



Health Libraries Group Newsletter

Volume 35, Number 3, September 2018
ISSN 02666-853X

Editorial

Welcome readers to the September edition of the HLG Newsletter!

This year's summer has not only been a bumper year for soaring temperatures, but also a bumper year for conference opportunities. This issue contains a special supplement covering the HLG Conference which this year took place at Keele University. If you couldn't attend this year, you'll find links to the conference keynote speeches, session presentations and photos in our supplement. There is also plenty of reflective reports and shared learning from not only HLG Conference, but from both the EAHIL and CILIP Conferences, which also took place over the summer.

This edition also features some great content including a report from Leeds Public Health Resource Centre on how they got involved in this year's Health Information Week campaign; a truly fantastic and inspiring personal CPD journey from Lisa Gardner; an update on a joint service pay-per-view project and a report on an LMS shared learning event.

We also still have room for our regular featured book reviews and Internet Sites of Interest.

As always, if you'd like to write something to feature in the newsletter, please get in touch!

Joel Kerry
Newsletter Editor



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Health Information Week 2018: a round-up from Leeds

During Leeds for Health Information Week 2018, we built on the partnership work that we had previously developed by teaming up with NHS libraries and Trust Communication teams, Public Health Resource Centre (PHRC), University Libraries in Leeds, Leeds Public Libraries, Mindwell and Social Prescribing Groups.

Following the same format as last year's Health Information Week campaign, we also agreed themes for each day. These themes were agreed long before the national ones were announced in the end so took we took the decision to concentrate on the themes that the Leeds Libraries for Health Partnership had already agreed, but with links to the national agenda when we could.

We had a page live on www.leedslibraries.nhs.uk promoting Health Information Week, including themes (and relevant content) and also details of local events and groups. The page was live throughout July 2018, although was most heavily advertised during Health Information Week itself.

To give a local feel to a national campaign, we used **#HIW2018LDS** on social media, as well as the national hashtag. This enabled us to really promote some local events and groups, and followed the model used for the Leeds version of the national Dying Matters campaign.

During Health Information Week 2018, we all heavily promoted our 'Personal Stories' collections and these have been really well received.

The idea for this collection stemmed from the Leeds Community Healthcare NHS Trust Library receiving an enquiry from a GP trainer in March 2017 who asked if the NHS Libraries had any books on 'personal stories', (i.e. stories or biographies that demonstrated how people with long term illness have overcome or cope with their condition, or from the perspective of someone who cares for someone with a condition how they manage. The thought behind the request was to gain empathy with the person with or caring for that condition.

We successfully bid for some money (November 2017) jointly with NHS, PHRC, Public Libraries and the University Libraries to create or enhance collections in all libraries of Personal Stories. There are more details about the collections can be found at


<https://www.leedslibraries.nhs.uk/resources/personal-stories/>



Personal Stories

You are here: Resources > Personal Stories

The Leeds Libraries for Health have been successful in securing some external funding to develop a collection of Personal Stories - to provide insight into the impact of illness on individuals and their families.




Personal Stories

Providing insight into the impact of illness on individuals and their families.

We have Personal Stories covering a variety of illnesses including:

- Alzheimer's Disease
- Autism
- Bereavement
- Brain Injury
- Breast Cancer
- Cancer
- Death
- Dementia
- Depression
- Grief
- Mental Health
- Stroke
- Stillbirth



Powered by LibraryThing

We have several bestsellers in the collection including:

- Being mortal
- When breath becomes air
- Somebody I used to know

The full list of books available can be viewed [here](#).

If you would like to borrow any of these books please contact your local library.

We received recognition from the National Health Information Week Team for the approach we took in Leeds to promote sources of health information to the public through our digital media channels

“Healthinfoweek: Leeds blew us away with their collaborative approach to #HIW2018 with their own #HIW2018LDS involving @leedslibraries @HWLeeds @BeckettLibrary @MindWellLeeds @PHRCLeeds @CFHLeeds @lypftlib @LCH_Library Have we missed anyone out?”

<https://twitter.com/Healthinfoweek/status/1015980133285617665>

They did miss a few out – these included @lthtlib, @LCHNHSTrust, @LeedsHospitals, @LeedsandYorkPFT and @MyForumCentral, @commslinksnorth and @leeds_pdp.

If you'd like to see more of our Health Information Week activities, take a look at some of the [#HIW2018LDS](#) tweets!

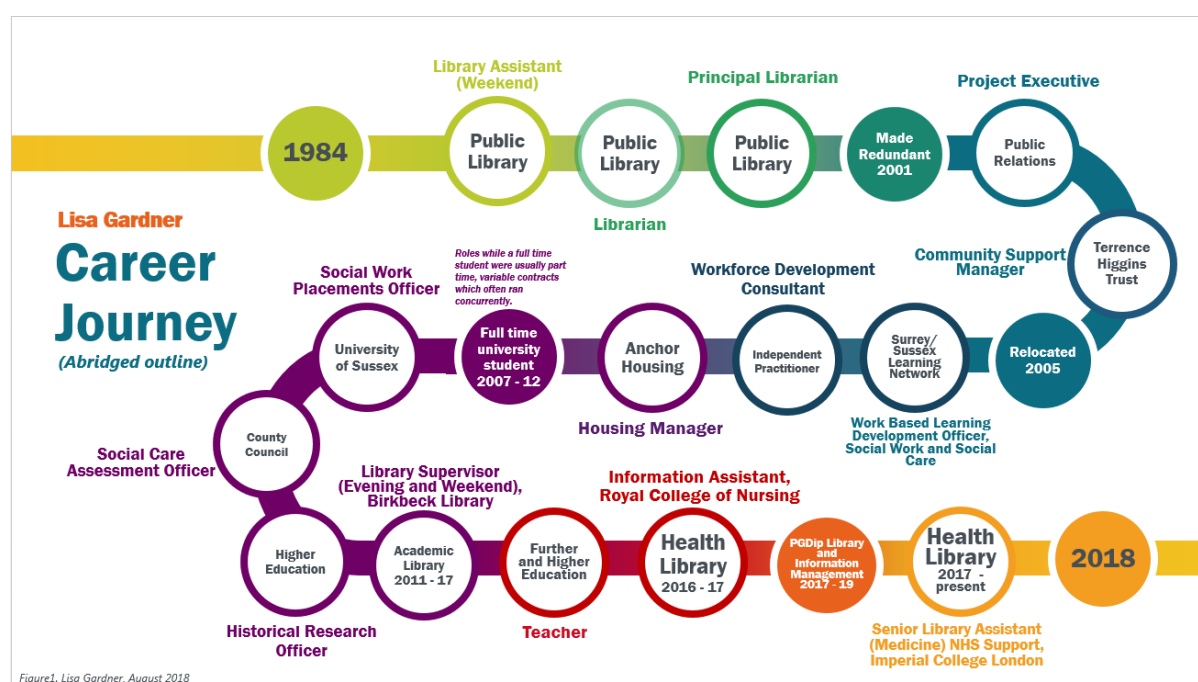
Rebecca Väänänen, Public Health Resource Centre Manager
Leeds Public Health Resource Centre, Leeds City Council

Lifelong learning and skills development within a diverse career journey: a case study

My career journey has been exciting and diverse, with over twenty years of working in libraries, plus other roles in research, management, education, and health and social care. I am now working in a fantastic role in a health library. My journey demonstrates what is widely recognised: transferable skills are important in career development.

However, in my experience, transferable skills are just the first of three elements which together maximise the positive impact of lifelong learning and skills development on career journeys. The second element is the modes used in learning new skills – agents of learning. The third element is the particular individual attitude and approach to learning and development. Understanding and working with these three elements supports learning and continued professional development. At the **Health Libraries Group Conference** (Keele University, June 2018) this year I presented my diverse career journey and learning experiences to illustrate this. Additionally, I related how my current study for my PGDip in Library and Information Management studies, thirty three years after starting my first library job, has enriched my development. Here I offer a reflective overview drawn from my experience of learning and skills development on my career journey as a case study.

In 1984 I started working on Saturdays at my local public library while still at school. I continued working in libraries after 'A' levels, and as part of a scheme to encourage diversity in the workforce I was able to secure a professional post without a library qualification. I worked in public libraries until a reorganisation lead to redundancy in 2001. I then developed my career through a variety of posts, and in 2007 became a full time student, alongside part time work. I completed my BA, MA and PGCE. While studying for my PGCE I started part time work at Birkbeck Library and immediately loved being back in libraries again (figure 1).



I now combine my experience in teaching and librarianship at Imperial College London, supporting healthcare professionals with their information needs, including teaching information literacy and research skills.

It is widely acknowledged that transferable skills make a difference to career development. For this reason I will not go into detail about these here. Like most people, in each role I learnt new transferable skills, as well as specialist skills and knowledge. These helped me secure new positions and gave me a richer skills base on which to build new learning.

Moving on to the second element, it is important to appreciate and utilise the variety of ways or modes available to learn new skills – agents of learning. In October 2017 I was asked to give an overview of my learning and development to a group of nurses. The aim was to demonstrate that learning does not have to be acquired from an expensive formal training course (that is just one agent of learning). So figure 2 illustrates the agents I have recognised in my learning journey.

Agents of Learning



Figure2. Lisa Gardner, August 2018

I am sure if you think what ways you have learnt new skills you will come up with some similar and some different agents too. Many of these agents are within the workplace or can be facilitated by the workplace. Volunteering for example can be rewarding, but many people have not got the time to devote to external volunteering and are already busy with paid work, family commitments, study and so on. However at work there may be opportunities to volunteer to be on a new project team for example, taking place in working hours and provide new skills, and possibly new networks and new perspectives of the organisation and its work.

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https://www.cilip.org.uk/members/group_content_view.asp?group=200697&id=686518

Using a variety of different agents of learning can help expand the range of learning opportunities. For example, when I began to think about working in health libraries I had a professional conversation with a colleague who had worked in a health library. She then put me in touch with her friend who worked in a health library to find out more. This led me to undertake additional research on the sector. Here the professional conversation led to further opportunities to help me with career development. Using agents of learning can help with career planning, goal setting, and illustrate ways of ensuring continuous professional development.

Recognising and employing transferable skills, and being aware of and making use of different agents of learning creates a practical basis for lifelong learning, skills development and positive impacts on career journeys. The third element brings a powerful active constituent to help maximise the impact – particular individual attitudes and approaches to learning and development. Shortly after my presentation to nurses I looked at my agents of learning, and having just secured my new job, thought about what was behind these and my transferable skills. I considered my attitude and individual approach to learning and development and how these influenced my career. I identified three areas which I labelled Ready to Learn, Proactive and Agile.

Ready to Learn means being ready and eager to accept new ideas and new opportunities to learn. When opportunities become available be ready and open to say yes and learn from the experience. This could be anything from a chance to visit another library, to researching possible new services, or to joining a working group to solve a problem.

The second, Proactive, is actively seeking opportunities to learn. For example, if there is not an offer to shadow a colleague in another section of the library ask if it could happen. Perhaps when a new member of staff joins ask if you can help with their induction, and gain new skills in training. Opportunities to learn will not always 'fall in your lap' – being proactive can help create them.

The term and meaning of Agile I credit to a very experienced librarian, Eleni Zazani, who taught me so much about learning and development. Agile is thinking about what skills and knowledge are likely to be needed as your role develops, or as your organisations changes, or for a new role for example. Then, it is planning how you can gain skills and knowledge so you will be ready for the changes. To be agile is more than being flexible – it is being equipped. This includes researching the changes, being aware of other organisations and how they have developed similarly, looking at social media and seeing trends in skills and knowledge needs in different roles. It also means utilising your agents of learning to gain new skills, and to hone existing transferable and specialist skills. Finally it is being able to re-form and re-focus to use those skills in new work situations.

In Autumn 2017 I gave the overview of learning and development to nurses, started my current job, and was in my first semester of my PGDip in Library and Information Management at Ulster University (by e-learning). Some people were surprised by my decision to 'go to library school' at this stage in my career. For me it was an opportunity to bring depth, breadth and innovation to my understanding of library services. Engaging with the course, tutors and other students I am exploring the context and meanings of my everyday experience of working in libraries. I can now link theory and practice, and think about the wider library world. These aspects plus reflecting on my learning, studies and workplace experience and overall career journey is giving me a fresh perspective and the CILIP Health Libraries Group Newsletter, 35(3) September 2018
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confidence to not only give a first class service in my own library, but to be part of the wider world of library workers driving forward improvement in library services. Without this, I would not be likely to attend a librarianship conference, or write a piece for a library publication – both of which I have done this year for the first time. Reflecting for my presentation at the HLG conference, I realised that I needed to add something to my attitudes and approaches to learning and development – Reflective. I had employed reflective practice as a teacher but not thought about reflection in a holistic sense. I now became aware that I was reflecting in a much broader way. Reflection influences my library practice and helps me relate to the library profession as a whole. Without the PGDip experience I would not have realised this. The three areas of attitudes and approaches became four. This is illustrated in figure 3, which I have called the Learning Diamond, as it can help you to shine on your career journey!

The Learning Diamond – shine on your career journey

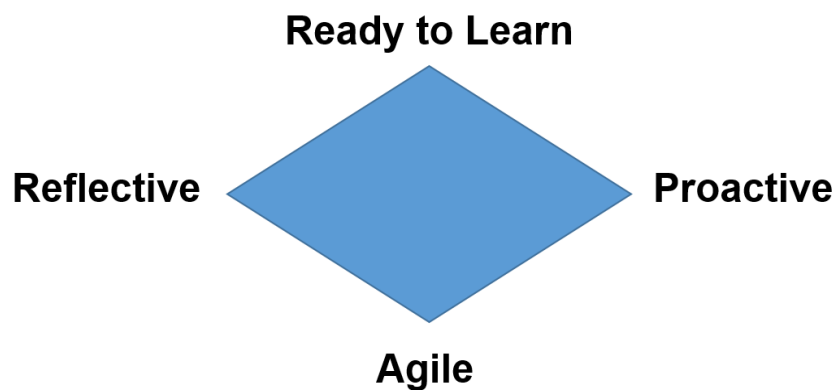


Figure 3. Lisa Gardner, August 2018

Whatever career journey you are on there are always opportunities to learn and develop new skills. There are many pathways into and within our profession, with everyone's learning and skills development needs and experience being unique. Yet, whether your journey involves diverse sectors and roles, or is purely library based, the three elements to maximise the positive impact of lifelong learning and skills development on career journeys – transferable skills, agents of learning, and attitudes and approaches - can help you make the most of opportunities and shine.

Lisa Gardner, Senior Library Assistant (Medicine) - NHS Support
Imperial College London, Charing Cross Campus Library

A pay-per-view project: reflections

In March of this year, the Library & Knowledge Service at Hull & East Yorkshire Hospitals NHS Trust and the Trust Library Services at Northern Lincolnshire & Goole NHS Foundation Trust jointly published an article on the KfH blog titled, '**A Pay per View project: Examining the efficacy of a pay per view system as opposed to subscriptions for journal access in an NHS healthcare library setting.**' That can be found online at the blog here: <https://kfh.libraryservices.nhs.uk/a-pay-per-view-project/> which has the full original report embedded with it.

Since undertaking this project the library services came together for a reflective session. It was clear from this that the focus & direction of such a project if ever undertaken again would be approached slightly differently. Therefore we thought it might be worthwhile to share those reflections with the wider LKS community.

Undertaking a reflection of a project like this allows for an honest assessment of what worked and what did not.

Whilst we do not believe that the overall conclusion of the project that, 'a combination of maintained ILL lending groups that have well thought through subscription plans spreading the costs across different sites whilst maintaining access for as many libraries as possible combined with PPV, BL, and OA would be an excellent step forward', we do accept that some things may have been better done differently.

When reviewing the project the authors concluded that they had not been explicit enough as to whether the change to pay-per-view was for the benefit of the service (budget) or the end user (access to resources). On reflection it would have been better to have opted for one or the other as the focus of the project. Then each consequent step would have been designed with that more focused aim in mind.

Looking at the pay-per-view project from the user's perspective, there was little difference in requesting articles from the librarian using the credit card. Requests were made in the same way, although the turnaround time for the request was probably less. However there was a big difference in cost to the service, with savings being possible when compared to buying journal bundles from publishers or aggregators. Had we been focused on budget then we would have considered this a success.

However we were also splitting user access approaches. It would have been better to integrate PPV holdings into the Link resolvers. If approached in this way then end users would have had a much more seamless experience. Had we decided to focus solely on user experience we may not have been satisfied with the systems we had in place and ultimately redesigned them for a truer reflection of the value of PPV to the end user.

There was a greater difference in user experience in the alternative approach that the pilot looked at. This was done by allowing users to create an account and purchase the required articles themselves, using monies deposited by the library for this purpose. The users had a much more independently framed experience in this case. Even this however was hobbled by the creation of

passwords and 'barriers' for the end user. Again, the creation of a more seamless experience would have been more instructive.

In retrospect it would also have been advantageous to have more people involved in the project but the poor take up was beyond the author's control. It may be that this is more a matter of marketing and our ability to make end users aware than it is a indication of the nature of the project.

Ultimately it would have made more sense to lodge the monies we had for the project but tie them to our NHS OpenAthens organisation ID, which would allow any user using HDAS to search and then download the full text, for free at the point of use. This may have put some strain on the budget but would at least have allowed a more realistic test. In this scenario we would have taken away any arbitrary cut off point and judged the success or failure of the pilot on take up and how quickly the money went. It would have allowed us to concurrently demonstrate how it affected user experience and financial impact.

The project was an interesting experience in co-operative working between our Trusts. It also allowed for us to see the success or otherwise of our differing approaches and measure them against each other. However, it was clear that if we were to re-run this project we would approach it differently with key questions in mind.

If we were approaching this project now the authors would most keenly like to address:

- Would the monies lodged have lasted a full year?
- Would the end user have noticed?
- Would it have impacted the inter library loan service?
- Would it allow users to access what they want, when they want?
- Would this system be cheaper than buying bundles from journal aggregators and publishers?

Of course, it is easy to sit in retrospective judgement of work undertaken. No vision is clearer than hindsight after all! We would suggest to anyone undertaking their own projects to come together for a reflective session like this afterwards. It is surprising how much can be learned by considering things once we are more distanced from them.

Jo Thomas, Library Services Manager

Chris Lawton, Specialist Librarian for e-resources

Northern Lincolnshire & Goole NHS Foundation Trust

Jacqui Smales, Knowledge Services Manager

Tim Staniland, Outreach Librarian

Hull & East Yorkshire Hospitals NHS Trust

Library Management System (LMS) Sharing Event

A sharing event was hosted in the North West region in April 2018 to explore how Library & Knowledge Services are utilising their Library Management Systems. The programme was arranged to include a mix of knowledge sharing (***How do you currently use your LMS? What is working well? What are the challenges? What does the ideal LMS look like?***) and hands-on demonstrations (*a chance to demo the exciting things your LMS can do and learn from others to see what is potentially transferable*).

In attendance were librarians using the following systems: Heritage Cirqa, Liberty, Innovative Millennium (soon to be Innovative Sierra), Soutron. Although groups have been established in the past to discuss individual LMS' (such as the Heritage User Group), this is the first forum in the NW to enable cross-LMS discussions.

Knowledge sharing

The key learning points from the knowledge sharing discussions are outlined below:

- Merging LMS' has been pondered by some in the group but overall was considered to be logistically difficult, a technical challenge in that most LMS' have historically been hosted internally, and requiring too great an effort in terms of staff time and training for perhaps not much of a financial saving.
- After a demonstration of Heritage, Soutron and Liberty it was clear that currently the Liberty LMS service is utilising much wider functionality of their LMS compared to the other systems. There was a general feeling in the rest of the group that there is underutilisation of the functionality and flexibility of the other LMS.
- Additional features that those present felt they would like to explore include:
 - Using the LMS to create Reading Lists for specific work streams in the organisation
 - Using the LMS for knowledge management – e.g. creating a bank of staff papers, hosting Trust policies, patient information leaflets (Do LMS have protected areas where they can host confidential documents? Soutron can (password enabled). Heritage has 'do not index' tick box which hides OPAC)
 - Ordering book purchases directly via the LMS
 - The accompanying app (Heritage and Liberty)
 - Making the most of individual user logins
 - The 'News' section on Heritage

What is the best (and worst) thing about your LMS?

As part of the knowledge sharing exercise we asked: What is the best thing about your LMS? Responses are below.

- Soutron – user friendly, has a website / blog feel, ability to design / tailor interface, e.g. embedded tweets, lists of particular items (e.g. exam books)
- Millennium – it's robust
- Heritage – Using it for knowledge management is straightforward (gathering local case studies / posters), an app is available

- Liberty – you can see individual activity of a user – loan history, inter library loans etc. That triggers library staff to promote services or resources that aren't being used, e.g. table of contents alerts. Allows you to generate a profile of your users. Can see book recommendations made by users.

We also posed the question: What is the worst thing about your LMS? Again, responses are below.

- Soutron – no fines system so scrapped fines which has improved book returns
- Millennium – Can't order books via LMS, cataloguing feels a little dated
- Heritage – underutilise login option (Soutron automatically generates password that is emailed to user). Reports are clunky and difficult to understand. Difficulty importing MARC records. IS Oxford support can be a bit techy in their responses. Can reserve books only when on loan – no functionality to request.

Reflections

Individual reflections on the day itself included:

- "We are underutilising our system"
- "It was great to share learning"
- "It's helpful to know I'm not the only one having difficulty"
- "Discussions across systems is really helpful – can give leverage with supplier, challenge perceptions, highlight good practice"
- "I can see how my system could be better and how I could use my LMS to improve some of our processes"

Individual actions that those present were going to pursue back at work included:

When I get back to work, I'm going to...

- "Put time aside to explore my system"
- "Get another licence"
- "Use contacts created today"
- "Look at how we can use system in a different way"
- "Look at putting catalogue records on LMS before book arrives, use subject field on Heritage to alert users"
- "Improved functionality / data in my own LMS as a result when I get back"
- "Challenge my supplier about functionality – can I do this? Can I do that?"

Next steps

As a group we agreed some next steps that we hope to carry forward.

1. Speak to suppliers at HLG 2018 about functionality
2. Explore the possibility of benchmarking across the whole region
3. Systems support – can we set up a cross-system email discussion list?
4. The discussions from the day to be shared as a blog post
5. Host a Webex to showcase features of different LMS and share good practice in a year's time

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6. Meet to explore how the functionality used in Liberty could be replicated in the other systems.

The event was a unique opportunity to discuss a pivotal aspect of the services we provide, and a useful forum to share learning and good practice.

If you're interested in finding out more please contact Vicky Bramwell, Library Service Manager, Cheshire and Wirral Partnership NHS Foundation Trust, vicky.bramwell@nhs.net.

Victoria Treadway, Knowledge Management Facilitator
NHS RightCare

Health Libraries Group (HLG) Conference: Special Supplement



Our conference organisers, Novus Marketing and Event Management did a splendid job in organising this year's conference. The programme provided an excellent mix of topics and speakers and gave all delegates something useful to take away with them.

Keele University proved a draw, and with 288 delegates, it exceeded the numbers for the previous conference we held in Scarborough in 2016. From the feedback we've received, delegates thought the sessions were interesting and well organised. Delegates particularly liked the keynote speaker, Dr Mark Murphy on day 1 and also the Laughing Yoga session on day 2. Other keynotes, Nick Poole from CILIP, Rachel Heydecker and Andy Wright from the Carnegie UK Trust, and Isla Kuhn, our Bishop and Le Fanu speaker were also rated as inspiring by many delegates.

Delegates commented on the friendly atmosphere and the opportunities for networking with colleagues. The water bottles available at the HLG stand in the Exhibitors' Hall were particularly popular; hopefully everyone was sufficiently hydrated. The conference dinner in the famous Keele Hall got good reviews as did the Tenovus Sing With Us Choir, who serenaded guests as they arrived and our after-dinner speaker Professor Pauline Walsh. The pre-conference welcome reception also proved a popular innovation, with many friendships made and renewed in Keele Hall's formal garden.



The Recordings of conference keynote speakers can be found at <https://t.co/BaU4IHplqZ>

The official conference photos can be found at <https://t.co/696gMXpXe7>

The presentation slides from the conference sessions can be viewed at <https://t.co/840YPSNYgt>

Richard Bridgen, HLG Conference 2018 Programme Lead

My Conference Highlights

I found the opening address by the chief executive of CILIP, Nick Poole most interesting. He spoke about how CILIP is preparing to support our profession in facing the challenges of tomorrow. The fact that many people are coming into the Information, Knowledge and Library profession often as a second career later in life provides us with challenges but also opportunities in terms of drawing on transferable skills to boost the outputs of our profession. He also raised the issue of entry routes into the profession and whether we would need to develop broader paths such as information apprenticeships. Traditionally, entry routes into Librarianship have to a certain extent been very academic and focused around degrees so it will be interesting to see if other pathways are developed. Indeed, one often finds that people working in Knowledge Management roles don't always come from an Information and Library Studies background.

The workshop that I found most useful was...

I enjoyed the workshop run by Katy Oak and Catriona Organ entitled *How an activity based Journal Club has been used to help staff and students improve their confidence at reading scientific papers*.

I was keen to attend this workshop, given that I have an interest in critical appraisal. We were divided into groups and were given the task of conducting a Randomised Controlled Trial to see whether drinking coca cola or diet coke without caffeine raised your heart rate. This was an excellent session that Katy and Catriona led and facilitated it in an engaging way that got everyone involved.

The activity was good because it led to some real discussion and debates within my group about randomisation and as to how we divided ourselves into the intervention and control group.

I was a bit of a red herring with my heart rate decreasing after drinking the caffeinated coca cola. This led to discussions within my group about metabolic rates, gender and how we measured our heart rates, as experiments can also throw up surprising and odd results. Overall, this was a most interesting and thought provoking session.

Paul Cannon, College Librarian - Medical, Veterinary & Life Science
University of Glasgow Library

My conference highlight...

My conference highlight is a simple one – a reassurance that the work we do really does have a positive influence on patient outcomes. As someone who has worked across a few Special Health Boards and in Higher Education, I understand the symmetry of what we do in each sector. By striving to work closely together we can ensure the continual improvement of services and outcomes – for us, those we work with and for patients.

I would recommend attending the HLG conference because...

There are three initiatives that I will bring to my work as a result of attending HLG 2018: dovetailing a peer-review of systematic reviews with an existing peer review process in one of the research institutes I work with; introducing student-led information literacy training; developing a Student Selected Component on the History of Medicine in partnership with the University Library's Archives and Special Collections. These are just three of many ideas gleamed from a range of case studies, research and workshops over the two days of the conference.



My three main takeaways have the potential to positively impact on a strategic, policy, and personal level across my College, the Library in which I work, and professionally for me and my colleagues. These initiatives resonate with my role at the University of Glasgow and are exactly the reasons I applied for the bursary to attend HLG. There are a multitude of reasons to recommend attending a future HLG Conference. These are three of my reasons, but wherever you work, at whatever level within an organisation, there will be a multitude of things that you, too, will be able to take away from attending HLG 2020.

Becca Parrott, Clinical Outreach Librarian
Princess Alexandra Hospital Trust

One thing I will be changing at work following attendance at this conference will be...

There were a number of strong presentations discussing librarian contributions to systematic reviews and each had its place in reinforcing lessons learnt or making key points, exemplified in different ways. As a fairly new Clinical Librarian, I have been asked to provide searches for publication-writing. This is an area which I would feel totally lost in if not for the support of more experienced colleagues, and these HLG2018 sessions have motivated my own enquiries and learning. I have clearer focus now on ensuring I get across (and support):

- a) the importance of conducting thorough literature searches for publication and
- b) the importance of reporting literature search strategies effectively in reviews!

My conference highlights...

The whole HLG2018 package!

The venue was...astounding

The talks were...motivating

The people were...inspiring

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The food was...interesting

The networking was...invigorating

The themes were...illuminating

The programme was...fantastic!

Many conferences can claim to bring together disciplines, ideas, and people, but HLG2018 inspired critical thought and reinvigorated my enthusiasm for not just my own role, but our whole sector. It was enlightening and so encouraging to hear about all the innovations and projects that Health Libraries across the nation (and beyond!) have been working on. Successes and failures were relayed in both generous and refreshingly transparent sessions. This was my first HLG conference, and I'm sold! See you all in a couple of years!

Kate Edwards, Knowledge Manager
Knowledge Services Group, NESDigital

One thing I will be changing at work following attendance at this conference will be...

How we plan our training sessions – YiWen Hon's session was an interesting and practical introduction to interactive activities used at Royal Marsden. She kindly shared a handout so it will be easy to try them out ourselves. This prompted discussion of a repository of health library activities for reuse, what a brilliant idea! The importance of SMART learning objectives was also emphasised, so I will be reviewing these for all my training.

We will aim to create lesson plans which include activities to demonstrate. I especially liked the online polling tools like Kahoot. Shirley Yearwood-Jackman's (University of Liverpool) session also discussed how students often don't know what they don't know and encouraged us not to rely on attendees' own perception of their skills but ask questions to encourage reflection on what they are good at and what they could improve on. This will be especially useful with social services staff who are not used to working this way.

Finally, we will consider evaluation methods e.g. avoid time delays to encourage responses as recommended by Zoe Thomas (London School of Hygiene and Tropical Medicine). Overall, I was struck by the willingness of all speakers to share expertise and resources as well as their determination to work with academic and healthcare colleagues to embed library and knowledge services in study and practice. A truly positive and encouraging two days for my first HLG conference!

Helen Else, Deputy Librarian
West Suffolk NHS Foundation Trust

My conference highlight was having the opportunity to present as part of the Can-Do-Café group. It was my first time presenting at a large conference and while it was terrifying to discover on arrival

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that we would be presenting in the large lecture theatre, it was very good experience for me and I feel I will be far more confident next time I have an opportunity to be involved in something like this. I found it to be a fantastic learning experience.

I would recommend attending the HLG conference because I found that there were numerous opportunities to discover some fabulous examples of good practice occurring nationally which helped me learn more about the profession. The presenters were all passionate about our line of work and it was great to have the opportunity to hear so many engaging speakers. I already have a list of presenters that I would love to hear speak again and several workshops that I would recommend others attend. As an embedded librarian working amongst clinical teams it was great to hear about some of the variations on the Clinical Librarian role, aspects that they have in common and ways in which they are different.

Kerry Booth
University Hospitals of Morecambe Bay Trust

This summer UHMBT Library and Knowledge Services (LKS) and one of its mascots, 'Steven Sheep', travelled to the steps of Keele University; for the HLG Conference. Keele University provided the stunning backdrop to the 2018 CILIP Health Libraries Group (HLG) Conference.



The beautiful galleried Old Library in Keele Hall accommodated the welcome drinks Reception, providing a great introduction to colleagues and the campus.

Our first day speaker was the CEO of CILIP, Nick Poole, who delivered the first Keynote of the conference with updates from the organisation. These included the plans for developing the workforce using library apprenticeships in 2019 and providing trusted spaces for consumers to make proper use of resources.

The next session was almost child's play as Focus Games presented the opportunity to try out some of their educational games. UHMBT LKS had recently purchased some of the games and were in the process of creating a launch. The session provided the perfect opportunity for the librarians (and Steven Sheep) to learn and have fun by playing the new 'Sleep Game.' It was also interesting to hear how another NHS Trust had promoted the games to their service users.



Adventures of a library mascot

Being a mascot has other advantages, such as never failing to get a front row seat for the keynote speeches. Steven was all ears as the first keynote address for the second day expanded on raising the profile of library and knowledge specialists and demonstrating their knowledge, value and impact using #AMillionDecisions. The campaign has been successful in informing employers of the crucial role of health libraries and librarians.

The second keynote was highly insightful about library projects supporting health and wellbeing. Some interesting ideas were presented, such as using simple projects such as the 'Death Café' during Dying Matters week, or using teddies to facilitate discussions. Also, the focus on engagement and discussion rather than providing information to members of the public was a different perspective that I not previously considered.



Whilst I have come across tools for teaching communication skills before, I have never encountered a set as demonstrated in the 'Fishbowl Conversation' session with Victoria Treadway and Tracey Pratchett. It was intriguing to observe the set up and the conversations thread the library and information professionals were following when discussing the question posed: *"What are the practical barriers to demonstrating impact and how do we overcome them?"* Steven may not have had much to contribute to the discussion himself, but ideas about how to integrate such a strategy at UHMBT took shape following the activity. Plans are underway to use fishbowl conversations at UHMBT facilitated by the library services and have recently been shared with the team.



ssshhhh'... shrugging off the cardigan...

Whilst our library mascots have no use for cardigans it was interesting to hear ways to shrug of the outdated perception of librarians; as validated by the sketches done by actual library and information professionals. The session, presented by Gillian Siddall focused on the other roles that library professionals undertake; knowledge and information management, signposting and research – rather than being 'JUST a librarian.'

Although Steven had the plans for Health Information Week 2018 well in hand, his next stop was the session on creating a toolkit for Health Information Week in order to gain new insights and ideas about holding events during this week. It reflected that the UHMBT's current strategy could be a productive way of working with the public library services in order to get relevant health information

to the local population. However some new ideas, such as going into the public libraries and doing timed presentations, were taken away from the session in preparation for next year.

Finally a shout out and huge thank you to HCLU and LIHNN for the opportunity to apply for a bursary that allowed me and Steven Sheep to attend the 2018 HLG Conference.

Julie Weeks
North Cumbria University Hospitals Trust

Upon my arrival at Keele University campus a heterogeneous gathering of information professionals joined me to navigate the route to our accommodation block. Geographically dispersed from the City of Westminster to the Scottish Highlands, the delegates anticipated a conference dedicated to innovative knowledge for healthcare.

In his keynote address CILIP CEO Nick Poole raised awareness of the health hub, an online resource bringing together content for information professionals working in the healthcare sector. Health-related articles from Information Professional are available along with links to Health Education England and the Professional Knowledge and Skills Base (PKSB) for health. This will be a valued resource for those of us in the health sector working towards Chartership.

Introduction to Health literacy: awareness, skills and resources session

A developing interest in Health Literacy prompted me to attend Dr Ruth Carlyle's passionate introduction to this pertinent subject. Shocking statistics and practical exercises demonstrated the



scale of this problem: in England: 42% of working-age adults are unable to understand and make use of everyday health information, rising to 61% when numeracy skills are also required (1). These statistics provide evidence of an information gap: health librarians are the interface between the person and the resource and can promote Health Literacy to impact upon Public Health. I intend to target groups new to healthcare (for example, Nursing associates, apprentices and students) and

demonstrate how they can signpost to evidence-based patient information, consequently impacting upon patient health literacy skills.

In **'Dealing with a common NHS itch' (Developing an information service for patients' service from scratch)** University Hospitals Leicester Trust (UHLT) expounded the challenge to obtain funding for a Patient Information Librarian. Hannah Beckett and Stuart Glover reiterated the barriers faced when confronting a patient information project – lack of time and support, inability to identify someone with overall responsibility and the absence of a central IT system for managing Patient information. Being a member of the Patient Information working group at NCUH, I recognised these common issues. Hannah shared the alarming results from their leaflet amnesty: only 26% were 'in-date', with a significant number 10-15 years out of date. Armed with evidence, UHLT secured funding and have subsequently revised the Trust Patient information policy. A comprehensive single store of up to CILIP Health Libraries Group Newsletter, 35(3) September 2018

https://www.cilip.org.uk/members/group_content_view.asp?group=200697&id=686518

date leaflets is now accessible for all. The knowledge gained from this presentation has proved invaluable for me to advise colleagues as we aim to revise Patient Information procedures in our Trust. Providing access to understandable and accessible information could save an estimated 3-5% of the NHS budget (2). I will be supporting UHLT strategic plan to develop a network of Patient Information leads.

Extolling my Health Advocate role, I participated in the Tai Chi session early on Friday morning in the beautiful grounds of Keele Hall. Feeling invigorated, I attended the **Engaging Libraries** keynote speech, delivered by Rachel Heydecker and Andy Wright from the Wellcome Trust. It was encouraging to hear of the role public libraries play in engaging the wider population on health and wellbeing topics. This is reflected in the established relationship Cumbria NHS Libraries have with Cumbria public libraries: I represent NCUH LKS on the Healthy Library steering group as we collaborate to exploit NHS resources in support of Public Health priorities. The keynote speech has inspired me to comment upon the CILIP sector-wide proposal for libraries to support health and social care needs.



The **Social media and collaborative tools knowledge café** was billed as an opportunity for participants to have an open and creative discussion about a variety of social media tools. Lacking prior experience of a Knowledge Café, I envisioned a social aspect but did not foresee the frenetic pace of knowledge exchange. Four packed tables allowed discussions to evolve around the question: *How will you plan library promotions using this (social media) tool?* Delegates changed tables every ten minutes allowing different perspectives of social media use to emerge. Sharing a table with the Tai Chi instructor prompted a brief moment of calm followed by further intense conversation. These discussions are not usually captured as this can interfere with the dynamics of communication. I acquired new knowledge of Twitter as a result of signposting to Ned Potter's tips and tricks for improvers. The Knowledge Café is an adaptable tool I plan to trial in my workplace.

I would like to thank HCLU and LIHNN for funding my attendance – I have already reaped the benefits of new networks and shared knowledge gained from the 2018 HLG conference.

1. Rowlands G, Protheroe J, Winkley J, Seed PT and Rudd R (2015) *A mismatch between population health literacy and the complexity of health information: an observational study*. British Journal of General Practice 2015; 65 (635): e379-e386.
2. Public Health England (2015) Improving health literacy to reduce health inequalities
Available at: <http://www.healthliteracyplace.org.uk/media/1239/hl-and-hi-ucl.pdf>

I was lucky enough to attend the Health Libraries Conference in Keele University this year. This is not a conference I can go to regularly with funding and travel the main issues. However, this year I was lucky to secure end of year funding to go. The programme always looks great and I wanted to spend time with other health librarians, learning about all the great work everyone is doing. You can learn so much just from being in that space together for those 2 days. Nothing quite enthralls you like being there, talking and learning from others and seeing the work face to face.

One simple idea that I saw at the conference that we have gone onto develop locally in NHS Lanarkshire is the creation of our own Twitter page. We had already been talking about doing this for a while but we had a few concerns; would anyone want to read our posts (apart from other librarians!), would we have enough to say, how often did we need to do this, how could we be sure that this would make an impact, what rules and regulations did our health board have. These and the general day to day stuff meant we had never quite made the jump into Twitter.

However, as well as the key note speakers and then the parallel talks, the conference has a poster presentation section and it was here that I saw the simple idea of a Twitter campaign using '[Elf on the Shelf](#)'. If you don't know what this is (where have you been!), here is a brief explanation. A small 'elf' visits your home from the 1st -24th December and can be good/bad or a combination of both of these. Your 'elf' gets up to mischief/does a good deed/something funny around your home at night. This is primarily for children (I can hear the protest from up and down the country ☺) so when they come downstairs each morning they have something exciting to look forward to, 25th December not being enough excitement!? If you are a parent rolling your eyes at this point, believe me, I feel your pain, trying to think of things each night for our elf to do is a challenge, but Elf in the library.....that was a whole new idea.

My eye was drawn to a great poster using the elf for promotional purposes. This poster outlined how this simple idea was being used to engage staff at The James Cook University Hospital. This poster was called '**Roddy the Elf learns to Love Libraries**'. The poster, a great example of a visual story, then took us through what the campaign aimed to do by engaging staff and students both through twitter and through traditional marketing. One tweet was sent out a day, so not too time consuming, that showed Roddy being bad at the start and not using the library well (a graffitied book was one of the tweets) to Roddy using the service as he should and learning all the things the library can do for him. User engagement was up and the campaign was a success. While pursuing the posters and eating cake (there was a lot of cake at this conference....another good reason to attend!), I was lucky enough to talk to a staff member from the library about the campaign and that helped me understand a bit more about the work. I immediately asked if we could use the idea and librarians, ever generous said... 'of course you can'

Back in my own board, we decided this was a quick win for us. We had thought about this but had done nothing and this would be the push we needed. So we have taken the plunge and launched our Twitter page and you can find and follow us at @NHSLKnowledge. While we are still a bit off from December and our first 'Elf' campaign, plans are well under way for what our elf will get up to. I can see him getting up-to mischief around the hospital.....begin photographed in particular

departments/wards may become our next competition for staff, '#FindtheElf'? However, even without the elf, it is amazing how much we have gained already in a short time. We have launched with a 'follow us and get a prize' campaign in June and July and in August we are doing the #librarylife in black and white and every Friday is our #HealthImprovementFridays. We still have a way to go but already have 60 followers and we are determined to get over 150 before Christmas.

Thanks to the staff at James cook University hospital for letting us shameless use their idea, Santa will reward you.

‘Dispelling the myth’: summarising my learning from four sessions of the CILIP Conference 2018

At the very beginning of my career, I recall my boss chatting to the dignitary who’d been invited to officially re-open our newly refurbished library.

“You must be very smart,” she observed

“Why do you say that?” queried my boss

“Well, as head librarian, you’ll have to read all the books”, the dignitary replied.

It would be easy to scoff at such bare-faced stupidity, but attending the CILIP Conference 2018 has taught me that misguided myths can be very powerful things. According to **John Chrastka and Patrick Sweeney, co-founders of US national library funding advocates EveryLibrary**, such presumptions about libraries and librarianship are depressingly prevalent throughout Europe and North America.

Their research indicates that US voters hold woefully outdated views of the function of public libraries in their local communities. Whilst these myths are generally benign, they are ineffective. Collective myths about sweet little old ladies in cardigans stamping books generate little passion for the cause of libraries amongst the public.

Chrastka and Sweeney have striven to dispel these myths by replacing them with true stories about how local libraries help empower and enrich their communities. Their efforts have inspired over 300,000 influential individuals to lobby for increased funding in US school and public libraries.

“That’s a very nice story about the public sector,” I hear you say. “...but what’s that got to do with my health/medical library?”

On the surface, perhaps not very much. After all, we tend to assume we serve a more informed client-base (clinicians, academics, students and local government staff) who understand and appreciate our library services. Surely they don’t need any myths about little old ladies dispelling from their enlightened minds?

And yet, which one of us hasn’t suffered budgetary cuts recently? If we believe in ourselves and the services we provide, then there’s a mismatch between myth and reality somewhere. If everyone was using our services and telling powerful stories about how great we are, then our funding would be secure. Quite clearly it isn’t.

Terry Kendrick, CILIP marketing specialist and trainer, argued in his conference session that modern funding decisions are directly linked to activity, and that a pile of seemingly under-utilised information simply looks like a costly maintenance problem to the people in charge of the cheque book. According to Kendrick, we need to transform perceptions of our services from financial liability to golden opportunity, dispelling the outdated myth that we store ‘stuff’ by promoting powerful stories about the way we’ve helped our library users, just as EveryLibrary has done in the United States. Testimonials bring information to life, and success breeds success. Prospective library users

hear about people just like them getting ahead of the game because of us and suddenly we're creating a bandwagon of popularity that not even the meanest cheque book custodian could afford to ignore.

Of course, if we start that kind of bandwagon rolling, then we need to be prepared for the consequences. **C.J. Andersen of Linklaters** proved so good at dispelling the myth of 'stuff' and selling the idea of exploiting information to improve work efficiency that the board of her law firm decided she should manage all of the international organisation's databases. Cue an enormous effort imposing an extensive index of terms onto previously unclassified material so that the firm's rudimentary search engines actually recognised the untapped potential of information they already held. C.J.'s myth-busting stories avoided library terminology like 'taxonomy' and instead sold the board concepts they understood, such as 'helping the computer understand your language'. And it worked! Those hard-headed business people bought into the idea that better access to information would make them more successful.

Dispelling myths by speaking our library user's language is one thing, but in a health library, some of the information our users access is ultimately intended for end-users we rarely have contact with. Patients and carers, like most members of the general public, not only harbour the same outdated myths about library and information services, they also suffer a woeful lack of health information literacy.

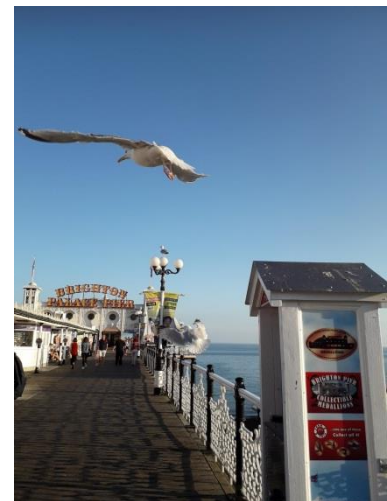
In her session at the conference, **Dr Ruth Carlyle of Health Education England** suggested that nearly half of all adults in England cannot understand basic written information about medical conditions, and nearly two thirds couldn't make a choice based on what that information said, even something as simple as how many aspirin to take. And yet doctors and nurses need to explain increasingly complex medical conditions to older people who need to manage their own treatment wherever possible in order to reduce the growing financial burden on the NHS.

Clinicians have limited time to speak to patients and carers, but the implications when they don't understand how to manage their condition can be very costly in terms of unnecessary hospital admissions, not to mention the potentially tragic consequences for the individual patients concerned. Librarians can't sit in the clinic with the doctor, but they can certainly advise clinicians on the best way to provide guidance in plain English or easy read formats, and source material for them prior to their patient consultations.

Looked at in that way, some of us may ultimately be fulfilling a life-saving role by proxy. And if that doesn't dispel the myth of little old ladies stamping books, I don't know what will!

Daniel Park, Assistant Librarian
Leeds Teaching Hospitals NHS Trust

CILIP Conference in Brighton already seems like a lifetime ago, it most definitely feels like a season ago. Can you remember how hot the start of summer was? I would encourage anyone who has never been, and this is my only second conference after working over 20 years in health libraries, to go - it's great. When the news from main stream media about libraries is unrelentingly bleak it's so nice to hear stories of people fighting social exclusion, engaging and inspiring future generations, finding innovative ways of doing more with less and most of all just making a difference. Plus you get to meet some great people too, and it was really hot and it was in Brighton. What's not to like? CILIP's own write up of the conference content is much more erudite than mine ever could ever be so I have decided to say it in pictures...



EAHIL Conference 2018: Reflections

I was lucky enough to be offered the EAHIL conference bursary and so it took me to the land of dragons and laverbread for three days, namely Cardiff! What particularly attracted me to the conference this year was one of the main conference themes of 'wellbeing.' This is because I think that 'wellbeing' is very much pertinent to everyone working in both health libraries and public libraries.



Cardiff Castle



One of the stone animals near the castle

Those people with the most connections to other humans tend to be the healthiest.

We started off with a keynote lecture by Cormac Russell whose main message was that humans are the primary contributors to their own wellbeing and that those with the most associations to other humans tend to be the healthiest. He advocates a community-driven approach to health and wellbeing. He mentioned that in the US, some librarians now see themselves primarily as community builders.

A toolkit is being developed to help both healthcare workers and public libraries facilitate more reading for wellbeing groups

After a short break in which everyone was eagerly discussing Cormac Russell's ideas in an excited buzz, it was my turn to present in the most stunning location I have ever delivered a presentation in!

My talk continued on a community theme as it was about using wellbeing themed stories and poems in healthcare and community settings. I have recently designed an [online resource](#) to help people select wellbeing-themed stories and poems.

I have also been using the stories and poems in reading groups in partnership with Birmingham Libraries. Evaluations so far show that this activity is supporting attendees with their [five steps to](#)



[wellbeing](#). I aim to share my session plans in a toolkit so that reading for wellbeing sessions can be easily delivered in the community in partnership with our public library colleagues, or in healthcare settings. Some healthcare workers in my workplace would like to deliver these sorts of sessions but they do not have time to find and obtain suitable stories and poems or time to create session plans. This is where the toolkit will come in.

Manchester Libraries have made it easier for homeless people to register with the library.

Neil MacInnes made a very important point about how libraries need to be part of the local authority public health solution. The public library service in Manchester has partnered with Lifeshare, a homeless charity, so that homeless people can show their Lifeshare identity to [register for library services](#). This enables access to job searching facilities.

In the evening I was invited to the [Books on Prescription for Dementia](#) launch. I was pleased to see the title *And Still the Music Plays* in the list, a book that I learnt a lot from and that I have recommended to various healthcare staff.

Day two started a little early for me as I had arranged a meeting with staff members at Cardiff Central Library to share ideas about reading for wellbeing groups. It is always good to meet with a library colleague in person after many years of online communications and having the opportunity to attend EAHIL enabled me to further establish this link.



***Cardiff Central Library Tour.
Photo credit: Cardiff Council***



Reminiscence Pod, Cardiff Central Library

This was followed by a very enjoyable tour of Cardiff Central Library where there is a RemPod (Reminiscence Pod) where sessions are regularly run for people with dementia. This was furnished with old sights and smells that people may remember from their childhood. We were also taken to see Cardiff Story Museum where more dementia friendly sessions are now run due to increased demand. We were able to view the memory boxes they had there which can be created on a budget and are easy to store away.

There was a talk from Andrew Booth about why there are no benchmarks as to how many results make a comprehensive search for a systematic review. There is some evidence that the help of information specialists results in more efficient searches. One of the ideas on how to move forward with numbers of results is to ask the team how many references they actually wish to handle.

The evening ended with the conference dinner and dance which was great fun!

The Reading Friends initiative aims to combat loneliness

Friday morning enabled me to learn more about the [Reading Friends](#) initiative by the Reading Agency which combines befriending with reading to combat loneliness. One facilitator realised she could simply spread the books out on the table and the conversation just started as participants commented on various pictures in the books!

Bibliotherapy can be highly effective and yet only 10% of GPs know about the Books on Prescription Scheme.

We were also treated to a highly inspiring keynote lecture by Neil Frude on bibliotherapy which I greatly enjoyed. He is the clinical psychologist who first initiated the [Books on Prescription](#) scheme. There were some fascinating figures in Neil's slides showing how strong the case is for bibliotherapy. 90% of mental illness that occurs is mild to moderate and many people would like to have access to psychological therapies but the ratio of those who can deliver them to those who want them mean that this is not possible. Pharmacological therapy is available to everyone, but there must be a third way and that is bibliotherapy. Studies show that bibliotherapy is of at least the same effectiveness as other regularly used interventions. It is also highly cost effective and yet only 10% of GPs know about the Books on Prescription scheme.



Torfaen Library has a separate membership card for carers, making it easier for them to use the library.

The final thought that I want to leave you with is that our public library colleagues are supporting wellbeing in a number of creative ways. Can we as health librarians do more to support the important work they are doing?

Anita Phul, Training Librarian

Birmingham and Solihull Mental Health Foundation NHS Trust

Book Reviews

In this issue our reviews range widely. Stephen Ayre reviews a new title on collection management, Cecilia Bethencourt-Dunning looks at patient information, Eli Harris reviews a book on innovation and Mark Kerr considers personal digital archiving.

If readers are interested in reviewing for this column, do get in touch. Contact me at tom.roper@bsuh.nhs.uk with your preferred contact details, and tell me of any particular areas of interest or expertise you may have. It's an excellent way to expand your professional reading, and get published.

Kendall, Susan K. ed. *Health sciences collection management for the twenty-first century*. Lanham, MD.: Rowman & Littlefield, 2018. ISBN 9781442274211. 287 pages. £59.48.

The Medical Library Association has put together this collection of essays on health sciences collection management. All of the contributors are from US academic health libraries, with a discursive piece paired with a case study.

What can an American book on collection management in health sciences teach UK librarians? Well much in many ways, not least because publishing is now a global business. T. Scott Plutchak in an excellent opening chapter gives a survey of the health sciences publishing environment. The internet has highly disrupted publishing: online journals are now dominant, and ebook packages and point-of-care tools have entered the book market (although ebooks still struggle with usability).



Susan E. Swogger provides the chapter closest to a manual on collection management in health libraries covering collection management policies, and selection of resources. Just as important she considers deselection of resources, which is very important in a health setting. An obsolete printed book will have visual clues to the user (dust, lack of check-outs, faded cover etc). However an obsolete ebooks is harder to spot because it lacks these clues. It is incumbent on librarians to remove these items from their collections.

The chapter on managing a collection budget (Steven W. Sowards & Joseph J. Harzbecker) is quite American university focused, but it does have a section on negotiation. It suggests finding out the financial year of vendor companies to see when reps might be seeking to meet annual targets and be open to discounts.

Linda A. Van Keuren has put together a helpful chapter on user-oriented collection assessment. Methods she suggests include standard lists, usage statistics, surveys and focus groups. The chapter is followed by a fascinating case study on the University of California deciding not to purchase ClinicalKey when it replaced MDConsult.

Susan K. Kendall provides a helpful chapter on discovery. Vendors usually provide good resource-level discovery, but our users want title and article level discovery as well. Interestingly, in 2014 fewer than 40% of US Academic Health Sciences libraries had implemented a full discovery system.

Usability and accessibility of collections is vital, and the book has a practical guide to this from Jessica Shira Sender and Heidi M. Schroeder, which includes a variety of methods such as focus groups and surveys.

There are also chapters on collection management of data (Lisa Federer) and special collections (Stephen J. Greenberg). The chapter on collaborative collection management (Esther E. Carrigan, Nancy G. Burford, and Ana G. Ugaz) was more relevant to the US setting.

The book closes with a look to the future from Susan Kendall. It is fascinating to see past predictions and how they turned out: problems identified in the past are still unsolved now. Maybe they will never be solved. Nonetheless some pointers to the future include “collections as a service”, “library without a collection”, open access and free materials online, the popularity of video and the transition to an oral culture from a written one. Maybe one day a fully functioning ebook will be available: pirated versions today are more user-friendly as well as cheaper, which is a challenge to legal publishers to raise their game. What we can be sure of is that the disruption caused by the invention of the World Wide Web in the 1990s will continue well into the 21st Century.

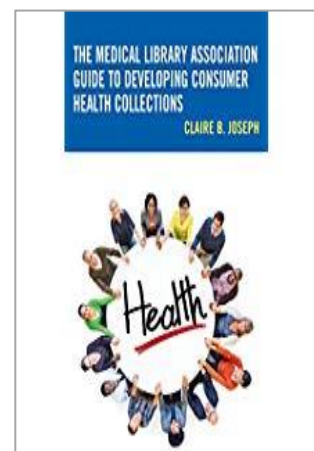
This is a very stimulating book. It does require some translation from the US academic health science world, but it is worth it because health librarians in the UK are basically in the same business and the publishing industry is increasingly global. It is worth reading if you are involved in collection or content management in your library.

Stephen Ayre, Library Services Manager, George Eliot Hospital NHS Trust.

Joseph CB *The Medical Library Association Guide to Developing Consumer Health Collections*
Lanham MD: Rowman & Littlefield, Medical Library Association, 2018.
978-1-4422-8170-7. 174 pages. £23.95

This book is a guide for librarians at any level, and from any library background, to help them to develop and maintain a consumer health collection.

A good general guide, well researched and written in a light, engaging tone, it covers in varying amounts of detail the stages of creating and maintaining a health collection for the general public. It is an American publication and the examples, studies, resources and references included in this book are exclusively American: a certain amount of cherry-picking must be done by a UK reader to get the best from it. With this in mind, the fact that it is laid out as a reference work, with each chapter standing alone, sub-topics clearly headed and concise, clear, writing, makes it easy to dip into. But the bulk of the material in this is of a general enough nature to be of use to any reader with an interest in this subject, and the reader's knowledge and level of



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understanding is not assumed: care is taken to explain and clarify phrases and terminology which may be unfamiliar to some.

While some of the practical advice and sources suggested are not necessarily useful to a UK audience, much of the more general advice (for example, establishing relationships with your local community; tailoring your collection to your community's needs; what good customer service looks like; privacy and confidentiality; sensitivity towards multicultural language resources and LGBTQ consumers) is applicable to any service and offers clear, common-sense guidelines that are easy to follow. Many samples and templates used are also well-chosen as good examples of generic pieces of work that can be easily adapted by anyone from any background (and country): for example, the New York Public Library's Privacy Policy; the "Logic Model Template" to help with project planning; and the Preston Medical Library Health Information Centre collection development policy.

Chapter 2's "Your Library's Community" encourages in-depth analysis of the people for whom your health collection is built, and touches thought-provokingly on several topics which would not necessarily occur to someone performing this research in a UK setting: for example, how would the climate affect your community? If you are living somewhere with extremes of heat and humidity or snow and blizzards, how can you tailor your collection- and your building- to respond to these unique challenges? Catering for the health needs of a community during and after a violent or frightening event like a fire, shooting or a terrorist incident is also dealt with: Joseph sites the examples of Hurricane Katrina and the shootings at Clover-Carvis Public Library in 2017. The physical and emotional consequences of these occurrences can be profound and are an aspect of librarianship which, unconsidered before, now must be acknowledged.

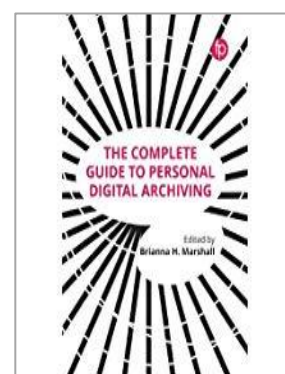
How people use "Dr Google" as a health tool is discussed at some length, with robust advice about evaluating sites, but slightly disappointingly social media is mentioned simply as an effective marketing tool for libraries to use. Facebook, Twitter, YouTube and online discussion forums are not mentioned as health information resources, but some analysis of the hazards and benefits of using them would have been a useful addition to this book.

Cecilia Bethencourt-Dunning, Patient Information Specialist Librarian, Brighton and Sussex NHS Library and Knowledge Service

Marshall B. H. ed, *The Complete Guide to Personal Digital Archiving* London: Facet Publishing 2017 ISBN 978-1-78330-266-6. 304 pages. £59.95

"Personal Digital Archiving (PDA) is the collection, management, and preservation of personal materials created in digital media." This blurb on the book's back cover sums up the issue admirably and simply, but as always the devil is in the detail – what material, how and why to preserve, for whom, for how long, how to organise, retrieve and share? This book addresses all these topics and more.

The guide is made up of four parts. The first – 'Learning About Personal Digital Archives Best Practices' looks at photographs, social media, web



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content and audiovisual materials, with a fifth chapter providing a group of handy step-by-step processes for digitising specific formats, including emails, spreadsheets, web pages and others.

The second part – Personal Digital Archives and Public and Community Audiences – offers three case studies from a public library, a literacy project and a peoples’ web portal. Each project is described in detail, from the planning stage through development and delivery, with issues around community engagement and overcoming technical obstacles well-described. The third part – Personal Digital Archives and Academic Audiences – looks at three further aspects: PDA programming at Liberal Arts Colleges, Supporting Artists’ Personal Archives and PDA as a Bridge to Research Data Management. Again, detailed description of the issues and barriers as well as the solutions found, provide useful frameworks and pathways to those considering comparable projects.

The final part – Social and Ethical Implications of Personal Digital Archives – looks at some of the more troublesome areas of this field. The first looks at the ethical and practical issues in keeping control of content when it is hosted, mediated and even absorbed by online platforms. The author of this section describes it in chess terms, seeking “how best to protect their vital pawns of control, choice, privacy and ownership in support of their king content”. The second area is that of privacy, for example as endangered by metadata, often invisible to the originator of the content, being added by the social media and other platforms. The third area looks at supporting individuals creating their own story – autoethnographies and community narratives – especially within minority and excluded populations. The final area in this last part of the book looks at web presence after death, the concept of digital estates, memorialisation and how the bereaved can be supported in accessing their loved ones’ digital legacies.

Although the case studies, examples and tools are all from the North American library experience, the issues and challenges translate very easily to library and information professionals wherever they practise. The book has a reassuringly clear structure, with each chapter providing practical tools, notes and references that offer a practical and increasingly essential reference set for librarians as we try to help and support users, institutions and colleagues grapple with the possibilities that PDA provides. This should be an essential read for those trying to support staff awareness, digital project planning and end-user training and advice.

Mark Kerr, Clinical Librarian, East Kent Hospitals University NHS Foundation Trust.

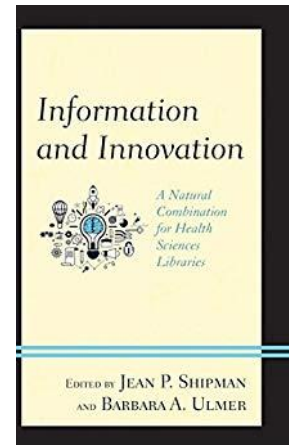
Shipman JP and Ulmer BA. *Information and innovation: a natural combination for health sciences libraries*. Lanham MD: Rowman & Littlefield, 2017.

ISBN 9781442271401. 214 pages. £63.32.

Are you refurbishing your University library, and looking for advice about how best to develop successful new spaces and services? Or are you an NHS librarian with an interest in developing a repository for your Trust, and want a guide about how to do this? Then you need to read this book, which is full of pragmatic information about how to develop innovative spaces and services, including makerspaces, for health care and health sciences staff and students.

CILIP Health Libraries Group Newsletter, 35(3) September 2018
https://www.cilip.org.uk/members/group_content_view.asp?group=200697&id=686518

As suggested by the title, and as outlined by the editors in the Preface, this book is about how “health sciences librarians can contribute to the growth of innovation and to those who innovate in health care”. The editors are Jean P Shipman (executive director of the Health Sciences Library at the University of Utah (U of U), amongst other roles) and Barbara A Ulmer (a managing editor of a publishing company), and the chapter authors are experts in their fields: library staff and other faculty members from the U of U; librarians from other US universities; a design consultant; and the founder of an early stage medical device company. The book’s chapters are mostly authored by staff from the U of U, and are about activities at the U of U, as this University has a particular emphasis on innovation as a way to generate revenue in an era of declining “clinical income and research dollars”.



The sixteen chapters describe: the history of libraries as spaces for collaboration; the innovation cycle ((1) ideation and concept development; (2) prototyping; (3) the product; (4) commercialisation) and how libraries can get involved at each stage; innovative library spaces designed for creation and collaboration (complete with photographs for illustrative purposes); examples of products such as digital medical therapeutic games (and the laboratory in which they are made); and a case study about creating a repository for publications about innovations. The book concludes with a chapter about the future of innovation and libraries which argues that librarians can be innovators too, and that librarians can have an important role in educating innovators, amongst other ideas.

It is seemingly targeted at health sciences librarians at US universities who need a practical guide about how to repurpose library spaces which are now emptied of print items. This is delivered via descriptive case studies which include discussion about how to manage these projects, staffing issues, impact and evaluation, sustainability, lessons learned, and future directions.

Rowman & Littlefield publish monographs about libraries and librarianship on similar topics to the output of Facet Publishing. This book fits neatly into the general field around innovation in libraries, singling itself out with the specific focus on health sciences in the US. The chapters are written in a formal style, as fits the topic and the format, with a few references to relevant websites or publications by the chapter’s authors about their innovations. None of the chapters include a formal literature review of the topic in question.

The book is a timely, practical guide about the health sciences innovations of this decade from the US, and the role of librarians and libraries in facilitating and promoting these. Although I personally am not developing these kinds of services, I was inspired by the variety of projects and the descriptions of what these US colleagues are working on, and the references to the U of U LibGuides about patents and ISO standards will be helpful when readers ask me about these in the future. I will recommend this book to colleagues at the Radcliffe Science Library here in Oxford who are working on a major refurbishment.

Eli Harriss, Bodleian Health Care Libraries

Internet sites of interest: **Pregnancy, Birth & Midwifery**

My column for September 2008, ten years ago, was written weeks after the arrival of my younger son Isaac, and so rather self-centredly was about pregnancy and birth. I'd planned another topic, but pleaded distraction (although it might just be another example of how men can't multitask).

Apart from two National Library for Health sites (ask your older colleagues about this, if you don't remember them!) and the NCT, the column was mostly sites for new parents, so I am not sure how much use it actually was. Two of those sites for parents now look rather commercial and although I found them useful at the time, I think I would consider carefully now whether to include them.

Ten years on, and to mark the addition of midwifery to my areas of responsibility, here is a list of sites relating to pregnancy and birth, appropriate (I hope) to librarians supporting midwives and midwifery students.

Many of these sites appear on our subject page for the midwifery students, which was compiled with help of academic colleagues here. All links were checked on 16th August 2018.

Association of Radical Midwives

<https://www.midwifery.org.uk/>

Founded in 1978 by a group of midwifery students alarmed at current trends, ARM "provides support and information for those wishing to give or receive good sympathetic, personalised midwifery care". It publishes a journal, Midwifery Matters, and offers a range of support mechanisms. The site includes news and a blog.

De Partu: History of Midwifery

<https://departu.org.uk/>

An independent research group looking at the history of childbirth and midwifery. Offers support to those working in that area, including acting as a confidential forum for sharing work. It organizes seminars and an annual meeting. There are some book reviews at <https://departu.org.uk/books/book-reviews/>. Some of the website is available only to members.

Doctoral Midwifery Research Society

<http://www.doctoralmidwiferysociety.org/>

Based in Northern Ireland, aims to support doctoral and post-doctoral researchers. Recent papers are listed at http://www.doctoralmidwiferysociety.org/Recent_Papers.aspx. The Society organizes meetings and a conference.

International Babyfood Action Network

<http://www.ibfan.org/>

A network of groups aiming to reduce infant and young child morbidity and mortality, and to improve maternal and child health through promotion of breastfeeding and other best practices. Instrumental in the development of the International Code of Marketing of Breastmilk Substitutes, adopted by the World Health Assembly in 1981. The site includes legal updates relating to the Code, as well as other publications and links to regional offices.

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https://www.cilip.org.uk/members/group_content_view.asp?group=200697&id=686518

International Confederation of Midwives

<http://internationalmidwives.org/>

ICM works for a world where “every childbearing woman has access to a midwife's care for herself and her newborn”, and works with midwives associations to achieve this. Site includes a blog, a world map of associations, and documents relating to education including the ICM Global Standards for Midwifery Education.

International Stillbirth Alliance

<http://stillbirthalliance.org/>

A not for profit coalition of organisations, website includes resources for parents and health professionals (<http://stillbirthalliance.org/resources/>).

MIDIRS

<https://www.midirs.org/>

The MIDIRS site includes news and a blog. MIDIRS also publish a journal, MIDIRS Midwifery Digest (which needs a subscription) and compile a database, which they call the “Reference Database”, and which Ovid call the “Maternity and Infant Care Database”, which is how we access it. This also needs a subscription.

National Childbirth Trust

<https://www.nct.org.uk/>

Support organization for parents.

National Perinatal Epidemiology Unit

<https://www.npeu.ox.ac.uk/>

Multidisciplinary research unit at the University of Oxford, undertaking research about pregnancy, childbirth and newborn health. Publications listed at <https://www.npeu.ox.ac.uk/publications>.

NHS Choices Your Pregnancy and Baby guide

<https://www.nhs.uk/conditions/pregnancy-and-baby/>

Public Health England

Clinical guidance for the Newborn and Infant Physical Examination (NIPE) is at

<https://www.gov.uk/government/collections/newborn-and-infant-physical-examination-clinical-guidance>.

Fetal anomaly, infectious diseases in pregnancy, newborn blood spot, newborn hearing and sickle cell and thalassaemia screening programmes are at <https://www.gov.uk/topic/population-screening-programmes>.

Royal College of Midwives

<https://www.rcm.org.uk/>

Professional organization and trade union for midwives. Site includes clinical practice guidelines. Some other areas of the site are restricted to members.

Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/>

Works to improve women's health care worldwide. Activities include audit, guidelines, patient information leaflets and a Women's Network – see <https://www.rcog.org.uk/en/about-us/what-we-do/> for links.

Stillbirth and Neonatal Death Society (SANDS)

<https://www.sands.org.uk/>

Provides a helpline, regional groups and online support, and support for professionals.

TAMBA (Twins and Multiple Births Association)

<https://www.tamba.org.uk>

Support for parents and expectant parents. Online resources and local groups.

UNICEF-UK Baby Friendly Initiative

<https://www.unicef.org.uk/babyfriendly/>

Site includes a range of resources on breastfeeding, formula feeding, antenatal and neonatal care, and resources to promote relationship building with new babies. Site also includes statistics on breastfeeding in the UK.

To keep up to date, there is also CASH's Nursing and Midwifery page

(<http://cash.libraryservices.nhs.uk/subject-a-z/n/nursing/>). I am also doing a weekly blog post (<http://browsing.blogspot.com/search/label/midwifery>) containing things I have noticed.

As ever, if there is a subject you would like me to cover, please let me know. Or if you would like to compile a column. Stop Internet Sites of Interest covering only topics of interest to English higher education (or English white men of a certain age)!

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Newsletter Editorial Notes

CILIP is the UK's professional body for library and information professionals and includes the Health Libraries Group (HLG) as one of its special interest groups.

The HLG Newsletter gives readers a space to publish, share and access the latest news, best practice, research, current awareness information and conference/course updates. You can also keep up to date with our regular features, book reviews and relevant internet sites.

We're keen to receive contributions from readers, so whether you want to share an impact case study, or reflect on a new service development, or share your experience of attending an event, course or conference, get in touch.

Contributions to the Newsletter should be sent to:

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Next Copy dates:

2018 Issue dates	Deadline for content
December 35 (4)	23rd November 2018

HLG Members email discussion list

Sign up today by going to <http://www.jiscmail.ac.uk/hlg-members> and following the onscreen instructions.