

Grunnleggande innføring i rettigheitsklarering

Irene Eikefjord

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Oversikt

- Kva er opphavsrett?
- Rettigheitsklarering
 - Masteroppgåver
 - Doktoravhandlingar
 - Bøker/bokkapittel
 - Upublisert materiale
 - Tidsskriftartiklar

Kva er opphavsrett?

- **ÅVL «§ 1.** Den som skaper et åndsverk, har opphavsrett til verket.»
- Litterære, vitskapelege eller kunstnariske verk
- Originalt, kreativt arbeid
- Utrykk (ikkje idé)
- Frå det tidspunktet arbeidet er skapt
- Ingen krav til merking!

To typar opphavsrett

- Ideelle rettigheter:
 - Retten til å verte sitert som forfattar/opphavsperson
- Økonomiske rettigheter:
 - Reproduksjon (kopiering, trykking, nedlasting)
 - Distribusjon
 - Offentleg framføring
 - Tilgjengeleggjering for allmenta
 - Transformasjon (oversetjing)

Utgjevar

Opne lisensar
(t.d. CC)

Eigen
institusjonen

Ekstern
finansierings-
institusjon

Åndsverkloven

Rettigheitsklarering av ulike dokumenttypar

Masteroppgåver

- Åvl + institusjonen sine egne retningslinjer
- [UiB](#): «Studenter eier selv de resultatene de frembringer som del av studier eller studieopphold ved universitetet dersom ikke annet er avtalt.»

= studenten har opphavsretten og bestemmer sjølv

Doktoravhandlingar

- Åvl + institusjonen sine egne retningslinjer
- Ved alle(?) norske UH-institusjonar har forfattar rettighetene til eigen avhandling, men:
 - Artiklar i artikkelbaserte kan vere underlagt utgjevar sine retningslinjer. Forfattar rettighetene til kappen
 - Monografiavhandlingar har forfattar rettighetene til

Bøker/bokkapittel

- Åvl + utgjevar sine retningslinjer
- Open lisens: kan eigenarkivere
- Store, internasjonale forlag: ofte automatisk klareringssystem
- Elles = spør utgjevar!

Upublisert materiale (t.d. rapportar, notat, working papers)

- Åvl + institusjonen sin eigne retningslinjer
- Forfattar, evt. institusjonen, som har rettighetene

Tidsskriftartiklar

- Åvl
- Utgjevar sine retningslinjer
- Open lisens

Artikkelversjonar

Oppdatert

Publisert

Akseptert (postprint)

Fagfellevurdering

Innsendt (preprint)

Manuskript

Open lisen

Wiig et al. BMC Health Services Research 2013, 13:206
<http://www.biomedcentral.com/1472-6963/13/206>



RESEARCH ARTICLE

Open Access

Investigating the use of patient involvement and patient experience in quality improvement in Norway: rhetoric or reality?

Siri Wiig^{1*}, Marianne Storm¹, Karina Aase¹, Martha Therese Gjesten¹, Marit Solheim^{2,3}, Stig Harthug^{4,5}, Glenn Robert⁶, Naomi Fulop⁷ and QUASER team

Abstract

Background: Patient involvement in health care decision making is part of a wider trend towards a more bottom-up approach to service evaluation and practice, and patient experience is increasingly considered as a core

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the integration of patient involvement and patient experiences in QI work in hospitals. The expectations span from systematic collection of patients' and family members' experiences for the purpose of improving service quality through establishing patient-oriented arenas for ongoing collaboration with staff to the support of individual involvement in decision making. However, the extent of involvement of patients and application of patient experiences in QI work was limited at both hospitals. Even though patient involvement was gaining prominence at the meso level – and to a lesser extent at the micro level – relevant tools for measuring and using patient experiences in QI work were lacking, and available measures of patient experience were not being used meaningfully or systematically.

Conclusions: The relative lack of expertise in Norwegian hospitals of adapting and implementing tools and methods for improving patient involvement and patient experiences at the meso and micro levels mark a need for health care policymakers and hospital leaders to learn from experiences of other industries and countries that have successfully integrated user experiences into QI work. Hospital managers need to design and implement wider strategies to help their staff members recognize and value the contribution that patient involvement and patient experiences can make to the improvement of healthcare quality.

Keywords: Patient experience, Patient involvement, Quality improvement, Multi-level study

* Correspondence: s.wiig@iuh.no

¹Department of Health Studies, University of Stavanger, N-4036, Stavanger,

Norway

Full list of author information is available at the end of the article



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Predictors of *Plasmodium falciparum* Malaria Incidence in Chano Mille, South Ethiopia:
A Longitudinal Study

Eskindir Loha* and Bernt Lindtjørn

School of Public and Environmental Health, Hawassa University, Ethiopia; Centre for International Health, University of Bergen, Norway

Predictors of *Plasmodium falciparum* Malaria Incidence in Chano Mille, South Ethiopia: A Longitudinal Study

Eskindir Loha* and Bernt Lindtjorn

+ Author Affiliations

+ Author Notes

* Address correspondence to Eskindir Loha, School of Public and Environmental Health, Hawassa University, Ethiopia. E-mail: eskindir_loha@yahoo.com

Abstract.

We assessed potential effects of local meteorological and environmental conditions, indoor residual spraying with insecticides, insecticide-treated nets (ITNs) use at individual and community levels, and individual factors on *Plasmodium falciparum* malaria incidence in a village in south Ethiopia. A cohort of 8,121 people was followed for 101 weeks with active and passive surveillance. Among 317 microscopically confirmed *P. falciparum* malaria episodes, 29.3% occurred among temporary residents. The incidence density was 3.6/10,000 person-weeks of observation. We observed higher malaria incidence among males, children 5–14 years of age, ITNs non-users, the poor, and people who lived closer to vector breeding places. Rainfall increased and indoor residual spraying with Deltamethrin reduced falciparum incidence. Although ITNs prevented falciparum malaria for the users, we did not find that free mass ITNs distribution reduced falciparum malaria on a village level.

Footnotes

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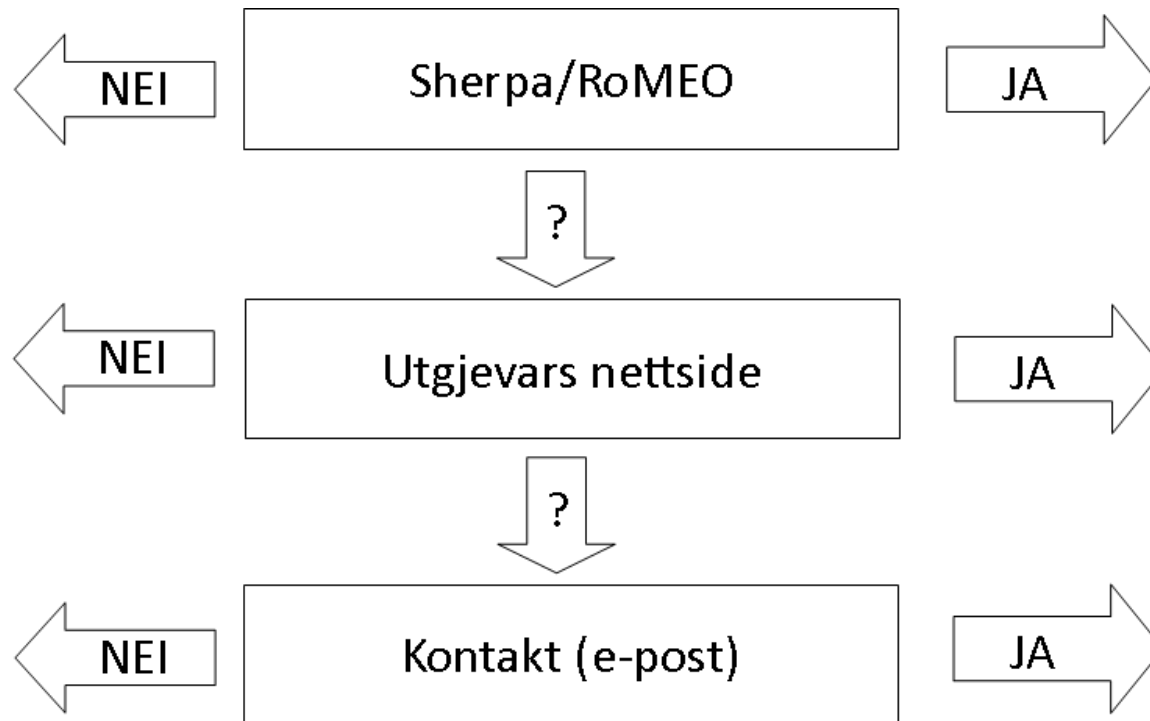
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European Child & Adolescent Psychiatry
July 2005, Volume 14, Issue 4, pp 208-215

Teacher ratings of mental health among school children in Kinshasa, Democratic Republic of Congo

Espérance Kashala, Irene Elgen, Kristian Sommerfelt, Thorkild Tylleskar

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Abstract

Aim

In Africa, little is known about child mental health. This study piloted the Strengths and Difficulties Questionnaire (SDQ) in Kinshasa, investigated mental health problems and the association between these problems and school performance, demographic factors, illness and nutrition.

Methods

An epidemiological survey was conducted with 1,187 children, 7–9 years old, recruited from randomly selected schools. Mental health problems were assessed with the SDQ (a behavioural screening tool) administered to teachers. Stability of the factor structure was examined using principal component factor analysis of the SDQ items. The reliability was evaluated using measures of internal consistency of the SDQ scales.

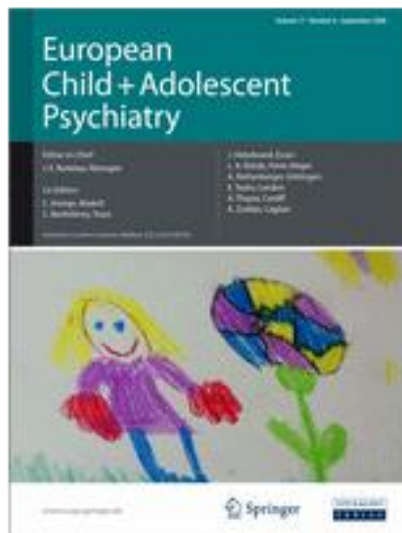


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