Proquest EBooks – Cognitive Walkthrough

I asked myself the following questions after each task

Will the user try to achieve the right effect?

Will the user notice that the correct action is available?

Will the user associate the correct action with the effect to be achieved?

If the correct action is performed, will the user see that progress is being made toward solution of the task?

1. Find contents pages of book

Publication I	Publication Information					
Paediatric Resp	piratory Disease : Airways and Infection: an Atlas of Investigation and Management					
E Full text available View	/ contents >					
Publication Date: Formats:	2011 E Full text: 2011 Full text: PDF: 2011 Citation: 2011					
Show all 🔻						
Search within 1	chis publication:					
Browse book c	ontent					
Chapter 1: Asthma: diagr Chapter 2: Diseases of th						

Yes a user would usually turn towards the contents page

The user will clearly see the Browse Book contents on the page and they will know to click on them as they look like hyperlinks

2. Find section on Cystic fibrosis

The user will want to zero in on a section to read

(CYSTIC FIBROSIS) AND PUBID(5478	1)				Q
Full text Peer reviewed 👔		Modi	ify search Sa	ve search/a	lert 🔻
Related searches Cystic fibrosis Cystic fibro	sis AND Adolesce	nt Cystic fibrosis AND Mutation View all >			
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Full text		…basic defect The cystic fibrosis gene The gene …ethnic groups. The cystic fibrosis transmembrane conductance regulator Details ≅ Full text - № Full text - PDF			
Peer reviewed					
Publication date January 2011 (days)	2	Chapter 7: Non-cystic fibrosis bronchiectasis Chilvers, Mark A: Dickinson, Fiona; O'Callaghan, Chilo; Odroti: Clinical Publishing, An Imprint of Atlas Medical Publishing Li 1% were diagnosed with non-cystic fibrosis (non-CP) bronchiectasis (Nikolaizik 1987; 42: 278-84. Dagli E: Non-cystic fibrosis foronchiectasis, Paed Resp Rev DA. The need to redefine non-cystic fibrosis Dochiectasis is in childhood Details E: Full text PDF	:d, 2011.		Preview 🥬
Update	3	Chapter 9: The Immunodeficient child Gennery, Andrew R; Spencer, David Anthony. Oxford: Clinical Publishing, An Imprint of Atlas Medical Publishing Ltd, 2011. <mark>Cystic Fibrosis</mark> Great North Children's Hospital Newcastle uponTyne Details 🖹 Full text 🔒 Full text - PDF			Preview 🥬

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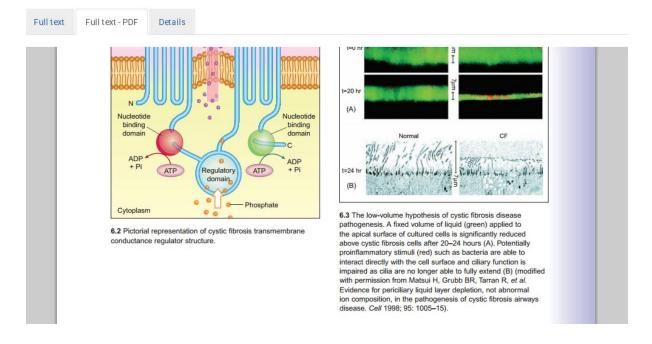
When you click on the page it takes you there straight away and you can see that you terms are highlighted on the page

Chapter 6	53
Cystic fibrosis	
Jane C. Davies	
Introduction	The cystic fibrosis transmembrane conductance
Cystic fibrosis (CF) affects 7000 people in the UK and about 30000 in the USA, making it the commonest autosomal recessive disease of Caucasians. Presentation and clinical course is variable, ranging from classic, severe, multi-organ disease through to milder and single organ manifestations.	regulator protein and disease pathophysiology CFTR is expressed in the apical membrane of epithelial cells, including airway and intestinal epithelium, where it functions as a cyclic adenosine monophosphate-regulated chloride channel (6.2). In addition, CFTR has a number of other functions, some of them incompletely understood,
Conventional management has advanced to improve the prognosis for patients significantly in recent decades, although the disease still carries a significant treatment burden.	including regulation of other ion channels such as the epithelial sodium channel (ENaC) and calcium-activated chloride channels (CaCC) (<i>Table 6.1</i>). Loss of inhibition of ENaC leads to hyperabsorption of sodium (and thus water down its osmotic gradient), which, together with impaired chloride ion secretion, results in dehydration of the airway
The basic defect	surface liquid, the so-called low volume hypothesis (6.3) of pathophysiology.
The cystic fibrosis gene The gene responsible for CF is located on chromosome 7q31.2 and was cloned in 1989 and named CF	Making the diagnosis
transmembrane conductance regulator (CFTR). More than 1200 disease-causing mutations have been detected in the CFTR gene, which can be divided into five classes (6.1). The major mutation, present in approximately	Sweat testing Sweat Na ⁺ and Cl ⁻ are raised in CF due to a failure of CFTR in the sweat gland to absorb chloride. This
70% of CE abromosomes worldwide is a deletion of	observation has led to the development of the sweat test as

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3. Read through the section

The user would now want to read through the section they have chosen The user can see that it is easy to scroll down, and work through the text, the selections they have searched for remain highlighted and you have the option to hide that highlighting if you wish



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Introduction		Add to Selected items		
Cystic fibrosis (CF) affects 7000 people in the UK and about 30000 in the USA3 making it the commonest autosomal recess	ssive disease of Caucasians.			
Presentation and clinical course is variable, ranging from classic, severe, multi-organ disease through to milder and single management has advanced to improve the prognosis for patients significantly in recent decades, although the disease still	5	Related items		\sim
The basic defect				
The cystic fibrosis gene				
The gene responsible for CF is located on chromosome 7q31.2 and was cloned in 1989 and named CF transmembrane cond 1200 disease causing mutations have been detected in the CFTR gene, which can be divided into five classes (6.1). The maj 70% of CF chromosomes worldwide is a detetion of phenylalanine at position 508 (AF508, more recently termed Phe508ded among different ethnic groups.	ajor mutation, present in approximately			

The cystic fibrosis transmembrane conductance regulator protein and disease pathophysiology

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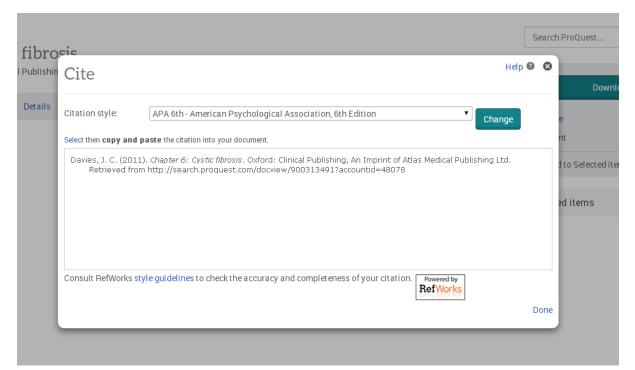
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6. Go back to book contents

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Title	Chapter 6: Cystic fibrosis					
Author	Davies, Jane C					
Publication title	Paediatric Respiratory Disease : Airways and Infection: an Atlas of Investigation and Management					
Pages	53-VI					
Number of pages	13					
Publication year	2011					
Publication date	2011					
Year	2011					

It does have a link back to the book, but would be better not to be hidden away like this.

7. Search for Videofluoroscopy and select a result

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On the main page in the middle clear as anything is a box "Search within this publication"

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When you search it takes you straight to the result, then its easy just to click (As earlier example)

8. Save to my research (create an account) -

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Childhood asthma and recurrent viral wheezing are two of the most common conditions that general pra Despite concerns that asthma has been becoming more common worldwide, it seems that visits to GPs a		ns
over the last decade in children aged less than 14 years (1.1). Nevertheless, prevalence is approximately childhood. This chapter covers diagnosis and assessment (1.2) but treatment has not been included (the stepwise approach to treatment).	10% and over half of all cases of asthma begin in	
Recurrent wheezing in infancy is nearly always associated with viral upper respiratory tract infections. T the label of 'asthma'; however, features suggesting the child has genuine infantile asthma include person cough/wheeze whereby symptoms are more chronic than episodic. The diagnosis of asthma becomes mo recurrent cough and wheeze.	onal and family history of atopy and a pattern of	
Three different wheezing phenotypes have been identified in the first 1 1 years of life (1.3). The group of t function that persists through childhood. The 'non-atopic wheezers' of infants, toddlers and early school variability, which may persist long after the wheezing itself ceases. The third group is IgE-associated wh childhood and is related to a combination of atopy, increased bronchial responsiveness and increased pe	I years are mostly associated with increased peak flow heeze/asthma, which may occur at any stage during	
History		
The history is critical in making the diagnosis and is often the only factor that can be relied upon. It is im what is meant by wheeze, and the harsh sounds made by upper airway secretions are often mistaken for 1.1.		

You have the option in the far right side of searching proquest – so

asthma			Q
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(11271)		to treat recurrent acute asthma episodes in children, with a focus on	
Reports (9224)		(OCSs) for acute exacerbations of asthma in children, compared with placebo or the outpatient treatment of acute asthma, 2) pulmonary function tests may not be	
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	Childhood asthma and recurrent viral wheezing are two of the most common conditions that general practitioners (GPs) and p Despite concerns that asthma has been becoming more common worldwide, it seems that visits to GPs and hospital admission over the last decade in children aged less than 14 years (1.1). Nevertheless, prevalence is approximately 10% and over half of a

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