Lire un article médical

SÉANCE 1 : INTRODUCTION GÉNÉRALE

Organisation de l'UE

Objectifs : comprendre

- Le fond d'un article
- Les contours du processus de la recherche
- Les types d'article
- Les reflexes du lecteur d'articles

Evaluation

- Choisir un article
- Présenter une analyse critique

Organisation 2021

6 octobre

13 octobre

20 octobre

27 octobre

10 novembre

12 novembre

17 novembre

19 novembre – aide individuelle

8 décembre : évaluations
(~15 min/étudiant dont les questions)

10 décembre : évaluations

Informations utiles

Documents à télécharger sur mon site : http://l.georges.free.fr

Courriers électroniques à

- lucy.georges@univ-lorraine.fr ou lucy.georges@gmail.com
- Préciser IPA1 dans le sujet et la nature du mail (question/travail/urgent…)

La communication scientifique

La presentation de conferences

Le poster

L'article de recherche

ORAL → **ECRIT**

La genèse d’un article

Conception

Conduite

Communication

Caractéristiques

L'article de recherche

…est un document **original** (source)

…est **unidirectionnel**

pragmatique & organisationnel

…utilise **une langue précise**

…fait **l'objet d'une évaluation** par ses pairs

…a une **structure conventionnelle**

…s'insère dans **un continuum**

Structure

Mais aussi…

…. avant & après le corps du texte

Paratext

Titre

Auteurs

Abstract

Introduction

Méthodes

Résultats

Discussion

Remerciements etc.

Références

Forme

Dictée par

1. La fonction de chaque section
   I. l'organisation
   II. La langue

2. Le style maison
   - exemple

Titre

Fonction

Forme

- *Bladder training prior to urinary catheter removal in total joint arthroplasty. A randomized controlled trial*
- *Severe Obesity in Children May Not Pose Independent Risk for Influenza Complication*
- *Do State Restrictions on Advanced Practice Registered Nurses Impact Patient Outcomes for Hypertension and Diabetes Control?*

Auteurs

Fonction

Information

- Obligatoire
- Optionnel

Abstract

Fonction

- *‘for the vast majority of readers, the paper does not exist beyond its abstract.’*
  Andrade, Chittaranjan. “How to Write a Good Abstract for a Scientific Paper or Conference Presentation.” *Indian Journal of Psychiatry* 53.2 (2011): 172–175. *PMC*.
- Une honnête représentation de l’essence d’un article
- Autonome

2 Formes possibles

Abstract compact

The definite role of steroids in meconium aspiration syndrome (MAS), their safety and short-term as well as long-term outcomes are yet to be evaluated in large clinical trials; although some recent studies have yielded encouraging results. A randomized controlled trial was conducted over three years involving 275 neonates, where one group (n = 137) received intravenous (IV) methylprednisolone and nebulized budesonide along with the conventional management (IV normal saline and nebulized 3% saline), and the other group (n = 138) received conventional management only. These infants were followed up at 1, 3, and 6 months after discharge. We noticed a remarkable and statistically significant improvement in the clinical course including reduction in the Downes' score, oxygen dependency, the need of mechanical ventilation, and respiratory distress as well as a reduction in long-term complications including bronchopulmonary dysplasia, cerebral palsy etc.; in neonates receiving IV and nebulized steroid. We also did not observe any increased rate of sepsis, hypoglycemia, necrotizing enterocolitis in this group.

Swarnam, Kamala, Amuchou S. Soraisham, and Sindhu Sivanandan. "Advances in the management of meconium aspiration syndrome." *International journal of pediatrics* 2012 (2011).

Abstract structuré

Purpose
The purpose of this pilot study was to evaluate obesity prevention behaviors of Asian Indian adolescent females and determine the relationship of these behaviors to cardiovascular risk factors.

Design and Methods
A purposive sample of twenty females, 14–18 years of age, was enrolled. Body mass index, percent body fat, waist circumference, and blood pressure were measured to assess cardiovascular risk. Measures of obesity prevention behaviors were physical activity, dietary and sleeping behaviors. To quantify engagement in physical activity, participants wore an accelerometer. The dietary intake was assessed using the web based SuperTracker. Pittsburgh Sleep Quality Index was used to assess sleep behaviors. For data analysis, descriptive statistics was used for demographic characteristics. Correlations were calculated to evaluate the relationship between cardiovascular risk factors and obesity prevention behaviors.

Results
The majority of the adolescents did not meet recommended physical activity levels. Most reported unhealthy eating behaviors with higher saturated fat intake correlating with higher percent body fat. The cardiovascular risk measures fell below normative values. However, more time spent in sedentary behaviors was related to higher systolic blood pressure, while poor sleep quality was associated with higher diastolic blood pressure and greater BMI.

Conclusions
The findings support the unhealthy patterns of physical activity, dietary and sleep behaviors in Asian Adolescent girls and the need for promoting healthy behaviors in this at risk population.

Practice Implications
The study findings provide a basis for education on healthy behaviors and development of culturally appropriate interventions to prevent obesity.

Thomas, Annie, and Linda Janusek. "Obesity Prevention Behaviors in Asian Indian Adolescent Girls: A Pilot Study." *Journal of Pediatric Nursing* 42 (2018): 9-15.

Mots clés

1er abstract :

Meconium aspiration syndrome, Steroids, Neonates, Short-term outcome, Long-term outcome

2ème abstract :

Obesity, Prevention, Adolescent girls, Cardiovascular risk, Behaviors

Futur ?

Introduction

Fonction

- Le fil d’Ariane

Structure

- Ouverture
- Vue d’ensemble
- Originalité
- Objectifs

Intro I - Ouverture

Despite substantial reduction in neonatal and maternal mortality over past decades, India remains the largest contributor in the global burden of neonatal deaths with 700,000 annual deaths among neonates (UNICEF et al., 2014; World Bank, 2015). Bihar, a state in north eastern India, is one of the poorest and most populated in the country (UNICEF, 2014). In Bihar, both the maternal and neonatal mortality ratios are high at an estimated 208 (163–253) deaths per 100,000 live births for mothers and a reported 27 deaths per 1,000 live births for neonates (Office of the Registrar General & Census Commissioner India, 2014). Available evidence suggests that the quality improvement of obstetric and newborn care, especially management practices during birth, could prevent a proportion of these deaths (Bhutta, Darmstadt, Hasan, & Haws, 2005; Campbell & Graham, 2006; Goudar et al., 2015; Iyengar et al., 2014; Pasha et al., 2010).

Spindler, Hilary, et al. "Tracking and debriefing birth data at scale: A mobile phone application to improve obstetric and neonatal care in Bihar, India." *Nursing Open* (2018).

Intro II – Vue d'ensemble

To address this high level of maternal and neonatal mortality, a large quality of care improvement initiative was implemented in Bihar by the non-governmental organization, CARE India, in close collaboration with the State Government of Bihar (Das et al., 2016). The state-wide initiative aimed to improve the quality of obstetric and neonatal clinical care provided at every primary health clinic (PHC) in the state of Bihar through a variety of interventions including infrastructure improvements, increased supply procurement and the implementation of a mobile nurse-mentoring programme. The mobile nurse-mentoring programme aimed to improve auxiliary nurse midwife (ANM) and general nurse midwife (GNM) clinical skill and management practices during birth. To accomplish this, PRONTO International (PRONTO) partnered with CARE India to integrate simulation, team training and postevent debriefing after live births into the nurse-mentoring programme. Postevent debriefing, is understood to be an effective aspect of clinical education, quality improvement and systems learning (Agency for Healthcare Research and Quality, 2016) as it provides a space for self-reflection by providers including their role and behaviour, knowledge and skills, and team operation. In this intervention, postevent debriefing of live births was defined as a "structured and guided reflection process where students actively appraised their cognitive, affective and psychomotor performance within the context of their clinical judgment skill" (Al Sabei & Lasater, 2016).

Spindler, Hilary, et al. "Tracking and debriefing birth data at scale: A mobile phone application to improve obstetric and neonatal care in Bihar, India." *Nursing Open* (2018).

Intro III - Originalité

To our knowledge, no studies in Bihar have been conducted measuring changes in clinical knowledge and skill using data from postevent debriefs after live births. Knowledge and skill indicators from postevent debriefs of live births were collected using a mobile Application (App) as part of the nurse-mentoring programme. The mobile App was designed as a job aid to lead guided debriefs with clinical site staff based on observations recorded during live births. Mobile Apps have been previously shown in pilot studies to have potential benefits to debriefing in advanced life support simulations such as enabling the debriefer to have a more intuitive visual summary of the skills and techniques used during practice (Chang, Su, Lin, & Huang, 2015). Debriefers who used the App, were found to provide more and richer feedback than those not using an App (Chang et al., 2015). Additionally, studies evaluating programme outcomes of community health workers in low-resource settings have provided some evidence that mobile tools can help to improve the quality of care provided (Braun, Catalani, Wimbush, & Israelski, 2013). This paper discusses the results from the implementation of a postevent debriefing intervention by looking at the feasibility of a mobile App as both a job aid for postevent debriefing as well as to track changes in provider skill, teamwork and supply availability overtime.

Spindler, Hilary, et al. "Tracking and debriefing birth data at scale: A mobile phone application to improve obstetric and neonatal care in Bihar, India." *Nursing Open* (2018).

Intro IV – Objectif(s)

In this study of a cross-sectional programmatic intervention, we examined the changes over time in ANM/GNM clinical knowledge and skill during deliveries at PHCs in Bihar, India. The findings were based on data collected during postevent debriefs during the nurse-mentoring intervention. This primary aim of our study was to assess the effectiveness of the nurse-mentoring programme in improving quality of ANM/GNM clinical skill and knowledge during birth. The secondary aim of our study was to assess the acceptability of integrating a mobile App as a job aid during deliveries at PHCs in Bihar.

Spindler, Hilary, et al. "Tracking and debriefing birth data at scale: A mobile phone application to improve obstetric and neonatal care in Bihar, India." *Nursing Open* (2018).

Méthodes

Fonction

Forme

- Structure
  - Population
  - Recueil de données
  - Analyse statistique
- Langue

Méthodes I - Population

Design and Participants

This was an observational, cross-sectional study approved by the medical ethics committe of Noto General Hospital. Data of patients who were treated from December 2015 to February 2016 at three surgical and two internal medicine wards were prospectively collected. The inclusion criteria for study participation consisted of inpatients aged ≥65 years, no mental and physical problems in understanding the study and obtaining verbal and written consent, absence of other skin lesions on the investigated site, and the presence of hematoma after venipuncture for blood collection and catheter placement.

Two clinical research nurses checked the implementation of venipuncture for blood collection or catheter placement using the data from medical charts. Patients were excluded if they were unstable or if emergency intravenous access was required.

One day prior to commencing the study, a clinical research associate contacted the eligible patients meeting the inclusion criteria for this study, explained the study details, and obtained verbal and written informed consent. All participants were informed not to take shower or bed bath and use cream on the investigated site at least eight hours before measurement. Verbal consent was granted prior to commencing the study procedures. A clinical research associate measured and recorded body temperature, pulse rate, and blood pressure before the investigation of skin properties. A clinical research associate reviewed the medical chart of each participant to obtain clinical data within 1 week before and after the study measurement, including age, gender, primary illness, body mass index, recent hemoglobin level, total protein, and platelet count.

Méthodes 2 – Recueil de données

Environmental measurements

A clinical research associate measured and recorded the ambient temperature and illumination intensity within each patient's bedroom throughout the study. During the study, the illumination intensity in each patient's bedroom was >750 lux as specified by the Japanese Industrial Standards Committee (Z-9110) for Clinical Examination and Injection as the standard hospital illumination. A digital meter (Model 51001; Yokogawa Meters & Instruments Corporation, Tokyo, Japan) was used to measure the illumination intensity.

Investigated sites

For each patient, two clinical nurses selected two sites around the antebrachial area, including the cubital fossa for observation and measurement. The palest area of the hematoma that clinical nurses were able to distinguish was designated as the "hematoma site," and the area surrounding the hematomas site where the clinical nurses were unable to distinguish changes in skin color was subjectively designated as the "nonhematoma site." We also investigated the skin color at the "hematoma site" and the "nonhematoma site" to ensure the reliability and objectivity of the colorimetric instrumentation. Using a tri-stimulus colorimetric instrument (NF 333; Nippon Denshoku Industries Co. Ltd., Tokyo, Japan), skin color was measured to distinguish between hematoma and nonhematoma sites and was quantified according to the most commonly used Commission International de l'Eclairage L*a*b* values (Weatherall & Coombs, 1992). The luminance (L*) value measured brightness ranging from total black (low value) to total white (high value). The skin color a* value expressed color from green (−) to red (+), whereas the b* value expressed color from blue (−) to yellow (+). The b* value and melanin index correlated almost linearly with the amount of epidermal melanin, whereas the a* value correlated almost linearly with the amount of hemoglobin (Takiwaki, 1998), where erythema of the skin is indicated by a* (Fullerton et al., 1996).

Transepidermal water loss

TEWL is a sensitive biophysical measure of the epidermal water barrier function (Darlenski, Sassning, Tsakov, & Fluhr, 2009; Fluhr, Feingold, & Elias, 2006; Hassing, Nater, & Bleumink, 1982; Pinnagoda, Tupker, Agner, & Serup, 1990). When the epidermis is injured, TEWL increases (Fluhr et al., 2006; Matoltsy, Schragger, & Matoltsy, 1962; Shahidullah, Raffle, Rimmer, & Frain-Bell, 1969; van der Valk, Nater, & Bleumink, 1985). In addition, chapped skin exhibits a higher rate of TEWL when compared with that exhibited by healthy skin (Smit et al., 1990). The TEWL measure has been validated in humans and rodents using in vivo and ex vivo models (Fluhr et al., 2006). We measured TEWL by evaporimetry (Tewameter® TM 300; Courage & Khazaka).

Stratum corneum hydration level

The water content of the stratum corneum affects barrier permeability and is measured as the total impedance applied to the skin or alternatively as electrical conductance or capacitance (Gabard, Clarys, & Barel, 2006; Verdier-Sévrain & Bonte, 2007). The results are displayed in arbitrary units (CM units), indicating very dry skin (<30 CM units), dry skin (30–40 CM units), or well-hydrated skin (Heinrich et al., 2003). The more water contained in the epidermis, the higher its electrical capacity (Barel & Clarys, 1997). The failure of the stratum corneum to retain water induces dryness and impairs the epidermal barrier function (Tupker, Pinnagoda, Coenraads, & Nater, 1990; Verdier-Sévrain & Bonte, 2007).

Skin sebum level

The protective hydrolipid film on the skin surface is a major component of the superficial layer. Sebum lipids contribute to nonspecific protective mechanisms of the skin barrier (Darlenski et al., 2009). We used sebumetry (Sebumeter® SM 815; Courage & Khazaka) to quantify sebum production. This photometry system measures the translucency of a special tape that becomes transparent after contacting sebum on the skin surface (Luebberding et al., 2013).

Skin elasticity

Maintaining an effective skin barrier is critical for maintaining skin function and preventing tissue breakdown and chronic wound development (Cowdell & Steventon, 2015). Aged skin exhibits higher violability in response to mechanical exposure and skin disease (Lemperle, Holmes, Cohen, & Lemperle, 2001; Li et al., 2006; Makrantonaki & Zouboulis, 2007). Suction chamber devices were commonly used to noninvasively determine the mechanical properties of the skin (Ahn, Kim, Lee, Moon, & Chang, 2007; Cua, Wilhelm, & Maibach, 1990; Ryu, Joo, Kim, Park, & Youn, 2008). To evaluate skin elasticity parameters, a Cutometer® MPA (Courage & Khazaka Electronic GmbH, Cologne, Germany) with a probe and a 2-mm aperture size was used. The mechanical properties of aging skin are evaluated using the parameter ratio of elastic recovery to distensibility (Ur/Uf; R7), as well as the gross elasticity (Ua/Uf; R2) (Krueger, Luebberding, Oltmer, Streker, & Kerscher, 2011).

Skin surface pH

The acidic milieu of the skin surface plays a central role in maintaining the homeostasis of epidermal permeability, restoring a disrupted skin barrier, and defending the skin using nonspecific antimicrobial methods (Fluhr et al., 2001; Hachem et al., 2003; Schmid-Wendtner & Korting, 2006). The importance of the skin's "acid mantel" is demonstrated by a number of diseases (e.g., diaper dermatitis) (Schmid-Wendtner & Korting, 2006) and aging skin (Blaak, Wohlfart, & Schürer, 2011). We measured the pH of the skin surface with the Skin-pH-Meter® PH 905(Courage & Khazaka). The specially designed probe consists of a flat-topped glass electrode for full skin contact, which is then connected to a voltmeter. The system measures energy changes due to hydrogen cation activity surrounding the very thin layer of hydrated gel at the top of the probe (Luebberding, Krueger, & Kerscher, 2014).

Outcomes

The primary finding of this study was the difference noted in the skin barrier function between venipuncture-induced hematoma and nonhematoma sites. The secondary outcomes were the relationship between parameters that were significantly different between the two investigated sites and the intensity of skin erythema.

Méthodes 3 – Traitement des données

Statistical Analysis

Each variable was represented using the median (interquartile range, IQR). The Wilcoxon signed-rank test was used to compare between hematoma and nonhematoma sites. The statistical significance level was defined as a *p* value <.05. The variables found to be significant in the univariate analysis were compared with the skin color a* intensity ratio using a Spearman's correlation coefficient test. The skin color a* intensity ratio was calculated using the following equation

$$x=|a-b||a+b|'x=|a-b||a+b|'$$

where *a* is the skin color a* at the hematoma site and *b* is the skin color a* at the nonhematoma site. The statistical relationship was assessed on the basis of the correlation coefficient as follows: $r > .7$ was high, $r = .4–.7$ was moderate, and $r < .4$ was low. The statistical analysis was conducted using JMP® software, version 9.0 (SAS Institute Inc., Cary, NC, USA).

Kimori, Keiko, Chizuko Konya, and Masaru Matsumoto. "Venipuncture-Induced Hematomas Alter Skin Barrier Function in the Elderly Patients." *SAGE Open Nursing* 4 (2018): 2377960818782050.

Résultats

Fonction

Forme

- 2 parties
  - Texte
  - Illustrations
- Organisation logique

Discussion

Fonction

Forme

- 3 parties
  - Rappel du résultat à la lumière
    - De la question ou hypothèse initiale
    - Des études précédentes
  - Limites
  - Conclusions et perspectives
- Langue nuancée

Remerciements etc.

Fonction

Forme

Contenu

- Aide scientifique, administrative, linguistique
- Financements
- Conflits d’intérêt
- Contribution des auteurs
- Annexes

Références

Fonction

Forme

Analyse

- Auteurs
- Revues
- Dates

Cite

MLA Kaya, Zahide, and Anita Karaca. "Evaluation of Nurses' Knowledge Levels of Diabetic Foot Care Management." *Nursing research and practice* 2018 (2018).

APA Kaya, Z., & Karaca, A. (2018). Evaluation of Nurses' Knowledge Levels of Diabetic Foot Care Management. *Nursing research and practice*, *2018*.

Chicago Kaya, Zahide, and Anita Karaca. "Evaluation of Nurses' Knowledge Levels of Diabetic Foot Care Management." *Nursing research and practice* 2018 (2018).

Harvard Kaya, Z. and Karaca, A., 2018. Evaluation of Nurses' Knowledge Levels of Diabetic Foot Care Management. *Nursing research and practice*, *2018*.

Vancouver Kaya Z, Karaca A. Evaluation of Nurses' Knowledge Levels of Diabetic Foot Care Management. Nursing research and practice. 2018;2018.

Conclusion

Connaitre les caractéristiques des sections d’un article

→ créer des réflexes de lecture critique

Exercice : Traduction d'abstract

Background: Low-sodium diet adherence is foundational to heart failure (HF) self-management. Altered salt taste perception caused by angiotensin-converting enzyme (ACE) inhibitors commonly prescribed to patients with HF may increase sodium consumption. We hypothesized sodium intake, indicated by dietary sodium density, would be significantly higher among patients with HF prescribed ACE inhibitors compared with those not prescribed the drug.

Objective: The aim of this study was to assess the association between prescribed ACE inhibitors and dietary sodium density in patients with HF.

Methods: We conducted a secondary analysis of baseline data from patients with HF in an observational longitudinal study. Sodium density was derived by dividing averaged daily sodium intake from 4-day food diaries by averaged kilocalories consumed. Medical chart review was conducted to ascertain prescribed medications. Patients were categorized as prescribed and not prescribed an ACE inhibitor. *t* Tests were conducted to compare sodium intake between groups, and linear regression was conducted to examine whether prescribed ACE inhibitors independently predicted sodium density controlling for age, gender, New York Heart Association class, prescribed diuretics, and [beta]-blockers.

Results: Analyses included 255 patients with HF aged 61 +/- 12 years, with 67% male, 44% New York Heart Association class III/IV, and 68% prescribed an ACE inhibitor. Compared with those not prescribed an ACE inhibitor, 13% more sodium per kilocalorie was consumed by patients prescribed an ACE inhibitor. Prescribed ACE inhibitor independently predicted dietary sodium density ([beta] = 0.238, *P* = .009).

Conclusions: Sodium intake was higher among patients prescribed ACE inhibitors. Interventions to assist patients with HF with dietary sodium adherence can be informed by assessing medication regimens.

Smith JL, Lennie TA, Chung ML, Mudd-Martin G. Dietary Sodium Intake is Predicted by Antihypertensive Medication Regimen in Patients With Heart Failure. The Journal of Cardiovascular Nursing. 2019;34(4):313–8.