SELECTED ABSTRACTS FROM PUBMED

1. Bouida W, Grissa MH, Zorgati A, Beltaief K, Boubaker H, Sriha A, Boukef R, Nouira S. Willingness to participate in health research: Tunisian survey. BMC Med Ethics. 2016 Aug 4;17(1):47.

ABSTRACT

Background: Few studies have identified the willingness rate of developing countries population to be enrolled in clinical trials.

Methods: All participants including patients (n = 612), healthy volunteers (n = 354) and doctors (n = 134) completed a questionnaire to examine factors affecting the consent to participate in medical research.

Results: Overall, 80% of the included population agree to participate in health research. This rate was lower for trials dealing with life-threatening diseases (38%). Altruism and perceived risk of harm were the main reason to respectively accept or refuse to participate in clinical trials. Factors significantly associated with willingness were: age <40 years (Odds Ratio (OR) 1.6 [95% Confidence Interval (CI) 1.2-2.1]) and prior history of blood donation (OR 2.4 [95% CI 1.7-3.5]).

Conclusion: Most participants expressed their willingness to be included in medical research especially if they are young or if they have history of blood donation. However, consent to participate is low when medical research required acute care.

Keywords: Informed consent; Muslim community medical research; Patient participation.

2. Carter JG, Sherbon BJ, Viney IS. United Kingdom health research analyses and the benefits of shared data. Health Res Policy Syst. 2016 Jun 24;14(1):48.

ABSTRACT

Background: To allow research organizations to co-ordinate activity to the benefit of national and international funding strategies requires assessment of the funding landscape; this, in turn, relies on a consistent approach for comparing expenditure on research. Here, we discuss the impact and benefits of the United Kingdom's Health Research Classification System (HRCS) in national landscaping analysis of health research and the pros and cons of performing large-scale funding analyses.

Methods: The first United Kingdom health research analysis (2004/2005) brought together the 11 largest public and charity funders of health research to develop the HRCS and use this categorisation to examine United Kingdom health research. The analysis was revisited in 2009/2010 and again in 2014. The most recent quinquennial analysis in 2014 compiled data from 64 United Kingdom research organisations, accounting for 91% of all public/charitable health research funding in the United Kingdom. The three analyses summarise the United Kingdom's health research expenditure in 2004/2005, 2009/2010 and 2014, and can be used to identify changes in research activity and disease focus over this 10 year period.

Results: The 2004/2005 analysis provided a baseline for future reporting and evidence for a United Kingdom Government review that recommended the co-ordination of United Kingdom health research should be strengthened to accelerate the translation of basic research into clinical and economic benefits. Through the second and third analyses, we observed strategic prioritization of certain health research activities and disease areas, with a strong trend toward

increased funding for more translational research, and increases in specific areas such

Conclusions: The use of HRCS in the United Kingdom to analyse the research landscape has provided benefit both to individual participatory funders and in coordinating initiatives at a national level. A modest amount of data for each project is sufficient for a nationwide assessment of health research funding, but achieving coverage of the United Kingdom portfolio relies on sourcing these details from a large number of individual funding agencies. The effort needed to compile this data could be minimised if funders routinely shared or published this information in a standard and accessible way. The United Kingdom approach to landscaping analyses could be readily adapted to suit other groups or nations, and global availability of research funding data would support better national and international coordination of health research.

3. Khabaz Mafinejad M, Ahmady S, Soltani Arabshahi SK, Bigdeli S. Interprofessional education in the integrated medical education and health care system: A content analysis. J Adv Med Educ Prof. 2016 Jul;4(3):103-10.

ABSTRACT

Introduction: The current literature supports the inclusion of inter-professional education in healthcare education. Changes in the structure and nature of the integrated medical education and healthcare system provide some opportunities for interprofessional education among various professions. This study is an attempt to determine the perceptions of students and faculty members about interprofessional education in the context of the medical education and healthcare system.

Methods: This qualitative content analysis study was conducted using purposeful sampling in 2012. Thirteen semi-structured interviews were conducted with 6 faculty members and 7 students at Tehran and Iran Universities of Medical Sciences. Data collection and analysis were concurrent.

Results: Data analysis revealed four categories and nine subcategories. The categories emerging from individual interviews were "educational structure", "mediating factors", "conceptual understanding", and "professional identity". These categories are explained using quotes derived from the data.

Conclusion: Matching the existing educational context and structure with IPE through removing barriers and planning to prepare the required resources and facilities can solve numerous problems associated with implementation and design of inter-professional training programs in Iran. In this way, promoting the development of a cooperative rather than a competitive learning and working atmosphere should be taken into account. The present findings will assist the managers and policy makers to consider IPE as a useful strategy in the integrated medical education and healthcare system.

Keywords: Interprofessional relations; Medical education; Qualitative research

4. Yilmaz ND, Velipasaoglu S, Ozan S, Basusta BU, Midik O, Mamakli S, Karaoglu N, Tengiz F, Durak Hİ, Sahin H. A multicenter study: how do medical students perceive clinical learning climate? Med Educ Online. 2016 Sep 16;21:30846.

ABSTRACT

Background: The relationship between students and instructors is of crucial importance for the development of a positive learning climate. Learning climate is a multifaceted concept, and its measurement is a complicated process. The aim of this cross-sectional study was to determine medical

students' perceptions about the clinical learning climate and to investigate differences in their perceptions in terms of various variables.

Methods: Medical students studying at six medical schools in Turkey were recruited for the study. All students who completed clinical rotations, which lasted for 3 or more weeks, were included in the study (n=3,097). Data were collected using the Clinical Learning Climate Scale (CLCS). The CLCS (36 items) includes three subscales: clinical environment, emotion, and motivation. Each item is scored using a 5-point Likert scale (1: strongly disagree to 5: strongly agree).

Results: The response rate for the trainees was 69.67% (n=1,519), and for the interns it was 51.47% (n=917). The mean total CLCS score was 117.20±17.19. The rotation during which the clinical learning climate was perceived most favorably was the Physical Therapy and Rehabilitation rotation (mean score: 137.77). The most negatively perceived rotation was the General Internal Medicine rotation (mean score: 104.31). There were significant differences between mean total scores in terms of trainee/intern characteristics, internal medicine/surgical medicine rotations, and perception of success.

Conclusion: The results of this study drew attention to certain aspects of the clinical learning climate in medical schools. Clinical teacher/instructor/supervisor, clinical training programs, students' interactions in clinical settings, self-realization, mood, students' intrinsic motivation, and institutional commitment are important components of the clinical learning climate. For this reason, the aforementioned components should be taken into consideration in studies aiming to improve clinical learning climate.

Keywords: clinical learning climate; learning climate; medical students; multi-center study.

5. Lee WW. Recent Advances in Nuclear Cardiology. Nucl Med Mol Imaging. 2016 Sep;50(3):196-206. Epub 2016 Jul 13.

ABSTRACT

Nuclear cardiology is one of the major fields of nuclear medicine practice. Myocardial perfusion studies using single-photon emission computed tomography (SPECT) have played a crucial role in the management of coronary artery diseases. Positron emission tomography (PET) has also been considered an important tool for the assessment of myocardial viability and perfusion. However, the recent development of computed tomography (CT)/magnetic resonance imaging (MRI) technologies and growing concerns about the radiation exposure of patients remain serious challenges for nuclear cardiology. In response to these challenges, remarkable achievements and improvements are currently in progress in the field of myocardial perfusion imaging regarding the applicable software and hardware. Additionally, myocardial perfusion positron emission tomography (PET) is receiving increasing attention owing to its unique capability of absolute myocardial blood flow estimation. An F-18-labeled perfusion agent for PET is under clinical trial with promising interim results. The applications of F-18 fluorodeoxyglucose (FDG) and F-18 sodium fluoride (NaF) to cardiovascular diseases have revealed details on the basic pathophysiology of ischemic heart diseases. PET/MRI seems to be particularly promising for nuclear cardiology in the future. Restrictive diseases, such as cardiac sarcoidosis and amyloidosis, are effectively evaluated using a variety of nuclear imaging tools. Considering these advances, the current challenges of nuclear cardiology will become opportunities if more collaborative

efforts are devoted to this exciting field of nuclear medicine.

Keywords: Cardiology; Computed tomography; Myocardial infarction; Perfusion; Positron emission tomography; Single-photon emission computed tomography.

6. Ruiz-Garcia J, Diez-Villanueva P, Ayesta A, Bruña V, Figueiras-Graillet LM, Gallego-Parra L, Fernández-Avilés F, Martínez-Sellés M. End-of-life care in a cardiology department: have we improved? J Geriatr Cardiol. 2016 Jul;13(7):587-92.

ABSTRACT

Background: End-of-life care is not usually a priority in cardiology departments. We sought to evaluate the changes in end-of-life care after the introduction of a do-not-resuscitate (DNR) order protocol.

Methods & Results: Retrospective analysis of all deaths in a cardiology department in two periods, before and after the introduction of the protocol. Comparison of demographic characteristics, use of DNR orders, and end-of-life care issues between both periods, according to the presence in the second period of the new DNR sheet (Group A), a conventional DNR order (Group B) or the absence of any DNR order (Group C). The number of deaths was similar in both periods (n = 198 vs. n = 197). The rate of patients dying with a DNR order increased significantly (57.1% vs. 68.5%; P = 0.02). Only 4% of patients in both periods were aware of the decision taken about cardiopulmonary resuscitation. Patients in Group A received the DNR order one day earlier, and 24.5% received it within the first 24 h of admission (vs. 2.6% in the first period; P < 0.001). All patients in Group A with an implantable cardioverter defibrillator (ICD) had shock therapies deactivated (vs. 25.0% in the first period; P = 0.02).

Conclusions: The introduction of a DNR order protocol may improve end-of-life care in cardiac patients by increasing the use and shortening the time of registration of DNR orders. It may also contribute to increase ICD deactivation in patients with these orders in place. However, the introduction of the sheet in late stages of the disease failed to improve patient participation.

Keywords: Cardiology; Cardiopulmonary resuscitation; End-of-life; Palliative care.

7. Waljee AK, Wiitala WL, Govani S, Stidham R, Saini S, Hou J, Feagins LA, Khan N, Good CB, Vijan S, Higgins PD. Corticosteroid Use and Complications in a US Inflammatory Bowel Disease Cohort. PLoS One. 2016 Jun 23;11(6):e0158017.

ABSTRACT

Background and Aims: Corticosteroids are effective for the short-term treatment of inflammatory bowel disease (IBD). Long-term use, however, is associated with significant adverse effects. To define the: (1) frequency and duration of corticosteroid use, (2) frequency of escalation to corticosteroid-sparing therapy, (3) rate of complications related to corticosteroid use, (4) rate of appropriate bone density measurements (dual energy X-ray absorptiometry [DEXA] scans), and (5) factors associated with escalation and DEXA scans.

Methods: Retrospective review of Veterans Health Administration (VHA) data from 2002-2010.

Results: Of the 30,456 Veterans with IBD, 32% required at least one course of corticosteroids during the study time period, and 17% of the steroid users had a prolonged course. Among these patients, only 26.2% underwent escalation of therapy. Patients visiting a gastroenterology (GI) physician were significantly more likely to receive corticosteroid-sparing medications. Factors

associated with corticosteroid-sparing medications included younger age (OR = 0.96 per year,95%CI:0.95, 0.97), male gender (OR = 2.00,95%CI:1.16,3.46), GI visit during the corticosteroid evaluation period (OR = 8.01,95%CI:5.85,10.95) and the use of continuous corticosteroids vs. Intermittent corticosteroids (OR = 2.28,95%CI:1.33,3.90). Rates of complications per 1000 person-years after IBD diagnosis were higher among corticosteroid users (venous thromboembolism [VTE] 9.0%; fragility fracture 2.6%; Infections 54.3) than non-corticosteroid users (VTE 4.9%; fragility fracture 1.9%; Infections 26.9). DEXA scan utilization rates among corticosteroid users were only 7.8%.

Conclusions: Prolonged corticosteroid therapy for the treatment of IBD is common and is associated with significant harm to patients. Patients with prolonged use of corticosteroids for IBD should be referred to gastroenterology early and universal efforts to improve the delivery of high quality care should be undertaken.

8. Tahir M. Appropriateness of Upper Gastrointestinal Endoscopy: Will the Diagnostic Yield Improve by the use of American Society of Gastroenterology Guidelines? Euroasian J Hepatogastroenterol. 2016 Jul-Dec;6(2):143-148. Epub 2016 Dec 1.

ABSTRACT

Aim: Open access endoscopy allows physicians and general practitioners (GIs) to refer patients for endoscopy without prior outpatient consultation. This system was introduced to reduce waiting time to the procedure and subsequent diagnosis. Concerns have been raised regarding misuse of this system with increasing number of inappropriate referrals and hence more normal examinations, which has implications on a public-funded health system. The aim of this study was to assess the appropriate use of the open access system at a rural New Zealand hospital and to see if the diagnostic yield improves by following the American Society of Gastroenterology (ASGE) guidelines for upper gastrointestinal endoscopy [esophagogastroduodenoscopy (OGD)].

Materials and Methods: This was a prospective study including all the patients who had OGD at Taranaki Base Hospital between December 2013 and 2014. A total of 1,019 patients had OGD during this time period. The ASGE guidelines were used to see the relationship between appropriateness of OGD and finding of a relevant endoscopic diagnosis.

Results: Fifty-eight percent of the OGDs were judged to be appropriate and 42% inappropriate by the explicit criteria. No cancer was found in OGDs judged to be inappropriate. Upper gastrointestinal (GI) endoscopies judged appropriate yielded significantly more relevant lesions than those judged to be inappropriate [65% vs 32%; odds ratio 3.94, 99% confidence interval (CI) 2.78, 5.57; $p < 0.01$].

Conclusion: The use of ASGE guidelines increases diagnostic yield of OGDs done, which is crucial to cost-effectiveness of an open access system and makes the system more efficient in selecting and treating patients who need it the most, in an acceptable time span.

9. Deane RP, Murphy DJ. Proposed learning strategies of medical students in a clinical rotation in obstetrics and gynecology: a descriptive study. Adv Med Educ Pract. 2016 Aug 10;7:489-96.

ABSTRACT

Background: Medical students face many challenges when learning within clinical environments. How students plan to use their time and engage with learning

opportunities is therefore critical, as it may be possible to highlight strategies that optimize the learning experience at an early stage in the rotation. The aim of the study was to describe the learning drivers and proposed learning strategies of medical students for a clinical rotation in obstetrics and gynecology.

Methods: A descriptive study of personal learning plans completed by students at the start of their clinical rotation in obstetrics and gynecology was undertaken. Data relating to students' learning strategies were obtained from the personal learning plans completed by students. Quantitative and qualitative analyses were used.

Results: The desire to obtain a good examination result was the most significant reason why the rotation was important to students (n=67/71, 94%). Students struggled to create a specific and practical learning outcome relevant to their career interest. Target scores of students were significantly higher than their reported typical scores (P<0.01). Textbooks were rated as likely to be the most helpful learning resource during the rotation. Bedside tutorials were rated as likely to be the most useful learning activity and small group learning activities were rated as likely to be more useful than lectures. Most students intended to study the course material linked to their clinical program rather than the classroom-based tutorial program.

Conclusion: The main learning driver for medical students was academic achievement, and the proposed learning strategy favored by medical students was linking their study plans to clinical activities. Medical educators should consider strategies that foster more intrinsic drivers of student learning and more student-oriented learning resources and activities.

Keywords: academic performance; clinical learning environment; learning activities; learning plan; undergraduate.

10. Gün İ, Doğan B, Özdamar Ö. Long- and short-term complications of episiotomy. Turk J Obstet Gynecol. 2016 Sep;13(3):144-148. Epub 2016 Sep 15.

ABSTRACT

Although extensively applied in obstetrics practice to facilitate delivery by increasing the vaginal birth conduit, most episiotomy studies are in the context of short- or medium-term outcomes, and the number of studies investigating the long-term effects is insufficient. Episiotomy is often considered associated with urinary and/or anal incontinence and dyspareunia; however, there is no concrete evidence for this issue. Current meta-analyses and reviews that assessed the studies available in the literature revealed that episiotomy does not decrease the rates of urinary incontinence, perineal pain, and sexual dysfunction and that routine episiotomy does not prevent pelvic floor damage; thus, the recommended use of mediolateral episiotomy is restricted, rather than routine. According to the limited number of studies on sexual function, there seems to be a linear relationship between the degree of perineal laceration and postpartum dyspareunia. It is still not clear whether episiotomy has any impact on pelvic floor relaxation, pelvic organ prolapse, and sexual dysfunction in the long term.

Keywords: Episiotomy; Sexual dysfunction; anal incontinence; urinary incontinence.

11. Aggarwal A, Lewison G, Idir S, Peters M, Aldige C, Boerckel W, Boyle P, Trimble EL, Roe P, Sethi T, Fox J, Sullivan R. The State of Lung Cancer Research: A Global Analysis. J Thorac Oncol. 2016 Jul;11(7):1040-50. Epub 2016 Mar 21.

ABSTRACT

Introduction: Lung cancer is the leading cause of years of life lost because of cancer and is associated with the highest economic burden relative to other tumor types. Research remains at the cornerstone of achieving improved outcomes of lung cancer. We present the results of a comprehensive analysis of global lung cancer research between 2004 and 2013 (10 years).

Methods: The study used bibliometrics to undertake a quantitative analysis of research output in the 24 leading countries in cancer research internationally on the basis of articles and reviews in the Web of Science (WoS) database.

Results: A total of 32,161 lung cancer research articles from 2085 different journals were analyzed. Lung cancer research represented only 5.6% of overall cancer research in 2013, a 1.2% increase since 2004. The commitment to lung cancer research has fallen in most countries apart from China and shows no correlation with lung cancer burden. A review of key research types demonstrated that diagnostics, screening, and quality of life research represent 4.3%, 1.8%, and 0.3% of total lung cancer research, respectively. The leading research types were genetics (20%), systemic therapies (17%), and prognostic biomarkers (16%). Research output is increasingly basic science, with a decrease in clinical translational research output during this period.

Conclusions: Our findings have established that relative to the huge health, social, and economic burden associated with lung cancer, the level of world research output lags significantly behind that of research on other malignancies. Commitment to diagnostics, screening, and quality of life research is much lower than to basic science and medical research. The study findings are expected to provide the requisite knowledge to guide future cancer research programs in lung cancer.

Keywords: Bibliometrics; Health policy; Lung cancer; Research.