Introduction
Today we will go over:

- Levels of Evidence
- How to create a search strategy
- Using the search strategy in a database, such as CINAHL or PubMed
- How to utilize database tools, such as filters to refine searches
- Subject headings to find exactly what you want
Levels of Evidence

Usefulness for cause and effect decision-making

Relates to the scientific design, rigor of the study

- Systematic review and meta-analysis of well-designed RCTs
- Well-designed RCT
- Well-designed quasi-experimental studies (non-randomized)
- Well-designed case-control and cohort studies
- Systematic reviews of descriptive or qualitative studies
- Single descriptive or qualitative study
- Expert opinion or reports, animal studies, in vitro studies (laboratory), textbooks

Created by: Bernadette Melnyk PhD, RN, CPNP/PMHNP, FNAP, FAAN
Levels of Evidence

- Evidence obtained from well-designed controlled trials without randomization and from well-designed case-control and cohort studies
- Evidence from systematic reviews of descriptive and qualitative studies
- Evidence from a single descriptive or qualitative study
- Evidence obtained from at least one well-designed RCT
- Evidence-based clinical practice guidelines based on systematic reviews of RCTs
- Systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
- Evidence from the opinion of authorities and/or reports of expert committees

Usefulness for Cause & Effect Decision-making

Created by: Bernadette Melnyk PhD, RN, CPNP/PMHNP, FNAP, FAAN
Systematic Reviews

Randomized Control Trials

Quasi-Experimental Studies

Cohort Studies

Case-Controlled Studies

Observational or Descriptive Studies

Expert Opinion, Laboratory Research, Expert Consensus

Created by: Bernadette Melnyk PhD, RN, CPNP/PMHNP, FNAP, FAAN
PICO(T) question

- **P** - Patient, population, problem
- **I** - Intervention, exposure, or prognosis factor
- **C** - Comparison or comparator
- **O** - Outcome
- **T** - Type of question and/or timeframe
Does telehealth improve chronically ill patient health outcomes?

- **P**- chronically ill patients
- **I**- telehealth
- **C**- non-telehealth interventions
- **O**- improved chronic disease management
Search Strategy

- Telehealth
  - Mobile Health OR mHealth OR eHealth

- Chronically ill
  - Chronic Disease OR Chronic Illness
CINAHL
Cumulative Index of Nursing and Allied Health

- Indexes journals from the fields of nursing and allied health, with indexing back to 1937.

- Covers nursing, biomedicine, health sciences librarianship, alternative/complementary medicine, consumer health and 17 allied health disciplines.

- Offers complete coverage of English-language nursing journals and publications from the National League for Nursing and the American Nurses' Association.
No results or too few results, click on these!
## Journal Subset
- All
- Africa
- Allied Health
- Alternative/Complementary Therapies

## Geographic Subset
- Mexico & Central/South America
- Middle East
- UK & Ireland
- USA

## Publication Type
- All
- Abstract
- Algorithm
- Anecdote

## Sex
- All
- Female
- Male

## Pregnancy
- [ ]

## Outpatients
- [ ]

## Special Interest
- All
- Advanced Nursing Practice
- Case Management
- Chiropractic Care

## Inpatients
- [ ]

## Age Groups
- All
- Fetus, Conception to Birth
- Infant, Newborn: birth-1 month
- Infant: 1-23 months

## Number of Pages
- All

## PDF Full Text
- [ ]

## Image Quick View
- [ ]

## Language
- All
- Afrikaans
- Arabic
- Chinese
2. Using mHealth Tools to Improve Rural Diabetes Care Guided by the Chronic Care Model.

Mallow, Jennifer A.; Theeke, Laurie A.; Barnes, Emily R.; Whetsel, Tara; Mallow, Brian K.; Online Journal of Rural Nursing & Health Care, 2014; 14(1): 43-65. (23p) (Journal Article - research, systematic review, tables/charts) ISSN: 1539-3399 AN: 103970230

Abstract: Background and objective: Used as an integrated tool, mHealth may improve the ability of healthcare providers in rural areas to provide care, improve access to care for underserved populations, and improve biophysical outcomes of care for persons with diabetes in rural, underserved populations. Our objective in this paper is to present an integrated review of the impact of mHealth interventions for community dwelling individuals with type two diabetes.

Materials and methods: A literature search was performed using keywords in PubMed to identify research studies which mHealth technology was used as the intervention Results and discussion: Interventions using mHealth have been found to improve outcomes, be cost effective, and culturally relevant. mHealth technology that has been used to improve outcomes include: seeking out health information via the web, access to appointment scheduling and medication refills, secure messaging, computerized interventions to manage a chronic condition, use of a personal health record, use of remote monitoring devices, and seeking support from others with similar health concerns through social networks. Conclusion: Using the validated Chronic Care Model to translate what is known about mHealth technology to clinical practice has the potential to improve the ability of healthcare providers in rural areas to provide care, improve access to care for underserved populations, and improve biophysical outcomes of care for persons with diabetes in rural underserved populations. While these approaches were effective in improving some outcomes, they have not resulted in the establishment of the necessary electronic infrastructure for a sustainable mobile healthcare delivery model.

Subjects: Rural Health Services; Diabetes Mellitus; Health Services Accessibility; Mobile Health Units

3. Dietitians’ Perspectives on Interventions to Enhance Adherence to Dietary Advice for Chronic Diseases in Adults.

Desroches, Sophie; Lapointe, Annie; Deschênes, Sarah-Maud; Blissonnette-Maheux, VÉronique; Gravel, Karine; Thirsk, Jayne; LÉgaré, France; Canadian Journal of Dietetic Practice & Research, 2015; 76(3): 103-108. (6p) (Journal Article - research, tables/charts) ISSN: 1488-3847 AN: 109829717
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<td>mobile health units</td>
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<td>monitoring, physiologic</td>
<td>6</td>
</tr>
</tbody>
</table>

Subject: Major Heading

Show More Options set

Source Types
- All Results
- Academic Journals (95)

3. Discussion of the Study

Enhancing medication adherence through telephone calls can enhance medication knowledge and adherence to the medication regimen. Medication adherence is a critical aspect, particularly for patients with chronic conditions, as evidenced by the significant impact of non-adherence on health outcomes and healthcare costs. Implementing strategies that promote adherence, such as educational programs, mobile health applications, and reminders, can significantly improve medication adherence and patient outcomes.

Suggestions for Further Research:
- Investigate the long-term effects of telehealth interventions on medication adherence and patient outcomes.
- Evaluate the cost-effectiveness of telehealth interventions compared to traditional in-person care.
- Explore the role of technology in enhancing patient engagement and adherence.

Conclusion

Telehealth interventions have the potential to significantly improve medication adherence and patient outcomes. By leveraging technology and innovative approaches, healthcare providers can enhance medication adherence and promote better health outcomes for patients with chronic conditions.
<table>
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<th>Subject: Major Heading</th>
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<tr>
<td>monitoring, physiologic</td>
<td>6</td>
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</tbody>
</table>
1. Integrated Telehealth Care for Chronic Illness and Depression in Geriatric Home Care Patients: The Integrated Telehealth Education and Activation of Mood (I-TEAM) Study.


   Subjects: Telehealth; Depression Therapy; Chronic Disease Therapy; Gerontologic Care; Home Health Care; Aged: 65+ years; Aged: 80 & over; Male; Female

2. Dietitians' Perspectives on Interventions to Enhance Adherence to Dietary Advice for Chronic Diseases in Adults.

   (includes abstract) Desroches, Sophie; Lapointe, Annie; Deschênes, Sarah-Maude; Bissonnette-Maheux, VÉRONique; Gravel, Karine; Thirsk, Jayne; LÉGaré, France; Canadian Journal of Dietetic Practice & Research, 2015; 76(3): 103-108. (6p) (Journal Article - research, tables/charts) ISSN: 1486-3847 AN: 109829717

   Abstract: Purpose: To assess dietitians’ perspectives on the importance and applicability of interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults in the Canadian context. Methods: Based on a Cochrane systematic review, we identified 8 promising interventions for enhancing adherence to dietary advice: behaviour contracts, exchange lists, feedback based on self-monitoring, individualized menu suggestions, multiple interventions, portion size awareness, telephone follow-up, and videos. Thirty-two dietitians then completed a 3-round Delphi study by responding to an electronic questionnaire asking them to rate the importance and applicability in their practice of the 8 interventions on a 7-point Likert scale. Results: Using a ≥75% level of agreement, 4 interventions showed strong consensus: multiple interventions; feedback based on self-monitoring;...
Integrated Telehealth Care for Chronic Illness and Depression in Geriatric Home Care Patients: The Integrated Telehealth Education and Activation of Mood (I-TEAM) Study.

Authors: Gellis, Zvi D.; Kenaley, Bonnie L.; Have, Thomas T.

Affiliation: Center for Mental Health and Aging, School of Social Policy and Practice, University of Pennsylvania
School of Social Work, Boise State University
Center for Clinical Epidemiology and Biostatistics, Perelman School of Medicine, University of Pennsylvania

Source: Journal of the American Geriatrics Society (J AM GERIATR SOC), May 2014; 62(5): 885-895. (7p)

Publication Type: Journal Article - research, tables/charts, randomized controlled trial

Language: English

Major Subjects: Telehealth
Depression -- Therapy
Chronic Disease -- Therapy
Gerontologic Care
Home Health Care

Minor Subjects: Human; Randomized Controlled Trials; Descriptive Statistics; Treatment Outcomes; Questionnaires; Unpaired T-Tests; Chi Square Test; Regression; Aged; Aged 80 and Over; Male; Female; Psychoeducation; Funding Source

Journal Subset: Biomedical; Peer Reviewed; USA

Special Interest: Gerontologic Care

Instrumentation: Short Form 12 Health Survey (SF-12)
Social Problem-Solving Inventory-Revised (SPSI-R)
Patient Health Questionnaire (PHQ)
Mini-Mental Status Examination (MMSE) (Folstein et al)
Patient Satisfaction Questionnaire
Integrated Telehealth Care for Chronic Illness and Depression in Geriatric Home Care Patients: The Integrated Telehealth Education and Activation of Mood (I-TEAM) Study.

Authors: Gellis, Zvi D.; Kenaley, Bonnie L.; Have, Thomas Ten

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Integrated Telehealth Care for Chronic Illness and Depression in Geriatric Home Care Patients: The Integrated Telehealth Education and Activation of Mood (I-TEAM) Study.

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Source: Journal of the American Geriatrics Society (J AM GERIATR SOC), May 2014; 62(5): 889-895. (Tp)

Publication Type: Journal Article - research, tables/charts, randomized controlled trial

Language: English
Database: CINAHL Plus with Full Text

CINAHL Headings

telehealth

Browse

Term Begins With  Term Contains  Relevancy Ranked
<table>
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<th>Major Concept</th>
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</tbody>
</table>

Check a box to select a subject heading to begin building your search strategy.
Search builder box

Telehealth /EV/MT/TD/UT
Click on “browse additional terms” to add another search topic
Database: CINAHL Plus with Full Text

CINAHL Headings

chronic disease

Browse

Term Begins With  Term Contains  Relevancy Ranked

⚠️ Your previously selected search terms are being retained.

Clear all previous search terms
1. The Technology Acceptance Model and Its Application in a Telehealth Program for the Elderly With Chronic Illnesses.


Abstract: Many technology developments hold the potential to improve the quality of life of people and make life easier and more comfortable. New technologies have been well accepted by most people. Information sharing in particular is a major catalyst of change in our current technology-based society. Technology has widely innovated life and drastically changed lifestyles. The Technology Acceptance Model (TAM), a model developed to address the rapid advances in computer technology, is used to explain and predict user acceptance of new information technology. In the past, businesses have used the TAM as an assessment tool to predict user acceptance when introducing new technology products. They have also used external factors in the model to influence user perceptions and beliefs and to ensure the successful spread of new technologies. Informatization plays a critical role in healthcare services. Due to the rapid aging of populations and upward trends in the incidence of chronic illness, requirements for long-term care have increased in both quality and quantity. Therefore, there has been an increased emphasis on integrating healthcare and information technology. However, most elderly are significantly less adept at technology use than the general population. Therefore, we reexamined the effect that the essential concepts in a TAM exerted on technology acceptance. In the present study, the technology acceptance experience with regard to telehealth of the elderly was used as an example to explain how the revised technology acceptance model (TAM 2) may be effectively applied to
PubMed

- Over 25 million citations for biomedical literature
- Subject areas include: biomedicine and health, covering portions of the life sciences, behavioral sciences, chemical sciences, and bioengineering
- PubMed is a free resource that is developed and maintained by the National Center for Biotechnology Information (NCBI), at the U.S. National Library of Medicine (NLM), located at the National Institutes of Health (NIH).
New! PubMed for Nurses
1. Telehealth methods to deliver multifactorial dietary interventions in adults with chronic disease: a systematic review protocol.
   Kelly JT, Reidlinger DP, Hoffmann TC, Campbell KL.
   Similar articles

2. Telemedicine for diabetes care: An Indian perspective - feasibility and efficacy.
   Kesavadev J, Saboo B, Shankar A, Krishnan G, Jothydev S.
   Similar articles

   Heintzman ND.
   Similar articles
Summary

Search results

Items: 1 to 50 of 1078

1. Innovations in telemedicine for cardiovascular care.
   Brunetti ND, Scalvini S, Molinari G.
   PMID: 26759128
   Similar articles

2. Telehealth methods to deliver multifactorial dietary interventions in adults with chronic disease: a systematic review protocol.
   Kelly JT, Reidinger DP, Hoffmann TC, Campbell KL.
   PMID: 26693940
   Free PMC Article
   Similar articles

3. Telemedicine for diabetes care: An Indian perspective - feasibility and efficacy.
   Kesavadev J, Saboo B, Shankar A, Krishnan G, Jothydev S.
   Review.
   PMID: 26693425
   Free PMC Article
   Similar articles

4. A Digital Ecosystem of Diabetes Data and Technology: Services, Systems, and Tools Enabled by

5. Another relevant article
Search results
Items: 1 to 50 of 1078

1. Innovations in telemedicine for cardiovascular care.
   - Chuini S, Molinari G.
   - Ac Ther. 2016 Jan 12. [Epub ahead of print]

   - Miller DP, Hoffmann TC, Campbell KL.
   - Free PMC Article

   - Rama S, Shankar A, Krishnan G, Jothdev S.
   - Review.
   - Free PMC Article

4. System of Diabetes Data and Technology: Services, Systems, and Tools Enabled by
   - "System of Diabetes Data and Technology: Services, Systems, and Tools Enabled by"

5. Additional filters
   - Article types
   - Text availability
   - PubMed Commons
   - Publication dates
   - Species
   - Languages
   - Sex
   - Subjects
   - Journal categories
   - Ages
   - Search fields

Show additional filters
2. Telehealth methods to deliver multifactorial dietary interventions in adults with chronic disease: a systematic review protocol.

3. Telemedicine for diabetes care: An Indian perspective - feasibility and efficacy.


5. Comprehensive pulmonary rehabilitation in home-based online groups: a mixed method pilot study in COPD.

Search results
Items: 1 to 50 of 153

1. Appropriateness and acceptability of a Tele-Yoga intervention for people with heart failure and chronic obstructive pulmonary disease: qualitative findings from a controlled pilot study.
   Selman L, McDermott K, Donesky D, Citron T, Howie-Esquibel J.
   PMID: 25887324 [Free PMC Article]
   Similar articles

   PMID: 25511206 [Free PMC Article]
   Similar articles

3. Virtual house calls for Parkinson disease (Connect.Parkinson): study protocol for a randomized, controlled trial.
   Acheby MA, Beck CA, Beran DB, Boyd CM, Schmidt PN, Willis AW, Riggare SS, Simone RB, Biglan KM, Dorsey ER.
Journal category: nursing journals
Telemonitoring in patients with heart failure, the TEHAF study: Study protocol of an ongoing prospective randomised trial.

Boyne JU, Vrijhoef HJ, Wit Rd, Gorgels AP.

Abstract

BACKGROUND: As the prevalence of heart failure (HF) rises sharply, the costs related to the care of these patients increases in parallel. Considering the already limited resources and manpower, in the future the demand for care may exceed the supply. Therefore, health care systems are encouraged to develop innovative strategies to deal with the burden of HF to improve the quality of care in order to medical outcomes and patients' quality of life. For that reason new management systems - such as telemonitoring - have to be explored.

OBJECTIVES: This paper outlines the study protocol of a tailor-made telemonitoring program in ambulant patients with HF.

DESIGN AND METHODS: A prospective randomised controlled trial is carried out at 3 hospitals in the South-Limburg area in the Netherlands. Primary outcome measures are hospital admissions and cost-effectiveness. Secondary outcomes are effects on therapy compliance, level of disease specific knowledge and quality of life. Also determinants are studied of most and least benefited patients in the intervention group. POWER CALCULATION: It's estimated that 390 patients have to be included in the study, with 185 in each arm.

RESULTS: Inclusion started in September 2007 with a follow-up time of 12 months. First results are expected at the end of 2010.
Publication Types, MeSH Terms, Secondary Source ID

Publication Types
- Multicenter Study
- Randomized Controlled Trial

MeSH Terms
- Chronic Disease
- Cost-Benefit Analysis
- Disease Management
- Heart Failure/mortality
- Heart Failure/therapy*
- Humans
- Kaplan-Meier Estimate
- Multivariate Analysis
- Netherlands/epidemiology
- Outcome Assessment (Health Care)
- Patient Admission/statistics & numerical data
- Patient Care Planning/organization & administration*
- Patient Compliance
- Patient Education as Topic/organization & administration*
- Program Evaluation
- Prospective Studies
- Quality-Adjusted Life Years
- Self Care
- Telemedicine/instrumentation
- Telemedicine/organization & administration*
- Therapy, Computer-Assisted/organization & administration*

Secondary Source ID
- ClinicalTrials.gov/NCT00502255
Summary

Search results
Items: 2

1. **Chronic Disease**
   - Diseases which have one or more of the following characteristics: they are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care. (Dictionary of Health Services Management, 2d ed)

2. **Hospitals, Chronic Disease**
   - Hospitals which provide care to patients with long-term illnesses.
   - Year introduced: 1991 (1977)
**Chronic Disease**

Diseases which have one or more of the following characteristics: they are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care. (Dictionary of Health Services Management, 2d ed)

PubMed search builder options

- epidemiology
- ethology
- etiology
- genetics
- history
- immunology
- metabolism
- methods
- microbiology
- mortality
- nursing
- organization and administration
- pathology
- physiology
- physiopathology
- prevention and control
- psychology
- radiography
- radiotherapy
- rehabilitation
- statistics and numerical data
- surgery
- therapy
- urine
- veterinary

Restrict to MeSH Major Topic.
Tree Number(s): C23.550.291.500
MeSH Unique ID: D002908

- Chronic Diseases
- Disease, Chronic
- Diseases, Chronic
- Chronic Illness
- Chronic Illnesses
- Illness, Chronic
- Illnesses, Chronic
- Chronically Ili

See Also:
- Pain Management

All MeSH Categories
Diseases Category
- Pathological Conditions, Signs and Symptoms
- Pathologic Processes
- Disease Attributes
- Chronic Disease
Chronic Disease

Diseases which have one or more of the following characteristics: they are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care. (Dictionary of Health Services Management, 2d ed)

PubMed search builder options

Subheadings:

- analysis
- anatomy and histology
- blood
- cerebrospinal fluid
- chemically induced
- classification
- complications
- cytology
- diagnosis
- diet therapy
- drug therapy
- economics
- enzymology
- epidemiology
- ethnology
- etiology
- genetics
- history
- immunology
- microbiology
- methods
- metabolism
- mortality
- nursing
- organization and administration
- pathophysiology
- physiopathology
- prevention and control
- psychology
- radiography
- radiotherapy
- rehabilitation
- statistics and numerical data
- surgery
- therapy
- urine
- veterinary

Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): C23.550.291.500
MeSH Unique ID: D002908

Related information
- PubMed
- PubMed - Major Topic
- Clinical Queries
- NLM MeSH Browser
dbGap Links
- MedGen

Recent Activity
- Chronic Disease
- chronic disease (2)
- Telemonitoring in patients with heart failure, the TELHAT study; Study protocol - PubMed
Telemedicine

Delivery of health services via remote telecommunications. This includes interactive consultative and diagnostic services.

Year introduced: 1993

PubMed search builder options

- classification
- economics
- ethics
- history
- instrumentation
- legislation and jurisprudence
- manpower
- methods
- organization and administration
- standards
- statistics and numerical data
- trends
- utilization

Restrict to MeSH Major Topic.
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): H02.403.840, L01.178.847.652, N04.590.374.800
MeSH Unique ID: D017216
Entry Terms:
- Mobile Health
- Health, Mobile
- mHealth
- Telehealth
- eHealth
Telemedicine
Delivery of health services via remote telecommunications. This includes interactive consultative and diagnostic services.
Year introduced: 1993
PubMed search builder options
Subheadings:
- classification
- economics
- ethics
- history
- instrumentation
- legislation and jurisprudence
- manpower
- methods
- organization and administration
- standards
- statistics and numerical data
- trends
- utilization

Restrict to MeSH Major Topic:
Do not include MeSH terms found below this term in the MeSH hierarchy.

Tree Number(s): H02.403.840, L01.178.847.652, N04.590.374.800
MeSH Unique ID: D017216
Entry Terms:
- Mobile Health
- Health, Mobile
- mHealth
- Telehealth


PubMed Search Builder
(( "Chronic Disease/nursing"[Mesh] OR "Chronic Disease/organization and administration"[Mesh]) AND (Telemedicine OR Mobile Health OR mHealth OR Telehealth))

Add to search builder
Search PubMed

Related Information
PubMed
PubMed - Major Topic
Clinical Queries
NLM MeSH Browser

Recent Activity
Telemedicine
MeSH

telehealth (1)
Click on “create alert” to save a search.
My NCBI retains user information and database preferences to provide customized services for many NCBI databases.

My NCBI features include:

- Save searches & automatic e-mail alerts
- Display format preferences
- Filter options
- My Bibliography & NIH public access policy compliance
- SciENcv: a researcher biosketch profile service
- Highlighting search terms
- Recent activity searches & records for 6 months
- LinkOut, document delivery service & outside tool selections

NIH funded investigator?

Extramural NIH-funded investigators looking for NIH Public Access Compliance tools can sign in with either "eRA Commons" or "NIH Login". Use your eRA Commons credentials on the subsequent sign in page. Once signed in, navigate to the My Bibliography section.

Documentation for using these features is located in the Managing Compliance to the NIH Public Access Policy section of the NCBI Help Manual.


Account Troubleshooting FAQ

Expired email confirmation link message
Multiple My NCBI accounts
Your PubMed search

Name of saved search: "Chronic Disease/nursing"[Mesh] OR "Chronic Disease/organization and administration"[Mesh] OR "Chronic Disease/prevention and control"[Mesh]

Search terms:

Filters: Clinical Trial, Humans, English

Would you like e-mail updates of new search results?
- No, thanks.
- Yes, please.

E-mail: adobry@library.ucla.edu (change)

Schedule:

- Frequency: Monthly
- Which day: the first Sunday

Formats:

- Report format: Summary

Number of items:

- Send at most: 5 items
Search results
Items: 10

Filters activated: Clinical Trial, Humans, English. Clear all to show 162 items.

Your search was saved. Edit your search settings.

   PMID: 25511206
   Free Article

2. Telephone-based health coaching for chronically ill patients: study protocol for a randomized controlled trial.
   Dwinger S, Dirmaier J, Herbarth L, König HH, Eckardt M, Kriston L, Bermejo I, Härtel M.
   PMID: 24139027
   Free Article

   Pecina JL, Hanson GJ, Van Houten H, Takahashi PY.
   PMID: 23408299
Search results
Items: 10

   PMID: 25611206
   [Free Article]

2. Telephone-based health coaching for chronically ill patients: study protocol for a randomized controlled trial.
   Dwingel S, Dirmaier J, Herbarth L, König HH, Eckardt M, Kriston L, Bermejo I, Härtel M.
   PMID: 24135027
   [Free Article]

   Pecina JL, Hanson GJ, Van Houten H, Takahashi PY.
   PMID: 23408299
   [Similar articles]
Search results
Items: 10

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