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| **VAKA TANILARI** | **N** | **%** |
| Kardiyovasküler Sistem Hastalıkları | 42 | 20.03 |
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| Nörolojik Hastalıklar | 39 | 18.80 |
| Travma | 36 | 17.40 |
| Zehirlenme-İntox | 18 | 8.70 |
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# /REFERENCES

# Journal article with DOI McCauley, S. M., & Christiansen, M. H. (2019). Language learning as language use: A cross-linguistic model of child language development. Psychological Review, 126(1), 1–51. <https://doi.org/10.1037/rev0000126>

# Parenthetical citation:

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# McCauley and Christiansen (2019)

# Journal article with URL without DOI

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# Parenthetical citation:

# (Ahmann et al., 2018)

# Narrative citation:

# Ahmann et al. (2018)

# Journal articles with 21 or more authors including DOI

# Kalnay, E., Kanamitsu, M., Kistler, R., Collins, W., Deaven, D., Gandin, L., Iredell, M., Saha, S., White, G., Woollen, J., Zhu, Y., Chelliah, M., Ebisuzaki, W., Higgins, W., Janowiak, J., Mo, K. C., Ropelewski, C., Wang, J., Leetmaa, A., . . . Joseph, D. (1996). The NCEP/NCAR 40-year reanalysis project. Bulletin of the American Meteorological Society, 77(3), 437–471. http://doi.org/fg6rf9

# Parenthetical citation: (Kalnay et al., 1996)

# Narrative citation: Kalnay et al. (1996)

# Special section or special issue article in a journal

# Lilienfeld, S. O. (Ed.). (2018). Heterodox issues in psychology [Special section]. Archives of Scientific Psychology, 6(1), 51– 104.

# McDaniel, S. H., Salas, E., & Kazak, A. E. (Eds.). (2018). The science of teamwork [Special issue]. American Psychologist, 73(4).

# Parenthetical citation: (Lilienfeld, 2018; McDaniel et al., 2018) Narrative citation: Lilienfeld (2018) and McDaniel et al. (2018)

# Book written with DOI

# Brown, L. S. (2018). Feminist therapy (2nd ed.). American Psychological Association. [https://doi.org/10.1037/0000092- 000](https://doi.org/10.1037/0000092-%20000)

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# Burgess, R. (2019). Rethinking global health: Frameworks of power. Routledge.

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# DOI-free, URL-written e-book or audiobook

# Cain, S. (2012). Quiet: The power of introverts in a world that can’t stop talking (K. Mazur, Narr.) [Audiobook]. Random House Audio. <http://bit.ly/2G0BpbI>

# Christian, B., & Griffiths, T. (2016). Algorithms to live by: The computer science of human decisions. Henry Holt and Co. <http://a.co/7qGBZAk>

# Parenthetical citation: (Cain, 2012; Christian & Griffiths, 2016) Narrative citation: Cain (2012) and Christian and Griffiths (2016)

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# Parenthetical citation: (Hacker Hughes, 2017)

# Narrative citation: Hacker Hughes (2017)

# Translated book

# Piaget, J., & Inhelder, B. (1969). The psychology of the child (H. Weaver, Trans.; 2nd ed.). Basic Books. (Original work published 1966)

# Parenthetical citation: (Piaget & Inhelder, 1966/1969)

# Narrative citation: Piaget and Inhelder (1966/1969)

# Book series

# Madigan, S. (2019). Narrative therapy (2nd ed.). American Psychological Association. [https://doi.org/10.1037/0000131- 000](https://doi.org/10.1037/0000131-%20000)

# Parenthetical citation: (Madigan, 2019) Metin içi alıntı /Narrative citation: Madigan (2019)

# Book chapter with DOI

# Balsam, K. F., Martell, C. R., Jones, K. P., & Safren, S. A. (2019). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), Culturally responsive cognitive behavior therapy: Practice and supervision (2nd ed., pp. 287–314). American Psychological Association. https://doi.org/10.1037/0000119- 012

# Parantez içinde alıntı /Parenthetical citation: (Balsam et al., 2019)

# Metin içi alıntı /Narrative citation: Balsam et al. (2019)

# Book chapter without DOI

# Weinstock, R., Leong, G. B., & Silva, J. A. (2003). Defining forensic psychiatry: Roles and responsibilities. In R. Rosner (Ed.), Principles and practice of forensic psychiatry (2nd ed., pp. 7–13). CRC Press.

# Parenthetical citation: (Weinstock et al., 2003)

# Narrative citation: Weinstock et al. (2003)

# Report of a government agency or other organization

# Australian Government Productivity Commission & New Zealand Productivity Commission. (2012). Strengthening trans- Tasman economic relations. https://www.pc.gov.au/inquiries/completed/australia-new- zealand/report/trans-tasman.pdf Canada Council for the Arts. (2013). What we heard: Summary of key findings: 2013 Canada Council’s Inter-Arts Office consultation. http://publications.gc.ca/collections/collection\_2017/canadac ouncil/K23-65-2013-eng.pdf National Cancer Institute. (2018). Facing forward: Life after cancer treatment (NIH Publication No. 18-2424). U.S. Department of Health and Human Services, National Institutes of Health. [https://www.cancer.gov/publications/patient-education/life- after-treatment.pdf](https://www.cancer.gov/publications/patient-education/life-%20after-treatment.pdf)

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# Harris, L. (2014). Instructional leadership perceptions and practices of elementary school leaders [Unpublished doctoral dissertation]. University of Virginia.

# Parantez içinde alıntı /Parenthetical citation: (Harris, 2014)

# Metin içi alıntı /Narrative citation: Harris (2014)

# Theses Published Online

# Hutcheson, V. H. (2012). Dealing with dual differences: Social coping strategies of gifted and lesbian, gay, bisexual, transgender, and queer adolescents [Master’s thesis, The College of William & Mary]. William & Mary Digital Archive. https://digitalarchive.wm.edu/bitstream/handle/10288/16594/ HutchesonVirginia2012.pdf

# Parenthetical citation: (Hutcheson, 2012)

# Narrative citation: Hutcheson (2012)

# Dictionary

# American Psychological Association. (n.d.). Positive transference. In APA dictionary of psychology. Retrieved August 31, 2019, from https://dictionary.apa.org/positive- transference

# Parenthetical citation: (American Psychological Association, n.d.; Merriam-Webster, n.d.)

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# EXTENDED ABSTRACT

**Introduction:** Public health is a concept covering the activities like prevention of diseases, extending the average life expectancy, improving physical health, and organizing medical services for early diagnosis and treatment. Death occurs in the first minutes after accidents and injuries. In this case, pre-hospital emergency health care services have great importance in reducing mortalities and preventing disabilities.

**Materials and Methods:** The study aims to evaluate compatibility of intervention of Ambulance and Emergency Care Technicians who work in A2 type stations in Konya city center to the patients according to flow chart in Pre-hospital Emergency Health Care Adult and Pediatric Application Guide; it has been performed observationally at A2 type ambulances employed by Ambulance Service Chief Department in Province Konya. The research data were collected by observing the cases and observing interventions of 35 AABT personnel employed at A2 type stations in the days planned through going to cases together with the researcher and each of the 35 AABT personnel. Interventions for total 207 cases of which preliminary diagnoses matching guide flowcharts were included in the study. The data form used in the research was prepared through considering the pre-diagnoses specified in the flowcharts and the order of operations appropriate to the pre-diagnoses. After the data were transferred to computer, error checks were performed and it was summarized as the mean ± standard deviation and percentage.

**Findings:** Totally 207 cases were evaluated in the trial. Such cases included 109 (52.7%) females and 98 (47.3%) males. Age average of the cases transferred was found 49.06 years. Mean case emergence period was 1 minute and 11 seconds; mean arrival period to the venue was 7 minutes and 11 seconds. Cardiovascular diseases were detected in 20.03% (n=42) of the cases transferred. Among the patients whom services were provided, blood pressure of 177 (85.5%) patients, blood glucose of 69 (33.3%) patients, body temperature of 23 (11.1%) patients, and oxygen saturation of 90 (43.5%) patients were measured. It was detected that services were provided with deficient equipment in 79.2% of the cases. Evaluation of compliance to the algorithm was performed as follows: The algorithm compliance rate in venue evaluation was found 3.4% (n=7); the compliance rate for evaluation of the interventions to the algorithm during the period from arrival to the venue to transfer to the hospital was found 3.9% (n=8). Evaluation of both processes revealed that 11.9% (n=5) of the interventions implemented for cardiovascular diseases and 2.6% (n=1) of the interventions implemented for respiratory system diseases were compliant to the algorithm. The interventions done for neurological diseases, traumas, metabolic diseases and other conditions were detected non-compliant during both processes. Evaluation of the venue interventions revealed the following findings; respiratory control which should be done according to the algorithm was not performed in 42.9% (n=89) of the cases; circulation control was not done in 73.9% (n=153) of the cases; oxygen administration was not executed in 66.6% (n=28) of the cases; circulation monitoring was not done in 57.1% (n=24) of the cases; respiration monitoring was not performed in 60.8% (n=126); intravenous access was not obtained or opened improperly in 66.1% (n=137) of the cases; vital signs were monitored deficiently in 73.4% (n=152) of the cases; and required medication administration was not done in 33.3% (n=69) of the cases. Evaluation of the interventions from arrival to the venue to delivery to the hospital revealed the following findings; respiratory control which should be done according to the algorithm was not performed in 42.9% (n=89) of the cases; circulation control was not done in 72.9% (n=151) of the cases; oxygen administration was not executed in 54.5% (n=113) of the cases; circulation monitoring was not done in 37.1% (n=77) of the cases; respiration monitoring was not performed in 38.6% (n=80); intravenous access was not obtained or opened improperly in 41.1% (n=85) of the cases; vital signs were monitored deficiently in 66.1% (n=137) of the cases; and required medication administration was not done in 29.4% (n=61) of the cases.

**Discussion:** Mean arrival to the venue was detected 7 minutes and 11 seconds. For 1,200 cases reported in the study of Zengin (2010), travel time was 1 minute in minimum and 66 minute sin maximum. The cases were reached in 6.18 minutes in average. Cetinoglu et al. (2007) evaluated the patients with cardiovascular system problems whom 112 emergency healthcare services have accessed in Samsun province, and detected the arrival period to the cases enrolled into the research as 4.6 ± 2.4 minutes. In the study conducted by Zengin (2010), vital signs of 1,069 (89.1%) cases taken over by ambulance were measured; however, vital signs of 131 (10.959 patients were not measured. Blood glucose was measured in 0.3% (n=3) of the cases. Parker et al. detected in their study conducted in 2005 that vital sign measurement was deficient in 92.4% of the cases carried by AABT. Vital sign measurement is evaluated separately in the present study. The highest rate in blood pressure measurement increases up to 73.9%. The lowest rate is measurement of the body temperature (10.1%). There is not any study on venue observation in the literature. Therefore, it is not possible to make a comparison on materials taken to the venue and algorithm compliance rates.

**Conclusion and Suggestions:**

* Departure and venue arrival periods for the case are within adequate time limits.
* Majority of the cases transferred consisted of cardiovascular system diseases.
* The highest rate for the services provided was blood pressure measurement. The lowest rate was body temperature measurement.
* Intravenous access was provided in 84.1% of the cases; no infusion was done in 60.4% of intravenous accesses. Intravenous access and the fluids to be infused through intravenous access should be emphasized once more during in-house training.
* It was observed that the venue was arrived with deficient equipment in 79.2% of the cases. The causes for such deficiency in equipment should be investigated and internal audits should be run for this issue. If required, rearrangement of intervention bags should be considered.
* Algorithm compliance rate for intervention to the cases is quite low. Importance and necessity of adequate intervention to the algorithm should be addressed and regular personnel audits should be done for this issue.
* When algorithm compliance is evaluated according to the interventions done in the venue during all processes, compliance status of the interventions during cardiovascular system disease is higher than other systemic diseases. The interventions done for neurological diseases, traumas, metabolic diseases and other conditions were non-compliant.
* The algorithm steps are ignored during interventions to the cases that services are provided.

1. \*If there is an explanation about the study (thesis, project, paper, etc.), it should be written here. Please state this information in the title page during the article submission. [↑](#footnote-ref-1)