Aim

This bulletin is designed to help healthcare library staff deliver Knowledge for Healthcare by keeping us up-to-date with the knowledge needs, preferences and behaviours of healthcare staff, students, patients and the public.

Sources scanned

Sources scanned include ALIA, BNI, CILIP weekly news and Update, CINAHL, Embase, Emerald Insight, ERIC, Google Scholar, HLG news, HMIC, Knowledge for Healthcare Blog, LISA, Medline, MLA news, NICE Information Services Bulletin and PubMed.

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If you have suggestions for improving the bulletin, please contact Lisa and Mary.

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Healthcare Workforce

Information seeking behavior of staff working in a Renal High Dependency Unit (RHDU)

Cathryn James, Clinical Librarian
Derby Teaching Hospitals NHS Foundation Trust
[Presented at International Clinical Librarian’s Conference 21-22nd September 2017]

Introduction
Health Education England (2014) sets out a clear vision, “NHS bodies, their staff, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement”.

High dependency care involves highly complex decision-making and a highly skilled workforce; however there is a paucity of evidence on the information seeking behaviour of staff working in the RHDU.

The aim of this study is to identify whether the information seeking behaviour of staff in the RHDU is different to the wider renal team.

Methods
The data was captured from the RHDU during the period of April 2015 to March 2016. The RHDU at the Royal Derby Hospital is a five-bedded unit situated within a 24-bedded acute renal ward. This also includes a 5 Medical High Dependency beds. The RHDU carries out conventional haemodialysis, sustained low efficiency dialysis, plasma exchange, non-invasive ventilation and other modalities often only seen in the Intensive Care setting.

The Clinical Librarian embedded in the Department of Renal Medicine supports all staff members in their literature searching, information retrieval, evidence-based practice and critical appraisal of the literature.

Nurses in the RHDU actively are encouraged to increase their skill set, fulfilling various competencies set by the Unit and attend RHDU study days throughout the year.

Results
During the period, there were sixty seven literature searches undertaken for the whole of the Renal Department (including a 56-bedded haemodialysis unit), twenty five of these were generated from the RHDU.

The results showed that 37% of the literature searches received by the Clinical Librarian were generated from the 5 RDHU beds which forms 20% of the acute renal bed capacity. This appears to highlight the complex nature of these specific patients, which is reflected by the specific patient care focussed searches received. Other reasons for these results are staff access to a Clinical Librarian and the nature of a highly skilled, highly enquiring, and motivated staff.

Staff verbally reported that search results provided them with a better understanding of the treatment, aided treatment decision-making and improved patient management.
Conclusion

The Clinical Librarian role has been recognised as being crucial to respond to the team’s complex information needs in order to deliver excellent care for patients in the RHDU setting.

References


Delivering information skills training at a health professionals continuing professional development conference: an evaluation


In this feature, guest writer Aoife Lawton discusses the outcomes of an information skills workshop delivered at a continuing professional development conference for health and social care professionals in Ireland. The primary aim of the study was to evaluate perceptions of the effectiveness of the workshop. The study provides details of how, through collaborative partnership, the workshop was developed and delivered. Application of an adapted version of the Kirkpatrick model of evaluation is presented alongside details of what impact the event had on the attendees both immediately after the workshop and 3 months post-workshop. The authors also reflect on the benefits delivery of the workshops had for professional health library practice and service improvement. You can read the whole article here.
The role of Librarians in teaching evidence-based medicine to pediatric residents: a survey of pediatric residency program directors

Source: JMLA 105(4) 2017

Objective: The research sought to identify the general use of medical librarians in pediatric residency training, to define the role of medical librarians in teaching evidence-based medicine (EBM) to pediatric residents, and to describe strategies and curricula for teaching EBM used in pediatric residency training programs.

Methods: We sent a 13-question web-based survey through the Association of Pediatric Program Directors to 200 pediatric residency program directors between August and December 2015.

Results: A total of 91 (46%) pediatric residency program directors responded. Most (76%) programs had formal EBM curricula, and more than 75% of curricula addressed question formation, searching, assessment of validity, generalizability, quantitative importance, statistical significance, and applicability. The venues for teaching EBM that program directors perceived to be most effective included journal clubs (84%), conferences (44%), and morning report (36%). While 80% of programs utilized medical librarians, most of these librarians assisted with scholarly or research projects (74%), addressed clinical questions (62%), and taught on any topic not necessarily EBM (58%). Only 17% of program directors stated that librarians were involved in teaching EBM on a regular basis. The use of a librarian was not associated with having an EBM curriculum but was significantly associated with the size of the program. Smaller programs were more likely to utilize librarians (100%) than were medium (71%) or large programs (75%).

Conclusions: While most pediatric residency programs have an EBM curriculum and engage medical librarians in various ways, librarians’ expertise in teaching EBM is underutilized. Programs should work to better integrate librarians’ expertise, both in the didactic and clinical teaching of EBM.

Read the whole article [here](#)

Teaching evidence-based practice principles to prepare health professions students for an interprofessional learning experience.

Source: JMLA 105(4) 2017

Objective: The research assessed online learning modules designed to teach health professions students evidence-based practice (EBP) principles in an interprofessional context across two institutions.

Methods: Students from nine health professions at two institutions were recruited to participate in this pilot project consisting of two online learning modules designed to prepare students for an in-person case-based interprofessional activity. Librarians and an instructional designer created two EBP modules. Students’ competence in EBP was assessed before and after the modules as
well as after the in-person activity. Students evaluated the online learning modules and their impact on the students’ learning after the in-person session.

Results: A total of 39 students from 8 health professions programs participated in the project. Average quiz scores for online EBP module 1 and module 2 were 83% and 76%, respectively. Following completion of the learning modules, adapted Fresno test of competence in EBP scores increased (p=0.001), indicating that the modules improved EBP skill competence. Student evaluations of the learning modules were positive. Students indicated that they acquired new information skills that contributed to their ability to develop a patient care plan and that they would use these information skills in their future clinical practice.

Conclusions: Online EBP learning modules were effective in developing EBP knowledge and skills for health professions students. Using the same modules ensured that students from different health professions at different stages of their professional programs had consistent knowledge and enabled each student to fully engage in an interprofessional evidence-based activity. Student feedback indicated the modules were valued and beneficial.

Read the whole article here.

The information needs of occupational therapy students: a case study


This article summarises a case study on the information needs of Masters level Occupational Therapy 5 (OT) students at one English university. A mixed methods questionnaire was used to explore motivators for information-seeking, preferred information resources and barriers inhibiting the satisfaction of information needs. Thirteen recommendations for practice were formulated, focusing on how information professionals can best facilitate OT students’ learning and evidence-based research skills in preparation for clinical practice. The study was completed by Jane Morgan-Daniel, who received a Distinction for her work from Aberystwyth University, where she graduated with an MSC in Information and Library Studies in December 2016. She has written this article together with her dissertation supervisor, Hugh Preston.

Knowing what the patron wants: using predictive analytics to transform Library decision making.

Source: Journal of Academic Librarianship Sep 2017

Predictive analytics and machine learning are burgeoning areas of professional practice for large corporations especially businesses that offer products and services to customers. The power to better understand the movement of large amounts of data in a company and the capability to deploy that data to meet a customer's needs is invaluable from a services standpoint. Some in libraries have theorized that this type of data usage could possibly be used in a library service environment as well. In this article, we demonstrate how you can develop and use machine
learning algorithms and predictive analytics to proactively understand library behavior. Although libraries are good at data collection, we often rely on statics or old data for assessment. Utilizing a machine learning system, called the Automated Library Information Exchange Network (ALIEN), we can better understand the movement of the items in the collection and better serve the needs of our customers the library patrons.

**NexT: creating an interdisciplinary alliance to diminish informational barriers for public health nursing.**

*Source: Health Information and Libraries Journal Sep 2017 34(3): 236-246*

**Background**
Public health nurses (PHNs) are challenged in obtaining opportunities to learn evidence-based practice (EBP). An interdisciplinary alliance was created between health sciences librarians and nurse educators to create a continuing education (CE) opportunity.

**Objective**
To measure the effectiveness of CE training for PHNs on the knowledge gained about the EBP process and information resources.

**Methods**
Ten in-person CE workshops were offered to 69 attendees in rural and urban areas. A pre-test/post-test survey was administered immediately before and after the training that asked participants to rate their perceived knowledge and comfort levels with EBP concepts and resources.

**Results**
Ninety-seven per cent of participants reported the training was a good use of their time. Based on a 5-point Likert scale self-assessment, participants developed new skills (m = 4.06, SD = 0.968) and were able to find evidence-based literature (m = 4.16, SD = 0.980). Participants reported increasing their understanding of EBP concepts and familiarity of information resources. All data were statistically significant at P < 0.001 (95% CI).

**Discussion**
With the interdisciplinary collaboration capitalising on the instructors' disciplinary skill sets, the team was able to create a new effective EBP education intervention for PHNs.

**Conclusion**
Public health nurses were able to increase knowledge of EBP concepts and information resources to utilise in practice or grant development.
Patients and the Public

The Persistence of the Pamphlet: On the Continued Relevance of the Health Information Pamphlet in the Digital Age.

Source: Journal of cancer education: the official journal of the American Association for Cancer Education: Sep 2017

Date of Publication: Sep 2017

Since the early 2000s, web and digital health information and education has progressed in both volume and innovation (Dutta-Bergman 2006; Mano, Computers in Human Behavior 39 404 412, 2014). A growing number of leading Canadian health institutions (e.g., hospitals, community health centers, and health ministries) are migrating much of their vital public health information and education, once restricted to pamphlets and other physically distributed materials, to online platforms. Examples of these platforms are websites and web pages, eLearning modules, eBooks, streamed classrooms, audiobooks, and online health videos. The steady migration of health information to online platforms is raising important questions for fields of patient education, such as cancer education. These questions include, but are not limited to (a) are pamphlets still a useful modality for patient information and education when so much is available on the Internet? (b) If so, what should be the relationship between print-based and online health information and education, and when should one modality take precedence over the other? This article responds to these questions within the Canadian health care context.

If you have access to this journal you can you can read the whole of this article here.

Andrology on the Internet: Most wanted, controversial and often primary source of information for patients.

Source: Andrologia
Publication Date: Aug 2017

The Internet is an important source of health information with relevant impact on the physician-patient relationship. The German urological associations host one of the most comprehensive platforms for patient information on urological diseases. The aim of the study was to characterise its users and their specific needs. We invited users of the website www.urologenportal.de via pop-
up to complete a 26-item online survey to evaluate health-related behaviour, distress and decision-making preferences. We received n = 551 complete responses. The most frequently requested topics were from the field of andrology (45.4%, n = 250). Of these, the most popular topics were circumcision (28.9%, n = 159) and erectile dysfunction (18.1%; n = 100). Overall, 216 users (39.2%) searched for information prior to their first doctor's appointment, and 89.3% (n = 492) preferred autonomous or shared decision-making. Users seeking information on circumcision were less frequently under urological treatment (p < .001), and more self-determined regarding healthcare decisions (p = .01). Circumcision was the only information on the website, which received relevant critical comments. Andrology was the most frequently requested urological topic. The vast majority of patients wanted to take self-determined healthcare decisions and searched for information prior to a doctor's appointment. This might have an impact on the physician-patient relationship and causes a high demand for good-quality health information websites.

If you have access to this journal you can you can read the whole of this article [here](#).

**Anxiety over health caused by Cyberchondria**

Source: BBC News  
Publication Date: September 2017

Worrying excessively about health, and going for unnecessary appointments and tests, is a growing problem - fuelled by looking up symptoms on the internet, researchers say

You can read the whole news story [here](#).

**A Patient Information Leaflet Reduces Parental Anxiety Before Their Child's First Craniofacial Multidisciplinary Outpatient Appointment.**

Source: The Journal of craniofacial surgery  
Publication Date: Sep 2017

INTRODUCTION It is expected that a child's first outpatient appointment with a craniofacial multidisciplinary team (MDT) instills anxiety in parents. Limited data exist on the aspects of the appointment that parents are most concerned about and what information they desire. The effect of written information provision on this cohort is unstudied. METHODS Parents attending their child's first outpatient appointment with the Birmingham Children's Hospital Craniofacial MDT
between September and December 2012 completed a questionnaire to identify concerns they had relating to the appointment. A patient information leaflet was subsequently developed and distributed. From September 2015 to January 2016, questionnaires completed by parents assessed the usefulness of the leaflet and whether it reduced parental anxiety. RESULTS Twenty-six initial questionnaires were returned. Seventeen respondents (65%) reported that they were concerned about some aspect of their child’s appointment. Twenty-two (86%) expressed a desire for more information surrounding their child’s appointment. Thirteen (50%) requested for this information to be provided using a patient information leaflet. After the introduction of the leaflet, 30 questionnaires were returned. All 30 (100.0%) found the leaflet easy to understand. Twenty-nine (96.7%) felt the leaflet provided helpful information. Eighteen (60.0%) felt less worried about the appointment after reading the leaflet. CONCLUSIONS The majority of parents of children referred to a craniofacial MDT appointment displayed concerns that related to the appointment itself. Specific information relating to the appointment process itself was desired. A purpose-built leaflet successfully provided parents with desired information and lowered anxiety among the majority of attendees.

If you have access to this journal you can you can read the whole of this article here

Information seeking patterns of patients/carers and satisfaction with web-based resources

Source: Radiotherapy and Oncology
Publication Date: May 2017

Abstract Purpose or Objective It has been established that a substantial number of patients and their carers use the internet to obtain additional health-related information and several studies have been published analysing the quality of information available on these websites. The aim of this research was to (1) ascertain the internet usage and information seeking patterns of cancer patients and their carers and (2) identify the possible characteristic demographics of internet users. A secondary aim was to determine if these patients and carers are satisfied with the information available to them on a purpose designed web-based patient information resource, ‘Website A’ which is affiliated with the Radiation Oncology Network that they were attending Material and Methods A self-designed anonymous questionnaire consisting of two sections was distributed to patients and their carers within the three radiotherapy departments of a Radiation Oncology Network in Ireland. Participants included patients (n=70) and carers (n=46). Results A total of 116 surveys were returned, with 73% of participants reporting daily internet usage. 52% of these used the internet for information on general health and 67% of the participants used the internet to search for information on their current cancer diagnosis. Of those participants, only 12% used Website A, the website under evaluation in this study. The remainder were unaware of its existence. Overall, when seeking healthcare information, participants rated medical professionals the most useful, followed by Patient Information Leaflets. Healthcare Information.
Websites were rated the third most useful resource. Conclusion Despite medical professionals and information leaflets remaining the most useful sources for patients, physicians need to be aware that many of their patients and their carers are using the internet for information on their diagnosis. This should be acknowledged by recommending quality web-based information resources to ensure that only high quality information is accessed. Website A offers information specifically tailored to the treatment and support services available within the hospitals of this network- an advantage for patients and carers that cannot be ignored. However, Website A is as the majority of participants were unaware of this website efforts to promote and advertise this website are warranted.

Conference abstract - If you have access to this journal you can you can view within the original publication here

Prospective Assessment of Patients’ Knowledge and Informational Needs and of Surgeon-to-Patient Information Transfer Before and After Knee or Hip Arthroplasty.

Source: Orthopaedics & trauma, surgery & research
Publication Date: Sep 2017

BACKGROUND Patients are playing an increasingly large role in their own management and must therefore receive clear, complete, and comprehensible information. In the field of hip and knee arthroplasty, little is known about the level of patient knowledge and effectiveness of surgeon-to-patient information transfer. We therefore designed a prospective observational study with the objective of assessing four factors: patient knowledge during management, quality of information transfer, informational needs, and factors associated with the level of knowledge.

HYPOTHESIS The level of patient knowledge changes during the management process.

PATIENTS AND METHODS A prospective single-centre study was conducted between January 2014 and March 2015 during the outpatient visits and inpatient stays of 63 patients who underwent arthroplasty of the hip (n=36) or knee (n=27). A single observer attended all patient visits and recorded the information provided by the surgeon. Each patient completed a self-questionnaire after the outpatient visit (T1), at admission (T2), and at discharge after surgery (T3). Semi-quantitative scores were used to assess knowledge and informational needs. The effectiveness of information transfer was evaluated by comparing the information provided by the surgeon to the replies made by patients.

RESULTS The mean overall knowledge score (on a 0-42 scale) increased from 17.22±6.33 at T1 to 19.44±6.89 at T3 (p=0.0028). In contrast, knowledge about complications was better at T1 than at T3 (2.67±1.98 vs. 2.19±1.91; p<0.05). Agreement between information given by the surgeon and replies made by patients varied across items from 23% to 100%. The mean informational needs score (on a scale from 0 to 21) ranged from 3.67 to 4.83 and was higher at T3 than at T2 (4.83±3.77 vs. 3.67±4.86; p=0.03). The proportion of patients who wanted written information
was higher at T3. Most patients sought information before the outpatient visit. At each step of the management process, the main areas about which the patients wanted information were the surgical procedure, the rehabilitation programme, and the prosthesis. Several socio-demographic or management-related factors influenced the level of knowledge. Thus, older age and lower educational attainment were associated with lower knowledge scores, whereas previous lower-limb orthopaedic surgery and amount of information provided by the surgeon were associated with higher knowledge scores. Knowledge scores were not associated with being employed vs. retired, gender, replacement of a hip vs. a knee, the surgeon, or being accompanied by another person.

DISCUSSION Our study is original in that we assessed changes in patient knowledge during the management process for hip or knee arthroplasty. The level of patient knowledge was fairly low and varied considerably across individuals and time points in the management process. These data highlight the importance of providing patients with information throughout their management and particularly at discharge, when the desire for information seems greatest.

If you have access to this journal you can you can read the whole of this article here

The information needs of patients receiving procedural sedation in a hospital emergency department

Source International emergency nursing
Publication Date Jul 2017

This research investigated the information needs of patients receiving ED procedural sedation to determine the best format to consistently deliver key information in a way acceptable to all involved. Of particular interest was the question concerning patients' need for receiving written information. A descriptive exploratory study gathered qualitative data through face-to-face interviews and focus groups involving patients, nurses and medical staff. Individual interviews were conducted with eight adult patients following procedural sedation. They identified very few gaps in terms of specific information they needed pertaining to procedural sedation and rejected the need for receiving information in a written format. Their information needs related to a central concern for safety and trust. Focus groups, reflecting on the findings from patients, were conducted with five ED nurses and four emergency medicine consultants/registrar who regularly provided procedural sedation. Themes that emerged from the analysis of data from all three groups identified the issues concerning patient information needs as being: competence and efficiency of staff; explanations of procedures and progress; support person presence; and medico-legal issues. The research confirms that the quality of the patient's ED experience, specifically related to procedural sedation, is enhanced by ED staff, especially nurses, providing them with ongoing and repeated verbal information relevant to their circumstances.

If you have access to this journal you can you can read the whole of this article here
Personalized versus standardized responses to patient queries: Implications for physician time and provision of information
Source: International Journal of Radiation Oncology Biology Physics
Publication Date: Oct 2017

Purpose/Objective(s): High quality consultation should be patient-centered including information given to patients. Personalized information based on patient’s questions improves outcomes and validity of consent, physician burnout and malpractice claims rate. However, these are not uniformly elicited often due to concern about volume of information that would be requested. We measured the quantity and nature of questions asked by patients and companions at consultation for radiotherapy when deliberately queried to express all their questions and tested for variation in quantity with patient’s characteristics. Purpose/Objective(s): During consultation by one radiation oncologist, patients were asked to express all their questions each of which was documented verbatim. Records From 2012 to 2016 were retrospectively reviewed with IRB approval. To design data-capture fields, questions were extracted from a pilot group from the initial six-month period. One hundred and seventy five questions were extracted and categorized into 57 information topics, 34 themes, 9 subjects. Each question for the four-year period was classified. Demographics and other characteristics were collected. Analysis of variance (ANOVA) was performed to assess if there was variation in number questions asked with each characteristic. Results: After excluding 183 patients, 396 cases were analyzed. They asked 2,386 questions. with median number of questions: 6, range 0-16, interquartile range 4. There was variation by age: mean number of questions 6.8 for <60 years, 6.1 for 60-69 years, 5.4 for >/=70years (p=0.049) and similar pattern for number of themes (p=0.018); variation by insurance: mean number of questions for Medicaid 4.4, uninsured 5.5, Medicare 5.7, Tricare/Veterans Affairs 6.1, and private insurance 7.1 (p=0.0008) and same pattern for number of themes (p=0.0004); variation by site: mean >6.5 themes were asked by patients with Head & Neck, Bladder, Brain, Rectum, Anus and mean <6.5 by patients with primary Breast, Prostate, Lung, Skin, Lymphoma and Others (p=0.0440). There was a trend for fewer questions if treatment for a recurrence versus initial cancer (p=0.0783). No difference was seen by race, gender, performance status, stage, Karnofsky performance status, treatment goal, and for treatment of a primary or metastatic site. The 3 commonest subjects were related to: logistics (19.7% of questions), side effects (18.1% of questions) and radiotherapy details (18.0% of questions). Conclusion: The median of 6 questions per patient implies that personalization of discussion is feasible. This need cannot be satisfied via non-customized material: patients asked for specifics of their own radiotherapy logistics, side effects and radiation technical details. We recommend research to measure the provider’s work involved to evaluate and manage personalized patient information needs and appropriate reimbursement.
Conference abstract - If you have access to this journal you can view within the original publication [here](#).

**Patient information regarding medical radiation exposure is inadequate: Patients' experience in a university hospital**

Source: Radiography

Publication Date: Nov 2017

It is suspected that little or no information is provided to patients regarding radiological examinations. The purpose was to evaluate the coverage, content and source of this information in a university hospital. Methods Altogether 147 patients (18-85 years) were interviewed after different examinations using a questionnaire. The patients had undergone 35 low (<1 mSv), 66 medium (1-10), and 46 high (>10) dose examinations. They were asked if they were informed about radiation use, the course or indication of the examination, the consequences of not having the examination, other options, the dose and risks of radiation, the source for the information and if any consent was enquired. Results 52 (35%) patients did not receive any information while 95 (65%) obtained some information. Fifty-six (38%) patients received an information letter, and 75 (51%) obtained oral information, mainly from the referrer or the radiographer. The information was mostly about indication, course or radiation use, very seldom about radiation risks and the other areas. Those with a nuclear medicine examination received information more often than those with other medium- or high-dose examinations (p = 0.004). The patients scored the received information as 2.2 (mean, SD 1.3) on a Likert scale from 1 (poor) to 5 (good). Conclusion Patients obtained inadequate information regarding radiological examinations in a university hospital. The information was provided non-systematically from various sources. The results help to set up practical guidelines for systematic information and to follow up their efficiency. The mode of operation might be helpful elsewhere in the future.

If you have access to this journal you can read the whole of this article [here](#).

**The nurse hired to combat cancer myths online**

Source: BBC News

Publication Date: October 2017

Macmillan Cancer support has appointed a digital nurse to combat "fake news" online, which they say leaves patients "scared and at risk of bogus cures".

You can read the full news story [here](#).