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Supporting Nursing, Midwifery
and Allied Health

BULLETIN

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Welcome to HLG Nursing

In this issue:

EvidenceLive 2015

CPD via MOOCs

LILAC

Making Your Service Visible

Nursing Core Collection - new edition

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Editorial

Welcome to the first issue of the Bulletin for 2015, the first under our new title, and the first in our new format. Welcome also to all of our new readers, as the Bulletin is now accessible to all members of Health Libraries Group. However, we are still bringing you a good selection of articles, which this issue takes the form of reports from events that have taken place here, there and everywhere.

The EvidenceLive event is a partnership between the BMJ and Oxford University's Centre for Evidence Based Medicine, which looks for answers on how healthcare can be transformed for the better, both in practical terms and also in terms of the provision of education, which is the primary reason for being for a health library. John Nyman here provides a report having attended one of the event's two days, in which, amongst the other speakers, he was able to listen to Ben Goldacre.

Undertaking CPD can be a difficult thing to do, especially if anything you want to do requires time away from your desk. This is where the provision of online training can be beneficial, with first webinars, and then MOOCs entering our lexicon. Sam Burgess discusses her participation in a dedicated library advocacy MOOC developed by the University of Toronto.

The Librarians Information Literacy Annual Conference (LILAC) was held this year in Newcastle-Upon-Tyne, with a number of primary themes across the spectrum of information literacy. Gillian Siddall gives us some of her highlights from the event, going into what she describes

as her ‘take-aways’; ideas and innovations that she would seek to incorporate into both her own and her institution’s practice.

One of the most important things a library service has to do is to keep punters coming through the door, so keeping it visible to users, as well as potential users, is a vital, if often invisible task. To that end, Helen Dickinson describes the ‘Making Your Service Visible’ study day held by University Hospitals Leicester, which looked at the use of social media, ways of sending out current awareness for users, and just having a good web presence, as some of the things that can be done to stop people saying “I never knew we had a library”.

2015 sees the launch of the new Nursing Core Collection project, which HLG Nursing will be playing a leading role in. this is a major undertaking that we are looking for your help with, as we seek to pull together a list of the important nursing and midwifery books that are key to those topics, prior to its planned launch at HLG 2016.

As always, we are on the lookout for articles so, if you have done something new, trialled an interesting product, been to an event, read a book that you’d like to review, or anything else that you think would be of wider interest, then get in touch and you could be in a future issue of the Bulletin.

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EvidenceLive 2015

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I attended the second day of this conference in Oxford. The venue was the Examination Schools, University of Oxford and hosted by CEBM Centre for Evidence-Based Medicine and the BMJ.

Since reading the article by Trisha Greenhalgh – *Evidence based medicine: a movement in crisis?* I thought it would be a good idea to attend to see exactly what is going on as part of my job involves disseminating information on EBM. Here are summaries from 5 of the 8 sessions I attended.

Real v rubbish EBM: what is the state of evidence-based medicine, and is it broken? – Trisha Greenhalgh – Professor of Primary Care

This was the first session of the day and the best! Trisha explained that a big issue in EBM today is the lack of individualism – more concern with evidence findings from clinical trials which can lead to a less than optimal diagnosis of the patient, as how a patient in a clinical trial responds to a drug will be different from how a patient in a doctor's surgery will to the same drug.

To expand on this idea further, Trisha gave the example of a serious bicycle accident she had causing multiple fractures and some additional injuries. An evidence-based protocol existed on each separate injury but the combination of all added up to a unique case which was out of the scope of EBM recommendations. She concluded that ‘evidence is never self-interpreting and that real EBM for one patient may very well turn out to be rubbish EBM for another’.

From this talk two additional remarks from the audience during questions stand out:

‘Doctors are not taught how to deal with uncertainty’ and ‘We’re training the young minds to have boxed-in thinking’.

Right of the public to access clinical trials data: a search for legitimacy and trust – Fergal O’Regan – Head of Unit at the European Ombudsman

Mr O’Regan outlined his role in managing a team of lawyers who work on behalf of the European Ombudsman, Ms Emily O’Reilly, who reports to the European Medicines Agency. He is a lawyer himself. Three case studies illustrated how he supported members of the public gain access to information not released.

Case 3: In 2012 a researcher sought access to the clinical trial CSR – Clinical Study Report for the drug Humira. The pharmaceutical company AbbVie, who manufactures this drug, took the researcher to court aiming to block access to this report. The European Ombudsman intervened in support of the researcher claiming the reasons for withholding this report weren’t justified. The court case was dropped after an agreement

whereby a redacted report would be released. However, what was taken out included sample size and dosage calculations, protocol changes, testing methods, histology tests and secondary endpoints. This information was crucial in understanding how the drug worked and after further negotiations this information was released. Issues like IPD – Individual Patient Data, weren't compromised here, even indirectly, or commercially confidential interests.

It is important to note that the ombudsman's decisions aren't legally binding, but are subject to the approval of the European Medicines Agency. They rule that CSRs are made available following deletion of any information that might compromise personal data protection or be considered commercially confidential. An example of commercial confidentiality is where a pharmaceutical company has designed a new diagnostic testing process that is more efficient than the standard method, thereby gaining a commercial advantage as the standard is shown to be inferior, without other firms knowing the new technical details.

Progress and Barriers on Clinical Trials Transparency – Ben

Goldacre – Clinical Research Fellow

The focus of this talk was how to get all trials reported. Ben Goldacre is co-founder of the **AllTrials** campaign started 2 years ago. The problem in medicine is that sometimes the results of clinical trials are routinely and legally withheld from the medical community. A landmark announcement from WHO released at 13.00 on 14/4/15, 2 hours after Mr Goldacre's talk, calls for the disclosure of results from clinical trials regardless of the result within 12 months of completion, and this includes all older trials.

Dr Kieny said in this WHO release “Failure to publicly disclose trial results engenders misinformation, leading to skewed priorities for both R&D and public health interventions”

It also stated that “in a study that analysed reporting from large clinical trials (more than 500 participants) registered on ClinicalTrials.gov and completed in 2009, 23% had no results reported.”

There are legal issues on full disclosure of clinical trial data. EU legislation provides ample guidance on IPD, however there is no agreed or binding definition of commercially confidential information.

A new key way to help ensure clinical trial transparency is to use audit which has only rarely been used in relation to clinical trial information. Using a clinical trials register you could monitor who was compliant in reporting all the necessary information and who wasn't, then seek to gather any missing information. Asking pharmaceutical companies for this information would thus be a more compelling argument for disclosure as it was evidence of lacking information that couldn't be disputed.

Goldacre B. (2015) How to get all trials reported: Audit, better data and individual accountability. PLoS Med 12 (4) 1-5

Workshop – Critical Appraisal of Systematic Reviews – David Nunan

This gave me a useful insight into how critical appraisal is taught in the medical community by doctors for doctors. We were given 10 minutes to read the article and the rest of the 90 minute session to answer the

checklist questions. We got bogged down on some minor points and the session was extended by 30 minutes to complete the questions. The group agreed on this. The emphasis was on how to quickly assess the paper and interpret the statistics efficiently. This is easier said than done, as we struggled a bit, but got there in the end. That librarians at Imperial College campuses, where I work, are now facilitating critical appraisal sessions for NHS staff can only be a good thing.

EBM in crisis (Real v Rubbish Part 2)

This was the last session before closing remarks. There were various speakers and again Trisha Greenhalgh's section caught my attention here with this slide:-

The six biases against the patient – (forthcoming paper)

- Lack of patient input to research – patient/academic barrier
- Low status of narrative in the hierarchy of evidence – a personally significant emphasis is important.
- Shared decision-making – is this reflexive approach appropriate?
- Power imbalances that silence the patient's voice – acknowledging that illness weakens the patient's ability to discuss issues with the doctor allowing paternalism to take over.
- Over-emphasis on the consultation – unnecessary community mindfulness: a shared perspective on illness – the patient going on a bit.
- 'Hidden denominator' of those who do not seek (or cannot access) care – how to solve this problem

And finally, in this session there was mentioned the “over-diagnosis of the worried well” as a related issue that needs addressing – see **The 2014 Preventing Overdiagnosis Conference**

http://www.preventingoverdiagnosis.net/?page_id=846

In summary, this was a very good conference as I learnt a lot about the current state of EBM and how it is practiced, but also, importantly, that the medical community recognise the problems and are addressing them.

A lot of this conference is now available on Youtube -

https://www.youtube.com/watch?v=ofgycxnioTM&list=PLPdZt8Yjl_fCdMQiFysZUAgGIFz2g2t-T

Accessing CPD via a MOOC aka Library Advocacy Unshushed

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I had often thought that a MOOC would be a good way of accessing continuing professional development, so when I came across Library Advocacy Unshushed on the edX platform (www.edx.org), I thought that it was worth exploring.

So, what is a MOOC? It is a **M**assive **O**pen **O**nline **C**ourse that runs for several weeks (seven in this case) and is available via various platforms such as edX, Udacity, or Coursera to anybody around the world as long as they have online access. There are no entry requirements beyond being able to register yourself on edX, although it is expected that the course will attract like-minded people. MOOCs have been around for a while and tend to cover science, maths, and programming concepts and are beginning to cover history and literature amongst other subjects, although there is some thought that the trend for MOOCs is in decline¹.

This particular MOOC on library advocacy was developed by Wendy Newman (Senior Fellow) and her team in the Faculty of Information at the University of Toronto with support from various guest lecturers. Once registered on the course students were encouraged to pin their locations on a googlemap and it would appear that the highest concentration of students came from the United States of America

(including Juneau in Alaska!). Yet, the map clearly showed that students came from many places including Lebanon, Tanzania, the UAE, Malaysia, Australia and much of Europe. Given the geographical spread of the students, both Facebook and Twitter (@LA101x or #LA101x) was used to alert students to information as well as an almost weekly email from the Unshushed team.

While the course is quite appropriate for today's librarian, it was made very clear though that advocacy is NOT promotion, and neither is it protest, although both have their places in our skills tool box. For your information, library advocacy is all about building relationships with people that can support the library. It is also about aligning library values with organisational values so that staff can advocate appropriately, i.e. it is not worth trying to advocate to directors if they cannot see the point of the library and how it can best impact upon their business – this is why relationships need to be developed in the first place so that advocacy can be used to best effect. Which, to my mind, was the whole point of Library Advocacy Unshushed – get the relationships in place and build upon them to achieve effective advocacy – not a short term project by any means.

The training was mostly delivered via pre-recorded video lectures from Wendy supported with references to key papers covering the subjects of 'values and community', 'strategy and communications', and 'influence and relationships'. The course also included guest lectures from such as Barbara Band (formerly CILIP president) and Sarah Thomas (currently Vice President at Harvard Library and previously Director of the Bodleian Library); unfortunately most of the guest lectures created for the MOOC are only available to course attendees. I felt that the quality of the course was high with correspondingly well qualified guests,

which made for a very interesting course except that the inability to ask questions of the guests, as you might do at a 'live' lecture, was quite frustrating. Incidentally, I was very pleased to see that the video lectures had a rolling transcript alongside which was particularly helpful to me as I am deaf, but could also be useful to those that don't want to turn on the sound!

Students were required to show their development by answering quizzes and submitting assignments of around 200 words that could be seen by fellow students and commented on. We were encouraged to discuss such issues as the economic, political, or technological factors affecting library competitiveness; or whether social media has a place within advocacy or not. The assignments often had a deadline which helped with the flow of the course as it is too easy to drift on courses like this because the particular teaching method means that there are no lectures to 'attend'! That said, the way in which the course was provided meant that the teaching was made available to the students in weekly blocks, i.e. all seven weeks of the course are not available at the beginning of the course which means that you can pace yourself instead of trying to get it all done in the first week.

The final assignment was a 500-600 word reflective piece examining what we had learnt from this MOOC and how we were going to apply this knowledge within our communities. The assignment was peer assessed by at least three other students once the deadline had passed. Peer assessment was quite straightforward as we were given a set of criteria by which to assess our fellow students and the method itself was a very simple one to follow with radio buttons to select for "unsatisfactory, satisfactory, or excellent" and space to enter comments if we so wished. Reading the assignments by other students showed

me the breadth of learning absorbed from the MOOC and how people intended to use advocacy in their role.

As a method for accessing education/training I would certainly recommend it although the learning is very much self-directed and the more you put in to it the more you get out of it. Each MOOC platform has its own benefits and drawbacks, but with edX I felt that I had to work hard at creating discussions with fellow students. Perhaps students more familiar with edX would find it easier to chat with other students, but I found that people would post their own pieces of information (usually in relation to an assignment) but then very little discussion was actually generated. In fact, I made a point of setting up a discussion with the title “talk to me!!” to try and encourage students to talk to each other rather than simply posting their assignments online in order to meet study requirements and I think that I was quite successful as we had 15 students talking to each other.

I would, however, say that the Library Advocacy Unshushed MOOC had a strong focus on public or academic libraries, but that does not mean that the librarian working in the more specialist library such as a health care library cannot learn from it. Particularly as I feel that the challenges that advocates face are universal and the principles can be applied no matter where you work, especially if we are able to align our strategies with those of the parent organisation, i.e. patient care. Indeed, one of the guest lecturers was Joanne Marshall who discussed the value of library and information services in patient care as demonstrated by a large study carried out in the United States. Joanne stated that instead of asking people how often they used the library, her team looked for changes and differences made by the library team to patient care in order to prove the value of the library, and therefore advocate for it. In

her guest lecture Joanne outlines the point that in order to achieve successful advocacy we need to discover what is really important for local decision making and address those issues within the library. (If you are interested in following up on this, Joanne Marshall's paper was published in the Journal of the American Library Association in 2013 - <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3543128/>)

What was particularly evident from the course was that people respond best to stories rather than dry facts and figures. Students studying the MOOC were encouraged to share their own impactful stories and to consider how they might seek out stories that relate to their own libraries. John Szabo, City Librarian for the Los Angeles Public Library Service was one of the many guest lecturers on this MOOC and he talked with conviction about the power of transformative stories and finding out what motivates decision makers in order to advocate effectively. So if I have one thing to recommend from this is to tell you to gather your stories together in order to use them to shape your advocacy; and to encourage you to find out what motivates your decision makers and I can tell you that it's not the number of visitors to your library.

While MOOCs do not (usually) lead to a qualification, they are another way of investigating a subject and adding to your continuing professional development and do not cost a penny; all the while listening to leaders in the field. In addition to which, all the hours studied can be counted towards your CILIP revalidation. Unfortunately this particular MOOC has now finished and I do not yet know if it will run again, but if you would like to read what Wendy Newman has to say about library advocacy then do read her blog piece on the CILIP website:

<http://www.cilip.org.uk/cilip/blog/libraries-don-t-need-more-advocacy->

[they-need-better-advocacy](#) (and if you would also like to read an interesting take on the value of advocacy then the following link provides a viewpoint on how advocacy may not work in today's political climate:

<http://pedronicusuk.wordpress.com/2015/03/05/libraries-advocacy-and-austerity/>)

1 S. Kolowich (2015) The MOOC hype fades. The Chronicle of Higher Education <http://chronicle.com/blogs/wiredcampus/the-mooc-fades-in-3-charts/55701> (accessed 25th March 2015)

LILAC, 8th – 10th April 2015

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This year the Librarians' Information Literacy Annual Conference was held at Newcastle University. It was a fabulous location, in a bustling city centre and delegates were welcomed with wonderful sunshine. This was the 11th LILAC, bringing together delegates from all over the world and helping likeminded individuals debate and discuss information literacy and how it affects all of us. This short article will focus on my experience of attending LILAC 2015 and the key thoughts and ideas I wanted to 'take away' and use in my day job.

This year LILAC focused its workshops around six main themes:

- IL and employability
- Delivering IL through new technologies
- IL for the under-18s
- Research based IL
- Creative approaches to IL
- Outreach and collaboration

Delegates came from many different sectors, higher education, public libraries, further education and schools. Therefore there was always something new to discover, whether from the conference presentations or from the other conference delegates. In addition to the presentations, LILAC also provided a chance to explore the University and city further,

including a networking event, conference dinner and library tours. The Newcastle volunteers also offered attendees the chance to explore the city on foot with guided tours, and a running group! The networking event gave delegates a chance to explore the Great North Museum and their exhibition on Hadrian's Wall. There was also some local wildlife watching the Librarians network, including snakes! In contrast the conference dinner at the Civic Centre was a more glamorous affair with generous food to sustain the guests and a vibrant band to entertain and help delegates dance away the calories. Truly, the LILAC committee and volunteers did everything they could to help delegates get to know one another and also this vibrant northern city.

There were three keynote speakers at LILAC 2015. Professor Ray Land discussed threshold concepts. Julie Jones stood in for Tom Wilson and explained how trade unions are supporting workers to develop information literacy. Finally Barbara Fister presented how libraries are sites of transformative learning. There are links to the keynote abstracts in the useful references below, and further descriptions of them can be found in the HLG Newsletter.

Rather than provide detailed descriptions of each of the parallel sessions I attended, I have decided to highlight the key 'take aways' of the conference. Ideas and innovations that I would like to develop further within my own practice, or discuss with my colleagues at my institution. Therefore I have highlighted the ideas I will take away from LILAC 2015:

- **Differentiation** presented by Darren Flynn – a relic of our education system in the UK is to teach to the 'middle' of the group, on the assumption that this will not confuse those who are less

able in the group and will not bore those who are more advanced. However, this helps no one. Therefore I found it interesting to listen to Darren Flynn discuss how they use differentiation within his school and how he focuses on helping students progress, rather than meet a certain target (he uses Nearpod software for his teaching). A key part of this is a simple pre and post session test, which allows you to group the students and structure the work according to their understanding. They therefore work at a level that is comfortable for them (novice, apprentice or master), and the instructor helps them develop through the tasks. Success is measured by progression, rather than a rigid target.

- **NICE Student champions** presented by Jane Shelley and Anne Weist – The National Institute of Health and Care Excellence run a programme to develop student champions in Universities to encourage peer-to-peer support using the resources. The programme sounds similar to the “Westlaw rep” idea, where the NICE student champion completes training, including a workbook, and can then help and support other students to make the most of the NICE Evidence website. However there is currently a waiting list, so not something we could get involved with immediately.
- **Using data to bridge the gap** presented by Jennie Blake – This presentation ably presented how effective evaluation and use of statistics can help collaboration and improve services to students. Based on “My Learning Essentials” at Manchester, monthly reports are created and disseminated to key partners to review and refine the service. Each report includes robust recommendations which helps the individual services (Careers, Library etc) to develop and tailor the support they offer to the way students are using the resources.

Conclusion:

LILAC is always successful in bringing enthusiastic library and information professionals together to reflect and develop new ideas. The hospitality of Newcastle University was lovely and it was great to see such a vibrant and bustling city. I came away from the conference with plenty of ideas to take home. Primarily I need to remember that learning is not always easy and I need to consider how to support students when they come across threshold concepts that alter the way they see the world around them. I am looking forward to reviewing my work with fresh eyes to see how I can better support the students at all ability levels in the groups I see.

Useful resources:

ACRL (Association of College and Research Libraries) Information Literacy Framework: <http://www.ala.org/acrl/standards/ilframework>

Barbara Fister's blog on Inside Higher Ed:

<https://www.insidehighered.com/blogs/barbara-fister>

LILAC 2015: <http://www.lilacconference.com/WP/programme>

LILAC keynote abstracts 2015:

<http://www.lilacconference.com/WP/programme/keynotes#keynote1>

Darren Flynn: <http://www.lilacconference.com/WP/programme/abstracts-day-1>

Jennie Blake: <http://www.lilacconference.com/WP/programme/abstracts-day-2#blake>

Jane Shelley and Anne Weist:

<http://www.lilacconference.com/WP/programme/abstracts-day-3>

My Learning Essentials (University of Manchester):

<http://www.library.manchester.ac.uk/academicsupport/mylearningessentials/>

Nearpod, a tool used by Darren Flynn to demonstrate how to differentiate within the classroom: <http://www.nearpod.com/how-it-works/>

Union Learning Fund: <https://www.unionlearningfund.org.uk/>

Make your service Visible Study day

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On the 23rd April the UHL Clinical Librarian Team hosted a 'Make your service visible study day' – a workshop for Health Sciences Librarians (HSLs) focused on promoting our services to customers using social media, current awareness and external websites. The 36 attendees all came from a variety of NHS Trust and University Hospital libraries around the country to attend the full day workshop which took place at the Clinical Education Centre, Glenfield Hospital, Leicester.

Last September I transferred to the University of Sheffield's Health Sciences Libraries catering for medical students, STH staff and external visitors. A major part of my role is assisting Jo Marsden, our NHS Outreach Librarian, providing and promoting services that are aimed at NHS staff rather than university students. This includes working on Current Awareness bulletins, keeping our Netvibes page up to date and managing the UoS HSL Twitter page. I was excited to attend the workshop hosted by a HSL team that has a great reputation for the quality of its Current Awareness service.

Sarah Sutton, Clinical Librarian at UHL got the day started with an introduction that emphasised the importance of being 'loud and proud' about the services that we as HSLs provide.

Sarah asked us to think about three questions:

1. What would you like written on your tombstone?

Sarah hoped that her tombstone would celebrate that her work made an identifiable impact. She illustrated her point by talking about a project she was given in her early days as a clinical librarian for UHL. Before published NICE guidelines, Sarah was asked to research the use of Insulin pumps by the hospital team. Her research gave the team the confidence to start using pumps. Sarah attended a meeting with staff and patients and saw that the patients using the pumps had really benefited.

2. What is your library vision? What do you want people to think about your library?

The UK Commission for Health Improvement report inspected UHL and produced a report listing their strengths and weaknesses. They found that other NHS Trusts could learn from UHL: 'Clinical librarians are attached to each directorate and attend ward rounds, clinical meetings and audit meetings so that the evidence is more readily available'.

3. Have you got a lift speech?

This is the speech that you would give to someone important who may have money or influence if you happened to be stuck in the lift with them! This helps us to identify what is really important to us in our work and gives us the opportunity to prepare a well- formed argument in favour of this change. Sarah campaigned to get access to UptoDate for years but was always told no until a new manager was appointed who agreed to it.

The lesson: If you want something, keep going until the time is right/ someone is willing to listen. You also need to make sure that people

know about the excellent services that you already have. and they must be easily accessible. For example UHL got UptoDate but didn't have a desktop icon until recently.

Sarah's main message was to target our resources to our users' needs and ensure that they are both promoted correctly and are easily accessible.

For the second session of the day, Kieran Lamb. Senior Manager Evidence Services , North West CSU, (@fadelibrary) introduced types of social media and how they can be used to promote services. Kieran encouraged us to think about the demographics of social media users and how they fit in with the profile of our users. He also encouraged us to consider the content that we post on social media, asking us to consider appropriateness of content and if permission is necessary. Twitter and Facebook are probably the main accounts that most HSLs use. They both enable two way conversation and have a wide audience and can be linked to other social media accounts such as Instagram. Google + has a more defined audience. Its advantage is in its function for you to create different circles so that posts can be more specific and relevant to different groups of people. LinkedIn is a professional channel that allows for direct communication with peers. I personally have not used it but with 15 million UK members it may be worth a go. Pinterest and Instagram both rely heavily on pictures and so appeal strongly to visual thinkers. Kieran argued that as 70% of Pinterest users are female and 90% of Instagram users are under 35 and predominately female , it is good target audience for the HSLs. Instagram has the advantage that it can be linked easily to Facebook and Twitter accounts. I was unsure how useful a feed with just pictures could be but Kieran pointed out that pictures could also be of QR codes.

(You can find Manchester CCG's Pinterest account at <https://uk.pinterest.com/nhsinmanchester/> and Kieran's Instagram account at <https://instagram.com/fadelibrary/>)

IFTTT (If this then that) is a tool that I was unfamiliar with. The app (found at <https://ifttt.com/>) allows you to create recipes from social media triggers. These triggers run automatically in the background. For example, any new public Bitmark by Kieran creates a status message on his Twitter account.

Kieran recommended linking social media networks together where possible- 'work smarter rather than harder'. Third party clients such as Wordpress and Hootsuite allow both linking across multiple networks and allow scheduling of posts (aim for peak time of 9am-5pm for most impact). He also recommended using metrics to justify the use of a social media account. Look for metrics from services like SUMALL <https://sumall.com/>

We then discussed the main issues we had around using social media to promote our service. Issues raised were questions around how to get the right followers, how to keep information relevant for different types of users (General current awareness vs local specifics vs speciality) and how to create the right tone (formal vs informal). By using hash tags, joining conversations and following, retweeting and direct messaging, we can engage users, raise the visibility of our profile and gain more followers.

Another major point of discussion was obstacles that may face when using social media. Many NHS trusts do not allow access to social

media sites and every trust is different in what it allows and does not allow. Kieran recommended getting friendly with our Comms Teams!

Sarah Sutton began her Current Awareness presentation by defining a Clinical Librarian and the role that they have on promotion of their library service. A Clinical Librarian brings the library and its services directly to the clinical team. By working closely with NHS staff, they can be proactive and anticipatory.

UHL's development of their current awareness service occurred with the discontinuation of NICE Evidence Bulletins. These could be received by clinical librarians and disseminated to the appropriate Trust specialities. The bulletins kept clinicians both up to date and in contact with the library.

UHL developed a Current Awareness evidence service of their own using CISS (Clinical Information Search System) officers to aid Clinical Librarians in creating evidence updates for the different specialities. Known as Clinical Awareness Bulletins at first and now Evidence Updates (EUs), each one is tailored to a specific clinical area so layout, sources and content all differ. Each update however includes only research that would be practice changing- using Gold Standard resources such as CSRs and NICE guidance. Dynamed and UpToDate are also used as they include sections on practice changing research. The bulletins also include resources such as TOCs for journals, Behind the Headlines and Cochrane reports.

The bulletins are designed for ease of access. Including either too little or too much information can be off- putting and inaccessible. UHL use a

‘headlining’ layout- eg including Author’s Conclusions and a link to Cochrane Reports rather than the full article itself. Sarah also highlighted how important feedback from clinicians is and encouraged regular meetings.

Promoting your evidence updates is vital- use social media and send emails. Tips included to maintain an accurate list of staff by scanning new staff lists, keep the subject line to the point and if possible to send the email from your personal staff address rather than a departmental one. Sarah also suggested ‘upselling’- targeting staff who come contact the library to use other services.

The third speaker, Steph Bradley, is Primary Care Librarian at North Bristol NHS Trust. The main challenge she faced when creating a Current Awareness service was that it needed to cater for multiple trusts with differing specialities and needs. The first decision to be made was the format of their CA: a website vs email bulletins? Netvibes was the top contender for a website but lacked the function to provide different feeds for the multiple Trusts. Keeping this in mind, it was decided that a more viable option was to use email to disseminate CA Bulletins. This still had its own problems. For example when, should just Open Access journals be included or should there be journals that not all Trusts subscribed to?

Yahoo Pipes seemed to be the solution. Using updates from BMJ, Lancet, JAMA and NEJM, NICE Guidance, Cochrane Reviews and the top journals by impact factor for each of their specialities, the Trust was able to produce Evidence Updates that could be targeted very specifically to different groups of users. The intensive part of the work

was the initial setting up of the 'pipes' which once made could be automatically generated and emailed to different user groups at specified intervals using Mailchimp.

Following her presentation, Steph then asked us to consider in groups an ideal current awareness service vs a realistic one. Here are some of our ideas:

- Idealistic: Personalised, Different formats, At time of need, Provide for everyone, Just enough detail for need, Creditable sources of all kinds, Unrestricted full texts, No restrictions on finances or technology, Enthusiastic audiences, Incorporated into library registration, creation of a National Current Awareness service.
- Realistic: Tailored to groups, Word documents with links, Weekly, fortnightly or monthly, Email delivery, free or low cost, IT compatible/efficient, shared resources, Linked to social media, accept that not everything will be relevant.

Stuart Glover, UHL's Library Services Manager, ended the day with his session on the ideal HSL website. Pointing out that many hospitals are very intranet based, Stuart argued that having our own public websites as well as intranet sites allowed users to find information on their own terms, at their own time and pace. He also argued that having our own URL signified that our library is important.

Having our own internet site also allows potential uses to find out about us, helping to keep other promotional materials such as leaflets and flyers down to a minimum by simply signposting users directly to the site.

It is also a great way of allowing users to access the excellent resources we have on offer and having our own website also allows us to control how our information and resources are shown and what prominence they have.

Stuart reminded us that people have high expectations of internet services- they expect they will be available and easily accessible and invited us to discuss two questions: What should be included in a good HSL website? What barriers are there to achieving this?

As well as basic functions such as lists and links to services, a catalogue search box, physical library access information and mission statement, more dynamic ideas included podcasts, social media feeds and IM with a librarian. Ability to gather analytics and feedback would be preferred as well as being mobile/tablet friendly.

Barriers identified included non- cooperation of IT departments and having to rely on third party editing in many cases, time and skills restraints, restrictions of corporate branding and financial barriers. As a fix for time restraints Stuart suggesting creating a website that doesn't need a lot of updating. One trick to keep work down would be to use- 'this site' rather than 'this page' was last updated on...'

Stuart also suggested that managers may need to plan ahead when recruiting staff with skills they made need in the future. For the moment libraries could overcome technical skills restraints by either purchasing outside IT services or by partnering with another library service to share advice and ideas.

In all, this was an exciting, dynamic workshop that provided its attendees with valuable practical skills to take away. It was also a fantastic opportunity to create contacts and share ideas, problems and solutions with fellow HSL librarians. I am looking forward to putting these into practice and am particularly interested in delving further into the world of Yahoo Pipes and Instagram/Pinterest as promotional tools for the library and its Current Awareness Services.

http://www.uhl-library.nhs.uk/cl/events_mysv15.html to access presentation slides.

Go to Twitter #mysv for more ideas and discussions generated during the day.

Nursing Core Collection – new edition

In 2010, Tomlinson's, in conjunction with the Royal College of Nursing and Libraries for Nursing, published the fourth edition of the Nursing and Midwifery Core Collection, the list of book titles considered as central to any nursing and/or midwifery book collection. Fast forward to 2015, and work has started on putting together the fifth edition, a project in which HLG Nursing is taking a lead role. However, the primary involvement will come from the members of HLG and the wider nursing and midwifery library community in the UK, as it is all of you that will make the suggestions that will eventually form the list of titles that will go to make up the Core Collection. As a context, the list in the fourth edition consisted of 665 titles (Tomlinsons, 2010).

As with the previous edition, use will be made of LibraryThing (<https://www.librarything.com/>), the online cataloguing and social network site for librarians, to populate the list. LibraryThing is a useful means of undertaking this project as it has a global reach and is accessible through all manner of devices (LibraryThing, 2014). Initially, this will use the previous edition as the template, suitably updated with newer editions of existing titles added and titles no longer in print removed. This will then be opened up to the wider community, both for comments on the existing list, and for suggestions of new titles to be added. Following the end of the consultation period, a committee will review the results and comments, and will then use this information to put together the final Core Collection list, which is expected to be published in 2016, with the release at that year's HLG Conference.

Keep an eye open for announcements on when the consultation period is due to open, and what you will need to do to contribute, through HLG Nursing's usual channels of communication, including the website and our Twitter feed (@libs4nurs).

References

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How to contribute to HLG Nursing Bulletin

HLG Nursing Bulletin is your bulletin and we welcome articles and items for inclusion. It is your chance to get published and share your ideas, experience and research with colleagues in the nursing and health field and the wider profession.

The Bulletin is indexed by CINAHL and the British Nursing Index and soon by Proquest. We are investigating inclusion by both the LISA and LISTA databases.

Some ideas –

- Review of electronic sources or books
- Details of user surveys or other research
- Report on new initiatives or services
- Share practice of evidence based library and information practice (EBLIP)
- Disseminate research findings
- Conference reports
- Current awareness
- User education initiatives / experiences
- CPD / training activities

Please contact Phillip Barlow for more information about the Bulletin and send articles to:

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We welcome articles of any length that would be of interest to fellow health information professionals. We also welcome reviews of books, electronic resources, training events, conferences etc. and training guides or materials.

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