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Inayat, S., Younas, A., Andleeb, S., Rasheed, S.P. and Ali, P. (2023) **'Enhancing nurses' involvement in policy making: A qualitative study of nurse leaders',***International nursing review,*70(3), pp. 297-306Background: Nurses can play a valuable role in not only the implementation but development of general and health policies. However, evidence indicates limited involvement of nurses in politics and general health policy making owing to individual, interpersonal, and systematic barriers. Introduction: Strategies are required to increase nurses' participation and engagement in policymaking. However, no studies explored the perspective of nurse leaders in policy making roles and how to improve nurses' involvement in policy making. Purpose: To explore strategies to enhance nurses' involvement in policy making from the perspective of nurse leaders. Methods: A qualitative descriptive study was conducted. Semistructured interviews were conducted with a purposive sample of 11 nurse leaders with at least one year of experience in policy making. Data were analyzed using a thematic analysis approach. The COREQ guidelines were followed for reporting. Findings: Five themes were generated: strategically revisit and implement educational approaches, becoming transformative leaders, improving social image of nurses, developing triadic partnerships, and empowering nurses through reflective and supportive mechanisms. Discussion: Nurses' involvement in policymaking can be enhanced by implementing grassroots‐level educational strategies, managerial‐level empowerment efforts, and social mechanisms focused on improving the social image of nursing. Conclusions: Self and professional role empowerment through education, increasing awareness, and improving the social image of nursing can boost nurses' involvement in policymaking. Implications for nursing policy: Nurse leaders, national and global nursing associations, and nursing regulatory bodies should collaborate with associations of nursing colleges to design nurse policymaking competencies framework and contextually tailored strategies to enhance nurses' engagement in policymaking. **Full text check:**<https://libkey.io/10.1111/inr.12828>.

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Lawrence, N.R., Natarajan, A., Petkar, R. and Joseph, L. (2021) **'Impact of COVID 19 National Lockdown on Glycaemic Control in Children and Adolescents With Type 1 Diabetes (T1DM): A Retrospective Review at a Large UK Teaching Hospital',***Journal of the Endocrine Society,*5(1), pp. A344Introduction:The coronavirus disease global pandemic led to national lockdown in the United Kingdom on 23rdMarch 2020. We compared the glycaemic control of children and adolescents with Type 1 diabetes (T1DM) at Doncaster & Bassetlaw Teaching Hospitals in the 12 weeks prior to the lockdown, to the 12 weeks following lockdown. Methods:HbA1c result 3 months following lockdown was compared to the last HbA1C prior to lockdown. Data from Continuous Glucose Monitors (CGMs), Flash Glucose Systems (FGS) and those performing Self-Monitoring of Blood Glucose (SMBG) were compared alongside changes to patient contact that occurred. Results:In 264 patients under 20 years of age across both hospitals in the Trust, face-to-face consultations decreased (245 vs 151, 39%), and remote consultations increased (1751 vs 2269, 30%) (χ 2p<0.001). Excluding those within a year of diagnosis, 122 had paired HbA1c results, and 80 had more than 70% of glucose monitoring data available. HbA1c levels decreased (67.4 mmol/mol vs 61.3 mmol/mol, p<0.001) and glucose monitoring data showed lower mean glucose after lockdown (9.7mmol/L vs 9.5mmol/L, p=0.034) with lower standard deviation (4.4mmol/L vs 4.2mmol/L, p<0.001). Proportion of time in range (3.9mmol/L to 10mmol/L) increased (n=47, 55.2% vs 58.0%, p=0.017), with no change to time below range (4.8% vs 5.0%, p=0.495). Conclusion:Glycaemic control improved in the 12 weeks following national lockdown. This demonstrates the difficulties faced by patients and carers managing T1DM around school pressures, meals away from home, social life and peer pressure. Increased remote contact with patients with T1DM has not been detrimental to glycaemic control.

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Leet, F., Sharif, M. and Agrawal, A. (2014) **'PWE-038 Significance Of Incidental Gastrointestinal Lesion On Pet Scan',***Gut,*63, pp. A139IntroductionCT PET scan with fluorine-18 (F-18) fluorodeoxyglucose (FDG), is a increasingly common investigation in the evaluation and management of several malignant and non-malignant conditions. (1–3). The usefulness of this technique in diagnosing incidental gastrointestinal lesions in literature is scanty. The purpose of this study was to assess the usefulness of PET scan in detecting incidental significant gastrointestinal disease.Methods696 PET scans were undertaken in Doncaster and Bassetlaw NHS Trust from 2009 to 2012. The principal indications were malignancy (lung 57%, GI tract 16%, head and neck 7%, haematological 4%, breast 2%) and nonmalignant 11%, unknown indication 3%. Of these, 44 cases (males 61%, median age 70) of incidental increased focal FDG uptake in gastrointestinal tract were detected. All patients underwent endoscopic procedure (Gastroscopy 10, Flexible sigmoidoscopy 10 and colonoscopy 24).Results21 of 44 (48%) had polyps (malignant n = 3, tubulovillous adenoma n = 11, hyperplastic n = 6, not retrieved n = 1). Other pathologies included vascular lesions, inflammation, and diverticular disease. 11 patients had a false positive PET scan. The overall correlation between PET scanning and Endoscopic findings were found to be 75%.ConclusionPET scan is a valuable tool in localising incidental gastrointestinal pathology and a positive incidental finding merits further follow up endoscopy. The technique detected 6% new gastrointestinal lesions of which nearly half were polyps and two-thirds of these were malignant or adenomatous.References1 Wong PS, Lau WF, Worth LJ, Thursky KA, Drummond E, Slavin MA, Hicks RJ. Clinically important detection of infection as an ‘incidental’ finding during cancer staging using FDG-PET/CT. Int Med J2012;42(2):(176–83)2 Gambhir SS, Czernin J, Schwimmer J, Silverman DH, Coleman RE, Phelps ME. A tabulated summary of the FDG PET literature. J Nucl Med.2001;42(suppl): 1S–93S3 I Takayoshi, et al. Detection of unexpected additional primary malignancies with PET/CT. J Nucl Med. 2005;46(5):752

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