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Oral Presentations – Abstracts
Mobilising evidence and organisational knowledge to underpin decision-making in the National Health Service in England; leading the change

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Introduction: Healthcare is a knowledge industry. It is not enough to have the right teams in the right place, collaborating to deliver high quality, efficient patient care. It is essential that they use the right knowledge and evidence at the right time. Health Education England (HEE) sets a clear direction for the development of healthcare library and knowledge services in Knowledge for Healthcare.¹

HEE has prioritised a far-reaching initiative to mobilise evidence and organisational knowledge. Increasingly, healthcare librarians are called upon to take a more active role as knowledge brokers. By adopting and sharing Knowledge Management (KM) tools and techniques, they can play a business-critical role.

Aim: This paper gives an overview of the multi-faceted KM work-stream launched in 2016/17. The aim is to improve patient outcomes, organisational productivity and performance, through mobilising the tacit knowledge of experienced staff as well as research evidence. This thinking is new for many healthcare professionals. For librarians it may also mean changed ways of working, role redesign and building confidence to apply portable skills in new settings.

We share early successes, our learning and reflections on the leadership challenges inherent in turning the rhetoric of KM into reality.

Method: We proposed a series of interventions to implement the vision of Knowledge for Healthcare, using driver diagrams to articulate our hypothesis on how to effect change. We work with partners, engage and harness the talents of colleagues through project groups, promote KM approaches and learning resources both for healthcare staff and for librarians and knowledge specialists.

Results: We identified four primary drivers of change and report our progress in leading each:

1. Enable healthcare organisations to Apply and use evidence in decision making, to Build know-how and Continue to learn.
   - Board self-assessment tool; joint advocacy campaign with CILIP; understanding needs and preferences

2. Increase the confidence and capability of library and knowledge specialists to assess organisational needs and introduce knowledge management solutions
3. Implement knowledge management activities, tools and techniques.

- Tiered learning programme; community of practice; KM toolkit; role redesign

- Showcasing approaches that connect people to people; people to knowledge, evidence and best practice; and enable people to share learning

4. Enable healthcare staff to share their knowledge within their organisation

- Technology enhanced learning; partnering with NHS Digital on a suite of KM tools

Conclusion: As leaders we aim to rally colleagues around a shared vision, build confidence and capability and promote the principles of Knowledge for Healthcare to empower service managers to lead on KM at local level.

We share tangible examples of the positive impacts of the adoption of KM approaches. As a by-product of implementing this work-stream, step by step, in a rapidly changing environment, we also aim to redefine the image of health information library professionals.

One year on, we have made progress. There is yet much to be done to mobilise evidence to the Board as well as the Ward. We recognise the scale of the challenge and the importance of achieving sustainable change.

Beyond Competency Statements: Benchmarking and business cases for strategic restructuring/transformation

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Introduction: There has been much interest in recent years in competencies for, and education and training of, health sciences librarians. However, for library managers trying to future proof teams or make a case for new staff to support evolving areas competencies statements framed as professional development tools are not enough. Being able to describe specific skill sets, why they are needed, why they should be in the library domain and what difference they will make to the organisation now and in future is critical. Identifying new and evolving skill sets in general may be relatively straightforward by following trends however identifying which of those skill sets maps on to a specific organisation’s requirements and future direction is not.

Aim: This paper aims to describe using benchmarking as a method of identifying new and evolving skill sets in academic health sciences libraries to inform a staff restructuring proposal required to meet new demands and how working in partnership with the organisational development specialist in HR provided a structured approach to making a business case that addressed the question of what will be different? It will outline the process, the structure of the business case and the results.

Method: Interviews with all library staff were used to identify areas of strengths and interest and as a side effect also identified areas of no interest and limited or no skills. Comparable health sciences
libraries were identified using a combination of AAHSL statistics and existing organizational benchmark institutions. The websites of benchmark libraries were searched for organizational charts, job titles and service offerings and additional information or clarification was sought by email if needed. Job descriptions posted on UK and Irish library lists were monitored for trends and supplemented by a request for job descriptions in specific areas of interest to the SCONUL (UK) listserv. Common titles, size of management team and organizational structures emerged and were analysed for applicability to RCSI and a restructuring business case developed.

**Results:** A new organisational chart was developed; 3 existing roles were revised and 6 new positions approved. A flat all one team structure became two teams headed up by two senior appointments; roles, responsibilities and reporting lines were clarified and capacity at all levels increased.

**Conclusions:** Benchmarking is a valuable tool for rapidly identifying new skills sets and appropriate organisational structures and working with specialists in organisational development helps develop structures appropriate to the organisation as well as adding credibility to the resulting changes.

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**Diversity is the Key Ingredient: A Phenomenological Study on Leadership Effectiveness and Development in Academic Health Science Libraries in the United States**

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**Introduction:** Academic health sciences libraries in the United States are experiencing a challenging period of transition and competition. They are still transitioning from a print to electronic environment while facing increased competition from the Internet and other information providers. Higher education in the United States has gone through an extended period of shrinking state appropriations while facing greater accountability and calls for more affordability. These challenging times, however, are also bringing opportunities to these libraries to contribute more to their campuses and partner with other departments on new programs and projects. To realize these opportunities and make it through the challenges ahead, academic health sciences libraries will need good leadership. The perceived effectiveness of the library director and of the library is closely associated, and adequate funding for the library is primarily determined by the administration’s confidence in the library leadership.

**Aim:** The purpose of this study was to better understand how academic health sciences library directors in the United States experience leadership and how their experience informed their understanding of effective leadership. The following research questions were asked: 1) How do academic health sciences library directors understand their leadership and experiences as library leaders? 2) What was their career journey that led them into library leadership? and 3) How do these library directors evaluate their effectiveness as leaders?

**Method:** Phenomenological research was used to investigate the research questions. Phenomenology searches for the essence of the lived experience and the context in which it appears. The study involved 11 participants, included nine female health sciences library directors and two male directors,
and all worked at public universities with a very high research activity. Data were collected using semi-structured interviews and non-participant observations. A thematic analysis was conducted to determine the essence of the leadership experiences of the directors and how these experiences informed their understanding of effective leadership.

**Results:** Three major themes emerged from the data analysis: 1) Understanding Leadership; 2) Path to Leadership; and 3) Measuring Success. These themes captured the full range of leadership experiences of the research participants from their early development as leaders to their reflections on their success. Most notable was their diverse background and range of experiences that led them on the path to becoming academic health sciences library directors. The diversity of their background and experience was clearly an asset in their leadership development, as well as contributing to their effectiveness as library leaders.

**Conclusions:** It is critical for health sciences libraries to develop the next generation of library leaders and for these leaders to be effective to meet the challenges we face now and in the future. The library profession is in a period of transition, but it is also a time of opportunity. This study has implications towards leadership development for emerging library leaders who can inspire, innovate, and integrate better with the world of healthcare. It clearly demonstrates the value of diversity to leadership development and the critical role diversity holds in improving leadership effectiveness in academic health sciences libraries.

**Keywords:** leadership, diversity, research

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**The Future of Health Sciences Libraries in New Zealand**

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**Introduction:** In 2015 a Future of Health Sciences Libraries Working Group was formed at the directive of the Pro Vice Chancellor (PVC) Health Sciences at the University of Otago, New Zealand. The Working Group was tasked to consider the Health Sciences Library of the Future. The members of the Working Group were appointed by the PVC Health Sciences from across the three campuses and included a range of senior academic, research, clinical and general staff.

**Aim:** One of the key drivers is to ensure that all students, wherever they are located, enjoy equitable access to library resources and services. The University of Otago has three Schools of Medicine (Dunedin, Christchurch and Wellington) as well as students throughout New Zealand at various District Health Board Hospitals and centres. While the three campuses actively work to provide a consistent level of service for our students, the three Health Sciences Libraries within Otago University are very different in appearance and reporting lines.

**Method:** Qualitative mixed methods. A review of the current status and governance of the three campus libraries as well as local and international trends in provision of health science libraries’ resources and services was undertaken by the working group. A consultation document was formed and circulated inviting feedback on the terms of reference. This document was widely distributed,
including to the Librarians within the twenty New Zealand District Health Boards. Consultation meetings occurred on each campus with a variety of stakeholders invited to participate.

**Results:** Part of the process was reviewing the current state of Health Sciences Libraries within Otago; including the relationships they have with their respective hospitals, and considering the future needs for teaching, learning and research. Considerable consultation was undertaken with a clear indication that Libraries and Librarians are highly valued at all levels of the institutions consulted. There was, however, a clear lack of understanding of the complexities and costs associated with publishing, licensing and the provision of resources, as well as the variety and value of services provided by librarians.

**Conclusion:** The report of the Working Group is due to be completed by the end of 2016. This presentation will provide an overview of the current landscape in New Zealand, the role of the University and District Health Boards in developing a strong health workforce, as well as the aspirations that will come from the report of the Working Group that will take Otago’s Health Sciences Libraries to the forefront of New Zealand Health Libraries.

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**Parallel Papers. Education & Learning 1**

**Chairperson:** Anne Madden

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**Medical Faculty’s and Information Professionals’ Successful Cooperation: Managing Scientific Information Course for Doctoral Students**

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**Introduction:** In the medical campus library, we organise Managing Scientific Information course for the students of Doctoral School in Health Sciences (1 ECTS). The course started in 2014, as the doctoral education was renewed. Schools for doctoral education were set up, and all the doctoral students joined the schools. This was a good transition point for the library to set up a new kind of course.

**Aim:** In this presentation we tell about planning and setting up the course and the actual teaching in the workshop sessions. We are two information specialists giving the course collaboratively. In each hands-on session one of us takes the lead, and the other is “co-teaching”. So we also describe this way of working, and the valuable and encouraging interaction with the students.

**Method:** This is a case report of the best practices and learnings: working with the doctoral students, giving cooperative teaching, creating an encouraging atmosphere for interaction, implementing and setting up a new course and cooperating with the faculty coordinator. Also the elements of the course and the process of continuously learning, and thus developing and updating the content, are described.
**Results:** The course has four hands-on sessions (1½ – 3 h each) in PC-classroom, plus some small pre-assignments. Whole range of post graduate students’ information environment is covered, such as: library’s electronic information services (e.g. e-books, e-journals and databases), visibility services (e.g. PlumX and our library’s own product Scholar Chart, as well as other visibility services), systematic information retrieval workshop (with students’ own research topics), publishing, open science and reference management (every student creates an ORCID, makes a citation report and works with RefWorks), managing research data (the good principles and finding solutions to real-life actual data management questions the students have), research ethics and plagiarism recognition (students check their writings with Urkund). All the way, questions, discussion and peer communication are encouraged.

Cooperation with the coordinator of the Doctoral Schools in Health Sciences has worked excellently from the start. The course administration is taken care by one of us, the same information specialist who coordinates medical campus library’s all user education.

The course has grown to be a success: the participants give mainly excellent feedback, course participants get concrete help to their current needs, and continue to turn to library for cooperation also after the course. The courses are continuously full booked, but we set up new course dates flexibly, so there is no problem when the maximum number of participants is full.

**Examining first-year medical students selection and use of EBM background questions**

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**Introduction:** One aspect of evidence-based medicine (EBM) is the location and application of published clinical evidence to clinical situations. As an initial step in this, medical students are typically taught to identify gaps in their understanding of the relevant medical information, and ask “background questions” that fill in these gaps. This is seen as a necessary antecedent for constructing a focused clinical question (composed using the “PICO” framework) related to a clinical case. Despite the defined role of background questions in EBM, there has been little research into what kinds of questions students ask, what information resources they use to answer their questions, or whether their questions are actually helpful in addressing the clinical situation. This project will examine the background questions asked by students in the first year of their medical training to determine what questions students are asking, how they are answering them and what role background questions play in EBM instruction.

**Aim:** This project aims to examine the background questions asked by students in the first year of their medical training to determine what questions students are asking, how they are answering them and what role background questions play in EBM instruction.

**Method:** In the spring of 2016 librarians were invited to instruct 46 first-year medical students in various aspects of evidence-based medicine during four 4-hour sessions over the course of 8 weeks. Librarians were tasked with instructing students about question identification, background questions, PICO and searching for evidence. While instructing students about background questions, librarians
informed students how to identify their knowledge gaps, identify appropriate resources to answer their questions, and various ways to incorporate their answers towards answering their larger EBM question. Students were specifically instructed in the use of the student-oriented resources AccessMedicine and Clinical Key. However, they were also informed that they could use other resources that they found online, such as consumer-oriented websites. Weekly summative assessment exercises gauged students’ degree of comprehension of the salient aspects of EBM, including identifying background questions, identifying suitable resources and summarizing answers.

**Results:** Data have been collected from student assessments are being examined by two librarians and a clinician to determine the extent to which students effectively employed background questions within the EBM process. Students’ background questions will be assessed for changes in variety and depth over time, as well as to what extent the questions and answers students supplied were productive and relevant to the PICO. Finally, both librarians and clinician will examine the resources that student identified for clinical quality and user interface and experience, using a rubric that evaluates several aspects of the resource to supply a quantitative score.

**Conclusion:** It is anticipated that results will have significant implication on how this component of EBM is taught to introductory medical students. Correlations – or the absence thereof – should shed light on the significance of background questions contribute to successfully answering EBM questions, and give educators insights into ways that they can effectively design instruction of EBM courses. It is also hoped to provide practice-based evidence to inform librarians and medical faculty about the level of medical resources that first year medical students can effectively incorporate into complex information-seeking activities.

**Teaching Ugandan 10-year-olds how to assess claims about treatment effects: Development and evaluation of learning resources**

**Matt Oxman**

1. **Informed Health Choices Project, Norway**

The goal of the Informed Health Choices project is to help people make better choices about everything that affects their health, starting with helping East-African primary school children assess claims about treatment effects. We face endless claims about the effects of treatments. Most are unreliable, but most people cannot tell. Acting on unreliable claims and failing to act on reliable claims leads to millions of unnecessary deaths and billions of wasted dollars every year. The problem is most pressing in low-income countries, since the less you have, the less you can afford to make uninformed choices.

The Informed Health Choices primary school resources are mainly: a combination textbook-comic book, which includes instructions for classroom activities and a glossary; a guide for teachers using the book in their classroom; and an exercise book. The resources were developed and evaluated by:

1. Systematically conceptualising what people must understand to assess claims about treatment effects, from why anecdotes can be misleading to why systematic reviews are necessary
2. Systematically reviewing available resources
3. Establishing and regularly consulting an advisory network of Ugandan teachers
4. Deciding on which concepts to teach the children
5. Brainstorming strategies
6. Repeatedly piloting prototypes
7. Interviewing children and teachers about their experiences of the prototypes, in Uganda, Kenya, Rwanda and Norway
8. Consulting Ugandan school administrators and policy makers
9. Developing and validating a test to measure children’s abilities to apply the concepts
10. Testing the final resources in a cluster-randomised trial with about 15,000 children
11. Exploring findings from trial in a process evaluation

Qualitative findings show children and teachers experience the content as relevant and important. Analysis of the data from the randomised trial is ongoing.

**Fundamentals of research for everyday practice in a tertiary hospital setting: an interdisciplinary approach.**

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You can never have too much of a good thing – or so the saying goes – but what about information? In a world of information overload, our Hospital’s clinical staff needed further education to develop research skills to access and use evidence. Having identified this knowledge gap and facing a growing demand for information literacy and research assistance, the Library team spearheaded the development of an our “Fundamentals of Research: for everyday practice” course. First conducted in 2015, the course builds on the analogy of taking participants on a “TRIP” (Translating Research Into Practice). The course aims to provide participants with a critical skillset and actively encourages them to engage in continuous improvement projects and practice.

The library team engaged stakeholders from the Hospital’s Office for Research and its Clinical Education Unit to work with us to create an event that encouraged hospital staff at all levels to consider how they could become involved in research activities and meet quality outcomes to improve clinical practice.

The success of this initiative is reflected in the following:

- Hospital accreditors in August 2016 were impressed and noted that, in creating the new course, the library demonstrated innovation in supporting clinical education, showing Austin Health to be an active learning & research-focused health care setting.
Survey responses indicated that we have inspired clinicians who considered research to be beyond their reach, to consider integrating Evidence Based Practice (EBP) into relevant ward-based quality and risk assessment programs.

Demand has driven this highly successful in-house professional development course for staff to be delivered again in May 2016 and 2017.

Survey feedback indicated the need to develop an advanced course. This came to fruition with the “Advanced Research Methods: poised to publish” course delivered in August 2016, and to be delivered again in August 2017.

As part of a large teaching hospital, the Library team is now working with our University teaching staff to tailor the Fundamentals program for inclusion in the 2017 curriculum for medical students.

In developing these courses, the Library team has achieved efficiencies in the way we can deliver and build information literacy within the organisation. The library team has extended its reputation as a centre of excellence for EBP.

Through developing these interdisciplinary courses, attracting clinical staff from nursing, medical and allied health backgrounds, we have demonstrated to our organisation that there is so much more to librarians than meets the eye!

Parallel Papers. Consumer Health 1

Chairperson: Caroline Rowan

Ensuring quality in consumer digital health
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Introduction: Rapid developments in digital health mean that consumers have an often bewildering range of information resources, websites, apps and online health services available to them. There are over 150,000 consumer health apps and over half of all smartphone users have downloaded one. Health providers are increasingly offering new digital services to patients – including Skype consultations, online psychological therapies etc. How can consumers find their way through the digital health jungle – and how can library and information services help them to do so?

Objective: For some time consumers have been looking for assurance of the quality of digital health information and tools. There have been attempts at quality mark schemes including the Information Standard¹ in England and the international Health on the Net Foundation². Also in England, a National

¹ https://www.england.nhs.uk/tis/

² https://www.healthonnet.org/
Health Service Health Apps Library\(^3\) was piloted over a two-year trial period. But these schemes have had limited impact. They have not been implemented at sufficient scale, they do not have high recognition with the public, and they have found it difficult to strike the right balance between being sufficiently rigorous without being over-burdensome. Now the National Health Service (NHS) is committed to a new approach, taking in both accreditation of health apps and regulation of the increasing numbers of digital health services.

**Methods:** In most healthcare systems, services are accredited and regulated to ensure that they do no harm. In the new era of digital health, we are now assessing how far criteria used for conventional healthcare services can be applied to online information, tools and services. Typically these criteria would include safety, effectiveness, care & compassion and meeting user needs. Consumer digital health services needs content management processes which ensure clinical accuracy and currency. They need to deliver the most effective care which does not impact negatively on other parts of the healthcare system. They need to use language and user centred design which is caring, empathetic and appropriate. And they need to be accessible to a wide range of users, including those who are hard to reach or digitally excluded.

**Results:** A major new work programme in the NHS is developing an accreditation scheme for health apps which will be in place by April 2017. At the same time the Care Quality Commission is developing a regulatory approach for digital health services including online medical advice. Europe-wide, EU regulations on apps and medical devices are currently being revised. In the USA, the Food and Drug Administration is clarifying which apps need regulation and which can have a more discretionary approach. The 2017 ICML/EAHIL Conference will provide a timely opportunity to communicate results of these current developments in consumer health information quality.

**Conclusion:** New quality assurance approaches to consumer digital health will be in place in 2017, enabling consumers and information services to sort the wheat from the chaff.

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The librarian will see you now: The role of information professionals in shared decision-making  
Dr Caroline De Brún\(^1\)

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**Background:** With the 2011 Salzburg statement on shared decision-making, and health systems focusing on patient-centred care, patients are being encouraged to participate in the decisions made about their treatments. However, while clinicians have access to clinical decision support tools, evidence summaries, and professionally-staffed medical libraries, support for evidence-based patient choice, in the UK, is sporadic. Online consumer health information seeking is on the rise, yet the level of quality varies greatly, and searching for appropriate content can be problematic. The primary objective of this study was to identify the gaps in consumer health information provision, both on and

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\(^3\) [http://www.nhs.uk/pages/healthappslibrary.aspx](http://www.nhs.uk/pages/healthappslibrary.aspx)
off-line, and the information skills of health service users, and propose ways in which librarians can work together across sector to provide support.

Methods: A mixed-methods study was performed using quantitative and qualitative surveys and a literature review to identify consumer health information experience and needs.

Findings: The evidence and the survey results confirmed that people do want to make decisions with their doctor, and that while they do search for information about clinical conditions they do not always find what they are looking for. In the survey, people said that they would value librarian support and information skills training, but would also find an all-encompassing consumer health information website useful.

Discussion: The expert patient is beneficial for the patient, the carer, and the health service, because well-informed patients make better decisions, and are more likely to comply with the treatment regime, resulting in a better experience for them, and reduced costs for health services. It is essential that people have the right information at the right time so that they can make the right decisions for their personal circumstances. Librarians are in a key position to support the general public. Medical librarians have the skills to identify and appraise the evidence, while public librarians provide the setting to reach the relevant population. A collaboration between medical and public librarians would enable the support of patients and carers as they search for and appraise information, which can be used by patients to make evidence-based decisions with their clinicians.

Project SHARE: Building Teenagers’ Skills to Advocate for Improved Health at the Personal, Family and Community
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Aim: This presentation describes the creation of a web-based curriculum aimed at building students’ skills to advocate for improved health at the personal, family and community level. Academic health sciences librarians collaborated with partners at an urban high school to design the curriculum. In 2016, the Project SHARE (Student Health Advocates Redefining Empowerment) web-based curriculum was successfully used in urban, rural and frontier settings across the United States.

Method: Initiatives to improve community health often involve showing community members how to access information or providing them with health information. This project expanded upon this approach by empowering people with the health literacy and advocacy skills to advocate for improved health for themselves and for their communities. In 2014, the Project SHARE team developed a web-based curriculum through a grant from the U.S. National Library of Medicine. The curriculum comprises six modules: Overview of Health Disparities, Quality Health Information, Taking Charge of Your Health, Smart Food Choices, Promoting Health and Wellness in Your Community, and Crafting and Delivering the Message. Each module contains up to five lessons, and is accompanied by hands-on experiential learning activities. Lessons and modules are highly flexible and may be used stand-alone or in combination. To build the curriculum, a team of librarians and other partners delivered more than 300 hours of instruction over a two year period to selected high school students. The Project
SHARE team then gathered best practices from the classroom, standardized lesson plans, organized lesson content, and created a user friendly website to showcase the modular curriculum.

**Results:** In 2016, the U.S.’s National Area Health Education Organization selected the curriculum for a national health information literacy project. Through this year-long project, SHARE’s “out-of-the-box” modular curriculum was successfully used by five Area Health Education Centers (AHECS) in diverse settings across the United States. The curriculum was effective in urban settings and frontier regions, with Native American tribes, and in multi-center partnerships. The Project SHARE team is evaluating the AHECs’ implementation experiences to expand and enrich the curriculum.

**Conclusion:** The skills of librarians – in visioning, researching and writing a proposal to secure project funding, identifying and collaborating with community partners, designing lessons to build students’ health literacy and advocacy skills, organizing lesson content, building a web page – were central to the success of the project. Community-based advocacy creates change, and librarians have a role to play in that change. The Project SHARE curriculum, a tool to build teenagers’ health literacy and advocacy skills, is freely available on the web and is being used in diverse settings across the United States.

**Developing a Health Literacy Strategy in a healthcare organisation: a hospital library’s strategic leadership initiative in consumer health literacy.**

*Ann Ritchie¹, Serena Griffin¹, Jessica Connor Kennedy¹*

¹Barwon Health, Australia

**Introduction:** Consumer health literacy is an important issue relating to safety and quality of care. Building the capacity of consumers to find and understand health-related information assists consumers to make evidence-informed decisions about their own health and the care they receive (Schardt, 2011; ACSQHC, 2012). Standard 2 (‘Partnering with Consumers’) of the Australian healthcare standards emphasises the importance of health literacy in empowering consumers and enabling them to be partners in their own care. A partnership approach ensures that health literacy initiatives address both individual and environmental/organisational components (ACSQHC, 2014).

The Barwon Health Library has identified consumer health as a strategic marketing opportunity, as it aligns with both the national standards and the Barwon Health Strategic Plan (2015-2020). Pillar One of the Plan places ‘Consumers at the Forefront’, prioritising ‘Access to trusted health knowledge on-demand’ to ensure ‘The community has up to date information on our services and building healthier lives’. These are to be met through the Health Literacy Strategy. Additionally, Pillar Five, ‘Our Community’s Wellbeing’, prioritises a ‘population-based approach to health literacy in local communities’ and ‘Understanding the health literacy profile of the community to address differences in access, self-management and engagement’.

The Library has taken the lead in driving the development of the organisation’s Health Literacy Strategy. The purpose of the Strategy is to help shape practices and policies to enable consumers, patients and staff to participate as partners in care, and to improve health and wellbeing outcomes in the communities served, especially among vulnerable groups.
Aim: To examine the role the Library has played in delivering health literacy initiatives and leading the development of the Strategy.

Method: A literature review outlines consumer health, patient information and health literacy initiatives undertaken by health libraries. This case study explores aspects of the Barwon Health Library’s strategic leadership and coordination role, discussing the following:

1. leadership in driving the development of the Health Literacy Strategy;
2. stakeholder consultation through engaging multidisciplinary program directors across the organisation in acute care and community settings;
3. partnering with researchers, consumers and university affiliates to ensure the research/evidence base;
4. developing a training program for library trainees and volunteer consumer representatives to become health literacy champions and advocates;
5. developing consumer health information services and resources.

Results: The Health Literacy Strategy will be presented, together with outcomes of the five initiatives above. The Library’s leadership role, and skills required by library, literacy and consumer engagement staff in delivering consumer health literacy services, will be highlighted.

Conclusion: In examining the Library’s role in health literacy strategy development this case study demonstrates a strategic leadership model that others may follow. The conclusion will summarise the lessons learned under the five topics: leadership; stakeholder consultation; partnerships; health literacy training; services and resources.

References

ACSQHC. 2012. National Safety and Quality Health Service Standards.


Open Access and the Bodleian Health Care Libraries – lessons learnt supporting OA in the Medical Sciences Division at the University of Oxford

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Bodleian Health Care Libraries, United Kingdom

Introduction: Open Access (OA) publishing is aimed at maximising the dissemination of research, leading to greater impact and opportunities for further study. In the UK there is a need for researchers to make their research available via OA in response to funder’s mandates. In England, OA publication is required as part of the Higher Education Funding Council for England (HEFCE) Research Excellence Framework (REF). The REF is an exercise used to assess the impact of research outside of academia, and ultimately influences researcher funding. As a result, the importance of OA has increased dramatically in recent years.

The Medical Sciences Division at Oxford has a world class and highly prolific research output, and the Bodleian Health Care Libraries (BHCL) provides library support for these activities, including supporting OA.

Aim: BHCL has worked collaboratively with other sections of the University of Oxford to support implementation of the OA changes. This has been through a cooperative project called Open Access Oxford, bringing together groups such as Libraries, University Research Services, IT Services, Academic Divisions etc. The success, and otherwise, of these activities is outlined in this session.

Method: The methods used by Open Access Oxford, and BHCL in particular, have included a mix of online information (OA website, email enquiry support), and face to face methods (presentations, drop-in sessions, guest speakers). This has also involved communicating with a wide range of staff, including research staff at departmental and research group levels, along with support staff such as administrators and communication officers. The effectiveness and success of these methods has varied, and we will share the lessons learnt.

Results: Our successes have been largely built on integrating with existing teams and building partnerships to work together. We have made new contacts within the Medical Science Division in research departments and communications, which have been vital in getting the OA message out. This has also involved us finding the right “hook” for the groups we approach e.g. saving time, money, reputation, and also tailoring the presentation and method of our message to the audience. We have found that providing briefings/presentations as part of an existing meeting have worked well. When organising standalone events, getting Departments to arrange them has given us much better attendance than when arranging Library sessions.

However, not all methods have been successful, for example some events have been poorly attended e.g. no attendees! Also awareness of OA issues and mandates can still be low despite constant marketing and trying to raise awareness.
**Conclusion:** The role of library and information professionals and library services has moved away from being a gatekeeper to facilitating the publishing of research. Our involvement in these early stages of OA publishing offers the opportunity for us, as information professionals, to define our future roles. Here at BHCL we have had success in supporting OA in Oxford, and in the spirit of openness that OA is striving for this session will give the attendee ideas to build on and use in supporting OA in their own organisations/institutions.

“Making” Innovation: A Health Sciences Library’s Makerspace – Advancing Technology Experimentation, Creativity, and Science at an Academic Health Sciences

M J Tooey

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**Introduction:** Makerspaces are quickly evolving to become essential components of the learning and research environments at universities. The neutrality and centrality of the library environment is a perfect place to locate a makerspace encouraging collaboration and multidisciplinary approaches to problem solving while utilizing new and emerging technologies such as 3D printing, data visualization, and training.

**Aim:** Develop an innovation space open to faculty, staff, students, and the community advancing the education, discovery, care, and outreach missions of an academic health sciences research university.

**Method:** In 2014, a team was formed at the Health Sciences and Human Services Library at the University of Maryland, Baltimore and tasked with investigating the feasibility of developing a makerspace within the Library. Extensive research was done. Local makerspaces were visited. Meetings were held with technology innovators in the local area. An extensive white paper was written recommending the development of a library-based makerspace. Funding was found and a prominent location for the space was identified.

**Results:** The Health Sciences and Human Services opened its Innovation Space (http://www.hshsl.umaryland.edu/services/ispace/) in April 2015. By October 2015 the size was doubled to meet growing demand. The Innovation Space or iSpace as it is called, contains 3D printers, digital scanners, learning tools, and a button maker. A robust array of classes and learning experiences have been developed. A newsletter focused on the creative and innovative use of technology is published monthly and new technologies, plus a “making” competition are in future plans. Opportunities for creative collaborations have evolved. Assignments to use the space are being written into the curriculum and the library has been approached about inclusion in grants. Plans are underway to add additional resources such as Google Cardboard, virtual reality and simulations, data visualization, high performance computing, and advanced graphics capabilities.

**Conclusion:** Within the Health Sciences and Human Services Library, the addition of the i-Space has been a boon to the programs and perception of the Library. Although only in existence for two years,
the space has elevated the visibility of the library and the appreciation for the expertise of the team supporting it.

Let your open data smoothly settle in your publishing habits
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Introduction: The scientific community worldwide is increasingly being faced with the management of bulks of data supporting research results. Recent EU-funding research programmes - Seventh Framework Programme 2007-2013 and current Programme Horizon 2020 - have devoted constant attention to the concept of open science (including both publications and data). Therefore, the subject of open data in terms of need for an efficient and sustainable data management is becoming largely recognized within the international research community.

Aim: This presentation aims to provide an overview of the practical handling of research data produced by the research institutions belonging to Bibliosan, the Italian Biomedical Research Libraries Network, promoted by the Italian Ministry of Health. The survey is conducted by the BISA (Bibliosan per la scienza aperta) Working Group, established in June 2016, and is intended to investigate the daily practices of scientists who generate data (all type of data underlying research results and teaching activity). It also aims at revealing scientists’ orientation to make data accessible, shareable and reusable for the benefits of scientific progress. Strategies for digital data storage for long preservation are also explored through the survey.

Methodology: A survey based on an online questionnaire addressed to all 59 institutions involved in the network Bibliosan, will be carried out in January-February 2017. The questionnaire is structured into 20 multiple-choice questions grouped within six major sections, as follows: data types and formats, data archiving, ethical and legal aspects, accessibility and re-use, infrastructures and services. Personal information of respondents are asked to identify age, profession (disciplinary field) and gender of participants in the survey. A specific, final section of the questionnaire has been designed to explore desiderata and additional comments about policy or guidelines for dealing with research data.

Results: Expected survey’s results will depict the current scenario of roles and responsibilities involved in the management of research data within the Italian research community of Bibliosan. The analysis of responses to the questionnaire will provide the average attendance rate for all participant institutions. Cross relations tables will be created to show significant results as regards the distribution of responses obtained for each section of the questionnaire.

Conclusions: As ultimate goal, the survey carried out by the BISA Working Group will contribute to arise awareness on the topic of an efficient management of digital research data. Moreover, the results of
the questionnaire will help to develop standards, policies and common practices, at a national level, to adapt data services for dissemination and secure archiving of research data to the existing needs

Cochrane Crowd: using citizen science to meet the challenge of information overload in evidence production

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Background: At a time when research output is expanding exponentially, citizen science, the process of engaging willing volunteers in scientific research activities, has an important role to play in helping to manage the information overload. It also creates a model of contribution that enables anyone with an interest in health to contribute meaningfully and in a way that is flexible. Citizen science models have shown to be extremely effective in other domains such as astronomy and ecology. In 2013 Cochrane’s Embase project began. This project sought to engage volunteers in the task of screening citations identified from Embase for reports of randomized trials. The project proved that this model of contribution could work well for certain tasks vital in the evidence production process.

Objectives: Cochrane Crowd, a part of Cochrane’s Project Transform, aims to build on the Embase project by creating a Cochrane citizen science platform that offers contributors a range of microtasks, designed to help identify and describe clinical trials and diagnostic studies.

Methods: Building on the work of Cochrane’s Embase project, we have developed the Cochrane Crowd platform: http://crowd.cochrane.org. The platform enables contributors to dive into needed tasks that help capture and describe the health evidence. Brief interactive training modules, and robust agreement algorithms help ensure accurate collective decision-making for each task. Contributors can work online or offline; they can view their activity in detail and see where their decisions disagreed with the final decision. They can also choose to work in topic areas of interest to them. As contributors progress, they unlock new tasks.

Results: Cochrane Crowd was launched in February 2016. Initially rolled out to early adopters, namely the former contributors from the Embase project, in May 2016 it was opened up to anyone keen to contribute.

At the time of writing, two microtasks are available: RCT identification and diagnostic test accuracy (DTA) identification. A further microtask, PICO (Population, Intervention, Comparator and Outcomes) extraction at the citation level, is due for beta launch in October/November 2016.

The Cochrane Crowd community stands at over 3300 contributors from 88 different countries. Almost 90,000 individual classifications have been made, and over 28,000 reports of randomized trials have
been collectively identified and submitted to Cochrane’s Central Register of Controlled Trials. People take part for a number of reasons but two key motivations emerged: people want to help Cochrane, and people want to learn. Evaluation to assess crowd accuracy have shown crowd sensitivity – the crowd’s ability to correctly identify reports of randomized trials - is 99.1%, and crowd specificity – the crowd’s ability to correctly identify the reject records – is 99%.

**Conclusions:** This model of contribution is becoming an established part of Cochrane’s effort to manage the deluge of information being produced in a way that offers willing contributors a way to get involved, learn, and play a crucial role in evidence curation.

**Parallel Papers. Integration 1**

**Chairperson:** Jane Burns

**An outcomes planning approach to reshaping the role of the information scientist to support quality improvement in health and social care.**

Iain Stewart

1Healthcare Improvement Scotland

**Introduction:** The role of the information scientist in Healthcare Improvement Scotland is continually transforming. When the information team was first constituted information scientists primarily supported the development of evidence-based advice and guidance. In recent years the team has also encompassed being knowledge brokers for quality improvement and quality assurance teams with the aim of moving knowledge into action.

In response to the integration of health and social care services Healthcare Improvement Scotland created a new improvement resource in April 2016 to support organisations in Scotland to improve the quality of health and social care services. This new resource is called the Improvement Hub (ihub). To facilitate the use of evidence and evaluation in ihub work a new multi-disciplinary team of evidence specialists was created, EEvIT (Evidence and Evaluation for Improvement Team). The information scientist became part of EEvIT along with health services researchers, health economists, a programme manager, a team lead, and administrative officer. EEvIT offers methodological advice and support, including: literature review, critical appraisal and evidence synthesis; health economics and costing analyses; advice on designing and running project and programme evaluations; report writing; and training and awareness sessions.

**Aim:** The aim of this presentation is to demonstrate how working in a multidisciplinary evidence team has reshaped the role of the information scientist. The presentation will also show how using an outcomes planning and evaluation framework can define measures to demonstrate the effectiveness of collaborative working in a multidisciplinary team.

**Method:** An outcomes and evaluation framework was developed to evaluate the impact of EEvIT. The framework comprises a theory of change mapping out expected pathways between activities and desired outcomes with a measurement plan to monitor progress. Regularly revisiting the theory of
change and measurement plan allowed the framework to be altered on an ongoing basis to record the work undertaken and evaluate effectiveness.

**Results:** The changes in the ways of working of the information scientist will be illustrated in the activities performed, such as awareness raising, methods training, evidence and evaluation support, and progress reporting. Formative evaluation is underway to report progress after 12 months and initial results from this evaluation will be presented. The presentation will also present insight from the information scientist on the main challenges and successes of using an outcome and evaluation framework approach to learn from experience and evaluate the impact of a new initiative.

**Conclusion:** This process has defined a new way of working and reshaped the role of the information scientist. An outcomes planning and evaluation approach can be used to inform the activities of the information scientist and demonstrate their contribution.

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**The Role of an Embedded Librarian as Knowledge Mobiliser in Critical Care**
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**Introduction:** This session reports on the results of a study at Wirral University Teaching Hospital NHS Foundation Trust examining knowledge mobilisation in critical care. Knowledge mobilisation is a complex concept that describes the process of enabling research evidence to be applied in practice for beneficial outcomes (Black et al, 2012). In critical care, a lack of time and expertise in effective searching, coupled with a rapidly shifting evidence base and a highly pressurised clinical environment (Lane et al, 2012), may impede evidence-based decision-making and thus patient care.

Similarly, informed patient choice is underpinned by the quality of evidence-based patient information. The knowledge needs of patients/families in the critical care environment may be distinct due to time and emotional pressures. Consequently, the knowledge needs of these groups should be assessed, to ensure that knowledge is transferred to them in a meaningful way.

**Aim:** Evidence suggests that a librarian can play an important role as a member of the critical care team (Sadera & Treadway, 2016). This study aims to develop, implement and evaluate a model of knowledge mobilisation tailored to the requirements of critical care practitioners and patients/families.

**Method:** There were three predefined phases of enquiry:

Phase 1: investigate the access and application of evidence-based knowledge in critical care and how the librarian may act as a knowledge mobiliser;

Phase 2: implement a knowledge mobilisation model;

Phase 3: critically evaluate the model.
Data collections were mixed methods, consisting of self-completed questionnaires, semi-structured interviews and focus groups. In Phase 1 critical care staff completed questionnaires assessing areas including activities requiring support, knowledge requirements, application of knowledge/evidence in clinical practice, barriers in the workplace, impact on patient care, and departmental support. In-depth interviews and focus groups focused on similar themes. The knowledge requirements of patients/families were assessed using qualitative methods. Areas of interest were the delivery of information and preferences regarding access to knowledge.

Data collection for Phase 3 used similar collection methods, but interest was focused upon the critical evaluation of the implemented model.

**Results:** Results are available for Phase 1 of the study; by the time of presenting, full results will be available. Many knowledge-related activities in critical care are limited by barriers, including lack of time, resources and challenges with communication. In Phase 1, a distinct pattern of (dis)engagement with the library service was identified. A model of knowledge mobilisation was developed, to be run in Phase 2, with assessment occurring in Phase 3.

This session also explores the personal reflections of the library staff involved and issues of transferability of the developed model to other areas.

**Conclusion:** This session provides an overview of the research data, identifies key issues around the use of knowledge/evidence in critical care, and discusses implementing the support model that aims to enable effective knowledge mobilisation within the department.

**References**


Sadera G, Treadway V: A Librarian in the Critical Care Team: ICU Management & Practice, Volume 16 Issue 1 2016: 55-56

**Health Education England’s Library and Knowledge Services Value and Impact toolkit: a collaborative approach to demonstrating the impact of libraries within Europe’s largest health provider**

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Introduction: Health Libraries increasingly need to demonstrate their value and impact. In 2014 Health Education England (HEE) published Knowledge for Healthcare: a development framework, 2015-2020 to inform the development and transformation of the 215 National Health Service (NHS) Library & Knowledge Services (LKS) across England. A Value and Impact Task & Finish Group (VITF) was established in 2015 as part of the Quality and Impact Work Stream with the aim of refreshing a previous toolkit and creating a suite of tools to measure the value and impact of LKS.

Aim: The NHS LKS Value and Impact toolkit has been developed to provide a user-friendly set of robust open access tools to assist in gathering qualitative and quantitative evidence. The tools seek to be practical and applicable across a wide range of healthcare library settings and will be used to demonstrate the impact and value of NHS funded library services across England.

Method: Development began with a literature review to underpin the work and identify existing impact tools and approaches across all library sectors. This was supplemented by a national survey to: establish uptake and usage of the previous toolkit established in 2009; determine the current position of impact work within NHS LKS; highlight best practice methodologies and tools used; identify perceived requirements of the new toolkit. A reference group incorporating information specialists from a broad spectrum of health services sectors was established to review the work of the VITF Group at each stage of the process.

Results: A suite of tools including a short questionnaire, impact interview guidance and case study template have been developed and tested and are now accessible via the HEE Knowledge for Healthcare blog (http://kfh.libraryservices.nhs.uk/). These tools have been supplemented by a commissioned piece of work to enable LKS staff to decide what they are going to measure or demonstrate and for whom and to support their choice of the appropriate methods and tools to actually measure what they need. The toolkit has been rolled out across England and embedded within the national Library Quality Assurance Framework (LQAF). A centralised repository for collecting impact case studies has been developed to provide a national database of impact case studies for advocacy purposes.

Conclusion: The toolkit provides a robust and simple generic means of assessing and demonstrating the value and impact of health library services. The resources have been developed collaboratively using a bottom up approach and embedded within the national quality assurance framework to maximise the uptake and relevance across LKS. The questionnaire results and impact case studies gathered across England will be collated nationally to provide a clear ongoing picture of the evidence base and impact of health library services.

After the Disaster: Lessons Learned by Public Librarians in Providing Health Information Services Following a Catastrophic Flood
Dr. Feili Tu-Keefner1

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In October 2015, several counties in South Carolina (SC) in the United States experienced catastrophic flooding that caused severe damage, including loss of residential homes and other calamities. In the immediate aftermath, this case study investigated public libraries’ value to their communities and their legitimacy as partners of public health agencies during and after a disaster. This included various aspects of information, technology, and user support. The framework used to examine the role of public libraries was one developed by public health experts to effectively prepare and implement communication regarding pandemic influenza for vulnerable populations.

In order to gain a deep understanding of the phenomena related to this catastrophic flooding, the methodology for this case study was qualitative and included focus groups. The purposes were to collect comprehensive information regarding librarians’ activities (for example, processes for information gathering, distribution, and services), each library’s partnerships with other agencies, and community members’ information needs and technology access.

Preliminary results show that the local public libraries in the target areas affected by flooding created disaster-recovery centers for the U.S. Federal Emergency Management Agency (FEMA). Community members were able to visit the public libraries to work with FEMA agents to file damage claims online. In fact, 14% of all FEMA applications were filed at these libraries. Public libraries also served as water distribution sites. This successful collaboration with public health agencies shows the value of public libraries in facilitating emergency response and recovery after the disaster. Technology access was crucial to obtaining credible information and disseminating resources and services to the community. The Internet was predominantly used by librarians to gather and distribute resources to community members.

However, the findings also show that a discrepancy exists between the reliable resources vital to consumers and the health information shared with them by the public libraries. Public librarians were not fully prepared to provide sufficient essential disaster and health information for adult users, especially through online venues. Minimal connections between public and health sciences libraries in the provision of health information services were found before, during, and after the disaster. Although the public librarians in the study did not feel that it is necessary to cover disaster preparedness, response, and recovery in the regular coursework of LIS education programs, continuing education is essential to better prepare librarians to provide critical disaster and health information services.

It is recommended that public libraries provide user-friendly, well-selected, reliable disaster and health digital resources for adult users, making them available permanently, and updating the information consistently. Social media network sites can be used to deliver library services. Health sciences librarians can support the selection and dissemination of trustworthy health resources and train public librarians in the delivery of effective health information services. Continuing education programs developed through the collaboration of LIS educators and health sciences librarians should be designed and provided to public librarians. (474 words)

Keywords: Public Libraries; Health Information Services; Natural Disasters; Library and Information Science Education; Health Sciences Libraries

Introduction: In October 2015, several counties in South Carolina (SC) in the United States experienced catastrophic flooding that caused severe damage, including loss of residential homes and other
calamities. This case study investigates public libraries’ value to their communities and their legitimacy as partners of public health agencies during and after a disaster. This includes various aspects of information, technology, and user support. The focus of investigation is on the 1) process (use of multiple channels and technology for information distribution and services); and 2) people (libraries’ collaboration with multi-level agencies to facilitate emergency response and recovery).

**Aim:** The framework used to examine the role of public libraries was one developed by public health experts to effectively prepare and implement communication regarding pandemic influenza for vulnerable populations. Public libraries’ situation-specific information services in the target areas affected by flooding during and after the disaster were explored. A concomitant objective was to identify whether health science libraries took leadership roles in collaborating with public libraries for the provision of critical health information services to the community members during and after the disaster. Another consideration was whether library and information science (LIS) education programs adequately prepared public librarians to respond to community members’ information needs during an emergency or a disaster.

**Method:** The methodology used was qualitative and survey-based. Focus-group meetings with public library administrators and librarians were used to examine how librarians responded during this time. The discussions centered on the use of resources to provide information services as well as on users’ information needs and technology access during and after the disaster.

**Results:** In this case study, one of the research purposes is the investigation of public libraries’ value to their communities and their legitimacy as partners of public health agencies during and after a disaster. The local public libraries in the target areas affected by flooding showed their value by serving as disaster recovery centers and by successfully collaborating with public health agencies. The findings also revealed that a discrepancy exists between the reliable resources vital to consumers and the health information shared with the community members by the public libraries. Public librarians were not fully prepared to provide sufficient essential disaster and health information for adult users, especially through online venues, before and after the natural disaster hit the community. Minimal connections between public and health sciences libraries were found. The public librarians in the research indicated that they had received sufficient foundation for the provision of user services in their LIS studies; however, continuing education is essential to better prepare them to provide critical disaster and health information services.

**Conclusion:** Even though public librarians are skilled at helping users find local information and resources, the results also show that the public libraries and librarians in our study were not well prepared in identifying, gathering, distributing, and promoting the use of disaster and health information. It is recommended that public libraries provide user-friendly, well-selected, reliable disaster and health digital resources for adult users, making them available permanently, and updating the information consistently. Social media network sites, such as Facebook and Twitter, can be used to increase the awareness of these library resources and to distribute real-time messages of interest by library personnel. Health sciences librarians can take the leadership roles in collaborating with public librarians to deliver real-time health information services through the use of social media sites. Additionally, health sciences librarians can support the selection and dissemination of trustworthy health resources and train public librarians in the delivery of effective health information services.
Professional development programs and continuing education opportunities developed through the collaboration of LIS education programs and health sciences libraries should be designed and provided to public librarians.

**Effects of a collaborative Discipline of Scientific Research by Distance Education on Quality of Written Scientific Communication in Telehealth area**

**Dr Beatriz Rodrigues Lopes Vincent** 1,2, **Dr Martha Silvia Martinez-Silveira** 3, **Dr Luiz Antonio Bastos Camacho** 2

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**Introduction:** Recent literature of the area underlined the relevance of research methods in the health field. We designed a Scientific Research Discipline (SRD) inspired by Ausubel’s Theory which states that learning is effective when new information becomes meaningful to the learner through anchoring relevant aspects of their pre-existing cognitive structure, by the interaction between new and prior knowledge. A collaborative discipline by two physicians and a librarian was developed to contribute to effective learning that could impact on research of academics in Telehealth area.

**Aim:** Propose an assessment measures and further assess the SRD’s effect on students’ quality of written scientific communication. This study builds on sound theory and assumptions, results may indicate needed refinements.

**Method:** Study design: assessments of scientific literacy before and after an educational programme. The population consisted of newly incoming Master students on Telehealth. Study window was March-August 2015. (1) We used a survey to assess participants’ Information Literacy as a proxy for baseline scientific knowledge. We then tutored the SRD. It consisted of eight learning modules, 60 hours, running on Moodle platform, articulating theory and practice: watching videos, posting messages, reading books and articles, synthesizing texts, appraising papers, searching bibliographic databases and finally revising their Master’s research protocol. Students worked asynchronously most of the time, except when attending lectures through videoconferences (Adobe Connect). (2) We assessed the number of messages posted on the forums. (3) We scored participants’ two RPs, using a 10 item Yes/No score. We compared scores obtained before and after the SRD: baseline versus revised. Besides assessing baseline scientific knowledge (proxied by IL), two outcome measures were obtained: number of forum messages posted and change in research protocol score.

**Results:** All eleven participants attended and completed the SRD. (1) Ten participants answered the IL survey. Age varied from 24-59 years old (mean=37.6), six were women. (2) Total number of forum messages were 146, 41% from the tutors; the number of messages posted by the most active participant were 18 (12.3%). The most popular forum was the Information Literacy one (n=32, 22%). (3) Six participants submitted both research protocol versions. The best results were obtained on the “Study Design” item, five participants scored on their revised research protocol. On the other hand, only one participant scored on the “Study Outcome Measure” item in their revised RP.
Conclusion: The SRD increased the awareness for research methods at this early stage of the Master course. The Information literacy survey, forum measurements and research protocol scores were original measures that seemed promising. Due to a small sample of participants, we could not assess SRD’s effect. Baseline information literacy was poor. Forum participation was scarce; other means for participants’ communication (e-mail or social media) may explain it. Holding a strong emphasis on information literacy, the SRD may work as a safe start for health librarians expanding towards research method teaching. The SRD could suit both independent students and faculties willing to learn or teach scientific research methods; on face-to-face or distance education.

Parallel Papers. Research & EBLIP 1
Chairperson: Carol Lefebvre

Which information sources should be used to identify studies for systematic reviews of economic evaluations?
Hannah Wood¹, Mick Arber¹, Julie Glanville¹, Jaana Isojarvi¹

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Introduction: Available evidence about which information resources to search to identify economic evaluations (EEs) of health care interventions predates closure of the economic evaluation databases NHS Economic Evaluation Database (NHS EED) and Health Economic Evaluations Database (HEED). These closures impact on search methodology for the identification of EEs and are likely to increase the importance of retrieval from general databases such as MEDLINE and Embase. Search quality becomes an increasing concern as searchers can no longer rely on NHS EED or HEED to identify EEs missed by methodologically weaker searches in larger resources.

Aim: To assess which databases are now the best sources of EEs and to identify the most efficient combination of databases to search when conducting a systematic review of EEs, taking into account the order in which databases are searched and the search strategies required for effective retrieval.

Methods: A reference set of EEs was gathered from reviews of EEs that have been undertaken to inform health technology assessments (HTA). The yield and relative recall (RR) (number of reference set records identified from a database / total number of records in the reference set) for each database, and combination of databases, were calculated along with resource overlap. The impact of the order in which databases are searched was assessed in order to identify the most efficient combination and search order. We report the characteristics of records not included in any database studied and the implications for identifying this type of evidence in the most efficient way. The reported search strategies in each HTA were re-run in the highest yielding databases in order to test their performance. The sensitivity and precision of each strategy was calculated, to assess whether the approaches used were sufficient to retrieve the records from the reference set included in each database.
Results: To date, a reference set of 55 EEs from 7 HTAs has been processed. Embase and Scopus each yielded 53/55 records (RR 0.96). MEDLINE yielded 52/55 (RR 0.95). Embase or Scopus included all of the journal publications in the reference set; no additional unique records were provided by MEDLINE, CEA Registry, EconLit, or Science and Social Science Citation Indexes. The 2 records that were not identified were unpublished evidence, 1 of which was included in the NIHR HTA database. Processing will continue until we reach the threshold of a reference set of 350 records from HTAs published since 2010.

Conclusions: Preliminary results suggest that searching beyond key databases for published EEs is inefficient, as long as these resources are searched using methodologically appropriate strategies. Searchers should instead concentrate on refining their search strategies for the key databases to ensure satisfactory sensitivity and precision, in addition to using approaches to identify unpublished evidence (grey literature).

Are Systematic reviews source of scientific evidence in Institutional Recommendations of Health?: bibliometric study with analysis of quality.
Dr. Martha Silvia Martinez-Silveira¹, Dr. Cicera Henrique da Silva², Dr. Josué Laguardia²

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Introduction: Systematic reviews (SR) are considered effective by evaluating and summarizing results of several studies generating high-level scientific evidence for health care decisions, public policies and health recommendations. However, their quality can impact their usefulness by recommendations drawn up by respected institutions, which influence health behaviors, and should be supported by scientific evidence, especially from SR. For this research we selected the topic of the effects of breastfeeding on the child’s health as a case-study because it is a contentious public health issue regarding its scientific evidence. Librarians are frequently involved in SR as literature search experts, but they may be able to expand its participation in the whole process.

Aim: To investigate SR as source of scientific evidence in institutional recommendations by verifying if they are cited and assessing their quality.

Method: Recommendations from governmental and non-governmental institutions of Brazil, United States and Canada as well as international health organizations were identified, selected and classified by category by two researchers. A citation analysis to identify SR was performed. The methodological quality of SR was assessed using Amstar in a blinded process and supplemented by the analysis of conclusions and limitations of cited reviews based in the content reported by authors.

Results: One hundred and one documents (26 from Brazil, 7 from Canada, 32 from the USA and 36 from international organizations) were classified by category as recommendations (48), manuals (21), statements (19), policies (8) and technical reports (5). We checked 8,638 references of those documents and found 30 unique SR cited. Forty out 101 did not cite any SR. Only one technical report
from USA cited most SR (16). The most frequently cited SR is about the optimal duration of exclusive breastfeeding (cited 22 times), which is of moderate quality according to Amstar. Most other cited reviews (83.3%) are also of moderate quality. The major failures of SR were the absences of (1) declaration of conflict of interest (97%), (2) published protocol (83.6%), and (3) searches on grey literature (70.1%). Most reviews reported positive effects of breastfeeding, but the effects were small or low for more than half of the outcomes, and potential or possible for another 25%. Limitations reported by authors were the lack of original studies and their low quality.

**Conclusion:** SR are barely mentioned in the analyzed recommendations. The ones mentioned are of moderate quality, with serious execution failures and insufficient as scientific evidence. Only few SR were cited frequently, and they are not current neither conclusive. The real effects of breastfeeding on the child are reported mostly as modest or possible, but the recommendations have considered this as sufficient as to state this benefit definite in more than 100 documents. Librarians should be aware that their participation on searching literature for SR impacts the quality of the final results. They may also play an important role on assessing the quality of SR and their use as scientific evidence in recommendations.

**An innovative practical approach to search filter development and validation; an example with the population autism.**
**Professor Robert William Sandieson**

*Western University, Canada*

**Introduction:** Searching comprehensively for Information in research databases is complex. One way this task can be made efficient is through search filters, which reduce non-relevant citations. Traditionally, search filter development has relied on experience and intuition. However, lack of validated evidence makes such filters’ comprehensiveness questionable. Evidenced-based, validated approaches to filter development have been documented (Harvour et al., 2014; Jenkins, 2004), yet many of these approaches are cumbersome; beyond the resources of most health science librarians.

**Aim:** The aim of the present research case study was to test an innovative, practical approach to search filter development - the Pearl Harvesting Information Retrieval Theory (Sandieson et al. 2006, 2010, 2013). This investigation focused on the topic of autism using the MEDLINE database. Existing meta-analyses on this topic use a variety of non-validated terms creating confusion as to which terms are best to use. The Cochrane Collaboration is known for high quality meta-analyses. Their reviews on autism use an extensive set of non-validated terms including symptomatic, (e.g., communication disorders), as well as diagnostic (e.g., pervasive developmental disorder). The specific research question here was could the Pearl Harvesting approach yield a validated set of search terms to use for autism?

**Method:** Crowd sourcing was used as an innovative practice to engage students in the complexities of the search process. Eight graduate students were shown how to analyse articles’ bibliographic information for potential terms. They were then instructed to find as many terms as they could. Their terms were validated internally with a practical method called the Boolean Subtraction Procedure
(Sandieson & McIsaac, 2013). Each term was entered into a search where the product of all other potential terms was subtracted from it. If any unique and relevant citations remained then that term was included in the filter. Once a set of comprehensive diagnostic terms was established the symptomatic terms used in the Cochrane reviews were analysed with the Boolean Subtraction Procedure. External validation to see if the Pearl Harvesting search filter on autism could locate a set of articles was done by using all the original source articles listed in the Cochrane meta-analyses. This served as a practical “quasi-gold standard” reference.

**Results:** The students identified 23 search terms for autism. The Boolean Subtraction Procedure reduced this to 9. Further testing of the symptomatic terms indicated none contributed to finding any new citations. When the original source articles found in the Cochrane reviews on autism were analysed, all but one could be located with the Pearl Harvesting search filter. The exception was a conference paper containing no identifying autism language in its bibliographic information.

**Conclusion:** Literature searching can be complicated but is pivotal to evidence-informed decision making. Search filters offer support in making the searching process effective. Existing validation approaches have a cumbersome nature which make them difficult to use in practice. In the present study a more practical approach was used and tested to determine a validated set of search terms on autism that are comprehensively necessary and sufficient.

**Developing a Formal Systematic Review Service.**

Sandra McKeown

1Queen’s University, Canada

**Introduction:** Librarian involvement in systematic review activities has the potential to increase the quality of research that is regarded as high level evidence to inform recommendations for healthcare. Developing a formal systematic review service can result in more purposeful and proactive service provision and facilitate marketing and promotion. Standardizing aspects of the service can also lead to better adherence to best practices and a more consistent user experience.

**Aim:** To describe the process of developing a formalized systematic review service in order to better support the research activities of students and faculty members at a university in Ontario, Canada.

**Method:** A task force was assembled and began a discovery phase that involved conducting an environmental scan to gauge potential uptake and a SWOT analysis to identify potential opportunities and challenges. The discovery phase continued with a review of service models from other health sciences libraries and a review of the literature discussing systematic review topics that pertain to librarian roles and support. The planning phase that followed examined the priorities of our library and the university community we serve in order to define our role and service model. A work plan document and library guide were created to facilitate systematic review support by librarians. The task force held several meetings with health sciences librarians and other stakeholders throughout the process to solicit ideas and feedback. Peer-mentoring between librarians was used to build capacity and confidence in providing systematic review support. A pilot phase of the formalized service was trialed during the summer and fall academic terms.
**Parallel Papers. Education & Learning 2**  
Chairperson: Donna O’Doibhlin

Presentation of a pilot program of online CPD sessions: using webinars as teaching/learning tools.  
Maria García-Puente Sánchez¹,²

¹Bibliovirtual, ²Osakidetza, Spain

**Introduction:** Due to the importance of continuing professional development and the wide dispersal of professionals, online webinars can offer an effective way to share knowledge without unnecessary travel or expenses.

This idea, endorsed by the EAHIL Board at the 2016 Conference, was inspired by the SocialBiblio online community and the concept of Peer Mentoring, where everyone has something to teach and something to learn.

**Aim:** To develop a pilot program of online CPD sessions, to evaluate the experience from perspectives of organisers and participants, and to report recommendations to the EAHIL Board.

**Method:** A group of five professionals from three European countries (UK; Spain; Switzerland) are designing a pilot program in which a series of bi-monthly webinars, each presented by a different specialist, will explore topics relevant to the field. These topics may include Systematics Reviews, Research Methods and Study Approaches.

Presentations of approximately one hour will be followed by a question and discussion session. The EAHIL distribution list will serve as a basis for announcement of upcoming webinars, and the number of attendees is not limited. Webinars will also be promoted through our website at eahilcpd.wordpress.com, where recorded videos and presentation materials will be uploaded.

Following each webinar, attendees will be asked to complete a survey on the program’s organization and content, and this feedback will inform the group’s summary report to the EAHIL Board.

**Results:** Results of the pilot program are expected in the second quarter of 2017.
Conclusions: To date, working collaboratively across Europe, the organizers have had the opportunity to employ a wide range of Internet tools including Skype, Google Drive, Trello, and e-mail. Three different webinar platforms are still being considered for the project, which we hope will bring together library and information specialists from around the world.

Doctoral School Curriculum – A Good Starting Point for Implementing Information Literacy in Romanian Medical Universities.
Dr. Octavia-Luciana Madge¹, Ioana Robu²

¹University of Bucharest, Faculty of Letters, Department of Information and Documentation Sciences, ²Cluj University of Medicine and Pharmacy, Romania

Introduction: Romanian medical school libraries have failed until now to offer structured information literacy programs to medical students and hospital staff. The only structured course is provided within the curriculum to doctoral students enrolled at the best University of Medicine and Pharmacy in the country.

Aim: Given the good feedback from the students, we elaborated a project to implement the same modules to other Romanian medical schools at all levels, including undergraduates.

Method: The doctoral curriculum, namely the “Medical Documentation” course was analyzed and modules considered relevant at all levels are considered to be included in the project: database searching, bibliometric databases, citation and referencing, plagiarism, reference management softwares (EndNote, Mendeley, Zotero). Each module is to be offered separately by the libraries on demand or by daily scheduling.

Results: The project has attracted so far interest from other large medical schools in Romania and steps have been taken to start implementing it effectively in the near future.

Conclusion: A very good idea, enthusiastically received by the other Romanian medical universities proposed to be included in the project.

Embedded librarianship in collaboration with Finnish and Kenyan HEIs: the value of library services in Master’s degree programme and in the intensive course in Kenya.
Marketta Fredriksson¹

¹Diaconia University of Applied Sciences (Diak), Finland

The presentation is about the implementation and value of library services in the international joint Master’s degree programme of Global Health and the Information Specialists input in the field studies during the intensive course in Kenya.
The second cohort of students from two UAS from Finland and one Kenyan University began studies in August 2016. Master’s programme is carried out with the idea of blended learning and focus is in the crisis preparedness and disaster management. The students were given iPads to use for the time of their studies. Educational activities are mainly carried out in the Internet but there is a two weeks face-to-face intensive course in Kenya which includes one week theoretical on campus lessons and one week field studies where the students plan and put into an action in groups a small scale educational intervention in rural communities in the area of Lake Victoria. The aim of the interventions is to develop the awareness about disasters and to propose tools to better preparedness and to improve the level of knowledge in health issues during disasters.

Groups produced fact sheets, a kind of recommendations about the proposed improvements and prepared presentations to the dissemination seminar which was held in the end of the intensive course. Fact Sheets were submitted to open access repository for the local communities to use. The recommendations should be founded on evidence based research and for that reason information search skills and access to adequate information resources had a significant role during the intensive course and Information Specialist was in charge to teach Information literacy. IL matters are visible in the curriculum and the students are obliged to report the original references in their learning assignments throughout their degree studies.

Tailored LibGuides in open Internet is used as a tool to integrate library services for the programme: e.g. authenticated access to the databases and scientific journals, reading lists through links to the Refshare-folders, news feeds and alerts from the selected content servers, introduction of relevant publications, tutorials of information search and guidelines in academic writing. There are also deep links to selected e-materials, web-based tutorials and an information literacy course and on the learning platform. Relevant research information for the program is filtered from the professional discussion forums, twitter, news feeds and latest publications and presented in LibGuides. In addition to these, the Information Specialist gives scheduled on-line tutorials by AdobeConnect conferencing software.

A survey about the learning experiences and library services were carried out after the intensive course. Students (n=26) gave response also in open ended answers. The main opinion of the library services was positive. The scores in scale 1 – 5: the availability and accuracy of the library services 4,38; Guidance to information search 4,31; the Instructions and materials available 4,31 and the usefulness the of iPads in access to e-learning materials as high as 4,46. Overall there were highly positive comments in open ended answers, although several students mentioned the challenges of weak internet connection and struggles in downloading reader applications.

Knowledge management, story, and mapping the information landscape for 1st year pre-registration nursing students: navigating the academic curriculum in information literacy sessions.

Mr Chris O'Malley1

1Stirling University Library, Scotland
**Objective:** In 2016, a curriculum update for pre-registration nursing provision at the University of Stirling (UoS) formally embedded the pedagogical theory of blended learning, and incorporated a ‘Learning to Learn’ module, for the first time.

This presentation will focus on the way in which the Highland Health Sciences Library (HHSL), utilised these changes to conduct information literacy sessions for 1st-year pre-registration nursing students.

**Method:** Changes in the student timetable meant employing experiential kinaesthetic learning, with hands-on access to the databases, was no longer available. Instead, Library staff were to provide 2 lectures to the whole student group of just over 100 students.

The question became how to enhance knowledge transfer and enable students’ understanding of the concepts, while also demonstrably incorporating blended learning and student engagement in a lecture environment.

The answer was to utilise knowledge management theories of knowledge transfer and story. Specifically, the focus being the story of what students needed to know about the information resources; what and where they are located; when the different resources would be useful; and how to best utilise them in context.

**Results:** The HHSL provides its services to the UoS, as well as a range of other user cohorts, including the NHS Highland (NHS H). As such, library staff could recognise consistent themes linking the perspective of the new student to that of the University and also of health service providers that would in practice be their employers after qualification. Themes such as person-centred care; reflective practice; life-long learning; and evidence-based decision-making and practice. Themes also embedded in research, education and clinical practice.

Staff employed this range of themes to narratively link the tenets of academia within the university environment to the skills and knowledge required by health institutions employing qualified nurses. The concept of ‘Story’ was consciously used as a tool to map the vantage points and perspectives of the student at the start of their journey to becoming a qualified nurse.

In demonstrating that all institutions throughout their study and their ongoing career adhere to these themes, it highlighted the consistency and validity of the need for the student(s) to understand and align with these themes.

In turn, by explaining the role of the library in the provision of and training in the information resources underpinning these themes, students could envisage the library’s significance not just through their undergraduate degree but as a staple component of their ongoing career in the health sciences.

**Conclusion:** This presentation will show how the use of ‘Story’ facilitated knowledge transfer by mapping information literacy in context. This enhanced the students’ understanding relating to the requirements inherent in both their study and their subsequent career as a qualified nurse. The benefits of utilising the library to enhance their journey, skills and knowledge throughout their study and career was demonstrated.
Developing a Faculty Scholarly Metrics Service in an Academic Health Sciences Library: the Case-Study of a Veterinary College

Prof Heather K Moberly¹, Dr. Bruce Herbert¹, Prof Esther Carrigan¹

¹Texas A&M University, USA

Introduction: Upper level university administrations are increasingly requesting evidence of the impact of the faculty, research, and teaching programs. College level administrations faced with interpreting and explaining third-party metrics, such as those from Academic Analytics, are seeking assistance with telling their story through metrics appropriate for their fields and population. University libraries and librarians are particularly well-qualified to lead efforts to identify, calculate, and disseminate metrics to support impact statements. This presentation provides an overview of innovative activities, strategies, and materials created to support the efforts of an academic medical library to create a substantial and sustainable service through the lens of the veterinary college.

Aim: A task force of veterinary and human medical subject librarians at the Medical Sciences Library (MSL) at Texas A&M University collaborated together and with the University Libraries Office of Scholarly Communication (OSC) to create and strengthen outreach activities with their respective subject liaison areas.

Method: The library director charged the task force with creating a robust and sustainable service to introduce and support library assistance with scholarly metrics to their respective faculties and, if possible, graduate students. OSC activities include developing resources and services to support scholarly metrics; they were invited to train and partner with the task force.

After training from OSC, and with their assistance, the librarians worked with their constituents. Each group followed a different path. Commonalities included presenting at faculty retreats, executive committees, and departmental meetings, and developing activities to assist creating scholarly profiles and individual research narratives.

Results: OSC developed a threefold program: a VIVO installation, ORCID, and OAKTrust (the Texas A&M institutional repository).

In any college, metrics are trickier for those who want to measure the impact of teaching rather than research. Veterinary and medical faculty provide an additional challenge because they represent both research focused and clinically focused careers. The veterinary college requests for assistance with metrics predated the task force which provided the librarian with the opportunity to work with OSC and the college early in these processes. Early ORCID initiatives at the college focused on graduate students as a component of a University Libraries grant project. At the faculty level, the college administration opted to be one of the first groups to be entered into the VIVO instance Scholars@TAMU. Presentations at the department level focused on explanations of metrics including those that faculty could monitor and, perhaps, optimize. As work with the faculty took shape, efforts again expanded as, beginning with fall 2016, scholarly identity was included in the graduate curriculum.
Collaboration with the task force of colleague health science librarians provided local support for all to develop a new service model focusing on scholarly reputation and impact.

**Conclusion:** Collaboration with OSC and the MSL task force provided an accelerated route for a subject librarian to address the needs of their constituent college by introducing and supporting scholarly metrics services for faculty and graduate students. Plans for future enhancements include developing robust and sustainable college level support for open access and digital scholarship and publishing.

**The Problem with IPs - How to Manage the IP Ranges Publishers Hold to Authenticate Your Library**

Ian Hames

1 *Psi, United Kingdom*

**Learning Objectives:** To check and manage the IP ranges publishers hold to authenticate your library

1. To edit or add to the ranges held with a few clicks instead of sending endless emails
2. To ensure that usage stats are not inflated by incorrect, over-lapping or duplicated IP ranges

Participants will learn how to register for and use a powerful real-time database containing the IP ranges for 60,000+ content licensing institutions and 150+ STM publishers worldwide

Health libraries access much of the digital content they license on publisher or aggregator platforms where they are authenticated via single IP addresses or ranges thereof. In 58% of cases the IPs held are either incorrect, over-lapping or duplicated and this is a major cause of inflated usage statistics. The community managed www.theIPregistry.org service allows libraries to check and correct the ranges held free of charge.

Historically, the process for updating IP ranges held was time-consuming and cumbersome involving multiple emails to each publisher supplier. Using www.theIPregistry.org, librarians and information professionals can register and confirm updates in just a few clicks. Publishers' access management systems are updated automatically via an API.

www.theIPregistry.org is a unique community-managed service which allows the international health library community to monitor and control the access provided by licensed content suppliers and platforms via an easy to use accessible interface in multiple languages.
The Value of accessing Evidence-Based Clinical Reference Content from within the Clinical Workflow
Michelle Kirkwood¹

¹NHS Greater Glasgow and Clyde, Scotland

Objective: To improve access to and use of evidence-based information by clinicians at the bedside to ensure consistency of care and improve outcomes.

Methods: Provide access to six evidence-based clinical reference databases designed for use at the point of care via an icon in the EMR system (Intersystems TrakCare). When clicked the user is brought immediately to a page with links directly to the databases and can access them without having to login.

Contribution analysis will be used to ascertain the impact this access has made to improve clinical decision making at the point-of-care. This analysis will include:

Measurement of Access:

- Google analytics will be used to track use of the evidence icon along with the usage statistics of the individual resources in general to measure any increased uptake.

Measurement of Use:

1. An online survey will be sent to clinical staff which will seek to measure how they access point of care resources (through the evidence icon or other); their preferences in terms of access; what use they make of these resources; and their impact on patient care.
2. Key clinical staff will be interviewed to provide further depth of understanding on the importance of ease of access to use; and how use can impact care.

By illustrating the steps of this project we will clearly present the role of the librarian working in partnership with clinical leadership and vendor partners to drive usage of clinical point-of-care resources. Clinical leadership is a pre-requisite for projects of this nature in order to communicate and demonstrate the value of the project to clinical staff.

Results: The full contribution analysis will be presented as a case-study with the associated evidence shown in detail. This evidence will include usage statistics and survey feedback as described above as well as highlights from interviews with key clinical staff.

Conclusion: Taking the lead to establish partnerships with clinical leaders, national knowledge services, and content vendors, librarians play a vital role in improving access to clinical decision support resources. Providing access to evidence-based resources from within the clinical workflow greatly contributes to awareness of the resources the library is investing in and ensuring they are utilised to provide the best possible patient care.

The project was initially piloted in Glasgow and as a result of the success there it is currently being rolled out across the country.
Parallel Papers. Consumer Health 2
Chairperson: Anne Brice

Working in partnership to enable the public and patients to make informed choices and decisions
Sarah Greening¹, Louise Goswami²

¹Health Education England, ²Health Education England, United Kingdom

The ambitious vision for Knowledge for Healthcare, the development framework for NHS Library and Knowledge Services (LKS) across England, extends beyond healthcare staff to the public and patients. The policy drive for ‘person-centred, co-ordinated care’ sees patients as active partners in their care, and highlights more than ever the need for patients, carers and families to have access to high quality, trustworthy information tailored to their level of literacy.

Many organisations and individuals are involved providing health information and promoting health literacy. Health librarians and knowledge specialists are uniquely positioned to work with partners to support the NHS to deliver improvements in public health. NHS Librarians are used to playing a key role in providing evidence for patient care as part of their service to healthcare staff. They have skills in finding the evidence, appraising it and making it readily available in formats needed by healthcare colleagues. They are already partners in patient care. These same skills can be used in interactions with patients, carers and the public.

Since May 2015, the Patients and Public Information Task and Finish Group have set out to shine a light on what NHS LKS already do and can do in the future to contribute to patient care. A suite of guidance and resources was developed in year 1 to provide an ‘Ideas Bank’ and support for librarians who wish to be involved in providing health information directly or indirectly to patients and the public. This year, our goal has been to ensure the healthcare library and knowledge staff are confident to train and support the wider healthcare workforce to signpost and use high quality health and wellbeing information and to share guidance in evaluating information. In year 2, the working group is further developing the guidance to include support for librarians in making the case for their involvement, advice for NHS provider organisations on the relevant information standards, enabling partnerships across sectors and providing materials for local meetings, supporting the training needs of other healthcare staff, and improving health literacy and digital literacy of staff and public.

The guidance was informed by the variety of projects already in place in NHS Libraries to support patient information. Since its publication, these resources have helped staff in NHS Libraries to further partnership working and service development in this area as an extension of the work they are already engaged in as part of patient care. Recognising that partnership working is key to patient and public information, Group members have also been on a ‘partnership building journey’, forging many new relationships and helping to raise the profile of NHS LKS along the way.

Come along and hear what we did, who we met, what we learned, and share our passion for using our library and information skills to improve care and empower the public and patients.
Bringing medical information closer to lay audiences through the study of lexical combinations

Maribel Tercedor-Sánchez¹, Camila Higueras-Callejón²

¹Department of Translation and Interpreting, University of Granada, ²Library, Andalusian School of Public Health, Spain

Introduction: In today’s global society, medical knowledge is produced, transferred, and accessed in many ways, with numerous actors playing an active role in different information scenarios, challenging standard forms of communication, such as those based on expert-to-expert transfer. Terminological tools using medical classifications such as ICD or MeSH need to be complemented with the information derived from the views and worries of medical information users, including non-experts. New information platforms such as patients’ fora are valuable tools for classifying medical topics and retrieving lexical information. This approach facilitates the analysis of emotional and cultural information from information sources, and places the emphasis on the general public as a key receptor of medical information but also as a producer of such knowledge.

Aim: We set out to study how medical experts and lay people express medical knowledge, and recorded lexical features in a medical terminological resource called VariMed. The resource is open and queries can be customised according to different information needs. In this presentation we will deal with the main features of the varimed database (http://varimed.ugr.es) focusing on challenges faced and describing the stages followed to obtain and lemmatise medical terms, the different facets a medical concept has, and how terms are just a lexical reflection of the many ways of seeing realities.

Method: After outlining a conceptual map taking the classification of ICD 10 and MeSH controlled vocabulary, a lexical database containing an initial list of concepts was developed using sql and containing a number of conceptual, multimodal and linguistic information fields. In addition to these catalogues in which conventionalised forms are the focus, in order to study the lexical combinations related to disease, signs and symptoms, the compilation of an English and Spanish corpus was needed as a source of information to ensure a more descriptive perspective, reflecting real communicative situations for the study of lexical, textual and cognitive patterns.

Results: The result is a customised query system with more than 1200 medical concepts and their lexical combinations in English and Spanish, with a focus on different levels of specialization and communicative settings. The challenges in the macro and microstructure of the system will be analysed, with emphasis on clasification of multimodal information.

Conclusion: There is a need to look into the many scenarios and actors involved in medical information to make it more suited to the needs of lay audiences. In this regard, medical information is multifaceted and multimodal, revealing the many ways of seeing realities and thus, structuring knowledge.
Another way of thinking: a qualitative evaluation of the usefulness of 4-hour training in evidence-based practice and critical appraisal for user representatives
Elin Opheim¹, Professor Signe Agnes Flottorp²

¹Hedmark University College, ²Norwegian Institute of Public Health, Norway

Introduction: There is little research on how to involve users in health care decision making at the population level. Furthermore, there is little research focusing on the competencies needed by user representatives. Evidence-based practice is now a standard approach for the development and delivery of health care services. Courses on teaching evidence-based practice to health personnel have been available for several years, but few courses target user representatives. Evaluations of existing courses for user representatives have shown that the views of participants reflect the impacts on them as individuals rather than in terms of their role as user representatives.

Aim: The aim of this study is to explore how user representatives evaluate the usefulness of a 4-hour course in evidence-based practice and critical appraisal in terms of their roles as representatives.

Method: The 4-hour course consisted of three parts: introduction to evidence-based practice; research questions and methods and how to access reliable health information; how to critically appraise health information using the DISCERN-instrument. Parts two and three developed from the web-portal ‘Sunn skepsis’ (Healthy scepticism). The course was evaluated using focus group interviews and data was analysed according to the framework interpretive description.

Results: Two courses and focus group interviews were held. Evidence-based practice was considered a useful tool for user representatives that provided them with a different approach and system for accessing and interpreting different kinds of knowledge. Attitudes such as being questioning and critical are important dimensions of their role as user representatives. Skills involved in being able to find and evaluate health information were seen as important to patients and their relatives, to organisations, self-help groups and user representatives. Study participants gave rich descriptions of settings and tasks related to their role, where these outcomes were important.

Conclusion: The study sheds light on the need for and importance of greater user representative competence. There is a need for further studies evaluating different course concepts, including courses for both health personnel and user representatives together. To this end, frameworks and evaluation tools from public involvement and health literacy might be usefully combined. An updated literature search will be performed in advance of EAHIL 2017 to present any new studies.
SatNav Librarians: signposting the web for health consumers  
Ms. Anne Madden

1St. Vincent’s University Hospital, Ireland

Background: “HEAR” (Health Evidence Awareness Report) was introduced in March 2015. Its purpose is to provide specialised information to both health professionals and patients to coincide with National health awareness dates. HEAR is a result of collaboration between librarians from health organisations across Ireland. The contents include a number of sections on Health Awareness for patients and health consumers: Health Bytes for nutritional information, local support groups, Bibliotherapy for books with therapeutic qualities, and Easy Read resources; for healthcare professionals it has Rapid Rounds for guidelines and a hand-picked collection of good quality clinical literature.

Early feedback showed that the consumer information sections were particularly useful. As a result some of the authors had arranged to provide copies to their local Public Library. This prompted me to look in more detail at the whole area of health literacy in Ireland and the role that could and should be played by health librarians.

Project Aims: The aim was to lead the public into safe and effective online health information searching and to develop their critical thinking skills towards health evidence, medical-speak and general health systems. The timing was right – the need to include consumer stakeholders in healthcare decision-making was developing into a moral and legal imperative. To be able to take on this role, a greater understanding of health systems would be needed by the public.

Main Messages: From the outset, the importance of Public Librarian involvement was evident. Public Libraries are neutral spaces and their librarians are well-respected and credible sources of information. Following various meetings and communication, a pilot proposal evolved. Key elements for the pilot will include “Train the Trainer” sessions with Public Library staff in designated areas, an online “toolkit” of plain language resources, a before-and-after survey, health promotion talks to tie in with new issues of HEAR, promotional articles etc.

Other key partners and champions were the hospital Preventive Medicine team, with additional support from the Quality & Safety Department. Their input was essential in endorsing the tools and content for the project.

The project also provides an opportunity to develop understanding and collaboration with librarians in other roles and settings which I believe will be an important feature of librarianship in the future.

Outcomes: At the time of submission, the project is at the planning and approval stage but given the enthusiasm and commitment of all concerned, provisional feedback from the survey, as well as reaction, feedback and future direction will be available for presentation by June 2017.

David Stewart¹, Sue Lacey Bryant²

¹Health Education England, ²Health Education England, United Kingdom

**Introduction:** The National Health Service in England is experiencing a period of unrivalled change. Workforce planning and development, and effective leadership, are critical to enable healthcare librarians and knowledge specialists to focus energy and expertise on priorities. There is a greater expectation on librarians and knowledge managers to achieve improved productivity, quality and efficiency. Staff need to apply the principles and redesign criteria that underpin our strategy.

We have made rapid progress and laid strong foundations for the successful delivery of the *Knowledge for Healthcare* strategy since December 2014. We introduced a coherent set of resources to support workforce development which provide a basis to address the challenges.

Optimising talent and leadership development are central.

HEE has identified knowledge management, and information for patients, as priorities. The aim is to get evidence to the boardroom and the bedside.

**Objectives:** This paper gives an overview of the workforce planning and development workstream, highlights priorities and issues and shares lessons learned as we drive rapid progress.

**Methods:** We use a rich mix of approaches, involving colleagues through task and finish groups, reference groups and surveys; commissioning programmes and products.

**Outputs:**

**Programmes and resources**

- Identified strategic priorities; complemented by a development needs analysis
- Commissioned resources to meet strategic priorities including a ”How to” resource for service managers involved in organisational mergers
- Published the “Professional Knowledge and Skills Base for Health” jointly with the Chartered Institute of Library and Information Professionals (CILIP)
- Enabling role redesign – focused on paraprofessionals and embedded roles such as clinical and outreach librarians
- Enabling library and knowledge specialists to:
  - assess organisational knowledge needs; introduce knowledge management solutions
work with partner organisations to support healthcare professionals and the third sector to ensure high quality information is made available to patients, carers and the public

- Expanding the online Learning Zone; monitoring usage

**Leadership and engagement**

- Evaluated programme for mid-career practitioners; launched second cohort incorporating projects focused on mobilising evidence and organisational knowledge
- Developing a programme for senior staff to better equip them to lead services through transition
- Piloted staff survey to monitor engagement with the principles of Knowledge for Healthcare
- Strengthened regional roles; strengthening national leadership

**Managing talent**

Launched Talent Management toolkit, implementing via a train the trainer workshop, with ambition to reach all 170 library and knowledge services in England

**Workforce planning**

Streamlining the collection and analysis of appropriate data to underpin workforce planning

**Discussion:** We aim to equip our workforce to introduce new ways of working (and so release time to work more closely with healthcare teams) and to strengthen leadership at all tiers. We report on significant progress. We explore the challenges we observe as we build an agile and resilient workforce and establish strong professional leadership. Succession planning requires attention.

**Conclusions:** Knowledge for Healthcare has set a clear direction. The workforce development programme will equip our specialist workforce to address the prevailing challenges, confident in their knowledge and skills.

Our goal is maintaining engagement and momentum and ensuring sustainability as we move ahead.

**References:**


Knowledge for Healthcare blog:

Professional Knowledge and Skills Base for Health
http://www.libraryservices.nhs.uk/forlibraries/staff/information/for_information_pksb_for_health.html
Mentoring – a key strategy for leadership success
Ms Nicola Healey¹, Mr John Loy²

¹Weston Area Health NHS Trust, ²North Bristol NHS Trust, United Kingdom

The aim of this presentation is to inform attendees about how a mentoring support system was implemented between two trusts to work in partnership to offer support and guidance for a new library manager for a period of 8 months. John Loy will be discussing his experience of mentoring and guiding a new manager and Nicola Healey will focus on her leadership development whilst being mentored.

Leadership is a key theme in the Knowledge for Health document, and for the library world in general as more experience professionals retire; supporting and developing new library managers is a key need. Mentoring is a powerful way of exploring and developing knowledge around a particular area, based on the experience and knowledge of the more senior colleague. A mentee should feel comfortable about being able to ask questions which may show their lack of knowledge in a particular aspect of the library sector, whilst the mentor is able to guide the mentee by inspiring and motivating them in their role.

This presentation will discuss how the speakers undertook a mentoring arrangement as well as discuss what they each learnt and how they developed as managers whilst taking part in the mentoring agreement. The ways in which mentoring can be used by others to support and develop their colleagues and help ensure that potential managers in the future have the necessary experience and knowledge to undertake a leadership or management role will also be addressed.

Designing and Delivering Change: a new service model for a new building
Kathryn Smith¹

¹Royal College of Surgeons in Ireland, Ireland

Introduction: 2017 sees the opening of a new education building within the campus, providing a technology rich learning and teaching environment to the college community and to future healthcare leaders. Situated within the building will be a vibrant, state of the art health sciences library, combining what we know about use of our current libraries and users preferences, with the best practice in library space design. The vision for the library is to create an ecosystem within the building comprising spaces that recognise and support different learning needs and styles, coupled with a visually articulated, re-designed service model to support the use of these learning spaces. Our Library’s goal is to reassert the core value of the library as ‘service’ with an emphasis on the core skill
set of the team, framed around service and learning support through more direct engagement of the team with library users.

**Aim:** This paper will describe how a new physical library space provided an opportunity to design, develop and deliver a reimagined front-line customer service model, underpinned by a customer service excellence ethos. It will explore the strategic drivers informing the development of the new service model with a focus on how change was managed and delivered. The paper will discuss how success of the new service model will be measured and evaluated post-occupancy.

**Method:** A variety of methods employed to inform the design of the new service model and the development of a customer service excellence ethos for the library team will be described.

Methods include:

- Workshops with the library team to discuss the vision for the new service model and the design of service points
- Identifying, defining and scoping a core skill set for the new service model
- Skills audit against the new service model to identify training needs
- Team training sessions to develop the core skill set
- Review of work processes and work flows
- Series of facilitated full team workshops aimed at developing core attributes across the team, to devise ways of working and to explore the culture of customer service excellence for all facets of library services
- Literature review and analysis of existing library metrics for assessment of service models and post-occupancy evaluation

**Results:** The new service model reasserts the core value of the library as ‘service’, facilitates direct engagement of the team with library users and is underpinned by the attainment of a core skill set by the team. The development of a post-occupancy evaluation plan with clear assessment criteria to measure the success of the new service model.

**Conclusion:** New library spaces present opportunities to provide diverse spaces that reflect and integrate elements of the curriculum, inspire student learning and respond to the needs of our users in different ways. The new physical space can facilitate change management of the library service model.
Introduction: Linked data is a popular concept in librarianship, with its foundation in resource description and metadata to promote interoperability between resources from different sources.

Linking data through metadata has the potential to reduce duplication of effort in healthcare quality-monitoring. Relating concepts in quality indicators from different sources can lead to extraction of the same data once from electronic health records for more than one purpose. Conceptual support for the creation of reusable data queries has the potential to support the work of the Kent Integrated Dataset (KID), which is being developed for strategic planning in Public Health commissioning.

The Joint Strategic Needs Assessment (JSNA) is a statutory requirement in England, providing a time-sensitive picture of population health and wellbeing and offering recommendations for improvement. While the JSNA core datasets produce key indicators of population health and wellbeing, they are derived separately from anonymised data which is not capable of being interrelated. The KID aims to support cost containment and service integration by linking data from different datasets and using analysis to predict demand for health services.

The KID links data that has already been extracted from health records for other purposes. A framework for metadata to facilitate interoperability between data from different sources offers an alternative method to link the data in the KID. This presentation describes the initiation of collaborative work stemming from different origins by a librarian and specialists from different backgrounds.

Aim: To describe the development of a collaborative partnership between a librarian, a data analyst, and a Public Health consultant.

Method: A librarian built on her knowledge of linked data to work with a data analyst and a Public Health consultant to support the development and promotion of the Kent Integrated Dataset (KID). A meeting was held first with the Public Health consultant, who was in charge of the KID, to discuss common interests. The librarian attended some presentations about the KID and then presented her own ontology work to the Public Health consultant and a senior analyst who was working on the project.

Results: The partnership was confirmed through the librarian’s practical experience and her submission of a proposal to co-present and correlate their work at a conference. The partnership required several discussions regarding the differences in purposes of the librarian’s research and the purpose of the KID, along with common elements. The common elements included: a desire to link data from different sources and to discuss challenges presented by inconsistent metadata in different terminologies used to support data extraction.

Conclusion: Collaborative partnerships can accommodate different backgrounds and perspectives. This may require cultural awareness and patience on the part of the collaborators, along with a willingness
to learn new technologies. The effort can result in innovative work toward improving data collection and analysis. The librarian continues to be involved with the KID and is working to extend its capabilities in quality monitoring.

D.E.A.R. Drop Everything And Read “Eochair feasa foghlaim” Learning is the key to knowledge
Bennery Rickard¹

¹Health Service Executive, Ireland

Introduction: D.E.A.R. - Drop Everyhting and Read is a literacy initiative that originated in American schools to prompt young people to make reading a regular part of their routine. The following case study evaluates an adaptation of this programme designed specifically with busy health professionals in mind. This intervention seeks to integrate Evidence Based Practice by offering health professionals bite size pieces of evidence which they can choose to read by simply clicking a link.

Aim: To evaluate the impact of a short-term intervention challenging all types of health professionals to engage in reading, in their pursuit of evidence-based practice and professional development across multiple locations in the Irish public health service.

Method: Two self-reporting surveys using Survey Monkey were conducted in conjunction with the early campaigns. The surveys were designed to be brief to encourage a good response rate. Both surveys contained a free text suggestion box. The comments provided gave an interesting insight into the information needs and behaviours of health professionals who engaged with the campaign.

Further evaluation will take place in the last quarter of 2016 and early 2017. This will include semi-structured interviews whereby the findings will be collated and thematically analysed. Existing datasets arising from Dr. Steevens Library user needs conducted in 2016 analysis will also be drawn on.

Metrics: The first survey concentrated on customer satisfaction metrics including overall satisfaction and likelihood to repeat access. The second survey tracked information on best delivery time and impact of information provided. Both included free text boxes for suggested topics for future content. The number of articles/urls distributed was also captured.

It is intended that the semi-structured interviews due to take place in 2016/17 will explore the following themes;

- Information gathering behaviours
- Barriers to accessing, gathering and reading evidence
- Benefits of the D.E.A.R. campaign
- Impact on EBP, patient care, research and education, policy and decision making
- Organisational awareness of LIS
- Awareness of Open Access
Conclusion: There was a 98.48% satisfaction rate from respondents with 96.77% confirming that they would like the campaign to continue on a regular basis. 64.15% deemed continuing education and professional development as the main reason for using the material supplied. The D.E.A.R campaign, as a programme provides a very simple, cost effective and easily accessible intervention for health professionals. It had the added benefit of raising the positive profile of the library service in the organisation.

Collaboration between the Hospital Library services and Dementia teams at an acute NHS Hospital Foundation Trust

Peter Ransome¹, Ali Thayne¹

¹Sir James Paget Library, James Paget University Hospitals NHS Foundation Trust, United Kingdom

Introduction: New innovative services for dementia patients are based on empirical research provided through literature searches and article requests. These services are embedded within the library services team.

Aim: To provide improved services for dementia patients.

Method: The Library team works closely with the Dementia team, providing current awareness, research, participating in initiatives and membership of the Dementia Champions group. A Dementia resources list based on Dementia team suggestions is given out at mandatory dementia training sessions for all staff. One request was for the addition of the Robert Opie “Scrapbook” series, showing everyday items from wartime to the 1970’s.

Promotion, marketing and Library input has led to closer multi-agency working. Examples include Norfolk (Public) Library and Information Service, Alzheimer’s Society and constituency MP all attending Dementia Awareness Week June 2016 promotions across the Trust. The local MP even raised a question in UK Parliament about use of media resources to engage dementia patients! An archive film of seaside holidays from East Anglian Film Archive, was shown in the hospital foyer as part of a cinema presentation for dementia patients and their families. Cross collaborative integrated working has led to referrals onto relevant public library services eg. Reading Agency dementia information booklists, promoting Memory Clubs and loanable reminiscence packs. They in turn, refer carers onto the Trust Dementia team. Norfolk Voluntary Services attended and training is now provided to their volunteers giving extra support for dementia sufferers within the community.

Library team literature searches has enabled the Dementia team to forge close links with ‘Memory Joggers’, a reminiscence based charitable trust. It provides teaching for staff on engaging with dementia sufferers and services for those suffering or carers of dementia patients, making safe “new born” dolls for use with patients with advanced stage dementia and for some this is eliciting a response. Using these dolls can be controversial and initial reactions from family can be negative, but with education, can and do work.
**Results:** There is a greater awareness of dementia issues and Library resources across the Trust. Collaborative working has resulted in dementia training becoming mandatory for all staff within the Trust. The hospital is one of the first to have this mandatory policy. Laminated copies of the Robert Opie “Scrapbook” series have been particularly well used by staff and volunteers proving useful in unlocking memories of dementia patients.

**Conclusion:** The collaboration between the Library and the Dementia teams has resulted in enhanced care for patients both within and outside the Trust.

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**The Role of an Outreach Librarian in Developing an Evidence Based Medicine Curriculum in a Paediatric Intensive Care Unit: The Challenges and Opportunities**

**Helen Pullen**

1*University Hospitals Bristol NHS Foundation Trust, United Kingdom*

**Introduction:** A study of the literature shows that despite the uptake in librarians attending critical appraisal training there is little research to show that this is then introduced into practice. Here at UHBristol we have been training hospital staff as part of the outreach librarian programme but apart from feedback forms we have never collected evidence on the impact of our training. In September I attended a short conference at the Centre of Evidence Based Medicine (Oxford) on teaching evidence based medicine (EBM). My aim was to improve the quality of our existing educational interventions and show other healthcare librarians that it was possible to develop and lead EBM teaching.

**Aim:** To develop a librarian-led EBM curriculum for the new trainees in the Paediatric Intensive Care Unit at University Hospitals Bristol NHS Foundation Trust.

**Method:** I performed a comprehensive search for evidence on librarian-led EBM teaching. The overwhelming evidence suggests that librarians teach the first 2 steps of EBM (ASK, FIND) but rarely run critical appraisal workshops. I sent out a survey to the LIS-MEDICAL list to gather data about the prevalence of librarians running critical appraisal training.

I then followed this by sending out a pre-workshop survey to PICU trainees which would give me initial data about the intended audience. Three workshops have been developed based around the first 3 steps of EBM (ASK, FIND, APPRAISE).

A post-workshop survey would capture trainee feedback; assessment tools would capture how the quality of delivery sessions and a focus group would help develop future workshops. After a length of time a survey would be sent out to see if the workshops had helped trainees apply evidence to practice and/or enhanced journal club participation. Whilst having greater influence on the structure of the teaching I would be able to carry out a more rigorous approach to collecting data.

**Results:** Initial research show that clinicians are willing to attend librarian-led EBM training and the journal club culture thrives where there is strong culture of sharing and applying evidence. There is a direct impact on the adoption of EBM in a small team if the senior clinicians are the drivers.
Conclusion: This case study will provide practical guidance on implementing an EBM curriculum into a hospital department. It also provides updated evidence on the challenges and opportunities faced by healthcare librarians. The educational intervention used was successful in developing research and critical appraisal skills in a group of doctors in a specific hospital department. Future research will look at the effectiveness of rolling this out to other departments.

Implementation and Future Plans: Findings will be used to refine the current critical appraisal course series to increase emphasis on application of critical appraisal skills.

Parallel Papers. Research & EBLIP 2
Chairperson: Michael Doheny

STEP BY STEP: Stakeholder engagement and consultation for developing blended learning resources for the masses
Sarah Lewis¹

¹Buckinghamshire Healthcare NHS Trust, United Kingdom

Introduction: Due to increasing financial and staffing pressures on the frontline healthcare workforce, attendance at non-mandatory library training is difficult, particularly for clinical staff. The authors of this paper had independently decided to develop e-learning to help address this challenge. In the interests of “do once and share”, they secured funding from Health Education England to develop e-learning modules which could be used by as part of local learning blends by all healthcare libraries, to reduce duplication of creating and maintaining e-learning, and to help extend library skills training to more healthcare staff. They established a steering group and a small project team, including experts in blended learning and information literacy, plus a clinician, but recognised that widespread and meaningful engagement and consultation with potential users of the e-learning would be key to success. This presentation will report on the methods and process involved in engaging stakeholders, how it informed the development of the e-learning and the potential benefits of engaging with stakeholders from the beginning.

Aim: To engage and consult with a range of stakeholders to develop high quality e-learning products so as to optimise their potential to be widely used across the NHS in England and beyond.

Methods: A range of engagement and consultation methods were used both to promote awareness of the project and increase the likelihood that the end-products would be well used, because they meet the requirements of both healthcare staff and library staff. Two separate email surveys were disseminated to library staff and the healthcare workforce in May 2016. The surveys asked for feedback on respondents concerns about literature searching, e-learning preferences and perceived learning needs. Volunteers were sought for a Virtual Reference Group (VRG) which would use Yammer as a communications tool. Over 30 library staff were recruited to the VRG from across the healthcare
Results: A high number of responses to the surveys (n=139 library staff, n=173 healthcare workforce) provided us with confidence about the key needs of both groups, and the factors most likely to encourage – or inhibit – the use of the e-learning. The results also highlighted interesting differences between the perceptions of healthcare staff and library staff about information literacy needs. The VRG proved successful, yielding feedback from a broad selection of library staff which informed our decisions about the content, design and format of the modules.

Conclusion: By identifying, engaging and consulting with a range of potential stakeholders throughout the design, development and promotional stages of the project, we believe we will greatly improve its chances of success. We look forward to sharing our findings and the project outputs.

Evaluating the Quality of a Literature Searching Service: Evidence of a Correlation Between Methods of Communication and User Satisfaction

Sandra McKeown

Queen’s University, Canada

Introduction: Literature searching services provided by health sciences librarians can save hospital staff time, influence decision making, and positively impact patient outcomes. While previous studies offer valuable insight into patron preferences and potential areas for improving literature searching services, evaluations to date have not statistically analyzed whether user satisfaction is dependent on variables such as methods of communication or the occurrence of follow-up clarification.

Aim: To evaluate the perceived quality of librarian-mediated literature searching services at one of Canada’s largest acute care teaching hospitals and to investigate relationships between independent variables and user satisfaction.

Method: An online survey was developed based on the critical incident technique and evidence-based methodologies for survey design were adopted to strengthen the validity and reliability of the tool. A systematic sample of staff who requested literature searches over a 1-year period were invited to participate in the study. Closed-ended questions were analyzed using descriptive statistics and relationships between variables were analyzed using Chi square tests. Open-ended questions were analyzed using thematic coding.

Results: Staff submitted 137 surveys for a response rate of 71%. Respondents included physicians (48), nurses (37), allied health professionals (32) and “other” staff (20). Literature search requests were submitted for a variety of “primary” purposes including research or publication (34%), teaching or training (20%), informing a policy or standard practice (16%), patient care (15%) and “other” purposes (15%). Search requests were most often submitted via email (44%) followed by using print and online literature search request forms (32%), and less often submitted by phone (18%) and in-person (7%). When the search request was submitted using methods of verbal communication, by speaking with a...
librarian in-person or by phone, staff were significantly more likely to be “extremely satisfied” with the librarian’s interpretation of the search request \((p=0.004)\) and to rate the perceived quality of the search results as “excellent” \((p=0.005)\), in comparison to using methods of written communication. Follow-up communication for librarians to clarify the search parameters of the initial request was most likely to occur when the initial request was submitted by phone (100%) followed by email (83%) and in-person (71%), and was least likely to occur when the initial request was submitted using a literature search request form (52%). When follow-up communication occurred (either verbally or by email), staff were significantly more likely to be “extremely satisfied” with the librarian’s interpretation of the search \((p=0.002)\). Staff responses to open-ended questions about how to improve the quality of the literature searching service reemphasized the importance of communication between librarians and patrons and revealed some additional areas for improvement.

**Conclusion:** This research study demonstrates that methods of communication and follow-up clarification can be correlated with user satisfaction of literature searching services; findings that may be generalizable to libraries with similar services and user demographics. Future research could examine the quality of information that is exchanged between librarians and patrons requesting literature searches when different methods of communication are utilized and when follow-up clarification occurs.

**Australian health libraries’ contributions to hospital accreditation: results of a national research project.**

*Ann Ritchie¹, Michele Gaca², Gemma Siemensma³, Jeremy Taylor⁴*

1*Barwon Health, 2Austin Health, 3Ballarat Hospital, 4St Vincent’s Hospital Melbourne*

**Introduction:** All Australian hospitals are accredited according to the National Safety and Quality for Health Service (NSQHS) Standards¹. Compliance is an ongoing business priority. Commencing in 2016, this project funded by an Australian Library and Information Association’s Research Grant, is enabling the coordination of two studies designed to address the research objectives. The purpose is to explore and record the contribution that health libraries make to the achievement of hospital accreditation, with a view to demonstrating their value.

**Aim:** Specific objectives are to:

1. Explore ways in which health libraries assist their organisations in achieving accreditation.
2. Design expert searches that will assist organisations in keeping current with the latest research-based literature (evidence) pertinent to the NSQHS Standards.
3. Assess the availability of resource materials referenced in NSQHS Standards documentation and workbooks.

**Method:** A national reference group comprising representatives from all states and regions, and including public and private organisations, will be convened to ensure the study has national relevance. Two component studies have been designed to address the three objectives.
Study 1: Hospital Libraries Accreditation Activities (addresses Objective 1)

A national web-based survey and interviews with key informants identified in the survey will be conducted to gather data about current activities undertaken by hospital libraries in support of their achieving the national standards.

Study 2: Search Strategies and Collection Assessment (addresses Objectives 2 and 3)

Expert search strategies addressing the requirements of each of the ten national standards will be designed for PubMed to find evidence-based research publications for each standard. Search strategies will be refined and tested through a process of peer review, and validated by an independent assessment process. A stratified sample of hospital libraries (based on the National Census results) will be used to analyse the availability of resource materials referenced in NSQHS Standards documentation.

Results: Results from Study 1 will be published in a database of examples and best practice case studies, structured according to the ten standards, and updated regularly to ensure currency. This will also function as a peer learning tool.

Search strategies from Study 2 will be shared freely (CC licence). Individual libraries will be able to tailor these and produce their own alerts.

The analysis of availability of literature supporting the standards will provide comparative data about hospitals with libraries and those without libraries.

Both studies will provide benchmarking data and enable libraries to conduct a gap analysis of their own activities, services and collections.

Conclusion: By documenting and enhancing the contribution that health libraries make to accreditation, the value of libraries to hospitals can be demonstrated. This research will help shift the (mis)perception of hospital libraries from being ‘nice to have’ services to essential, core services.

References:

Single drug vs multiple intervention reviews: trends in systematic searching
Danielle Rabb1, Amanda Hodgson, Sarah Jones

1CADTH, Canada

Introduction: Health Technology Assessment (HTA) Agencies are tasked with the increasingly difficult undertaking of reviewing vast amounts of information in a timely and efficient manner. There are many innovative methods for achieving those goals, one such method is the multiple intervention review. HTA Agencies are noticing an increasing demand for multiple intervention reviews such as drug class reviews, network meta-analyses (NMAs), and overview of reviews. This trend requires an adaptation to the process of single drug reviews for the whole review team, including the information specialist. Multiple drugs in a review means large volumes of information and complex search strings to manage. Our information specialists at CADTH have adapted our systematic search techniques from our drug reimbursement reviews (single drug reviews, Common Drug Reviews (CDR), pan-Canadian Oncology Drug Review (pCODR)) to fit for our larger, more robust Therapeutic Reviews (multiple drug reviews, drug class reviews, NMAs).

Aim: The aim of our presentation is to use case studies of CADTH reports as models to illustrate the trends in systematic literature searching for different types of multiple intervention reviews (multiple drug reviews, drug class reviews, NMAs) in comparison to single drug reviews.

Method: Using various CADTH reports, we will illustrate the differences between literature searching for focused single drug reviews versus broader multiple intervention reviews. These differences include: adaptation of search terms and Boolean logic, careful selection of databases and grey literature sources, using database limits efficiently, the use and revision of filters, the inclusion or exclusion of conference abstracts, and how to navigate grey literature websites to ensure maximum efficacy and relevancy. We will discuss the information specialist's role as part of the review team, as well as how to manage workflow, timelines, and deadlines.

Results: By illustrating CADTH’s information specialist's adaptations to literature searching for multiple intervention reviews, our intention is to inform a discussion on larger questions of how our techniques differ from standard literature search methodology (Cochrane, EUNEHTA), to identify potential areas of research and measurement in the future, how brokering of previous reports changes the literature search process, and examining the emergence of the review of systematic reviews.

Conclusion: Because of the volume of information retrieval associated with larger multiple intervention reviews, and the prevalence of these reports, an information specialist's skills and knowledge are evermore relevant and in demand. Our techniques and knowledge of biomedical searching can ensure maximum efficiency for the entire review team.
What do users perceive to be the strengths and weaknesses of librarian-mediated and unmediated evidence/knowledge searches?

Tom Roper¹, Rachel Playforth¹, Igor Brbre¹

¹Brighton and Sussex NHS Library and Knowledge Service, United Kingdom

Introduction: While the professional literature discusses the characteristics of literature searches in some detail, there is little discussion of how those who use health library and information services measure the quality of searches. We therefore decided to investigate this by means of qualitative research methods.

Brighton and Sussex NHS Library and Knowledge Service carries out expert evidence searches for clinicians, managers and other healthcare staff from organisations in acute, community, mental health and primary care in the Brighton and Mid-Sussex area. In the year 2015-16 563 searches were carried out by a team of 18 searchers.

Aim: We wished to investigate the factors that users of mediated searches consider important when judging their quality, and compare them to those used by librarians themselves. We hypothesised that there may be divergences between these, and that a better understanding of the differences may help in marketing, and determining the future direction of, mediated search services.

Methods: The paper will present the results of research, informed by a review of the literature, using qualitative methods. A survey of clinician and non-clinician users of the Brighton and Sussex NHS Library and Knowledge Service evidence search service will be piloted and conducted. After preliminary analysis, the results will be supplemented with information from focus groups and feedback received on mediated searches.

Results: Survey results and focus group transcripts will be analysed using qualitative research techniques to identify themes. Results of this analysis will be presented.

Conclusions: Lessons for the future development and marketing of mediated search services, in a changing and uncertain environment, will be suggested.

Comparing the effectiveness of conceptual search methods: is a fast approach sufficient for the production of (sound) systematic reviews: a prospective, double-blinded, controlled study

Wichor Bramer¹, Melissa Rethlefsen², Margaret Sampson³

¹Erasmus MC, Netherlands ²University of Utah, Spencer S. Eccles Health Sciences Library, USA ³Children’s Hospital of Eastern Ontario, Canada

Introduction: Recently we developed a method with which systematic review searches are created ten times faster than traditional. Reviews created with this method retrieved significantly more relevant references than other reviews with librarian-mediated searches. Now a group of experienced information specialists compares the new method to more traditional methods for multiple reviews. Does it reduce search time without missing relevant references?
Aim: Our aim is to compare the speed of the new method and the recall of the searches created with it, directly to that of other methods in searches for systematic reviews when used on the same research questions.

Method: After receiving a request for a librarian-mediated search for a systematic review, a participating information specialist clearly documents the topic and sends this to two other information specialists. One of the three searchers uses the new method. All three searchers try to find as many relevant references as possible. All search results are then combined, deduplicated and presented to the researchers to be screened for relevance.

The search time is registered. Number and overlap of terms in the searches and references retrieved by the searches are compared. After included references of the reviews are determined, an independent information specialist compares the recall (percentage retrieved) and precision (percentage relevant) of the three search strategies for included references.

Is the new method indeed faster? Did it miss important references the traditional methods found? Did it find relevant references the other methods missed?

Results: Results of the research are not known yet.

Conclusion: Conclusions of the research are not known yet.

What’s the prognosis for health librarianship? An exploration of the role of the information specialist.

Mark Clowes

1ScHARR (University of Sheffield) United Kingdom

Objective: To explore the continued relevance of the health information specialist in evidence synthesis at a time when it is under threat in academic libraries.

Methods: The presentation will provide insight into the central role played by the information specialist in a large-scale prognostic review project.

Since 2012 many academic libraries in the UK have undergone a restructure, typically abandoning subject-focussed teams in favour of generic, functional teams. While this has allowed for increased specialisation and the development of new roles (especially in teaching and research support), it has inevitably reduced the opportunity to develop subject expertise, once cherished as a rewarding aspect of liaison librarian roles.

An alternative for the subject librarian who does not wish to lose their disciplinary focus is to pursue a career as an information specialist in an academic context. The information specialist, rather than merely serving or supporting researchers, has the opportunity to actively participate in evidence synthesis as part of a multidisciplinary team; to shape research proposals, and to conduct methodological, as well as applied, research.

This presentation will cover:

- the external factors driving the changes to the academic subject librarian role, and the specific opportunities and risks for the health disciplines
- the differences between the role of subject librarian (in a centrally-funded role in a university library) and a specialist information role in an academic department.
A detailed case study of the role of the information specialist role as a co-author on a large-scale prognostic review, including:

- scoping and defining the project
- estimating costs and planning workload
- using text mining and data visualisation tools to complement traditional search methods
- obstacles and technical challenges
- training and development needs
- record keeping
- tensions between applied and methodological research
- research dissemination

**Audience:** This presentation will be of interest to new professionals or LIS students; academic librarians considering embarking on a research career, or those already working in the field with a specific interest in the process of conducting a prognostic review.

**Parallel Papers. Integration 3**
**Chairperson: Isabel Fleischmann**

**Librarians as authors; a case study of a National Institute of Health Research (NIHR) funded evidence synthesis.**

**Sharon Stevens**

1**Central Midlands And Lancashire Commissioning Support Unit, United Kingdom**

**Introduction:** The roles undertaken by health librarians are constantly evolving with a number of new and extended roles emerging.

The NHS, in common with other healthcare systems, faces a number of pressures; from increasing public expectations to people living longer with a variety of health conditions. Decision makers are faced with the challenge of developing new models of care and face the challenge of incorporating evidence into decision making. Within the NHS, librarians have developed and extended their roles to support services and patient care.

Within the literature there is a focus on librarians in “support” roles such as that of systematic reviewer or examples of librarians building on current skills to support specific groups of library patrons such as researchers (Copper and Crum, 2013). Few examples exist of librarians as authors.

**Aim:** This case study aims to evaluate and reflect on the experiences of librarians as authors on a National Institute for Health Research (NIHR) funded project; “An evidence synthesis of the international knowledge base for new care models to inform and mobilise knowledge for Multispeciality Community Providers (MCPs).”
This NHS led project working with the University of Sheffield, has three librarians as project members including the Chief investigator and Co-investigator. This case study reflects on wider lessons for the library and knowledge profession in the development of new roles.

**Method:** A case study approach was undertaken.

From the beginning of the project each member of the team kept a reflected diary to record reflections, learning and challenges encountered through the project. At quarterly project meetings these reflections were shared with next steps agreed.

Project documentation including project plans and regular project meetings were also incorporated to highlight learning.

**Results:** The project aims to identify the characteristics of Multispecaility Community Providers (MCPs) to understand what works and what can be applied elsewhere using a combination of two synthesis techniques; Best fit framework and a realist approach. MCPs aim to provide comprehensive integrated care outside of a hospital setting. The project highlights the range of skills that librarians can bring: advanced searching, appraisal and project management skills and also the potential to develop skills as authors and co-creators of knowledge.

**Conclusion:** This project highlights the potential for health librarians to bring their range of specialist skills and to take on new roles. The challenge of developing skills in working with research methodologies and reflections on wider lessons for the library and knowledge profession is also highlighted.


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**Creating a new library website for, and together with, health care professionals**

Charlotte Aberg¹, Frida Leijon Lundqvist¹, Tomas Kindenberg¹

¹The Libraries of Stockholm County Council

**Introduction:** Three hospital libraries in a health care region in Sweden are providing library service for health care staff at the different hospitals, but also for staff in primary care, psychiatric care, geriatric care, disability and rehabilitation care. Since the libraries are run by three different organizations, distributing information to all users in an efficient way is a challenge. Much library information has been scattered and duplicated across several different intranet sites and public websites. Therefore there has been a need for one single public website that can work as a simple, single access point for health care professionals within the region, when they need to access library resources.

**Aim:** To create a new user-centered website that increase access to all library resources for all health care professionals within the health care region.

**Method:** A group of five librarians and one technician was formed and started planning the new website. The first step into creating a user-centered website was to create personas. A persona is a
fictitious but specific representation of a target user. The web group created four personas and began to create a first draft of the website, based on the different needs of the personas.

The second step into creating a user-centered website was to let health care professionals test the usability of the site. A first round of usability tests were conducted with seven different health care staff. At each test the user was instructed to perform a set of scenarios on the website and describe their impressions of the site in a “think-aloud” manner. The first usability tests identified several usability problems and provided invaluable input from the health care professionals on how to improve the website. The website was changed based on the results from the usability tests. A second round of usability tests were conducted with five new health care professionals that identified a few more improvements that increased the usability of the site further.

Results: The usability testing resulted in a clean start page with a menu on top, consisting of six options. The users preferred a search box to articles and books directly on the start page. The link resolver button changed and a contact form was created to easily get in touch with a librarian from the website.

Conclusion: The process of first creating personas and then conducting usability tests showed to be an affordable and successful way to make the new website an easy to use, single access point for health care professionals. It is now possible for them to access all their library resources, regardless if they work at a hospital or in primary care and regardless if they use a computer, tablet or smartphone. This study shows how rewarding and important it is to involve the users in the process of creating a website (or some other library service) – they are after all the ones that are intended to use it.

**Integrating Information and Evidence-Based Oral Health Literacy Into An Expanded Dental Hygiene Curriculum: A Faculty-Librarian Collaboration**

Sean Stone¹, Michelle Quirke³, M. Sara Lowe²

¹Indiana University School of Dentistry, Library, ²Indiana University-Purdue University Indianapolis, University Library, ³Indiana University School of Dentistry, Dental Hygiene, USA

**Introduction:** With the increased emphasis of evidence-based practice, early development of information literacy (IL) as well as other literacies (e.g., oral) is becoming widely accepted in medicine and allied fields. With long-standing programs, however, integration of IL instruction is often unplanned at the programmatic level leading to deficiencies in advanced students and frustrations for students and faculty. This project integrates lesson plans, assignments, and assessments that support dental hygiene and other health fields but also support general education and provide transferrable skills for any major.

**Aim:** The school has expanded its Dental Hygiene curriculum from a two-year program to a four-year Bachelor of Science. We have used this opportunity to plan for ideal integration of information and oral health literacy instruction and evidence-based practice across the new curriculum. Advanced courses in
dental hygiene emphasize evaluating specialized literature for both quality and currency with requirements for literature reviews in the third year and a capstone research project in the fourth. Information literacy integration, particularly at the introductory level, should give the required fundamental skills. Well planned scaffolding of basic IL skills in early courses removes the need for extensive IL skill remediation and lost time in advanced courses.

**Method:** The curriculum has been mapped at all levels, from introductory courses to the capstone experience, with an eye to classes with research projects and learning outcomes that fit with the new Framework for Information Literacy (recently adopted by the Association for College & Research Libraries). Library and Dental Hygiene faculty have collaborated not only to adapt existing undergraduate and oral health pedagogies and assessments but also to create new ones which are appropriate for integration into the various courses. Courses have heavy librarian integration and embedding, both in the classroom and the course management software, as well as asynchronous learning tools, with opportunities for team teaching and robust student assessment (including authentic assessment).

**Results:** This presentation reports on the planning of the new curriculum and the information pedagogy integration, the preliminary results of the first cohort to experience it, as well as the plans for the rollout of other integrated courses in the coming semesters. First year courses have evolved beyond their previous IL content with the inclusion of annotated bibliographies and research papers in discipline specific courses. This early introduction has elevated the level of student performance, and cultivated a culture of higher expectations of intermediate and advanced students.

**Conclusion:** 2016 marks the official beginning of the new curriculum and the first opportunity to really integrate IL at the introductory level. The integration of oral health specific content has been particularly challenging at this level since students are not yet officially in the clinical program. In fact, the majority do not continue on in dental hygiene so a balance must be found that provides introductory students with IL skills general enough to be transferrable to disparate majors but specific enough to prepare students for the dental hygiene program or similar parallel planned careers in health science.

**Well-chosen, Wellbeing, Well-done! The Genesis of a Library Co-operation Project in Ireland**

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We describe the genesis of a library co-operation project among three academic teaching hospitals in Dublin, Ireland. All three hospitals are voluntary and are affiliated with University College Dublin. Two are located in proximity to one another and form part of a wider healthcare group; the third is on the opposite side of the city and separately managed.
The presentation outlines the origins of our co-operation project and the challenges and opportunities we identified in trying to work together for our mutual benefit and support. The focus of the presentation will be on the decision we made to apply for funding from the Irish Health Service Executive through an employee wellness scheme for a wellbeing collection for hospital staff across all three libraries.

We also describe the process of working together from 3 distinct sites to produce one physical library collection located in 3 separate libraries and on 2 separate catalogues. The real story, however, is of librarian co-operation and mutual support and the power of combined thinking.

The challenges of the project included:

- Applying for the grant – developing a grant proposal, funding application and securing management support for the project within the three hospitals.
- Logistics – arranging purchase, procurement and delivery of materials for 3 hospitals each of which had independent financial, procurement and management teams.
- Promotion – developing promotional material for the project and engaging with key personnel within the hospitals who would assist in championing and promoting the collection to staff.
- Project management and co-operation
- Lessons for fellow librarians:
  - Applying for grants which don’t specifically target libraries
  - The need to join committees in our organisations – the visible librarian
  - Strength in co-operating with colleagues

Parallel Papers. Education & Learning 3
Chairperson. Liz Dore

Incorporating Game-based Learning into Medical Student Evidence-based Practice Education
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Introduction: In the US, medical school accreditors have increased their focus on competency-based education, which presents instructors an opportunity to reconsider teaching methods in order to develop medical students’ skills around these competencies. Upon graduation from medical school and before entering residency, US medical students are expected to be able to perform the whole-task of evidence-based practice (EBP): articulate clinical questions; identify appropriate resources to locate medical evidence; and retrieve, appraise, synthesize and apply found evidence to patient care. In the first two years of the four-year medical student curriculum at XX School of Medicine (SOM), instructors
in information literacy (IL) and EBP (the authors) provide three teaching sessions for the medical students as part of their Practice of Medicine course (POM). A subsequent session is also delivered in the third year of the curriculum during clerkships. This paper focuses on the three sessions delivered in POM and the delivery of these sessions using game-based pedagogy.

**Aim:** The authors, in conjunction with SOM curriculum leaders and administrators, wanted to revise the POM IL and EBP medical student curriculum using developmentally appropriate and interactive learning methods (i.e., games).

**Methods:** The authors, using pedagogical research and personal experience teaching IL and EBP, and incorporating feedback from medical students and curriculum leaders and administrators, redesigned the POM IL/EBP curriculum using games as a theme. Using gaming pedagogy, each of the three POM sessions was redesigned to enhance interaction, engagement and hands-on practice of principles introduced during the sessions. Different types of games (e.g., BINGO, text adventure, role-play) were used in each session and were chosen based on natural applicability to the session content. Session 1 incorporated a BINGO game with an accompanying applied case-based scenario to introduce students to the biomedical evidence landscape and concepts of EBP. As many SOM students also conduct their own research while in medical school, we utilized a text investigation-type game in session 2 to facilitate discovery and practice of the literature review process in biomedical research. Lastly, we created a role-play game to present and have students practice all steps of EBP and shared decision-making in real time using simulated case scenarios.

**Results:** The sessions to date have been well received by students, who were actively engaged in the activities and provided session feedback to the authors/instructors as part of course evaluations. Ongoing evaluations are being collected and will be reported in more detail at ICML+EAHL 2017. Responses to date have been above average in comparison to other curricular components.

**Conclusion:** Incorporating games into IL/EBP instruction can effectively enhance motivation, active learning and internalization of such content, which can traditionally be perceived as tedious. The incorporation of games can generate engagement and challenge participants to directly apply concepts introduced during the games. Task-inherent feedback is also immediate, giving students a sense of how well they are mastering the content. By incorporating games throughout the teaching of IL/EBP, students have the opportunity to both actively acquire the desired knowledge and directly apply it to enhance knowledge transfer.

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**Flipped Learning versus Traditional Teaching – Feedback and Evaluation of Information Skills Training for University Hospital Nursing Staff**

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**Introduction:** Information literacy (IL) skills are necessary for the successful implementation of evidence-based nursing (EBN) and to continuing professional development (CPD). The University
Hospital that our library serves organises in-service continuing education (CE) training programmes in evidence-based practice (EBP) for nursing and allied health staff.

**Aim:** Information retrieval (IR) skills training, organized by the medical library, is integrated into the CE programmes in order to develop appropriate skills for the participants to effectively search and find evidence. While traditional teaching methods are teacher-oriented, our aim is to turn the focus to the participants, and make the IR skills learning more learner-oriented.

**Method:** In an ongoing process, we are implementing the flipped classroom (FC) model to the IR training that forms a part of this year’s CE course in EBP. Until now the IR skills training has been delivered via a combination of lectures and hands-on training sessions. There has been a lecture followed by hands-on training sessions on databases. In addition, training material has been available via the e-learning platform Moodle. We have now turned the contents of the lecture into a Moodle course, including a pre-task that must be completed before attending the hands-on training sessions that also now form the other part of the IR learning. The pre-task aims to kick-start the searching process and help to focus on the key issues. It is assumed that the participants will be more prepared and ready to conduct searches than in the earlier model. Having studied the basics of IR in advance, the students are supposed to find it easier to ask unsolved issues during the training sessions. The students study in pairs that have a topic they write a report about and present in the final session of the programme either orally or as a poster.

**Results:** 28 nurses and physiotherapists will attend the course in October 2016 – May 2017. The IR training sessions are scheduled for November and during October the participants are required to adopt the IR contents – text, videos – in Moodle. We will collect feedback as well as self-evaluation from the participants and it will be compared with the feedback from the earlier courses. We will also use participant observation as a method.

**Conclusion:** In FC model, content is offloaded for students to learn on their own and teaching time is dedicated to student-centered learning, especially problem-based learning, that fits the idea of this CE programme where all participants have a development task they need to find evidence-based information for. FC increases teacher-student interactivity but also student-student interactivity. After adopting the basics beforehand over a longer period of time than one lecture, the students are more able to give peer-guidance to each other. Our hypothesis is that FC approach enhances IL, improves IR outcomes, promotes CPD and provides health care staff tools for contributing to EBP.

**Mutual inspiration: Libraries collaborating to support global health initiatives.**

*Erin E. Kerby*¹

¹*University of Illinois At Urbana-Champaign, USA*

**Introduction:** A leading academic research university in the United States has a long-standing relationship with a university in Sierra Leone. Both institutions are experiencing considerable growth in their health science programs. The Global Health Initiative at the U.S. institution has taken the lead in formalizing this relationship and organizing future efforts. In early 2016, a small group of health and
science librarians from the University Library met with a representative of the Global Health Initiative to discuss a potential partnership.

**Aim:** To identify ways in which the University Library at the U.S. institution can begin to support and collaborate with the university library at the Sierra Leone institution, both virtually and in person, to advance global health initiatives at each university.

**Method:** In late spring 2016, a librarian from the U.S. institution travelled to Sierra Leone to conduct a needs assessment of that institution’s libraries. This involved touring the different campuses and libraries, interviewing the librarian and library staff, and meeting with the director of IT and university administrators.

**Results:** The needs assessment pinpointed staff capacity building as the most pressing need.

**Conclusion:** Next steps include producing a professional development workshop to take to Sierra Leone and bringing one to two of their librarians to the United States to participate in an established professional development program for international librarians.

**Graphic medicine – improving education and patient-doctor communication.**

Idun Knutsdatter Østerdal¹, Anja Johansen¹

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**Introduction:** “Graphic medicine” is a term coined by comic artist and physician Ian Williams, to denote the role that comics can play in the study and delivery of healthcare. The medical humanities movement has made way for the educational use of graphic fiction in medical schools. Students are now encouraged to read modern novels to gain insight into the human condition. Graphic fiction presents another, visual resource for students and teachers as well as health professionals. Scholars and practitioners working with graphic medicine argue that patient stories and illness narratives told through the medium of comics and mixed illustration can enhance doctor-patient communication and medical education, as well as be valuable for patients at the hospital and their families. Their claim is that comics can play a role in reflecting or changing cultural perceptions of medicine, relating the subjective patient/carer experience, enabling discussion of difficult subjects and/or helping other sufferers or carers. What role can medical librarians and libraries play in facilitating this innovative form of learning and dialogue?

**Aim:** In this paper, we will discuss the impact graphic medicine can have in medical education, and what role medical libraries can play in the implementation of graphic medicine as an educational resource. We will also present results from on-going projects initiated by our library. The library is located in the middle of our towns integrated university hospital, giving us a unique starting point for reaching our aim - creating a collaborative environment around graphic medicine.

**Methods:**

1. Build a collection of graphic medicine, and competence in providing advice on relevant literature to
teachers, students and health professionals. This is a new field of expertise for our library — but luckily, we have two librarians with backgrounds from arts and literature.

2. Establish collaboration with the leader of the medical education and lecturers in doctor-patient communication, history of medicine and medical ethics. Medical education is currently under review, focusing on doctor-patient communication. This change is brought forth by the challenges many students face, working with patients after 4 years of studying anatomy and pathology exclusively in theory.

3. Run public seminars and facilitate workshops in the library with artists/illustrators. Host exhibitions by artists/illustrators, but also the results from workshops if possible - for discussion and further marketing of our collection and initiative.

Discussion: As our project is on-going, we will present the preliminary results of our three methods as a means to inspire discussion among our colleagues at EAHIL and ICML. Graphic medicine is a new field in Norway, making our project a national breakthrough, and an invitation for collaboration with medical libraries internationally.

Parallel Papers. Leadership 3
Chairperson: Karen Johanne Buset

New Model for Virtual and Phone Reference Service with the Goal of Providing a Service that is Consistent, Efficient and of high Quality
Linda Thorn1

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Introduction: The Library is a geographically dispersed research library. A frequently expressed ambition is that the library still be perceived as a cohesive library with consistent high service and quality. Users / visitors who want to ask a virtual question (chat / email, in this text also including phone) have a variety of options and may need to orientate themselves around our website to find the right way in. Our many virtual contact channels provide a large amount of e-mail boxes and phones for the staff to monitor. A majority of the staff (approximately 200 employees) will sometime answer virtual issues. Overall, it gives a fragmented impression and provides no guarantee that users perceive the quality and level of service as even.

Objective: Organize the work of the virtual reference service with the goal of improving the quality of responses and make it easier for users to access the virtual library. Another aim is to make it easier to communicate how users can reach us. The goal is a virtual highway into the library.

Methods: The work to analyze the situation and create a proposal for change was carried out by a working group consisting of eight employees from the different activities of the library. The assignment
was to describe how to work with virtual issues today and to look at the corresponding service at other libraries are organized. An important part was also to identify the stakeholders, resources, regulations, and the driving force for change. The work took the form of fifteen workshops over the course of six months. Twenty employees were involved in the project and got the role as a reference. The purposes for involving as many people were to catch good ideas and to anchor the change in the organization. Anchoring the change was namely seen as central to a successful reorganization. The project had a steering committee in which the work was checked periodically.

**Results:** The following changes have been decided:

A central helpdesk service is set up, albeit with the possibility of direct contact to certain functions.

The service will be open Monday–Friday (9am–6pm).

E-mail, chat and phone are to be answered by a team of eight specially trained staff / operators under the supervision of a project manager. Operators will man the service two at a time.

The aim is that the service should answer 70–80 per cent of all incoming questions and refer the rest on to different experts.

The service will provide support to the personnel manning the physical library service point.

Creating a knowledge bank with routines and information that operators are in need of.

A Request Managing System will be used.

The new approach will be implemented from December 2016.

**Conclusion:** A new model for the management of the questions posed to the library via email, chat and phone have been developed and anchored and is now under implementation.

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**Promoting Innovation and Expanding the Roles of Health Sciences Librarians through Use of the Balanced Scorecard**

*Becky Baltich Nelson*¹

¹*Weill Cornell Medical College, USA*

**Objective:** To deploy the Balanced Scorecard with input from all levels within the library, with a focus on developing innovative initiatives that expand the roles of health sciences libraries and librarians within an academic medical center.

**Methods:** In August and October of 2016, a facilitator conducted 2 two-day sessions that guided the library staff through the process of developing a Balanced Scorecard. All library staff, including paraprofessionals, professional librarians, and administration, were encouraged to attend to maximize staff engagement, resulting in a turnout of approximately 75%.
Results: Employees worked together to purposefully streamline traditional library services and operations and to develop a strategic plan with a strong innovation component. Following the Balanced Scorecard process, a strategy map was developed which identified 8 strategic objectives, supported by 79 associated initiatives. Innovation was incorporated into both the mission statement and the core values and was selected as one of the four strategic themes overarching the entire strategic planning process. The aim was to continue to foster a culture of innovative practice with goals of broadening the library’s role within the College and enhancing the incorporation of library services into users’ workflows, as exemplified by a pilot grant editing service, a bioinformatics service, and a data curation service.

Conclusions: Balanced Scorecard can focus staff effort beyond developing goals and strategic planning for traditional library services and operations to drive the innovation and expansion of progressive health sciences library services necessary to meet the needs of users in a quickly evolving informatics environment.

Leading a library review and developing a strategic plan through evidence and engagement: how we did it at Tallaght Hospital, Dublin

Anne Murphy1, Jean McMahon1, Joe Peakin1

1Tallaght Hospital Library, Ireland

Introduction: Tallaght Hospital is a teaching Hospital of Trinity College, Dublin and within this structure, the Library plays a vital role in maintaining that status. When the Library faced a period of fiscal uncertainty and potential closure due to a loss of clarity with regards to its role within the organisation, the Hospital Executive commissioned a review of the service to be led by the Head Librarian and terms of reference were agreed.

Objective: The objective was to review the service and make recommendations about its future development, and to utilise a strategic framework to guide this development, highlighting the Library as a service which is essential to the standing of the Hospital.

Methods: A Library Review Group was established, composed of a broad and representative cross-section of stakeholders. The values underpinning the review were evidence and engagement. Bryson’s Strategic Change Cycle was adopted as the strategic framework to structure the review process. The Group took a multi-faceted approach to gathering the evidence, using benchmarking, stakeholder feedback and a comprehensive literature review. The Group used the opportunity afforded by the review to engage a diverse range of hospital staff who voiced their requirement for the development and expansion of library services. Contemporary best practice was considered as was the strategic context outlined in Tallaght Hospital’s Clinical Service Strategy 2016-2018 and Trinity Health Ireland’s strategic objectives.

Results: The Library Review Group completed its work in July 2016 with the submission of its report and recommendations to the Executive. The Report and Library Service Strategy outlines how the Hospital can build on the quality of its existing Library service. At the time of writing in October 2016, a
meeting with the CEO is scheduled and it is anticipated that the report recommendations will be
adopted and resourced by the Hospital.

**Conclusion:** The strategic planning involved in leading a review such as this showcases the variety of
approaches that can be taken and by analysing this process, a framework can be considered for similar
projects. This type of strategic management requires librarians to fully embrace leadership roles as
they look to guide their own service and integrate themselves into the healthcare environment.

**Building better metrics - driving better conversations**

Alan Fricker\(^1\)

\(^1\)King’s College London, United Kingdom

**Introduction:** Good metrics can enhance understanding of our services and help sustain more
meaningful conversations with stakeholders. Creating and applying these metrics is not straight
forward. The Metrics Task and Finish group of Health Education England - Knowledge for Healthcare
was tasked with increasing understanding and use of metrics within NHS Library & Knowledge Services
(LKS). This presentation explores our research, considers the principles for good metrics we defined
and looks at how these are starting to be applied in UK health libraries.

**Aim:** Devise generic principles for good metrics and consider how these can then be used to enhance
understanding of health library services. Create a tool to support the creation and sharing of metrics.
Disseminate this tool and increase appropriate use of metrics within health libraries. We did not set out
to define metrics for NHS libraries but to equip them to set their own. Different metrics are often
required according to audience from library users to funders.

**Method:** Examination of previous work within health and other sectors to establish principles for good
metrics. Use of a tool to present these and collect examples from NHS libraries.

**Results:** A practical set of principles for good metrics is defined. The generic principles support
creation of metrics appropriate to the individual service and stakeholder with one metric rarely fitting
all. A template for quality metrics was created and is being used to support work in NHS libraries.
Examples of metrics created and shared by NHS libraries using the template will be discussed.

**Conclusion:** Having good metrics we can share and discuss with our networks and stakeholders
contributes to better engagement and understanding. Our work on defining principles for good metrics
will equip librarians to develop meaningful metrics in support of their services regardless of setting. The
quality metric template is adaptable to all service situations and is entering use.
Validation and implementation of the Royal Free Competency Framework for newly qualified health librarians developing specialist evidence-based skills: an international collaboration

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¹Lovisenberg Diaconal University College, Norway ²Royal Free Hospital Medical Library, UCL Library Services, United Kingdom

Introduction: The organisation developed in 2010 a competency framework which could be used to train newly qualified librarians in their first health librarian post to develop and apply evidence-based skills. This was developed using the model of Legitimate peripheral participation as posited by Lave and Wenger, to help trainee staff and their mentors map the development of their knowledge and skills as they progress through training. The framework includes three domains: literature searching, training and teaching, and knowledge of research methodology. These domains draw on the competencies listed by Robinson et al., but are expanded to include concrete examples of what the trainee needs to learn (e.g. systematic review methodology). Each domain includes a number of different levels that staff can work through either on their own or with their supervisor/mentor to assess their current skill level and identify areas of further development. The aim is to move towards ‘mastery’ within health librarianship, with full competence in the areas described. After the lead author moved to Norway, there has been some further piloting of the framework. The aim now is to validate the framework and test out how it works in an international context.

Aim: The project will be a collaboration between two organisations, one in the UK and one in Norway. The aim is to validate and implement the Competency Framework for use in training newly qualified health librarians both in the UK and in Norway.

Method: We aim to use the Delphi method or another validation technique to validate and improve the framework. This will be informed by the results of a review of existing competency frameworks as they relate to the development of evidence-based skills. We will also develop standardised methods for testing the outcome of using the training programme. A potential challenge will be finding an objective way of testing that the framework has had an effect, when we currently lack other formalised training frameworks.

Results: The project will result in a validated competencies framework that we hope can be rolled out in Norway and the UK and possibly elsewhere, with the support of health librarian networks (e.g. Norway’s SMH). The validated framework will provide the outlines of a robust training programme for newly qualified health librarians.
Developing a library of resources to teach people how to assess treatment claims – the Critical thinking and Appraisal Resource Library (CARL)
John Castle¹, Sir Iain Chalmers¹, Patricia Atkinson¹, Douglas Badenoch²

¹James Lind Initiative, ²Minervation, United Kingdom

Background: People are frequently confronted with untrustworthy claims about the effects of treatments. Uncritical acceptance of these claims can lead to poor, and sometimes dangerous, treatment decisions, and wasted time and money. Resources to help people learn to think critically about treatment claims are scarce, and they are widely scattered. Furthermore, very few learning-resources have been assessed to see if they improve knowledge and behavior.

Objectives: To help promote critical thinking about treatment claims we have developed the Critical thinking and Appraisal Resource Library (CARL). This inventory of learning-resources has been developed, in particular, for those responsible for teaching school children, undergraduates and graduates, as well as to other ‘Intermediaries’. We also wish to encourage formal evaluations of learning-resources to assess which are effective in promoting the knowledge and skills needed to assess treatment claims.

Methods: CARL has been populated with learning-resources identified from a variety of sources - two previously developed but unmaintained inventories; systematic reviews of learning-interventions; online and database searches; and recommendations by members of the project group and its advisors. The learning-resources in CARL have been organised according to ‘Key Concepts’ needed to judge the trustworthiness of treatment claims, and incorporated in Testing Treatments interactive (TTi) English (testingtreatments.org) by the James Lind Initiative. TTi English also incorporates the database of Key Concepts and the Claim Evaluation Tools developed through the Informed Healthcare Choices (IHC) project (informedchoices.health).

Results: CARL currently contains over 375 open-access learning-resources in a variety of formats: text, audio, video, webpages, cartoons, and lesson materials. These are aimed primarily at ‘Intermediaries’, that is, ‘teachers’, ‘communicators’, ‘advisors’, ‘researchers’, and ‘learners’.

Conclusions: We hope that providing ready access to this collection of learning-resources will help to promote critical thinking about treatment claims, and so improve healthcare choices.
Don’t get fat on full text content: communicating with library users to find out what they really want from their library

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Dr Steevens Hospital (DSH) is the corporate and administrative headquarters for the Health Service Executive (HSE). As a consequence, there are many corporate staff based in this hospital. There are also a number of public health clinicians, many of whom work as part of the National Clinical Programmes (NCP). NCP was instigated in 2010 as a means of developing clinical leadership on a medical area via a partnership approach with key stakeholders such as patients. General Practitioners (GPs) and Academic Colleges. To date there are currently 33 Clinical programmes in operation run from Dr Steevens hospital. There are also a number of key directorates such as Health & Wellbeing, Quality Patient Safety who are key users of Doctor Steevens Library.

The diverse nature of the work of staff at Dr Steevens, meant it was very hard to anticipate their information needs. Also the fact that many library services are now accessed remotely meant often there was no direct relationship between the library staff and the library user.

Although, Dr Steevens Library sent out bi-annual satisfaction surveys to library users who accessed library services via the Athens authentication system it was felt that a) that Athens users made up only a portion of staff using library services b) It didn’t provide the library with all the information needed to plan for future library services.

It was decided therefore by the library team to embark on a large consultation exercise with our users to identify the feedback necessary to plan for future library services.

Between February and April 2016, 83 interviews were conducted by library staff with key stakeholders at Dr Steevens Hospital. The aim of this this large scale qualitative exercise was not only to gaining feedback on existing information needs of staff but also to establish a relationship between the user and the library where the library was more embedded in the user’s workflow.

Conclusion: The interviews provided the library with the quality of information it needed to inform future decision making and planning. They were also an effective means of marketing our services to users. In the drive to garner statistics to prove their value to their organisation libraries must remember to regularly engage and consult with their users. Don’t get fat on full text content because user needs are more complexed and extend beyond simply the access to information that a library can provide.
Knowledge Management by numbers: a beginner's guide to getting started with KM in your organisation
Alison Day¹

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Health librarians are uniquely placed to use a variety of knowledge management tools to support individuals and teams to share knowledge to solve business critical issues and spread service improvements more widely across an organisation. This interactive workshop will describe the work of a knowledge management project that was completed by participants on the first cohort of the National Health Service, Health Education England, Knowledge for Healthcare Leadership Programme. It will introduce various knowledge management tools and explore methods for how they can be adopted by an organisation facilitated by the library and knowledge service. By the end of the session participants will have formulated an action plan to help them implement some form of knowledge management in their own organisation.

Aims: To outline the steps within the knowledge management model and enable each participant to produce their own action plan of how they can apply knowledge management techniques in their organisation to enable the spread of innovation and wider take-up of service improvements.

Learning Outcomes: Learning more about the Leadership Programme Knowledge Management Project; understanding and evaluating a range of knowledge management tools; application of the model to create an action plan that will identify the first steps to introducing knowledge management in an organisation.

Reporting Scholarly and Research Activities: Integrating Librarians into the Faculty Narrative
Catherine Pepper, MLIS, MPH¹, T. Derek Halling, MLIS, AHIP², Margaret Foster, MSLS, MPH, AHIP³

¹Texas A&M University Libraries, Medical Sciences Library, ²Texas A&M University Libraries, Evans Library, ³Texas A&M University Libraries, Medical Sciences Library, USA

Aims:

- Provide an overview and examples of models for training librarians in scholarly communications services
• Build skills in methods of reporting research and scholarly impact for academic departments and faculty
• Familiarize librarians with different tools for capturing and visualizing citation data

Learning Outcomes:
• Design a reasonable and persuasive approach and needs assessment for department heads and faculty to develop services in scholarly activity reporting
• Create a powerpoint presentation on library scholarly communications services to customize for particular audiences
• Compare and contrast various sources and types of scholarly metrics, including GoogleScholar, Web of Science, Scopus, journal impact factor, h-index, altmetrics, etc.
• Create scholarly profiles in VIVO, ORCID, and GoogleScholar and explain their different purposes
• Revise sample CVs to showcase faculty scholarly activity
• Calculate and create visualizations of metrics of research/scholarly impact

Current academic expectations for evaluation, promotion, and tenure have created an environment that increases emphasis on the ability of faculty to demonstrate their scholarly impacts. Traditional indicators of impact, such as publications and citations, may not necessarily be exhaustive, and the increasing multitude of tools potentially used to locate and identify them may be unknown to faculty, lacking in scope, or unavailable for access. As the librarian skill-sets of searching, providing access, and translating information correspond with the needs of faculty on showing impact, librarians have begun partnering with academic departments to improve reporting of faculty scholarly activities. This workshop provides information and tools for faculty to report the scope and breadth of their scholarly activities and a customizable service model for integrating librarians into the scholarly reporting process. We will share a custom-made tool that calculates metrics from a variety of sources, several vehicles for building faculty profiles, and a template for writing scholarly narratives and impact statements.

New library space, successes and pitfalls
Isabelle Delaunois¹, Patricia Walsh¹
¹Regional Medical Library, University of Limerick Hospitals, Ireland

Introduction: This hospital library is a small library employing two full time staff and serving customers ranging from students on placement and postgraduate researchers to interns and clinical staff who are located across 6 teaching hospitals and 3 counties. The library is located in a prefabricated building dating from the 80’s which was falling into disrepair.

In 2014, planning permission was granted for a new Clinical Education and Research Centre (CERC) to be located on the site of the Model 4 University Hospital. The development will accommodate and support the comprehensive educational, training and research needs of both the Medical School and the medical community across all disciplines. The building has been strategically located at the centre
of the campus to make it as accessible as possible for all healthcare professionals and the library will occupy the full first floor of the building which is twice the size of the current location. The building works started in July 2015 and we expect to officially open the library in December 2016.

Moving from a very old building, we expect the library and the users’ experience of the library to be transformed by its planned relocation, where it will provide 24/7 self-service and access and state of the art information services.

**Objective:** The aim of our ongoing research is to explore and understand the impact that library space has on:
- Library users’ behaviour and usage pattern
- Library services
- Library staffs’ behaviour and moral
- Collaboration between the library and different hospital departments, including research

In order to continually improve users’ library experience and ensure that the development of our library services is user-led.

**Method:** We took a mixed method approach to our research, and employed User Experience (UX) techniques to measure the impact that library space had on library users, library staff and collaboration before and after the move to the new building. Some of the techniques we used are:
- User survey
- Counting traffic
- Eye observation
- Library staff interview on library move and library services
- Library staff observations on collaboration and library services

**Discussion:** The official opening of the library is planned for December 2016. The presentation will focus on how library users’ expectations have been met, the challenges that library staff faced when preparing for the move and designing library space, how the new space impacted on library services and how it facilitated collaboration between the library and other hospital departments, in particular the Research Unit, the Interns’ Network and the Medical Education Liaison Group.

**The impact of national access to an evidence-based point of care resource for clinical decision making and the medical librarian’s role in the co operation**

Tiina Heino¹

¹Terkko, Meilahti Campus Library, Finland

**Introduction:** Duodecim, The Finnish Medical Society, manages Terveysportti, the national health portal. The portal enables clinicians to access a variety of sources of health information to inform clinical decision making. In 2016 Duodecim subscribed to DynaMed Plus and fully integrated the content into Terveysportti. This approach allows clinicians to access evidence-based information and international guidelines from directly within the clinical workflow to optimize patient care. In this
presentation, we will demonstrate the value of connecting a national health information services organization with an evidence-based resource that encompasses international content.

**Aim:** Illustrate the librarian's role in the process of selecting, integrating and deploying an evidence-based resource into a national health portal. In training sessions and individual guidance meetings for health care professionals and students, the librarian has a key role for connecting the users with the services. Marketing and branding library's services is also a crucial professional skill for medical librarian.

**Method:** This is a case report of the best practices and learnings of how to implement an international point-of-care resource into a national health information portal. Data will be provided by Duodecim.

**Results:** It is generally accepted that it’s not possible for clinicians to know all details of every sickness. Doctors (and other health care staff) need to know where and how to access reliable information efficiently with the possibility to check direct links to original sources the information is based on.

The integration of DynaMed into Terveysportti provides all the information users need without having to browse various services individually. When working with medical students, teachers, researchers, clinicians and other staff at the medical faculty and Helsinki University Central Hospital, it helps us to show the importance of the content we are making available to help with clinical decision making. Now libraries promote also visibility, not only in traditional citation databases’ figures but also with links to discussions, tweets and other social media. That’s also an important aspect.

In my presentation, I will present user figures from late 2016 and early 2017.
Discriminating Between Legitimate and Predatory Open Access Journals: Report from the International Federation for Emergency Medicine Research Committee

Linda Murphy¹, Mark Langdorf², Bhakti Hansoti³

¹University Of California, Irvine Libraries, Reference Department, ²University of California, Irvine Department of Emergency Medicine, ³John Hopkins University, Department of Emergency Medicine, USA

Introduction: Open access (OA) medical publishing is growing rapidly. While subscription-based publishing does not charge the author, OA does. This opens the door for “predatory” publishers who take authors’ money but provide no substantial peer review or indexing to truly disseminate research findings. Discriminating between predatory and legitimate OA publishers is difficult.

Methods: We searched a number of library indexing databases that were available to us through the University of California, Irvine Libraries for journals in the field of emergency medicine (EM). Using criteria from Jeffrey Beall, University of Colorado librarian and an expert on predatory publishing, and the Research Committee of the International Federation for EM, we categorized EM journals as legitimate or likely predatory.

Results: We identified 150 journal titles related to EM from all sources, 55 of which met our criteria for OA (37%, the rest subscription based). Of these 55, 25 (45%) were likely to be predatory. We present lists of clearly legitimate OA journals, and, conversely, likely predatory ones. We present criteria a researcher can use to discriminate between the two. We present the indexing profiles of legitimate EM OA journals, to inform the researcher about degree of dissemination of research findings by journal.

Conclusion: OA journals are proliferating rapidly. About half in EM are legitimate. The rest take substantial money from unsuspecting, usually junior, researchers and provide no value for true dissemination of findings. Researchers should be educated and aware of scam journals.

The study was published in the September 2017 issue of the Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health (https://escholarship.org/uc/item/64f3v9fj#page-4). This oral presentation will provide an overview of our findings and strategies that librarians can use to identify predatory OA journals.
The Status of Continuing Professional Development among Select Medical and Health Librarians in the City of Manila
Joseph Yap¹, Ms. Gina Canceran²

¹De La Salle University, ²University of the Philippines - Manila

Licensed librarians in the Philippines require 45 credit units to ensure that their licenses get renewed for a period of three years. With the recent enactment of the Philippine Continuing Professional Development (CPD) Act of 2016, how equipped are the medical and health librarians in gaining formal, informal, nonformal and lifelong learning activities to qualify for the prescribed number of points prior to the renewal of their professional license? This study will provide a trend analysis on the types of programs that each medical or health librarian attend or engage into. Are they inclined more towards seminar or workshops, post graduate or specialty training or are they more adept in attaining self-directed learning? This paper will compare the activities of the librarians with regards to the established matrix of activities that each professional librarian would need to achieve prior to their license renewal.

Introduction: The law on Philippine librarianship makes every Filipino librarian professional because of Republic Act 9246. The law requires an examination before a librarian can practice librarianship in the Philippines.

Aim: With the recent enactment of the Philippine Continuing Professional Development Act of 2016 where librarians have to comply, this paper would like to identify the types of programs and activities that each medical and health librarian partake for them to earn continuing professional development units. How prepared are they in terms of institutional support and awareness in finding available learning activities that they can attend or participate?

Method: Researchers will gather medical and health librarians in select institutions and will prepare a focus group discussion to this set of librarians.

Results: Answers will be tabulated based on the matrix of activities provided by the CPD council for librarians.

Conclusion: This study will provide the current status of continuing professional development activities in the Philippines.

Information specialists as teachers in an online course –teacher roles and presence
Leeni Lehtiö¹, Elise Johansson¹

¹Turku University Library, Finland

Introduction: The University Library runs together with the University Graduate School an online information literature course called Information Resources and Tools for Research (2 ECTS). The course
is directed to the PhD students in all seven faculties at the university, and the students are placed in their subject specific faculty group. There are a total of six groups with a maximum of 20 participants in each group, the students from the Faculty of Social Sciences and the Faculty of Law are placed in one group. The course is organized two times during the academic year, once in fall and once in spring. The official course language is English. The virtual learning environment used is Moodle. The course includes assignments in eight different content categories. Some of the assignments are in conversation areas, where the participants discuss of the assignments. Participants are grouped to the faculty groups, so each participant see only the conversations of their own faculty group. During the course teachers send emails to their groups: reminders of the assignments, summaries of the assignment feedback at the end of every content round and tips for further needs. Teachers give to each participant personal feedback and tips related to their assignments. Teachers also participate to the conversation areas.

Aim: We want to explore how information specialists who normally give library instructions in class rooms feel his/her own teacher identity changing in an online course where there is no face to face contact with the participants.

Method: This will be a case study. The teacher’s in the course (~ 10 persons excluding the authors) will be interviewed about their experiences of teaching during the course and how they experienced their teacher identities and roles during the online course. The research material will be analyzed through content analysis.

Results and Conclusions: Having a very good overall feedback from earlier years from the course participants, we would now like to concentrate on the teacher role on the course. From the results we hope to see do the information specialists face the same challenges and have similar kind of experiences as can be found in the literature regarding university teachers’ experiences of online teaching.

New Roles for Librarians Supporting Clinical Public Health

Anne Linton1, Alexandra Gomes1

1George Washington University, USA

Introduction: In 2014, the School of Medicine introduced a revised curriculum which integrates the basic and clinical sciences through active and self-directed learning with an emphasis on improving individual and community health. Librarians played an active role in curriculum revision and were asked to participate in the planning process for new clinical public health intersessions.

Aim: This talk will outline the process through which health sciences librarians became deeply involved in the clinical public health intersessions and describe the roles they played.

Method: Students participated in three, three-day intersessions where they were asked to design programs to promote an AIDS-free generation, decrease childhood obesity, and reduce the incidence of asthma in urban areas. The intersessions begin with a panel on the selected topic and students are
challenged to brainstorm solutions. They are then divided into groups to research an aspect of the problem. For the next 1 ½ days, they work on their own, exploring the assigned topic through the literature, site visits, and interviews, in order to prepare a ground breaking proposal for presentation at the close of the intersession. Health sciences librarians collaborated with faculty on the planning process, served as group mentors, and supported the self-directed and team learning through the creation of research guides, conducting research consultations, locating local resources, and providing feedback on proposal originality.

**Results:** Following the initial year of collaboration between clinical public health faculty and librarians, librarians were asked to continue the partnership. Student evaluations regarding the support received were positive, and faculty valued librarian expertise on resources highly. In fact, the librarian role in the intersessions expanded in year two from consultant and advisor to group facilitator.

**Conclusion:** Librarians can collaborate with faculty in new and innovative ways if they are open to opportunities and willing to apply their information, research, and consultative skills in emerging programs.

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**Parallel Papers. Technology 3**

**Chair: Linda Thorn**

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**Teaching Technology at Home and Abroad: Perspectives from the United States and Latin America**

**Emily Hurst**

1 Virginia Commonwealth University Libraries, USA

**Introduction:** Emerging technologies continue to transform teaching, medical practice, office workflows, and everyday life. For some, adapting to technological changes can be challenging and intimidating. In order to build confidence and inspire creative adoption of new technologies, medical librarians need access to continuing educational opportunities centered on these issues. Globally, medical librarians are seeking opportunities for development and growth that will further the library’s ability to leverage new technologies. This presentation explores the creation of continuing education opportunities related to emerging technologies in the United States and their adaptation for use in two Latin American countries.

**Aim:** This presentation aims at demonstrating the need for continuing education support for and access to training on emerging technologies for medical librarians.

**Method:** Continuing education workshops prepared by the instructor where of high-quality and focused on the use of emerging technologies in medical library settings. Workshops were designed using adult learning techniques which included opportunities for sharing personal experiences, group discussion, and hands-on activities. All workshops were approved by the Medical Library Association."
for the provision of continuing education credit. The instructor prepared all workshop curricula based on the needs of the attendee population, making variations to content as necessary. Additional research by the instructor was necessary for the adaption of workshop content for Latin American audiences. Workshop evaluations soliciting feedback on content as well as instructor performance were distributed at each session.

**Results:** Analysis of workshop evaluations indicated acquisition of knowledge on emerging technologies and higher comfort levels with the technologies presented. Although preparing for and adapting class curricula for international audiences can be daunting, thorough research ensures that content is appropriate for the audience and can be translated as necessary. Workshop evaluations also uncovered other technologies that the attendees desired more training on or assistance with. Group discussion and idea sharing were highly ranked as the most useful aspects of the workshops.

**Conclusion:** Current trends suggest that the need for librarians to learn and feel comfortable with new and emerging technologies will continue. Without access to training or professional development opportunities medical librarians may be unable to advocate for new technologies that will provide researchers with better access to library resources and opportunities for innovation. As the role of the medical library continues to change across academic, clinical, and research settings, librarians must have the ability to use emerging technologies to adapt and bring forward new services or methods for library practice. Exploring how emerging technologies are embraced by medical librarians in the United States and Latin American medical libraries may provide clues for further adoption of new technology as well as inform library managers on training and development needs in this area.

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**Project MILDRED: Charting Ground for Research Data Management Services at University of Helsinki**  
Mari Elisa (MEK) Kuusniemi¹, Anna Salmi

¹Helsinki University Library, Finland

**Introduction:** This paper describes a topical case study conducted at University of Helsinki. Current states of research data management (RDM) practices within the academic community have been under close scrutiny during summer 2016 in Project MILDRED, Development Project of Research Data Infrastructure at University of Helsinki (UH).

**Aim:** As relatively little is still known about the broad picture of the researchers’ current research data depositing and preserving practices, the project undertook a three-stage charting of the situation in UH context.

**Method:** An inventory of 250 peer reviewed, UH-authored scientific journal articles published between 2015 and 2016 were analyzed, revealing a selection of data repositories representing different domains that house UH data, plus a variety of RDM statements by authors. The inventory lay ground for a research data repository e-survey sent to UH researchers in July 2016. The survey gathered 258 answers, providing a corpus of information about 1) what existing repositories are used; 2) what domains the repositories cover; 3) what kind of data types the repositories support; 4) reasons for why
data has not been deposited; and 5) what kind of alternative storage and preservation services and devices are being utilized.

**Results:** According to the survey results, the respondents’ lack of specific knowledge about data depositing possibilities is the main reason for not making use of repositories (28% of the respondents stated this). Data sensitivity, irrelevance with respect to research field, small amounts of data generated and general lack of need to deposit were the next most common explanations. 11% of the respondents explicitly named sensitivity issues, another 11% general irrelevance. Need for guidance was also called for.

As a result of the inventory and the survey together, a listing of 48 repositories was created. As the registry Re3data databases provide API features to promote data system interoperability, information about e.g. data types, data access type, data licenses, software citation guidelines, quality management and metadata standards for UH data could be harvested. Repository specific metadata and access to it was here the focus of interest.

This final stage of the research revealed that most of the repositories housing UH data are mainly data type specific, with only 19% of the sample featuring organization as a specific metadata field. Repositories where organization could be identified included e.g. Gene Expression Omnibus; Inspire-HEP; NCBI Database of Genotypes and Phenotypes; and Zenodo.

**Conclusion:** To sum up, there now exists a preliminary map of repositories storing and/or preserving UH research data as well as new knowledge about individual researchers’ depositing needs, preferences and concerns. Growing knowledge about RDM practices and preferences helps orientating towards new possibilities of promoting the principles of producing and curating Findable, Accessible, Interoperable and Re-usable (FAIR) research data in an institutional setting.

What do millions of clicks tell us? Unearthing meaning in usage patterns of the Trip Database

Jon Brassey1

1Trip Database, United Kingdom

The Trip Database (www.tripdatabase.com) is a well used search engine with over a million searches per month, with health professionals making up the majority of users. As users interact with the site, they enter search terms, click on articles, refine their searches. This data is captured and has been since 2010. This constitutes a vast amount of data. The presentation will explore the nature of the data and our attempts to find meaning in all this activity.

We are at the beginning of our journey of exploration but have already uncovered lots of patterns that we have exploited to improve user experience of Trip. This includes finding related articles, intelligent search suggestions and our search safety net. We will also report on our ongoing research and development activities to improve our actual search results (e.g. using Learning to Rank) as well as the creation of our analytics dashboard.
Introduction: The Trip Database (www.tripdatabase.com) is a well used search engine with over a million searches per month, with health professionals making up the majority of users. User activity is recorded in our search logs.

Aim: To explore the activity of users of the site via the Trip Database search log/clickstream data. Where useful patterns in the data are seen these might be amenable to support improvements to our various search systems.

Method: The search logs are stored on our servers. This needed extracting, ‘cleaning’ and then exporting to various analytical products. These ranged from social network analysis software, academic departments and in-house tools.

Results: The data is incredibly rich, with user activity inputting energy and structure to the site. As a result of this we have been able to deliver a number of new tools to support information retrieval on the site. In addition new techniques are currently being tested which will hopefully further deliver benefits to our users.

Conclusion: The use of search logs can be incredibly useful and this reflects the energy users put in to the system simply by using the site.

Using a repository to build a relationship with the R&D department and promote open access
Tim Jacobs¹

¹Christie NHS foundation Trust, United Kingdom

Our repository was one of the first publicly available institutional repositories for an English (NHS) health service organisation and has continued to evolve. This talk will show how we are using the repository and the information contained in it to help develop the research aspirations of the Trust. We are now seen as the department to go to if you require bibliometric data such as comparing your hospital research output to another or providing data for a large research bid, helping to provide the data to identifying the top researchers in the trust. In the talk, we will highlight brief case studies of this work which used resources not always available to libraries. To counterbalance that, the talk will demonstrate how we have helped introduce ORCiD into the Trust and the lessons we have learned from this. ORCiD is publicly available to all libraries so achievable by any service. The talk will cover how we are providing monthly reports to research areas and the changes we made in data collection to fulfil the requirements of our research teams, highlighting how we have incorporated conference papers into the repository. We will share how we have shared research and marketed the repository to our users. In essence we will show how our data repository has become an asset to our library service and the Trust. We will also talk about what we have learned about open access and how to raise awareness of it within the organisation.
We anticipate that this will be of interest to other information professionals developing information services, working with Research and Development (R&D) Departments, developing institutional repositories or undertaking bibliometric analyses projects.

Parallel Papers. Integration 5
Chairperson: Valeria Scotti

The Development of "Rotunda Birth of a Nation": 1916 Exhibition at the Rotunda Hospital
Anne M O Byrne¹

¹Rotunda Hospital, Ireland

Aim: The aim of this Exhibition was to honour five medical women of the Rotunda and their role in Easter week 1916.

The Pillar Room of the Rotunda was used for this Centenary Exhibition. This space, which is used for conferences/meetings would not normally be open to the public. The use of historical rooms raised the profile of the Exhibition and created collaboration between the Library and the Rotunda Foundation. This in itself was a unique collaboration. The selection of members for the Working group ensured that the Librarian worked very closely with a variety of health professionals and not simply users of the Library. As Chair of the working group, it was my role to act as Project Manager and to assign tasks appropriately between members of the group. This developed skills of diplomacy and evaluation in reviewing the feedback at Committee level.

Method: A multi-disciplinary team was formed in 2015, headed by the Head Librarian. Committee worked with partners to develop high quality graphic displays representing the role of each of these five women. Working with graphic designers expanded my role as Chair of the Working group and through cooperation with our historian a knowledge of this period in Irish history. Working with media and marketing partners developed my own media skills and profile.

A serious of lunchtime talks, held over the duration of the Exhibition, expanded the knowledge of this historical period and how the Rotunda interconnected with other organisations and institutions during the period of conflict.

Results: Clear learning objectives have been identified through this multidisciplinary working environment as follows:

- Clear organisational & project design skills. Librarians may underestimate their existing analytical and planning skills and their ability to use these skills in other areas.
- Media & Marketing skills, through promotion of exhibition content and events, interviews and presentations. Other information professions may learn from this experience.
Clear identification of Exhibition content and the need to borrow from private collections or gain rights to use of graphic materials.

Budget Management and containment of costs at each stage of planning.

**Conclusion:** The Exhibition was well attended with 3053 visitors. The future role of this Exhibition was secured through online access at www.birthofanation.net.

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**Libraries can get better integrated in research processes by collaboration regarding systematic reviews**

Dr Mattias Lennartsson¹, **Agneta Lindsten¹**, Britt Marie Bergquist¹

¹SLU University Library, Sweden

**Introduction:** Systematic reviews are becoming more common in veterinary and agricultural sciences. In applied sciences, a multidisciplinary approach is often a necessity. Librarians put a lot of effort to get more integrated into research processes, trying to become colleagues rather than support.

**Aim:** Defining the role of the library in working with systematic reviews in collaboration with researchers.

**Method:** A mapping was conducted to find researchers involved in systematic reviews, what methods they have used, and how searching was performed and documented. Representatives from different disciplines were interviewed and we got involved in a multidisciplinary research project on climate change mitigation and adaption.

**Results:** The number of researchers at SLU using systematic reviews is increasing. Protocols were seldom followed, with a large variation in methodology. The interviews and the collaboration project gave an in-depth picture how the library can improve search strategies, documentation and reference handling, also providing a more comprehensive grasp of the process.

**Conclusion:** Systematic reviewing proved to be an excellent arena for collaboration. Through the combination of the librarians’ professional skills and the subject expertise of the researchers we could deal better with the balancing act between minimizing bias and extensive searches.

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**A library with stronger muscles – two libraries became one.**

Gunilla Källman, Liz Holmgren¹

¹Örebro University Library, Sweden

In Sweden, most university libraries and county council libraries are managed by different organizations. This was previously also the case in the Swedish town of Örebro (a city of 120,000 inhabitants). In 2014, however, the county council’s library became part of the university library.
The reason for the merger was that Örebro University started a school of medical sciences and established a medical faculty. The mission of the new Medical Library is to provide service and support to students, staff and researchers at Örebro University, as well as employees at the county council.

After two years working in the newly merged organization, we would like to share our experiences. How did servicing two user groups, sometimes with different user needs, affect our users and our workflow?

What were the challenges of merging?
- Two web sites with different intranets
- Two professional cultures

What were the outcomes?
- A consultation group was formed with representatives from the Medical Library, Örebro University and the county council.
- The Medical Library has gained a broader area of expertise and can offer more services. For example, researchers are offered guidance through the scientific publication process.
- Access to more E-resources for students, researchers and staff of both organizations.

Guideline development as fertile ground for collaboration in clinical settings

Love Strandberg

1Danderyd University Hospital, Stockholm, Sweden

Introduction: Healthcare services are heavily regulated by policies and guidelines. In order to reflect current evidence and best practices, these must be updated on a regular basis. At Danderyd University Hospital, the medical library takes a central part throughout the entire updating process of in-house produced documents and guidelines.

Aim: To provide an example of how library involvement can facilitate revision of local guidelines and its implications for library and information services.

Method: Documents to be updated are identified automatically. The library offers guideline authors to run a literature search based on content, keywords and other meta-data to identify and retrieve relevant, newly published papers. During the writing phase, support in word processing, reference management indexing, and cataloguing in the hospital’s document management system is provided.

Results: On average, three guideline-oriented searches per month are performed. However, interest is rapidly growing. Authors having used these services once tend to increase their use of all library resources and services.

Conclusion: In providing these services, medical librarians are effectively given a position within the hospitals core processes. This gives rise to several opportunities for establishing other collaborations, using the combined skills of information specialists and clinical experts.
Interactive Workshop Presentations – Abstracts
Workshop 1. WOW: A Workshop On Workshops
Niamh O’Sullivan¹, Jane Burns²

¹Irish Blood Transfusion Service, ²Royal College of Surgeons in Ireland, Ireland

“Tell me, and I will forget. Show me, and I may remember. Involve me, and I will understand.”
Confucius 450 BC

Have you ever attended a workshop to find it wasn’t really a workshop after all but merely a presentation under a different guise? Workshops, by their very name, should involve some “work” on the participants’ part and be interactive rather than passive. Workshops work when they allow participants to brainstorm, learn interactively, build relationships, problem solve and to be involved. In our “Workshop on Workshops” we will show how to plan, execute and deliver a workshop that works. A workshop that is not only relevant and productive, but memorable and fun.

We plan to cover the following topics

1. When and why to choose a workshop format?
2. Approaches and designs for interaction
3. Measuring learning outcomes
4. Getting feedback and interaction on the day to evolve the process
5. How to follow on from a workshop

The workshop will be in three parts: Introduction, Exercise and Debrief

1. **Introduction:** Included in the introductory discussion and presentation will be examples of workshops that worked and those that didn’t. We will ask participants to draw on their own experience of workshops they have attended in the past and come up with list of what to include and what to avoid when they plan their own workshop. The following topics will also be covered in the introduction: workshop planning and design, icebreakers, creative group exercises, use of props and visual aids, hand outs and notes, when to use presentations, managing groups, workshop etiquette, using humour, debriefing and follow up.

2. **Exercise:** Participants will be divided into smaller groups with those in libraries of a similar size working together. The aim of the exercise is for each group to devise and plan a workshop for a specific audience on a specific topic. This can be to an audience and on a topic of the groups’ choosing. The workshop facilitators will be available to help and give advice to each group during this time.

3. **Debrief:** Each group reports back to the larger group and this is followed by a discussion with all participants where they share what they have learned, or realize they need to learn.

The follow up to the workshop would be that the plan for each workshop, which was done during group work, would be shared with all participants once the information has been collated by the facilitators. Workshop ideas, tips and a list of further reading will also be shared as part of a “WOW:
Workshop Toolkit”. Armed with the WOW toolkit and the experience of being involved in workshop planning, we hope that participants will feel inspired to run a workshop of their own in the future.

Workshop 2. Evidence summaries: adding value to the literature search. 
Nicola Pearce-Smith¹, Anh Tran¹, Steph Grey¹, Lorna Burns¹

¹Public Health England Knowledge and Library Service, United Kingdom

Introduction: Evidence summaries are increasingly being used to translate knowledge from research into policy/practice. An evidence summary follows a clear and transparent process in order to summarise the best available evidence on a question or topic, usually involving a narrative to summarise or ‘tell the story’ of the findings of multiple studies. This is helpful for users, who are often too busy to make sense of long lists of citations and abstracts. Our knowledge and library service is introducing a new innovation by providing users with an evidence summary service, in an effort to add value to our literature searches. In our interactive session we intend to share the experiences and lessons learned, and discuss the wider issues around providing a service of this nature.

Aims and objectives: The aim of this interactive session is to initiate a group discussion about the purpose, quality and value of evidence summary services provided by library services, in order to share experiences and learn from others. The objectives are:

- To explore how the use of evidence summary services can improve the value and impact of a library and information service
- To identify when an evidence summary is an appropriate output to offer
- To identify an appropriate methodology for producing the evidence summaries
- To discuss the different ways evidence summary services are provided, and to consider the main issues involved in setting one up

Methods: We will begin with an outline of our evidence summary service, including how and why we decided to set it up, the issues or problems with initiating it and the user feedback on the perceived value of the service. We will then ask the audience to briefly share their experiences of evidence summary services. Small group discussions will follow, facilitated by the presenters, on questions such as what are the practicalities and problems of introducing such services and how do we overcome them, are evidence summaries always an appropriate output to offer, and how can we measure the quality and value of these services to the user. A feedback session at the end will enable the whole group to share and record their discussions.

Results: We hope to facilitate a useful and relevant debate on this topic, enabling all to share their own experiences, learn from others and take away ideas to inform their practice. The discussion notes will be shared with all participants afterwards.

Conclusion: Library services can add value to their literature searches by providing evidence summaries to their users. Busy policy makers and practitioners may find these evidence summaries better meet their needs as they provide easier access to knowledge at the right time, and in the right place and
format. We hope that the lessons learned from our service, together with sharing the experiences in the room will inspire other conference attendees to consider developing their own services.

Target audience: participants with an interest in or knowledge of setting up an evidence summary service for users, or those with a background of writing evidence summaries

Level: Introductory

Aims: to initiate a group discussion about the purpose, quality and value of evidence summary services provided by library services, in order to share experiences and learn from others

Learning Outcomes: The participant will be able to appraise, compare and contrast the different experiences of producing an evidence summary service. The participant will be able to incorporate new ideas into an existing service, or plan and design a new evidence summary service based on lessons learnt

The level of delegate participation required: High, interactive, small group work

Is preparation in advance by participants applicable? No

Course Leader / Facilitators Details:

Nicola Pearce-Smith, Senior Information Scientist

Anh Tran, Knowledge and Evidence Specialist

Steph Grey, Learning Research Support Librarian

Lorna Burns, Librarian

Nicola, Anh, Steph and Lorna work for Public Health England (PHE) Knowledge and Library Services (KLS), which offers a comprehensive, high-quality information service to public health practitioners, across the country. Our services include advanced literature searching and information retrieval, enquiry services and training for users in information skills. We have collective experience in user education including involvement in small group training, teaching critical appraisal skills to practitioners and library staff and co-ordinating and evaluating staff training. We have presented in the past at other health-related conferences including the Cochrane Colloquium, PHE annual conference, International Evidence Based Library and Information Practice and Health Libraries Group.
Workshop 3. Developing embedded library and knowledge services: A Knowledge Café.
Victoria Treadway¹, Siobhan Kelly²

²University of Liverpool, ¹Wirral University Teaching Hospital NHS Foundation Trust, United Kingdom

Abstract: Embedded librarianship describes the delivery of library and knowledge services at the point of need. In healthcare, embedded library services are often delivered by a specific member of the library team, an ‘Outreach Librarian’ or ‘Clinical Librarian’ (Harrison & Beraquet, 2009, Sadera & Treadway 2016), and have been shown to contribute to a range of outcomes (Brettle 2016). The UK Knowledge for Healthcare development framework for health libraries (HEE, 2015) asserts the importance of embedding knowledge professionals in teams. However, in practice, library staff may experience barriers in developing embedded library services, particularly in relation to skill mix and resources. This Knowledge Café will explore ways to overcome these barriers and will examine some of the opportunities that may exist to embed your library and knowledge service.

As part of a Health Education England-funded research study, Wirral University Teaching Hospital NHS Foundation Trust designed and implemented an embedded library model in a Critical Care setting. In presenting some of their lessons learned, this session will challenge you to consider ways in which you could embed your service even with your existing staffing skill mix.

The session leads will provide an overview of embedded library and knowledge services including their own experiences at Wirral University Teaching Hospital NHS Foundation Trust. Participants will be separated into small groups and invited to consider and respond to a series of questions related to the transferability of service delivery.

Come along to share your own experiences with others and pick up ideas on how to develop your service further. This session will be of use to those who have already had success in embedding their service as well as those who have experienced obstacles in developing this aspect of their service.

Target audience: Library and knowledge service staff who would like to develop embedded services in clinical areas.

Level: Introductory and above

Aims: To share and discuss experiences around embedded library and knowledge services.

Learning Outcomes:

Expected learning outcomes are:

- A greater understanding of some of the opportunities related to embedded library and knowledge services in clinical areas
- Analysis of barriers to implementing embedded library and knowledge services and ways to overcome these barriers
Consideration of ways in which participants might apply this learning to their own work environment

The level of delegate participation required: Delegates will be expected to contribute their own experiences and discuss the experiences of others.

Is preparation in advance by participants applicable? No

Course Leader / Facilitators Details: Victoria leads the Library and Knowledge Service atWirral University Teaching Hospital NHS Foundation Trust. While working in the role of Clinical Librarian at Wirral (2008-2014), Victoria gained experience and specialist skills in training, evidence searching, Journal Club support, and embedded librarianship. A keen advocate for health care libraries, Victoria’s other interests are utilising social media in healthcare, partnership working and professional development. She has experience in facilitating discussions between library professionals, moderating group work and public speaking about library and knowledge services.

Please describe the type of interactive session intended to take place: Knowledge Café.

Workshop 4. How to teach search methods for evidence based practice: horses for courses or one size fits all?

Morwennna Rogers¹, Alison Bethel¹

¹University of Exeter, United Kingdom

Introduction: It is likely that at some point in their career, health information professionals will be required to teach methods for searching and locating evidence based health research and information. The recipients of the teaching could be students, other information professionals, researchers, health professionals or members of the public and the purpose of the teaching could vary according to the target audience. At the University of Exeter Medical School, information professionals teach all of the above groups and are constantly striving to improve both our content and delivery.

Aim: In this interactive session, we would like to share our own experiences and discuss how we deal with teaching people with varying levels of knowledge and skills, and with a constantly changing field of resources.

Method: Examples of resources and tasks used in teaching search methods will be circulated around to be used as a starting point for participation and discussion in small groups. The groups will then feed back to all for discussion.

Results: The discussions will draw on the experiences of others by asking several key questions including which, if any, online resources to demonstrate in a teaching session; using interactive methods or demonstration only and in what circumstances; how to tailor courses according to audience; what’s worked and what hasn’t; different methods of teaching, e.g. using the ‘flipped classroom’ model, webinars or checklists; and whether teaching search methods is the same as teaching more generally or whether it carries issues unique to the field.
Conclusion: The facilitators will gather all the suggestions during and after the session and share them back among the whole group.

Keywords: Teaching; evidence based health; searching

Workshop Leader: Morwenna Rogers is an information specialist working within the Evidence Synthesis Team at PenCLAHRC, University of Exeter. Her key role is to design and run literature searches for systematic reviews. Since she joined in 2011 she has been involved with several projects including peer support for parents of disabled children, health benefits of volunteering, interventions in schools for the management of ADHD and the use of antipsychotics in dementia care home residents. Prior to working at UEMS she was Library Manager at the Royal College of Psychiatrists, and had also worked as a medical information officer in the pharmaceutical industry. She is also a qualified and accredited indexer.

Workshop 5. Cooperation and benchmarking – finding the value and impact together.

Ghislaine Declève 1, Karen Buset2, Tuulevi Ovaska3,

1Université Catholique De Louvain, Belgium, 2Norwegian University of Science and Technology, 3University of Eastern Finland

Level: Any level

Aims: In this interactive session we wish to explore two aspects of benchmarking.

1. To identify new kinds/types of indicators – future oriented instead of based on what has been done – in order to measure impact and value for international (health) library benchmarking. To choose new types of indicators – what could they be? Could there, instead of an investment index, be a cost-avoidance index? Could there be a collaboration index? Could there be an organisation-fit index?

2. Our profession benefits from an evidence-based, research-focused foundation. Can benchmarking provide one tool for creating this evidence base? Can cooperation and benchmarking be seen as research activities? Do they have a role in building an evidence base for measuring the impact of libraries and librarians? How to learn from each other, to build evidence together, to use interviews and observation as methods, to choose indicators collaboratively?

Learning Outcomes: As the core values of the profession become more important than ever, we must analyze and organize, evaluate and even create the qualities and values that will keep health science libraries unique and their impact crucial even in the future. This is why library practice needs innovations. Questions to be discussed in the session include: As leaders we must inspire others: How to inspire staff? How to promote innovations? Could comparing and measuring something new be inspiring and lead to inferring? How about measuring the future instead of the past? Could new indicators be applied or implemented as tools for working strategically?
**The level of delegate participation required:** High

**Is preparation in advance by participants applicable?** Yes

Please describe the type of interactive session intended to take place: Brainwriting. It is an alternative method to brainstorming. It is more structured than brainstorming. It aims to encourage a more uniform participation within a group. Like brainstorming, it is designed to generate lots and lots of ideas in a short amount of time. There will be a short introduction to the method, short brainstorming in pairs, brainwriting in groups, and sharing results and ideas to conclude the session.

**Workshop Leader:** Head of Library of the Health Sciences at Universite Catholique de Louvain

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**Workshop 7. Means, motive, opportunity: do we practice what we preach about evidence?**

Mary Dunne¹, Mairea Nelson¹, Brian Galvin¹

¹Health Research Board, Ireland

Librarians expect other health care professional to find, appraise and incorporate research evidence into their decision making. But is our practice evidence-based or are we guilty of not applying the same principle we expect from others? We will debate this before a jury of our peers.

A key task for health library, information and knowledge staff (LIK) is to enable users, providers and commissioners of health services to inform their decisions with the best available evidence, including that found through research. However, many of our services and resources, such as online repositories and short instructional courses, show no evidence of effectiveness for increasing research use in decision-making. And LIK studies rarely feature in the broader (non-librarian) literature on knowledge translation or implementation.

Perhaps more than any other profession, we have the means, motive and opportunity to promote and apply evidence-informed decision-making and there are increasing numbers of articles and reports providing guidance about what works and why. The EPPI Centre's 2016 study, The science of using science, reviewed the efficacy of interventions to increase decision makers' use of research evidence, and their means (capability), motivation and opportunity to use this type of evidence. The authors discuss what works across a range of mechanisms relevant to LIK, including communication and access, and skills building. But do we apply this type of research evidence when making decisions?

In our workshop we propose to put our profession in front of a Grand Jury. It is accused of not applying evidence-informed decision-making in practice. Do we have a case to answer? The participants will decide.

**Target audience:** Health library, information and knowledge staff interested in interventions for evidence-informed decision-making.
**Theme:** Research / Evidence Based Librarianship - Removing barriers to integrating research into practice

**Level:** Intermediate / advanced

**Aims:** To develop participants’ understanding of the role of research evidence in decision-making.

**Learning Outcomes:**

Participants can:

- Identify necessary components of effective interventions for evidence-informed decision-making
- Recognise opportunities to apply effective evidence-informed decision-making in their practice.

**The level of delegate participation required:** Individual reflection then group discussion and feedback

**Is preparation in advance by participants applicable?** No

**Course Leader / Facilitators Details:**

Mary Dunne is a Chartered Information Specialist in the HRB National Drugs Library, Dublin. She is Communications Officer for the Health Sciences Library Group of the Library Association of Ireland (LAI). Mary’s principal interest is how we can maximise, evaluate and communicate our value. She was involved in the development of both the CILIP and Knowledge for Healthcare impact toolkits. Mary has presented at numerous conferences, and authored articles for library and health-related publications. She was elected to the Register of Chartered Members of CILIP in 2015 and the Register of Associate Members of the LAI in 2016. Her qualifications include a Masters in Psychology and a Masters in Information and Library Studies (Distinction). Linkedin: [http://ie.linkedin.com/in/LibrarianMaryDunne](http://ie.linkedin.com/in/LibrarianMaryDunne)

Mairea Nelson is an Information Officer in the HRB National Drugs Library, a position she has held since 2010. She has written articles and presented at many conferences. Her professional interests include social media and library value and impact. Mairea has a Masters in Applied Social Research from Trinity College Dublin. She was the first candidate to have her professional registration submission upgraded from Certification to the higher level of Chartership by CILIP. Mairea, with her colleague Mary, hosts a library value and impact blog [https://helpforumblog.wordpress.com](https://helpforumblog.wordpress.com) and Twitter account @hrblibrarians. Linkedin: [https://www.linkedin.com/in/mairea](https://www.linkedin.com/in/mairea)

Brian Galvin works for the Health Research Board (HRB) where he manages the HRB National Drugs Library, an evidence resource for practitioners, policy makers and researchers in the drugs and alcohol field, and is Editor of Drugnet Ireland, the HRB’s quarterly drugs research and policy bulletin. Brian is Head of Ireland’s National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). He was chair of IFLA’s Health and Biosciences sections 2011-15.

**Please describe the type of interactive session intended to take place:**

60 minute session. Presentation (in debate format) followed by small-group discussion by participants who will finally, as the Grand Jury, deliver a verdict on our proposition.
Workshop 8. User-centered Design for Libraries: multidisciplinary methodologies and approaches to designing services that meet user needs.

Johanna Archbold¹

¹RCSI Library, Ireland

Title: User-centered Design for Libraries: multidisciplinary methodologies and approaches to designing services that meet user needs

Abstract: Librarians are adept at transforming to meet the demands of their users, and particularly in drawing on best practice from other disciplines to facilitate this process. Space and services are key areas where librarians and information professionals must constantly innovate to get the most out of the user interactions that happen in library spaces and at service points.

Drawing on design thinking, anthropology and ethnography service design principles and participatory design techniques have been identified as valuable approaches for librarians to engage with users while also creating services that meet their needs (Foster, 2014; Heath, 2014; Marquez & Downey, 2015). Participatory design techniques help service designers to understand user behavior and needs by engaging them in the thinking process (co-creation) and service design provides a holistic framework that includes assessment and evaluation for continuous improvement.

This interactive workshop will invite participants to dive into the underbelly of this dialogue to investigate through discussion how principles of service design and the tools of design thinking frameworks, participatory design activities and ux methodologies are highly usable tools that can be used to create more relevant and relatable library spaces and services for users.

Six exercises will be completed by the group (in break-out teams) to understand how to bring design into the development of their own library spaces and services. At the end of the session participants will appreciate the design process for undertaking such activities, the pros and cons of different co-creation techniques and be enthusiastic about trying something new with their own library team and users to gain insights into library spaces and services.

Target audience: Librarians and information professionals who engage in designing, planning, assessment and delivery of front of house services and/or those who wish to introduce user-centred thinking into their activities in this area; those who wish to understand the principles, methodological frameworks underpinning service design and participatory design; those who wish to leave the conference with activities that they can implement in their library environments to see the impact of these approaches.

Level: (Please describe what level the workshop/learning session is aimed at - Introductory / Intermediate /Advanced)

Aims:
To demonstrate how a user-centered approach to designing library services and space can add value and innovation for users’ needs

To highlight the disciplines, methodologies and approaches available to bring user-centered design into library design, planning and assessment

To give participants tools, activities and exercises that they can bring straight back to their libraries to engage with user-centered methods

To build a community of practice among librarians and information professionals

**Learning Outcomes:** At the end of the session participants will appreciate the design process for undertaking such activities, the pros and cons of different co-creation techniques and be enthusiastic about trying something new with their own library team and users to gain insights into library spaces and services.

Remember - Overview of what user-centered design can encompass

Understand - Overarching concepts of Service Design, Participatory Design etc.

Apply - Theoretical and methodological frameworks discussed to library contexts

Analyze - The types of tools presented for applying user-centered design techniques; understand how co-creation works with users in these contexts

Evaluate - The pros and cons of techniques and methods, and the value of user-centred approaches for their library environments

Create - User-centered design engagements for library contexts in teams for group discussion

The level of delegate participation required: Active engagement in team break-out sessions, pitching team ideas to group, group discussion

Is preparation in advance by participants applicable? No

**Course Leader / Facilitators Details:**

Johanna is the Customer Services & Communications Coordinator in RCSI Library, with responsibility for service desk teams and services and internal and external communications for the Library including online platforms. In this role Johanna has introduced UX methodologies to inform practice-based research and user engagement with service design. She has experience designing, facilitating and delivering group learning in creative enterprise and academic contexts. Outside libraries, Johanna held a Research Fellowship in Trinity’s Long Room Hub on the Creativity, the City and the University, worked on Enterprise-Academia research programmes for the Irish Research Council and in education and outreach areas for BLOCK T, a start-up creative enterprise in Dublin. Johanna has a PhD in 18th century print culture in the Atlantic World (TCD), a Master’s in Library and Information Studies (UCD) and a Certificate in Data Management and Analytics (DBS).

Please describe the type of interactive session intended to take place: Intro presentation, break-out sessions on key tasks, presentation back to group, group discussion
Wichor Bramer¹, Caroline De Brún², Margaret Foster³, Isla Kuhn⁴, Teresa Lee⁵

¹Erasmus MC, Netherlands  ²Public Health England, United Kingdom, ³Texas A&M University, USA ⁴University Of Cambridge, United Kingdom, ⁵International Agency for Research on Cancer, France

Abstract: Information specialists and medical librarians are frequently asked to provide librarian-mediated search strategies, often for more general background questions or clinical problems, and occasionally for systematic reviews. Though this is an important task and several guidelines are available, no clear consensus exists over the optimal method to create search strategies. Librarians often work in isolation, and opportunities to support each other such as PRESS are not exploited as widely as they might be. In this session we want to give the audience the opportunity to compare searches and to learn from others’ experiences.

Important questions that may arise during search strategy development are:

- Did I miss important search terms?
- Did I find all relevant references?
- How does my search strategy compare with that of other, perhaps more experienced, information specialists?

By preparing a search strategy for a common research topic participants will get “a look behind the curtain” at how other librarians work. In a safe and supportive environment, strategies will be compared and discussed anonymously. Participants can consider their own practice, and compare their solutions to that of others. There will also be an opportunity to see and comment on a live development of a search strategy on research questions proposed by the audience.

Aims: This workshop will facilitate sharing of search methods, and comparison of different approaches to search for a range of questions.

Learning Outcomes: Participants will be able to consider their search strategies compared with colleagues’ searches for the same question, reflect on and gauge their own approach and techniques.

The level of delegate participation required: Mixture of presentations, discussion and practical activity. Participants are invited to bring their own devices to join in the live search strategy development.

Is preparation in advance by participants applicable? Yes

Two weeks before the session participants are sent two research questions with a goal: systematic review, clinical question or general research. Participants are invited to send their search strategies to the chair (IK). Strategies will be anonymized and shared with presenters (CdeB, TL, MF) who will compare and evaluate differences and similarities.
Participants are invited to bring their own research questions to the session. Selected questions will be developed into strategies during the session (WB).

Workshop Leaders: Isla Kuhn, Wichor Bramer, Caroline de Brun and Margaret Foster

**Workshop 10. Sharing literature search blocks: a challenge for improvement of search strategies in different databases**

De Jonge G¹, Marli van Amsterdam M², Küfner Lein R³, Reierth E⁴

¹Erasmus MC, Netherlands, ²Zorginstituut Nederland, ³University of Bergen Library, Medicine and Dentistry Library, ⁴UiT The Arctic University of Norway

**Theme:** Integration / Collaboration

**Abstract:** In 2016 a survey was held among ten moderators of sites or blogs for sharing literature search strings/filters/hedges, or as we name it: "search blocks", as a follow up of the workshop held - at EAHIL-ICAHIS-ICLC Workshop in June 2015 (article in Journal of EAHIL 2015: Vol. 11(3):11-14).

The results of this survey were presented at EAHIL Conference 2016 in Sevilla, Spain. One conclusion was that there is willingness to cooperate but not to merge the sites into one site or database.

In October 2016 these sites and blogs for sharing search blocks/strings have been brought together on a preliminary website for an overview of existing initiatives: https://sites.google.com/site/eahilblocks/

On this site information specialists and librarians are invited to use the different sites and give comments and feedback.

Before the workshop the participants will be asked to carefully examine at least two of these sites and assess their usefulness. We will also invite the participants to reflect about their experience in sharing their own search blocks/filters and making use of search blocks/filters of others.

Together with the participants we will discuss the different offered options: how to ease reusing in the process of developing high quality literature searches, and how we best can use and improve the preliminary website mentioned above.

**Target audience:** Information specialists and librarians experienced in systematic literature searches in different databases and interested in improvement of the process of searching by sharing (parts of) their searches.

**Level:** Intermediate

**Aims:** By discussing the new website and sharing experiences come to realistic ideas for improvement of the sharing process

**Learning Outcomes:** Evaluation and analyzing of existing sharing sites
The level of delegate participation required: Intermediate to advanced in biomedical literature searching

Is preparation in advance by participants applicable? Yes

Please describe the type of interactive session intended to take place: Knowledge Café, Flipped Classroom

Course Leader / Facilitators Details:

Gerdien B. de Jonge, Biomedical information specialist, Erasmus MC, Rotterdam, The Netherlands; corresponding author: g.dejonge@erasmusmc.nl

Master Degree in Biology, Postdoc in Documentation and Information Science. Research and education in biology from 1980-1984. Working as information specialist and (head) librarian since 1985 at several universities and institutes (University of Maastricht, University of Utrecht, Delft Hydraulics, Erasmus University of Rotterdam). Working in the Medical Library of Erasmus MC since 2005 as biomedical information specialist (collection management, literature searching, teaching information literacy).

Marli van Amsterdam, Senior medical information specialist, Zorginstituut Nederland, Diemen, The Netherlands

Regina Küfner Lein, Academic librarian, University of Bergen Library, Medicine and Dentistry Library, Bergen, Norway

Eirik Reierth, Senior academic librarian, UiT The Arctic University of Norway, Tromsø, Norway

Participants are invited to bring their own research questions to the session. Selected questions will be developed into strategies during the session (WB).

Workshop Leaders: Isla Kuhn, Wichor Bramer, Caroline de Brun and Margaret Foster

Workshop 10. Sharing literature search blocks: a challenge for improvement of search strategies in different databases

De Jonge G1, Marli van Amsterdam M2, Küfner Lein R3, Reierth E4

1Erasmus MC, Netherlands, 2Zorginstituut Nederland, 3University of Bergen Library, Medicine and Dentistry Library, 4UiT The Arctic University of Norway

Theme:
Integration / Collaboration

Abstract:
In 2016 a survey was held among ten moderators of sites or blogs for sharing literature search strings/filters/hedges, or as we name it: “search blocks”, as a follow up of the workshop held - at EAHIL-ICAHIS-ICLC Workshop in June 2015 (article in Journal of EAHIL 2015: Vol. 11(3):11-14). The results of this survey were presented at EAHIL Conference 2016 in Sevilla, Spain. One conclusion was that there is willingness to cooperate but not to merge the sites into one site or database.

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Together with the participants we will discuss the different offered options: how to ease reusing in the process of developing high quality literature searches, and how we best can use and improve the preliminary website mentioned above.

Target audience:
Information specialists and librarians experienced in systematic literature searches in different databases and interested in improvement of the process of searching by sharing (parts of) their searches.

Level:
Intermediate

Aims:
By discussing the new website and sharing experiences come to realistic ideas for improvement of the sharing process

Learning Outcomes:
Evaluation and analyzing of existing sharing sites

Yilmaz M¹, Milton J²

¹University of Oslo, ²Cambridge University Library

Target audience: This practical workshop is aimed at library/information staff who wish to engage with their users and non-users, via a suite of evidence based techniques. User Experience is a methodology which is at the centre of discovering how library services and spaces are utilised.

Level: Introductory

Aims: The workshop will introduce participants to the fundamentals of User Experience and the design thinking mindset by working through a real world problem situated in the library context. We aim to provide an understanding of UX as a methodology, focusing on its techniques and components through an interactive workshop.

Learning Outcomes: Our objective is to raise knowledge and awareness of UX as a methodology and provide practical experience of a number of techniques. Workshop participants will learn some of the basics of user centred design and principles. Participants will be actively engaged in discovering and utilising some of the available User Experience techniques.

Attendees will leave this interactive workshop with a new understanding of UX trends in libraries and tangible ideas with which to examine, improve and develop their offering to their customers.

Description / agenda: Introduction to UX methodology, UX trends in libraries, why use UX, an introduction to some of the techniques and good examples from around the world.

We will share and build on our own experiences of using UX in our own libraries in Cambridge and Oslo.

Interactive session: application of UX techniques led by the workshop holders / facilitators

Participants will be introduced to 3 UX methods. - Cognitive Mapping: Drawing a map of their library from memory. - Love/Break up Letter: Write a love or break-up letter to a service or space in the library. - Graffiti Wall: Write or draw what you would like your library to offer.

Summary and conclusion.

The level of delegate participation required: Delegates will be presented with questions relating to library services. Analysis and solutions will be answered by them using UX techniques.

Is preparation in advance by participants applicable? No

Course Leader Details: Jo Milton: has worked in a range of library environments, in customer facing roles. Jo had the opportunity to attend the first UK UX conference and has developed an interest in applying this methodology to try to understand user behaviour and create library services and spaces which cater for different user needs. Jo works at the University of Cambridge Medical Library.
Muharrem Yilmaz: completed an international Erasmus Mundus Master degree in Library and Information Science. Muharrem has worked in reference & user services for several years and is currently working with the Research Support and Teaching team and contributing to the UX team at the University of Oslo, Medical Library as a senior librarian.

Workshop 12. Leading Up, Down, and Around: the Value of Mentorships for Health Sciences Librarians.
Anne K Seymour1, Judy Consales2, M J Tooey3, Barbara A Epstein4, Jane Blumenthal5, Blair Anton1

1Johns Hopkins University, 2UCLA, 3University of Maryland, Baltimore, 4University of Pittsburgh, 5University of Michigan, USA

Abstract: Mentoring has a long tradition in academia and other professions including the health sciences and librarianship. Health sciences librarians have a rich set of experiences with mentorship through formal and informal programs and relationships. The goal of this interactive session is to share these experiences, both as mentors and in being mentored. The facilitator will first present a definition and the benefits of mentorship for attendees’ reactions. Participants will be encouraged to discuss mentoring experiences and leadership programs involving a mentorship component; the rewards and challenges of both sides of mentoring; and how mentorship contributed to their success as leaders. Different types of mentorship experiences and programs will be presented including those through professional organizations, within home institutions and organizations, as part of diversity programs, and as components of leadership development initiatives. Participants will explore how to select a mentor and the different types of mentors: senior colleagues within librarianship, peers, and leaders outside of the discipline. Using the fishbowl format (https://en.wikipedia.org/wiki/Fishbowl_(conversation) experienced leaders and mentors who are co-authors of this abstract will be the initial set of participants and will rotate out and in of the core as other audience members step in to join the conversation.

Target audience: (Please describe who the intended audience is)

Anyone with an interest in mentorship, in leadership and career development, and in sharing mentoring experiences.

Level: Introductory

Aims: Provide a forum for participants to learn about mentoring and its contribution to leadership development, and to share mentorship experiences.

Participants in this session will:

- Learn about different types of mentorship opportunities supportive of leadership development.
Discuss varieties of mentorship experiences enabling an understanding of differences, positives, and negative in different mentorship programs. 

Be able to apply the information to their particular situation, determining the type of mentorship experience most valuable to their leadership journey.

The level of delegate participation required: Delegates are invited to participate to the extent that they wish by observing, asking questions, participating in the discussion, or joining the center fishbowl.

Is preparation in advance by participants applicable? No

Course Leader / Facilitators Details:
Since 2014, Anne K. Seymour, M.S., has been the Director of the Welch Medical Library overseeing information services for the Johns Hopkins Medical Institutions. She holds an appointment of assistant professor at the Schools of Medicine, Nursing, and Public Health. Prior to Hopkins, she was the associate director of the Biomedical Library at the University of Pennsylvania, 1997-2014. She leads an expert team of managers, informationists, and IT specialists serving the information needs of faculty, clinicians and students in clinical, basic science and translational research. She has a special interest in global health and is a regular presenter on global health research and opportunities for librarians. She has applied her expertise in evidence-based health care and health sciences informatics to research projects and capacity building in the global health arena, especially in resource-limited settings. She has built and enhanced global health partnerships across Africa and North America.

Please describe the type of interactive session intended to take place:
Fishbowl: Four to five chairs are arranged in an inner circle. This is the fishbowl. The remaining chairs are arranged in concentric circles outside the fishbowl. A group selected from the authors of this abstract fill the fishbowl initially, while the rest of the audience sits on the chairs outside the fishbowl. One chair is left empty. The facilitator introduces the topic and the participants start discussing the topic. The audience outside the fishbowl listen in on the discussion. Any member of the audience can, at any time, occupy the empty chair and join the fishbowl, sometimes with facilitator encouragement. When this happens, an existing member of the fishbowl must voluntarily leave the fishbowl and free a chair. The discussion continues with participants frequently entering and leaving the fishbowl. When time runs out, the fishbowl is closed and the facilitator summarizes the discussion.

Workshop 13. Research data management training - How to make it happen?
Mari Elisa Kuusniemi1, Katri Larmo1, Tiina Heino1

1Helsinki University Library, Finland

Title: Research data management training - How to make it happen?

Target audience: Library research support staff providing research data management training or those who are planning to start research data management training.
Level: Intermediate /Advanced

Aims: Libraries across Europe are rolling out research support services, including for research data management. This involves a range of activities, e.g. establishing a data policy and support for its implementation, providing advice regarding data management planning and storage. This workshop will focus of transferring research data management skills and knowledge through training. Typical target groups for RDM training are young researchers, project coordinators and library staff and often involve collaboration with others.

Learning Outcomes: This training is planned to be learning-by-doing workshop. By doing a concrete tasks together with colleagues around the world, participants will get a chance to share experiences, learn from others and discuss about the success stories and challenges of research data management training.

Description / agenda: A short introduction to RDM training will be presented. But mainly we are going to use group work methods to gather and share experiences, feedback and ideas.

In the workshop we will write a syllabus for a training sessions of a couple of different kind target groups (graduate students, senior researchers, library staff, etc.)

Main questions addressed by the workshop:

- Do libraries feel ready to teach research data management, on what topics, for which target groups?
- How and why some libraries have started training?
- What curricula, methods, tools, exercises can be shared?
- What can be learned from and through collaboration with medical libraries?

The level of delegate participation required: We look forward to active working, discussion and networking.

Is preparation in advance by participants applicable?

Yes, we will send to participants reading material before the workshop to inspire them. This material will be a research article, like Koltay, T: Are you ready? Tasks and roles for academic libraries in supporting Research 2.0, New Library World; 2016, 117, (1-2), 11, 94-104.

Course Leader Details: Mari Elisa Kuusniemi (MEK) is Science Information Specialist in Helsinki university library. She is responsible for research data management services in Helsinki university library. She has worked on researcher services since 2002. MEK leads the Helsinki university library’s research data management service team, which operates on four university campuses and university hospital. She is a project manager of the organizational and the national research data management projects. She gives training for all sorts of targets groups, from graduate students to police makers of national research administration.
Workshop 14. Demonstrating your service’s value and impact. Tips, tricks and tools.
Douglas Knock¹, Susan Smith², Dominic Gilroy³

¹King’s College Hospital NHS Foundation Trust, ²Mid Cheshire Hospitals NHS Foundation Trust ³Health Education England – Working across Yorkshire and the Humber, United Kingdom

Target audience: Library staff either interested or involved in evaluating and demonstrating the value and impact of their service

Level: Introductory / Intermediate

Aims:

- To improve attendee’s understanding of what value and impact are and they can be measured and used as an advocacy tool for health library services.
- To use a Value and Impact Café to share experience of measuring and demonstrating value and impact within a range of healthcare library and information service settings.
- To increase awareness of the freely available Knowledge for Healthcare (KfH) Library and Knowledge Services Value and Impact Toolkit and to share experience of other tools which can be used to demonstrate a health library service’s value and impact.

Learning Outcomes:

- Improved understanding of what value and impact are within the context of health libraries.
- Increased awareness of a range of tools that can be used to gather data to demonstrate a health library service’s value and impact.
- Knowledge of what the KfH Library and Knowledge Services Value and Impact Toolkit is and how it can be applied to all health libraries including those outside the NHS.

Description / agenda:

- An interactive exploration of the concepts of value and impact and what distinguishes impact from feedback. Participants will engage in an exercise to grade a range of feedback / impact statements. (10 mins)
- A Value and Impact Café exploring the experience of attendees, the type of impact that they would like to be able to measure and demonstrate and the tools that they currently use. Participants will be gathered into small groups to discuss and reflect on a set question. (20 mins)
- A brief overview of the KfH Impact Toolkit including the individual tools, how they have been developed and how they might be applied to libraries outside of the NHS. Copies of the tools will be distributed to groups and participants will be asked to consider how they might apply these to range of specific services. (25 mins)
Aims:

Level: Introductory / Intermediate

Target audience: 1King’s College Hospital NHS Foundation Trust, 2Mid Cheshire Hospitals NHS Foundation Trust 3Health Education England

Learning Outcomes:

- Improved understanding of what value and impact are within the context of health libraries.
- Increased awareness of a range of tools that can be used to gather data to demonstrate a health library service’s value and impact.
- Knowledge of what the KfH Library and Knowledge Services Value and Impact Toolkit is and how it can be applied to all health libraries including those outside the NHS.
- An interactive exploration of the concepts of value and impact and what distinguishes impact statements. (10 mins)
- Participants will be gathered into small groups to discuss and reflect on a set question. (20 mins)
- A Value and Impact Café exploring the experience of attendees, the type of impact that they would like to be able to measure and demonstrate and the tools that they currently use. (25 mins)
- Willing volunteers in scientific research activities, has an important role to play in helping to manage the information overload.

Workshop 14. Demonstrating your service’s value and impact. Tips, tricks and tools.


The level of delegate participation required: Active participation encouraged

Is preparation in advance by participants applicable? Please bring examples of own impact analysis (optional)

Course Leader Details: Previously a countryside ranger, Susan Smith changed career after a love of local history led her to work in public libraries. In 2003, she joined the NHS in Shrewsbury, where she completed her Masters at Aberystwyth. She chartered whilst an E-Resources Librarian at Keele University and in 2010 started her current role at Mid Cheshire Hospitals NHS Foundation Trust as Library Manager. In addition to her library role, she is a qualified management coach and forms part of the internal coaching team. Although wearing the value & impact hat for this conference, additional interests include partnership working and knowledge management.


Susanna Wisniewski1,8, Gordan Dooley2, Chris Watts3, Vasumathi Srijanesh4, Chris Mavergames5 James Thomas6, Julian Elliott7, Steve McDonald7, Ruth Foxlee8

1Cochrane Dementia and Cognitive Improvement Group, United Kingdom, 2Metaxis Ltd, Oxford, 3Cochrane Learning and Support Department, 4QMed Foundation, India 5Cochrane Informatics and Knowledge Management, Germany 6University College London, 7Cochrane Australia, 8Cochrane Editorial Unit, London.

At a time when research output is expanding exponentially, citizen science; the process of engaging willing volunteers in scientific research activities, has an important role to play in helping to manage the information overload.

Within Cochrane, we have historically struggled to provide contributors with small but meaningful ways to get involved that suits both the organization and the contributor; the traditional role for Cochrane contributors being review author, which is a huge commitment.

As part of Cochrane’s Project Transform, we have developed Cochrane Crowd to provide a solution to answer these problems by offering contributors the opportunity to complete micro-tasks aimed at identifying and describing trials. Methods: Building on the work of Cochrane’s Embase project, whereby over 2000 contributors helped to identify over 20,000 reports of randomized trials from Embase with excellent accuracy, we have developed a new micro-tasking platform called Cochrane Crowd: http://crowd.cochrane.org.

The platform enables contributors to dive into needed tasks that help us capture and describe the evidence. As of September 2016, we are rapidly approaching a milestone figure of one million individual classifications by the Crowd.
Understanding that people often learn best by doing, and by popular demand, we are now developing Cochrane Classmate as a trainers’ toolkit for teachers of Evidence Based Medicine to use with Cochrane Crowd.

Trainers will be able to use Cochrane Classmate to create exciting activities for learning about evidence production and synthesis. Trainers and educators will use our tool to create rewarding ‘learning by doing’ classroom activities by customising tasks from the Cochrane Crowd platform. Learners will improve their research and information skills by carrying out practical tasks in identifying and classifying clinical trials and studies. Tasks can be tailored to their areas of interest or expertise.

**Description:** The interactive session will begin with a short presentation describing the aims and objectives of Cochrane Crowd and Classmate, and the progress of the projects to-date, including reporting on the results of the first 18 months of the Crowd tool and the first 6 months of Classmate.

Following on, we are proud to introduce the Cochrane Crowd EAHIL screening challenge! The workshop will provide participants, organised into teams, with the opportunity to create and participate in a screening challenge of live records in Cochrane Crowd using the Cochrane Classmate toolkit. There will be prizes, not to mention a fantastic sense of team spirit and accomplishment from taking part in the Cochrane Crowd effort!

Our aim is for participants to leave the interactive session ready to use Cochrane Crowd as a screener, and inspired to use Cochrane Classmate in innovative ways in their EBM teaching.

**Workshop 16. Machine-assisted searching and study selection in systematic review.**

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**Abstract:** Systematic reviews aim to provide a comprehensive synthesis of the characteristics and results of all available research studies that address the same underlying question(s). Study identification in systematic reviews comprises two interrelated phases: searching and study selection (also referred to as screening, filtering, or sifting). The large and growing number of research publications, coupled with the current lack of systems for curating completed research studies for efficient identification and re-use, can make identifying all studies eligible for inclusion in a systematic review both challenging and time consuming. Text-mining and machine learning technologies have been offered as potential solutions: by automating some of the searching and/or study selection processes, reviewer time can be saved. These technologies also have potential to help with identification of search terms for developing search strategies and with mapping large collections of literature.

We will outline the different ways in which text mining technologies are being applied to searching and study selection in systematic reviews. We will provide overviews of:
Current applications for searching, including approaches that aim to improve sensitivity and/or precision, or to aid database translation;

Current applications for study selection, including approaches that aim to reduce the number needed to screen, expedite quality assurance, or facilitate systematic review updates;

Advanced techniques that integrate searching and screening, including term-based clustering and ‘topic modelling’, in which the traditional lines between searching, study selection and mapping methods become blurred

The latest methods and tools, including visualisations for topic modelling using Latent Dirichlet Allocation and word clouds.

We will also summarise the current evidence base in an attempt to answer the question: how close are we to being able to reliably replace some of the manual labour in study identification with text mining technologies?

Small groups (with whole-group feedback) will try out a selection of computer-based tools, and discuss the methodological issues that the use of these technologies raise. Such issues may include the potential risks (e.g. possible reduction in recall), the skills needed to apply the technologies, the acceptability to different types of review producers and users, and the availability of ‘off-the-shelf’ software to implement these technologies.

What’s new? For those who attended our EAHIL workshop in 2015, this year’s workshop will provide up-to-the-minute overviews of the latest technologies and their evaluations, plus more on implementation and software options. Throughout the session, we will draw on examples from our latest experiences of designing semi-automated workflows to apply these technologies in live review projects.

**Target audience:** Information specialists, librarians

**Level:** Intermediate

**Aims:** To discuss:

1. Different ways that text mining and machine learning technologies can assist with study identification
2. The latest technologies, some of which are evolving, including visualisation tools.
3. The current evidence base on whether these technologies work
4. Available software for implementing machine-assisted study identification
5. The broader implications of (semi-)automating study identification, including the potential risks, the skills needed to execute, and the acceptability to different types of review users.

**Learning Outcomes:** Participants should be able to:

- Differentiate some ways that text mining and machine learning technologies help with study identification
- Name some of the latest developments and the evidence base in this area
- Describe some of the broader implications of (semi-)automating study identification
Margaret Foster¹, T Derek Halling¹, Cathy Pepper¹

¹Texas A&M University, USA

Target audience: Librarians interested in educating others on how to conduct systematic reviews; librarians who want to learn how to participate in systematic reviews

Level: Intermediate—for those already familiar with systematic reviews

Aims:
- Provide an overview of models for training librarians with specific examples
- Discuss competencies of systematic review skills for librarians

Learning Outcomes:
- To describe models of training librarians to participate in systematic reviews
- To describe competencies for librarians conducting systematic reviews
- To create an effective method for promoting systematic review services to a target audience
- To create an individual plan for training
- To create a plan to train other librarians
- To create a plan for keeping up with developments in systematic review methods

Description / agenda:

This 90-minute interactive session will cover models—step-by-step sequential activities—for training librarians for collaborating on systematic reviews. From shadowing an experienced librarian, attending continuing education courses, and reading one of the many books on systematic reviews, there are a variety methods with various levels of success. Interaction will include guided discussions and planning worksheets. As systematic review methods and tools continue to develop and evolve, individuals need a plan for keeping up with new concepts, methods, and software. Delegates will leave with a training plan for themselves and/or a systematic review service.

The level of delegate participation required: Class discussions and planning worksheets; Delegates will be asked to complete a short survey a month before the session.

Workshop Leader: Margaret J Foster, Associate Professor, Systematic Reviews Coordinator, Texas A&M University.
Lotta Haglund¹, Anthea Sutton²

¹The Swedish School of Sport and Health Sciences, GIH, Sweden, ²The University of Sheffield, United Kingdom

The competencies and personalities sought after in library leaders can be very different in different countries, as are the organisational cultures. At the same time many librarians are looking to find opportunities for exchange, with a focus on leadership issues. This interactive session will look into the differences and similarities between leadership cultures in different countries, by letting participants describe what’s important in their country.

Target audience: (Please describe who the intended audience is)
Library directors, middle managers, librarians interested in leadership issues and/or a future career in leadership and management

Level: Introductory

Aims:

- To give participants insight into the similarities and differences in leadership cultures internationally
- To inspire job exchange, mentoring partnerships etc, and hopefully also to find a partner/exchange possibility
- To inspire career development
- To find out what EAHIL could do to facilitate exchange between members
- The session leaders has the intention to publish the findings of the session in JEAHIL or other suitable journal

Learning Outcomes: Comprehension

At the end of the interactive session, participants will be able to:

- Describe the differences and similarities in leadership cultures in the different countries represented.
- Recognise leadership development needs.
- Identify mentoring and exchange opportunities.
- Examine potential role for EAHIL to facilitate leadership exchange to meet development needs.

The level of delegate participation required: One-to-one presentations during speed networking, and active discussion participation.

Is preparation in advance by participants applicable? Participants will have to prepare by finding out the most important competencies/personality traits sought after in their country when hiring library managers. In countries with competency frameworks (from library professional bodies and organisations), participants should prepare by measuring the extent that library management job...
Course Leader / Facilitators Details:

Lotta Haglund is Head of Library and Archive at the Swedish School of Sport and Health Sciences, in Stockholm, Sweden since 2012. She has a master degree in Library and Information Science, and has worked in health sciences libraries since 1992. She’s currently the Vice President of the European Association of Health Information and Libraries (EAHIL). Her professional interests include library management, professional development, marketing and communication, as well as evidence practice.

Anthea Sutton is a Senior Information Specialist and the Information Resources Group Manager at the School of Health and Related Research (ScHARR), The University of Sheffield, UK. Anthea has a Masters degree in Librarianship and has worked in health library and information since 2001. Anthea has a professional interest in leadership development, and has published a training needs analysis of health library and information managers, and a literature review of leadership in the library and information field. Anthea is currently a member of the Health Education England Knowledge for Healthcare Workforce Planning and Development Group. The group has recently commissioned a leadership development programme for health library and knowledge professionals, and created the Professional Knowledge and Skills Base (PKSB) for Health, in partnership with CILIP, the Chartered Institute for Library and Information Professionals in the UK.

Please describe the type of interactive session intended to take place: Speed networking, followed by group discussion summing up from speed networking, drawing conclusions and possibly breaking out into pairs/smaller groups for planning leadership exchange. Depending on the number of participants (how much time is left) we would also like to explore what the participants would like to get from a leadership exchange, and if there are options for both face-to-face and virtual exchanges (what technology could be useful).
Workshop 19. De-myth-ifying observational study design: modelling deliberate library collaboration to support competency-based curricula

Micah J. Waltz¹, Dr. Christine Budke¹, Heather K. Moberly²

¹Texas A&M University, College of Veterinary Medicine & Biomedical Sciences, ²Texas A&M University, University Libraries - Medical Sciences Library, USA

Structuring educational experiences to develop professional competencies, such as evaluating study design and critically appraising scientific literature, is challenging. The process requires carefully constructed activities to facilitate development of a competency through application of the course material. When done deliberately, creating educational experiences to emphasize competencies enables students to demonstrate their mastery of the subject by actively applying the subject in a useful way for their future professions.

This workshop illustrates how librarians can collaborate with subject experts to create classroom activities that will be used to develop information-based competencies. One such competency is critical appraisal of scientific literature that incorporates an observational study design.

We will discuss the advantages of librarian support for implementing successful critical appraisal skills and emphasize adapting this model for a variety of class settings and competencies. Carefully designed educational experiences can support the development of critical appraisal by teaching students how to evaluate study designs in scientific literature. Participants will leave this workshop with a basic understanding of study design that they can use to support information-based competency development.

This workshop presents a model class, based on one currently taught, with the workshop participants taking on the role of the students. Participants will have a pre-class reading assignment: a peer-reviewed scientific article with known incorrect information. Participants should arrive prepared to discuss the paper’s strengths and weaknesses. The workshop mimics the progression of the class, including activities. We will pause periodically to step away from the class and identify the pedagogy from the instructor’s perspective and provide a general overview of study designs.

During this facilitated discussion, participants will be instructed to look beyond any outdated information provided in the paper and focus on the paper’s study design, specifically how data were analyzed and presented. An emphasis will be placed on the necessity of considering research within the context of the time it was published.

Participants will be guided through analyzing the paper’s study design, including how study populations were selected and how this might introduce bias into the study’s findings. Additionally, differences in the strength of evidence in common study design types will be addressed. Considering each of the study’s elements will culminate in a discussion about how incorrect information can be, and is, published and how this relates to the strengths and shortcomings of the peer review process.

Understanding how to evaluate scientific literature, identify, and provide examples of both bad and good scientific literature will help librarians support and contribute to current academic curricula where using the scientific literature is essential. By experiencing the model class, librarians can more
effectively collaborate with instructors to create or adapt educational activities to develop professionally relevant competencies.

**Target audience:** Librarians who teach or guest lecture within any of the veterinary or human medical curricula.

**Level:** Introductory

**Aims:**
Participate in both a simulated class and the analysis fundamental pedagogy.

- To provide participants with a basic overview of observational study design that they can then use to support information-based competencies in their curricula.

**Learning Outcomes:**
Identify opportunities for librarians to support subject based instruction.

- Identify opportunities to revise current teaching activities to facilitate the development, and reinforcement, of information-based competencies.
- Adapt the demonstrated classroom model to create novel ways to facilitate and support information-based competency development in veterinary or medical curricula.
- Develop skills for evaluating study design and scientific literature by using published literature with known flaws in the data to understand study design.

**Description / agenda:**
Room set up should ideally be for small group discussion. An overhead projector is required, a whiteboard is preferable—ideally both the projector and the whiteboard can be used simultaneously. Handouts will be available electronically and participants will be responsible for either printing or bringing electronic versions of the observational study and handouts.

- Introductions of workshop leaders
- Context of class/Workshop goals/Structure of workshop
- Mock class part 1: General Audience reading level
- Pedagogy discussion part 1: Avoiding assumptions about an audience’s reading level
- Mock class part 2: General audience numeracy level
- Pedagogy discussion part 2: Using numbers to emphasize not obfuscate points
- Mock class part 3: Observational study, part 1
- Pedagogy discussion part 3: Study design, part 1
- Mock class part 4: Observational study, part 2
- Pedagogy discussion part 4: Study design part 2
- Mock class part 5: Discussion wrap-up
- Pedagogy discussion part 5: Study design part 3

**The level of delegate participation required:** Interactive
Is preparation in advance by participants applicable? Yes

Course Leader Details: Micah J. Waltz is a lecturer at Texas A&M University at the College of Veterinary Medicine and Biomedical Sciences with a joint appointment at the University Libraries in the Medical Sciences Library. He is currently working towards his PhD in Epidemiology and has a master’s of Science in Biomedical Sciences with an emphasis in Cellular Physiology with a certificate in University Teaching.

Micah teaches undergraduate writing courses that emphasize reading and writing about scientific literature, with a focus on students learning to critically evaluate articles. Students practice translating scientific information for non-scientific audiences, using clinical skills to guide their discussions for best practices of communication.

As a guest lecturer, Micah teaches graduate classes how to analyze scientific literature by evaluating the study design. He also teaches students how to prepare personal statements for professional and graduate school with an emphasis on making informed choices about what skills to highlight.
Poster Presentations - Abstracts

Dr Caroline De Brún¹


ABSTRACT
Health inequalities are systematic and avoidable differences in health and wellbeing between groups of people or communities. This poster highlights resources to help people working in public health, identify the best evidence for making decisions around health inequalities. Resources include European and international information sources, key reports, relevant journals, and additional research support such as equity checklists. Details of current awareness services are provided, alongside learning resources to help public health professionals improve their knowledge on the subject of health inequalities. There is a list of tools to support local practice, which includes the Atlas of Variation and the Inequalities Calculation Tool. A range of existing search strategies are provided together with a collection of recommended free-text terms and thesaurus terms for health inequalities and measurement, and protected characteristics.


Anthea Sutton¹, Helen Buckley Woods², Dr Andrew Booth³

¹The University of Sheffield, Sheffield, United Kingdom, ²The University of Sheffield, Sheffield, United Kingdom, ³The University of Sheffield, Sheffield, United Kingdom.

Keywords: Integration, Technology, Learning, Collaboration, Partnership.

Introduction: The School of Health and Related Research (ScHARR) at the University of Sheffield has over a decade’s experience of delivering online professional development courses for the library and knowledge workforce. The FOLIO programme of courses, and its derivatives, has been successfully delivered in the UK and Australia. The most recent course “Rapidly Reviewing the Evidence” has been designed and delivered in partnership with a training commissioner in the UK (Health Education England) and a training provider in Australia (Australian Library and Information Association).

Aim: The presentation will identify transferable lessons for collaboration with different organisation types, in the context of delivering e-learning in partnership with national and international partners.
Method: Based on the experience of developing the FOLIO programme, with a focus on the recent “Rapidly Reviewing the Evidence” course, the FOLIO team will present a practical checklist of the key issues to consider. Relevant considerations will include the context of delivering online training to health library and knowledge staff in the UK and a multi-disciplinary library and information workforce in Australia. The FOLIO courses focus on a low-budget approach, therefore examples of designing and delivering professional development using low-cost technology will also be included.

Results: Key issues, identified when developing partnerships to provide online professional development, can be collated on the themes of: stakeholder needs, reputational management, securing commitment and ownership, content design, and marketing strategy.

Conclusion: The presentation will give an overview of working with different partners to design and deliver online training. The lessons learned from the FOLIO experience will be transferrable to health libraries in developing similar partnerships and collaborating with various organisational types, within and across diverse countries and contexts.

. 3D Printing at a Health Sciences Library.

Varvara Kountouzi

1Biomedical Library, University of Pennsylvania, Philadelphia, United States.

Keywords: Technology, Research, Multidisciplinary, Collaboration, Partnership.

A health sciences library at a major academic university began its venture into the exciting world of 3D printing in December, 2014. In this session, we will describe the experience from the inception of the plan to the present. We will talk in detail about the processes of: making the decision to offer the service; making the case for 3D printing to the library administration; researching 3D printing; choosing a printer; marketing the service; staffing the service; managing work flow; gathering statistics; dealing with new and ongoing challenges; exploring options for expansion; reporting progress and making the case for expansion; and dealing with even more challenges!
A big part of the presentation will be devoted to discussing the unexpected benefits that a 3D printing service brought to the library: new collaborations with various departments and schools, and a 3D-printing network that users can utilize to meet their research and clinical needs.

4. A Comparative Study of Leadership Development Programs in Major Academic and Health Sciences Library Associations in the United States.

Barbara Epstein¹

¹University of Pittsburgh Health Sciences Library System, Pittsburgh, Pa 15261, United States

Aim: Developing new leadership for health sciences libraries is a critical factor in assuring the future success of the profession, whether in Europe, the United States or elsewhere in the world. The aim of this study is to compare and contrast leadership development programs in four major library associations in the United States and to analyse their value and effectiveness in training library leaders.

Method: The four associations included in this study are the Medical Library Association (MLA), the Association of Academic Health Sciences Libraries (AAHSL), the Association of College and Research Libraries (ACRL) and the Association of Research Libraries (ARL). Components of leadership development programs to be studied include goals and history, funding, target population, applicant selection criteria, curriculum, and outcomes where available. Data sources include public websites and promotional materials, published reports and assessments, along with interviews of selected program developers, faculty and/or participants, when feasible.

Results: Results will describe the varied types of leadership programs, and identify key program components leading to positive outcomes.

Conclusion: A comparative study of existing leadership development programs can inform the efforts of professional associations to create, improve or modify such programs for their membership.
5. The Development, Validation and Use of MEDLINE and Embase Geographic Search Filters to Retrieve Evidence About the United Kingdom (UK) For Systematic Literature Searches.

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¹National Institute for Health & Care Excellence, Manchester M1 4BT, United Kingdom.

Keywords: Search Filters, Systematic Reviews.

Introduction: Information professionals have created geographic search filters for (OVID) MEDLINE and Embase to retrieve evidence about the UK when it is required.

Aim: To describe the development and validation of the UK filters and demonstrate their retrieval effectiveness and time-saving benefits.

Method: The filters were developed and validated using gold standards containing included references from guidance products. Their recall was calculated using case studies. A retrospective analysis was conducted using UK references included in several reviews to confirm their recall. A follow-up analysis was undertaken to demonstrate their time-saving benefits when applied to real-life searches.

Results: The filters demonstrated high recall in the case studies (MEDLINE: 100% recall, Embase: 99% recall). The recall ability of the filters was confirmed through the retrospective analysis (MEDLINE: 96% recall / Embase: 97% recall). The time-saving benefit of the filters was demonstrated through the follow-up analysis (search hit reductions of 77% - 92%).

Conclusion: Methods used to create the UK filters can be applied when developing other geographic filters. The ability of geographic search filters to save time increases the efficiency of the evidence-selection process for systematic reviews.

Dr Louise Preston¹, Dr Andrew Booth¹

¹University of Sheffield, Sheffield, United Kingdom.

ABSTRACT
Identifying literature to include in evidence reviews is challenging where the terminology used in the research field is varied and imprecise. This is increasingly a problem in the area of diversity and inclusion research, where the amount and variability of evidence is increasing.

As part of a systematic mapping review for the Wellcome Trust, a team of researchers at the University of Sheffield aimed to identify literature on diversity and inclusion within health research. Search filters exist on identifying LGBT search terminologies (Lee et al 2016), age (Van de Glind 2011), gender (Song et al 2016) and hard to reach groups (Cooper et al 2014). However, these do not address the variability in the definition of diversity; rather address how to identify research on groups that are often underrepresented in health service research, either as participants or researchers.

Our project sought to examine whether it was possible to develop a set of terms related to diversity and inclusion, in order to undertake effective searches to support evidence reviews. This approach was compared with searching for the specific groups who are underrepresented. The feasibility of these two approaches was compared, within the constraints of searching for a rapid, systematic mapping review.
7. Unmasking Sir Patrick Dun’s Library.

Ms Harriet Wheelock¹, Sarah Kennedy¹

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ABSTRACT
For over 250 years, from its foundation in 1713, Sir Patrick Dun’s Library was the working medical library of the College. By the end of this period, in the mid-twentieth century, the situation of the library was summarised by E Gaskell, head librarian of the Wellcome Institute;

one’s impression is that they [the books] are rarely examined and that they contain treasures of which the College is only faintly, if at all, aware … in effect, the collection so far described is a historic one, though it cannot be properly used as such in the absence of a separately arranged and adequate body of reference material … An overwhelming impression made by the Sir Patrick Dun’s Library is that it is well on the way to being choked as a useful entity by its failure to adapt to modern conditions … This is now a historical library which, to speak frankly, masquerades as a current one.

This paper will examine the developments of the past decade which have seen the situation of Dun’s Library revolutionised, with the library adapting to modern conditions, and addressing many of the critiques of Mr Gaskell.

The acceptance of the library as a historic one, coupled with the development of the study of the history of medicine in Ireland, has allowed the library to engage with, and develop, new user groups. An outward looking public engagement programme, largely based on new social media tools, has allowed the development of new audiences from the academic and public spheres. It has also fostered an interest in the library from members of the medical profession who were previously unaware of the library and its holdings. A series of public engagement events have open the library’s physical space to the public, allowing hands on access to the material. Collaboration with academic institutions has fostered new interest in the collection, from both history of medicine and medical students and lecturers.

At the same time a cataloguing project has commenced, using the open-access Library Management System KOHA. A new approach in cataloguing has shifted the focus to the historic nature of the collection; with details of provenance, inscriptions, bindings and other copy specific information being recorded for the first time. Already this process has brought to light forgotten items and strengths in of
the collections, such as books on traditional Chinese medicine and the rediscovered libraries of two
turn of the century psychiatrists.

This paper will aim to show that by accepting the Library’s position as a historic, rather than current,
medical library, embracing the possibilities of new technology, and engaging with the developing area
of medical humanities, Sir Patrick Dun’s Library has found itself a new position in the modern world.

Mr. David Ozura¹, Mrs. Martina Kocbek Gajst², Mrs. Vesna Cafuta³

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Health Sciences, Izola, Slovenia, ³Central Medical Library, University of Ljubljana, Faculty of
Medicine, Ljubljana, Slovenia.

Introduction: Nowadays, as traditional roles of libraries are rapidly changing, there is a significant need
to adopt new, user tailored services which can be formulated and reached to only by deeper
integration and collaboration between librarians and library users.

Aim: The aim of the study is to get an overview of the current level of biomedical library services’
embeddedness in Slovenia, and to identify specific library users’ needs.

Method: The study was conducted among 20 Slovenian biomedical libraries (10 academic libraries, 8
hospital libraries, and 2 libraries from the pharmaceutical sector) and among their users. Anonymous
online survey with open- and close-ended questions was sent to different groups: library management,
researchers /clinicians, and students. The survey included questions on the initiation, operation,
management, and evaluation of existing services, and on user satisfaction and expectations.

Results: Results bring information on the current state of integration of library services within different
institutions (faculties, hospitals, and pharmaceutical companies) and offer a clearer view on
advantages, barriers and unutilized potentials in developing embedded library services.

Conclusion: The results of the survey can be of use to those who are planning to develop modern
biomedical library services or want to improve the existing ones.

Federica Napolitani\textsuperscript{1}, Elena Bravo\textsuperscript{1}, Alessia Calzolari\textsuperscript{1}, Anne Cambon-Thomsen\textsuperscript{2}, Laurence Mabile\textsuperscript{2}, Anna Maria Rossi\textsuperscript{1}, Paola De Castro\textsuperscript{1}

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Introduction: At the 14th and 15th EAHIL Conferences, a poster was presented about the guideline to standardize Citation of BioResources in journal Articles (CoBRA). Was it really necessary to present a third poster on the same subject? The answer is: yes.

Methods: Whenever an innovative guideline is introduced in the scientific community, it may take a long time before it gets widely used and regularly applied. At the beginning, a lot of effort is put in making it known among all possible users (in this case researchers, editors, biobankers, librarians etc.). Then, the guideline starts receiving comments and criticisms and it is improved and implemented.

Results: Now, about 6 years passed from the first Workshop in Toulouse (January 2011) whose main objective was to assess and optimize the use of BioResources internationally and make a quantitative parameter to measure their impact, and help recognise the work of biobankers. The BRIF (BioResources Research Impact Factor) journal editor’s subgroup, which was founded at that time, reached so far, a number of important goals. The guideline, first published in \textit{BMC Medicine} in 2015, is included in the EQUATOR (Enhancing the Quality and Transparency of Health Research) network, shared by the European Association of Science Editors (EASE) and by the National Library of Medicine (NLM).

Conclusion: This poster will present the most recent achievements of the guideline and in particular the collaboration with NLM Citing Medicine. Librarians and information specialists should promote its use to unveil the use of BioResources and create the basis for their evaluation.

10. Information Design and Universal Design Strategies for Teaching and Presenting Complex Health Information to Diverse Learners.
Keywords: Diversity, Education, Learning, Teaching, Consumer Health.

Introduction: Much of the current research and many efforts for meeting health information needs have focused on providing access to information. While information access is an essential contribution of library services to global development, also important is information design--the simple, efficient presentation of information. Access to complex health information without the capacity to clearly share it is a hindrance to the teaching cycle. However, learners with both access to information and the ability to share it accurately, in culturally sensitive and community-specific ways, have a greater capacity to implement lasting change.

This research proposes that librarians consider teaching information design and visualization strategies when engaging global, diverse learners. Information design and visualization requires a focus on the analytical and visual communication of information that makes health sciences librarians, with their expertise in information science, a natural fit as teachers. Targeting a diverse global audience, especially women, is also appropriate as information design and visualization strategies use a visual language communication approach that can be used across a diverse range of social and cultural issues. Women play a vital role in the achievement of the UN Sustainable Development Goals and are influential community advocates for healthy practices. For health sciences librarians interested in the global implications of library and information services and behaviour change communication, an expertise in information design and visualization strategies and the ability to teach them is an important skill.

Aim: This study aims to explore the fundamental design and visual principles needed by health sciences librarians to teach information design and visualization to a global audience. It explores strategies for teaching and best practices for reaching diverse audiences by understanding learning styles and utilizing the Universal Design for Learning framework. Because information design requires both visual and analytical skills, it is important to provide a flexible teaching approach, customizable to fit individual learner needs. The Universal Design for Learning framework, with its focus on the ‘what’, ‘how’, and ‘why’ of learning, provides a solid foundation for such work.

Method: This formative research is an exploratory literature review intended to lay the groundwork for future study of health sciences librarianship, information design, and universal design for learning and
its potential to empower women and learners worldwide. It seeks to provide a basis for developing strategies and communication channels to influence behaviour change and promote healthy decision making. As an exploratory review, it will focus on analyzing existing literature on design and visual principles, information design as related to library and information science and health sciences librarianship, and using the Universal Design for Learning framework in teaching. This study will also include qualitative approaches through informal discussions with health sciences librarians, library instructional design specialists, and advocates for international research on women.


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Keywords: Technology, Collaboration, Systematic Review, Evidence.

Introduction: Reports of randomized controlled trials (RCTs) from PubMed and Embase have fed into the Cochrane Central Register of Controlled Trials (CENTRAL) in the Cochrane Library for many years. This is known as “centralised searching” because all relevant RCTs are found in a single search regardless of topic area. In 2012 Cochrane information specialists planned to expand the number of databases searched by using a centralised team of information specialists. Developments in machine learning and the rise of citizen science changed our thinking in the intervening years and led to a new approach to centralised searching.

Aim: The Centralised Search Service (CSS) aims to scale up centralised search activities. The citations identified by the CSS will be published in CENTRAL thereby creating an increasingly comprehensive database of trial reports, and reducing the need to search multiple databases. Target sources include PubMed, ClinicalTrials.gov (CT.gov), KoreaMed, the WHO International Clinical Trial Registration Platform (ICTRP), CINAHL and Embase. The benefits to Cochrane and users of CENTRAL include:

- Reducing duplication of effort for Cochrane review groups and other systematic reviewers
- Engaging a new generation of ‘lay’ Cochrane contributors (Cochrane Crowd)
- Enhancing the value of CENTRAL as a ‘one-stop’ source of RCT reports
**Method:** The CSS, working with Cochrane’s Project Transform, is building on the successful Cochrane Embase Project, where reports of randomised trials were identified using a direct feed mechanism based on a validated filter, in combination with human ‘screening’ activities. However, each new database brings its own set of challenges so a ‘one-size-fits-all’ approach cannot be adopted. A combination of the following methods has been applied so far:

1. Highly sensitive RCT filters developed by an experienced information specialist
2. Use of machine learning technologies, namely an “RCT classifier”, to refine large search sets
3. Citation screening using a group of motivated volunteers.

**Results:** In 2014 19,717 records were added directly (unscreened) to CENTRAL and a further 35,971 in 2015. Since the start of the Embase project in 2013, Cochrane Crowd has screened >300,000 Embase records and identified >28,000 unique RCT reports in total. The custom-built Crowd platform allows a large volume of records to be processed accurately and efficiently. A data feed from KoreaMed, a comparatively small database with very few unique RCT reports, is now in place for CENTRAL. After examining a year’s worth of records we have determined that all new KoreaMed records will be sent unfiltered to the Cochrane Crowd for screening. For CT.gov and CINAHL we plan to create a highly sensitive search filter. We have access to the WHO ICTRP portal database and are currently planning our approach to this dataset.

**Conclusion:** Work on Embase and KoreaMed show that through a combination of information specialists’ skills, technology and people power, large datasets can be searched efficiently and RCT reports identified with a high degree of precision. We are hopeful that these approaches can be successfully applied to other databases, thereby achieving productivity gains for Cochrane groups and enriching CENTRAL for all users of the Cochrane Library.

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**Keywords:** Strategic Planning, Change Management, Quality Improvement, Driver Diagrams, Evaluation.

**Introduction:** Formed in 2012, Health Education England took responsibility for investment of National Health Service (NHS) funds in healthcare library and knowledge services. HEE asked the Library and Knowledge Service Leads (LKSL) to shape the strategic direction of these services around a common vision. \textit{Knowledge for Healthcare:} a development framework for NHS library and knowledge services in England was published in December 2014.

In shaping \textit{Knowledge for Healthcare} we drew heavily on quality improvement techniques and used driver diagrams to generate and organise the strategy.

A driver diagram serves as a tool for building a testable hypothesis. Once a group is clear about their aim and has generated ideas on how to achieve this, the diagram provides a way of systematically laying out the strategy to make clear the relationships between the aim of the work and the anticipated impacts of the changes proposed.

**Aim:** This brief introduction to using driver diagrams as a strategic planning tool, provides a step by step explanation of how to facilitate a planning workshop and reports the benefits we find in using this tool and also share the lessons we have learned.

We describe the initial work, using driver diagrams with the LKSL group and report on our subsequent work in co-facilitating Working Groups to use this technique to prompt strategic thinking and progress their work-streams, both to refresh the original diagrams and to address new priorities. We share practical tips on facilitating this technique and our experience of working on them via webex.

**Method:** We used driver diagrams as a strategic planning tool to:

- explore the factors that need to be addressed in order to achieve our overall goal
- propose a series of interventions to achieve our vision
- show how these elements are connected
provide the basis for a measurement framework

Each driver diagram depicts our hypothesis about the changes we need to make across the system to achieve the ambitious vision set out in Knowledge for Healthcare.

**Results:** We determined four primary drivers for change which are depicted throughout Knowledge for Healthcare:

- Transforming the service – proactive customer-focused services
- Transforming the service – quick and easy access
- Effective leadership, planning and development of the healthcare library and knowledge services workforce
- Optimising funding for best value

The collaborative process of developing driver diagrams offers several benefits:

- high level of engagement
- generates change ideas
- avoids “silver bullet” thinking
- build complex strategy, marshalling a mass of change ideas
- visual; acts as a communication tool

Subsequently, the implementation plan was developed around the interventions proposed.

**Conclusion:** For each driver and change, it is important to determine ‘by how much?’ and ‘by when?’

We found that more work was needed on the initial measures we identified. Drawing on the expertise of colleagues to deepen our understanding of metrics, we are developing a more robust, overarching evaluation framework for Knowledge for Healthcare.

We strongly recommend using driver diagrams as a technique to develop and communicate strategy.
13. “How cool is THIS?”: 3D printing at the Medical Library of Umeå University

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Keywords: Technology, Education.

Introduction: Additive manufacturing techniques are becoming increasingly important to the field of medicine. Parallelly, the makerspace movement has reached the library sector, and both public and academic libraries have started offering their patrons the opportunity to print in 3D. This background, together with the agenda-setting ambitions in additive manufacturing at Umeå University, inspired the Medical Library to run a 3D printing pilot project in 2015.

Aim: Studies have suggested that 3D printers fit well into various library environments. The aim of the project was to see if this holds true in a specialized medical library.

Method: A review of the literature was conducted. Guided by this, the library bought a 3D printer and offered workshops where patrons could learn how to use it. Attendees could then book printing time to print objects of their choice. The project was later reviewed through a user survey.

Results: The 3D printer was highly appreciated by library patrons (“how cool is THIS?”) and also attracted attention from other disciplines, as well as from the university management. Many of the prints made were anatomical models or medical equipment, suggesting that 3D printers are of direct relevance to the library’s target groups.

Conclusion: 3D printers fill their place at medical libraries.
14. Conducting a Citation Management Software Evaluation for Systematic Reviews: A Librarian’s Guide.
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Introduction: With so many citation management software (CMS) programs available on the market today, such as Endnote, Reference Manager, RefWorks, and Mendeley, each with its own unique strengths and options, how do you choose the best one for your organization’s needs? One challenge in conducting a systematic review (SR) is the magnitude of information to navigate, such as articles, data, citations, etc. Once a literature search is complete and the citations are acquired, how do you keep track of it all? A Librarian, as part of a SR team, can determine how to best manage all of this information, and in particular, the citations.

Aim: We outline the criteria and methods for how a Librarian can examine the best citation management software for your SR team and organization.

Method: A CMS is a key tool in a SR and is a significant investment in resources, including time, money, and staff. Using CADTH’s current CMS evaluation as an example, we will examine the key steps in selecting and evaluating a CMS to ensure you get the right program to meet your needs. The steps in this process include: forming a committee, developing criteria, finding options, investigating and documenting how the CMS meets your criteria, and establishing return on investment (ROI).

Results: Through our review process, we determined that any of the reviewed CMS programs, such as Endnote, Mendeley, Zotero, RefWorks, etc., would be suitable as a bibliographic tool. The challenge is in customizing and integrating these programs to fit the systematic review process. Not all of them are capable of adapting to multiple reviewers, multi-level screening of articles, or tracking interlibrary loans. A new CMS program requires a change in research processes, an organization wide change management strategy, as well as training and support for all end users.

Conclusion: The role of a Librarian in a SR is not limited to a literature search. Our skills and expertise can be applied to the organization of information gathered, which brings added value to the team. CMS programs are an integral part of a SR and when well-chosen, can speed up the SR process, as well as ensuring the accuracy and integrity of information acquired. Librarians can play a leading role in choosing the right CMS for a SR.

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Keywords: Technology; Evidence Based Librarianship, Education Learning, Multidisciplinary, Collaboration.

Introduction: Healthcare librarians are increasingly being encouraged to boost their profile by engaging with their users outside the physical library context by offering training at their place of work or within their existing CPD infrastructures.

Aim: The primary aim of this study was to evaluate perceptions of the effectiveness of a librarian led workshop to a specific group of health and social care professionals in relation to patient outcomes and research practice in public health services. A secondary aim was to assist health science librarians with service planning.

Method: Immediate feedback was sought using an evaluation form provided to participants after the workshop session. An online survey was circulated to all participants three months post workshop.

Results: There was a higher response rate to the evaluation form than the survey. Both results confirmed the value of the workshop in terms of its usefulness. A high portion of respondents stated that they had put the information into practice post workshop. Results showed that participation in the workshop had tangible benefits for participants including: time saved, influenced decision-making regarding patient care and practice and the reduction errors and risk in practice.

Conclusion: This collaborative approach to a librarian-led workshop for a diverse set of health and social care professionals has several benefits. It saves time reaches a wider audience and informs service planning. The cooperation of librarians from different organisations brings together a combination of different skillsets and competencies leading to enriched content. Involving health
professionals in the planning phase of the workshop means that their learning objectives are met and expectations are managed.


Miss Malin Ekstrand¹

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ABSTRACT
Web-based learning, e-learning, has changed the landscape of continued medical education in health care services. However, the process of online distribution and maintenance of educational content requires technical, administrative and pedagogical support. Libraries with the right competencies can provide this. It provides opportunities for exploration of new areas within library and information services.

At Danderyds University Hospital, the Medical Library manages the hospital’s LMS (Learning Management System) since 2014. More than 50 online courses have been created with the help of librarians. The library provides complete support throughout the entire process of creating and managing the hospital’s e-learning courses. Pedagogical workshops are offered during start-up, we assist throughout the course production phase, and provide technical and administrative help when publishing, updating or archiving a course.

Effects of library support in hospital e-learning include reaching a new clientele and establishing new collaborations. It has increased library involvement in strategic efforts aiming at strengthening staff knowledge, quality of care and increased patient safety. Extending library services have had effects on library organization and ways of conduct: by adjusting to new needs in our surroundings library services are embedded into new areas.
17. Using Major Thesaurus Terms or Title and Abstract Only Terms in Embase and Medline Search Strategies for Systematic Reviews: The Probability of Losing Relevant References.

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Keywords: Review Literature as Topic, Databases, Bibliographic, Vocabulary, Controlled, Sensitivity, Specificity.

Introduction: Researchers performing systematic reviews have to read many articles, few of which are used. Searches in bibliographic databases traditionally combine thesaurus terms (keywords added by specialized indexers) with words in the title or abstract. Limiting thesaurus terms to those marked as most important (major terms) or limiting searches to words in the title or abstract reduces the number of hits in Embase and Medline.

Aim: To determine the probability that a systematic review using limited searches as described above misses relevant references that would have been included if they had been retrieved.

Method: We analyzed 54 reviews for which we had designed the searches, and ran the original searches as they were used in the review, and searches where we limited Embase alone or both Embase and Medline to Major terms or title and/or abstract searches. We calculated the changes in number of hits of these adaptations per review, and checked per review whether all included references were retrieved by the limited searches.

Results: Limiting Embase searches to major terms reduced the total number of hits by 8%. For 44 reviews, all of the included references were retrieved, and for 5 reviews the relative loss was minimal (<5%). Limiting both Medline and Embase to major terms reduced the number of hits more, and had negative consequences for less reviews than searching Embase using only title or abstract. Searching the title or abstract of both databases reduced the number of hits with 20%. This had no effect on 31 reviews, and a minimal effect on 5.
Conclusion: Limiting Embase alone to major terms does have only a limited influence on included references, but also does not reduce the total number of hits a lot. Searching both Embase and Medline using title and/or abstract terms only reduces the number of hits more substantially, but this has negative consequences for the completeness of the reviews. Researchers wanting to reduce the number of hits should decide which probability is acceptable to them. When limiting searches, we recommend including exhaustive terms in title or abstract and searching other databases as well.

18. Information Specialist Contribution to Patient-Oriented Health Information: Sailing the Seas of Health Literacy Over the Years.

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Introduction: National health systems are complex organizations: health literacy plays an active role in health promotion, and through the patients and citizens empowerment, can improve health quality, efficiency and outcomes, thus contributing to reduce health inequalities.

Aim: The purpose of the present poster is:
- to outline different initiatives taken over the years by a public-health Information Service to improve the health literacy level
- to highlight the role of information professionals in this field and how it evolved over the time

Method: Starting from the end of the Nineties’, it was clear that it was essential to foster patient empowerment in a country with a low health literacy level.

Some initiatives were taken over the years:
- Providing doctors, health personnel, and patients with universally accepted criteria and best-practice examples, based on studies evaluating the quality of health-related websites.
- Participating in a European-funded partnership specifically devoted to health literacy. It was a great opportunity to learn about methods and outcomes in different countries.
- Developing an e-health information portal, funded by the Ministry of Health. That was a great opportunity to test abilities as health information providers.
• Contributing to the current creation of a Health National Portal as members of the Editorial Committee, thus furthermore widening competencies and skills.

Results: Medical librarians and information specialists can actually do a lot in this field: they can go beyond the traditional tasks like retrieving and organizing information to become authors and reviewers of health information.

19. The Next Step for Open Science is Text and Data Mining.

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ABSTRACT

The volume of digital data is doubling every two years. In the world of science, ca 50 million scientific articles have been published since 2010. Reading and analyzing all of them manually is not humanly possible. But luckily, there is text and data mining, the tool that can do exactly that: reading and analyzing millions of texts!

However, it is very difficult for researchers and their librarians to find minable data and TDM services online, especially medical data. And, each TDM service uses different formats for input and output. So combining services on one dataset is almost impossible.

The European project OpenMinTeD helps solve these problems in an innovative way:

• OpenMinTeD will provide an extensive list of existing TDM services. This way, TDM services will be easily discoverable.

• OpenMinTeD will give access to big amounts of mineable text and data.

• OpenMinTeD will establish interoperability standards and build a standard layer. This way, miners can combine different TDM services on their data.

We are currently working with four use cases from four different research disciplines: Research Analytics, Life Sciences, Agriculture & Biodiversity and Social Sciences. And we are looking for more research communities to join.
The OpenMinTeD platform will be of major help to librarians who would like to give researchers hands-on guidance on TDM. And, libraries who are working with open data are invited to become part of the platform by making their text and data available for TDM. Text and data mining is, after all, the future!

20. The Librarian as an Antidote: Recognizing the Misinformation Online to Improve the Educational Reference for Patients.
Mauro Mazzocut\textsuperscript{1} Sara Francescon\textsuperscript{2}, Carlo Bianchini\textsuperscript{3}, Emanuela Ferrarin\textsuperscript{1}, Paola Cantù\textsuperscript{4}, Chiara Cipolat Mis\textsuperscript{1}, Ivana Truccolo\textsuperscript{1}

\textsuperscript{1}Cro Aviano National Cancer Institute, Scientific and Patients Library, Aviano, Italy, \textsuperscript{2}Cro Aviano National Cancer Institute, Pharmacy Clinical Desk, Italy, \textsuperscript{3}University of Pavia, Department of Musicology and Cultural Heritage, Italy, \textsuperscript{4}Université Aix-Marseille and CNRS - Centre d’Épistémologie et d’Ergologie Comparatives, Marseille, France.

Keywords: Consumer Health, Technology, Research, Multidisciplinary.

Introduction: At the CRO National Cancer Institute the Scientific and Patient Library and the Pharmacy Clinical Desk are involved in the institutional Patient Education & Empowerment program. Librarians and Pharmacists are both involved in Cancer and Medicine information services. One of the emerging topics requested by patients and relatives to these services is the Turmeric Curcumin. This is a phenolic compound that is increasingly used by cancer patients to relief treatment side effects or fight cancer. This substance is commonly considered useful in cancer prevention as well, but there are no conclusive evidence about its effectiveness for any of these purposes. Some positive data are emerging from recent studies, but they can not be transposed to humans due to poor bioavailability of the substance. The mix of scientific data and unsubstantiated claims creates a favourable environment to the diffusion of disinformation and misleading marketing strategies for Complementary and Alternative Medicine (CAM) products. This is particularly true on the web, which is often the primary source of CAM information among patients.

Aim: Developing strategies to recognize the online misleading information addressed to patients about CAM with positive preliminary data of efficacy, by analyzing the case study of Turmeric Curcumin.

Method: Search engines and meta search engines are queried with basic research strategies in Italian language (e.g. "curcumine" and "cancer"). The resulting web pages are classified as "commercial" or "informative". Open Source Intelligence (OSINT) analysis techniques and free tools will be exploited to explore the context information about the set of web pages collected (e.g. presence of unbranded...
websites, hidden correlations between different websites, etc.). Information about the Tumeric Curcumin properties will be classified and assessed by a team of pharmacists and librarians on the basis of existing literature. Furthermore, a text analysis on a subset of web pages will be performed to find out the logical fallacies exploited to sharpen subtle persuasion strategies. Finally the features and strategies of the “commercial” and “informative” groups will be compared.

**Results:** The preliminary results of the study will be presented at the 16 EAHIL Conference (Dublin, 2017).

**Conclusion:** The use of OSINT techniques and tools along with the knowledge of persuasive use of common logical fallacies can help health-information professionals (librarians, pharmacists, etc.) to better understand and assess the online misinformation about controversial issues, where valid and unsubstantiated information are mixed together. This insight on misinformation dynamics may help health-information professionals to improve the engagement and communication with them about controversial issues.
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Keywords: Evidence, Research, Systematic review & Technology.

Introduction: Search filters are a useful tool to increase the precision of search strategies. Using an animal filter as part of a database search strategy helps the automatic identification and exclusion of papers with animal topics, where the population of interest is human only. In the results of an encephalitis economic evaluation search, five types of animal study were returned: a) names of diseases (e.g. tick-borne or equine encephalitis), b) clinical trials involving animals (rats and mice), c) farm animals with encephalitis (chicken, ducks and cows), d) vectors that transmit diseases (mosquitoes and ticks) and e) animal-human transmission studies.

Aim: The main aim of this talk is to evaluate the impact of different animal filters on the five study groups mentioned above.

Method: Using search results from an economic evaluation on encephalitis, studies that related to one of the five study types were indentified through keywork searches (e.g. for equine or mosquito) and were placed into one or more of the five corresponding groups.

Meanwhile, five different animal filters were added to the initial search and their results will be compared to the original unfiltered results. The absence or presence of the references assigned to each study will determine the performance of each filter on each domain (a-e).

Results: The results from this study will be presented at the conference.

Conclusion: Animal filters are a useful tool for identifying and then removing animals studies from search results where humans are the population of interest. Different animal filters may perform better for different types of animal study.
Reference Interview for Systematic Review Searches.

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Keywords: Systematic Review, Reference Interview, Librarian’s Role, Research, Check List.

Introduction: Librarians are often asked to contribute to systematic reviews with a systematic literature search. In order to make sure methodological requirements are followed and consensus on the work to be done we have created an interview guide for the reference interview for systematic review searches. The interview guide will also help unexperienced librarians gain methodological skills.

Aim: The aim is to highlight the reference interview as an important tool preparing for systematic review searching.

Method: The interview guide is based on previously published literature on reference interviews, methodology literature for systematic reviews and own experiences.

Results: The interview guide contain questions tailored to confirm that a systematic review is being made and to highlight topics related to methodology of the literature search. The aim is that the reference interview should be a simple and convenient tool to prepare for systematic review searches.

Conclusion: This poster demonstrates elements to include in a reference interview tailored for systematic review searching. The interview guide is easy to use in communication with researchers and useful in in-house training.

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Keywords: Census, Workforce

Introduction: Enabled by an Anne Harrison research grant, HLA undertook a census of Australian health LIS and workforce in 2014/2015. The purpose was to create a baseline to measure trends, predict future needs, and provide objective evidence for advocacy.

Aims: Specific objectives: conduct the census; report publicly on the data; make the census replicable.

Method: Survey data were collected through elists and direct approaches to library managers. Demographic and workforce questions were adapted from NeXus3 (Hallam et al, 2011).

Results: Two hundred and nineteen (219) responses, plus 61 services identified using outdated directories and lists equated to an estimated 328 health LIS. Workforce data were provided by 63% of LIS. Extrapolating to 100% suggested a workforce approximately 1,250 strong (760 health librarians, 290 library technicians, 200 non-LIS qualified staff). Health LIS vacancy rates were 10% (compared with a national rate of 1.2%). A ratio of 2:1 (imminent retirees:new recruits) indicated a critical shortage within the next five years. The workforce was largely female, 76% located on the eastern seaboard, over 70% in capital cities, and 60% in the government sector.

Conclusion: The data provide evidence for education and workforce planning, advocacy, and improving the sector’s profile among policy makers.

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Keywords: Online Services, Open Access, Predatory Publishing, Journal List, Journal Ranking.

Introduction: Digitization enables an easy launching of new (open access) journals. Currently the market of journals is rather non-transparent. Apart from the rising number of journals researchers more and more complain about the practices of different journals. With regard to open access journals the amount of article processing charges (APCs) is object of criticism as well as the questionable practices of some journals with regard to peer review or manuscript management in general. These practices are often subsumed by the term “predatory publishing”. The term was coined by Jeffrey Beall. On his blog “Scholarly Open Access” (scholarlyoa.com) he lists publishing houses and open access journals with potentially questionable practices. Although this blacklisting seems to be effective to a certain extent, Beal’s list is at least debatable. There are several online services for the evaluation of journals that prefer whitelisting by awarding best practices or by collecting facts about journals along with personal experiences from authors.

Aim: The presentation will give an overview on online services for the evaluation of (medical) journals. It will focus on services that are free of charge.

Method: Different online services (e.g. Directory of Open Access Journals, Quality Open Access Market, Open Access Spectrum Evaluation Tool, Journal Reviewer, Journalysis, SciRev) for the evaluation of (open access) journals will be compared with regard to the number of evaluated (medical) journals, aspects they focus on (e.g. open access practices or peer review) and opportunities for libraries or scientific communities to participate (e.g. by crowdsourcing information).

Results: The comparison is intended to help to decide which services can be used as source of information and for counselling library users.

Conclusion: The various online services differ in number of journals and evaluations provided, aspects they are focusing on and modes of participation. There is no “one-stop-shop” that provides all information.
25. Shifting perspectives of information literacy teaching. From the “Hows”, to the “Whys”.
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ABSTRACT
Information literacy teaching has experienced a shift in focus in later years. Libraries have traditionally devoted their time to teach undergraduate students the “Hows” of using sources. Based on our experience, they should now spend more time on the “Whys” and the importance of being information literate for the acquisition of knowledge. At our university library, this shift has led to reflection upon how the information literacy needs persist, but gradually change, from undergraduate to PhD level. PhD students are expected to carry out a laborious research project where they are responsible for keeping in line with the norms and values of research ethics, all while building the foundation for their research career. In 2015, we launched the cross-disciplinary seminar series Take control of your PhD journey (cf. https://uit.no/ub/laringsstotte#linje2) to meet these needs. This seminar series widens the traditional scope of information literacy, from academic integrity to the ethics of open science, and include the following five seminars:

- Academic integrity – seminar on academic integrity and plagiarism in academia
- Searching for literature – seminar on the issue of doing systematic literature searches and how to use scientific databases
- EndNote – seminar on the issue of managing referencing through EndNote
- Open Access publishing – seminar on the issue of open access (OA) publishing
- Research data – seminar on how to manage, describe, archive and share research data

Ref: Take control of your PhD journey (https://uit.no/ub/laringsstotte#linje2)

Keywords: Collaboration, Education, Learning, Multidisciplinary, Research, Teaching.

Introduction: Information literacy teaching has experienced a shift in focus in later years. Libraries have traditionally devoted their time to teach undergraduate students the “Hows” of using sources. Based on our experience, they should now spend more time on the “Whys” and the importance of being information literate for the acquisition of knowledge.
**Aim:** Create a seminar series that widens the traditional scope of information literacy and offer PhD students a better foundation for their research career.

**Method:** A Five seminar series widens the traditional scope of information literacy, from academic integrity to the ethics of open science, and include the following seminars: Academic integrity, Searching for literature, EndNote, Open Access publishing and Research data.

**Results:** Collecting data.

**Conclusion:** Collecting data.

26. **2BIC: Take Your Adventuring Gear and Organise Popular Pop-Up Information Literacy Sessions at Your Library.**

Inge Discart\(^1\), Marleen Michels\(^2\), Thomas Vandendriessche\(^2\), Karen Verboven\(^3\), Linda Stoop\(^3\), Natasja Vissenakens\(^3\)


**Keywords:** Integration, Education Learning, Teaching, Multidisciplinary, Evidence Based Librarianship.

**Introduction:** At the KU Leuven (Belgium), students get mandatory information literacy sessions during their bachelor years. Once in their masters, however, it was observed at the 2Bergen libraries (Biomedical Sciences and Science & Technology) that many students forgot how to find the right information for their dissertation.

**Aim:** To provide a grip from which students can dive into the world of information, the 2Bergen Information Centre (2BIC) was founded. Easily accessible and voluntary pop-up workshops for bachelor, master and PhD students were organised in a popular and attractive way, to enhance/refresh their information skills.

**Method:** First, a short analysis was performed to determine the needs of students writing their thesis. Then, 45-min workshops on topics such as search strategies, databases, reference managers and Google were given. Massive publicity for the workshops was spread through a logo, website, facebook, flyers, posters, ballpoints, a learning platform and on information screens.
Results: The project started at the beginning of this academic year. Since only a few sessions have been given, results are still scarce. At the conference, the results will be presented in a strongly evaluative way. The role of the reference librarian as teacher will be highlighted.

27. Meeting the Evidence Based Needs of Nurses and Midwives with a Wide Range of Searching Skills in an Acute Teaching Hospital.

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Problem: Previously nurses and midwives would only come to the library for help with evidence based searching when they were doing a post graduate course. However, the advent of revalidation has brought a previously reluctant group to the library. With approx. 2,500 nurses and midwives in our trust, meeting the needs of those with less computer skills and more importantly confidence has been time consuming. I will be illustrating:

- How Discovery has been a valuable tool in getting novice users started.
- How the embedding of full text in CINAHL complete makes using such resources popular with our teaching sessions.
- How this has helped to cut down on the teaching time I have to provide, still leaving me free to train those who require 1-to-1 training.
- How our usage stats have surged.
- How I have marketed these sessions.
- How we are working on developing technology to take the training out to them.

Solution: The Librarian as Trainer has to be able to integrate a wide range of approaches to meet the needs of multidisciplinary staff in finding evidence based information. Technology has made it all much simpler, once staff have got over their reluctance to take advantage of this. It all starts with a friendly librarian.

Irma Klerings\textsuperscript{1,2} Barbara Nußbaumer-Streit\textsuperscript{2,3}, Dr. Gernot Wagner\textsuperscript{1}, Viktoria Titscher\textsuperscript{1}, Gerald Gartlehner\textsuperscript{1,2,3}

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Keywords: Systematic Literature Searching, Literature Search Methods, Rapid Reviews.

Introduction: Rapid reviews have become a pragmatic alternative to systematic reviews. They are knowledge synthesises that abbreviate certain methodological aspects of systematic reviews (e.g. limited literature searching) to produce information more quickly. Consequently, the conclusions of rapid reviews are potentially less reliable than those of systematic reviews.

Aim: We aim to assess whether bodies of evidence that are based on limited literature searches lead to different conclusions about benefits and harms of interventions compared to comprehensive literature searching.

Method: We will use a non-inferiority design to answer our research question. The primary outcome of interest is the proportion of discordant conclusions when comparing abbreviated search approaches to a systematic literature search. We will randomly choose 60 Cochrane reviews that meet predefined eligibility criteria. We will reproduce their MEDLINE, Embase, and CENTRAL searches and determine which studies would have been missed by using only these databases, either alone or in combination. If an abbreviated search approach does not detect all studies, we will re-calculate meta-analyses and ask Cochrane review authors whether the missed evidence would change conclusions of their report.

Results: Will be available at time of conference.

Conclusion: Will be available at time of conference.

29. Survey to Inform the Delivery of Continuing Education Courses in EAHIL 2018: Evidence Based Librarianship in Practice.

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Keywords: Evidence Based Librarianship, Research, Evidence, Education Learning.

Introduction: The importance of continuing professional development (CPD) should not be underestimated and as the role of the information professional develops, so do the training needs. Continuing Education Courses (CEC) delivered at EAHIL events help to ensure competence in the profession.
Aim: To identify training needs of medical and healthcare librarians in relation to continuing professional development.

Method: At the EAHIL 2016 conference in Seville, a paper-based questionnaire was undertaken to identify the training needs of medical and healthcare librarians in relation to continuing professional development. Following the conference, in order to reach a wider audience, an on-line survey questionnaire was also circulated across various social media and JISCMail platforms and was publicised within the Journal of EAHIL (Mann 2016).

Results: So far over 100 information professionals have participated in the survey. We will present the results of the survey including topics mentioned in our poster presentation.

Conclusion: Following an analysis of the responses, the findings will inform the delivery of CEC’s at EAHIL 2018 in Cardiff. Therefore, practicing evidence based librarianship.


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ABSTRACT

For years the Research & Development department has approached the library for help for searching for Trust-authored research papers. Historically this was a lengthy, time-consuming process involving very long search strings...which wasn’t an efficient use of staff time.

The Research & Development department wanted a simple, cost-effective way to collate research publication data for their annual reporting and we suggested a research repository, which would have the added benefit of the option of making the Trust’s research publications open access, where publisher’s permissions allowed – increasing exposure and impact of Trust research outputs. This was an excellent opportunity to strengthen our relationship with the Research & Development department, and to develop our services to support research in the Trust.

We worked closely with Research & Development to set up a system which catered for their information needs, as well as creating a public, openly accessible showcase for research undertaken at the Trust. We didn’t have the resources to develop an in-house solution, so we went to an external supplier. R&D agreed to fund a software subscription for 3 years, with the understanding that the library would administer and manage the repository. The repository launched on 1st March 2016.
Keywords: Research, Open Access, Repositories, Collaboration, Partnership.

Introduction: worked in collaboration and partnership with the Trust’s Research & Development department to set up an institutional repository to capture bibliographic publications data for their annual reporting, and to act as a public showcase for Trust research outputs – including full-text of articles where possible within publisher’s permissions.

Aim: to collate research publication data for the Trust for annual reporting and also to make Trust research outputs publically accessible.

Method: After a trial period, a repository was set up using hosted third party software. The repository software is paid for by Research and Development and managed by Library staff.

Results: RD&E Research Repository was launched on 1st March 2016: http://rde.openrepository.com/rde. It contains bibliographic publications data, and full-text versions of articles, where publisher permissions allow and when the author can supply the appropriate version.

Conclusion: By working in partnership with Research and Development we have created a tool which is fit for purpose for collating the research publications data required by the Research and Development department, and created an online portal for Trust research outputs.

31. A Web-Based Course for Doctoral Students Presented by the SLU University Library.
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ABSTRACT
The SLU library has converted the PhD-course Information retrieval and methods for scientific communication from a campus based course to a totally web-based course. The purpose of providing a web-based course is that all doctoral students at SLU will be able to participate in the course independent of their location. Compulsory attendance to a tight schedule and few assignments have been replaced by individual assignments, quizzes and group discussions and a schedule stretched out over a six-week period. The approach of peer learning allows the doctoral students to participate in the course parallel with their other work. The course consists of 12 modules, based on the pedagogical approach constructive alignment where a clear relationship between course objectives, learning activities and examination is achieved. The first course was given in spring 2016 and 34 of 35 participants was approved.
32. Information Resources Used in Published Systematic Reviews of Economic Evaluations.
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Keywords: Systematic review, Evidence, Research, Evidence-based librarianship

Introduction: Effective systematic review (SR) methods are essential components of HTA production. SRs of economic evaluations (EEs) are increasingly performed, yet the quality of search methodology in this type of review has not been investigated.

Aim: To identify the information resources used to retrieve studies in recent SRs of EEs, and investigate whether the choice of resources reflects current recommendations for conducting such reviews.

Method: Recent SRs of EEs were identified using MEDLINE and the following information extracted: general medical databases searched, specialist economic databases searched, HTA sources searched, supplementary search techniques used. Results were compared against information resources recommended by NICE when searching for economic evidence for HTAs, and the summary of current best evidence provided by SuRe Info.

Results: Data were extracted from 42 reviews. 5 reviews (12%) met or exceeded the search resources recommended by NICE. 9 reviews (21%) searched at least 4 of the 6 types of resource recommended by Sure Info. None of the reviews searched all 6. Although all reviews explicitly described the resources searched, errors or lack of clarity were common.

Conclusion: Information resources used to identify evidence for the majority of recently published SRs of EEs do not conform to current recommendations.

33. Performance of Search Filters to Identify Studies Reporting Health State Utility Values.
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Keywords: Evidence based librarianship, Systematic review, Evidence, Research.

Introduction: Identifying studies reporting health state utility values (HSUVs) is a recognised search challenge.
Aim: The aim was to assess sensitivity of three search filters developed to identify studies reporting HSUVs, to improve further the best performing filter and to validate resulting final filters.

Method: 3 quasi-gold standard (QGS) sets of relevant studies were harvested from reviews of studies reporting HSUVs. The performance of 3 initial filters was assessed by measuring relative recall of studies in QGS1. The best performing filter was developed further using QGS2. The resulting three final search filters (FSF1, FSF2, FSF3) were validated using QGS3.


Conclusion: We have developed and validated a search filter (FSF1) to identify studies reporting HSUVs with high sensitivity (95%) and two other search filters (FSF2, FSF3) with reasonably high sensitivity (92%, 88%) but greater precision, resulting in a lower NNR. These seem to be the first validated filters available for HSUVs. The availability of 3 filters with different sensitivity and precision options enables researchers to choose the filter most appropriate to their research context.

34. Disseminating World Health Organization Information to Ensure Better Integration of Consumer Groups.
Tatyana Kaigorodova¹, Irina Kriukova¹

¹WHO Documentation Centre based at the Federal Research Institute for Health Organization and Information, Moscow, Russian Federation.

Aim: to analyse dissemination of information among different groups of consumers.

Methods: Analytical, Statistical.

Results: WHO Documentation Centers were set up by the WHO Regional Office for Europe in each country of the Region to widely disseminate WHO information at the national level. WHO DC in Russia was established in 1994.

The main objectives:
• keep and catalogue WHO information;
• provide information support for the Ministry of Health;
• disseminate information among key groups of consumers;
• evaluate use of WHO information at the national level.

WHO DC has developed and implements the following tools and activities: website, Information Bulletin on most relevant health care topics; Express-Information on new WHO publications - both
electronic publications are e-mailed free of charge to key consumers; presentation and dissemination of WHO publications at workshops and conferences in Russia. The mailing List of Bulletin and Express Information includes 2125 e-mail addresses. More than 1700 electronic publications are currently available on the WHO DC website with e-links to WHO and WHO EURO web sites.

So, activities of the WHO DC in Russia ensure a good coverage of key groups of information consumers and their timely provision with up-to-date information on most relevant topics.
35. Impact of Hinari after marketing campaign (April 2015 to July 2016).

Mrs Gaby Caro Salazar

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Introduction: In July 2016, Hinari Access to Research for Health programme turned 15 years old. The programme currently is available in 117 countries, offering up to 60,000 information resources to almost 6,000 registered institutions. When Hinari was launched in 2001, Internet access was inadequate or non-existent in eligible countries. Current ICT developments have made virtual libraries a viable option for these countries. Health information literacy skills have also improved among the academic population. However we still do not find the corresponding growth in the usage pattern of the Hinari information resources. After identifying this issue in mid-2015, the Hinari Team designed six marketing messages that were delivered to the newly registered institutions in specific time frames. There were six group of institutions receiving six messages (in English, French and Spanish) along 300 days.

Aim: In order to evaluate the impact of Hinari, we will analyse the usage statistics and how they were affected by the marketing campaigns developed in those specific institutions as part of the six groups from the newly registered institutions. The interventions have relative value as they required staff effort to develop and deliver. These interventions were especially designed to increase the usage of our information resources; therefore, we need to know the level of impact whether significant or not.

Method: Analysis of the Hinari usage statistics. The universe is categorized in six cohorts according to the distribution of the marketing campaigns (six data sets: 7 April 2015 to 7 July 2016). The usage will be analysed starting the following month after the registration was accepted. The analysis will cover 10 months. A second analysis will cover the following months between four and two months.

As a comparison method, we are using six control categories that have been prepared from the immediate previous time frame (six data set: 7 October 2014 to 6 April 2015).

Results: These 12 groups, cohorts and control, will be analysed using usage and description categories, such as number of registrations per group, countries, regions, language and institution categories

Conclusion: Through statistical analysis, we will determine if the marketing interventions affected the figures, positively or not. From the data, additional implementation strategies will be noted.
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Keywords: Systematic Reviews; Collaboration; Metrics; Integration; Research.

Introduction: In recent decades, there has been an increasing trend worldwide to conduct and publish systematic reviews. This is both a challenge and an opportunity for medical librarians. How do we keep up with this trend and manage to integrate our expertise, e.g. in literature searching, with researchers conducting systematic reviews? And, to start with, how do we even find these researchers and systematic review projects in our own settings (e.g. university or clinic)? Thus, a key issue for librarians involved in systematic literature searching is first to get to know his or her research institution.

Aim: In this presentation, we provide an overview of a comprehensive analysis of published systematic reviews at Karolinska Institutet. Questions addressed:

- How many systematic reviews are published from our university?
- Which researchers and departments are involved in these reviews?
- In what research areas are these reviews published?
- Do they include librarians/information specialists in the review projects?

Method: A combination of quantitative and qualitative methods was used in the analysis. A high precision search strategy for finding systematic reviews was adopted and references were collected from the Karolinska Institutet Bibliometric Database covering Medline and Web of Science from 1995 onwards. This database also includes author address information for almost all affiliated researchers at Karolinska Institutet. Full text articles in pdf were downloaded into EndNote to analyse library involvement in creating the review. In addition, we also contacted researchers publishing systematic reviews using a standardized e-mail template including a short survey.

Results: As expected, the number of systematic reviews published by researchers affiliated to Karolinska Institutet has increased significantly during the study period. However, these reviews are unevenly distributed across departments and research areas. A majority of the reviews do not mention any library involvement, but this does not necessarily mean that no librarian was involved. To enhance our understanding of this, we are currently investigating the survey results.

Conclusion: Taken together, this analysis provides a structured approach to analyse published systematic reviews from a university in order to learn more about the need for search expertise that the library can provide. With this knowledge, communication strategies can be focused on specific relevant research environments, as a complement to general information about the library services.
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ABSTRACT

Medline Transpose is a newly developed tool for quickly converting the syntax of a search strategy between PubMed and Ovid interfaces. In some situations, it may be beneficial for information professionals to convert a search strategy from one database to another; for example, to make use of the adjacency search function in Ovid, or to quickly generate a list of PMIDs in PubMed. This freely available tool, developed with the specific needs information professionals in mind, provides an easy solution for a commonly experienced searching problem.

Keywords: Systematic review; Research; Technology.

Introduction: When formulating a complex search strategy involving free text, controlled vocabulary terms, wildcards, or adjacency syntax, it is sometimes necessary to convert the strategy from one interface to another to capitalize on the strengths of each. However, transposing a strategy from one interface to the other is not a straightforward process due to the different functions available and ways that the interface interprets user logic. For example, the PubMed interface automatically explodes subject headings, while the Ovid interface does not. Other search functions, such as TW (textword) in PubMed and MP (multipurpose) in Ovid are also difficult to disambiguate, and require a thorough reading of help documentation. Currently, translating strategies between PubMed and Ovid can be a time consuming process and many health librarians may not be familiar with both interfaces.

Aim: The aim of this project was to create a simple and user-friendly tool for health librarians to convert a search strategy with PubMed search syntax into an Ovid search (and vice versa).

Method: Medline Transpose was created by two health librarians currently working in expert searching in health research, each of whom primarily use a different interface for Medline searching (Ovid and PubMed). When collaborating on evidence synthesis projects requiring expert searching, the authors found several instances in which translating a strategy from one interface to another would be beneficial. Due to the cumbersome process of translating a strategy from Ovid to PubMed, the authors explored several solutions, including the creation of macros for Microsoft Word, and different programming languages. Javascript was chosen for its relative ease of use, number of high-quality and freely available tutorials online, and ability to share the program online with the public (including ability to use on all major computer operating systems, and those in high-security environments who cannot download software to a computer). As there are inconsistencies and ambiguities in translating a strategy from PubMed to the Ovid interface, research literature, existing translated strategies (e.g. McMaster’s “Search Filters for MEDLINE in Ovid Syntax and the PubMed Translation”), database support documentation, and experts in the field will be consulted to ensure the translation is correct.
The strategy used by Medline Transpose will also be available online for transparency. Where ambiguities exist, documentation will be available to inform users of the process used by Medline Transpose as well as suggestions for the closest equivalent search strategy. Finally, Medline Transpose will be tested by a target audience (health librarians) for feedback on design, ease of use, translation strategy, and utility.

**Results:** The proposed benefits of this tool are two-fold: 1) enable information professionals to build Medline search strategies in both the Ovid and PubMed interfaces in less time, and 2) ensure that the translation between interfaces is done accurately. Usability testing will be conducted on the beta version of Medline Transpose and the results will be presented.

### 38. Predatory Publishing: who will save Little Red Riding Hood from the Big Bad Wolf?

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**Keywords:** Open Access, Teaching, Metrics, Predatory Publishing.

**Introduction:** Open Access publishing paradigm has widely developed since the last decade, providing authors with increasing scientific visibility. Nevertheless, shadows have been cast on this publishing model due to dishonest publishers who, by means of misleading journals titles and deceptive websites, keep on inducing authors to publish on their journals. This has led to a contamination of open access paradigm, thus seriously damaging the scholarly communication system.

**Aim:** This paper is intended to provide appropriate tools to prevent authors from been scammed by unscrupulous publishers. The main goal is to spread awareness within the internal research community on the risks to publish on counterfeit journals.

**Methods:** Training initiatives and updated information have been provided in the framework of a continuing education program planned by the Library and Publishing Unit of our institute. Dedicated seminars for internal authors have been organised and a pre-submission checklist was spread via e-mail to increase awareness on the need to carefully assess journals reputation.

**Results:** Positive feedback from contacted researchers confirmed the central role of information professionals in facing the problem of misconduct of predatory publishers.

**Conclusions:** Collaborative efforts of information specialists in different settings and countries may find antidotes against assaults of predatory publishing.

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Objectives: The project aims to: to pilot a way of improving access to practice-based knowledge as it is often not documented to spread learning about the different ways that local areas use community-centred and public health approaches.

Method: The project was informed by a literature review and work undertaken on community centred approaches.

Setting / participants / resources: Examples will be collected from local authorities and the voluntary sector across the north of England.

The first phase (March – September 2016) established the governance. A template of 13 questions with prompts was developed to capture learning.

Evaluation: The second phase (October – March 2017) will gather further examples, make them available online and evaluate the project using data, interviews and observation.

Results: The steering group has reviewed twenty examples so far including:

Auntie Pam’s volunteer scheme helps mums-to-be in Kirklees

Our people, our place, our approach: Northumberland

The family of interventions (strengthening communities volunteer/ peer roles, collaborations and partnerships, access to community resources) was used to classify examples.

A launch took place at a health inequalities conference in Hull in October 2016.

Conclusion: Lessons learned and recommendations for expanding the project across England will be available in April 2017.
Introduction: The number of systematic reviews (SR) and meta-analysis (MA) published in the last years has increased exponentially, due maybe to different reasons: growth of the Evidence Based Medicine and Practice, evaluation benefits for researchers for publishing this kind of documents in some countries...

Several studies have shown that a proportion of the SRs and MA published in scientific journals do not achieve the necessary quality, they do not report the methodology as they should. This study will focus on the search and retrieval of the potentially relevant articles for the following analysis. This is just one part of the elaboration of SRs but, particularly for us as information professionals, is the most essential point.

Aim: Our main is to compile and review the main guidelines and statements for the undertaking of SRs and MA, focusing especially on methodological issues, and on the search process and the information retrieval. After gathering the main recommendations, we performed an analysis comparing the common points and the differences, assessing the contribution of each one.

The second objective is to check if some of these guidelines include the recommendation to include an information specialist in the team.

Method: First we made a selection of the major SRs producers or agencies (PRISMA, Cochrane, health technology assessments agencies, etc.) and we checked the different recommendations included in their guidelines and standards. We conducted a comparative analysis, focusing especially on the aspects related to the information retrieval (required and recommended databases, use of thesaurus, search of further resources, etc.).

Results:

- Some of the common points are:
  - Several databases have to be searched. There should be core databases (mainly MEDLINE/Embase, but also others as the Cochrane Database of SRs, DARE, etc.), as well as other types of databases.
  - It’s necessary to describe in a transparent manner the search strategy in order to make the search transparent and replicable.

- Some of the differences include: individual search strategies adapted to the different databases, the search on other sources of information (websites, clinical trials, thesis...), the need for a protocol, the use of reference management software, or the use of new information retrieval techniques, among many others.
Conclusion:

- PRISMA is the more succinct regarding the information search, while Cochrane, CADHT or EUnetHTA go into much more detail.
- There are some additional and interesting recommendations as the ones regarding the use of reference managers, information about limits or bias, or the use of text mining techniques.
- Some of the guidelines recommend collaborating with an information specialist, and EUnetHTA highlight that the librarian should be an integral part of the project team from the beginning.
- Recommendation to develop overarching guidelines or standards (taking into account researchers' limitations, as subscribed resources, bias due to languages limitations, etc.) with some mandatory aspects, which could be implemented by publishers as a requirement to assure a minimum quality level.

41. Towards an Internationally Transferable Model for Translating Knowledge into Action in Front line Care in Zambia and Scotland.

Vincent Kole1, Consider Mudenda2, Dr Ann Wales3, Dr Jo Vallis4

1MoH, Lusaka, Zambia, 2ZRDTA, Lusaka, Zambia, 3NES, Glasgow, Scotland, 4NES, Edinburgh, Scotland

**Background:** The Knowledge into Action Strategy for NHSScotland4 aims to transform librarians into knowledge brokers who help to translate knowledge into practice. A DFID-funded project to improve communication in emergency care in Chitambo 5 provided the opportunity for Zambian librarians to develop this Scottish model to support frontline care in their context.

**Methods:** NHSScotland's evidence-based knowledge broker capability framework6 includes sourcing knowledge from research and experience; presenting evidence in actionable formats for decision-making (e.g. pathways, mobile apps); facilitating sharing of knowledge; training clinicians in digital and information literacy. NHSScotland collaborated with Zambian health librarians to adapt and deliver tailored knowledge broker training to Zambian medical school librarians, researchers and the Chitambo Information Officer. Training was multi-faceted - a two-day workshop, self-directed learning

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workbooks, and a distance learning course with Scottish librarians. It was accompanied by a collection of digital evidence sources for use at point of care.

**Results:** Ten librarians, researchers and an ICT manager attended the knowledge broker workshop. Two progressed to participate in the distance learning course. Participants demonstrated improved understanding of knowledge translation concepts, tools and methods, and outlined plans to apply this learning in day to day work. Hands-on exercises demonstrated that point of care evidence sources could support real-life emergency care scenarios. In Chitambo Hospital, the librarian and ICT Manager have developed knowledge brokerage, providing digital and information literacy workshops to hospital and rural healthcare staff, and facilitating Facebook and Whatsapp groups for clinicians to share expertise. The distance learning course is helping the information officer to providing evidence searches and summaries for local clinicians.

**Conclusion** Classic librarian skills of sourcing, presenting and disseminating knowledge can be re-articulated as knowledge brokerage, using common principles to support frontline care in the different contexts of UK and rural Zambia. Librarians can support each other across international divides in the shared goal of integrating knowledge into better quality care.

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7 [http://www.knowledge.scot.nhs.uk/knowledgebrokers.aspx](http://www.knowledge.scot.nhs.uk/knowledgebrokers.aspx)
42. Strengthening Emergency Care Information and Communications in Chitambo District, Central Zambia.
Consider Mudenda¹, Dr Jo Vallis², Dr Ann Wales³, Christine Kanyengo⁴

¹ZRDTA, Lusaka, Zambia, ²NES, Edinburgh, Scotland, ³NES, Glasgow, Scotland, ⁴University of Zambia, Lusaka, Zambia.

Description: More evidence is needed, on the impact of mhealth interventions on improvement of emergency care outcomes (1). We report early results of a cross-boundary collaboration on ‘Strengthening emergency care communications in the remote Chitambo District, central Zambia,’ where lack of effective emergency care communications can cost lives.

Method: A Scottish Government Small Grant Award ** (£35,805 over 2 years) is enabling collaboration on:
• Establishing an emergency care resource centre at Chitambo Hospital, equipped with relevant digital technologies (computers/tablet/smartphones) and information resources (books/downloads)
• Training local health staff to manage and utilise this centre for quality improvement of frontline emergency care services
• Linking the centre to 12 Rural Health Clinics (RHC) by mobile phone, for emergency advice-giving/clinical decision-making

Aim: This project demonstrates NES leadership on both encouraging cross-boundary working with Third Sector/International organisations (2), and knowledge translation into action for quality improvement of frontline emergency care delivery. This is contributing not only to transforming Chitambo District emergency care services through improved information and communications, but rich reciprocal learning on effectiveness of mHealth interventions in remote rural areas, to inform transformation of Scottish emergency care communications.

Results:
We have:
• Held 2 intensive 3-week exchange visit (in Scotland and Zambia) for reciprocal emergency care learning
• Established the emergency care resource room (decision support base, DSB) at Chitambo Hospital
• Conducted
• 2 2-day Knowledge Translation workshops with information and clinical staff to develop the Knowledge Broker (KB) role (3,4) of the Chitambo Information Officer, to manage the centre, and upskill local clinicians to access/utilise related resources (5)
• Ongoing online KB training/support via Webex
• 2 1-week follow-up ICT workshops with Chitambo clinicians, to facilitate project implementation
• 57 interviews with staff and community members regarding their views on local emergency care services (6)
• Established Facebook/WhatsApp support networks
References: References should follow Vancouver Convention: name, title, publication, year, chapter, page number/s and should be listed on a separate page. References: remember to acknowledge any other individuals, funders or specific programmes.


43. Training in Literature Search: Experience with Multiprofissional Class National Cancer Institute José Alencar Gomes Da Silva. Iris Maria De Souza Carvalho

Introduction: The Oncology Centre was created in 1937 and transformed into Cancer Institute in 1944 with a mission to coordinate and help implement the policy to combat the disease throughout the country. During the next decade, in 1957, the Institute would gain its own headquarters, Red Cross in the Square, in the center of Rio de Janeiro. A regiment went on to formally recognize the activities that were being performed by the Cancer Institute in scientific research and healthcare services. New related to disease prevention and training of specialized human resources were assigned skills. Currently the National Cancer Institute (INCA) is a subsidiary body of the Ministry of Health in the development and coordination of integrated prevention and control of cancer in Brazil actions. These actions comprise medical assistance, provided direct and free of charge to cancer patients as part of the services offered by the Health System, and operations in strategic areas such as prevention and early detection, training of specialized professionals, development of research and generation of epidemiological information. His performance focuses three main activities: teaching, research and
service. It is considered an institution of reference in Brazil. Operates in cooperation projects with the most important institutions in the world in area of Oncology. As an advisor, performer and coordinator of the National Oncology Care, Ministry of Health, which recognizes cancer as a public health problem and establishes the logic of networking, organ INCA directs its multidisciplinary approach to developing programs and actions, including projects, campaigns, studies, research and effective management experience with governmental and non-governmental institutions. The Institute maintains international agreements of cooperation on several fronts, forming networks of scientific and technical knowledge and seeking to reduce regional and global impact of the disease. For his performance can cover as fully as the complicated mission assigned to it, INCA has a large organizational structure.

Objectives: In this framework this paper focuses on an ad hoc basis the Integrated Library System INCA (SIBI / INCA). It consists of Libraries in Hospital Units by Thematic Area Cancer Control and, in parallel, the development of several projects that put in promoting the development of tools, enabling the organization and dissemination of bibliographical production. The first Library of the National Cancer Institute was established in 1964 with the objective to meet the domestic demand of professionals in the INCA. The Library now has the largest specialized collection in the field of Oncology in Brazil, providing services to scientific, internal and external communities. In 1999, we implemented the Integrated Library System INCA (SIBI / INCA), formed by six libraries, hospitals distributed in the Institute, in the Department of Prevention and Surveillance, Education and Scientific Coordination and Division of Pathology Disclosure. Currently, given the planning addresses the unification of INCA, the institution has three libraries installed in Hospital Units HCI, HCII and HCIII / IV. The SIBI / INCA has an extensive collection of titles of journals, books, theses, dissertations, monographs, videotapes and CD-ROM, which can be ordered by external users through its network of libraries and internal users via the intranet Institute. All material is inserted in a decentralized manner by the Library staff in each unit, the CARIBBEAN system. This system is available for viewing only on the intranet. It was developed from 1993, with the objective of making available, primarily for the domestic audience, and later for the general public, the collection of the Library of INCA. Your configuration is centralized in HCI and the base frame allows for the inclusion of the types of materials the collection (thesis, dissertation, thesis, book). Allows recovery of the fields author, advisor, and the words of the title subject. Used for indexing the documentary language Descriptors in Health Sciences (DeCS), described later. Presents, among other resources, a field for inclusion of free terms, which allow the inclusion of words that are not allowed by DeCS but can enlarge the chances of recovering the material by the researcher. The INCA’s libraries system (SIBI/INCA) develops and supports projects for the dissemination of health care information. INCA’s library system cooperates with Latin-American and Caribbean Center on Health Sciences Information (BIREME) which offers gratuitously information about health care.

Methodology: In these meetings we seek to clarify the various forms of literature search. The main objective is to expand the possibilities in order to offer students and researchers in general conditions of autonomy for its research in databases. Its specific objective is to enable researchers to identify the main sources of information becoming familiar with the tools available in each one. Multidisciplinary groups show a different profile that corresponds to both the geographic origin of the student as to his academic background. This diversity provides a challenge to the Librarian administering the training. Before the training itself is made a survey of the profile of the class to your needs and expectations. It is
requested that students, through a short questionnaire, inform what their habits literature search, which usually do research and if there is any topic that would like to see addressed. The results are very interesting and show that there is a lack of research in the habit of school education for professionals.

**Conclusions:** In the area of Health, the search index for specific information to save lives and minimize suffering can be considered very high. Providing information in different search sources causes great difficulty for researchers in quick location of material. These different sources bring to the researcher, sometimes and in some areas of knowledge, an adverse scenario in order to meet their needs more frequent information needs. It is observed that even researchers at the postgraduate level there is still a considerable degree of difficulty limiting their academic production and also their professional performance. This can be observed even with the large amount of information currently available. This leads him to seek personal assistance in specialized information centers where you can receive care with trained personnel in this type of care. The multi-professional groups, in general, report the need for this type of training that can provide continuity in another stage of the course. Researchers who may experience this experience acquire an autonomy that will increase as they continue to practice.

**44. Research Connection: Advancing the Success of the Research Enterprise.**
Alexa Mayo¹

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**Aim:** Research Connection, a comprehensive suite of both traditional and innovative research services, was designed specifically for the researcher. Distinct services including Research Impact Assessment, Systematic Reviews, Publication Strategies, and IRB Consent Form Review are streamlined into one marketable program.

**Method:** In a large academic health center, the research enterprise and research faculty provide economic and intellectual capital to the university. Prompted by a focus on translational science and an increased emphasis on research effectiveness, the library team examined new avenues to promote librarians’ expertise to the research experience. A team within the library assessed researchers’ information needs, identified needed services, and developed a roadmap for implementation. Faculty librarians reframed traditional services, and, using task groups and pilot projects, designed cutting-edge programs. This presentation describes how the team designed Research Connection, built its infrastructure, and is continuing to expand the program by developing additional services in data management and bioinformatics.

**Results:** Research Connection was branded and marketed across the university. [https://www.hshsl.umd.edu/services/researchconnection](https://www.hshsl.umd.edu/services/researchconnection).

**Conclusion:** This cohesive suite of research support services, promoted in a unified package, is an effective method of highlighting the value that librarians bring to the University’s research enterprise.
45. ETHIC - Evaluation Tool of Health Information for Consumers. Moving towards validation. First results.

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Keywords: Consumer Health, Technology, Research, Multidisciplinary, Collaboration.

Introduction: ETHIC is a tool developed to help bio-medical librarians and health information professionals in the quality assessment of health information materials from a linguistic and textual point of view. ETHIC has been developed according to the literature on health information evaluation, it is inspired to publications and guidelines on plain language writing and to other tools, but to confirm the accuracy of the development process and the effectiveness of the tool itself, ETHIC needs to be validated.

Aim: Making a preliminary assessment of ETHIC performances, to improve the tool itself and to design a better validation procedure.

Method: 80 health information materials have been assessed through ETHIC by a trained librarian. Another trained librarian supervised when needed and revised the evaluation report.

Results: ETHIC performances and usability were found to be good. The evaluation process seems to be moderately time-consuming, but the time required varies depending on document characteristics and experience of the person who evaluates.

Conclusion: The results of this first pre-validation assessment confirmed that ETHIC could be a useful tool for the quality evaluation of print health information materials. This preliminary assessment suggests to procede with the validation process to confirm effectiveness and efficiency of the tool

46. From First World War Neurology to Web 2.0: A New Library Website Dedicated to Historical Heritage.

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ABSTRACT

Carlo Besta Neurological Institute Library in Milan, Italy, owns an important historical neurological heritage consisting of books and scientific journals as well as a document archive and medical-surgical instrumentations.

In the past years the entire Historic Archive has been digitized, the old instruments have been catalogued and recorded in an institutional database, and all the books of the original library of the
founder Carlo Besta have been added to the national Italian catalogue. What is necessary now is to create a website that reunites in one place all the historic materials owned by the Scientific Library. The website will display all the documents and the information through a guided path and linked pages. Examples of some of the possible paths are: life of our founder Professor Carlo Besta; the Historic Archive digitization project; restoration of the first nucleus of the historic scientific library.

Historical Knowledge allows one to improve clinical and diagnostic activities, therapeutic procedures and the doctor-patient relationship. We want to bring to light a hidden treasure, to increase the value of collections at a national and international level and to promote neuroscience history between doctors, researchers and students, encouraging biomedical research and increase cultural awareness.

47. Quality-checking our resources: UpToDate or out of step?
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ABSTRACT
Based on statistics and feedback, it was obvious that UpToDate was heavily used especially in the Emergency Department and most likely by junior doctors. It was therefore possible that patient treatment was at the least influenced by UpToDate opinion and recommendations.

As UpToDate is a reputable resource, the risk of it leading to unsafe practice was negligible. However, as it was a resource provided by the Library, it seemed appropriate for the Library to audit for potential variation against hospital recommended practice.

Having first attempted to carry out the comparison myself, I soon realised that a medical brain would be needed. I found a fantastic volunteer from among the medical students. Once the comparison was complete, comments and feedback from the authors of the hospital recommendations were then sought. I compared UpToDate patient information with hospital patient leaflets. The findings were presented in tabular format to the Clinical Audit Committee and later as a Poster and oral presentation by the medical student volunteer at the Annual Clinical Audit Masterclass.

The poster sums up the process, the feedback, key findings and positives/negatives of this Clinical Audit experience.
48. A Software for Empowering Integration of Library Networks.
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Keywords: Integration, Technology, Partnership, Collaboration, Values.

Introduction: The CVL is a software for the integrated use and management of a library network, developed in the end of 1990s by CINECA, a non-profit organization, with SBBL (Lombardy Regional Health Library System). BVS-P (Piemonte Regional Health Virtual Library) joined the CVL in 2010 and the Toscana Regional Library System is in process to start a training period.

Aim: Different institutions with different requirements. The aim of an in-house software development is the realization of a customized web system, responding to specific needs for the library managers and also for the users.

Method: CVL includes different and integrated modules: the Document Delivery (DD) tool, the C-Link, a comprehensive resource linking solution, the e-Catalogue and the Metacrawler, a platform for a friendly and easier query of Medline, with also the italinfo MeSH version.

Results: CVL is a software with a unique and easy search pathway, thought for those clinicians who can spend only little time in bibliographic searches. The statistics confirm the utility of this software: SBBL has more than 22.000 users, with a growth rate +187% from 2000 to 2016; the users of BVSP are more than 9.500 (+212% from 2010 to 2016).

Conclusion: The indicators applied during the last years validate the development of an in-house software, performing a faster and more economic use of all library resources. with an increased availability of electronic resources that confirms the value of DD in the last years. The CVL could be considered a model for resources integration inside each network and between library systems with a national vision.
49. Sharing is Still a Value?
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Keywords: Integration, Technology, Partnership, Collaboration, Values, Repositories.

Introduction: SBBL (Lombardy Regional Health Library System) is a network including the libraries of public and private biomedical institutions. In the end of 1990s SBBL develops, with the CINECA technical competences, the customized software for the library system management (CVL). The main mission of this project is to create an easy web platform also with a useful article delivery tool customized on the user needs. The article delivery system is changed following network and resources challenges.

Aim: The aim of this study is to assess the interlibrary article requests, evaluating the changes elapsed during the twenty two years of SBBL work. In this publication is also considered the economic impact of journal archives availability.

Method: The CVL software allows an in depth data mining, considering the users, institutions, resources, catalogue and delivery evolution. The analysis is on data from 1999 to 2015.

Results: SBBL institutions are 116 in 1999 and 155 in 2016. The library providers are 16 in 1999, 80 in 2015. The interlibrary article requests are 37,494 in 2000 and 32,874 in 2015, with a steady growth until 2005 with more than 58,000 full-text requests. This year marks the quality cut-off of delivery, changed with the availability of journal comprehensive collections and a selection of resources.

Conclusion: The SBBL delivery analysis has more than one aim: the assessment of the user needs and a related proper journal selection; the increase of the institution subscriptions in the SBBL catalogue; an in depth evaluation of journal back-file collections.

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Keywords: Metrics; Open research Data, Open Access, Altmetrics.

Introduction: Alternative metrics are increasingly becoming focus of debate in the field of science evaluation. This approach does not replace the traditional bibliometric indicators, as Impact Factor and H-index; otherwise focuses on new aspects of research impact, not only for publications but also of research data, which are an important part of the scientific research.
Aim: To establish some recommendations for the use of altmetrics applied to open research data.

Method: We performed a review and a further analysis of the different altmetrics indicators and tools that can be used to measure the visibility and impact of research data.

Results: Possible impact indicators can be: data citations, downloads and displays of records, as well as the sharing of data with other researchers via social media.

Some of the altmetrics tools available that can be applied to the evaluation of research data are: ImpactStory, PlumX, Altmetric.com, Figshare or Article-Level Metrics or (ALMS) by PLOS.

Conclusion: Research data are important as a part of researcher’s scientific output, and as such, it should be evaluable items. Altmetrics tools and resources could serve this purpose, as recently highlighted by National Information Standards Organization in the Outputs of the NISO Alternative Assessment Project

51. CROinforma – Patient Education Handout: Health Librarian as Glue Between Authors and Readers.
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Keywords: Diversity, Integration, Research, Consumer Health, Collaboration, Value.

Introduction: Informative material related to health issues for consumer is a goal of health care institutions; at the Centro di Riferimento Oncologico in Aviano, Italy, educational material and patient education handouts have been produced and published in the book series “CROinforma” since 2009.

Aim: To produce information leaflets and booklets for patients/citizens using a synergistic approach among the author/specialist - typically a health care professional, the reader/beneficiary - typically patients, caregivers and customers- and health librarians - information specialists and language experts, who assist the entire process of production with specific interventions.

Method: Health librarians define the entire CROinforma editorial process, which includes:

- Recognizing the need to improve patients’ knowledge on specific topics or help patients overcome and deal with specific problems or activities;
- Involving healthcare professionals, according to their specific expertise, in writing the content of the publication;
- Revising the text for readability and clarity, in particular from the graphical and linguistic point of view, by involving language experts, patients and patient representatives.

The revision process among author, librarian and patient/patient representatives is deliberately interactive, with the possibility of corrective feedbacks on the part of the patient/patient representative. The patient/patient representative is given the opportunity for comments and suggestions to improve the text readability and comprehension.

This revision stage is defined with the support of methodological tools related to plain language.

**Results:** The number of handout printed, the continuing request of specific information and the survey submitted to patients/citizens about the useful, graphical and linguistic aspect are a good point of view for implement the production of information material.

**Conclusion:** The idea to involve patients is not new or unprecedented but the practice to systematically involve patients both in the editorial and in the authorship process is not very common. This is a (primary) goal of our Patient Education & Empowerment program whose mission is “learning to work together”

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**52 Journals in Non-English Languages.**

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**Aim:** This poster will demonstrate how many research journals in non-English languages are not included in English-based biomedical citation databases such as Medline.

**Method:** The number of indexed journals and the languages of the articles were analyzed using the health and medical sections of databases produced in China (China Academic Journals), Russia (East View UBD-Med), and Japan (J-Stage), and compared to the number of journals indexed in Medline. Data collected from these non-English and Medline databases include: the number of journals that publish articles in the native language only; the number that publish in the native language or English; and the number that publish English only articles.

**Results:** China Academic Journals has 837 (97.3% of total) titles with articles only in Chinese, compared to currently indexed journals in Medline, published in China, and in Chinese exclusively, which number only 5. East View's UBD-Med database has 839 (99%) journals published in Russian only, while 6 are Russian-only Medline journals published in Russia. Finally, in J-Stage, 184 (28%) are in Japanese only, 470 (72%) provide a combination of Japanese and English articles, but only 10 Medline journals published in Japan are written exclusively in Japanese.

**Conclusion:** There are clearly large outputs of research information from China, Japan and Russia but their accessibility may be curtailed by their invisibility in Medline and other English-centric medical databases.
53. The Information-Seeking Behaviour of Advisers to Policy-Makers for Homelessness in Ireland.
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ABSTRACT
This poster demonstrates a research study on the information-seeking behaviour of advisers to policy-makers for homelessness in Ireland. The instrumental case study was designed to investigate the information-seeking practices of relevant advisers from a range of different organisations to assess the formal and informal sources of information that are in use. It also explored their thoughts and feelings during the information-seeking process. Purposive sampling was used to identify six participants for semi-structured interviews. A grounded theory approach was taken and analysis was done using the constant comparative technique.

The study found that personal contacts are key to the information-seeking behaviour of these participants. Three key sources of information are databases, websites of trusted organisations and libraries. The vast majority of the participants displayed ‘satisficing’ behaviour, the main reason given being time constraints. Emotion plays a very important role in the decision-making process about ‘enough’ information in the information-seeking behaviour of these participants.

Two main barriers to information-seeking were identified: time constraints and a lack of or limited access to academic literature due to financial restrictions. The main practical driver to information-seeking for the participants is effective communication and information sharing between the various organisations. Suggested ways forward are outlined.

Keywords: Collaboration, Evidence, Research, Learning, Teaching.

Introduction: During the week of 20-26 June 2016, there were 4152 homeless adults accessing local authority managed emergency accommodation in Ireland. 1078 homeless families with 2206 dependents were recorded during the same week. On 19 July 2016, the Irish government launched its new Action Plan for Housing and Homelessness: Rebuilding Ireland, which includes Pillar 1: Address Homelessness. This report was prepared using the recommendations of the Oireachtas Committee for Housing and Homelessness, which was set up in April 2016. This Committee held a series of meetings with key individuals and organisations on the issue from April to June 2016 and produced its final report on 17 June. Some of the participants in this study contributed to these meetings.

The idea for this study stemmed from the original research question: Is the research into homelessness that’s being undertaken in universities reaching the relevant policy-makers? This original idea then evolved into taking the angle of researching the information-seeking of policy-makers, which then evolved into the idea of researching the information-seeking of their advisers.

Aim: To study the information-seeking behaviour of advisers to policy-makers for homelessness in Ireland.

Method: An instrumental case study was used to investigate the information-seeking practices of
relevant advisers from a range of different organisations to assess the formal and informal sources of information that are in use. It also explored their thoughts and feelings during the information-seeking process and identified the key barriers and drivers to their information-seeking. Purposive sampling was used to identify six participants for semi-structured interviews. A grounded theory approach was taken and analysis was carried out using the constant comparative technique.

**Results:** The study found that personal contacts are key to the information-seeking behaviour of these participants. Three key sources of information are databases, websites of trusted organisations and libraries. The vast majority of the participants displayed ‘satisficing’ behaviour, the main reason given being time constraints. Emotion plays a very important role in the decision-making process about ‘enough’ information in the information-seeking behaviour of these participants.

**Conclusion:** Two main barriers to information-seeking were identified: time constraints and a lack of or limited access to academic literature due to the cost of same. The main practical driver to information-seeking for the participants is effective communication and information sharing between the various organisations. Suggested ways forward are outlined.

54. The Librarian as University Teacher. An Informational Skills Training Experience in Nursing Degree.
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**Keywords:** Embedded Librarian, Information Literacy, Nursing Degree.

**Introduction:** The exponential growth of information and continuous development of the Information Technologies has a big repercussion in every health professions, also in the context of Nursing and Health care. For this reason, the acquisition of information retrieval skills is one key factor in the curricula for nursing students, and biomedical librarians can be the best to accomplish this teaching job.

**Aim:** To analyse the figure of the embedded librarian as University teacher, considering the advantages and maybe the difficulties of spreading out our profile also as actors in the higher educational environment.

**Method:** The concept of teaching librarian is reviewed, as well as the integration of these professionals into the university community, through the analysis of the experience of two universities engaging librarians to teach in the first year of the Nursing Degree.
Results: Students recognized the informational skills need, and by the end of the course they were very satisfied with the new knowledge acquired, as well as with the methodology used by the teacher-librarian.

Conclusion: Experience shows the importance of the figure of the teacher librarian in the Degree in nursing and the benefits it brings to both the institution and the library and the librarian.

55. Integrating Special Collections and their Spaces Physically and Virtually.
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Introduction: This presentation will explore special collections physical spaces in the current health sciences library environment. As we focus more on electronic resources and collaboratively license publisher-built deals and point of care tools, our collections are becoming more and more the same. It is our special collections and unique content that is important. Working from that premise, we should also be considering those Special Collection spaces, to be certain they are part of, and consistent with the overall “library as place” plan, and that they promote and showcase special materials.

Aim: To plan the renovation of a closed, restricted, limited-use special collections suite into an area that would be integrated into the library as a place and encourage the use of the historical research collections. The space supports a variety of activities: increased student day use, special events, glass encased optimal physical collection environment, reading room, an exhibit space to showcase historical collections, the application of modern technologies to allow use of materials virtually, and developing an outreach program with historical and rare materials to bring them into the curriculum and to help build critical inquiry skills among students.

Method: Brainstorming sessions were held to generate ideas about sources of ideas for the space. Feedback from LibQUAL+ service satisfaction dealing with library physical spaces and experience gained from previous library user space renovation projects was incorporated. Visits to other libraries and interviews with colleagues were employed. An outline of the goals for the space transformation were developed and shared with a library interior design firm. Concept drawings and a project budget estimate were developed, and a specialized renovation project team created. Detailed planning meetings were held during winter-spring 2016 and construction began late spring 2016.

Results: Renovations were completed and new uses of the space underway in late fall 2016. Usage of the space is monitored through counter devices and logs of events. Feedback is gathered from students using the space for study and visitors to exhibits. Data on use of the space will be provided.

Conclusion: The renovated spaces provide a versatile and useful space and a foundation for further activities. Planning is underway to promote use of the space and the historical collections. Discussions
are being held with university faculty to brainstorm projects and assignments that will use the historical collections both for their subject contact and as examples of printing history.

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**Background:** Literature, art, history, philosophy, and sociology, are being incorporated in the medical science and in the health professionals’ curricula. Medical humanities can improve communication skills, and relationships with patients, as well as can enhances patients’ adherence to the treatment strengthening the alliance among health care professionals too. These skills are also very important to enhance the medical observation for differential diagnosis and treatment. In addition, many critical issues from an organizational and relational perspectives are highlighted through narrations. An observational study was carried out in the Regina Elena National Cancer Institute in Rome in 2015 by a multidisciplinary team of librarians, oncologists, nurses.

**Aims:** 1) to spread the narrative medicine among health professionals, patients and their relatives; 2) to check through the narrations the critical issues in the organization and in the relationship between patients and health professionals; 3) to improve communication skills by writing their own experience with the disease and by sharing the stories.

**Methods:** The medical library organized, in collaboration with some oncologists and nurses, two educational courses on medical humanities and narrative medicine. From March to December 2015 a survey was conducted to monitor the knowledge and attitudes of health professionals towards the narrative medicine. The team promoted the initiative using posters, brochures, e-mail in various hospital departments and in the library. The stories were collected, analysed independently by 3 librarians, 1 nurse, 3 oncologists. For the text analysis qualitative and quantitative methods were used extracting themes, emotions, metaphors, key words.

**Results:** 32 participants (patients 25, relatives 3, health professionals (F/M:2.6; median age 56 yrs, range 33-83 yrs) provided 33 stories (tales, poetries, novels, diaries, letters). Phases of disease identified were:
therapy (35%), diagnosis/symptoms (34%), follow-up (13%). Disease acceptance and life changes (19%), affections (16%), communication (9%), future (8%), cure acceptance (7%), cure relationships (5%), organization and social perspective (4%), were the prevalent themes. Fear (14%), loneliness (9%), pain (8%), anger (6%), anxiety (6%), trust (6%), strength (5%), hope (5%), gratitude (5%), serenity (4%), refusal (3%) were the more common feelings. Logistical/organizational/communication flaws also emerged.

**Conclusions:** A meeting was held to share the experience with the active participation of patients and health professionals. The positive reactions showed the power of storytelling in reinforcing the health
alliance. Critical thinking is the basis of humanistic approach. The role of medical libraries may be very important for educating health professionals and patient to an humanistic approach and for collecting and organizing the stories into the library collections in order to permit their preservation, spread and use.

*Librarian
**Volunteer
*** Oncologist

1. Narrative-based Medicine
2. Storytelling
3. Medical Libraries