The February issue of *Info-RN* highlights *Patient Safety* in the webliography, new books, and e-resource sections. Under News, you're offered searching tips for two important research tools, Google and Embase. We also show you how to access your favorite, most trusted nursing books online. Take some time to review the resources on celiac disease and aboriginal health information. Finally, don't forget to look for us “On the Unit”.

Photograph reproduced with permission
Operation Room, Winnipeg, c.1900. [1903]
Provincial Archives of Manitoba, Still Images Section.
Winnipeg General Hospital Collection. Item Number 191. Negative 12169.

**New Books on Patient Safety**

**New Video**

**E-Resources**

**For Your Patient**

**Webliography**

**Training Opportunity**

**Celiac Disease**

**Patient Safety Videos**

**Keeping Patients Safe E-Book**

**Patient Safety**

**Neil John Maclean Health Sciences Library Training**

**New Books**

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**New Books Now Available Online—pg. 3**
The University of Manitoba Health Sciences Libraries recently purchased online access to some core nursing books

**Google for Beginners pg. 5**
Should you use Google for health research? According to a recent article in Info-Rx: Newsletter of the Health Sciences Libraries, use it but be careful! Google is a U.S. public corporation and you need to be familiar with its strengths and...

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**Aboriginal Health Information for Nurses – pg. 11**
The Aboriginal Health Collection is located at the Neil John Maclean Health Sciences Library. The collection contains over 2600 books, DVDs, videos, and reports on all aspects of health and well-being for First Nations, Metis, and Inuit. Visit...
University of Manitoba Libraries

The Health Sciences Libraries support the teaching, research, and patient care activities of the staff and students of the Faculties of Dentistry, Medicine, and the Schools of Dental Hygiene and Medical Rehabilitation.

The Elizabeth Dafoe Library supports the research, study, and teaching requirements of the staff and students of the Faculty of Nursing. Other faculties served by the Elizabeth Dafoe Library include the Faculties of Art, Education, Human Ecology, Physical Education and Recreational Studies, and Social Work.

Working with the Winnipeg Regional Health Authority, the University of Manitoba provides library services to Winnipeg hospitals and longterm care centres. The Health Sciences Libraries now include the Neil John Maclean Health Sciences Library (Health Sciences Centre), and the libraries of Concordia, Grace, Seven Oaks, St. Boniface, Victoria, Deer Lodge Centre, Misericordia Health Centre and the virtual library at Riverview Health Centre.

The Health Sciences Libraries and the Elizabeth Dafoe Library offer a wide range of services — including document delivery, literature searches, and training — and provide access to an extensive collection of monographs, journals, videos, and health databases.

Publication Information

Info-RN is an electronic newsletter of the University of Manitoba Libraries dedicated to informing nurses in Winnipeg of services or resources that will help them access quality health information. Info-RN is published three times a year by the . Comments, questions, or letters to the editor should be addressed to: njm_ref@umanitoba.ca

Editor: Christine Shaw-Daigle, Librarian, Victoria General Hospital Library
New Nursing Books Now Available Online

The University of Manitoba Health Sciences Libraries has recently purchase online access to the following electronic nursing books:

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<th>Image</th>
<th>Title</th>
<th>Author(s) and Edition</th>
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How to Access

To access these ebooks, you can either click on the links provided above or search BISON, the library’s online catalogue. For a most effective keyword search, type the title into the search box and then add the term “ebooks”. When you click to access these online resources you will be prompted to log in using your Library ID and PIN.

Alternatively, you will find the books listed under the E-books listing from the Health Sciences Libraries page [http://www.umanitoba.ca/libraries/units/health/resources/ebooks/index.html](http://www.umanitoba.ca/libraries/units/health/resources/ebooks/index.html). Look under Nursing to see the list of available ebooks.

Tips on Searching

The ebooks Lippincott Manual of Nursing Practice, A Manual of Laboratory and Diagnostic Tests, and Nursing Care Plans & Documentation are subscribed to through OVID. Each book is set up with its table of contents along the left hand side as a clickable menu which you can use to navigate your way to the information you need. You can also search each book using the search tool located under the title of the book. Saving, printing and email options are situated at the top of each section. There is no PDF document printing options available, but the content is divided
into pages for easy referencing.

Example: *Lippincott Manual of Nursing Practice: Ch.10*

*Lippincott Manual of Nursing Practice*

> Table of Contents > Part Two - Medical-Surgical Nursing > Unit II - Respiratory Health > Chapter 10 - Respiratory Function and Therapy

Search:

---

Chapter 10

**Respiratory Function and Therapy**

*Davis’ Drug Guide for Nurses* is available through Stat!Ref. Click on the link provided and you will be taken to the on the accept button). Click on the Table of Contents tab to view all ebooks subscribed to through Stat!Ref.

Click on the title of the book to see its table of contents and different sections. Use this to click you way to the information you need.

There is no option for PDF printing; each section must be printed separately. There is also the option of searching the different ebooks separately using Stat!Ref’s Advanced Search feature

Submitted by Melissa Raynard, Librarian, Concordia Hospital Library
Google for Beginners

Should you use Google for health research? According to a recent article in Info-Rx: Newsletter of the Health Sciences Libraries, *use it but be careful!* Google is a U.S. public corporation and you need to be familiar with its strengths and limitations. Please refer to Tania Gottschalk’s article on “Using Google for Health Research” in *Info-Rx* Sept. 2005, vol. 2 (1) for further insights.

Query Tips for Beginners

In Google’s search box, enter up to 32 descriptive words that are likely to appear on pages you are seeking. Be brief, but specific.

- USE: *lasik eye surgery*
- NOT: *documentation on lasik eye surgery*
- USE: *quit smoking program*
- NOT: *program on quitting tobacco cigarette smoking addiction*

Click on “I'm Feeling Lucky” on Google’s home page to go directly to the first result.

I'm Feeling Lucky will take you straight to the most relevant website that Google found for your query that is not a paid advertisement. For example, if you are looking for the University of Manitoba Nursing Faculty homepage, just enter *University Manitoba Nursing* and click "I'm Feeling Lucky" instead of the Google Search button. Google will take you directly to [www.umanitoba.ca/nursing/](http://www.umanitoba.ca/nursing/).

Be specific: Use more query terms to narrow your results.

- USE: *Betty Ford Center drug addiction*
- NOT: *Ford Center*

Evaluate carefully whatever you find.

When evaluating the credibility of a page consider: authority, accuracy, objectivity, currency, and coverage. A

Understand how Google evaluates your query:

<table>
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<tr>
<th>Search Behaviours</th>
<th>Descriptions</th>
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<tr>
<td>Implicit AND</td>
<td>Google returns pages that match all your search terms. You do not need to include the logical operator AND between your terms, this notation is called an implicit AND.</td>
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<tr>
<td>Exact Matching</td>
<td>Google returns pages that match your search terms exactly</td>
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<tr>
<td>Word Variation Automatic Stemming</td>
<td>Google returns pages that match variants of your search terms</td>
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<td>Common-Word Exclusion</td>
<td>Google ignores some common words called “stop words,” e.g., the, on, where, and how. Stop words tend to slow down searches without improving results</td>
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<td>32-Word Limit</td>
<td>Google limits queries to 32 words.</td>
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<td>Term Proximity</td>
<td>Google gives more priority to pages that have search terms near to each other</td>
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<tr>
<td>Term Order</td>
<td>Google gives more priority to pages that have search terms in the same order as the query.</td>
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<td>Case Insensitivity</td>
<td>Google is case-insensitive; it assumes all search terms are lowercase.</td>
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<td>Ignoring Punctuation</td>
<td>Google ignores some punctuation and special characters including, . ; ? [ ] &lt; &gt; @ /</td>
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Use special characters and operators to fine-tune your query and increase the accuracy of your searches:

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<th>Notation</th>
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<tr>
<td>terms1 terms2</td>
<td>with both term1 and term2</td>
<td>[ carry-on luggage ]</td>
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<tr>
<td>term1 OR term2</td>
<td>with either term1 or term2 or both</td>
<td>[ Tahiti OR Hawaii ]</td>
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<td>term1</td>
<td>term2</td>
<td>with both term1 and term2</td>
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<td>+term</td>
<td>with term (The + operator is typically used in front of stop words that Google would otherwise ignore or when you want Google to return only pages that match your search terms exactly. However, the + operator can be used on any terms.)</td>
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<td>without term</td>
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<td><code>~term</code></td>
<td>with term or one of its synonyms (currently supported on Web and Directory search)</td>
<td>[ google ~guide ]</td>
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<td>[ recumbent bicycle $250..$1000 ]</td>
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<td>&quot;phrase&quot;</td>
<td>with the exact phrase, a proper name, or a set of words in a specific order</td>
<td>[ &quot;I have a dream&quot; ] [ &quot;Rio de Janeiro&quot; ]</td>
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References
http://www.googleguide.com/summary.html
http://www.google.com/help/basics.html

By Angela Osterreicher, Librarian, Deer Lodge Centre

“On the Unit”
Would you take 10 - 15 minutes from your day, on your unit, to discuss your information needs or research ideas with a hospital librarian?

The “On the Unit” program is designed to introduce the University of Manitoba library services to hospital staff – at the point of care. Hospital Librarians visit the units on a scheduled basis and bring examples of new books and videos. They also present informal information sessions on generic library topics such as how to sign up for a library card, how to access the BISON catalogue and how to receive electronic Tables of Contents. Information is tailored to address the individual needs of a unit i.e. surgical nursing, geriatric nursing, mental health nursing, palliative care nursing.

During these visits the librarian can also respond to requests for:

- Literature searches on a given topic
- Copies of articles
- Articles for discussion at a journal club or staff in-service sessions
- Training sessions for individuals or groups on how to search PubMed, CINAHL or, the Internet for health information
- House Calls

The program is currently operational at the Concordia Hospital, Seven Oaks General Hospital and Victoria General Hospital and, plans are in the works for implementation at the Grace Hospital and Misericordia Health Centre.

If you are interested in having the librarian at your facility, visit your unit, contact your hospital library!

By Analyn Cohen Baker, Librarian, Seven Oaks General Hospital Library
Searching EMBASE – A How to guide based on commonly asked questions.

This article is designed to give you a brief overview of EMBASE. Follow the Try It Now steps if you are interested in following along in EMBASE.

What is EMBASE?

Excerpta Medica database (EMBASE) is a biomedical and pharmaceutical database that indexes over 3500 international journals from 1974 to the present. Researchers and health care staff search EMBASE when looking for journal articles, reports, conference papers, proceedings, and books on a variety of subjects, including pharmacology, pharmaceutics, health policy and management, public health, occupational health, psychiatry, psychology, and nursing.

How do I access EMBASE and start my search?

From the Health Sciences Libraries Webpage, click on More Databases. Under Databases A-Z, click on D-E. Click on EMBASE.

You will be prompted for your Library username and password if you are accessing this resource from home or off-campus. If you are not sure what your ID and/or pin number is, you can call or drop by any University of Manitoba Library, including the Hospital Libraries.

Once you are in the database, check off the appropriate box or boxes and then click the red Continue button.

What is the difference between Advanced and Basic searching?

EMBASE defaults to the Advanced Search feature. Advanced searching provides you with more options than Basic.
Searching.

TRY IT NOW…..

Type Patient Safety in the search box. Click on Search. The terms listed on the next screen are called subject headings. EMBASE has “mapped” or matched your keyword to relevant subject headings. At the bottom of the subject heading list, you will see your term listed as a keyword.

What is the difference between keyword searching and Subject Heading searching?

With keyword searching, EMBASE will try to match your term to certain parts or fields of an article, such as the author, title, or abstract field. Keyword searching is useful when you have a very specific term or when there are no matching subject headings. Doing a subject heading search finds all articles which have been assigned a particular subject heading. This will result in a more comprehensive and precise search.

TRY IT NOW…

For the term Patient Safety, we will do a subject heading search. Since the subject heading Patient Safety is already checked, click on Continue.

The Results section tells the number of items found with the subject heading Patient Safety. Click on DISPLAY in order to view the articles.

How do I get the full text of an article?

You can find out if an article is available online in full text format by clicking on the UMLinks button next to a citation. If the article is online, the UMLinks box will provide you with a link. If you need help while trying to access the full text, please call the Neil John Maclean Health Sciences Library at 789-3464 or contact one of the Hospital Libraries.
How do I find articles published in the last year?

You will need to limit your search in order to find articles published in a certain year. You can also limit your search by language, publication type, and age groups.

TRY IT NOW....

Click on More Limits. Checkmark the limits you want to apply to your search. Make sure your last search is selected in the Search History box at the top of the page. Click on Limit A Search. The citations will be listed at the bottom of the page.

How do I print, save, or email a list of specific articles?

The first step is to checkmark the articles that you are interested in. At the bottom of the page is an area called the Results Manager. This is where you will choose to print, save, or email.

TRY IT NOW...

Select a handful of articles from your search by checkmarking the box to the left of the article. Go to the bottom of the page and find the Results Manager box. EMBASE defaults to saving, printing or emailing the citation and abstract of the items you have selected. Click on Print Preview, Email or Save.
I tried to follow along, but I need more help. What should I do now?

A librarian at the Health Sciences Library would be happy to help you in person or even over the phone! One-on-one or small group training can be arranged. Please call a librarian at one of the hospital libraries or call the Neil John Maclean Health Sciences Library at 789-3464.

Also, you might find the following online resource helpful.

Ovid Web Gateway Resource Centre

The Quick Links on the left hand side provide quick reference cards, online tutorial, and user guide.

By Kerry Macdonald, Librarian, Misercordia Health Centre

Aboriginal Health Information for Nurses

The Aboriginal Health Collection is located at the Neil John Maclean Health Sciences Library. The collection contains over 2600 books, DVDs, videos, and reports on all aspects of health and well-being for First Nations, Metis, and Inuit. Visit the Aboriginal Health section of our web site to quickly find research articles, statistics, and patient education resources.

Recent articles

Harm reduction services for British Columbia's First Nation population: a qualitative inquiry into opportunities and barriers for injection drug users.
Wardman D, Quantz D.
ABSTRACT: BACKGROUND: Aboriginal injection drug users are the fastest growing group of new Human Immunodeficiency Virus cases in Canada. However, there remains a lack of comprehensive harm reduction services available to First Nation persons, particularly for First Nation people dwelling in rural and reserve communities. This paper reports findings from an exploratory study of current harm reduction practices in First Nation communities. The purpose of this study was to provide an overview of the availability and content of current harm reduction practices, as well as to identify barriers and opportunities for implementing these services in First Nation communities. METHODS: Key informant interviews were conducted with 13 addictions service providers from the province of British Columbia, Canada. RESULTS: Participants identified barriers to these services such as community size and limited service infrastructure, lack of financial resources, attitudes towards harm reduction services and cultural differences. CONCLUSION: It was recommended that community education efforts be directed broadly within the community before establishing harm reduction services and that the readiness of communities be assessed.

Contemp Nurse. 2006 Sep;22(2):327-32.
Stout MD, Downey B.

CMAJ. 2006 Sep 12;175(6):602.
Understanding the health of Indigenous peoples in Canada: key methodological and conceptual challenges.
Smylie J, Anderson M.
16966664

"My spirit in my heart": identity experiences and challenges among American Indian two-spirit women.
Walters KL, Evans-Campbell T, Simoni JM, Ronquillo T, Bhuyan R.
Many Native women embrace the term two-spirit to capture their sexuality and gender expression. By analyzing the
narratives of five two-spirit women who are Native activists, we explored contemporary understandings of the concept and what it means for Native communities. The incorporation of the identity within indigenous worldviews, its manifestation in terms of (be)coming out, and the triple stressors of heterosexism, racism, and sexism emerged as key themes.

Creating a new dynamic in Aboriginal health.
Smith D, Davies B.
In early 2004, an evidence-based prenatal care workshop was held for community health nurses working in First Nations communities in British Columbia. The purpose of the workshop was to begin a dialogue on the use of evidence to improve prenatal care in First Nations communities. Specifically, selected models of knowledge transfer to improve care were introduced and discussed. Of the 81 nurses who participated, 52 completed a feedback questionnaire. Most of the participants (73%) were community health nurses. They worked across diverse geographic settings and health-care administration models (federally managed, band managed, tribal council managed). Seventy-three per cent of the nurses reported that a participatory model of knowledge transfer was important or very important. They also identified priority target audiences (stakeholders) for knowledge transfer strategies. Exploring stakeholders’ views, values and priorities related to prenatal care and creating informal dialogue among these groups was identified as a next step in participatory transfer and exchange of knowledge to improve prenatal care in First Nations communities.

Bringing safety and responsiveness into the forefront of care for pregnant and parenting aboriginal people.
Smith D, Edwards N, Varcoe C, Martens PJ, Davies B.
Poor access to prenatal care for Aboriginal people is well documented, and is explicated as an unethical barrier to care resulting from colonial and neocolonial values, attitudes, and practices. A postcolonial standpoint, participatory research principles, and a case study design were used to investigate 2 Aboriginal organizations’ experiences improving care for pregnant and parenting Aboriginal people. Data were collected through exploratory interviews and small-group discussions with purposefully selected community leaders, providers, and community members. The study found that safety in healthcare relationships and settings, and responsiveness to individuals’ and families’ unique experiences and capacities must be brought into the forefront of care. Results suggest that the intention of care must be situated within a broader view of colonizing relations to improve early access to, and relevance of, care during pregnancy and parenting for Aboriginal people.

Breaking down racial barriers. Honouring pioneer Aboriginal nurses from the Blood Reserve.
Kulig J, Grypma S.
17078357
Factors shaping Aboriginal nursing students’ experiences.
Martin DE, Kipling A.
Motivated by a shortage of Aboriginal nurses and recurring difficulties in recruitment and retention of Aboriginal peoples in nursing education, a critical ethnography was conducted to examine the experiences of undergraduate Aboriginal nursing students in two Canadian schools of nursing. We conducted audiotaped interviews with Aboriginal nursing students (n=31), Aboriginal nurses (n=5), nursing faculty members (n=24), and individuals who were identified as knowledgeable about the context that might shape the experiences (n=16). Other data sources included reflexive and descriptive fieldnotes from 200h of fieldwork in classroom and laboratory practice sessions and 135 texts from the participating schools. Nursing textbooks, course syllabi, policies, procedures, clinical evaluation forms and websites were randomly selected and analyzed to explicate how texts shaped the students' experiences. In this paper, we discuss the findings of the study and briefly share our recommendations.

Guiding health promotion efforts with urban Inuit: a community-specific perspective on health information sources and
dissemination strategies.

McShane KE, Smylie JK, Hastings PD, Martin CM; Tungasuvvingat Inuit Family

OBJECTIVE: To develop a community-specific perspective of health information sources and dissemination strategies of urban Inuit to better guide health promotion efforts. METHODS: Through a collaborative partnership with the Tungasuvvingat Inuit Family Resource Centre, a series of key informant interviews and focus groups were conducted to gather information on specific sources of health information, strategies of health information dissemination, and overall themes in health information processes. FINDINGS: Distinct patterns of health information sources and dissemination strategies emerged from the data. Major themes included: the importance of visual learning, community Elders, and cultural interpreters; community cohesion; and the Inuit and non-Inuit distinction. The core sources of health information are family members and sources from within the Inuit community. The principal dissemination strategy for health information was direct communication, either through one-on-one interactions or in groups.

CONCLUSION: This community-specific perspective of health information sources and dissemination strategies shows substantial differences from current mainstream models of health promotion and knowledge translation. Health promotion efforts need to acknowledge the distinct health information processes of this community, and should strive to integrate existing health information sources and strategies of dissemination with those of the community.


Building community involvement in cross-cultural Indigenous health programs.

Hurst S, Nader P.

OBJECTIVE: To gain preliminary knowledge about issues identified by Native health investigators who would encourage greater community involvement in Indigenous health programs and research in Canada, Pacific Rim, and the United States. DESIGN: A pilot/feasibility study, August 2001-April 2002. SETTING: Indigenous health agencies and institutions in New Zealand, Australia, Canada, and the United States. PARTICIPANTS: Thirty-six health professionals from rural and urban health centers participated, which resulted in 10 group and four individual interviews. Subjects included program managers, clinical physicians, and health researchers. Approximately 58% of the subjects self-identified as Indigenous. RESULTS: Three overarching themes emerged from the interview data: (i) integration of cultural values of family and community into health provision; (ii) emphasis on health education and prevention programs for Indigenous youth; and (iii) indigenous recognition and self-determination in health delivery and research. CONCLUSIONS: To improve and promote community involvement in primary health programs and services for Indigenous people involves a long-term social and political commitment to health protection on a national and an international level, as well as the understanding that research methodologies and health interventions must explicitly involve culturally appropriate values and behaviors that are implemented by Indigenous people.


Research as spiritual covenant.

Salois EM, Holkup PA, Tripp-Reimer T, Weinert C.

Conducting research with Native American communities poses special challenges from misunderstandings that may arise from the interface of differing cultural worldviews held by the scientific and the Native communities. Although the community-based participatory research approach shows promise for conducting research that can maximize benefits and minimize the risks of harm to Native American people, there is little information related to the practical implementation of culturally appropriate research practices when working with Native American communities. Drawing on the authors' research with three Native American communities in the Northwest, this article describes culturally appropriate processes for engaging Native American communities. The first section identifies and describes the principles that provide the foundation for the authors' research activity as a spiritual covenant and guides the authors' research with the three communities. The second section describes the project phase matrix that was used to organize the approaches employed in this work.


Feeding patterns and weight among First Nations children.

Kuperberg K, Evers S.

PURPOSE: Little information is available on the growth and feeding patterns of First Nations children. Our goal was to assess the anthropometric status, feeding practices, and dietary intake of children born in 1994 or 1995 (n=102) and living in Walpole Island First Nation. METHODS: Information on demographic characteristics and infant feeding practices was obtained through parent interviews conducted between 1994 and 1999. Parents also completed a 24-
hour dietary recall for their children when they were 48 months old. Head circumference was measured at three and 18 months, and weight and length/height at three, 18, 33, and 48 months. RESULTS: Most infants (75%) were breastfed at birth; however, by the time infants were three months old, 39.7% of the mothers had stopped breastfeeding. Over half (57.1%) of the infants were fed solids before age three months, 11.6% were given whole milk before age nine months, and 59.4% had low fat milk before age two years. Body mass index (kg/m²) (BMI) was above the 85th percentile for 27.8% at the 48-month interview, and was associated with a maternal BMI above 25 (OR=7.8, CI=1.1-41.9). CONCLUSIONS: Mothers need to be encouraged to follow current infant feeding recommendations. Strategies should be developed to reduce the prevalence of overweight among adults and children in First Nations communities.

Insights from a national study.
Kulig JC, Stewart NJ, Morgan D, Andrews ME, MacLeod ML, Pitblado JR.
Aboriginal registered nurses have been identified as an essential group in the delivery of health services in First Nations communities. Despite this, there is a lack of information about this group of nurses in Canada. This article presents information about this group taken from two components of a national study, The Nature of Nursing Practice in Rural and Remote Canada: documentary analysis and a national survey of nurses. The aboriginal nurse participants were predominantly female, between the ages of 40 and 49, diploma prepared and with licensure for less than 10 years. The survey data showed 41.4 per cent returned to their home communities to work. The participants noted how they enjoyed the challenges of rural and remote nursing and wanted to raise their families in these small communities. They have been able to create supportive work environments, particularly with their nursing colleagues. The nurses are committed to working in rural and remote communities.

Understanding the challenges, witnessing primary health care in action.
McCarthy K.

Lessons learned from international comparative crosscultural studies on dementia.
Hendrie HC.
International and crosscultural comparative studies of Alzheimer disease (AD) offer significant advantages in elucidating risk factors for the disease by providing a wider diversity of environmental exposures as well as greater genetic diversity than do studies confined to a single ethnic group in a developed country. They also present with major methodological problems. The problems and their possible solutions are discussed in this article by describing three projects involving the Cree and English-speaking residents of Manitoba, blacks from Indianapolis, Indiana, and Yoruba from Ibadan and residents of Chinese villages. In this review, the development and harmonization of a culture fair screening instrument for dementia, the CSID, is described. The advantage of a scientific paradigm that can incorporate genetic and environmental factors as well as their interactions to explore the etiology of AD is presented. The importance of developing strategies for recruitment and retention in international community-based studies is emphasized as is the necessity of establishing academic partnerships between the countries. The unique opportunity provided by geopolitical and sociocultural influences to study environmental exposures is exemplified by the ongoing study of the influence of selenium levels on cognition in Chinese villagers. Results from the Indianapolis, Indiana-lbadan dementia project are presented suggesting that the incidence of AD is lower in Yoruba than in blacks and that this lower rate may be the result of a combination of genetic and environmental factors.

Development of a culturally specific instrument for mammography screening: an example with American Indian women in Vermont.
Canales MK, Rakowski W.
This article presents the triangulation process for translating qualitative data about mammography screening from a grounded theory study with American Indian women in Vermont, into questionnaire items based on an existing model of behavior change, the Transtheoretical Model (TTM) Stages-of-Change. Qualitative data were used to derive a
theory, Moving in Between Mammography, which suggested that traditionality influenced American Indian women's screening decisions. To examine the relationship between mammography and traditionality, new items were developed for each of three key TTM constructs: Pros, Cons, and Processes-of-Change. The process for developing the new TTM-based items, as well as traditionality items specific for American Indian women living off-reservation, are presented. This article provides one example of how an instrument can be developed within a culturally competent nursing framework.

Critical cultural perspectives and health care involving Aboriginal peoples.
Browne AJ, Varcoe C.
Despite a growing body of critical scholarship in nursing, the concept of culture continues to be applied in ways that diminish the significance of power relations and structural constraints on health and health care. In this paper, we take a critical look at how assumptions and ideas underpinning conceptualizations of culture and cultural sensitivity can influence nurses' perceptions of Aboriginal peoples and Aboriginal health. Drawing on examples from our research, we examine how popularized assumptions about culture can shape nurses' views of Aboriginal patients. These assumptions and perceptions require closer scrutiny because of their potential to influence nurses' practice with Aboriginal patients. Our specific aims are to: (a) consider some of the limitations of cultural sensitivity in relation to health care involving Aboriginal peoples; (b) explore how ideas about culture have the potential to become problematic in nursing practice with Aboriginal peoples; and (c) explore the relevance of a 'critical cultural approach' in extending our understanding of culture in relation to Aboriginal peoples' health. We discuss a critical cultural perspective as one way of broadening nurses' understandings about the complexities of culture and the many facets of culture that require critical consideration. In relation to Aboriginal health, this will require nurses to develop greater critical awareness of culture as a relational process, and as necessarily influenced by issues of racism, colonialism, historical circumstances, and the current political climate in which we live.

An analysis of health behavior theories applied to breast-screening behavior for relevance with American Indian women.
Becker SA, Foxall M.
This article reviews studies of the efficacy of breast-screening interventions and their related theories that have had a positive effect in influencing women to use mammography and assesses the potential of various behavioral models for use with American Indian women. The study involved a search of literature in nursing and other health fields. Both community and practice-based interventions have incorporated elements of various theoretical models. Because of its adaptability, the modified health behavior model appears most relevant for designing interventions to encourage mammography use among American Indian women.

The medicine wheel.
Dapice AN.
Accidents, violence, and certain chronic diseases kill American Indians greatly out of proportion to other racial groups. Complex interactions between previously adaptive survival mechanisms, historical and cultural factors, and U.S. policy must be understood to respond effectively to these health issues. The traditional medicine wheel provides a conceptual framework that is culturally grounded and also supported by solid scientific research. Research related to complex neuroendocrine and behavioral responses to the stressors of life provides a basis for effective treatment programs for American Indians.

Nursing in First Nations and Inuit communities in Atlantic Canada.
Dobbelsteyn JL.
Effectively and holistically addressing the health-care needs of aboriginal people living in First Nations and Inuit communities requires an understanding and a valuing of the cultural richness of the people. This article examines the programs and services provided in First Nations and Inuit health centres in Atlantic Canada and the support available...
for nurses working in First Nations and Inuit communities.

What nurses should know when working in Aboriginal communities.
Foster CH.
Nurses working in aboriginal communities need to understand the history, socio-political climate and culture within the specific community. In addition to placing a high priority on this learning, nurses should also understand the concept of respect in aboriginal terms and apply respect in all their dealings in the community. Self-awareness of their own beliefs and assumptions is critical if nurses are to have an effective relationship with the community. The author, an aboriginal person who grew up in a non-aboriginal home, illustrates these concepts with anecdotes from her own experiences when she returned to her Dene community.

Circle of strength.
Arnault-Pelletier V, Brown S, Desjarlais J, McBeth B.
In 1984, the college of nursing at the University of Saskatchewan (U of S), the First Nations University of Canada and the University of Regina, with funding from Health Canada, established the National Native Access Program to Nursing (NNAPN). This program promoted nursing to aboriginal people, negotiated access seats for aboriginal students at all Canadian universities and offered a nine-week spring orientation program intended to prepare aboriginal students for the demands of campus life and nursing programs. A restructuring of the program in 1997 made it provincial in scope, becoming NAPN, which focuses on the recruitment, support and retention of aboriginal nursing students at the U of S's Nursing Education Program of Saskatchewan (NEPS). Currently, more than 200 self-identified aboriginal students are enrolled in NEPS. All aboriginal students are encouraged to access the NAPN services and to become involved in NAPN activities. NAPN advisers strive for success and excellence for aboriginal nursing students through support and advocacy (personal issues, social services, individual funding, academic assistance, advocacy with faculty), summer employment assistance, recruitment efforts and community partnerships (including community-building activities among the students and building partnerships with outside stakeholders, both First Nations and non-First Nations).

Cultural awareness of Inuit patients' experiences with emergency nursing care.
Arnaert A, Schaack G.
Around 1500 Inuit patients fly annually from Nunavik to hospital centres in Montreal. This is a tense experience for many Inuit, due to cultural differences, and task-driven nursing practices often inadequately meeting their holistic health beliefs. In this qualitative study, we explored the experiences of Inuit patients with emergency nursing (EN) in the McGill University Health Centre, to inform on the best holistic nursing practices to meet culturally specific needs. Data analysis from semi-structured interviews with four participants generated a single theme: "rationalizing the care". While staying in the emergency department (ED), Inuit patients progressed through three steps in this rationalization process: first impressions of EN, perceiving the realities of EN, and appreciating EN care. "Being away from home" emerged as a stressor, and "other Inuit support", acted as a mediator. The participants in this study felt they had been shown culturally sensitive treatment through being kept informed, and skills of the nurses. As instruments of healing, therefore, the nurses in this study were able to apply a holistic approach to provide culturally sensitive care. Participants also highlighted speaking the same language and having direct access to an interpreter as key to improving ED experiences.

The relevance of postcolonial theoretical perspectives to research in Aboriginal health.
Brown AJ, Smye VL, Varcoe C.
The authors critically examine the relevance of postcolonial theoretical perspectives to nursing research in the area of Aboriginal health. They discuss key theoretical underpinnings of postcolonial theory, citing differences and commonalities in postcolonial theory, postcolonial indigenous thinking, and other forms of critical theory. Drawing on insights from Aboriginal scholars, they critique the relevance of postcolonial discourses to issues of concern to
Aboriginal peoples, and the potential limitations of those discourses. They then consider the implications of conducting research that is informed by postcolonial perspectives. They argue that postcolonial perspectives provide direction for research with Aboriginal communities in 4 interrelated ways. These are focused on (a) issues of partnership and "voice" in the research process, (b) a commitment to engaging in praxis-oriented inquiry, (c) understanding how continuities from the past shape the present context of health and health care, and (d) the colonizing potential of research. The authors draw attention to the concept of cultural safety as an instrument for incorporating postcolonial perspectives into the realm of nursing. To illustrate applications of postcolonial theory, they give examples from recent research conducted in partnership with Aboriginal communities. Although postcolonial theories are relatively new in nursing discourses, they provide a powerful analytical framework for considering the legacy of the colonial past and the neocolonial present as the context in which health care is delivered.

Contact janice_linton@umanitoba.ca 789-3878 if you would like additional assistance locating Aboriginal health information or to learn more about the University of Manitoba Libraries' Aboriginal Health Collection, located at the Neil John Maclean Health Sciences Library.

By Janice Linton, Aboriginal Health Librarian, Neil John Maclean Health Sciences Library

NEW BOOKS

New Books on Patient Safety


This 450-page work is authored by an 18-member Committee on the Work Environment for Nurses and Patient Safety based in the United States. Comprising of 8 chapters and 3 appendices, it focuses on the role of nurses in patient protection, and presents guidelines for improving safety through changes in nurses' workplace conditions. Appendices address interdisciplinary collaboration and team functioning as related to patient safety, as well as work hour regulation in safety-sensitive industries.

This title is available in paper at the Elizabeth Dafoe, Neil John Maclean Health Sciences, and Victoria General Hospital libraries. It is also available in electronic format through netLibrary on the BISON catalogue. In addition, free access to a 20-page executive summary is available.


The 14 contributors to this text are based in Great Britain, but their discussion is applicable to any western-based health practice. A primary goal is to critically examine the linkage of extended scope of nursing practice with the increased potential for nurses causing harm. All contributors are at minimum Registered Nurses, with the exception of a general practitioner and a national level senior policy officer. The contexts in which these issues are examined range from the use of medication to the treatment of acute heart disease, to palliative care settings and mental illness.

This title is available at the Elizabeth Dafoe and St. Boniface General Hospital Libraries.


Written by 18 faculty and staff members of Johns Hopkins University and Johns Hopkins Hospital, this title is based on seminars presented to Hospital nursing staff over a 2-day period. This book claims to provide the basis for nurses to measure and improve structures, processes, and patient outcomes in the clinical setting and thereby take a leadership role in ensuring patient safety. The Johns Hopkins Hospital Performance Improvement Workbook is
included as an appendix.

This title is available at the Elizabeth Dafoe, Concordia, Grace General, and Victoria General Hospital Libraries.


This book focuses very highly on the protection of practitioners from injury as a result of handling or moving patients. 14 chapters from a total of 10 contributors discuss the scope of the problem, myths and facts about back injuries in nursing, the consequences of unsafe patient handling, best practices in a variety of scenarios, and special challenges in the design and ergonomic assessments of patient handling environments.

This title is available at the Elizabeth Dafoe, Seven Oaks and Victoria General Hospital Libraries, and is on order for Neil John Maclean Health Sciences Library.

By Jan Johnson, Nursing Librarian, Fort Garry Campus

**NEW VIDEOS**

**New Videos**

**Resident safety: your first concern** [videorecording] / produced by Medcom/Trainex, Inc. Published: Cyprus, Calif.: Medcom; Toronto: Medical Audio Visual Communications [distributor], 2005. WY 152 R433r 2005 AV

This program describes the 2006 Long Term Care National Patient Safety Goals from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). The following goals, and the measures to meet these goals, are described in this program: Improve the accuracy of resident identification. Improve the effectiveness of communication among caregivers. This includes the new measure for standardizing hand off communication of patient information, and reference to JCAHO's. Do Not Use list of dangerous abbreviations. Improve the safety of using medications. This includes information on the use of JCAHO's look-alike/sound-alike drug lists. Reduce the risk of health care-associated infections. Accurately and completely reconcile medications across the continuum of care. Reduce the risk of resident harm resulting from falls. Reduce the risk of influenza and pneumococcal disease in institutionalized older adults. Prevent healthcare-associated pressure ulcers. The program also describes a sample model of a resident safety plan that the Commission has suggested for every institution.

Language: English
Release Date: 2006
Region: International
Time: 27:00
Format: DVD

**Lippincott's video series for nursing assistants** [videorecording] / Pamela J. Carter. Published: [Philadelphia]: Lippincott Williams & Wilkins, c2006. WY 193 L765L 2006 AV v. 12 Patient and resident safety


Language: English
Release Date: 2006
Region: International
Time: 31:00 Module 12
Format: VHS

By Angela Osterreicher, Librarian, Deer Lodge Centre

E-RESOURCES

E-Resources


Keeping patients safe: transforming the work environment of nurses is an electronic book available from NetLibrary. To access this ebook, you can click on the link provided above or search BISON, the library’s online catalogue (bison.umanitoba.ca). For an effective keyword search, type the title into the search box and then add the term “ebooks”. You will be prompted to log in using your University of Manitoba Library ID and PIN when accessing this online resource.

The book is divided into 8 sections:

1 Nursing: Inseparably Linked to Patient Safety
2 A Framework for Building Patient Safety Defenses into Nurses’ Work Environments
3 Nurses Caring for Patients: Who They Are, Where They Work, and What They Do
4 Transformational Leadership and Evidence-Based Management
5 Maximizing Workforce Capability
6 Work and Workspace Design to Prevent and Mitigate Errors
7 Creating and Sustaining a Culture of Safety
8 Implementation Considerations and Needed Research

Each section is divided into a clickable menu located on the left-hand side. Use this menu to navigate your way through the different sections of the book, and use the Next button to “turn” pages.

If you want to search the book, click on the Search tab and enter your terms into the box to search the eContent. Another feature is the Dictionary tab, you can use this to instantly look up different words.

The book is entirely in PDF format which makes for easy printing and reading.

By Melissa Raynard, Librarian, Concordia Hospital
FOR YOUR PATIENT

For Your Patient: Resources for Celiac Disease

Celiac disease is a debilitating gastrointestinal condition which is estimated to affect 1 in 200 Canadians. Individuals suffering from celiac disease experience an abnormal immune response to gluten, the grain protein found in wheat, rye and barley. The villi of the small intestine of affected individuals become flattened and can no longer absorb essential nutrients. Besides suffering the gastrointestinal complaints of chronic diarrhea, cramps and bloating, individuals with celiac disease are also at risk for anemia, fatigue, weight loss, skin problems and osteoporosis. 1[1]

Fortunately, there is a growing awareness of this condition among health care providers and the general community. Those with celiac disease can now find resources for information, support and food products to help deal with this chronic condition. Below are patient-friendly resources with more information on celiac disease.

Books

The following are Consumer Health books available from the UM Health Sciences Libraries. The books can be borrowed by any Manitoban after registration for a free Consumer Health Borrower’s card.

Location: NJM Health Sciences Library
Call Number: WD 174 W314b 2005 Consumer Health

Location: Grace General Hospital Library
Call Number: On Order

Location: NJM Health Sciences Library
Call Number: WD 175 S232n 2004 Consumer Health

Location: NJM Health Sciences Library
Call Number: WD 175 T477c 2003 Consumer Health

Location: NJM Health Sciences Library
Call Number: WD 175 C337g 2006 Consumer Health

Location: NJM Health Sciences Library
Call Number: WD 175 K84k 2001 Consumer Health

Online Resources for Celiac Disease

MedlinePlus
MedlinePlus provides links to a number of reputable resources on celiac disease covering diagnosis, symptoms, treatment, clinical trials, and support organizations.

familydoctor.org
This brief article is a very basic overview of celiac disease from the American Academy of Family Physicians.
MayoClinic.com
Mayo Clinic staff have written a comprehensive article covering symptoms, diagnosis, causes, treatment and self-care of celiac disease. The article can be read online or printed in full as a handout.

National Digestive Diseases Information Clearinghouse
This resource is an excellent overview of the condition from the National Digestive Diseases Information Clearinghouse in the U.S. The article is also available in PDF format for easy printing.

Organizations
The websites of these organizations provide more information on celiac disease as well as support and advocacy for those with the disease.

Canadian Celiac Association
The CCA is a national support association with chapters across Canada, each with their own website. The association provides education, advocacy and research programs on celiac disease. The association offers a Gluten-Free Diet resource manual that highlights foods to avoid, adaptations of Canada’s Food Guide, and lists of suppliers of gluten-free products.

Celiac Disease Foundation
CDF is a U.S. foundation that provides information and resources on celiac disease. The organization’s goal is to build a supportive community and raise awareness on the disease.

Celiac Sprue Association
This member-based association provides information on celiac disease, recipes, lifestyle tips, and support and advocacy for those with celiac disease. The Association also hosts an annual conference to highlight research and education.

Celiac.com
This website hosts a celiac listserv, a newsletter, and the Gluten-Free Mall, an online store for gluten-free products and resources.

By Lisa Demczuk, Librarian, Bill Larson Library, Grace Hospital


WEBLIOGRAPHY

Webliography: Patient Safety
Patient safety can be defined as "a condition in which patients are protected from medical accidents and other types of harm."[1] This webliography offers a sampling of the information available on this crucial topic. Related webliographies can be found on Falls, Lifting and Transferring Patients, Institutional Abuse and Restraints.

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The webliography is a selected list only, and more books and articles can be found in the Libraries. If you require more information, please contact us for assistance.
Articles

Patient safety in hospital acute care units.
Blegen MA.
The most visible threats to patient safety associated with nursing care occur on hospital inpatient units. Patient safety research is a new phenomenon, but it builds on the knowledge provided by quality-of-care research done previously. The purpose of this chapter is to describe the current state of the science in the area of nurse staffing and patient safety. The results of research studies published since the last round of reviews (1996-2005) are described by level of analysis, measures of nurse staffing and patient outcomes. Although research linking nurse staffing to the quality of patient care has increased markedly since 1996, the results of recent research projects do not yet provide a thorough and consistent foundation for producing solutions to the crisis in hospital nursing care. The inconsistencies are largely due to differing units of analysis (hospital, patient, care unit), variability in measures of nurse staffing, the variety of quality indicators chosen, the difficulty finding accurate measures of these indicators, and the difficulty creating risk-adjustment strategies for the indicators most sensitive to nursing care. Nursing administration and policy most urgently need research conducted with standardized data collected at the patient care unit level.

Medication safety within the perioperative environment.
Wanzer LJ, Hicks RW.
With the widespread patient safety movement comes an increased public awareness of the risks inherent within the health care setting. More specifically, the highly publicized medication error cases that hit the media demonstrate the effect medication errors have on patient safety within the perioperative environment. This awareness, however, has triggered limited research across the continuum of care within this complex environment. A current review of the state of the science related to medication safety within this setting reveals research primarily focused on the anesthesia domain of practice. Although application to the perioperative environment can be extrapolated from this research, there is a notable lack of nursing-initiated research that focuses on improved systems or processes related to medication safety within the perioperative continuum of care. This knowledge gap in the literature presents an excellent opportunity for nursing to grow a research program to improve medication safety within the perioperative environment in support of evidence-based practice.

Dynamics. 2006 Fall;17(3):22-5.
To err is human, to share is divine.
Koczmara C, Dueck C, Jelincic V.
Front-line health care practitioners are often safety nets preventing errors from reaching patients. Nurses in critical care environments commonly deal with high-risk patients, high-alert medications and extreme conditions, placing themselves and medication systems under greater pressures. Human error cannot be eradicated. However, the systems in which practitioners work and interact can be made safer and more fault-tolerant. When errors occur, nurses are in a unique position to provide valuable insights. Practitioner reporting and sharing of incident information internally and externally can enhance patient safety by helping to prevent recurrence of similar events.

Using medical-error reporting to drive patient safety efforts.
Stow J.
IMPROVING PATIENT SAFETY has become one of the driving forces in health care delivery. Honest, accurate disclosure of medical errors and close calls is crucial to gain a better grasp of problems, make effective changes, and evaluate progress. ALTHOUGH FEAR OF MALPRACTICE litigation remains a major deterrent to medical-error reporting, disclosure allows organizations to benefit from one another's experiences. Accountability necessitates mandatory reporting to external organizations, but a wide variety of reporting systems exist, each with its own
advantages and shortcomings. National standardized reporting is a major objective for the patient safety movement. STAFF MEMBER INVESTMENT is a key factor in the safety process and needs to extend beyond the reporting procedure.

Medication errors: professional issues and concerns.
Banning M.
In the UK, medication errors are a growing problem. Dobrzanski et al (2002) estimated that in one trust the incidence of medication error ranged between 35 to 70 per cent. Such high estimations are a cause for concern, particularly when the administration and supply of medicines, which directly involves nurses, can contribute to the cause of medication error. Part of the National Patient Safety Agency's (NPSA) role is monitoring medication errors in hospitals. Although the NPSA can provide information on drug alerts that target primary care organisations, obtaining accurate figures for medication errors is more difficult. Medication errors can be extremely harmful for older people, therefore nurses who prescribe or administer medicines should be assessed for mathematical competence, but also be aware of the potential problems that can arise from medication errors (Banning 2005).

Books

Title: **TIPS [electronic resource] : techniques to improve patient safety.**
Published: Oakbrook Terrace, IL : Joint Commission Resources, c2006.
NJM Health Sciences Library Call Number: ON ORDER
St. Boniface General Hospital Library Call Number: : WY 100 T595t 2006 AV

Title: **The handbook of patient safety compliance : a practical guide for health care organizations** / Fay A. Rozovsky and James R. Woods, Jr., editors ; foreword by Maree Bellamy.
NJM Health Sciences Library Call Number: WB 100 H2363h 2005

Title: **Quality work environments for nurse and patient safety** / editor, Linda McGillis Hall ; authors, Linda McGillis Hall ... [et al.].
Published: Sudbury, Mass. : Jones and Bartlett Publishers, c2005.
Elizabeth Dafoe Library Call Number: RT 86.7 Q356 2005
Grace General Hospital Library Call Number: WY 87 Q13q 2005
NJM Health Sciences Library Call Number: WY 87 Q13q 2005
Seven Oaks General Hospital Library Call Number: WY 187 Q13q 2005
Victoria General Hospital Library Call Number: WY 87 Q13q 2005

Title: **Measuring patient safety** / edited by Robin P. Newhouse, Stephanie Poe.
Published: Sudbury, Mass. : Jones and Bartlett Publishers, c2005.
Concordia Hospital Library Call Number: WX 153 M484mp 2005
Elizabeth Dafoe Library Call Number: RA 969.9 M43 2005
Grace General Hospital Library Call Number: WX 153 M484mp 2005
Victoria General Hospital Library Call Number: WX 153 M484mp 2005

Title: **To do no harm : ensuring patient safety in health care organizations** / Julianne M. Morath, Joanne E. Turnbull ; foreword by Lucian L. Leape.
Grace General Hospital Library Call Number: WX 185 M831t 2005
Misericordia Health Centre Library Call Number: WX 185 M831t 2005
Victoria General Hospital Library Call Number: WX 185 M831t 2005

Title: **Accountability : patient safety and policy reform** / Virginia A. Sharpe, editor.
Title: Patient safety: achieving a new standard for care / Committee on Data Standards for Patient Safety, Board on Health Care Services; Philip Aspden ... [et al.], editors. 
Elizabeth Dafoe Library Call Number: R 864 P38 2004 
NJM Health Sciences Library Call Number: WB 100 P2975p 2004

Title: Patient safety: principles and practice / Jacqueline Fowler Byers, Susie V. White, editors. 
Deer Lodge Centre Library Call Number: W 84.7 P2978p 2004 
Grace General Hospital Library Call Number: W 84.7 P2978p 2004 
NJM Health Sciences Library Call Number: W 84.7 P2978p 2004 
Seven Oaks General Hospital Library Call Number: W 84.7 P2978p 2004 
Victoria General Hospital Library Call Number: W 84.7 P2978p 2004

Title: Patient safety: essentials for health care. 
Published: Oakbrook Terrace, IL: Joint Commission Resources c2003- 
Grace General Hospital Library Call Number: W 84 AA1 P298p3 2005

E-Journals

Title: Journal of patient safety. 
Published: Philadelphia, Pa.: Lippincott Williams & Wilkins [2005]

Title: Joint Commission journal on quality and patient safety. 
Published: Oakbrook Terrace, IL: Joint Commission Resources [2005]

Websites

Agency for Healthcare Research and Quality
If you have ever wanted a list of the most frequently cited articles and items on patient safety, the Agency for Healthcare Research and Quality is an excellent place to look. A bibliography of audiovisual resources, books, reports, clinical practice guidelines, journal articles, magazine articles, web resources and theme issues is available.

Canadian Patient Safety Institute
Canadian Patient Safety Institute (CPSI) promotes leading practices and raises awareness with stakeholders, patients and the general public about patient safety. The website lists further resources for healthcare professionals and patients on patient safety.

Safer Healthcare Now!
The Safer Healthcare Now! (SHN) campaign offers Canadian healthcare organizations the opportunity to participate in and support a campaign dedicated to improving patient safety, through the implementation of six targeted interventions in patient care. With a goal to improve healthcare delivery by focusing on patients and their safety while in the care of health providers, Safer Healthcare Now is a collaborative effort aimed at reducing the number of injuries and deaths related to adverse events, such as infections and medication incidents.

By Christine Shaw-Daigle, Librarian, Victoria General Hospital

TRAINING OPPORTUNITIES

Seminars

E-Journals
This hands-on session shows you the quickest way to access over 3000 online journals from anywhere!

EndNote: Introduction
This session assists those who are interested in this citation management software or are new users of this software. Topics covered include: setting up a database, importing and exporting records, and “Cite While You Write”.

EndNote: Advanced
Designed primarily as a follow-up to the Introduction session, this is your chance to ask questions and further your knowledge of the software! Topics covered include: direct searching of library databases, modifying output styles.

Managing PubMed Smarter
Save yourself time and put PubMed to work for you. Learn to customize filters, save searches, send yourself alerts and much more.

Netting Gold in Google
Google is good but you can make Google work magic for finding hidden health information. Come and learn Google’s “secret” tricks.

PubMed: Basics
Learn the basic mechanics of PubMed, the free Internet version of MEDLINE. Topics covered include: strategy building, Journals database, MeSH database, and ordering documents using Loansome Doc.

PubMed: Advanced
Building from the Basics session, a graduated level of search techniques are presented. Topics covered include: advanced use of MeSH, efficient free text searching, My NCBI.

Reference Manager: Introduction
This session assists those who are interested in this citation management software or are new users of this software. Topics covered include: setting up a database, importing and exporting records, and “Cite While You Write”.

Reference Manager: Advanced
Designed primarily as a follow-up to the Introduction session, this is your chance to ask questions and further your knowledge of the software! Topics covered include: direct searching of library databases,
modifying output styles.

**RefWorks**
RefWorks is a web based citation management program, similar in function to Reference Manager or EndNote, but free for all students and staff. This session will introduce basic features including importing search results.

**General seminar information**

The NJMHS Library offers a wide variety of seminars to help you locate the information you require quickly and efficiently.

If you can't fit one of the Library's seminars into your schedule, need one-on-one assistance, or have a small group of colleagues that would like to schedule some training time, take advantage of our House Calls Service. With House Calls a professional librarian will visit your office, lab or departmental meeting to deliver a library training program designed to meet your specific needs.

Each seminar is limited from a minimum of 4 to a maximum of 15 participants. Seminars are open to University of Manitoba faculty, staff, and students, and affiliated clients and allied hospital staff free of charge.

Seminars are held in the computer labs of the Neil John Maclean Health Sciences Library (map).

For more information or to register:

- Phone: 204-789-3464
- Online registration form
- E-mail: njm_ref@umanitoba.ca

**Online help**

Some online handouts are available to assist your immediate needs.

**Guides to finding:**

- Articles
- Books
- Databases
- E-journals
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We also recommend the following Internet tutorial web sites.