NSS 507
SEMINAR IN NURSING

NATIONAL OPEN UNIVERSITY OF NIGERIA

COURSE GUIDE

NSS 507
SEMINAR IN NURSING

Course Developer/Writer	Dr. Nike Olaogun Department Nursing Sciences Faculty of Basic Sciences, Obafemi Awolowo University Ile-Ife
Programme Leader	Prof. O. Nwana National Open University of Nigeria
Course Coordinator	Kayode S. Olubiyi National Open University of Nigeria

NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
14/16 Ahmadu Bello Way
Victoria Island
Lagos

Abuja Office
No. 5 Dar es Salaam Street
Off Aminu Kano Crescent
Wuse II, Abuja
Nigeria

e-mail: centralinfo@nou.edu.ng
URL: www.nou.edu.ng

Published by
National Open University of Nigeria

Printed 2008

ISBN: 978-058-989-9

CONTENTS **PAGE**

Introduction

Learning is an active process in which the learner must not only be active but must fully participate in the whole process. Nurses are expected to share knowledge with their clients, colleagues and the greater community. One of the most effective methods of learning and of disseminating knowledge is through presentation at seminars, workshops and in scientific writings that are published. The learner source knowledge using all available resources and presents the information in a simple but effective method. Nursing is a caring profession that is developing. Knowledge is expanding and nurses of this generation are expected to be knowledgeable on core nursing issues, health related issues, and on non-health related issues that have great influence on the nurse and her practice. The nurse is a teacher, facilitator, supporter and liaison person between the clients and resources available for the promotion, prevention and regaining of health. In the nurse – client relationship, the nurse has to provide information, guide and support the clients. The nurse assumes the role of a teacher/ facilitator to the public as needs arises. To her colleagues, there is always an opportunity to share and discuss information on clients' care, research, policy development and implementation.

The course, NSS 507: Seminar in Nursing is a 4-credit unit course divided into two parts. The first part is the theoretical aspect that you will study in this study material. It takes up two units of the course. The second part is the practical aspect. You will develop seminar topics/research reports and present them to a group of learners and facilitators. This makes up two units.

What You Will Learn in this Course

In this course, you will learn facts on how to develop skills and methods of disseminating information at various levels and demonstrate these skills at oral presentations. You will combine independent studies, selected clinical experiences, research projects and seminar discussions to accomplish learning. In these days of information technology, you will be introduced to the use of simple computer software that will enhance your presentations. Be reminded that you need to integrate what you have learnt in 'Foundations of Nursing', 'Introduction to Computer', 'Research in Nursing' and all other courses you took in core nursing. They would provide the basis for the titles/topics you will work on and the information you will use in developing your work.

Course Aim

This course aims at providing the learners with in-depth understanding of how to develop skills in writing scientific papers and in presenting and defending their work to a community of people.

Course Objectives

To achieve the aims set out above, the course sets the overall objective. In addition, each unit has specific objectives stated at the beginning of a unit. Learners are advised to read them carefully before going through the unit. You will have to refer to them during the course of your study to monitor your progress. You are encouraged to always refer to the unit objectives after completing a unit. This is the way you can be certain that you have done what was required of you in the unit**.** The wider objectives of the course are set below. By meeting these objectives, you should have achieved the aims of the course as a whole.

On successful completion of the course, you should be able to:

1. Identify how to source knowledge and information on topics of interest.
2. Prepare seminar papers and papers for workshops.
3. Develop different strategies for paper presentations.
4. Develop skills in presenting your work at seminars and workshops.
5. Write a scientific paper.
6. Present one seminar paper and defend your research project at an oral defence.

Working through this Course

To complete this course, you are required to study through the units, the recommended textbooks and other relevant materials. Each unit contains some self-assessment exercises and tutor-marked assignment and at some point in this course, you are required to submit the tutor-marked assignments. This will be followed by a presentation of a seminar and an oral defence of your research project which will be graded. The following are the components of this course:

1. The Course Guide
2. Study Units
3. Textbooks
4. Assignment File
5. Presentation Schedule

Study Units

This course is made up of nine study units in three modules and a fourth module on your seminar presentation. These are:

Module 1

Unit 1 Theories Underlying Seminars and Workshop.
Unit 2 Sources of Information
Unit 3 Issues that can be presented at Seminars and Workshops

Module 2

Unit 1 Scientific Writing
Unit 2 Developing Visual Aids
Unit 3 Presentation of Seminars

Module 3

Unit 1 Critiquing a Paper/Research Report
Unit 2 Examples of Published Articles
Unit 3 Power Point Presentation

Module 4 Presentation of Seminar and Research Project

You will be assigned to a tutor who will serve as your supervisor and will guide you in picking titles for your seminar and research project. He/she will assist you at every stage of your work until you have your oral presentations.

Textbooks and References

Adeyanju, G A. *Creativity; Learning and Learning Styles*, Ishola Ola & Sons: Zaria.

Akinboye, J.O. (1996). *Psychological Foundations of Education in Africa*, Stirling-Horden Publishers (Nig.) Ltd.: Ibadan.

Joyce Bruce, Calhoun Emily and Hopkins David (2002). *Models of Learning – Tools for Teaching,* Second Edition, Open University Press: Buckingham.

Wittich, Charles (1973). *Instructional Technology; Its' Nature and Use,* Second Edition, Harper and Row: USA.

Underwood Jean (Ed.) (1994). *Computer Based Learning; Potential into Practice,* David Fullton Publishers Ltd: London.

Assignment File

The assignment file will be the Tutor-Marked Assignment (TMA) which will constitute part of the continuous assessment (CA) of the course. There are assignments in this course with each unit having an activity/exercise for you to do to facilitate your learning as an individual.

Presentation Schedule

This presentation schedule in this course provides with important dates for completion of each tutor-marked assignment. Please try to meet the deadlines.

Assessment

There are two aspects to the assessment of the course. These are the tutor-marked assignments. In tackling the assignments, you are expected to apply information, knowledge and strategies gathered during the course. The assignments must be turned in to your tutor for formal assessment in accordance with the stated presentation schedules. The works you submit to your tutor for assessment will count for 40% of your total course work.

At the end of the course you will need to present a seminar and defend your research work at an oral interview. Three weeks before each presentation, you must submit three copies of your seminar paper and three copies of your research project in soft paper binding to your tutor. At the end of each oral presentation, you will effect all corrections made during presentation and produce three copies of your seminar paper and three copies of your research project in hard cover binding to your tutors. These oral and written presentations of your seminar and research project will count for 60% of your total course mark.

Tutor-Marked Assignment

There are eight tutor-marked assignments in the course. You are advised in your own interest to attempt and submit the assignments at the stipulated time in your study centre. You will be able to complete the assignments from the information and materials contained in your reading and study units. There are other self assessment activities contained in the instructional material to facilitate your studies. Try to attempt all. Feel free to consult any of the references to provide you with broader view and a deeper understanding of the course. Extensions will only be granted for submission after deadline on exceptional cases.

Course Marking Scheme

The following table includes the course marking scheme:

Assessment	Marks
Assignment 1 – 8	10 marks for each of the best 4 TMAs Total = 10% x 4 = 40%
Final written and oral presentations	60% of overall course marks
Total	100% of course marks

Course Overview

This table indicates the units, contents and the number of weeks required to complete the assignments.

Unit	Title of Work	Week Activity	Assessment
	Course Guide		
Module 1			
Unit 1	Theories Underlying Seminars and Workshop	Week 1	
Unit 2	Sources of Information	Week 2	
Unit 3	Issues that can be Presented at Seminars and Workshops	Week 3	
Module 2			
Unit 1	Scientific Writing	Week 4	
Unit 2	Developing Visual Aids	Week 5	
Unit 3	Presentation of Seminars	Week 6	
Module 3			
Unit 1	Critiquing a Paper/Research Report	Week 7	
Unit 2	Examples of Published Articles	Week 7	
Unit 3	Power Point Presentation	Week 7	
Module 4			
	Preparation of Seminar	Weeks 8-12	
	Presentation of Seminar	Week 13	

How to Get the Most out of the Course

In distance learning, the study units replace the university lecture. This is one of the greatest advantages of distance learning. You can read and work through specially designed study materials at your own pace and at time and place that suit you best. Think of it as reading the lecture notes instead of listening to a lecturer. In the same way that a lecturer might set you some reading task, the study units tell you when to read your other material. Just as a lecturer might give you an in-class exercise, your study units provide exercise for you to do at appropriate points. You must use a good library and internet services for most of your studies. Please, ensure you enroll in these facilities and spend at least 4 hours per week in them. DO NOT WASTE YOUR TIME AT THE CYBERCAFE BY ACCESSING JUNKS BECAUSE THERE IS ALWAYS A TENDENCY TO DOING THAT. YOU MUST BE HIGHLY DISCIPLINED WHEN ON THE INTERNET.

The following are practical strategies for working through the course:

- Read the course guide thoroughly.
- Organise a study schedule.
- Stick to your own created study schedule.
- Read the introduction and objectives very well.
- Assemble your study materials.
- Work through the unit.
- Enroll and use the library and internet judiciously. The bulk of your work and its' success will be determined by the effective use of these facilities.
- Keep in mind that you will learn a lot by doing all your assignment carefully.
- Review the stated objectives.
- Don't proceed to the next unit until you are sure you have understood the previous unit.
- Keep to your schedules of studying and assignments.
- Review the course and prepare your seminar presentation and conduct your research project honestly. Do not plagiarise as it is an academic fraud.
- Have oral presentations of your seminar and research project.

Facilitators/Tutors and Tutorials

There are eight hours of effective tutorial provided in support of this course. Details will be communicated to you together with the name and phone number of your tutor through the study centre. You have to enrol and spend meaningful time (a minimum of four hours per week) at the library and on the internet. When you have problems, discuss with the

librarian of the library you are using or the staff at the cybercafé you are using.

Your tutor will mark and comment on your assignments, keep a close watch on your progress and any difficulties you might encounter and also provide assistance to you during the course. You must ensure that you submit your assignment as and at when due. You will get a feedback from your tutor as soon as possible to the assignments.

Do not hesitate to contact your tutor or study centre on phone or email in case of any of the following circumstances:

- You do not understand any part of the study units or the assigned reading.
- You have difficulty with the self-tests or exercises.
- You have questions or problems with an assignment, tutor's comments or grading of an assignment.

You are encouraged to attend the tutorials to have face-to-face contact with your tutor and ask questions which you need answers immediately. It is also an opportunity to discuss any grey area of the course material with your tutor. You can equally prepare questions to the tutorial class for meaningful interactions. You are sure to gain a lot from active participation in discussions.

Best of luck.

MAIN COURSE

Course Code	NSS 507
Course Title	Seminar in Nursing
Course Developer/Writer	Dr. Nike Olaogun Department Nursing Sciences Faculty of Basic Sciences Obafemi Awolowo University Ile-Ife
Programme Leader	Prof. O. Nwana National Open University of Nigeria
Course Coordinator	Kayode S. Olubiyi National Open University of Nigeria

NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
14/16 Ahmadu Bello Way
Victoria Island
Lagos

Abuja Office
No. 5 Dar es Salaam Street
Off Aminu Kano Crescent
Wuse II, Abuja
Nigeria

e-mail: centralinfo@nou.edu.ng
URL: www.nou.edu.ng

Published by
National Open University of Nigeria

Printed 2008

ISBN: 978-058-989-9

CONTENTS PAGE

MODULE 1

UNIT 1 THEORIES UNDERLYING SEMINARS/ WORKSHOPS

CONTENTS

1.0 INTRODUCTION

In education, there are various methods used by the teachers/facilitators to pass information across to their learners. A very common method is the lecture method. The facilitator stands in front of his learners and with the aid of a chalkboard, he talks continuously only breaking occasionally to take questions. This method is what you and I have been used to from our primary education days. The facilitator is very active and dominating in this method. The learner is passive. With selective hearing/listening, most of the time, learners do not benefit significantly from the lecture method. Another method you are familiar with in nursing is the demonstration method. In each school of Nursing, there is a demonstration room where procedures are taught to students through demonstration by clinical instructors. Learners learn by ‘doing’ after watching their clinical instructors. The tendency to learn increases

because the facilitator and learner are both active. Practice by the learners further enhances the skills of the learner and makes learning permanent. The questioning or brainstorming method is another method which is sparsely used in most of our institutions. The facilitator pose questions to learners and when learners ask questions, instead of giving answers, the facilitator probes the learner further with more questions. The learner searches for knowledge by finding answers to the questions. Another method not common at primary and secondary school levels is the seminar/workshop. Most times, at such levels of education, students are exposed to similar experiences through debates. They hold debates with their peers in their school or in 'outside school' competitions. An example is 'The Challenge' an NTA debate programme for secondary schools. The students are assisted by their teachers to prepare points that will support their position in an open debate. It is very exciting as these students present their points. Their ability in spoken English and in developing critical thinking is demonstrated through how they buttress their points to prove their convictions. I believe these students throughout their lives will always remember this experience. This is a teaching/learning method that is similar to what takes place at seminars/ workshops. In seminars and workshops, the learners assume a more active position by presenting points that are relevant and important in convincing their listeners. This course focuses on seminars and workshops as a learning strategy.

2.0 OBJECTIVES

At the end of this session, you should be able to:

- define a seminar/workshop
- discuss theories that guide seminar/workshop as teaching-learning method
- discuss the advantages and disadvantages of seminar/workshop as learning methods.

3.0 MAIN CONTENT

3.1 Seminars and Workshops

What is a Seminar?

The word seminar is coined from a Latin word *sēmināriu*m. There are many definitions of seminar, depending on its use. Examples are stated below:

i. A meeting for an exchange of ideas; a conference.
ii. Education imparted in a series of lessons or class meeting.

iii. A small group of advanced students in a college or graduate school engaged in original research or intensive study under the guidance of a professor who meets regularly with them to discuss their reports and findings. *(American Heritage Dictionary, 2004).*

For the purpose of this course, the last definition will be accepted as relevant. You as learners undergoing a degree programme in nursing at the National Open University of Nigeria will conduct client study, research and present term papers at seminars and workshops as part of the requirement for your course. At such presentations, you will be interacting with a facilitator and your colleagues on the internet and/or in a study centre.

What is a Workshop?

A workshop could be:

i. an intensive seminar in some subject of study (*The new Webster's dictionary*,1995).

ii. a usually brief intensive educational programme for a relatively small group of people, that focuses especially on techniques and skills in a particular field (*Merriam-Webstar's online dictionary).*

For the purpose of this course, the second definition will be accepted as relevant. You will be engaged in interactive sessions occasionally as a nurse in your place of work or within the nursing profession or within your study period at the Open University. The focus at such gathering is to equip you with new knowledge on specific areas of your profession e.g., running a workshop on the nursing process or on pain management.

In summary, seminars and workshops are strategies of learning that allows the learner, to take active role in the teaching – learning process. The main difference between a seminar and a workshop is that workshops are aimed at developing new skills or techniques in the participants. Both methods introduce and enhance new areas of knowledge to learners.

3.2 Theories of Learning Guiding Seminars/Workshops

Theories of learning are very important in understanding the process of learning and in designing the teaching – learning methods. You will learn more of these theories in other courses but for the purpose of understanding seminars and workshops, we will deliberate on the following theories under the behaviorism school.

Behaviourism: Theories in this school of thought are based on observable changes in human behaviour. Behaviourism focuses on a new behavioural pattern being repeated until it becomes automatic. It emphasizes the study of overt behaviours that can be observed and measured. The mind is perceived as a "black box" that responds to stimuli and these responses can be observed quantitatively. The behaviourist's school totally ignores the possibility of thought processes occurring in the mind. Some key theorists in the development of the behaviourist theory were Pavlov, Watson, Thorndike and Skinner. In this unit, you will be learning about Thorndike's theory and the Chestalt theory.

3.2.1 Learning Theories by E. Thorndike (1874 - 1949)

Thorndike's theories originate from behavioural psychology: They were based on the stimulus-response hypothesis. A neural bond is established between the stimulus and response when the response is positive. When these bonds are formed into patterns of behaviour, learning takes place. Learning is therefore, the result of associations formed between stimuli and responses. Such associations or "habits" become strengthened or weakened by the nature and frequency of the S-R pairing. Thorndike had three primary laws. These are:

1. **Law of effect:** In the law of effect, Thorndike initially stressed that when responses to a situation are followed by a reward; the behaviour will be strengthened and will become habitual responses to that situation. When it is negatively rewarded it will become weakened. Thorndike later revised this "law" when he found that negative reward, (punishment) did not necessarily weaken bonds, and that some seemingly pleasurable consequences do not necessarily motivate performance. A corollary of the law of effect was that responses that reduce the likelihood of achieving a rewarding state (i.e., punishments, failures) will decrease in strength.

2. **Law of readiness**: A series of responses can be chained together to satisfy some goal which will result in annoyance if blocked, and because of the structure of the nervous system, certain conduction units, in a given situation, are more predisposed to conduct than others.

3. **Law of exercise:** With practice, connections between stimulus and response are strengthened and the connections become weakened when practice is discontinued. The "law of exercise" held that the more an S-R (stimulus response) bond is practised the stronger it will become. As with the law of effect, the law of

exercise also had to be updated when Thorndike found that practice without feedback does not necessarily enhance performance.

These theories suggest that transfer of learning depends upon the presence of identical elements in the original and new learning situations; i.e., transfer is always specific, never general. In later versions of the theory, the concept of "belongingness" was introduced; connections are more readily established if the person perceives that stimuli or responses go together. Another concept introduced was "polarity" which specifies that connections occur more easily in the direction in which they were originally formed than the opposite. Thorndike also introduced the "spread of effect" idea, i.e., rewards affect not only the connection that produced them but temporally adjacent connections as well.

Principles of learning that emanate from these laws are:

1. The learner should be active rather than be a passive listener or viewer.
2. Learning requires both practice and rewards (laws of effect /exercise).
2. A series of S-R connections can be chained together if they belong to the same action sequence (law of readiness).
3. Transfer of learning occurs because of previously encountered situations.
4. Intelligence is a function of the number of connections learned.

3.2.1.1 Application of Learning Principles to Seminars/Workshops

In developing the topics and presentations for seminars/workshops, you will gather information on topics, build them up and rehearse repeatedly before presenting to a group. Therefore, you require knowledge from what you have learnt from other courses both in nursing and from other disciplines. This knowledge will be transferred into the new concepts. The result of this is the development of more knowledge which enhances intelligence.

3.2.2 Gestalt Theory (Wertheimer)

Gestalt theory is the theory of unitary mental organisation based on the observation that perception is structural and cannot be resolved as the mere agglomeration of minute definable responses to local stimuli (*The new Webster's dictionary,* 1995). It emphasises higher-order cognitive processes in the midst of behaviourism. The word "Gestalt" has no

direct translation in English, but refers to "a way a thing has been *gestalt*; i.e., 'placed,' or 'put together'"; common translations include "form" and "shape". Gestalt theorists followed the basic principle that the whole is greater than the sum of its parts. In other words, the whole (a nurse) carries a different and altogether greater meaning than its individual components (an individual, a job, uniform, caring, patients, and hospital). In viewing the "whole," a cognitive process takes place – the mind makes a leap from comprehending the parts to realising the whole. The focus of Gestalt theory was the idea of "grouping", that is, the characteristics of stimuli cause us to structure or interpret a visual field or problem in a certain way. The primary factors that determine grouping are: (1) proximity - elements tend to be grouped together according to their nearness, (2) similarity - items similar in some respect tend to be grouped together, (3) closure - items are grouped together if they tend to complete some entity, and (4) simplicity - items will be organised into simple figures according to symmetry, regularity, and smoothness. These factors were called the laws of organisation and were explained in the context of perception and problem-solving.

Max Wertheimer (1959), a German, provided a Gestalt interpretation of problem-solving. The essence of successful problem-solving behaviour according to Wertheimer is being able to see the overall structure of the problem: "A certain region in the field becomes crucial, is focused; but it does not become isolated. A new, deeper structural view of the situation develops, involving changes in functional meaning, the grouping, etc. of the items. Directed by what is required by the structure of a situation for a crucial region, one is led to a reasonable prediction, which like the other parts of the structure, calls for verification, direct or indirect. Two directions are involved: getting a whole consistent picture, and seeing what the structure of the whole requires for the parts.

Principles

1. The organisation of information to be learnt should be from simple to complex and from simplified wholes to more complex wholes.
2. The learner should be encouraged to discover the underlying nature of a topic or problem (i.e., the relationship among the elements).
2. Gaps, incongruities, or disturbances are an important stimulus for learning
3. Instruction should be based upon the laws of organisation: proximity, closure, similarity and simplicity.
4. Divergent thinking which leads to inventive solutions of problems or to creation of novel and valued products should be nurtured along with convergent thinking which results in

logically correct answers. Divergent thinking requires that the learner perceives himself as potentially creative through appropriate support from the facilitator for his tentative efforts at originality.

3.2.2.1 Application of Learning Principles to Seminars/Workshops

In developing and presenting seminars and workshops, you are encouraged to discover by yourself, the nature and elements involved in the topics. The unknown to the known that you discover, subsequently serve as stimuli for learning. This is self discovery which enhances learning and develop intelligence. You will understand the topic you will be working on by understanding its elements based on the proximity, simplicity and similarity of facts that underline the elements.

3.2.3 Summary

These learning theories have given us the basis for having seminars/workshops as a teaching–learning strategy. As learners, you must search for knowledge. In the process of searching and researching, you will find facts that will help you in your practice as a nurse and in contributing to your communities and nation.

SELF ASSESSMENT EXERCISE 1

1. Identify the learning theories developed by Thorndike.
2. Discuss two principles of learning that emanate from the Thorndike theories that have relevance to seminars and workshops.
3. Mention other theories by other theorists that can be grouped under behaviourism.

SELF ASSESSMENT EXERCISE 2

1. Identify those factors that determine grouping as discussed by the Gestalt theorists.
2. Discuss two principles of learning that emanate from the Gestalt theory that have relevance to seminars and workshops.

3.3 Advantages and Disadvantages of Seminars/Workshops as a Teaching-Learning Method

Advantages

1. This method of learning allows the learner to actively search for knowledge. Such knowledge is retained and cannot be easily forgotten. There is a popular saying that:

What I hear, I forget. What I see, I know and .What I do, I remember.

2. In seminars, you are actively doing things either searching or presenting. You will always remember.
3. Discussions at seminars allow participants to develop a concept which is more than the sum of various parts they know before coming for the session. It triggers new and fresh ideas in each participant.
4. It enables learners to develop the skills of leadership and group dynamics and the ability to talk publicly.
5. The result of whether you know a fact or not are known immediately through the response of your peers and the facilitators.

Disadvantages

1. Lazy learners (who are not presenting) will not prepare for the session and so cannot participate effectively. When this happens, the seminar/workshop would then be reduced to a lecture.

1. Could be used by some presenters as a forum to dominate and show off their potential or to embarrass members who do not hold the same opinion as they do.

3. In places like Nigeria where access to internet, books and journals are difficult, learners may not be able to effective source information which becomes a big handicap for all the learners.

4.0 CONCLUSION

These learning theories have given you the basis for having seminars/workshops as a teaching –learning strategy. As learners, you must search for knowledge. In the process of searching and researching, you will find facts that will help you in your practice as a nurse and in contributing to your communities and nation. Seminars and workshops are strategies that will enhance your potentials in developing skills that will improve your practice in patients' care and research.

5.0 SUMMARY

This unit has discussed what seminars and workshops are, theories underlying their use as strategies of teaching and learning and the advantages and disadvantages of the use of seminars and workshops.

SELF ASSESSMENT EXERCISE 3

1. Discuss two advantages and two disadvantages of using seminars and workshops as teaching learning strategies.
2. How can we ensure that seminars and workshops are effective in learning?

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the teaching and learning principles that explain seminars/ workshops as a better option than other teaching learning methods.

7.0 REFERENCES/FURTHER READINGS

Akinboye, J.O. (1996). *Psychological Foundations of Education in Africa,* Stirling-Horden Publishers (Nig.) Ltd: Ibadan.

Henderson, V and Nite, G. (1978). *Principles and Practice of Nursing,* Sixth Edition, Macmillan Publishing Co. Inc: New York.

Joyce Bruce, Calhoun Emily and Hopkins David (2002). *Models of Learning – Tools for Teaching,* Second Edition, Open University Press: Buckingham.

The American Heritage® Dictionary of the English Language, Fourth Edition, Copyright © 2004, 2000 Houghton Mifflin Company.

The New Webster's Dictionary of the English Language. (1995) International Edition. Lexicon International – Publishers Guild Group, New York.

http://www.merriam-webster.com/dictionary.htm

Gestalt theory http://tip.psychology.org/wertheim.html

UNIT 2 SOURCES OF INFORMATION

CONTENTS

1.0 INTRODUCTION

To develop the content of what you will be presenting at the seminars and workshops, there is a need for you to source information. Information on issues in nursing, health and related issues are voluminous and can be found in many places. This unit will guide you on the available sources in your environment. You must determine to search for information and you must cultivate the habit of reading. The more you read, the more information you get. The more information you have, the more knowledgeable you become. The more knowledgeable you are, the better your practice and confidence. Please, enroll and use a good library in your environment. Also enroll at a cybercafé where you can access the internet. You need to spend about four hours every week in the library and cybercafé in order to understand this learning material.

2.0 OBJECTIVES

At the end of this session, you should be able to:

- identify different sources of information that could be used in developing a topic for presentation
- do a literature search on a nursing topic.

3.0 MAIN CONTENT

3.1 Sources of Information

To develop the work that will be presented at seminars/ workshops, you need to source for information. There are various sources but it is not all

sources that will give you the facts you need in your work. You will get rich information that will add credit to your work through the following:

3.1.1 Books and Encyclopedias

Books and encyclopedias are considered as "tertiary" sources of information. Books are very common and you have had and read books over the years. Books cover virtually any topic. There are books for facts (the nursing textbooks), fiction (novels) and for religion (Bible and Koran). For seminars, workshops and scientific writing purposes, you will be looking for books that synthesise all the information on the topic of interest or topic that has being assigned to you. Information you gather will support a particular argument or the thesis of your work. Libraries organise and store their book collections on shelves called "stacks'. You can sort books in the library through the catalogue section. Today, there are electronic books, called e-books that may be purchased online or may be available for free for your use.

SELF ASSESSMENT EXERCISE 1

1. Get into the library nearest to you. Get the list of encyclopedia on the shelves. Find out those that are on general issues and those on specific subject matters.
2. Check in the encyclopedia for information on nursing.
3. Check in the library for sections on nursing/ health and get acquainted with textbooks on different areas of nursing and health.

An encyclopedia is a comprehensive reference work containing articles on a wide range of subjects or on numerous aspects of a particular field, usually arranged alphabetically (*American Heritage Dictionary*, 2004). They are collections of short, factual entries often written by different contributors who are knowledgeable about the topic.

Encyclopedias are of two types namely, general and subject. General encyclopedias provide concise overviews on a wide variety of topics while subject encyclopedias contain in-depth entries, focusing on one field of study. Encyclopedias can be found in libraries, sometimes people stock them in their personal libraries but at present, they can be found on the Web (internet).

Use of Books/Encyclopedias; you can use them to:

- gain a general understanding of a subject area;
- find key ideas, important dates or concepts that you can be used in later searches;

- find historical information;
- find summaries of research to support an argument; and
- have background information on a topic.

Examples of books and encyclopedias are:

1. Ackley, B.J and Ladwig, G.B (2004). *Nursing Diagnosis Handbook. A Guide to Planning Care,* M Mosby, An affiliate of Elsevier Sixth Edition, Missouri: USA.

2. Rubenfeld, M.G and Scheffer, B.R. (1995). *Critical Thinking in Nursing: an Interactive Approach,* JB Lippincott Company: Philadelphia.

3. Encyclopedia Americana *(general encyclopedia).*

4. Columbia Encyclopedia *(general encyclopedia).*

5. African-American Encyclopedia *(subject encyclopedia).*

3.1.2 Journals

It is a periodical, presenting articles on a particular subject. A collection of articles usually written by scholars in an academic or professional field. These articles are reviewed by an editorial board to decide whether they should be accepted. The process of review could be open or double blind. In open reviews, the author and the reviewers' names are not kept secret. In double blind, the identities of both the reviewer and the author are not known by each party. Articles in journals can cover very specific topics or narrow fields of research or review of literature. Journals are published on a regular or periodic basis. They are therefore grouped in the category called "periodicals". Currently there are electronic journals, called e-journals. These are published on the Web by scholarly organisations and are made available to you when you browse the internet. Some are free while for some, you need to subscribe before you can access them.

Use of Journals

You can use journals to:

- do a scholarly research;
- find out what has been studied on your topic;
- find bibliographies that point to other relevant research; and
- find the results of studies that are conducted in Nursing practice, so that you can practice evidenced-based nursing.

Examples of Journals

1. African Journal of Nursing and Midwifery.
2. Nursing Research.
3. Western Journal of Nursing Research.
4. British Journal of Midwifery.

SELF ASSESSMENT EXERCISE 2

1. List the names of the journals in the library you are using under two headings-national and international.
2. Go through two of the nursing journals. List out the title of articles on original research, and those on concept papers (general issues).

3.1.3 Magazines

A magazine is a collection of articles and images about diverse topics of popular interest and current events written by journalists or scholars. These articles are not peer reviewed as is done with the journals. Magazines may cover very "serious" material, but to find consistent scholarly information you should use journals. Magazines, like journals and newspapers, are called "periodicals" because they are published at regular intervals throughout the year. Print magazines can be found in bookstores and libraries. Electronic magazines, called e-zines, can be found on the Web and sometimes in "digital library" collections.

Use of Magazines

You can use magazines to:

- find information or opinions about popular culture;
- find up-to-date information about current events; and
- find general articles for people who are not necessarily specialists about the topic.

Examples of Magazines

1. Nursing Times
2. Nursing Standard

SELF ASSESSMENT EXERCISE 3

1. List out the magazines available in your library.
2. Check the difference in the write up of information in a nursing magazine and that in a nursing journal.

3.1.4 Website

The internet has become a major source of information. Every information needed on almost all subjects can be found on the internet. There is a need to know how to access the internet. This requires training, discipline and patience. Information on the internet can be accessed through the web. The web allows you to access information using a browser. One of the main features of the web is the ability to quickly link to other related information. The web contains information beyond plain text, including sounds, images and video. When you are just getting started with a topic it is often good to do some surfing to find out some general information about the topic. Learning some tricks to doing good web searches will save you time and ultimately help you find more relevant information. Searching for information on the web could be conducted as follows:

There are many software search engines on the internet from which you can get information. Examples are the PubMed, Google, Cinalh etc. To access the PubMed, follow these steps.

1. When you log on to the internet, click on **file**. A list of items will appear.
2. Click on **open.** A dialogue box will pop up. Type the following in the box:
   http://www.ncbi.nlm.nih.gov/entrez/query.fcgi.
3. This will lead you to PubMed.
4. The home page of PubMed is shown (see below)
5. Write the topic you are interested in, e.g., if you are working on treatment of malaria, write “Malaria AND treatment” in the space provided. Click on GO.

PubMed www.pubmed.gov A service of the National Library of Medicine and the National Institutes of Health

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search for

Limits Preview/Index History Clipboard Details

Feb 21 2007 18:14:20

6. It will give you a list of authors, titles of articles and journal as shown below:

PubMed www.pubmed.gov A service of the National Library of Medicine and the National Institutes of Health

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Books

Search for

Limits Preview/Index History Clipboard Details

About Entrez

Text Version

Display Show

All: 3 Review: 0

Items 1 – 3 of 3 One page.

Entrez PubMed Overview
Help | FAQ
Tutorials
New/Noteworthy
E-Utilities

PubMed Services

1: Djaman JA, MAzabraud A, Basco L.
Sulfadoxine-pyrimethamine susceptibilities and analysis
dihydrofolate reductase and dihydropteroate synthase of
falciparum isolates from Cote d'Ivoire.
Ann Trop Med Parasitol. 2007 Mar;101(2):103-12.
PMID: 17316496 [PubMed - in process]

2: Conteh L, Stevens W, Wiseman V. Related Article — Related Articles

The role of communication between clients and health care providers: implications for adherence to malaria treatment in rural Gambia.
Trop Med Int Health. 2007 Mar;12(3):382-91.
PMID: 17313510 [PubMed - in process]

3: Vallely A, Vallely L, Related Articles, Links Changalucha J, Greenwood B, Chandramohan D. — Related Articles, Links

Intermittent preventive treatment for malaria in pregnancy in Africa: What's new, what's needed?
Malar J. 2007 Feb 16;6(1):16 [Epub ahead of print]
PMID: 17306014 [PubMed - as supplied by publisher]

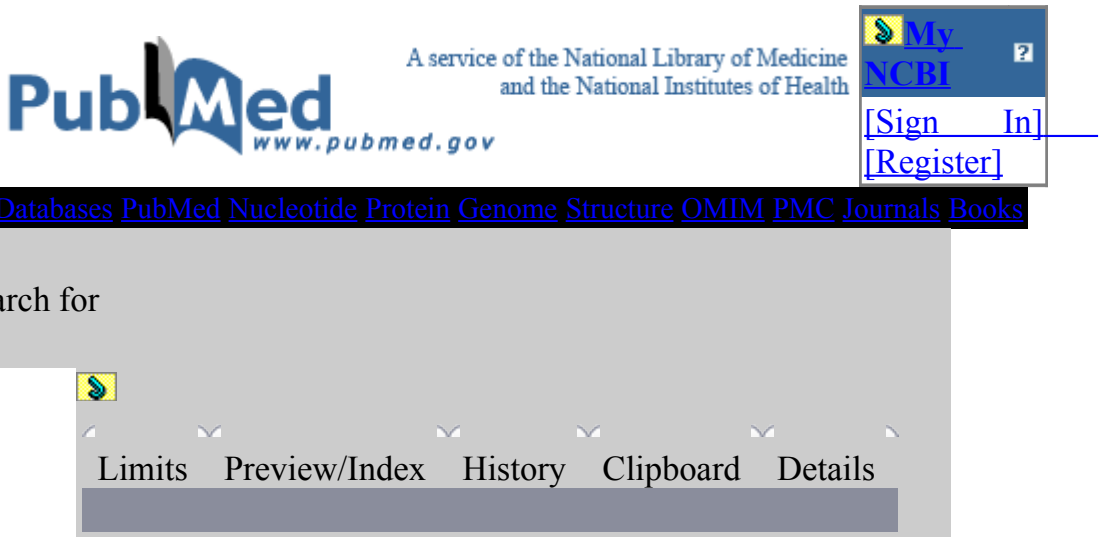
Feb 21 2007 18:14:20

7. If you have a specific age category or any other category, you could include them with your instruction, e.g., Malaria AND treatment AND Children AND Africa. This will limit the coverage of the search.

8. Go through the articles, and search for those ones that are relevant to your work. As reflected on the second PubMed example in the previous page. All those articles that have a blank yellow box at the side do not have abstract or full text. Those with few lines on the yellow boxes, have abstracts. Those with a green line and a full page lines on the yellow box have both abstract and full text. Some full texts are free, while you can only access non-free ones if you subscribe to the journal.

9. Click on those abstracts you require. Get to the end of the page; at the section where you have summary, click on it. It will display a list of items.

10. Click on abstract. It opens up a next page that will reflect all the abstracts required, as shown below.



About Entrez

Text Version

Entrez PubMed Overview
Help | FAQ
Tutorials
New/Noteworthy
E-Utilities

PubMed Services
Journals
Database
MeSH Database
Single Citation Matcher
Batch Citation Matcher
Clinical Queries
Special Queries
LinkOut
My NCBI

Related Resources
Order Documents
NLM Mobile
NLM Catalog
NLM Gateway
TOXNET
Consumer Health
Clinical Alerts
ClinicalTrials.gov
PubMed Central

Display Show

All: 3 Review: 0

Items 1 – 3 of 3 One page.

1: Ann Trop Med Parasitol. 2007 Mar; 101(2): 103 -12.

Sulfadoxine-pyrimethamine susceptibilities and analysis of the dihydrofolate reductase and dihydropteroate synthase of Plasmodium falciparum isolates from Cote d'Ivoire.

2:

Djaman JA, MAzabraud A, Basco L.

Laboratoire de Biochimie, Institut Pasteur de Cote d'Ivoire, 01 B.P. 490, Abidjan, Cote d'Ivoire; Laboratoire de Pharmacodynamie-biochimique, Universite de Cocody, Abidjan, Cote d'Ivoire.

Over a 2-year study period, three methods [a test of therapeutic efficacy, an in-vitro assay, and sequencing of the parasites' dihydrofolate-reductase (dhfr) and dihydropteroate-synthase (dhps) genes] were used to monitor sulfadoxine-pyrimethamine (SP) resistance in the Plasmodium falciparum strains infecting young children near Abidjan, the largest city in Cote d'Ivoire. Overall, 118 children aged <5 years and infected with P. falciparum were treated with SP. Twenty-one (23.5%) of the 89 children who completed the 14 days of follow-up were categorized as therapeutic failures. When P. falciparum isolates from the 61 children with adequate parasitaemias were investigated in the in-vitro assay, 24 (39.5%) were found to be highly resistant to pyrimethamine, each having a median inhibitory concentration (IC(50)) of at least 2000 nM. Polymorphism analysis of gene fragments of 118 P. falciparum isolates (one from each child enrolled in the study) revealed that 46 (39%) of the isolates had mutant DHFR and 111 (94%) had mutant DHPS. The mutations mainly affected DHFR codon 108 (39% of the isolates) and DHPS codons 436 (65%), 437 (52%) and 613 (27%). Of the 37 DHFR mutant isolates from children who completed follow-up, 21 were from children with therapeutic failure, indicating that mutant DHFR was associated with resistance to pyrimethamine in vivo (kappa=0.61). A mutant DHFR genotype was also found to be strongly associated with resistance to pyrimethamine in vitro (kappa=0.79). There was, however, little evidence of an association between SP efficacy and DHPS

Feb 21 2007 18:14:20

Use of the Web

You can use the web to:

- find current news and information;
- link to information provided by the library over the Internet;
- find both expert and popular opinions;
- access needed information effectively and efficiently; and
- find information in newly published journals, books, reports that may not be available in Nigeria at the time of your search.

Examples of Web Addresses

1. For PubMed, www.ncbi.nlm.nih.gov/entrez/query.fcgi - More
2. For Google, www.google.com
3. For excite, www.excite.com.

1. Get registered as a user with an e-mail account.
2. Link on to the internet and access the Google, Yahoo search, and the PubMed for information on 'maternal immunisation'. Get at least two articles or sources from each.

If you have any problem, get assistance from the workers of the cybercafé.

SELF ASSESSMENT EXERCISE 4

Go to a cybercafé for these exercises:

1. Get registered as a user with an e-mail account.
2. Link on to the internet and access the Goggle, Yahoo search, and the PubMed for information on 'maternal immunization'. Get at least two articles or sources from each.

If you have any problem, get assistance from the workers of cybercafé.

3.1.5 E-mail

It is an online communication with one or more people using special software on an Internet-connected computer. Many groups, organisations and companies share information on the e mail. Information on new findings, books, articles, researches, conferences can be shared. Individuals, who want to participate in such discussions, register for the forum. Sometimes mails from such forum could become overwhelming and one could request from the organisers to be removed

from the subscription. If you participate in a good discussion forum, they will provide information that is necessary for literature review and discussion of findings in seminar papers. You could also have your personal e-mail address through which you can communicate with other people. For you to have an e-mail address, you must get registered with, e.g., yahoo, hotmail, aol.com., etc. In some institutions, there are specific e-mail addresses, e.g., oauife.edu.ng for Obafemi Awolowo University, Ile-Ife; and nou.edu.org. for National Open University of Nigeria. You will discover that except for the USA, all e mails of institutions end with an abbreviation of their country. Registrations for most of these mail boxes are free but you have to pay for the services you are using. You must use your box regularly otherwise, it may be blocked. In registering for a box, you need an identification name and a password. Your password must be kept confidential.

Use of Email

You can use emails to:

- find information on specific issues from experts;
- access postings and messages on newsgroups and listservers;
- send in articles for publication; and
- send correspondence instead of using the telephone or postal agencies.

Examples of Email Addresses

•hnet@healthnet.org
•Realagehealth@realage.com
•Nursing-chat@healthnet.org

The above are for chatting or group discussions

Personal e-mail addresses

- dadefarasin@yahoo.com

SELF ASSESSMENT EXERCISE 5

1. As you did in the exercise on ‘website’, use your e-mail account to send a mail to somebody you know has an e-mail account.
2. Get into the nursing-chat@healthnet.org and register for information.

3.1.6 Newspapers and Newsletters

Information could be obtained from newspapers and newsletters. The information can be in form of statement, statistical data and findings from surveys which are relevant in literature review or topic to be discussed. However, some of the information in the newspapers may need to b scrutinised and authenticated before it can be utilized in projects and research work.

3.1.7 Library Catalogue

Each library has a cataloging section. The catalog is a searchable collection of records of every item (books, documents, journals, magazines, collected works of classical writers, etc) in a library. It will point you to the location of a particular source, or group of sources, that the library owns on your topic. The catalogue could be made as author, subject or topics). In essence, if you know the name of the author of the book or article, you can trace the book in the catalogue through its call mark.

Use of the Catalogue

You can use the catalogue to:

1. Find out what items the library owns on your topic; and
2. Locate where a specific item is located in the library.

SELF ASSESSMENT EXERCISE 6

Go to the catalogue section of your library and search for a book under educational theories. Use the catalogue information on the call mark and ISSN number to get the book. Then borrow the book for a week. Read up the theories you learnt in the previous unit.

4.0 CONCLUSION

There is a wealth of information in the library and on the internet. Your ability in identifying the accurate sources of the information needed on any topic will help you in building up papers/articles that you can use to give information and to educate others on what you know. It also helps in your developing and improving your skills in nursing care.

5.0 SUMMARY

In this unit, you have learnt the various sources of information and through the self assessment exercises you have started using the sources in gathering knowledge.

6.0 TUTOR-MARKED ASSIGNMENT

Using three different sources of information and from a minimum of 15 articles/books, do a literature search on any of the following topics

1. The nursing process
2. Immunisation in Nigeria
3. Women in Politics

7.0 REFERENCES/FURTHER READINGS

Brink H. (2006). *Fundamentals of Research Methodology for Health Care Professionals,* Second Edition. Reviewed by van der Walt C and van Rensburg G . JUTA and Company Ltd: Capetown.

Polit, D. F, and Beck, C. T. (2006). *Essentials of Nursing Research: Methods, Appraisal, and Utilisation,* Sixth Edition. Philadelphia: Lippincott Williams.

UNIT 3 ISSUES THAT CAN BE PRESENTED AT SEMINARS AND WORKSHOPS

CONTENTS

1.0 INTRODUCTION

In the last two units, you have been introduced to what a seminar/workshop is. In developing seminar/workshop presentations, you must identify topics that you will work on. This unit will give you some topics that you may work on.

2.0 OBJECTIVE

At the end of this unit, you should be able to:

- identify issues and trends in nursing and healthcare that can be used for presentations.

3.0 MAIN CONTENT

3.1 How to Search for Topics

Most times topics are suggested by your tutors or facilitators. When you must a topic on your own, you can use the following:

i. Literature – A search into the various sources discussed in the last unit, will serve as a basis for getting topics.
ii. Listening to the media or reading the papers for breaking news on health issues.
iii. Suggestions from colleagues.
iv. Intuitions from one's own inner mind. Something that flashes through the mind.
v. From clinical experience.

3.2 Suggested Topics

Nursing Issues: These are issues that are central to nursing. You could get such topics from the education, administration or from clinical aspects of nursing. Examples of such topics are ones listed below. You would have discussed these topics in other courses you have taking in this programme.

1. The Nursing Process
2. Quality Assurance in Nursing
3. Nursing Diagnosis and Implementation
4. Research in Nursing
5. Evidence Based Nursing
6. Nursing Organisations: National Association of Nursing and Midwives (NANM); West African College of Nursing (WACN); International Council of Nursing (ICN); Sigma Theta Tau
7. The Law and the Nurse

Health related topics: These are issues that cut across all health professions.

1. Immunisation
2. Environmental sanitation
3. Stress and health
4. National Health Insurance
5. The international agencies-World Health Organisations, UNICEF,
6. The Abortion act- Is It Feasible in Nigeria?
7. Male Involvement in Child Care.
8. The process of Aging.
9. Euthanasia.
10. Ethics in Human Research and Clinical Practice.

SELF ASSESSMENT EXERCISE

List three topics for each category listed above that is not in the list given.

Other topics: These are topics that could be taken from disciplines outside health.

1. Women and Nation Building.
2. Is Health a Social Service or a Revenue Generating Service.
3. Culture and its Influence on Healthcare.
4. Female Empowerment.
5. Domestic Violence.
7. Information Technology and its Place in Nation Building.

8. Disasters; Natural and Man-made: Implications to Nursing.

4.0 CONCLUSION

Identification of a topic requires your interaction with your tutors, senior colleagues and search from literature. You must be interested in the topic or develop interest for the topic as you work along. Always remember, the topic is the foundation for your literature search and writing.

5.0 SUMMARY

In this unit, you have been exposed to some topics that you could work on for seminars and workshops.

6.0 TUTOR-MARKED ASSIGNMENT

Identify sources from which you could get the topics/ titles for your seminar.

7.0 REFERENCES/FURTHER READINGS

Cherry, B., and Jacob, S.R. (2005). *Contemporary Nursing: Issues, Trends, and Management,* (Paperback) St. Louis: Elsevier Mosby.

MODULE 2

Unit 1 Scientific Writing
Unit 2 Developing Visual Aids
Unit 3 Presentation of a Seminar

UNIT 1 SCIENTIFIC WRITING

CONTENTS

1.0 INTRODUCTION

You should have being reading newspapers, magazines, textbooks and journals. Most information written in newspapers and magazines are not properly scrutinised for accuracy. They are written to sell the papers and negative events tend to attract readers to purchase newspapers. Sometimes, information given on people could have negative implications on their character and person. Victims of such write-ups, when they know their rights, sue the newspapers in order to make legal claims. Scientific papers are written to contribute to knowledge and to discuss new findings. Therefore information to be written is scrutinised to authenticate their source and content. This unit will guide you on how to put the information collected into an acceptable, orderly and comprehensible manner.

2.0 OBJECTIVES

At the end of this session, you should be able to:

- develop beginning skills in scientific writing
- edit your write up.

3.0 MAIN CONTENT

3.1 Rules Guiding Scientific Writing

Rules are guiding principles to ensure that we do the right thing at the right time in the right way.

1. What you write should be based on accurately reported phenomena central to the topic.
2. The authors who actually created the knowledge that you are using must get credit for doing so. You will do this through the references.
3. When authors are not credited and you use the information in their work that is called **literary theft** which is refereed to as **plagiarism**. This is a serious offence that can make you fail and cause distrust on your work.
4. There is an organised framework for writing scientific papers.
5. There must be consistent, correct citation of sources throughout your paper. Do not use two different types of citation.
6. When writing the client studies, reports, etc., use the third person. Rather than writing "I found . . .", write "This author found . . ." or " This interviewer noted . . ." or "This student nurse recognised . . .". Rather than writing, "I conclude that . . ." you could write, "One may conclude that or it could be concluded that . . ." When editing your paper check to be sure that the pronoun I is nowhere in the text.
7. Names of clients or research subjects are not to be used. Instead, use initials or codes. Protect the privacy of your clients.

3.2 The Process of Writing

Stage 1: Making a Plan

As you proceed in your studies, you will realise that there are many types of scientific writing. You may be writing a client study report, a seminar paper or a report of a project you have just conducted. In any of these writings, ask yourself these questions before you start.

1. What are you writing about?
2. What is the goal of your paper?
3. Who is your audience?

1. What are you writing about?

a. You must identify what you are writing about. That is, the topic or title. Your topic could be given as an assignment by your facilitators, could be from an inspiration, from readings from journals, magazines, newspapers or from conference/workshop themes. Once you have a topic, write subtopics from this main topic in an index card or loose papers that you will fixed up with a plastic folder. Write each subtopic on a separate large index card or paper.

Example 3.1

Main topic: Maternal Immunisation in Nigeria

Sub topics:

1. *Immunisation*
2. *Maternal Immunisation Programme*
3. *Midwives role in Maternal Immunisation*

b. Understand the basics of your topic: do not do a literature search without understanding what the issues are. In order to understand, examine issues on the topic at in-depth level by raising questions on each of the subtopics.

Example 3.2

Questions you can pose on the topic of 'Maternal Immunisation in Nigeria' are:

Immunisation:

i. What is immunisation?
ii. What are the vaccine preventable diseases in children and in adults?
iii. What are the uses of vaccines given during immunisation?

Maternal immunisation programme

i. What vaccines are available for women during the different developmental stages?
ii. Why should we give pregnant mothers vaccines?
iii. Draw up an immunisation programme for pregnant women.
iv. What are the factors that would facilitate trans-placental transfer of immune bodies generated through immunisation from mother to foetus?

Midwives roles in maternal immunisation

i. What are the functions of the midwives in ensuring that mothers receive vaccines?
ii. What other things can the midwife do in conjunction with other organisations to ensure that mothers receive immunisation?

After getting sketches of answers to these questions, then proceed to the next step.

c. Find good sources of information; Gather first hand information about the focus of your paper by direct observation, interaction and assessment. This activity is the core of your assignment. It entails the following:

•Review appropriate nursing texts and class notes for relevant information about the topics and sub topics.
•Do an internet search or read from journals in order to collect literature review on your topics and sub topics, giving preference to work published in the last 5 years.
•Write each different idea you gather from these reviews and searches on the front of a separate index card or loose papers you are using (if you are using loose papers, fix them up in a good plastic file jacket that can be tacked down). As you write this information, record the source of the information.
•Write all citation information you will need on the back of the first index card/back of the loose papers you are using to gather information from an article/book. This will include:

If in a journal

1. Authors' last names and initials
2. Dates i.e. year of publications
3. Titles of the article if in a journal
4. Name of Journal
5. Volume and number of journal
6. Pages of numbers of the whole article/book

If in a textbook

1. Author's last names and initials.
2. Date of publication.
3. Title of the chapter (if book is written by many authors)
4. Name of the textbook
5. Edition of book
6. Publishing organisation and city of publication.

For an internet reference:

1. the author of the web page,
2. the date of the web page,
3. the title of the web page,
4. the complete URL (website address).

For recording a second idea you got from the same source, write down the

1. Author
2. Year
3. Page of the main source of information from which this second idea was found in the book or journal.

For recording information gathered from interviews or observation, write,

1. The date of the assessment/interview
2. Sources of objective data (observation, chart, Health team member's name and title, etc.)

Put all your write-ups in either the stacks of index cards or loose papers in the file jacket in a neat and safe place.

2. What is the Goal of your Paper?

Ask yourself the following questions:

i. Is it to report a client study for an external examination?
ii. Is it to be submitted as part of the course assignments?
iii. Is it to be presented at a forum, either a seminar, conference, etc?

The goal of your paper will determine the extent of your write-up, your presentation method and the level of communication. If it is to be submitted as a write up, you need only the booklets that will be discussed later. If you are presenting it orally, you will need both the booklets and your presentation format either with the use of transparencies, slides, or cardboard.

3. Who is your Audience?

Knowing your audience is crucial. Is your audience your course mates, facilitators, a group of nurses, lay people? In this course, you will write papers for both a specialised and general audience. Client study reports and scientific reviews are generally written for a specialised audience. These papers should contain detailed information which is generally discussed using specialised language. Writing for a general audience is, in some ways, more difficult than writing for a specialised one. Words that you use without a second thought are often foreign to the reader. When writing for a general audience, e.g., a group of patients that may need specific health education try and avoid technical or medical words

that they will not understand. You can describe complicated scientific processes or principles in a general way. It will take more time, and many more revisions of your work, to ensure that you have accurately described the science in a way that most people will be able to understand - and will want to read.

After you have finished up with the stage 1, proceed to stage 2.

Stage 2: Arranging information gathered to make it meaningful

a. Sort the index cards/papers, making one stack for each subtopic. Rubber-band each stack. If you are using loose papers, check on each information and list by fixing numbers for each sub topic.

b. Review the cards/papers one stack at a time. Think about the information you have gathered in relation to the assignment. If some cards/papers do not help you, set them aside. If there are gaps that you believe call for more reference material, get the information you need now.

c. Each stack should generate a deeper understanding of the subtopic than you had before you started gathering information. Write down your insights - one idea per card/paper. Add the cards/papers to the stack you are reviewing.

d. Put each stack into an order that you want to use in writing your paper.

e. Check to see that each subtopic stack has all of its essential parts:

    i. An introductory or topic sentence covering the whole subtopic
    ii. Specific points followed by evidence or information collected on them (This evidence could be cues from a client or facts or ideas from your literature review), the next point followed by its evidence, and so on
    iii. A concluding remark for the sub topic.

f. Whatever parts are missing, write them now, and add them to the stack.

Stage 3: Writing out the information

1. Create an Overview/Introductory Section, which presents the skeleton of the paper.

a. This section should be in your own words. Avoid paraphrasing or quoting as much as possible.
b. It must contain the background of your topic and highlight the sequence of topics and subtopics.

2. Writing the main body.

Rules for writing the body of the paper

i. Use formal headings and subheadings as they best describe your subtopics.
ii. Write the text using your ideas and language to synthesise the information you gathered. Do not write out in verbatim ideas from your sources. If you do this, the information will not flow to make your write up meaningful.
iii. Every idea that comes from a source must be included or be directly followed by the citation. Using APA style (see example 3.3), this would include the author's last name and year of publication. If you use turabian method (see example 3.4), alphabets or figures are used in the text as shown in the example.
iv. Every quote or paraphrased idea must be directly followed by its appropriate information. This includes the page number.

Example 3.3

Maternal immunisation (MI) is a safe practical method for providing protection against potentially fatal infections at a particularly vulnerable period of life. It is intended to enhance passive immunity of infants to agents that produce life- threatening illnesses at the early stage of life (Chai et al, 2004; Healy and Baker, 2006; Kroger et al, 2006). It also provides protection for the mother as well (Brent, 2006).

Example 3.4

Maternal immunisation (MI) is a safe practical method for providing protection against potentially fatal infections at a particularly vulnerable period of life. It is intended to enhance passive immunity of infants to agents that produce life-threatening illnesses at the early stage of life [1,2,3] It also provides protection for the mother as well[4].

(This is an excerpt of my manuscript on maternal immunisation. Note the references within the body of the text. The information was built up from the authors written within the text).

3. Create the ending summation section. This section should also be in your own words.

In this part include:

a. A summary of your write up.
b. Implications/ Recommendations of your work to nursing.
c. Conclusion.

When you have finished building up the body of your work, proceed to stage 4.

Stage 4: Creating the cover, abstract and the bibliography or references section

Each scientific paper should start with a title page and end with a bibliography page.

a. The title page should include:

1. The title of the assignment
2. Your name
3. The purpose and course for which the assignment was written
4. Any other information requested by the instructor
5. The date of submission

Example 3.5

Title: Maternal Immunization in Nigeria

Adedayo Odewale

(Registration number must be inserted here)

A term paper submitted in partial fulfillment of the requirement for NSS 507- NURSNG SEMINARS

To the Department of Nursing, National Open University of Nigeria. SEPTEMBER 2006

b. Abstract:

This should state the major summary of your work. There is always a word limit between 200- 500 words depending on your institution. I will suggest that for your seminar and research project, you write between

200-250 words. The abstract should be made up of four paragraphs under the following headings:

For your research project:

- the background and major objective;
- the method used;
- the main results; and
- the main conclusions.

If on a concept paper:

- the background and major objective;
- summary of literature review;
- implications/recommendations; and
- the main conclusions.

c. The reference and/or bibliography page includes:

1. If a reference page, every source that was cited in the paper which should be every text and person whose ideas were used in the final product, will be listed.
2. If a bibliography, every source cited and all other sources that were not cited in the paper will be included.

The format for the references/bibliography must flow one of these guidelines.

Either the American Psychological Association (APA) or the Turabian. See the following examples for the formats.

Example 3.6 - Using the APA style, this is arranged alphabetically without any figures by the side. The references in example 3.3 are shown below.

Brent RL (2006) Risks and Benefits of Immunising Pregnant Women: The Risk of Doing Nothing. Reproductive Toxicology Vol 21(4) ;* pp383-389

Chai F, Prevots DR, Wang X, Birmingham M, Zhang R (2004) Neonatal Tetanus Incidence in China 1999-2001 and Risk Factors for Neonatal Tetanus in Guangxi Province, China. Int J Epidemiol 2004, Jun, 33(3); pp551-7

Healy CM and Baker CJ (2006) Prospects for Prevention of Childhood Infections by Maternal Immunisation. Curr opin Infect dis 2006; Jun; 19(3); pp 271-6

Kroeger AT, Atkinson WL, Marcuse EK, Pickering LK (2006) General Recommendations on Immunisation. Recommendation of the Advisory Committee on Immunisation Practice. MMWR Recom Rep 2006 Dec; 5 (RR-15): pp1- 48.

Example 3.7 - Using the Turabian style, this is listed as per the figure used within text. Therefore, it is not arranged alphabetically. The references in example 3.4 are shown below:

1. Chai F, Prevots DR, Wang X, Birmingham M, Zhang R (2004) Neonatal Tetanus Incidence in China 1999-2001 and Risk Factors for Neonatal Tetanus in Guangxi Province, China. Int J Epidemiol 2004, Jun, 33(3); pp551-7

2. Healy CM and Baker CJ (2006) Prospects for Prevention of Childhood Infections by Maternal Immunisation. Curr opin Infect dis 2006; Jun; 19(3);pp 271-6

3. Kroeger AT, Atkinson WL, Marcuse EK, Pickering LK (2006) General Recommendations on Immunisation. Recommendation of the Advisory Committee on Immunisation Practice. MMWR Recom Rep 2006 Dec; 5 (RR-15):pp 1- 48.

4. Brent RL (2006) Risks and Benefits of Immunising Pregnant Women: The Risk of Doing Nothing. Reproductive Toxicology Vol 21(4); pp383-389

*pp is an abbreviation for pages while pg is an abbreviation for page.

SELF ASSESSMENT EXERCISE

Write a 5 page scientific paper on:

a. University education is the best educational programme for nursing in Nigeria' using the APA referencing.
b. 'University education is the best educational programme for nursing in Nigeria' using the Turabian referencing.

3.3 Editing your Work

Editing your work is an essential part of completing a written assignment. If you submit a piece of work, that is to be graded, the errors you leave in your paper will lower your grade. Therefore, check the following:

1. Is the English usage correct? Read out loud. Get somebody who majored in English to proofread your work.
2. Is there a logical flow of idea in the text or your write-up is full of verbose and redundant statements?
3. Are there more active than passive verbs? This makes it interesting to read.
4. Is there any casual, jargon, crude or judgmental comments that need to be removed?
5. Have you included every section required by the assignment or does each section/subsection have its own heading?
6. Have all sources been cited including:

a. Course material sources (lectures, handouts and consultations)\
b. Client data (subjective data, objective data)
c. Written sources (textbooks, journals, magazines, care plan guides, computer search materials)
d. Assignment related sources (consultations with peers, nurses, learning centre personnel).

7. Does the final product of your work look good? Check with the following:

a. Are the paper, the margins, the typeface and size of standard?
b. Is the length within designated limits?
c. Is the printing quality good?
d. Are the headers or page numbers present if required?

After you have finished your work, get it word processed using a computer. Ensure you have a backup for your work at every stage of the typesetting. Have it saved not only on the computer hard disk, but also in a floppy disk or flash drive. Always remember, ‘garbage in, garbage out’. If somebody is doing the typing, read and re-read the copy when printed out to ensure it is properly typed. When you are satisfied with the work, print an original copy and then duplicate your paper. Make three copies that must be spiral-bound. After presentation and correction, your projects must be bound in hard copies or as specified by your facilitator. Keep one copy for yourself.

4.0 CONCLUSION

The writing of a scientific paper is an art that must be learnt and practised. The more practice you do, the better the outcome of your writing. You must follow the rules; and the beauty of writing is that in future, you will see your work and appreciate it. Always remember, it will be read by others. Writings outlive the writer. Shakespeare and many other authors have died but their writings are alive to project them to the world. You can not estimate where your writeup will get to and for how many years, even after your demise, that people will still be reading it.

5.0 SUMMARY

In this unit, you have learnt about the rules, process and production of scientific writing.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss with your tutor on the topic you are presenting for this course and start work on it.

7.0 REFERENCES/FURTHER READINGS

American Psychological Association (2001). *Publication Manual of the American Psychological Association,* (Fifth Edition) Washington, D.C.

Polit, D. F, and Beck, C. T. (2006). *Essentials of Nursing Research: Methods, Appraisal, and Utilisation* (Sixth Edition). Philadelphia: Lippincott Williams.

UNIT 2 DEVELOPING VISUAL AIDS

CONTENTS

1.0 INTRODUCTION

The presentation of a scientific paper to an audience will necessitate the use of visual aids. You could put your presentations on the cheap soft cardboard, transparencies or slides on PowerPoint software. PowerPoint slides and transparencies will require overhead projectors, slide projectors, LCD/computer projectors, etc. This will make your presentation more exciting and easily understandable by your audience. These facilities will need good and sustained electricity supply. It is not advisable to use generators to provide electricity as a sudden surge in supply would destroy the projectors. They are very expensive. If you have to use them, ensure, they are connected to a UPS **(**not a stabiliser) that will provide sufficient energy supply till you can safely exit from your equipments in case of power cut. Please inform the seminar coordinator of the types of equipment needed for your presentation as soon as possible so that the facilities could be secured and made available for the presentation.

2.0 OBJECTIVES

At the end of this learning, you should be able to:

- develop visual aids
- develop graphs that will make your information more meaningful.

3.0 MAIN CONTENT

3.1 Suggestions on How to Prepare Visual Aids

i. Use short phrases, as long sentences are difficult to read on visual aids.
ii. Use one table or figure on a slide or transparency to ensure that they are clear.
iii. It is better to use a light background with dark lettering. This is the most visible, particularly in rooms with a lot of background light as we have in Nigeria.

3.2 Types of Visual Aids

1. **Cardboard:** These are made out of tough paper and are rectangular in shape. They are in various colours and are very cheap. They can be fixed on to walls or black boards. Felt pens are the best writing material to use on cardboards but if not available, you could use a pencil, biro or crayon. Ensure that you highlight your writing when using these alternatives. In our environment, where electricity supply is very erratic, cardboards are very essential because, you could have them as a backup even if you have slides or transparencies.

2. **Pictures:** These could be still or motion pictures. Pictures show a clear image of what is to be presented. The picture of a child with malnutrition gives the real life impression. With advanced technology, digital cameras have solved the problem of getting a photographer. With a digital camera, a novice could take the picture and then submit them to professionals who have the computer; or if you have a computer, you download the pictures to your computer. These pictures could be transferred to the PowerPoint and projected as slides. It could also be pasted on cardboard or wall. Make sure you enlarge the pictures to such a size that they could be vivid to your audience.

3. **PowerPoint Slides** (See example in Unit 9 - Maternal Immunisation in Nigeria): These are software from Microsoft Office and so can be used on the computers, and projected through a projector. They are very easy to develop but you need a computer with the PowerPoint software. To produce a PowerPoint slide if you have access to such computers, follow the steps below:

a. Switch on the computer and click on **Start** in the bottom toolbar. You will see the list of all software listed out.
b. Click on **Microsoft Office**. A list of the various software within the Microsoft office will be displayed.
c. Click on **Microsoft Office PowerPoint** and the PowerPoint file will open.

d. Click **new slide. A slide layout tool bar** appears on the right side. You can click the type of slide you need.
e. Work on the file.
f. To create a new slide, click on a slide on the slide layout. Click on to **insert new slide**. A new slide is inserted.
g. To put in colour, animation etc., click on **Design** at the right hand corner of the tool bar. You can use any specification of your choice.

Please, follow these instructions carefully.

i. Make one major point per slide. You can always add comments verbally.
ii. Amount of information per slide should be very few. Limit the number of words per line and lines per slide.
iii. Number of slides that you will use should be less than or equal to number of minutes of talk.
iv. Condense your data into a graph or chart or report in short phrases. Showing data to demonstrate you've been busy takes up time unnecessarily and is distracting.
v. Slides should be visually appealing.
v. For quality control, spell-check slides; check for grammatical errors and accuracy of data, etc.
vi. For colour scheme; do not use more colour than is needed to be effective.
vii. Use animation and sounds judiciously. Animation can be particularly useful in background and model slides when you want to build a story but for scientific presentations, they could distract and render the presentation poor. Sounds are mainly "cute" and so too many can be distracting.
viii. Fonts size preferably $\geq$ 48 pt. for headings but use font size >28 for the main text.
ix. Each data slide should have a title that states the conclusion drawn from the data. See the example in Unit 9.

4. **Transparencies:** They are transparent, plastic and rectangular in shape. They are not produced or projected from the computer. A marker is used in writing on the transparency. Some of the markers cannot be cleaned off. While some, are easily erasable and so can be cleaned off with a soft cloth or duster. Transparencies are projected through an overhead projector on to a white canvas screen (follow the same instructions in creating your visual aids). Some transparencies are heat friendly and so you could print on a paper and use a photocopier to build it on the transparency. Such write-ups are permanent and can be used in future occasions.

5. **Films:** There are some films that have being produced for the purpose of educating people about health issues. These are short clips that spans for 5 minutes or less. This could also be projected from a CD/DVD via a projector. They could also be downloaded from the internet.

6. **Graphs:** There are various types of graphs as depicted in the examples below. Graphs help in reducing data into visually acceptable diagrams that makes it easy to understand. They show comparisons, patterns and trends of the data. You can create a chart by first entering your data on a spread sheet. The spread sheet could be created by you on a large paper or if you are using a computer, open Microsoft Office Excel. Transfer the data into graphs. Follow the instructions below.

- If you are using **Microsoft Office Excel**, once you have entered the data;
- highlight the data and click on the '**chart' diagram** on the tool bar;
- A chart wizard appears and on the chart type, click on to the **type of chart you want;**
- Follow step by step the instructions on the chart wizard;
- Examples of charts you can build are shown below.

Example 3.0. Data on Maternal Immunisation in Ile-Ife Local Government Areas

Table 3.1: Showing the Number of Expectant Mothers who Received Tetanus Toxiod at Antenatal Clinics. (Raw data)

	Jan	Feb	March	April
Ife South	70	80	100	80
Ife North	100	110	120	100
Ife East	120	130	140	120
Ife Central	130	150	156	150

Table 3.2: Showing the Data on a Bar Chart

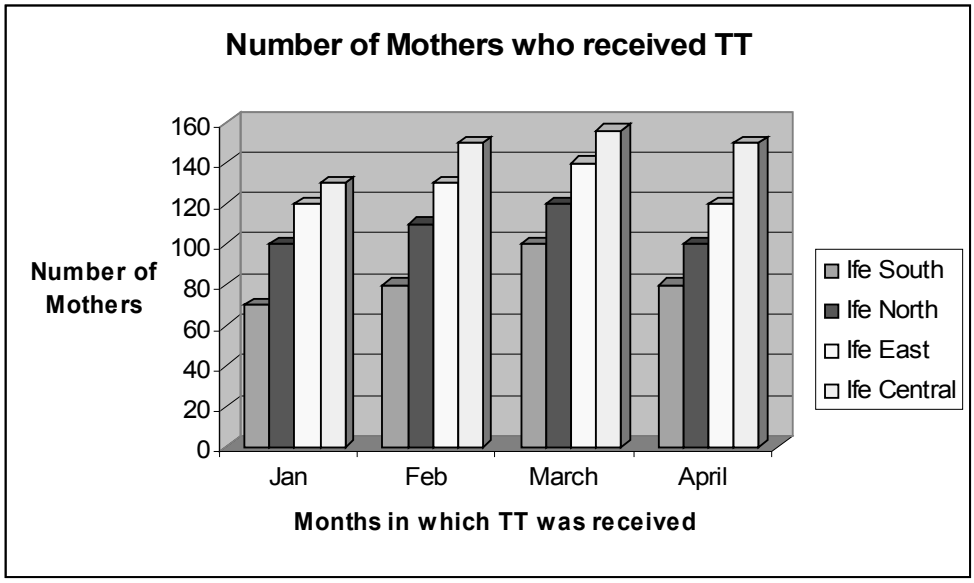
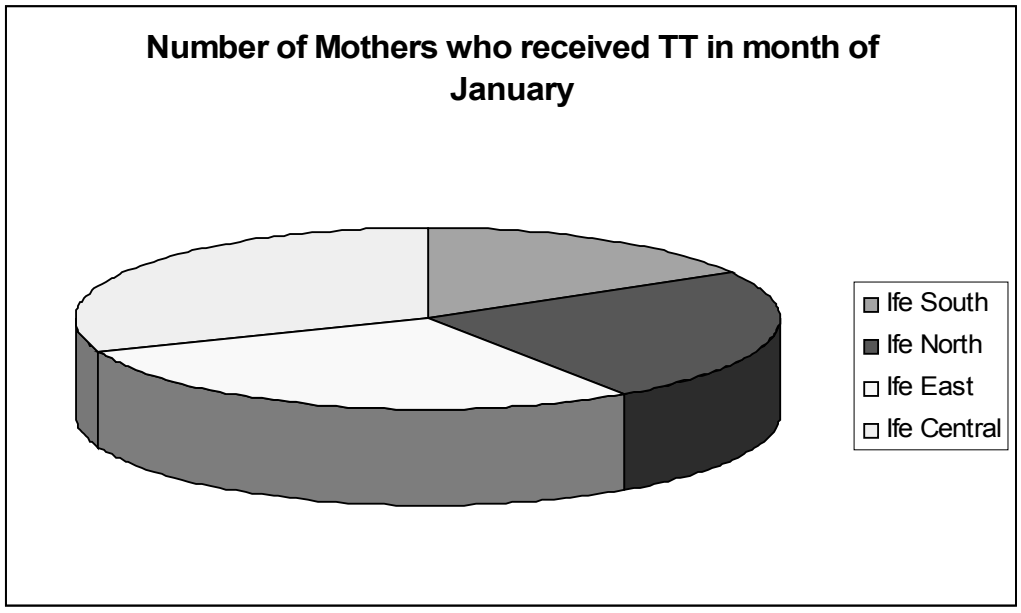


Table 3.3: Showing the Data on a Pie Chart



* This pie chart can only take the data for one LGA for a month, you will need 4 charts if you are using it for presenting the data for the four months/ four LGAs. Therefore it is not advisable to use it in such data representation.

Table 3.4: Showing Data on another form of Pie Graph

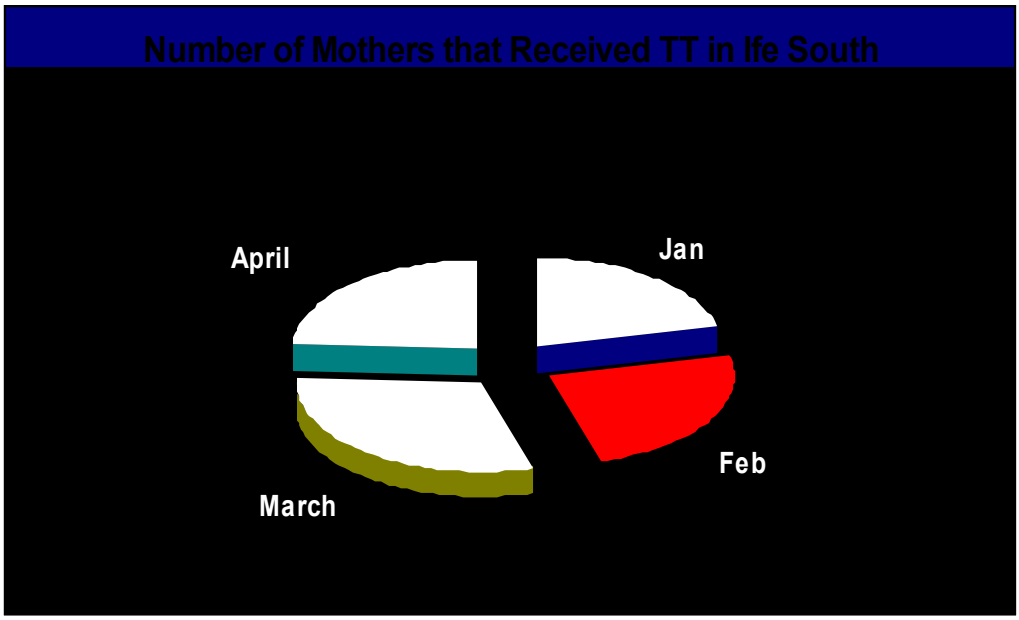
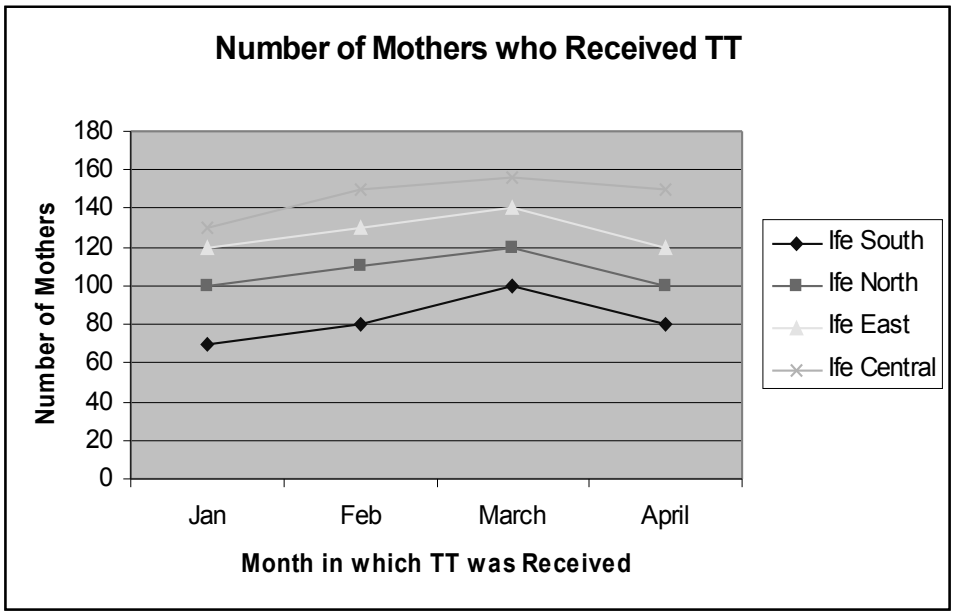


Table 3.5: Showing the Data on a Histograph



* This is also called a line graph.

Table 3.6: Showing Data on a Scatter Graph

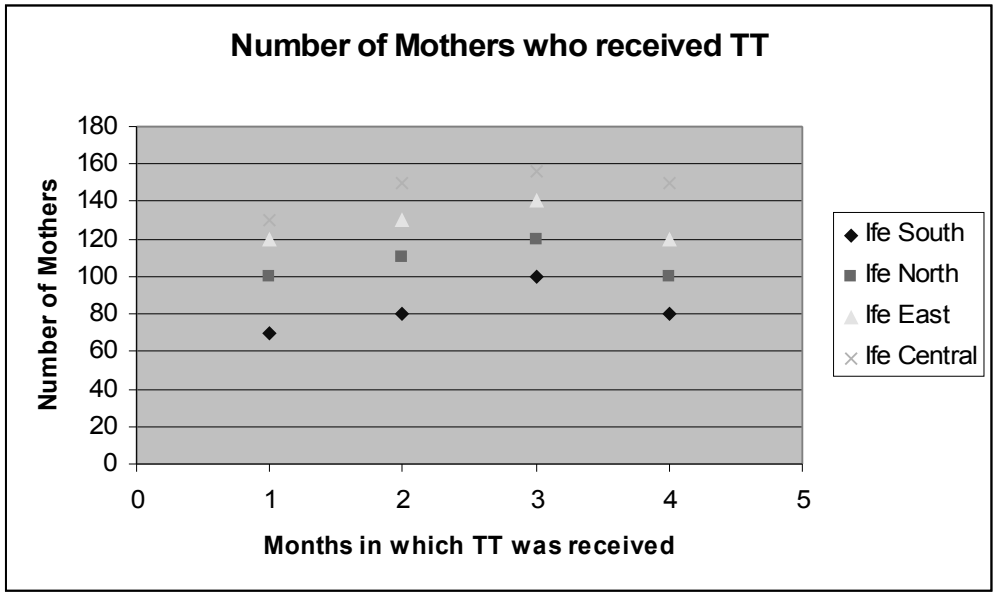


Table 3.7: Showing Data on a Cone Graph

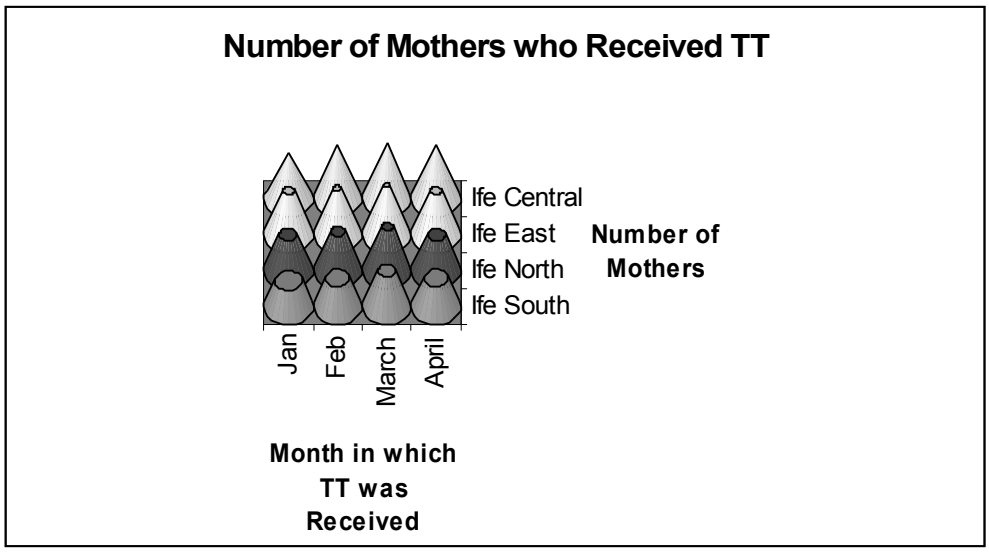
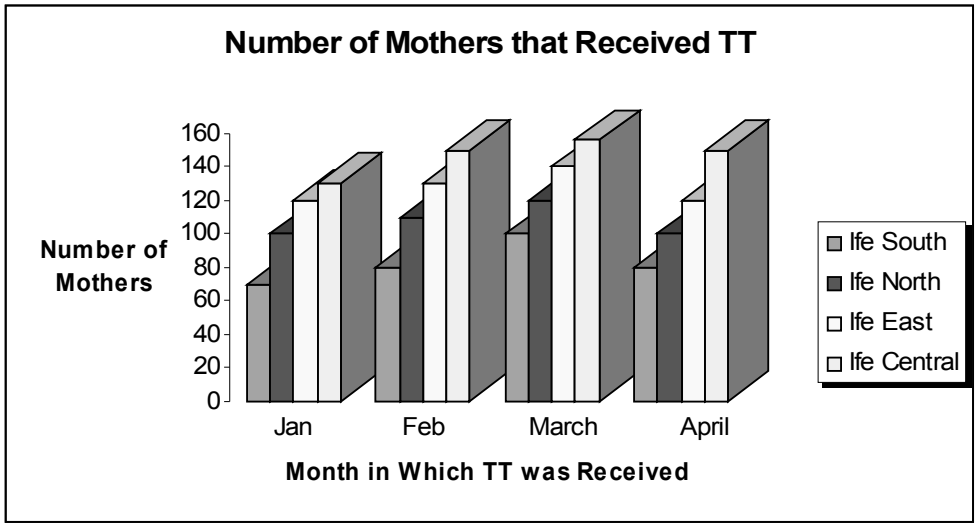


Table 3.8: Showing Data on 'Columns with Depth' Graph



Instructions for choosing charts:

1. Charts must be simple enough to convey the data that is to be presented.
2. Do not choose charts for the beautiful colours as can be seen from the different graphs shown. All the graphs are beautiful but not all can present your data accurately.

SELF ASSESSMENT EXERCISE

Develop a visual aid on 'maternal immunisation indicating name of vaccine and time of issuance on i) a cardboard ii) a transparency.

4.0 CONCLUSION

Visual aids help in making information to be shared at seminars and workshops explicit and attractive thereby facilitating learning. As you practice, you will be able to develop useful visual aids for different types of scientific presentations, and to different audiences.

5.0 SUMMARY

This unit has discussed the development of various types of visual aids such as Cardboards, Pictures, PowerPoint slides, Transparencies, films, graphs, and how they could be used to aid presentations in nursing as a discipline.

6.0 TUTOR-MARKED ASSIGNMENT

Use the following raw data from a continuous examination of a group of 300 level BNSc students to plot three different graphs:

Serial Number	Name of students	1st Test	2nd Test	3rd Test
1	Adefarasin Taiwo	60%	82%	72%
2	Oladapo Tope	70%	65%	75%
3	Olorunnibe Damola	58%	76%	66%
4	Yakubu James	67%	78%	58%
5	Yinus Abubakar	65%	68%	70%

7.0 REFERENCES/FURTHER READINGS

Joyce Bruce, Calhoun Emily and Hopkins David (2002). *Models of Learning – Tools for Teaching,* 2nd Edition, Open University Press: Buckingham.

Wittich, Charles (1973). *Instructional Technology; Its' Nature and Use,* 2nd Edition, Harper and Row: USA.

Underwood Jean (Ed.) (1994). *Computer Based Learning; Potential into Practice,* David Fullton Publishers Ltd: London.

UNIT 3 PRESENTATION OF A SEMINAR

CONTENTS

1.0 INTRODUCTION

You have learnt from the previous units how to choose a topic for your work; source literature: write out your work, based on the information gathered: and how to develop visual aids that will make your presentation explicit and attractive. The most important focus of this course is this unit – how you will present your work to an audience in a convincing and exciting way. Your ability to convince others to trust the findings of your work disseminates knowledge which is the bedrock of making positive changes in life. This is the essence of education.

2.0 OBJECTIVES

At the end of this session, you should be able to:

- develop the information to be presented in a manageable and effective way
- use various methods of presenting write up
- identify the role of each participant at a seminar/workshop
- evaluate the presentations and the achievement of the seminar/workshop.

3.0 MAIN CONTENT

3.1 Preparing for Presentation

There are various ways of presenting your work. Most of the time, it is by oral presentation. There is now high level technology and so seminars could be presented via satellite across nations, while all participants will be visualising the presentation at the same time wherever they are. Questions could be asked through phone calls, text messages or through e-mail. At your facilitation centres, you will have direct person to person contact in small groups. As the technology at the National Open University of Nigeria improves, you will be able to listen to your facilitators or seminar presenters through the satellite from any centre you are in the nation.

The format of the presentation could follow that of the scientific paper.

1. For a research report, you will put your information under the following headings: Introduction, Design of Study, Results, Discussion, Conclusion.
2. For a presentation on a topical issue, put under the following headings: Introduction, Main Body, Discussion and Conclusion.

Regardless of the exact format, the various sections should consider the following:

3.1.1 Introduction

This is an important aspect of the presentation. Your introduction will vary in length and detail, depending on the length of your talk, your topic and the level of sophistication of your audience. Give a concise summary of the background material necessary for the understanding of why this information is important. Introduction should not take more than 5-10 minutes. Focus on those aspects which are integral to the paper you are presenting. Visual aids are very important to enhance your audience's attention. You can break the ice by showing a snappy photo, sharing an interesting short story or a catchy phrase. The point of the introduction is to catch your audience, let them know what you will be talking about, get them enthused about the topic, and let them know why your topic is interesting and exciting. Conclude the introduction by describing the overall goals of the study or state any hypotheses that are to be tested, or pose a key unanswered question that you are going to address.

3.1.2 Main body

Briefly, describe the design and the methods used in the study, if it is a research, so that the results will be understandable. Present your results next. This is the most crucial aspect of the presentation. You will need to select cogent and most relevant data and present them in tables, graphs and figures. There may be more data than you can effectively present within the allotted time. Choose the important data which most effectively demonstrate the point(s) you are trying to make. Complex tables or figures may be modified to show only the most crucial data. With all illustrative materials, strive for clarity. Then describe the data in detail and point to particular rows or columns in tables, or figures that are very important in your study. Indicate the significance of the findings or other pertinent information.

After the results, discuss your results by summarising the findings and conclusions as they relate to what is already known about the particular topic. Discuss how your results concur with or disagree with previously published studies. Give some report on how much your work advances our understanding of the subject area or may lead to new applications. Finish the presentation with a brief summary that includes your own conclusions and recommendations if necessary.

If you are presenting a paper on a topical issue, follow the trend in the introduction. The main body will include salient literature review under subtopics. You could have a section for your own perception or critique of the literature. Finish with the conclusion.

3.1.3 Practice

After you have finished producing your presentation format, practise over and over again. You could stand before a mirror to practise or get few of your friends to watch you during the practice or record it on an audio tape. Get the comments of your friends' observation or play back the audio tape or watch yourself on the mirror. You'll discover many things you never knew about yourself. Get rid of habits that are negative. During your practice, think carefully about your presentation and anticipate major questions that could be asked. If you suspect that something in particular will come up, prepare an answer. If you have additional slides ready to answer that query, put them in your presentation after your final planned slide and use them as appropriate.

3.2 Oral Presentation

Rules guiding oral presentation:

1. Do not read directly from a prepared manuscript.
2. Be familiar with the details of the subject, and be prepared to answer questions.
3. Keep in mind your audience.
4. The actual presentation should take no more than 10-15 minutes. The remaining 10 or 15 minutes will be devoted to group discussion.
5. Practise to gain confidence.
6. Have a conversation with the audience, rather than lecture them
7. Be a good story teller. Engage your audience to keep their interest

3.2.1 On the Day of the Presentation

Show up early. Any effective talk must communicate your arguments and ideas, persuade your audience that they are true, and be interesting and entertaining. It will be better if you could have your presentation from a lectern. Try to be brave, especially if you are not tied to a fixed microphone. A dynamic interaction, especially one supported by 'props', can be wonderfully persuasive. You could try liberating yourself from the lectern for question time at least.

3.2.1 Method of Presentation

1. Introduce yourself and give an opening statement to familiarise the audience with your subject matter. What is your key message? Can you write it down as a single sentence?
2. Give everyone at least one piece of paper containing an excerpt from your presentation. People can use the excerpt to help recall the details of the presentation, or better yet to tell others about it.
3. Speak slowly, clearly and loud enough to be heard by all. Use the active voice. Avoid using jargons, colloquialisms and meaningless phrases/words like, *“Actually,” “To be honest”,” okay", "you know", “um”*. Speak at an even pace, loudly enough but don’t yell. Don’t drop your voice at the end of sentences. A good presenter shares information at a sensible rate, pauses, and uses voice and body language to good effect.
4. Open up a two-way channel with your audience, be sensitive to, and adapt to the non-verbal messages coming back from your audience. You need to look at your audience, even in the dark. Eye contact is essential, or the audience will think you have lost interest in them.

5. Remember the 5WH's: who, what, why, when, where, and how. With every subtopic, move from the Particular to the General and back to the Particular (PGP). Even though the purpose of a subtopic is to convey the general information, bracing it with particulars is a good way to draw attention and promote retention.
6. Let people know you believe your material. Speak with conviction. Believing your subject matter is one of the best ways to speak more effectively!
7. Mannerisms: don't keep your hands in the pockets and do not jingle keys. Don't click a pen open and closed.
8. Make sure the microphone is clipped on to a spot where it won't constantly rub on your clothes when you move around
9. Do not panic, stay calm. If you are the fearful type, take deep breathes occasionally or put a paper clip in your palm. It reduces the fear.
10. Summarise your talk in the end, in a few sentences.

3.2.3 Question Period

Remain relaxed during the question period. Pause silently when gathering your thoughts. Take care with questions. Many people judge the quality of your talk not by the twenty minutes of presentation, but on the thirty seconds you spend answering their questions. Be sure to allow long pauses for questions. Ten seconds may seem like a long pause when you're at the front of the room, but it flows naturally from the audience's point of view. It's always better to think silently before answering a question than provide the audience with a running commentary of your thoughts (verbal diarrhea). If you have not done your work properly, you will be picked at this period. When answering questions, take your time, compose yourself, make sure you understand the question clearly and think before you answer. If the question is unclear or doesn't make sense to you, ask politely for clarification. If you don't know the answer to a question, try to say something useful and relevant. If you really don't know, "I don't know" is perfectly acceptable, but not for every question. You could also try opening the issue to the floor: the chances are that someone will know and come to your aid.

3.3 Members of the Panel and their Roles

Seminars and workshops are attended by people and roles are assigned to members of the group of people.

1. The presenter(s): this could be a sole presenter or a group of presenters.
2. The Chairperson: he/she introduces and monitors the presentation so that it does not get rowdy.

3. The rappateur: writes down the salient parts of the presentation. He/she subsequently presents his/her write-up as summary after the presentation.
4. The time keeper: ensures that the presenter keeps to the specified time allotted by using a stopwatch or bell to indicate 5 minutes to the end and when the session ends.
5. The participants or the audience: they listen to the presentation and could ask questions later. Some of them could be invited to critique the presentation.

3.4 Poster Presentation

In large scientific programmes, some presentations can be done with 'poster presentation'. This allows for more participants to present their work. Instead of the participant having an oral presentation, she/he presents his/her work on large beautiful posters. In developing nations like Nigeria, this could be made on cardboards and arranged in sequence and pasted on a board. If there are available resources, the write-up is printed on rubber banners and pasted on a board. The presenters stand by the posters to interact with participants that are interested in discussing the write up.

SELF ASSESSMENT EXERCISE

Does a mock presentation of a health talk on 'Maternal Immunisation' to clients at the antenatal clinic or with your colleagues at the study centre?

3.5 Evaluation of your Presentation

There are two types of evaluation, peer and instructor evaluation. The peer evaluation is done by your colleagues. The format below will guide them in evaluating your work. The purpose of the evaluation is not to fail the presenter but to help them in performing better in future presentations. It also serves as a part of the summative evaluation for this course.

Peer Evaluation Guide

Name of Presenter(s):_____
Topic:_____
Date: _____

Please, rate as objective as possible.

	Strongly agree 5	**Agree 4**	**Neither disagree 3**	**Disagree 2**	**Strongly disagree 1**
The topic was clearly stated					
The objectives were specific and focused to subject matter					
The content matter was adequate for the subject matter					
The presentation method was appropriate to the content					
The material was at a level appropriate to the audience					
The presenter(s) stimulated class participation					
The English usage was appropriate in terms of grammar, pronunciation					
Overall, the presentation was	excellent	Very good	good	Fair	poor

The scores that can be attained ranged from 8 to 40

Instructor Evaluation Guide

Student: _____

Registration Number_____

Topic: _____

_____

_____

Criteria Weight

1. Preparation

The A part of your evaluation will be based on the grading of your write-up that should be submitted two or three weeks before your oral presentation. (20 marks).

Oral Presentation	Marks awarded
B. Delivery	
1. Organisation (10 marks)	
a) Creative use of resources and method of presentation	
b) Method is appropriate for topic/issue	
c) Time is effectively managed	
d) Content flows logically	
e) Examples used to support major points	
2. Group Discussion (20 marks)	
a) Supportive to others	
b) Stimulates and sustains group participation	
c) Raises appropriate questions	
d) Effectively manages audience questions	
3. Professional verbal and nonverbal communication (10 marks)	
a) Clarity of speech	
b) Vocal tone and volume	
c) Pace of speech is appropriate	
d) Nonverbal behaviour is effective and appropriate	

Total marks obtainable- 60 marks

Comments:

Facilitator's Name: _____

Facilitator's Signature: _____Date_____

4.0 CONCLUSION

Presentations could be done by oral or poster presentation. Whatever method is used, information must be conveyed in a simple but effective manner to educate the audience. If you have a beautiful write-up with a high technological audio visual presentation but you cannot pass the information across to your audience, your energy, time and resources would be wasted. The more you practice, the better your presentation.

5.0 SUMMARY

This unit has built on previous units by teaching the learner how to present their work to an audience.

6.0 TUTOR-MARKED ASSIGNMENT

Discuss the different strategies of presenting seminar.

7.0 REFERENCES/FURTHER READINGS

Joyce Bruce, Calhoun Emily and Hopkins David (2002). Models of Learning – Tools for Teaching, Second Edition, Open University Press: Buckingham.

Wittich, Charles (1973). *Instructional Technology; Its' Nature and Use*, Second Edition, Harper and Row: USA.

Underwood Jean (Ed.) (1994). *Computer Based Learning; Potential into Practice*, David Fullton Publishers Ltd: London.

MODULE 3

Unit 1 Critique of Scientific Writings

UNIT 1 CRITIQUE OF SCIENTIFIC WRITINGS

CONTENTS

1.0 INTRODUCTION

Information that are used in developing scientific papers (such as research reports or concept papers) must be scrutinised properly for its relevance and validity because, the primary reason for such a write-up is to contribute to knowledge. In this unit, you will learn how to critique articles to ensure that you have a logical and near factual information to use in your presentations, both written and oral.

2.0 OBJECTIVES

At the end of this interaction you will be able to:

- evaluate an article (research reports or literature reviews)
- from your critique, select useful literature that is relevant to your work
- critique your own work to present it better for grading and for publication.

3.0 MAIN CONTENT

3.1 What is a Critique?

It is a 'critical examination or estimate of a thing or situation of a thing; with the view to determining its nature and limitations or it's conformity to standards' (Webster's third international dictionary).To a beginner, critiquing can be a difficult task. There is usually the feeling that you do not have the skills, the knowledge, the experience or the understanding required to write a critique. Critiques are only opinion you have about a situation. It subsequently, will help your writing because you will become more aware of common mistakes in the style and technique of writing. You will be able to apply these new skills to your work. When you are in doubt about a mistake in someone else's writing, you will read up on the subject matter and gain more knowledge in the process. By helping others find mistakes and rough spots in their manuscripts, you will expand your own skills; get honest opinions and helpful hints about your own writing.

3.2 How to do a Critique

The best way to critique a piece of writing is: you should first read the whole article to get a feel of the flow of the writing. Think about it, and then read it again with a critical eye, commenting as you go. Your critique can contain both positive and negative comments. Give a summary of what you read by asking the following questions:

i. What are the author's main points?
ii. How does he/she back them up; that is, what evidence does the author cite to support them?
iii. How could you make the same argument in your own words? At this point you should reread the article to make sure you've summarised the author's ideas correctly and that you have clearly identified the source of each idea (whether it's a direct quote or not). Then go on the following step by step critique.

1. The Author

You should think about the author. Who is the author? What education or experience does the author have in this field? Are the author's credentials congruent with the area studied? Is the author simply an experienced writer in many fields or does the author have real expertise? How do you know? (Note that you may want to do some library work to find out what else the author has written.)

2. What the author has written

The next step is to critically review what the author wrote:

A. For a research report or an empirical article

a. What is the title? Does it have an abstract? Are the title of the article and the abstract informative? (Helps you decide whether to read the article).

b. Identify the problem area (this is broad. It usually takes up several sentences) and the study purpose (this is narrow and is usually stated in one sentence) of the study. Does the purpose flow from the problem statement? Is the purpose of the author well stated or clearly implied? Is it justifiable?

c. Research Questions and Hypotheses: Identify the key questions which the written piece answers: Is the question on the issue well stated (or clearly implied)? Is it clear and unbiased? Does the expression of the question do justice to the complexity of the matter at hand? Are the question and purpose directly relevant to each other? Are there hypotheses? Identify the independent and dependent variables.

d. Review of the literature: Is the article published in a peer-reviewed journal? Identify the most important **information** presented by the author: Does the writer cite relevant evidence, experiences and/or information essential to the issue? Is the information accurate and directly relevant to the question at issue? Does the writer address the complexities of the issue? Are the references appropriate and timely?

e. Methodology Design: If the article is a research report, were the methods used to gather the evidence appropriate for the author's purposes?

i. Was informed consent taken?
ii. What kind of sample was used? Is the sample appropriate (representative of the population being studied)? Comment on the sample size.
iii. What research design is used? Is it clear and appropriate for the study?
iv. Is (are) the instrument(s) selected appropriate for the study? If the study uses an intervention, is it appropriate for the study?
v. Are the reliability and validity data on the instruments good?
vi. If applicable, is there inter-rater reliability? Is there consistency in implementing an intervention?
vii. Were extraneous variables controlled? Are there other things that might have accounted for the ‘outcome’ of the study?

f. Analysis of data

i. What are the major findings of the study?
ii. Are the statistical tests appropriate for this study?
iii. Does the author clearly report and interpret (give the meaning to) the results for the reader? Are all the major variables covered?

g. Discussion of Results: how complete and thorough a job did the authors do? Do the authors include an adequate discussion, analysis and conclusions? Did they justify everything adequately? Did they provide enough background information for the intended audience to understand it? Were there adequate and appropriate examples and illustrations?

i. Identify the most important inferences or conclusions in the written piece: Do the inferences and conclusions made by the author clearly follow the information relevant to the issue, or does the author jump to unjustifiable conclusions?
ii. Does the author adequately interpret (give meaning to) the findings? Does the author consider alternative conclusions where the issue is complex? In other words, does the author use a sound line of reasoning to come to logical conclusions, or can you identify flaws in the reasoning somewhere? Do the authors make appropriate comparisons to similar events, cases or occurrences?
iii. Do you know of other evidence that might be used to make a counter-argument?
iv. Be sure to check the date of the article and the evidence: are the conclusions still valid?

h. Implications to nursing: Does the writer display sensitivity to the implications and consequences of the position he/she is taking?

i. Describe the study's overall usability, completeness and consistency.
ii. List any aspects of this study ready for application in nursing practice (defend your answers).

B. For a concept paper

A concept article is an article written on topics that are not direct reports of the author's research work. In critiquing such an article, you follow the guidelines below.

1. **Title:** what are the title and the objectives of the article? Is this title reflected through out the write-up?

2. **Substance:** Did the author provide information in the literature under subtopics that are relevant to the title? Within the information in the literature review, did the author provide arguments or a line of reasoning that offers insight into important issues, or did the author merely summarise previous studies in a shallow way that does not reflect depth of analysis? Does the article provide a model or framework or guidelines that would guide future thinking about the issue(s) the author is addressing?

3. **Contribution to knowledge**: can you infer the contribution of the work to your need or the need of others in ways that are relevant to your work?

3.3 Template for Analysing the Logic of an Article

There are various templates that have been developed that will assist in critiquing articles.

1. The main **purpose** of this article is _____. (Here you are trying to state, as accurately as possible, the author's intent in writing the article. What was the author trying to accomplish?)

2. The key **question** that the author is addressing is _____. (Your goal is to figure out the key question that was in the mind of the author when he/she wrote the article. What was the key question addressed in the article?)

3. The most important **information** in this article is _____. (You may want to identify the key information the author used, or presupposed, in the article to support his/her main arguments. Here you are looking for facts, experiences, and/or data the author is using to support his/her conclusions.)

4. The main **inferences** in this article are _____. (You want to identify the most important conclusions the author comes to and presents in the article.

5. The key **concept(s**) we need to understand in this article is (are) _____. By these concepts the author means _____. (To identify these ideas, ask yourself: What are the most important ideas that you would have to know to understand the author's line of reasoning? Then briefly elaborate what the author means by these ideas.

6. The main **assumption**(s) underlying the author's thinking is (are) _____. (Ask yourself: What is the author taking for granted [that might be questioned]? The assumptions are generalisations that the author does not think he/she has to defend in the context of writing the article, and they are usually unstated. This is where the author's thinking logically begins.)

7a. If we take this line of reasoning seriously, the **implications** are _____. (What consequences are likely to follow if people take the author's line of reasoning seriously? Here you are to pursue the logical implications of the author's position. You should include implications that the author states, and also those that the author does not state.)

b. If we fail to take this line of reasoning seriously, the **implications** are_____. (What consequences are likely to follow if people ignore the author's reasoning?

8. The main **point(s) of view** presented in this article is (are) _____. (The main question you are trying to answer here is: What is the author looking at, and how is he/she seeing it? For example, in this mini-guide we are looking at "analysis" and seeing it "as requiring one to understand" and routinely apply the elements of reasoning when thinking through problems, issues, subjects, etc.).

The template presented above is adapted from
http://academic.luzerne.edu/wcamp/new_page_1.htm.

SELF ASSESSMENT EXERCISE

You are to write a critique of one of the articles attached to unit 8 of module 3. Your assignment should be typed, double spaced and two to three pages in length.

4.0 CONCLUSION

A critique is a scientific process that is used in analysing articles that contribute to knowledge. It is a rigorous process and must be learnt.

Success in critiquing other works helps learners in writing articles that will be of immense benefit to oneself and others**.**

5.0 SUMMARY

This unit has discussed what a critique is, and has introduced learners to how to critique.

6.0 TUTOR-MARKED ASSIGNMENT

Using the criteria for critiquing, give a brief critique of one of the articles attached to this unit.

7.0 REFERENCES/FURTHER READINGS

http://academic.luzerne.edu/wcamp/new_page_1.htm

http://ccsweb.njit.edu/~bieber/CIS677S02/guidelines.html

http://www.errantry.net/wizardsworld/critique.html

Mendelson, F. (2006). *How to Write a Critique*, http://www1.esc.edu/personal/fmendelsohn/critique.html

UNIT 2 EXAMPLES OF PUBLISHED ARTICLES

CONTENTS

1.0 INTRODUCTION

In this unit, we have two published nursing articles. The one is a report on a study on maternal immunisation and the other is a concept paper on infant pain. Please, read and study these articles. You will use them in answering the tutor-marked assignment for units 7 and 8.

2.0 OBJECTIVES

At the end of this interaction you should be able to:

- state the difference between a concept paper and a research report
- write a similar article, following the stated guides
- critique scientific articles.

3.0 MAIN CONTENT

3.1 Article on Maternal Immunisation

The article Olaogun A *et al*, *Evaluation of Maternal Immunisation in Ile-Ife, Nigeria* (2007). *African Journal of Midwifery and Women's Health*. Oct. – Dec. 2007 Vol. 1 (1) pp. 46 - 49 is attached to this course content.

3.2 Article on Infant Pain

The article, Byers JF and Thornley K,. Cueing into Infant Pain(2004) American Journal of Maternal and Child Health Nursing. March – April 2004. Vol 29 (2), pp84-91 is attached to this course content.

4.0 CONCLUSION

Writing of scientific papers is an art and a science. This is very important in developing nursing as a profession and in developing individual nurses for their roles as educators and researchers. The articles presented in this unit are examples of scientific write ups. There are more articles in journals and books that would be useful to you as you continue in nursing education and practice.

5.0 SUMMARY

In this unit, you have had the opportunity of reading two articles published by nurses in peer reviewed nursing journals. You have also had the opportunity to critique the papers. This should assist and challenge you to develop and use your skills in writing and presenting seminar papers/scientific publications.

6.0 TUTOR-MARKED ASSIGNMENT

Using the criteria for critiquing, give a brief critique of one of the articles attached to this unit.

7.0 REFERENCES/FURTHER READINGS

http://academic.luzerne.edu/wcamp/new_page_1.htm

http://ccsweb.njit.edu/bieber/CIS677S02/guidelines.html

http://www.errantry.net/wizardsworld/critique.html

Mendelson, F. (2006). *How to Write a Critique*, http://www1.esc.edu/personal/fmendelsohn/critique.html

UNIT 3 POWERPOINT PRESENTATION

CONTENTS

1.0 INTRODUCTION

In this unit, there are PowerPoint presentations of slides on Maternal Immunisation in Nigeria. This is to assist you in seeing what the product of PowerPoint slides. You would have being using this in the study centres but for you to preview the slides, you need a personal computer, laptop or if you are in a group, it can be projected through a projector.

2.0 OBJECTIVES

At the end of this interaction you should be able to:

- identify PowerPoint presentations using the computer and projector
- develop slides for your seminar presentation using the PowerPoint software.

4.0 CONCLUSION

Seminars and workshops presentation is a beautiful art that can be learnt. From all the units learnt in this course guide, you have become a beginner in the art of scientific write ups and presentation. Continue to use these skills and knowledge in your practice as a nurse.

5.0 SUMMARY

In this unit you have learnt the process of making presentations through the use of Power Point. The package is useful for workshops, seminars and discussion. As a nurse, knowledge of PowerPoint and other Computer Softwares is important and necessary.

6.0 TUTOR-MARKED ASSIGNMENT

Develop a PowerPoint presentation on Nursing Process on 12 slides using the following headings:

Title page
Background
Definition
Steps of the Nursing process
Advantages of using the nursing process
Conclusion.

7.0 REFERENCES/FURTHER READINGS

Read up the help section of Microsoft PowerPoint software.

EVALUATION OF MATERNAL IMMUNIZATION IN ILE-IFE, NIGERIA

By Adenike Olaogun, Olufemi Ayandiran, Perpertua Obianjuwa, Adebusola Ayeni, Florence Adeyemo

Maternal immunization (MI) is a safe, practical method for providing protection against potentially fatal infections at a particularly vulnerable period of life. It is intended to enhance passive immunity of infants to agents that produce life-threatening illnesses t the early stage of life (Chai et al, 2004; Healy and Baker, 2006; Kroeger et al, 2006). It also provides protection for the mother (Brent, 2006). Vaccination of pregnant women has) been practised in the USA since 1957 with excellent safety record. Immunization should be administered at least six weeks before delivery.

The common vaccines for pregnant women in Nigeria are tetanus toxiod (TT) and hepatitis B virus (HBV) vaccine. TT stimulates the production of specific antibodies that readily cross the placenta and provides protection against puerperal tetanus and neonatal tetanus. Hepatitis is a viral infection that causes liver inflammation. Perinatal transmission of HBV occurs if the mother has had acute HBV infection during late pregnancy or in first month postpartum, or if the mother is a chronic HBV antigen carrier (Ranger-Rogel and Denis, 2004; Adibi et al, 2004). Such babies may remain chronically infected into adult life and be prone to cirrhosis and hepatocellular carcinoma (Sohn et al, 2005). HBV can be prevented through the administration of three doses of HBV vaccination (Wilson and Harman, 2000). In their reports, Glezen et al (1992) and Obaro et al (2004) gave evidence that MI could stimulate both serum and breast milk antibody that could provide protection during the time needed to actively immunize the infant.

Nigeria is the largest and most populous nation in Sub-Sahara Africa (SSA) with an estimated population slightly over 140 million in the 2006 national census (Obasanjo, 2*007).* It has a high infant mortality rate of 100/1000 live births (UNICEF, 2005). The major causes of this high mortality are by vaccine preventable diseases. Chief among these are neonatal tetanus and hepatitis. In compliance with the World Health Organization's (WHO) recommendation **[AQ2 ref?]**, Nigeria started the expanded programme on immunization in 1979. This programme received a boaster in 1984. The MI was added to ensure that WHO target of eradicating neonatal tetanus by 2005 was achieved.

Purpose of the Study

The purpose of the study was to:

1. Assess the knowledge and the acceptance rate of pregnant women to TT and HBV vaccine.
2. Determine the rate of actual receipt of these vaccines by the women.

Abstract

This study was carried out to assess the knowledge and the acceptance of tetanus toxiod (TT) and hepatitis B virus (HBV) vaccine among pregnant women. One hundred and sixty pregnant women selected by a systematic sampling method were .interviewed and dates of actual receipt of vaccines were confirmed from antenatal records. Ninety-six per cent of respondents were aware of the maternal immunization (MI) programme. Ninety-five per cent expressed that MI is good and beneficial to both mothers and babies. TT was received by 87.5%. Two doses were received by 73.75% of TT within the second trimester of pregnancy, while 6.25% completed the TT regimen. Only L8.75% had received the, HBV vaccine prior to being pregnant. Acceptance and actual receipt of TT was high but, there was no screening for HBsAg [AQ1 in full?] nor HBV, vaccines, given to the women. Midwives and the government need to intensify the education of the public on MI.

Study Design and Methods

A descriptive design was adopted. Using a systematic sampling technique, 160 respondents were selected from the Obafemi Awolowo University teaching hospital antenatal clinic (80) and the Enuwa comprehensive health centre (80) in Ile-Ife. Ile-Ife is a small university town in south-west Nigeria, which is known for its rich cultural activities and acclaimed as the 'cradle' of the Yoruba people. It has a projected population of 280000 (National Population Commission, 1991).

In Nigeria, orthodox health care is provided through the hospitals, clinics and health centers owned by either the government or private (missions and individual) entrepreneur. The Obafemi Awolowo University teaching hospital is a tertiary health institution linked with the College of Health Sciences of the Obafemi Awolowo University. The Enuwa comprehensive health centre is one of the primary health care facilities owned by the local government and it provides maternal an child health care to the indigenous residents of Ile-Ife.

Adenike Olaogun is Senior Lecturer and Olufemi Ayandiran is Lecturer, Department of Nursing Science; Perpertua Obianjuwa is Lecturer/Consultant Paediatrician, Department of Paediatrics and Child Health; Adebusola Ayeni is Staff Nurse/Male Midwife,

Department of Nursing Science, Obafemi Awolowo University, Ile-Ife, Nigeria; Florence Adeyemo is Lecturer/Acting Head of Department, Institutional Affiliation and Authors, Department of' Nursing, Ladoke Akintola, University of Technology, Osogbo, Nigeria
E-mail:nikeolaogun@yahoo.com [AQ3 ok to publish?]

Ethical Consideration

Permission to conduct the study was sought from the management of the institutions while individual consents were taken from each of the respondents before they were interviewed.

Results

All respondents in this study were Nigerians. The socio-demographic characteristics are shown in *Table* 1. The ages ranged from 20 to 38 years with a mean of 29.9 years. Over 98% of the respondents were married, while only 37.5% of them were having their first baby. All the respondents had gone through formal education. About 42% had tertiary education (above grade 12), 31.25% had secondary education (grades 7-12) and others had primary education (grades 1-6).

Regarding occupation, over 56% were traders and 25% were civil servants. Others were students (11.25%) and 7.5% were housewives (unemployed). In assessing the respondents' knowledge on the immunization programme *(Table* 2), over 96% of respondents were aware of the MI programme. Of these, 71 % received the information from the health facilities, 17% from the mass media, and others from the church, health campaigns, etc. Over 57% knew that the complete TT regimen is five doses. Ninety-six per cent indicated that the vaccines are given at health facilities, while 90% acknowledged that the vaccine is administered by the midwife. Ninety-five per cent of respondents expressed that the programme is good and beneficial to both mother and child.

Table 1: Socio-demographic characteristics of respondents N = 160

Variable	Frequency	%
Age		

15 – 24	40	25
25 – 34	110	68.75
35<	10	6.25
	160	100
Marital Status		
Married	158	98.75
Single	2	1.25
	160	100
Education Status		
Primary	44	27.5
Secondary	50	31.25
Tertiary	66	41.25
	160	100
Occupation		
Traders	90	56.25
Civil Servants	40	25
Students	18	11.25
Housewives	12	7.5
	160	100
Number of Children		
Nullipara	60	37.5
Para 1	50	31.25
Para 2	28	17.5
Para 3	12	7.5
Para 4	10	6.25
	160	100

In determining the number of respondents that had received the vaccines *(Figure* 1), 87.5% had received the TT vaccine. Of these, 62.5% had it during their most recent pregnancy. On the dose of vaccines received, only 6.25% had received five doses. Two doses were received by 73.75%. They received the first dose at their first antenatal clinic (between 16 and 20 weeks' gestation) and the second dose was given four weeks later. Only 18.75% had received the HBV vaccine prior to being pregnant, with 1.88% having completed the three doses of HBV vaccine. None of the respondents were tested for HBsAg nor given the HBV vaccine at the clinics. At the Enuwa health centre, all neonates are started on the HBV vaccination immediately after birth and at the sixth week and 14 weeks respectively, without maternal testing for HBsAg.

Discussion

A significant number of the respondents were aware of the MI programme and their major source of information was the hospital,

followed closely with the media. One of the functions of the midwife at the antenatal clinic is the giving of health education on various issues including immunization. As part of the government health programme, there is public enlightenment on the importance of immunization being aired on the television, radio and pasted as IEC **[AQ4 in full?]** materials in strategic places allover the nation. In consonance **[AQ5 What do you mean here?]** with the educational principle that emphasizes that 'repetition enhances learning', this continuous dissemination of information would account for this high level of awareness and acceptance of the programme as demonstrated by these respondents. There is a need to intensify these educational strategies to ensure that all pregnant women in the community know and have access to maternal immunization.

Tetanus toxoid was the first vaccine that was introduced in the MI programme. Therefore many of the respondents had received it though very few had received over three doses that would confer over ten years' immunity. This finding corroborates the Nigerian Demographic and Health Survey (2003) report in which TT coverage among pregnant women was 86.5% in south-west Nigeria. Essentially they received the first and second TT doses before six months of gestation. Theoretically this should confer immunity for a period between one and three years. Transmission of antibody across the placenta is time dependent. Infants delivered more than two weeks after maternal immunization have higher immunity. Therefore, it can be subsumed that the infants of these respondents would benefit immensely from their mothers' immunization. Koenig and colleagues (1998) emphasized that infants delivered by mothers who received one or two doses of TT experience four to fourteen days' mortality levels consistently lower than infants of non-immunized mothers. Though Hood and colleagues (1994) emphasized that through the efficacy of TT, placental transfer of antibodies have been found to be lower in Nigerian mothers when compared with those of British mothers. This defect in transplacental transfer of antibodies was also reported by Togun and colleagues (2006). This limitation in transplacental transfer has been linked with heavy malarial placental infection and high prevalence of HIV and hypergammaglobulineamia (Greenwood, 2003; de Moraes-Pinto et al, 1998; Okoko et al, 2001 [AQ6 not in ref list -please supply]).

In plasmodium falciparum endemic communities pregnancy associated malaria (PAM) has been detected. PAM is characterized with placental accumulation of plasmodium falciparum infected erythrocytes malaria (Ricke et al, 2000; Staalsoe et al, 2001; Togun et al, 2006; Gamain et al, 2006). This provokes the development of PAM specific antibodies and women acquire the antibodies only as a result of parity (Salanti et al, 2004). Men in malaria endemic communities do not develop PAM

specific antibodies. These findings throw a big challenge to immunization in pregnant women. To further buttress the implication of these findings, Asekun-Olarinmoye et al (2003) in a Nigerian study reported that 86.4% of mothers of infants with neonatal tetanus attended antenatal clinic, while only 25.6% of them received the full tetanus toxoid immunization. There is the need to ensure that mothers complete the TT regimen in order to enhance better transplacental transfer of antibodies. Prophylactic treatment of malaria and the use of insecticide-treated bednets must be intensified in malaria endemic communities. This is to prevent and reduce PAM thereby increasing transplacental transfer of antibodies.

None of the respondents in this study were tested for HBsAg and there was no HBV vaccination for these women. Ojule et al (2005) and Obi et al (2006) reported an intermediate prevalence rate of 4.3% and 4.6% respectively of HBsAg seropositive testing among pregnant women in their Nigerian studies. The Advisory Committee on Immunization has recommended that all pregnant women should be evaluated for HBsAg in every pregnancy and all those that are serop- ositive should have their infants receive HB immunoglobulin (HBIg). HBV vaccine should begin not later than 12 hours after birth (Kroeger et al, 2006).

The routine programme for immunizing neonates with HBV vaccine at the Enuwa clinic, though without maternal testing, is a good option to prevent and reduce HBV infection in infants. The positive effect of such immunization was supported by Odusanya et al (2005) and Lee et al (2006) **[AQ7 not in ref list -please supply]** in their various studies. To further support the need for neonatal HBV immuniza- al tion, Yuan et al (2006) in China indicated that antepartum administration of HBIg was inefficacious for women who el are HBsAg positive women. Unfortunately the tropical nature and the poor environmental sanitation of the nation make the environment conducive for the spread of vaccine preventable infection. In order to avoid falling into the 'risk of doing nothing', there is need for screening of HBsAg in all pregnant women as is being done for HIV testing. The d government/philanthropic agencies could assist in funding the test to reduce the cost. Health education on risk factors and immunization of pregnant women and infants of HBsAg positive mothers should be intensified.

The role of the midwife in vaccinating mothers was highlighted in this study. Nigeria adopted the nursing education programme of Britain (as a former British colony). Professional midwives are educated through a recognized programme regulated by the Nursing and Midwifery Council of Nigeria. The midwife provides high level care to individuals and expectant families at first contact level. Approximately 37% of deliveries take place in health facilities in the nation (NDHS. 1999).

Doctors provide antenatal care to about 25% but they assist in only 8% of deliveries, while the midwives attend to 39% of women at antenatally but deliver 34% of women. Therefore, a large proportion of facility-based deliveries are conducted by the midwives. It is only in the teaching hospitals and referred complicated cases that the obstetricians provide care.

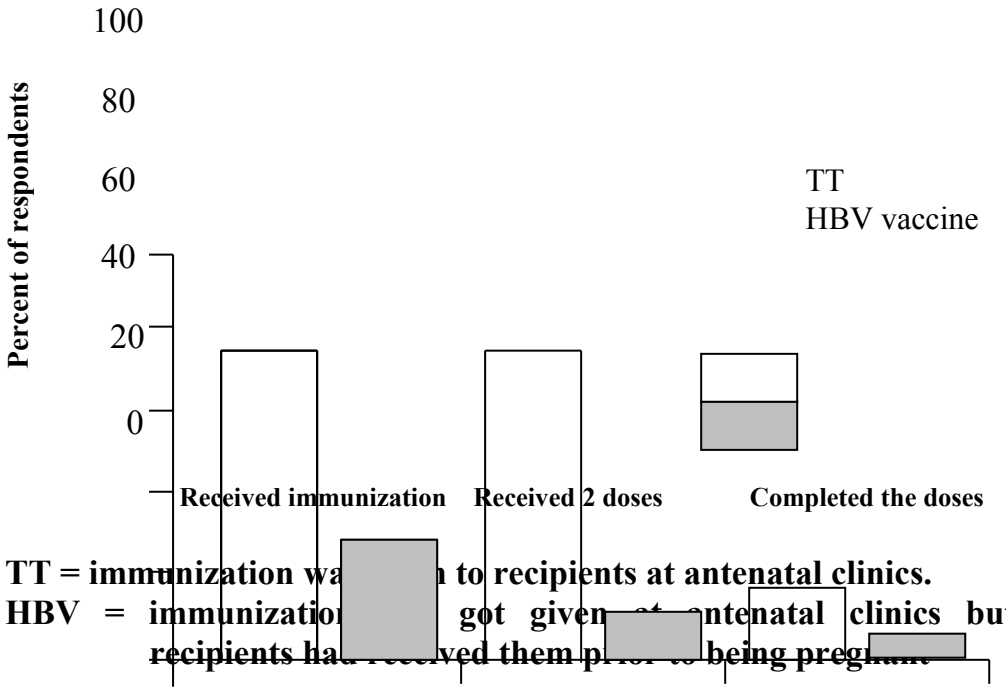
Table 2: Distribution of respondents by information on maternal immunization

Variable	Frequency	%
Awareness of MI		
Yes	154	96.25
No	6	3.75
Total	160	100
Source of information		
Health facility	110	71
Mass media	26	17
Others	18	11.25
Do not know	6	3.75
Total	160	100
Place of receiving immunization		
Health facility	154	96.25
Do not know	6	3.75
Total	160	100
Who administered immunization?		
Midwife	144	90
Community extension workers	10	6.25
Do not know	6	3.75
Total	160	100
Perception on MI		
Good and beneficial	152	95
Indifferent	8	5
Total	160	100
How many doses make up the TT regimen?		
5 doses	92	57.5
2 doses	35	21.9
Not sure	33	20.6
Total	160	100

In the immunization programme the midwife provides health education, counselling, community and individual mobilization, and administers the vaccines to mothers and children. There was a global call for the preparation of professional midwives in the developing nations in order

to reduce the increasing maternal mortality and neonatal mortality **rates [AQ8 reference for this?].** Immunization against tetanus, hepatitis and other vaccine preventable diseases, in conjunction with appropriate pre-natal care, early detection of complications and safe delivery methods will greatly reduce the high mortality rate. This finding, therefore, highlights a big challenge to ensure that there are midwives at every level of the community who are not only trained but also equipped with relevant technology that will enhance their performance.

Figure 1: Distribution of respondents by the actual receipt of immunization



TT = immunization wa[illegible]n to recipients at antenatal clinics.
HBV = immunizatio[illegible] got given at antenatal clinics but recipients ha[illegible]ved them p[illegible] being pregnant

Conclusion

The maternal immunization programme is being highly propagated in Nigeria and has gained acceptance as is evident in this study, particularly with regard to the tetanus toxoid vaccine. There is a need to enlighten the public about the hepatitus B vaccine, ensure that all pregnant women are screened for HBsAg and those who are positive should be vaccinated. Midwives have a big role to play in this programme. MI is a positive strategy in reducing maternal and neonatal mortality and morbidity in the developing nations. **AJM**

KEY POINTS

- Maternal immunization is an aspect of antenatal care.
- Tetanus toxiod prevents puerperal and neonatal tetanus.

- Hepatitis B is a viral infection of the liver that can be prevented by administering **HBV** vaccines.
- The midwife is responsible for the education, mobilization and vaccination of pregnant women.
- The effects of immunization during pregnancy will drastically reduce maternal and neonatal mortality.

Adibi P, Ghassemian R, Alavian SM, Ranjba M, Mohammadalizadeh AH, Nematizadeh F, Mamani M, Rezazadeh M, Ketarnot F, Ardalan A,. Esmaeli A. Zali MR (2004) Effectiveness of hepatitis B vaccination in Children of chronic hepatitis B mothers. *Saudi Med J **25**(10):* 1414-18.

Asekun-Olarinmoye EO. Lawoyin TO, Onadeko MO (2003) Risk factors associated with neonatal tetanus in lbadan, Nigeria -A revisit. *African Journal Med Sci* **32**(3): 275-8.

Brent RL (2006) Risks and benefits of immunizing pregnant women: The risk of doing nothing. *Reproductive Toxicology* **21**(4): 383-9.

Chai F, Prevots DR,Wang X, Birmingham M, Zhang R (2004) Neonatal tetanus incidence in China 1999-2001 and risk factors for neonatal tetanus in Guangxi province, China. *Int J Epidemiol* **33**(3): 551-71.

de Moraes-Pinto MI, Verhoelf F, Chimsuku L, Milligan PJM, Wesumperuma L, Broadhead RL, Brabin BJ. Johnson PM. Hart CA (1998) Placental antibody transfer: Influence of maternal HIV infection and placental malaria. *Archive of Disease in childhood and neonatal Ed* **79**(3): 202F-205F.

Greenwood B (2003) Maternal immunization in developing countries, *Vaccine* **21**(24): 3436-41.

Healy CM. Baker CJ (2006) Prospects for prevention of childhood infections by maternal immunization. *Curr opin Infect dis* **19**(3): 271-6.

Hood N. Chan MCK, Maxwell SM, Familusi JB. Hart CA (1994) Placental transfer of TT antibodies in Nigerian mothers. *Annals of Trop Pediatrics* **14**(3): 179-82.

Koenig MA, Roy NC, McElrath 1; Shahidullah M. Wojtyniak B (1998) Duration of Protective immunity coferred by maternal tetanus toxiod immunization: Further evidence from Matlab. Bangladesh. *Amer J of Public Health* **88**(6): 903-7.

Gamain B, Smith JD,Viebig NK, Gysin J, Scherf A (2006) Pregnancy associated- malaria: parasite binding. natural immunity and vaccine development. *Int J Parasito* Dec 22 epub.

Glezen Wp, Englund JA, Siber GR, Six HR, Turner C, Shriver D, Hinkley CM, Falcao O (1992) Maternal immunization with the capsular polysaccharide vaccine for haemophilus influenza type B.J *Infect Dis* **165**(suppl 1): S134-6.

Kroeger AT, Atkinson WL, Marcuse EK, Pickering LK (2006) General recommendations on immunization. Recommendation of the Advisory Committee on immunization practice. *MMWR Recom Rep* 5(RR-15): 1-48 Nigeria Demographic and Health Survey (1999) National Population Commission. Federal Government of Nigeria.

Nigeria Demographic and Health Survey (2003) National Population Commission. Federal Government of Nigeria. ORC Macro. Calverton, Maryland, USA April 2004.

National population commission (1991) Population Census of the Federal Republic of Nigeria. Analytical report at the national level 1998: 222.

Obaro SK, Deubzar HE, Newman VO, Adegbola RA. Greenwood BM, Henderson DC (2004) Serotype-specific pneumococcal antibodies in breastmilk of Gambian women immunized with a pneumococcal polysaccharide vaccine during pregnancy. *Paed Inf Dis J* **23**(11): 1023-9.

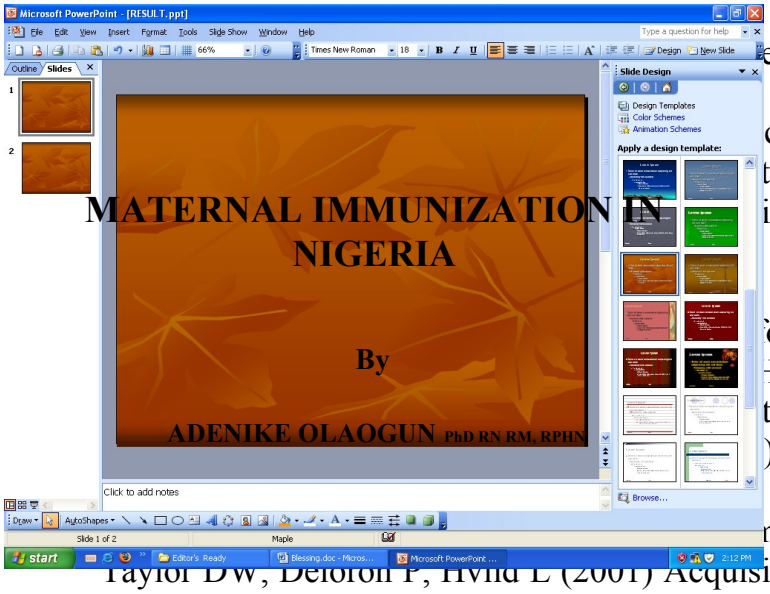
Obasanjo OO (2007) National broadcast by his Excellency President Olusegun Obasanjo (President of the Federal republic of Nigeria) on the 2006 census figures. Jan 9th 2007.

Obi SN, Onah HE, Ezugwu FO (2006) Risk factors for HB infection during pregnancy in a Nigerian obstetrical population *J Obstr Gynae* **26**(8): 770-2.

Odusanya OO. Alufohai FE, Meurice Fp, Wellens R, Weil J, Ahonkhai VI (2005) Prevalence of HB surface antigen in vaccinated children and control in rural Nigeria. *Int J Inf Disease 9*(3): 139-43.

Ojule AC, Akani CI, Oparum HC, Ejilemele AA (2005) Sero-prevalence of hepatitis B surface antigen in pregnant women in Port Harcourt. Nigeria. *Nig Postgraduate Med]* 12(4): 266-70.

Ranger-Rogel S. Denis F (2004) Hepatitis B mother- child transmission. *Expert Rev Anti Infect Ther* **2**(1): 133-45.

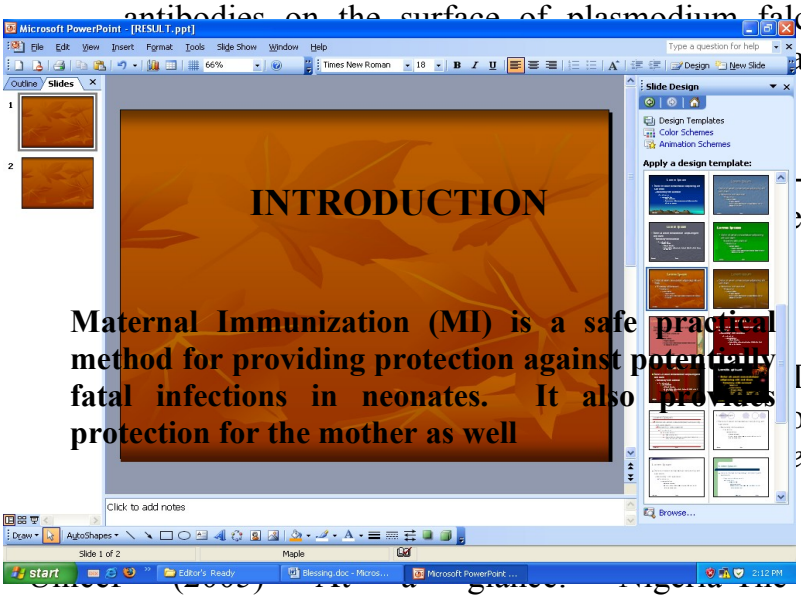


ey EM, Theander malaria exposed ce antigens on tes in a parity ion to chonroitin

od L, Magistrado Hviid L, Theander t VAR2CSA in): 1197-203.

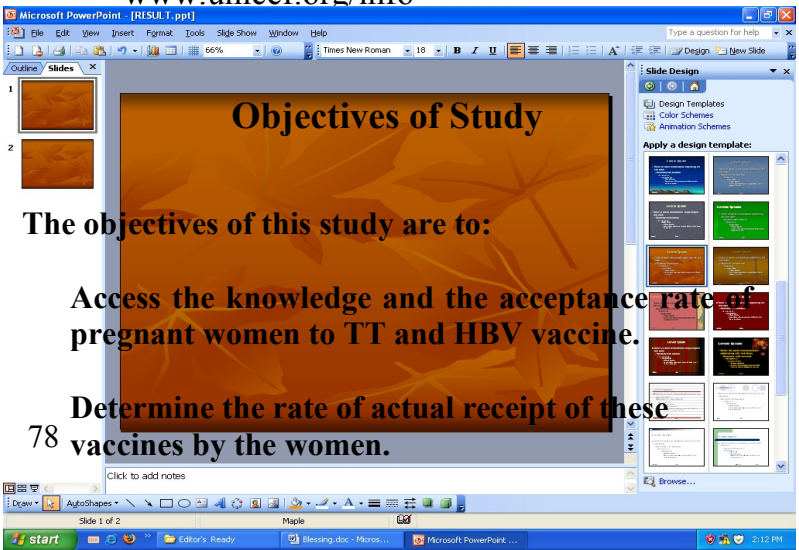
nig HD, Leke R, Taylor DW, Deloron P, Hviid L (2001) Acquisition and decay of antibodies on the surface of plasmodium falciparum infected asiteamia.] *Infect*

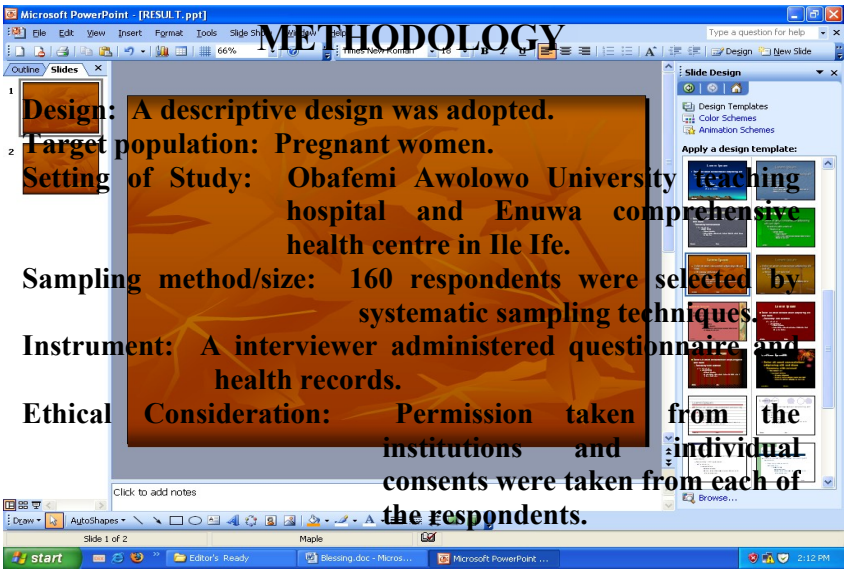
-Lee YM (2005) ers in chronically epub 2005 April

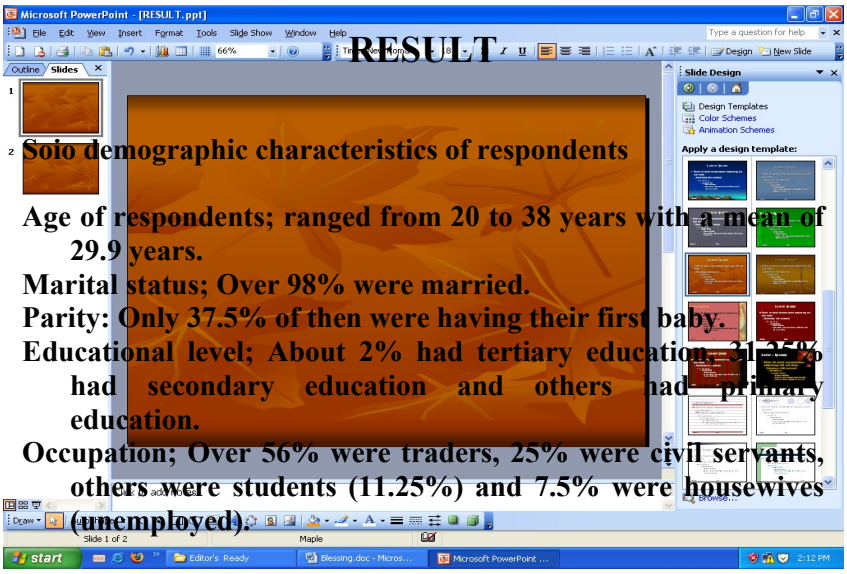


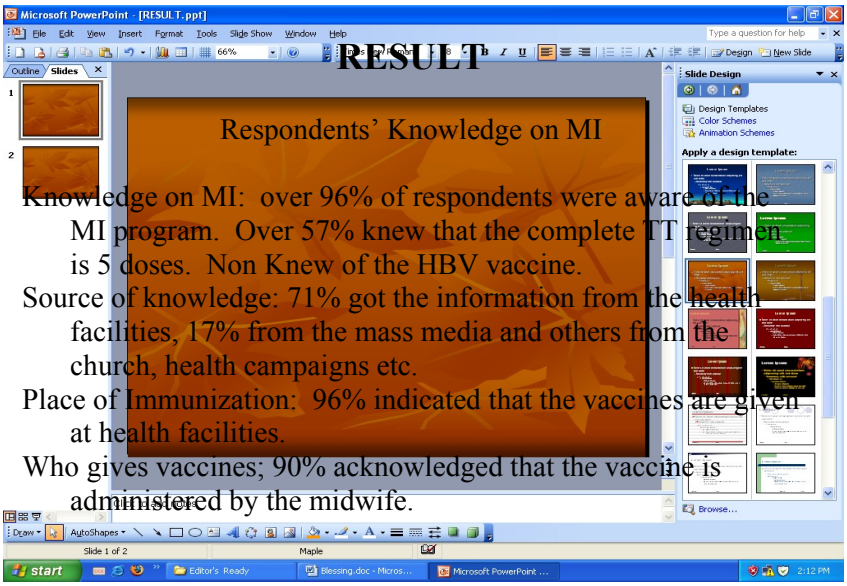
The prevalence of odium falciparum erian Journal of

big picture. www.unicef.org/info-

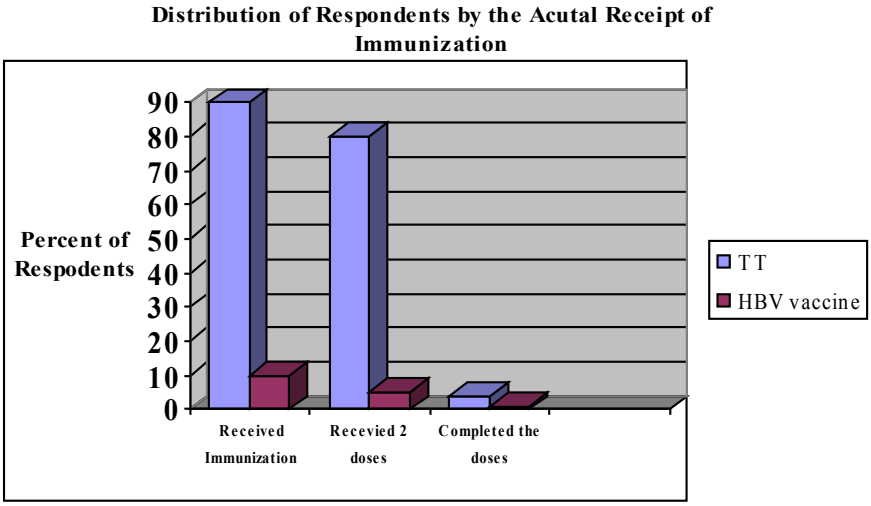


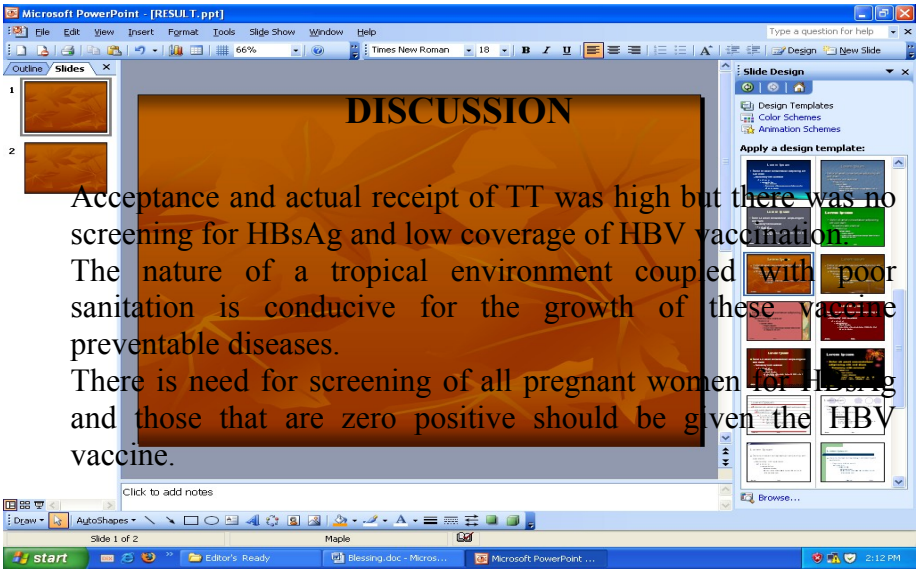

METHODOLOGY
Design: A descriptive design was adopted.
Target population: Pregnant women.
Setting of Study: Obafemi Awolowo University teaching hospital and Enuwa comprehensive health centre in Ile Ife.
Sampling method/size: 160 respondents were selected by systematic sampling techniques.
Instrument: A interviewer administered questionnaire and health records.
Ethical Consideration: Permission taken from the institutions and individual consents were taken from each of the respondents.

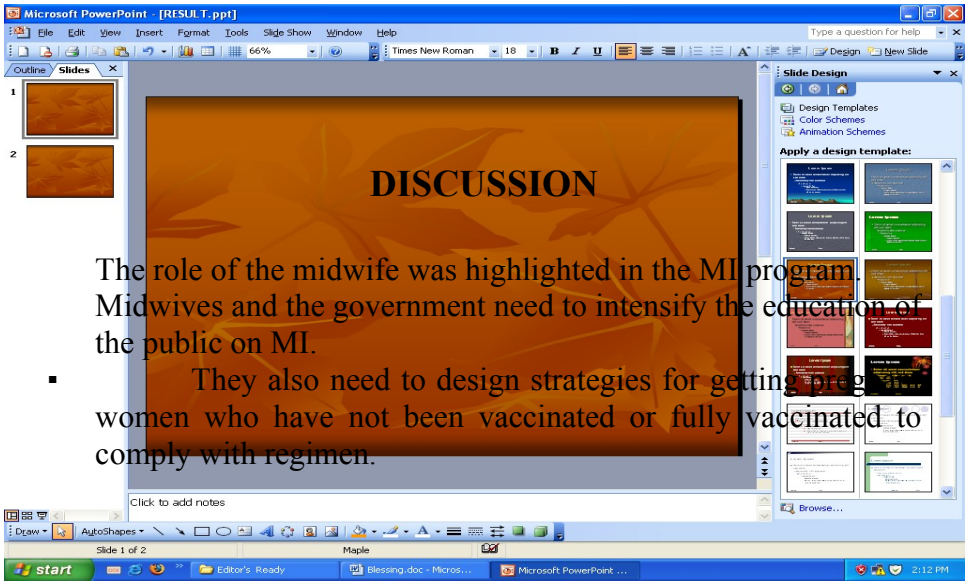

RESULT
Soio demographic characteristics of respondents
Age of respondents; ranged from 20 to 38 years with a mean of 29.9 years.
Marital status; Over 98% were married.
Parity: Only 37.5% of then were having their first baby.
Educational level; About 2% had tertiary education, 31.25% had secondary education and others had primary education.
Occupation; Over 56% were traders, 25% were civil servants, others were students (11.25%) and 7.5% were housewives (unemployed).

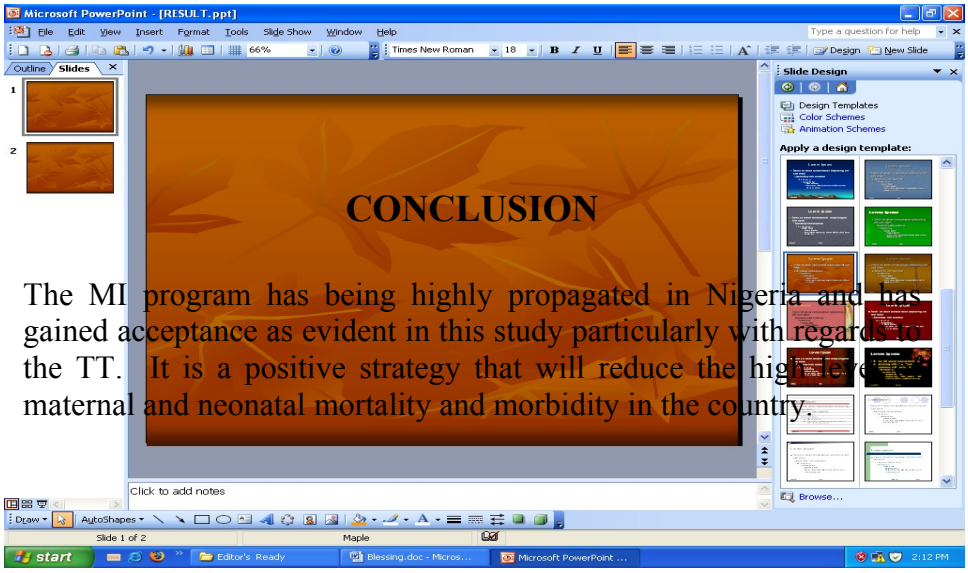

RESULT
Respondents' Knowledge on MI
Knowledge on MI: over 96% of respondents were aware of the MI program. Over 57% knew that the complete TT regimen is 5 doses. Non Knew of the HBV vaccine.
Source of knowledge: 71% got the information from the health facilities, 17% from the mass media and others from the church, health campaigns etc.
Place of Immunization: 96% indicated that the vaccines are given at health facilities.
Who gives vaccines; 90% acknowledged that the vaccine is administered by the midwife.

Result
Receipt of Immunization






Microsoft PowerPoint - [RESULT.ppt]
DISCUSSION
The role of the midwife was highlighted in the MI program. Midwives and the government need to intensify the education of the public on MI.
They also need to design strategies for getting preg
women who have not been vaccinated or fully vaccinated to comply with regimen.
Click to add notes


Microsoft PowerPoint - [RESULT.ppt]
CONCLUSION
The MI program has being highly propagated in Nigeria and has gained acceptance as evident in this study particularly with regards to the TT. It is a positive strategy that will reduce the high leve
maternal and neonatal mortality and morbidity in the country.
Click to add notes