval was obtained from the University of Alberta Health Research Ethics Board.

Patients and study procedures: A register of consecutive male patients age 65 and older who presented between January 1, 2007 and December 31, 2007 were retrieved from the appointment database. There were a total of 323 patients. The study sample consisted of patients chosen systematically from the register by choosing every 5th patient. Patients who had any bone densitometry testing prior to age 65 were excluded.

Outcome measures

Outcome measures include proportion of men over the age of 65 referred for bone densitometry. Reasons for bone mineral densitometry were noted and treatment initiated, if any, were documented. Charts were audited and data entered into an Excel spreadsheet by the principal investigator. No personal identifiers were recorded.

Data analysis

To our knowledge, there are no studies determining the rate of screening bone mineral densitometry in elderly men. For the retrospective chart audit, at

least 50 patient charts were to be chosen as a sample of convenience. Demographic and audit data were summarized using descriptive frequencies.

Results

We reviewed 61 charts which included 2 inactive charts: 1 patient died and 1 patient moved to a different province during the study period. At the time of their first bone mineral density test, patients ranged in age from 70 to 88. Of the 61 patients, 9 (15%) had bone densitometry testing for the following reasons: 2 (3.3%) were as a part of the periodic health examination, 2 (3.3%) were following fragility fractures, 3 (4.9%) were following vertebral fractures found incidentally on chest x-ray, and 2 (3.3%) presented to the teaching unit with past bone densitometry testing and already on pharmacological treatment.

Of the 9 patients who received bone densitometry testing, 6 (66.7%) had reduced bone density, and 3 (33.3%) had normal results. Of the 6 patients with reduced bone density, 4 (66.7%) were treated with pharmacological agents.

Discussion

Osteoporosis is an increasingly important public health concern as the population ages because it can lead to fractures that impact on morbidity and mortality. Women are routinely screened for osteoporosis because there is good to fair evidence that available therapy prevents osteoporotic fractures. Although osteoporosis occurs in men, research into the epidemiology, screening and treatment of osteoporosis in men is limited. To our knowledge, this is the first study to determine the proportion of men age 65 and older who are referred for bone densitometry as recommended by current Canadian guidelines for osteoporosis screening.

Men are not routinely screened even though fractures secondary to decreased bone density also occur in men. Only 15% of our patients were referred for bone densitometry. Current guidelines suggest

screening for all patients above the age of 65 but there is controversy whether this is appropriate for male patients. A recent study indicated that bone densitometry followed by bisphosphonate therapy in men at the age of 70 may be cost-effective. Our study shows that men are not referred for bone mineral density testing regardless of age. Those that do receive bone mineral densitometry typically do so as a result of incidental findings such as vertebral compression fractures and fragility fractures. As a result, it is not surprising to find that 66.7% of our patients referred for bone mineral density testing were found to have reduced bone density.

It is interesting to note that both patients referred for bone densitometry with no documented risk factors had normal bone density reports. This raises the question of whether age alone is appropriate to decide if a male patient should be referred for osteoporosis screening. Further studies are needed to determine the cost-effectiveness of osteoporosis screening in men in Canada and to determine if there is an age at which all men should be screened. With the current lack of evidence and consensus for screening in men, referral for bone densitometry will continue to be poor. More research is also necessary to determine the awareness of male osteoporosis not only within the medical community, but also the general population. Once guidelines are revised and awareness improves, reminder tools such as those incorporated

into electronic medical records can help physicians diagnose and treat osteoporosis in men before clinical fractures occur.

Limitations include the retrospective nature of the study, potential inaccuracies of the medical record, and the small sample size. Although the patient population is from an academic teaching unit, there are 5 physicians with a wide range of years of experience. Of the 5 physicians, 3 are male and 2 are female. Physician variables that may influence screening such as sex, age and years of practice were not examined in this study.

Conclusion

This study found that elderly men are not routinely referred for bone densitometry regardless of age. Recommendations for osteoporosis screening in men are not followed consistently.

REFERENCES AVAILABLE UPON REQUEST.



Spotlight



Brandie Wilde is currently employed at the St Michael's Health Centre in Lethbridge and arrived there following the completion of her Graduate Studies in Kinesiology, specifically Biomechanics. Her studies and thesis focused on aging and the balance challenges associated with our senior population. The position of Foundation and Research Coordinator allows Brandie to utilize her technical skills by working to establish a research initiative at St. Michael's. Research is a very important asset to growth and effective service so it is her goal to do her part in offering this to the Lethbridge Community and on a larger scale with Covenant Health.



Researcher Profiles



Annalita Shireen Bell, RN, BScN, MN has recently completed her Master of Nursing at the University of Alberta under the supervision of Dr. Gina Higginbottom. She also currently works part-time with Alberta Health Services as a telehealth facilitator for Specialized Geriatric Services at Red Deer Regional Hospital. She looks forward to the continued development of her research focus on immigrant health and ethnocultural health issues. She is excited to once again work with Dr. Gina Higginbottom through her upcoming fall 2010 doctoral studies as well as her role as a team member on Gina's Ethnicity and Health research team.

Exploring Understandings and/or Knowledge of Maternity Nurses in Caring for Refugee Women of African Origin

A. Shireen Bell RN, BScN, MN, Doctoral Student – Faculty of Nursing, University of Alberta.

Background

The challenge for health care professionals in ethnocultural care encounters is to understand the diverse nature of immigrants and to become responsive to their heterogeneous cultural expressions. Given the complexity of information needed to integrate effective, ethnoculturally congruent and safe care, it is a challenging imperative placed on the nurse to keep current with diverse patient needs.

Study Aim/Research Questions

The aims of this study are to explore maternity nurses care experiences, both individual and systemic factors that influence care and how maternity health needs are met within the unique context of immigrant/refugee African women.

Methodology

The qualitative research methodology of focused ethnography was used to explore maternity nurses' understandings and/or knowledge in caring for immigrant/refugee women of African origin.

Methods

Data collection was conducted through a purposive sample of 12 maternity nurses from three Albertan hospitals using semi-structured interviews. Characteristics of the participant sample included: RN or LPN designation of all experiential levels having had care experiences with immigrant/refugee women of African origin.

Approach to Analysis

Ethnographic data collection & analysis is cyclical and reiterative, moving from categories, themes, and eventual abstraction of shared behaviors and patterns of the nurses with the facilitation of the data analysis & storage software ©Atlas/ti. Ethics approval was obtained through University of Alberta Health Panel B along with administrative approvals from each of the facilities.

Findings

Lack of educational resources, interpretive services, limited access to relevant resources such as multicultural health brokers and lack of diverse in-hospital staff are some of the challenges in acquiring accurate understandings and knowledge. Under-recognition of current meanings of cultural safety and power differentials as influencing the ways that immigrant/refugee African women may respond during

care interactions was also seen. Other gaps included under participation of the maternity nurses' in care decision-making around female circumcision and under-recognition of challenges faced by Francophone African immigrants to Western Canadian provinces. Strengths in achieving effective ethnocultural care included in-hospital access to a multicultural broker who facilitated supportive care links both within hospital and upon discharge, staff who had ethnocultural immersion experiences and the employment of ethnoculturally diverse health care professionals.

Implications

This research study has the potential to affect positive learning outcomes amongst nurses such as improved nurse-client relationships, reduced health disparities, and improved health outcomes in immigrant/refugee African women. Maternity nurses desired to grow in their understandings and knowledge, however, both individual and institutional initiatives are needed for a more critical and reflexive understanding of ethnocultural encounters.



Image Acknowledgement:

<http://imagecache2.allposters.com/images/pic/IMA/S719-Unity-Posters.jpg>

Note: The broad term African is adopted to enable an exploration of maternity nurses' experiences of caring for immigrant/refugee women, including Francophone, from the African continent. It is acknowledged that the term embraces an enormous range of ethnocultural orientations, nationality, traditions and linguistic groups. It not meant to be reductionist but is simply a framework for capturing the views of maternity nurses' care experiences.

Implementing a Nutrition Med Pass Program in an Acute Care Facility

A Lee, T Rai. Grey Nuns Community Hospital - Covenant Health, Edmonton, AB.



Researcher Profiles



Alice Lee, RD has been a clinical dietitian with Covenant Health for over 20 years covering many clinical programs.

She became a Program Leader for Nutrition Services, Grey Nuns and Misericordia in 2006. Alice is always interested in practice-based research to enhance clinical nutrition practice. Her last endeavor was 'Pressure Ulcers – a chart review to explore current nutrition practices at the Grey Nuns Community Hospital' in 2008

Objectives

Malnutrition is common in older hospitalized patients. It is challenging to engage geriatric patients to consume sufficient calories. The Nutrition Med Pass program provides concentrated nutritional supplement (2kcal/ml) to patients at high nutrition risk by nurses during medication rounds. The benefits of Nutrition Med Pass have been documented in long term care facilities but not in acute care. The Grey Nuns Community Hospital implemented the Med Pass program in June 2008. Based on a survey in August 2009 of acute care facilities in the Province of Alberta, the Grey Nuns Community Hospital is the first acute care site in the province to implement the program. The Misericordia site started the program in Feb, 2009.

Methods

Nutritionally high risk patients were prescribed a nutritionally dense supplement in liquid (Resource 2.0®) or

pudding (Ensure® pudding) consistency depending on swallowing ability. 60 mLs of the supplement was prescribed 3-4 times daily at medication rounds. Nurses were instructed to record supplements provided to and consumed by the patient in a Med Pass record. This retrospective study tracked nursing adherence and patient intake of those who received the Med Pass program in a 6 week period at the Grey Nuns. The age, BMI, albumen and pre-albumen levels were recorded when available.

Results

30 patients with an average age of 82 were enrolled, with average admission BMI of 21.7. Patients were on the program for 19.2 days with a 59% consumption rate. Those on Resource 2.0® received an average 251 cal and 11 g of protein. Eleven dysphagia patients (41%) supplemented with Ensure® pudding consumed 40 calories and 5 g protein less than the Resource 2.0® group. When serial prealbumen levels

were available, a general upward trend was noted.

Implications & Conclusions

The Med Pass program was prescribed appropriately to older patients with lower BMI. Consumption rate, caloric and protein intakes were lower than expected, but the additional nutrients are still welcomed for a group that often consumed less than 1000 calories per day. The dysphagia group was older, consumed less supplements and refused them more often. It is unclear if the low consumption rate is due to poor recording, low nursing adherence or refusal by patients. Further education for nurses to improve adherence and to encourage replacing the present pudding to a higher nutrition density product will be considered.

REFERENCES AVAILABLE UPON REQUEST.

Researcher Profiles



Dianne Drummond, MSc RD is a registered dietitian who has spent more than half her career working in mental health. She has a special interest in eating disorders, and since the early '90s, has been doing research in eating disorder prevention. She recently completed her postgraduate master's degree in nutrition at the University of Alberta, with her thesis on school-based eating disorder prevention. Dianne is currently the Clinical Education Specialist with the Eating Disorders Program at the University Hospital in Edmonton, working for Addiction and Mental Health, Alberta Health Services – Edmonton Zone. She presents locally and around the world, with her most recent travels being to Japan in 2008 where she presented her current research "Dietitians and Eating Disorders: An International Issue".

Dietitians around the World Are Concerned About Eating Disorders in Their Profession

Written by Dianne Drummond, MSc RD, Project Co-investigator

Over the past 5 years I have been working with Suzanne Hare on the research study "Dietitians and Eating Disorders: An International Issue". It's now being completed and in the process of being submitted for publication. It's encouraging to us to find out how many colleagues from around the world share their concern on this topic. The following is a brief summary of this project.

Suzanne and I have been immersed in the area of eating disorder (ED) prevention for the past fifteen years, working on several practice-based research projects in this area together. The idea for this research study was generated in 2004 when we attended the International Congress of Dietetics in Chicago. We were surprised at the interest generated by a poster we presented on the topic of ED in nutrition students and dietetic interns. Many who stopped by the poster had stories to share about their experience with students having an ED, most felt that the problem was increasing, and most were not sure how to deal with it.

The literature reports that ED's are more common in university nutrition programs than in other college groups. However, in total there has been little written on this topic and even less is known about what is being done about it. This research study was designed to develop and administer a questionnaire to nutrition faculty heads, university professors and dietetic internship coordinators around the world to determine: 1) the extent of concern for ED, 2) practices that currently exist for screening ED, 3) current support for individuals identified with ED, and 4) feelings about the impact students and dietitians with ED have on the public. The information gathered was intended to be a starting point for future discussions on this topic.

One hundred and one questionnaires were returned from 14 countries. When

we started looking at the results, it was apparent that ED's are a concern for nutrition students around the world. More than 75% agreed when asked this question. But what to do about it presents a dilemma. Almost half of respondents thought it would be useful to have ED screening practices for nutrition students, but few were actually doing it. Most striking was that three quarters felt there would be ethical issues in screening all students for ED. The majority of respondents said that there were ED services for help available to their students; however, an alarming number (>25%) said no help was available at all. As well, even though more than half of respondents said that a nutrition education program should have formal policies/procedures in place to assist undergraduate students and dietetic interns with ED, most did not have anything.

The majority of participants did not feel that having an ED should restrict students from entering an undergraduate nutrition program or dietetic internship; however more than half felt that anyone identified with an ED should be required to receive treatment in order to study or work in the field of dietetics. This also underscores the need for identification of those with an ED and the need for available services for help.

Approximately one third of respondents thought that nutrition students, dietetic interns and professionals with ED could put the public at risk when providing services; however, an equal number didn't think so, and another third replied "I don't know". It is apparent that opinions are varied on whether there is public risk to nutrition information being provided by students and professionals with ED. Nonetheless, almost half of participants did not have a regulatory body to protect the public from dietitians who might not meet accepted standards in nutrition



counseling because they have an ED.

A remarkable finding in this study was the high number of “I don’t know” responses. The most notable was to the questions about whether ED are more of a concern in nutrition programs than other university faculties. The literature clearly indicates that this is the case, yet 35% did not know this. Another remarkable “I don’t know” response was to whether discussing about ED in curriculum might trigger or reinforce problems in some students. It is encouraging that most felt ED information should be included in the curriculum, but 31% were uncertain whether teaching this information would be risky, reinforcing a general lack of understanding about ED in this group. Additionally, many did not know whether education programs should screen students for ED (25%), whether students & dietitians should be required to receive help for ED to continue to study/work in dietetics (22%), whether having ED should affect acceptance into an education program (18%), and finally, whether having a diagnosable ED puts the public at risk (29%). Also there were many

who didn’t know whether having an ED should affect a dietitians’s licensing (25%). From these responses it seems that many had never thought about this topic before, and education of the profession as a whole on this topic is indicated.

Coincidental to culmination of this study, the American Dietetic Association published a discussion paper on the topic of ED in nutrition students in the April 2008 edition of their member magazine. This excellent article is the first in the literature on this topic. The authors of this position paper recommend opening dialogue with nutrition students about eating disorders and providing proactive course work on this topic. We wonder if our project didn’t stimulate this discussion, and actually hope that it did. If so, we are making steps toward achieving our primary goal, that is, to serve as a starting point for future discussions on this topic.

Suzanne and I believe that it is important to heighten awareness about the emerging issue of ED in the nutrition profession. We feel that simply distributing

this questionnaire has accomplished some of this and hopefully stimulated colleges and universities to start thinking more on this topic. We envision that it might even generate the development of policies/procedures to assist students and interns with an ED.

Response to this questionnaire has been encouraging. To date 43 dietitians from around the world have expressed an interest in working on stage two, to review the data & come up with recommendations. Suzanne and I are excited to experience this kind of enthusiasm with kindred spirits who share their passion in this area.

Contact Information:

Suzanne Hare is currently a Clinical Dietitian in Cardiac Rehab at the Grey Nuns Hospital. Dianne is the Clinical Education Specialist with the University of Alberta Hospital Eating Disorders Program. If you have any questions about their work contact them at:

suzanne.hare@covenanthealth.ca

dianne.drummond@covenanthealth.ca

Total Sentinel Lymph Node Tumor Size Predicts Non Sentinel Node Metastasis and Survival in Melanoma Patients

Ali Cadili, Richard A. Scolyer, Philip T. Brown, Kelly Dabbs, John F. Thompson

Background

In patients with a primary melanoma $\geq 1.0\text{mm}$ in Breslow thickness the rate of metastasis to regional lymph nodes, as determined by sentinel node biopsy (SLNB), is approximately 20%. Among the patients with a positive SLNB result, however, only approximately 20% have tumor identified in additional non-SLNs. Therefore, many melanoma patients are still subjected to the morbidity of a complete lymph node dissection (CLND) without obvious benefit. In the current study, we analyzed the clinical and pathologic features of melanoma patients with positive SLNBs treated at the Melanoma Institute Australia. The aim was to correlate clinical and pathologic features of both the primary melanoma

and the SLN metastases, including total SLN metastasis, with non-SN metastasis and (disease specific and overall) survival.

Methods

Total SLN tumor size was obtained by adding the largest diameters of all individual metastatic deposits within the SLN. Clinicopathological variables analyzed included patient age at the time of diagnosis, primary tumor characteristics (histologic type, Breslow thickness, ulceration, mitotic rate, site of primary tumor), and SLNB characteristics (date of SLNB procedure, location of LN field, number of draining LN fields, number of SLNs harvested, number of positive SLNs, size of largest metastatic deposit, total metastatic

Researcher Profiles



Dr. Ali Cadili graduated with an MD degree from the University of Saskatchewan in 2004, and is currently a 4th year resident in General Surgery

at the University of Alberta. Dr. Cadili completed a Master of Science in Experimental Surgery at Dr Norman Kneteman’s laboratory at the University of Alberta.

deposit size, location of metastasis within the SLN, extra nodal extension (ENE), and number of metastatic deposits within the SLN). The correlation between each of the predictor variables and outcome was determined by univariate analysis. The predictor variables that correlated

with NSLN metastasis with a p value <0.10 on univariate analysis were then entered into a multivariate model.

Results

There were 606 patients with a positive SNSNB result who proceeded to a CLND. The median number of NSNs in CLND specimens was 18 and the median number of positive NSLNs was 2.68. Of the patients with SN metastasis, 23.5% also had NSLN

metastasis on CLND. Total SLN tumor size was significantly correlated to NSLN metastasis, melanoma-specific survival and overall survival on both univariate and multivariate analyses.

Conclusion

Total SN tumor size predicts the likelihood of non-SLN metastasis, and also predicts survival outcome.

Research Studies approved at Covenant Health from January 1st to May 31st, 2010

Study Title	Principal Investigator	Sites
Predicting the Ability of Chronic Obstructive Pulmonary Disease (COPD) Patients to Perform Activities of Daily Living	Haennel, Dr. R.G.	EGCCC
The Contemplative Spiritual Journey of the Dying: A Retrospective Phenomenological Study	Adams, Catherine	GNCH
The Impact of a Regional Reperfusion Program in STEMI patients - Vital Health Response Study	Welsh, Dr. Robert	GNCH / MCH
Exploring the reliability of an automated audiometer in comparison to manual audiometry on patients who require complex masking	Ho, Dr. Allan / Yu, Dr. Jeffrey	MCH
Effects of a Dialectical Behaviour Therapy Program on Borderline Personality Disorder Participant's Well-Being and use of Hospital Emergency Resources	Hotson, Dr. Gary	GNCH
The Implementation of a Nutrition Med Pass Program in an Acute Care Facility - the experience, compliances and effectiveness	Lee, Alice	GNCH
Functional and Cosmetic Outcomes of Patients with Maxillectomy Defects Reconstructed with Vascularized Free Tissue Transfer	Harris, Dr. Jeffrey	MCH
Stereolithographic Biomodelling in Mandibular Reconstruction: a Prospective Trial	Seikaly, Dr. Hadi	MCH
QUALITY ASSURANCE PROJECT: Pressure Ulcer Prevalence and Incidence in an Acute Care Facility - Misericordia Community Hospital	Varga, Marlene	MCH
Shockwave Lithotripsy Outcomes at the University of Alberta - a retrospective review	Schuler, Trevor	MCH
Family Experiences with a Weight Management Program: Influences on Parenting Strategies, the Family's Environment, and Children's Lifestyle Choices	Holt, Nicholas L.	EGCCC
Family Physicians' Experiences with Conflict During End-of-Life Decision Making Discussions with Substitute-Decision Makers of Dying Patients	Tan, Amy	All Sites
Walking Activity on the Stroke Unit	Manns, Patricia	GNCH
Reminiscence Therapy for Individuals with Dementia: Effects on Communication	Hopper, Tammy	EGCCC
Prevalence of Venous Thromboembolism (VTE) and use of anticoagulation in a Tertiary Palliative Care Unit	Amigo, Dr. Pablo	GNCH
The Use of Multi-source Feedback in Assessing the Clinical Performance of Medical Students in a Team-based Clerkship	White, Dr. Jonathan	GNCH / MCH
Retrospective Chart Review of Palliative Sedation Practice in the Regional Palliative Care Program in Edmonton	Tarumi, Yoko	GNCH / EGCCC
Operative Experiences of Residents in Western Canada General Surgery Programs	Schiller, Daniel	GNCH / MCH
Evaluation of the Impact of the Grey Nuns Stroke Unit on Stroke Outcomes	Buck, Dr. Brian	GNCH / MCH

Wondering where to find out about Library Services to help with your research? Check out the Covenant Health Libraries intranet website at.

<http://www.intranet2.cha.ab.ca/caritaslibraries/>

for information on: staff and the information services that they provide; library locations and hours; print and electronic collections and how to access them; and much, much more...

Spotlight



Connie Winther

recently joined the library services team at the Grey Nuns and Misericordia Hospital libraries. Before joining Covenant Health, Connie worked at the University of Alberta where she provided information support to research groups, most recently in the Department of Pediatrics, and prior to that in the Faculty of Nursing. Connie moved from a clinical background in physical therapy to librarianship because of her love of learning and interest in the tie between research and clinical practice. Connie completed a Masters of Library and Information Studies at the University of Alberta in 2001, and a Masters of Science in Rehabilitation at Curtin University (Western Australia) in 1996.



Study Title	Principal Investigator	Sites
Alternate Delivery of a Modified Constraint Induced Movement Therapy Program	Manns, Patricia	GNCH / MCH
Post-operative Pain and Function in Patients having a Knee Arthroscopy with Viscosupplementation or Placebo Injection at the Time of Surgery: A Pilot Test	Heard, Mark / Kerslake, Sarah / Hiemstra, Laurie / Buchko, Greg / Monteleone, Brad	Banff
Analysis of patient and peer perceptions of peer support in COPD	Rodgers, Wendy	EGCCC
Canadian Infants' Motor Abilities: A validation of the Alberta Infant Motor Scale Normative Data	Darrah, Johanna	GNCH
Estimation of health care utilization in Edmonton, Alberta by medically ill substance users: emergency room visits and hospital admissions due to substance use-related medical conditions	Cooper, Ryan	GNCH / MCH
A prospective multicentre observational study of frailty in critically ill patients (The ICU FRAILTY Study)	Stollery, Daniel	GNCH
Treatment of Preserved Cardiac function heart failure with an Aldosterone antagonist (TOPCAT)	Shibata, Dr. Marcelo	MCH
Adherence to Treatment Recommendations and Congruency in Goals of Care in an Outpatient Geriatric Assessment Setting	Abbasi, Marjan	MCH
Maternity, Migration and Minorities: Optimizing Community and Hospital-based Maternity Care in Alberta	Higginbottom, Gina	GNCH
Strategic Merger in Faith-based Health Care: Review of the First Year with Covenant Health	Murphy, Sheli	All Sites
Off-Label Prescribing on a Tertiary Palliative Care Unit in Alberta	Fassbender, Konrad	GNCH
Responses to Cardiopulmonary Exercise Testing in Men and Women with Chronic Obstructive Pulmonary Disease (COPD)	Rodgers, Wendy	EGCCC
A dble blind, randomized, placebo-controlled, parallel group, multic Phase 3 pivotal study to assess the safety and efficacy of 1mg/kg/day IV DP-b99 over 4 consec. days vs placebo when initiated within nine hrs of acute ischemic stroke onset MACSI	Buck, Dr. Brian	GNCH
Stratifying Risk in Patients with Spontaneous Bacterial Peritonitis receiving Albumin	Tandon, Puneeta	GNCH / MCH
Culture Positive Neutrocytic Spontaneous Bacterial Peritonitis – Local Outcomes and Prevalence of Multi-drug Resistant Organisms	Tandon, Puneeta	GNCH / MCH
Alberta Primary Care Endoscopy (APC-Endo) Study	Rowe, Brian	BHC / SMH
Building on Existing Tools to Improve Chronic Disease Prevention in Family Practice: The BETTER Project - Phase 1	Manca, Donna	GNCH
Building on Existing Tools to Improve Chronic Disease Prevention in Family Practice: The BETTER Project - Phase 2	Manca, Donna	GNCH
A Novel Program of Mental Health Service Delivery for Palliative Patients in a Hospice Setting: The Continuing Care Psychiatric Consulting Service (CCPCS)	Chimich, William	EGCCC / SJAH
Satisfaction with Care and Needs Assessment Survey of Homeless or Substance Using Adults Presenting to the Emergency Department	Dong, Kathryn	GNCH / MCH
Development of a Web-Based Course to Maintain Skills in Nurses Trained to Screen for Dysphagia	Kamitomo, Gail	GNCH
Process Evaluation of the Practice Intervention - The BETTER Project - Phase 3	Shaw, Nichola	GNCH
Understanding Emergency Department Care Transitions for Older Adults with Dementia	Parke, Belinda	GNCH
A Phase III Randomized Multicenter Clinical Trial of High-Dose Human Albumin Therapy for Neuroprotection in Acute Ischemic Stroke (ALIAS)	Buck, Dr. Brian	GNCH
A prospective multicentre observational study of frailty in critically ill patients (The ICU FRAILTY Study)	Rokosh, Ella	MCH
Estimation of health care utilization in Edmonton, Alberta by medically ill substance users and the homeless: Analysis from a real-time surveillance database of emergency room visits	Cooper, Ryan	GNCH / MCH



Validation of the Attitudes to Ageing Questionnaire among older patients with Chronic Obstructive Pulmonary Disease

Written by Gail Low, PhD

Chronic obstructive pulmonary disease (COPD), affecting more than 300,000 Canadians aged 55 and older, increases in its severity and unpredictability over time. Not surprisingly, then, a prevalent focus in the quality of life literature is that of physical, social, and psychological losses and declines associated with respiratory insufficiency. While much is known about decrements in the lives of COPD patients, there is a lack of empirical attention paid to the positive changes and gains they experience as older people per se. In this novel study among 117 older people with COPD attending the Edmonton Covenant Health Centre for

Lung Health rehabilitation program, data on perceptions of loss, gain, and change were collected using the Attitudes to Ageing Questionnaire (AAQ-24). We explored participants' attitudinal patterns and how these were associated with their quality of life and lung condition at different ages. The findings of this study will help respiratory practitioners better understand what it is like to be growing older while living with a chronic lung condition, and provide direction for further study across provinces among people taking part in respiratory health programs.

Researcher Profiles

Gail Low, Ph.D. has been an assistant professor at the University of Alberta Faculty of Nursing for the past five years. She comes with a rich history of respiratory-related nursing practice both in the community and acute care. Her passion for quality of life research arose mainly out of her community nursing practice wherein she did outreach health-related assessments for the provincial home oxygen program in British Columbia. Her previous research has focused on couple agreement on COPD patient quality of life, and factors that influence quality of life amongst older couples. She continues to engage in international and national research on attitudes to ageing, resource use among older people to maintain life satisfaction, and how to measure quality of life.

Workshops

The Covenant Health Research Centre is pleased to presents:

“Literature Searching Step-by-Step”

Upcoming Workshops

“Literature Searching, Step-by-Step”, presented by Carol Schmidt and Connie Winther (MCH, IN-105)

Monday, September 13th, 2010
08:00-10:00 hrs:

“Literature Searching, Step-by-Step”, presented by Carol Schmidt and Connie Winther (GNCH, HSC237)

Tuesday, September 14th, 2010
08:00-10:00 hrs:

For a full listing of research related internal and external workshops, please visit the website at:

<http://www.caritas.ab.ca/Home/Research/ForResearchers/Workshops.htm>

If you want to:

- Develop basic literature searching skills.
- Learn how to use Medline and CINAHL databases through demonstration and hands-on practice.
- Bring questions about your own research projects.

- boolean logic
- subject headings/keyword searching
- selecting databases
- search filters/narrow searches
- retrieving articles

There is no charge for this workshop.

To register contact Mary-Ann Clarkes Administrator at the Covenant Health Research Centre

735-2274 or email research@covenanthealth.ca

The Literature Session will cover:

- developing a search question

Mark your Calendars:



The Covenant Health Research Day is on

Thursday, February 10th, 2011 at the

Grey Nuns Community Hospital Auditorium