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## Editorial

Hello and a very warm welcome to the December issue of the Newsletter. With the wintery weather starting it's time to layer up, pop the heater on, settle down with a hot drink and take a peek into the last issue of 2014. I hope we have lots to interest and inspire you in this issue. We have a number of pieces inspired by recent conferences: one about coping with technology and two giving personal perspectives on presenting at major conferences. We also have a piece on how health librarians can support frontline practitioners to get safety information to families who most need it, a piece by the first recipient of the HLG Professional Development Fund and, of course, plenty more in the regular columns including an update on Ebola resources in our Internet Sites of Interest column.

If you would like to get involved or have ideas for columns/developments or if you would like to write a short piece (1000-1500 words) for the Newsletter then do please get in touch with me.

I hope you find this issue of the Newsletter useful, informative and enjoyable. Wishing you all an enjoyable and restful festive season. See you next issue in the New Year!

*Elise Hasler, Editor, HLG Newsletter*

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Please make sure you have registered your email address with Cilip via the website otherwise you could be missing out on important HLG announcements.

It is not enough to have given your email address when renewing your Cilip subscription. You need to register via the Cilip website: <http://www.cilip.org.uk/aboutcilip/welcome>

## Group news

### Health Information and Libraries Journal

<http://wileyonlinelibrary.com/journal/hilj> @HILJnl

#### Dissertations into practice

Audrey Marshall is on the lookout for submissions to the 'Dissertations into practice' feature for 2015.

Maybe you've just completed a dissertation about some aspect of health information. Or you might be nearing the end of such a project. You might be a supervisor or workplace mentor. If you fall into any of those categories then Audrey would like to hear from you.

Contact her at [a.m.marshall@brighton.ac.uk](mailto:a.m.marshall@brighton.ac.uk) with some brief details about the dissertation and she'll get back to you.

#### Contents of the December issue

##### Editorial

Peer review at the Health Information and Libraries Journal. Grant, M.J.

##### Review

The role of health information kiosks in diverse settings: a systematic review. Trout, K. & Joshi, A.

##### Original articles

Information needs of public health students. Le, M.

Facilitating access to evidence: primary health care search filter. Brown, L.

Where and how to search for information on the effectiveness of public health interventions: a case study for prevention of cardiovascular disease. Bayliss, S.E. Davenport, C. & Pennant, M.

##### Regular features

###### Dissertations into Practice

An investigation into feasibility of designing a framework for the quantitative evaluation of the clinical librarian service at an NHS Trust in Brighton.

###### International Perspectives and Initiatives

International trends in health science librarianship. Part 12 South Asia (India, Pakistan, Sri Lanka)

###### Learning and Teaching in Action

The information experience and learning needs of couples living with HIV in Malawi.

*Maria Grant, Editor and Penny Bonnett, Assistant Editor, HILJ*

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*Twitter: @MariaJGrant @HILJnl #hilj*

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## Sub-Group News

### Libraries for Nursing (LfN)

#### Study Day

LfN ran a successful training day in London on 24<sup>th</sup> October on **Train the Trainers: Basic Skills for delivering a Training Session**. The aim of this study day was to provide a basic introduction to designing and delivering a training session. Although the session focused on training skills in general, we used examples relating to Library and Information Skills which made it more relevant for those working in this field, providing a unique opportunity to share experiences. The interactive workshop evaluated very well and some great feedback was received.

Learning outcomes of the study day were:

- Deliver presentations and training sessions with more confidence
- Manage difficult or challenging situations and behaviours
- Design, develop and evaluate training sessions effectively
- Acknowledge and adapt to different learning styles

*Sarah Hennessey, LfN*

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## International

### IFLA Elections and CILIP Nominations

Every two years there are elections to IFLA Section Standing Committees, which are similar to CILIP's Special Interest Groups (although IFLA itself uses the term "special interest group" for more informal groups whose committees are not formally elected). The call for nominations has now been made for those wanting to serve on a Section Standing Committee for the period 2015-19. If it wishes CILIP is entitled to nominate one person to each Section Standing Committee at every biannual election. A person who is successfully elected to an IFLA Section Standing Committee serves on the Committee for four years and, if nominated again, is entitled to serve a second term of four years on the same Section Standing Committee, but then has to stand down.

There are 43 Sections in IFLA and CILIP members serve on only a few. If any HLG members are interested in being nominated to stand as a member of a Section Standing Committee, they will need to complete a CILIP nomination application form and return it to Guy Daines, Head of Policy at CILIP no later than Monday 15 December. CILIP nominations to the IFLA Section Standing Committees will be determined by CILIP's International Board chaired by John Lake and applicants will be informed of their decision by 23 January 2015 at the latest. Successful applicants for CILIP nomination will need to fill out an IFLA consent (to stand) form and CILIP will send the nomination to IFLA before their deadline on 11 February 2015. If there are too many nominations for places available then IFLA will hold elections for those Section Standing Committees over March and April 2015. Those who are elected will take up their positions at the end of the IFLA World Library & Information Congress in Cape Town, 15-21 August 2015.

Normally Section Standing Committee members might be expected to attend two Section meetings a year at various overseas venues (occasionally these may be held in the UK of course), with electronic working between those meetings. Please note that CILIP is unable to fund the travel and subsistence of CILIP members who serve on IFLA section Standing Committees.

You will find a full listing of IFLA Sections (with links to their own pages) on the IFLA website at: <http://www.ifla.org/activities-and-groups>

### Other IFLA Elections

As well as nominations for IFLA Section Standing Committees, there has also been a call for nominations for the IFLA President Elect 2015-17 (who will become IFLA President 2017-19) and ten members of the IFLA Governing Board (serving for 2015-17). These require nomination by a number of IFLA members. If you have any views (including suggested CILIP nominations) then please contact Guy Daines as soon as possible. The International Board will advise CILIP's Chief Executive about such nominations.

Guy Daines, Head of Policy at CILIP can be contacted with any queries about the above at [guy.daines@cilip.org.uk](mailto:guy.daines@cilip.org.uk)

## **17th International Symposium on Health Information Management Research (ISHIMR 2015)**

The ISHIMR 2015 Committee invite you to participate in the 17th International Symposium for Health Information Management Research (ISHIMR), which will take place at York St. John University on 25-26 June 2015, in the beautiful city of York, England, UK.

The theme of this meeting will focus on **Health Informatics for Enhancing Health and Well-Being**.

ISHIMR 2015 will bring together researchers in the general area of e-health, health information management and health informatics and will provide a forum for the presentation and discussion of their research activities. We therefore welcome paper (oral presentation) / abstract (poster) submissions and delegates from the health and research community, particularly those with teaching/ research responsibilities in health information management and health informatics, those with clinical responsibilities, and those involved in provision of health information and knowledge services.

ISHIMR 2015 will feature oral and poster presentations, a doctoral symposium, a demonstration of health informatics software applications and invited speakers from industry, government organisations and academia. ISHIMR 2015 will include a multidisciplinary audience.

The main themes of interest include, but are not restricted to:

- Health Data Management Strategies
- Health Information Management Strategies
- Health Knowledge Management Strategies
- Health Informatics Systems
- Evidence-based Decision Making
- Emerging Trends in Health Informatics

Please see the ISHIMR 2015 web-site [www.ishimr2015.com](http://www.ishimr2015.com) for a list of the topics under each theme.

You and your colleagues are invited to submit their research contributions or practical experience reports. All papers will be blind peer-reviewed by at least two members of the Programme Committee.

The deadline for submission of papers and poster abstracts is: 15th January 2015. All papers presented and abstracts for posters, will be published in the Conference Proceedings. As with previous ISHIMR conferences, the best papers will be considered for publication in a special issue of the Health Informatics Journal and in the International Journal of Health Information Management Research (IJHIMR).

*Hélène Goring, International Officer for HLG*  
Email: [helene.goring@bsmhft.nhs.uk](mailto:helene.goring@bsmhft.nhs.uk)

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## Articles

### Coping with Technology in Libraries: Notes from HLG 2014

Technology, usually fascinating and unused when it's new, old-school once it's established, and revered after passing into the archives, is a vague, blanketing word bringing with it shivers of excitement and horror at the same time. What wonders it can do in the library. But how does a library cope with adapting to it, or it to the library?

What is technology exactly, besides broad definitions like, 'mechanical arts', 'the application of knowledge for practical purposes' or 'the product of such application'<sup>1</sup>? Knowing what technology is of importance to the library is essential. Each library will differ in defining what technology suits them. Some libraries might have a use for a print-on-demand book machine, whilst another will be interested in bibliometric software. With crossovers and extremes between libraries, each will have to define technology for themselves.

Looking at technologies themselves is actually quite a complex process. Scanning the literature, technology is being written and written about. A recent subject search<sup>2</sup> in Library and Information Science Abstracts for technology and libraries sends back 552 results published in the last 30 days. Or take the study begun by the NHS in 2011 on identifying medical apps for mobile phones<sup>3</sup>. In six weeks they accumulated a list of over 500 apps<sup>4</sup>.

There is an enormous amount of technology available and there's a lot more constantly being developed. Although it provides a wonderful opportunity to enhance library services, how does a library cope? It took the NHS well over a year to compile and release their Health Apps Library<sup>5</sup>. How do small libraries cope or even large libraries who can't afford to dedicate staff for over a year to one project? At CILIP's 2014 Health Library Group conference in Oxford, technology featured as a central part of the two days. It included presentations on open access, e-resources including a video journal, clinical online decision support tools and social media. The posters showed library involvement in projects on emerging technologies, mobile technologies and an app for community staff. Although vital to their development, it's still great to see that libraries are devoting so much time and resources to bringing technology into the library.

It's great because it's difficult. There are so many technologies and so many more emerging technologies that there is no clear picture of what is available. Even once particular technologies are discovered there is a cost attached to implementing them into the library and a risk that the technology will soon become irrelevant or inferior to another. For instance take iGoogle, the personalized homepage – a number of libraries adopted it when it came out in 2005 but by 2013 Google had discontinued it. Shifting the content to another similar provider is an additional burden on libraries and it happens frequently with technology.

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<sup>1</sup> "technology, n." *OED Online*. Oxford University Press, June 2014. Web. 19 August 2014.

<sup>2</sup> Library and Information Science Abstracts (LISA). Subject search performed on Libraries & Technologies: Proquest, 11 Aug 2014.

<sup>3</sup> Department of Health. Maps and apps for health and care – what next? *[Blog] Digital Health*. Web. February 29, 2012. [Cited: 12 Aug 2014.] <https://digitalhealth.blog.gov.uk/2012/02/29/maps-and-apps-for-health-and-care-what-next/>.

<sup>4</sup> —. Maps and Apps. *Department of Health*. Web. 04 02, 2013. [Cited: 12 Aug 2014.] <http://webarchive.nationalarchives.gov.uk/20130402145621/http://mapsandapps.dh.gov.uk/>.

<sup>5</sup> —. Health Apps Library. *NHS Choices*. Web. 08 12, 2014. <http://apps.nhs.uk/>.

Add in the financial constraints of many libraries and heavy workloads due to staff shortages and it's a wonder any new technology is adapted. And yet it is. Larger institutions are better placed to bring in some of the more large scale technologies as they are rolled out, such as RFID for shelf reading or self-checkout stations. But any library can benefit from there being so many technologies.

A good approach to coping with the glut of potentially useful library technologies is to look at the library's gaps and wishes. What isn't the library doing that other similar libraries are? What are readers asking for in surveys or to staff which the library doesn't have? What would any of the library staff know of and love to have? What might readers be asking for next? Or, what are readers currently having difficulties with?

Knowing the library community remains one of the most valuable assets a manager can have. Communicating with the readers and understanding their current needs can lead to predicting more accurately what they might need in the near future. For instance, managing research data and publishing with open access requirements are hurdles for many researchers. Libraries with or without access to many resources have the most useful of them, the librarians<sup>6</sup>. Having someone trained in research data management and open access, not just reasonably knowing about them, can be very valuable. This sets the library up as the central resource in the institution for the entire research process. It can include making the library the place to come for guidance in order to initially structure the research plan, i.e. where the data will be stored, what file format will be used, what labelling system, etc. Data is then gathered through library resources. And finally researchers can finish the process by coming for guidance on open access publishing.

With a lot of technologies there are also a lot of opportunities. Finding out about technology is a priority. There are many ways to do this; from reading all kinds of publications not just library focused ones, to attending conferences, browsing other library websites, networking and training. Everyone has their own ways of picking up new information. What makes a difference though is seeing what isn't in the library and then attempting to get it. It will be staff who know their readers who will be best placed to meet that need. But it won't hurt that staff have an ongoing awareness of technology, both to meet current needs and to aim at future ones.

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<sup>6</sup> Unfortunately, volunteer run libraries may lack that key resource.

## I'm only a baby but...



Disadvantaged children are most at risk from death, disability or serious injury from preventable accidents, but their parents are hardest to reach. This article looks at barriers to engagement and how health librarians can support frontline practitioners to get safety information to the families who most need it.

### **The scale of the problem**

Serious accidents have a life changing impact on children and their families. On top of the human cost, the annual cost of preventable accidents to the NHS is estimated to be £275m.

Children of never-employed or long-term unemployed parents are 13 times more likely to die from an unintentional injury than children whose parents are employed in higher managerial and professional occupations.

The hospital admission rate for unintentional injuries for the under 5s is 45% higher for children from the most deprived areas compared to those from the least deprived areas.

Even more alarmingly, a study by Nottingham University found that children from deprived homes are 80% more likely to have a scald compared to those from better-off homes. As a young child's skin is much thinner than that of an adult, even a scald from a hot drink can cause disabling and disfiguring injuries.

### **Barriers to engagement**

Classifying families and communities as 'hard to reach' is unhelpful. It is unlikely that people have made a conscious decision not to engage with or access services. Instead, it is more likely that there are problems in the design and delivery of services and information that prevent groups from engaging.

### **Language and literacy**

Data from the 2011 census shows that 8% of the population of England and Wales has a first language other than English (that's 4.2 million people). It also recorded more than 600 different responses to the question 'What is your main language?'

For those with only a limited command of spoken or written English, many of our educational resources and campaigns are completely inaccessible. Even where English is a first language, serious literacy problems can still be a significant barrier to communication. Government research shows that one in six of the adult population of England has serious literacy problems. Their reading levels are at or below the standard expected of 9 to 11 year olds.

Poor literacy is different from illiteracy, as it relates to comprehension rather than the ability to read. It can easily go undetected as people often develop strategies to hide their difficulties with understanding what written material actually means and what they need to do as a result.

Parents from deprived backgrounds suffer a double disadvantage – they are most in need of information on how to protect their children from serious accidents, but they are also the most likely to struggle with literacy. There is a strong link between socio-

economic factors and child accident rates, but nearly half (44%) of adults who are unemployed have serious literacy problems.

### **Communication channels**

The right messages can help practitioners to address the barriers that hold parents back from fully engaging with child safety. But if the channel and the way that the message is delivered are inappropriate, critical child safety messages will be lost.

Frontline health practitioners play a vital role in raising awareness of the most serious and common preventable accidents. In an article for CAPT News to mark the Week of Action for community health practitioners and health visitors, Viv Bennett, Director of Nursing at the Department of Health wrote:

“Giving our children and young people the best start is vital for individuals, families and, ultimately, society. Healthcare practitioners have a key role in preventing ill health, maintaining wellbeing and reducing accidents.”

### **The message and the medium**

Ensuring practitioners have the very best tools at their disposal is critical. There are various alternatives to a text-based approach to safety advice for parents and carers. Over the last few years, CAPT has pioneered picture-based and video resources to help get key messages across to parents and carers without relying on text-based resources.

Widely tested with parents and practitioners, the resulting **series of pictorial booklets** is CAPT's most popular resource with both practitioners and health librarians, both because of its universality and its efficacy with parents who struggle with language and literacy. CAPT's **DVD packs** are equally accessible, using the tried-and-tested devices of a child's eye view, personal stories and evidence from experts to raise awareness of risk and communicate essential prevention messaging. The packs are also highly adaptable for both group and one-to-one work with parents.

To see the full range of CAPT resources including the picture-based booklets and DVD packs and our cost-effective flyers and leaflets, **visit CAPT's website**.

### **More information**

For a topic briefing on barriers to engagement with parents and how to overcome them, see CAPT's **Making the Link** site. For more information on poor literacy, download CAPT's briefing paper, **Safety without the small print**. Finally, **sign up to CAPT News** – a monthly e-newsletter with the very latest on accident prevention news, Child Safety Week, publications and free resources.

*Kate Bines, Marketing Manager, Child Accident Prevention Trust (CAPT)*

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## **MAPping professional collaboration: the challenges and benefits of professional teamwork to develop an online toolkit**

### **Introduction**

We delivered a joint presentation at this year's Health Libraries Group (HLG) conference on the benefits and challenges of collaborative working to develop an online toolkit. The Making Alignment a Priority (MAP) toolkit contains tools to assist librarians in demonstrating their value and impact to the wider organisation. The toolkit is maintained by a group of content editors from across the country and the whole project is overseen by a steering group of North West health librarians. This article provides an overview of the MAP toolkit and a reflection on working collaboratively to put together and deliver the presentation at the HLG conference.

### **Background to MAP**

The toolkit contains a range of tools to enable health librarians to demonstrate the value and impact of their services to the wider organization. It includes easy-to-read summaries of key NHS drivers (e.g. Francis Report, Keogh Review) to enable librarians to understand the implications of these drivers for library and knowledge services. The toolkit contains downloadable project planning and case study templates to support library staff in demonstrating their alignment with wider organisational objectives, enabling library and knowledge services to speak the same language as senior managers and decision-makers in their organization. Case studies from library services across the UK who have used the toolkit are also available to view.

### **Preparing for a presentation... when working miles apart**

After volunteering to present the MAP project at HLG we started e-mailing each other with ideas for the content of the presentation. We used the online mind-mapping site [bubbl.us](http://bubbl.us) to share our ideas and sketch out a structure for our presentation. Initially we had a few technical issues sharing the mind map but once resolved the mind map proved really useful for planning the content of the presentation. The content was a truly collaborative effort from the whole MAP team. We drew up a list of questions to ask the content editors during one of our teleconferences to gain their views on how they had benefitted from being a part of the project. Their answers informed parts of the presentation.

After several weeks of e-mailing each other with ideas for content, putting together PowerPoint slides and adjusting the script we felt ready for a full-run through of the presentation. The numerous conference calls we had in the lead up to HLG were invaluable for practicing the actual delivery of the presentation content. As we were taking it in turns to speak we could get used to how each other delivered the content. The virtual aspect of practicing really helped us; the conference call set up is not the most comfortable so we were more focussed on the task in hand which meant by the time we met for our rehearsal we were aware of which section belonged to whom. We also took the opportunity, during one of the regular MAP teleconference meeting, to present to the rest of the content editors and steering group. This gave us a chance to gain feedback on the content and our presenting skills from our peers. The positive feedback was re-assuring and increased our confidence in our ability to deliver an engaging presentation.

### **Reflection**

We successfully delivered our presentation on the first day of the HLG conference and received positive feedback from our peers. The impact of the presentation was reflected in the toolkit's usage statistics which were at their highest ever in July 2014

(227 views). Below are our individual reflections on our experiences of creating and delivering the presentation.

- **Delivering a conference presentation for first time**

**Jane:** I was quite daunted by the prospect of presenting at a conference, however I felt that all our hard work and preparation really paid off. The first few minutes were a bit nerve wracking but after we'd covered the first couple of slides I began to relax more and dare I say ...enjoy it! The positive feedback we received was really uplifting. A few of our peers commented on the way Leanne and I delivered the presentation noting that the transitions between us worked well. We were both really pleased with these comments as we had only practiced the presentation face to face once.

**Leanne:** Initially I thought I was going to have to learn the whole presentation off by heart but after having a discussion with Jane and others who had presented, it turned out that it is perfectly acceptable to use notes as a prompt. I was relieved to see others doing the same in their presentations. Now that I know it is ok to use prompts my confidence in delivering presentations has increased and I am looking forward to the next time....

- **On collaboration**

**Jane:** I was really pleased (and relieved) when Leanne volunteered to co-present with me. Having never delivered a conference presentation before it was re-assuring to know that Leanne was there to discuss ideas with and develop the content of the presentation. It made the whole process a little less daunting as we both offered each other mutual support throughout the process.

**Leanne:** I really enjoyed working with Jane on getting the presentation together and I think it helped tremendously that we were mirroring the theme of our presentation - in that we were working together in a virtual way in order to get things done. In some ways I think it added gravitas to our presentation - it wasn't just MAP that we were working on miles apart

### **Conclusion**

Whilst collaboration has its benefits (sharing the workload and discussing ideas) it wasn't easy to put together the content and practice the delivery of the presentation when we were located so far apart. We had to be highly organised and motivated to ensure we had an informative and engaging presentation which was well delivered on the day and we achieved that!

**Presentation Slides are available here:** <http://www.cilip.org.uk/health-libraries-group/events-conferences-and-seminars/conferences/hlg-conference-2014/hlg>

**The MAP Toolkit is available here:** <http://maptoolkit.wordpress.com>

*Jane Roberts, Outreach Librarian Salford Royal NHS Foundation Trust and  
Leanne Kendrick, Library Services Manager, Queen Elizabeth Hospital King's Lynn  
NHS Foundation Trust*

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## **Librarians out of their comfort zone: 2014 Annual Congress of the European Society of Intensive Care Medicine**

In May 2013 librarians at Basildon University Hospital started trialling a clinical librarian service in the Critical care unit at the invitation of Dr. Agilan Kaliappan, one of the consultants. The trial was deemed a success and the service is now a permanent fixture in the unit two days a week and has also been extended, with slightly different models, to the Cardiac Intensive Care Unit and Paediatrics. Earlier this year Agilan asked us to co-present with him about the service and its impact on staff practice and patient care in the CCU at the 2014 Annual Congress of the European Society of Intensive Care Medicine in Barcelona (ESICM).

Despite some trepidation we agreed. Who wouldn't want a trip to Barcelona? And what an opportunity to spread the word about the extended "value-added" role librarians can have in an organisation and in evidence based healthcare. We were, however, worried about funding as we knew that it was unlikely that our Trust would agree to pay expenses given the current economic climate. Fortunately I remembered an email about HEE LKSL SDG Funding, we applied and were very grateful to have the whole amount approved so that two of us could attend one day of the conference.

Surprisingly having four people contribute to writing an abstract worked and it was accepted by ESICM as a Poster Corner presentation under the theme "Quality Assessment and Patient Centred Outcomes." This meant producing a six slide PowerPoint for the actual presentation which was allocated a slot on the last day of the conference. We would have four minutes to present and another four for a Q&A session. Because of the number of abstracts accepted timing would be crucial. We could also provide a longer, more detailed PowerPoint which would be uploaded onto the conference system and available for delegates to view throughout the conference. Everything was uploaded to the conference site well beforehand but we also took memory sticks...just in case. These weren't needed, the conference and all the technical aspects of managing over a thousand presentations, exhibitions, forums and debates were organised with military precision. We were impressed!

The conference programme was available in advance so we were able to book flights and a hotel to attend the conference as day visitors. We got to Barcelona the night before to ensure that we could get to the venue early in the morning to get our bearings and check that the presentation was correct and ready to go. We were so glad we did this as we were completely overwhelmed on arriving at the vast conference centre. We felt like fish out of water...five thousand medics and two librarians! It felt almost fraudulent and we were sure everyone could see right through us... until we found the conference book stand and felt a bit more at home!

The Poster Corners were small enclosed stages, with an audience of about fifty, dotted about the cavernous main exhibition hall, in amongst displays of the latest medical equipment and material from various exhibitors. Throughout the morning six themes, each including about ten presentations would be presented concurrently so delegates could pick and choose what they wanted to hear. As ours was last on our list we were able to listen to those presenting before us, on diverse subjects ranging from how ICUs communicate with GPs, using meta-analyses to support clinical decision making and intensive care syndrome and results from a follow up ICU clinic. The findings of this last one were interesting as their figures showed that approximately fifty percent of ITU patients develop some form of post-traumatic stress disorder as a result of being in ICU! Listening to other presentations also made

me realise that even doctors don't always have good presentation skills and that I would not do too badly!

We had decided that I would do the first half of the presentation and that Agilan would do the second but quickly realised that getting the headset off and on would be too fiddly so I ended up speaking with Agilan fielding questions at the end. Sarah acted as photographer. Questions and comments were varied, from one medic wondering how doctors could let librarians dictate the evidence they used (he had somewhat missed the point, that we access the evidence available for doctors to then decide what is relevant to their patients) to others declaring their wish for a similar service in their own hospital.



We also got the standard comment that we “don’t look like librarians”. It appears the old stereotype is still alive and well! Overall the response from the audience was very positive but we were still very relieved when it was finished. It was also very gratifying to discover that our uploaded presentation had consistently been one of the top ten most viewed throughout the conference. I’m not quite sure what illnesses or interventions people searched for which resulted in a presentation about clinical librarianship but this also added to the feeling that we had definitely done our bit to advance the cause!

Having gone all the way to Barcelona we also wanted to get more of a feel for the conference, of current issues that intensive care professionals care about. We identified a couple of ethical debates that weren’t too technical, that we could actually understand. The first was “Thou shalt not kill –the sixth commandment stands”, the protagonist being a Jewish doctor working in Israel where Hebraic law prohibits any withdrawal of continuous treatment which could cause death, the main example being taking someone off a ventilator. This would be treated as murder. This is completely at odds with medical practice in most countries and the incredulity with which most of the audience greeted his argument was obvious. The second debate was about the dead donor rule and how the definitions of death have altered with increases in knowledge in recent years. Both debates were fascinating and really made us think about the ethical problems encountered every day by intensive care staff and the thought processes they have to go through in deciding what is best for their patients.

To celebrate a successful and interesting day Sarah and I spent the evening in Barcelona’s old town, wandering the narrow streets of the Ramblas and having a rather nice meal, with the obligatory jug of Sangria (large!) in one of the beautiful old squares. We also had time the next day before our flight home to visit the Sagrada Familia, the Gaudi Church, still being built over 100 years after its foundation. We had to queue for over an hour to get in but it was awe inspiring and definitely worth the wait!

So would we do it again? I think the answer would have to be yes. It was a lot of work, especially in the preparation and there are some aspects that we would do differently, for example in the allocation of work between consultants and librarians and in communicating that. We were nervous on the day but then so were many of the medical professionals we saw presenting. We were out of our comfort zone, but health librarians today need to get used to that, to be seen away from the library, engaging with healthcare professionals from all areas, making a difference at the point of care, and a conference is as good a place as a Critical Care Unit to start. We felt we did what we set out to do, raise awareness of the positive contribution librarians and libraries can make to the work of intensive care staff and to patient care and we are very grateful to the LKSL Staff Development Group for making that possible.

*Liz Hunwick (Library Services Manager), Sarah Lanney (Library Resources Manager), Tim Ellis (Assistant Librarian), Basildon Healthcare Library*

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## HLG Professional Development Fund - A Master's with a digital difference!

I am very grateful and honoured to be the first recipient of the new HLG Professional Development Fund. As the degree itself is free to EU residents, my expenses were for travel and accommodation. I applied for assistance with these expenses towards the first study school. I had seen the invitation to apply in the HLG newsletters and when I attended the HLG Conference in Oxford this July, I enquired at the HLG stand about my plight. I was encouraged to apply as soon as possible.

I had been considering studying a Master's degree for some time but needed to be able to cope with the time element required. I graduated with my first library degree from Aberystwyth University in 2010. My mentor had pointed out the Masters in Digital Information some years ago while it was still under development. I had been checking the curriculum regularly and pondering when might be a good time to start studying again. Realising that there is never a good time, I decided to apply, figuring that if I was not successful, I was not meant to study further. Well, I was successful – 10 students are selected annually for each of the autumn and spring admission rounds. I applied in mid October 2013 and was informed that I had been accepted in early March 2014. The first 'residential' (study school) was 8-13 September 2014. By now you will be wondering which university I am talking about! It is the University of Borås in Sweden. Borås is a city about the same size as Exeter so I felt right at home straight away.

I had managed to find suitable accommodation close to the university. I found that flying from Exeter to Amsterdam and then from Amsterdam to Goteborg was an easier and cheaper option than flying from London. It took the better part of the Saturday travelling before arriving in Borås with time to explore on Sunday. The study school was really intensive with no time left over except for eating and sleeping.



The degree is a Masters in Digital Library & Information Services (in English) via distance learning and consists of nine modules ending with a dissertation. Ideally one should attend the study schools twice a year but once a year is deemed sufficient. I think it is a very relevant degree as our world becomes more digital and library services become more virtual. As the e-resources co-ordinator for Exeter Health Library at the Royal Devon & Exeter NHS Foundation Trust, this course is very relevant to me.

If you are interested have a look at the modules on offer:

<https://www.universityadmissions.se/intl/search?freeText=HB-5232C&period=HT+2015&lang=en>

I was rather apprehensive but very excited on my first morning. I was not disappointed and over the first few hours I made good friends with my fellow students. Most of them live in Sweden but four of them come from Croatia, Germany, USA and Serbia. All are now living in Sweden. We had a case study which had been given to us a week before coming to study school and we were all expected to participate. We were divided into 3 groups and asked to present on a different aspect of a scenario, inventing our own service. Each team had to select the best person to lead and present along with each member's support. I was the leader for my group with two Swedes and the Serbian. It was actually quite fun as well as challenging and we were told we tackled the task well.

Professor Elena Maceviciute leads the programme along with input from Professor Tom Wilson from Sheffield University (now retired). Communication is via the student portal called PingPong. I am currently studying the module on Digital Library Management along with Technology of Digital Libraries. There is the usual challenge of too much reading material as well as the time factor. I am experiencing the extreme shrinkage of time particularly when I am composing my next assignment! I would love to be able to attend the next study school but will miss the February one and attend again in September. Funding is available from the Fund once a year.

I would encourage those who are interested to have a look at the curriculum and consider applying. If anyone would like to discuss the course with me, please feel free to contact me at [p.r.geldenhuis@exeter.ac.uk](mailto:p.r.geldenhuis@exeter.ac.uk)

*Pam Geldenhuis, E-Resources Co-ordinator, Exeter Health Library*

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## **National Union List of Journals (NULJ) interlibrary loan scheme - come and join!**

The National Union List of Journals (NULJ) interlibrary loan scheme is a co-operative document supply scheme allowing health related libraries and information services (NHS/universities/charities etc.) to share journal articles under current Copyright law.

The scheme has grown over the years to incorporate a wide selection of health related journals, with around 1,500 unique journal titles and 160 member libraries. The basis of the scheme is that articles are supplied between member libraries by reciprocal agreement, sharing resources freely. Any UK and Irish library can join the NULJ scheme. The NULJ subscription per year is £80.

By facilitating the sharing of journal resources by health libraries throughout the United Kingdom and Ireland, the NULJ helps overcome the problems of tightening budgets and also encourages the dissemination of published information to support research, clinical practice and education.

If you are interested in joining or require further information about the scheme please contact Tanya McLaven, Deputy Librarian ([tanya.mclaven@uhl-tr.nhs.uk](mailto:tanya.mclaven@uhl-tr.nhs.uk) or 0116 2502303) or email us at [nulj@uhl-tr.nhs.uk](mailto:nulj@uhl-tr.nhs.uk) with Joining NULJ in the subject. The NULJ website is available at <http://www.uhl-library.nhs.uk/nulj/>

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## Internet sites of interest

### An update on Ebola

September 2014's column covered Ebola. I checked all the links on 10<sup>th</sup> November 2014, and I list any changes below. All other links listed in September are still live, as of 10<sup>th</sup> November 2014. I have also found some additional sites, including a small number in French. If you know anyone who is travelling to affected areas to work there, or your hospital is one of those designated to take any UK cases, please do share September and December's columns with them. Please do share it with anyone you think might be interested.

### Changes to sites listed in September's column

The **UK government's response** is now at

<https://www.gov.uk/government/topical-events/ebola-virus-government-response>

In addition to the **BBC** Ebola page, it might be worth checking their Africa news page at <http://www.bbc.co.uk/news/world/africa/>

**Disaster Lit** now has an Ebola link on the right of the screen.

I was able to access the **Ebola Alert** site. Based in Nigeria, it contains news, resources, and details of following them on Twitter. Based on where I heard about it, I thought it was worth including, a decision I am happy with!

I was also able to access the **European Centre for Disease Prevention and Control** site, which includes links to Ebola resources on its main page. I did get a login box, however I cancelled that and seemed to be able to access the site.

**Fit For Travel** still does not seem to have Ebola in its A-Z, but I checked the page for Sierra Leone. There are links to news items from the Liberia page, although Ebola is not listed as a health issue alongside things like malaria.

**Flustrackers** lists Ebola forums on its main page and at <http://www.flustrackers.com/forum/forumdisplay.php?f=3136>. One is in French.

**MedlinePlus** now has an Ebola page at <http://www.nlm.nih.gov/medlineplus/ebola.html> (English) and <http://www.nlm.nih.gov/medlineplus/spanish/ebola.html> (Spanish)

**NaTHNaC** has published more recent updates, so make sure you are looking at the latest one. The previous ones seem still to be there. For travellers, there is [http://www.nathnac.org/travel/news/Ebola\\_travellers.htm](http://www.nathnac.org/travel/news/Ebola_travellers.htm) but there seems to be no Ebola fact sheet with the other infectious disease ones.

**Public Health England** – start at the same page <https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance> for resources about clinical management, public health, diagnosis and current outbreaks. The specific links I mentioned in September are still there, but a lot more is too, including a link for universities at <https://www.gov.uk/government/publications/ebola-advice-and-risk-assessment-for-universities-and-further-educational-establishments> and advice relating to travellers, custody suites, immigration centres and other settings.

### **Some sites discovered since September's column**

#### **Doctors without Borders**

<http://www.doctorswithoutborders.org/our-work/medical-issues/ebola>

Doctors without Borders is the name of Médecins sans Frontières in the United States.

The **Lancet** has given free access to its Ebola resources through its Ebola Resource Centre - <http://ebola.thelancet.com/>

#### **NHS Choices**

<http://www.nhs.uk/conditions/ebola-virus/pages/ebola-virus.aspx>

#### **NICE Evidence Search**

<http://www.evidence.nhs.uk/search?q=Ebolavirus>

I do apologise for missing this out in September! It ought to be the first place to look, and includes (as I am sure you know) only links to information that has been checked for quality.

#### **NLM Information Resources for the 2014 Ebola outbreak**

[http://www.nlm.nih.gov/news/ebola\\_resources\\_2014.html](http://www.nlm.nih.gov/news/ebola_resources_2014.html)

A page from early October detailing NLM resources that are available. This is mentioned in the Technical Bulletin piece (see below). Resources include an NCBI resource relating to nucleotide and protein sequence information, and information about the Emergency Access Initiative, which makes full text available to those working in West Africa.

#### **NLM Technical Bulletin: Search hint**

[http://www.nlm.nih.gov/pubs/techbull/nd14/nd14\\_ebola\\_search\\_hint.html](http://www.nlm.nih.gov/pubs/techbull/nd14/nd14_ebola_search_hint.html)

Hints for searching for Ebola in Medline and PubMed. I am grateful to Tom Roper for tweeting this, as I had not spotted it.

#### **Resource Tracking for the Global Ebola Response**

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

This site was available in late October, when I started working on the column, but it is not there today (10<sup>th</sup> November). In case it returns, I shall leave it in, as it does bring together useful (attributed) statistical information. It is not immediately clear who is compiling this site (I have seen it listed as the World Bank, but I can't see any attribution on the site itself). There is attributed information about money pledged and statistics about cases and response.

#### **Royal College of General Practitioners**

<http://www.rcgp.org.uk/clinical-and-research/clinical-resources/ebola.aspx>

The College has issued guidance to GP practices, and has a page of Ebola resources at this link. It includes links to information from public health authorities, but also copies of the guidance itself, tailored for reception staff, doctors, practice managers, and others, and also including guidance for patients.

#### **United Nations**

<http://www.un.org/ebolareponse>

Outlines the UN response, and includes statements from the UN, FAO, WHO and other UN bodies (under "resources") and statistical data regarding cases.

### **WHO Ebola Portal**

<https://extranet.who.int/ebola/>

Outlines the WHO roadmap, and has statistics about cases and information about the current outbreak.

### **WHO fact sheet**

<http://www.who.int/mediacentre/factsheets/fs103/en/>

Summary of clinical information (transmission, prevention, control) and information about previous outbreaks, starting with outbreaks in 1976.

### **Some French language sites**

**Flutrackers** (see above) has a French language forum.

### **Médecins sans Frontières**

<http://msf.fr/actualite/articles/en-savoir-plus-sur-ebola>

MSF's France based site has these FAQs about Ebola, and there is also a (more recently updated) Dossier at <http://msf.fr/actualite/dossiers/urgence-ebola> detailing MSF's work.

### **Medscape**

<http://www.medscape.fr/>

Published by WebMD Global, this is a news and current awareness site for health professionals. One of the "spécialités" sections covers Infection – Vaccins. Free registration is required to use the site.

### **Ministère des Affaires Sociales, de la Santé et des Droits des Femmes**

<http://ebola.sante.gouv.fr/>

Information from the French government, including information about the virus, information for people who may have come into contact with it or who live or who have visited an affected area, information for health professionals, as well as information about what the French government is doing. There is also the number for a telephone helpline.

### **Le Monde**

<http://www.lemonde.fr/le-virus-ebola/>

Other news sites are of course available, but I have always rather liked Le Monde (a proper criterion for inclusion, of course!). This brings together their articles about Ebola.

### **World Health Organization (Organisation Mondiale de Santé) Factsheet**

<http://www.who.int/mediacentre/factsheets/fs103/fr/>

This is the French language version of the fact sheet mentioned above. WHO also has a French language page at <http://www.who.int/csr/disease/ebola/fr/>.

If you would like to suggest a topic for a future column, or would like to compile a column, please do get in touch.

*Keith Nockels, Learning & Teaching Services Librarian, University of Leicester*

*Email: [khn5@le.ac.uk](mailto:khn5@le.ac.uk) Tel. +44 (0)116 252 3101*

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## Meeting Reports

### **7<sup>th</sup> Shanghai International Library Forum (SILF) 9-11 July 2014 Libraries in the Transition Era: New Space, New Service, New Experiences**

As one of only 2 UK delegates to attend the above I feel compelled to write about the event. As my first international conference as a speaker and published author, this was huge on every scale. The diversity and sheer nature of the conference was an experience. Over 450 delegates from 26 countries attended the 3 day forum, receiving support from IFLA, with Ms Sinkka Sipila (IFLA President) and Mrs Ingrid Parent (Previous IFLA President) delivering keynote speeches on the second day. The conference took place in the purpose built conference centre that is part of the Shanghai Library and the theatre holds over 600 people with enough audio-visual equipment to put a Hollywood studio to shame. The whole conference was filmed and at the end each delegate was presented with a commemorative DVD at the closing banquet.

After several opening/welcoming speeches including from the Chinese Minister for Culture (Liu Xiaoquin), the conference got off in earnest. The IFLA President opened proceedings with insights into the IFLA Trend Report - Riding the Waves or Caught in the Tide? She covered a number of areas; where libraries were positioned, how information trends are changing and how society is driving this. Ms Sipila also covered some of the emerging trends:- new technology will expand and limit who has access to information, online education, boundaries of data protection and privacy, hyper-connected societies and the global information economy. A summary can be found at <http://trends.ifla.org/executive-summary>.

The final keynote speech was from Ingrid Parent, who spoke about the “Continuity of content in a digital world: bridging cultures and communities”. She stressed the impact of digital technology today and likened it to a speeding train with innovation so rapid (e.g. Google Glass /Samsung Watch) that you may never get off. She concluded with a number of issues: the digital continuum will present a global challenge; digital press is too complex for individualism; every organisation and library has a role to play in this and collaboration will be key to preserving digital heritage for the future.

The second part of day 2 was the plenary sessions, with speakers from several national libraries and directors of several city libraries; notable speakers were Tay A. Cheng from Singapore National Library Board and Pawel Braun, Director of the Library of Gdansk, Poland. Tay’s enthusiastic talk was on enhancing new libraries through “Design Thinking”. This process requires empathy with the readers and asking their ideas on new libraries and their services. It looks at design as a discipline, but also a design for life, which means it is both interactive and reflective. This leads to several communities generated in terms of engagement, place, practice and professionals. It has led Singapore Public Libraries to innovate services so there is inter-generational learning, flexible learning zones, more self-service options and a digital concierge.

Pawel Braun’s talk was on the ‘Shopping Mall Libraries’ - Responding to the expectations of Modern Society. This for me was the most engaging and innovative talk of the conference. His example was the Biblioteka Manhattan in Gdansk. Shopping Malls and Centre’s today are new ‘temples of worship’ and in many towns and cities the social hub; a place for people to meet of all ages. This led to the

development of the new Manhattan Library in the heart of the Gdansk Shopping Mall, with an outlay of 350,000 euros. This has led to a massive rise in the number of parents and young children using the library, where there is a dedicated play area for them. The Manhattan has also seen a large rise in attracting young people to the library with areas for comics, music including drum kit, guitar and electric piano. There is also a dedicated games area with Playstation and Xbox. These developments and offering something for everybody has seen attendance and usage of the new library treble and on the day of opening people were queuing around the block to get in. The following day I asked Pawel why they called it the Manhattan Library and he replied "I don't know", which just goes to show, give it a name and people will come.

The final day of the conference was the concurrent sessions with seminar speakers, of which I was one. The 4 seminar rooms each had a theme:

- Role of and challenges to libraries in the context of digital humanities/orientation and development of physical libraries in the network society.
- Library services and management in the Big Data Era
- Diversified library services and core competitiveness
- Skill requirements and career vision of libraries in the Omni-Media age.

As you can imagine it was a packed programme and I was spoilt for choice. As a health librarian, I chose my first talk from the only other health librarian at the conference who was from Tongji University, China, who spoke about the changing role of health librarians and its implications. I found myself agreeing with a number of issues; reader's needs, their changing needs and the role of evidence in decision making. My next was a talk by Klaus Werner on designing good library space to promote information literacy. This was about design of the environment, creating a motivating and stimulating space to learn. Looking less like a computer training room and more like Starbucks or an Apple store; using flexible and eclectic furniture, lounge atmosphere, natural light and cool design.

The last talk I attended before my own was Robert Seal of Loyola University, Chicago, looking at library spaces in the 21<sup>st</sup> century and meeting the challenges of user needs for information technology and expertise. At Loyola there has been a shift in the philosophy on library space. They came up with a new model the 'Information Commons' or IC as it is known. The basic premise is to create an exclusive online environment in a place that supports the social aspects of learning, through technology, group work and digital media.

Finally, it was time for my talk which came under theme 4 of the seminar day. My talk was on the Impact of a Clinical/management Librarian service in a UK Teaching Hospital. It was a wonderful experience to talk in front of an international audience and the number of questions on how health libraries work and their services to staff and students fascinated them. Overall, it was a fantastic learning experience and very rewarding. I should like to thank Blackpool Teaching Hospitals Teaching Trust and the North West Health Libraries Unit for supporting my attendance.

*Michael A Reid, Clinical/Management Librarian, Blackpool Teaching Hospitals*

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## **14<sup>th</sup> European Association for Health Information and Libraries (EAHIL) Conference, Biblioteca Nazionale Centrale, 11-13 June 2014, Rome, Italy**

### **Reflections from Rome**

Librarians from across Europe recently flocked to the Biblioteca Nazionale Centrale in the beautiful city of Rome to attend the 14<sup>th</sup> European Association of Health Information and Libraries (EAHIL) conference. I was lucky enough to be one of those attendees and I was very much looking forward to attending my first EAHIL conference and meeting colleagues from across Europe. The conference theme was 'Divided we fall, united we inform: building alliances for a new European cooperation' and the 3-day programme was filled with inspiring and thought-provoking presentations on projects, technologies, semantics/metrics, education, patients, research, CPD, role of librarians, economics and the future of libraries. So much so that it was extremely difficult to decide which parallel sessions to attend as they all sounded very relevant and interesting!

The conference began with the opening ceremony and Key Note presentation from Maria Cassella from the University of Turin who discussed the transformation of libraries and librarians in this era of digital libraries, open access, altmetrics, open data and social media. She left us with the thought that our roles are changing to encompass many new facets including for example scholarly communication and knowledge facilitation and that we have the ability and skills to embrace and adapt to these changes. The parallel sessions each day were very varied ranging from practical information and hints and tips for using apps, altmetrics, information retrieval, writing blogs, clinical audit and bibliographic management software to reports of individual projects or services on research data management, embedded librarians, patient information provision and bibliotherapy, cooperation amongst librarians and libraries, knowledge management and knowledge sharing, e-learning and face-to-face teaching. There were many interesting posters on topics such as supporting researchers, online tools and resources, teaching, and literature searching. The poster round-up session on the first day, where poster presenters were given a few minutes to address the whole conference and encourage attendees to visit their poster, was a great idea! On day two the results of an EAHIL 25<sup>th</sup> Anniversary project were presented which looked at 'working in the health information profession: perspectives, experiences and trends' and the conference concluded with the presentation of the results from the EAHIL 2013 Stockholm workshop which looked at personal strategies to meet the future challenges of supporting researchers and student learning.

The organising committee from the Italian National Institute of Health in Rome arranged a wonderful array of social activities during the conference from the welcome reception garden party which took place on a lovely sunny evening in the beautiful garden of the Istituto Superiore di Sanità, visits to many different local libraries, to a trip to the world-renowned Galleria Borghese situated in beautiful parkland. The lively conference dinner was held in the Parco dei Principi Hotel where before our delicious meal we were entertained with beautiful Baroque music from the Diletto Barocco Orchestra. The evening was rounded off with the traditional EAHIL disco! A surprise was to follow the next day when after the closing ceremony a choir trooped into the conference room and began a fantastic rendition of *arrivederci Roma* – a wonderful and memorable way to send us all on our way home!

It was wonderful to meet and chat with so many fellow health librarians and to see that many of the challenges we face are the same and that by sharing experiences and lessons learned and by working together we can all make a real difference to the provision of health information to our institutions and library users.

This was the friendliest conference that I have ever attended and I returned to the UK with a renewed energy and enthusiasm to engage more actively with clinicians and researchers and in my role with EQUATOR to establish more links and collaborations. The conference programme reflects the very varied tasks, roles and responsibilities that modern health librarians undertake and I left with the conviction that if we adapt and adopt, the future for health librarians is very bright!

I would like to thank HLG very much for making it possible for me to attend this highly informative and engaging conference by awarding me the Leslie Morton Bursary.

I encourage everyone to access the conference presentation slides and abstracts which are available at:

<http://www.iss.it/eahil2014/index.php?lang=2&id=29&tipo=2>

The online EAHIL journal has additional reflections from the conference and is available at: [http://www.eahil.eu/journal/journal\\_2014\\_vol10\\_n3.pdf](http://www.eahil.eu/journal/journal_2014_vol10_n3.pdf)

*Shona Kirtley, Senior Research Information Specialist, EQUATOR Network.*

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**CILIP HLG Conference, 24<sup>TH</sup>-25<sup>TH</sup> July 2014  
Oxford Examination Schools, Oxford**

The Newsletter publishes the meeting reports from the HLG Conference, but given the number of bursaries provided to attend our group conference it is not appropriate to publish them all in full. Since the September issue, we have a further 11 reports which can be found on our website. <http://www.cilip.org.uk/health-libraries-group/events/meeting-reports>

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## **CALL FOR PAPERS NOW OPEN**

Following on from the success of CILIP's Umbrella Conference 2013 in Manchester, we are pleased to announce that the call for papers for the CILIP Conference 2015 is now open. The conference will take place on 2-3 July 2015 at St George's Hall, Liverpool.

The 2015 conference will seek to inspire our audience, share knowledge, raise debate and provide networking opportunities. It will cover a broad range of issues from across the library, information and knowledge professions. The conference will build on the successful strategy behind CILIP Umbrella 2013, one of eight conferences shortlisted for Best Association Conference of the Year 2013.

Proposals for presentation are invited from within and outside of the profession on the four main themes for this year's conference:

- Information Management: building success
- Information literacy and digital inclusion
- Demonstrating value: what's your impact?
- Digital futures and technology

The closing date for entries is **Monday 5 January 2015**. Details about the conference and the themes can be found on the conference website <http://www.cilip.org.uk/conference2015>

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## Current literature

### Technology

Lucila Ohno-Machado "Focusing on the patient: mHealth, social media, electronic health records, and decision support systems" *J Am Med Inform Assoc* 2014; 21: 953  
DOI: 10.1136/amiajnl-2014-003341

This article gives an overview of studies within this issue about patient-centred systems in healthcare. Current research is highlighted which explore initiatives using Twitter, EHRs and systems to support patient education and personalized care. Insights from the health informatics and clinical research community are provided.

Buchenot, André; Traversa, Ana; Comer, Robert Skipworth; Haggstrom, David "An alternative to print-centric design for online health literacy: redevelopment of a cancer information portal" *Journal of Consumer Health on the Internet* 2014; 18: 293-312  
DOI: 10.1080/15398285.2014.952996

The authors describe the redesign of a cancer information portal to maximise use of social media features and manipulation of content in an online environment for enhanced readability and understanding. This article covers health information literacy in an online environment and the nuances that exist between online and print media. Detailed worked examples of revised and rewritten content are outlined. This is a useful overview of a project for anyone writing content for consumer health libraries in an online environment.

Yazici, Hulya Julie "An exploratory analysis of hospital perspectives on real time information requirements and perceived benefits of RFID technology for future adoption" *International Journal of Information Management*. 2014; 34: 603-621  
DOI: 10.1016/j.ijinfomgt.2014.04.010

Benefits of using RFID technology in hospitals are explored together with the barriers to its adoption. The main barrier is cost. Staff readiness for technology adoption also plays a significant role. The benefits are greater efficiency, productivity, immediate management and real time monitoring of patients. The latter is linked to patient satisfaction.

Margolis, Ronald; Derr, Leslie; Dunn, Michelle; Huerta, Michael; Larkin, Jennie; Sheehan, Jerry; Guyer, Mark; Green, Eric D "The National Institutes of Health's Big Data to Knowledge (BD2K) initiative: capitalizing on biomedical big data" *Journal of the American Medical Informatics Association* 2014; 21:957-958  
DOI: 10.1136/amiajnl-2014-002974

The National Institutes of Health (NIH) report on their new initiative in Big Data, called 'Big Data to Knowledge' (BD2K). It is intended to get maximum return on the use of biomedical big data for individual investigators and the research community at large. The project will see the creation of analytic tools, the development of data science concepts and a new generation of skilled staff which will be made available to stakeholders.

## Demonstrating impact of library and information services

Marshall, Joanne Gard; Craft Morgan, Jennifer; Thompson, Cheryl A; Wells, Amber L. "Library and information services: impact on patient care quality" *International Journal of Health Care Quality Assurance* 2014; 27(8): 672–683

DOI: <http://dx.doi.org/10.1108/IJHCQA-10-2013-0119>

Another useful article showing the impact LIS has on the quality of patient care from Joanne Gard Marshall et al. A survey of physicians and residents at 56 library sites from 118 hospitals in the USA and Canada using a critical incident technique is used. There is compelling evidence demonstrated by the findings that LIS have a positive impact on the quality of patient care. 75% of 4,520 people said that they definitely or probably handled patient care differently using information obtained through the library. Four access points were found to be effective: asking librarian for assistance; performing search in a physical library; searching library's web site; searching library resources on an institutional intranet.

Marshall, J; Morgan, J; Klem, M; Thompson, C; Wells, A "The value of library and information services in nursing and patient care" *OJIN: The Online Journal of Issues in Nursing* 2014; 19(3)

DOI: 10.3912/OJIN.Vol198No03PPT02      **OPEN ACCESS**

A critical incident survey is used to evaluate the impact of library of library and information services. This time it is looking at the value of LIS to nurses. 6,788 nurses at 118 hospitals participated in the survey. The findings are positive. Experienced nurses and nurse managers are found to be important advocates for LIS as part of a framework of evidence based practice.

Perrier, Laure et al. "Effects of librarian-provided services in healthcare settings: a systematic review" *Journal of the American Medical Informatics Association* 2014; 21(6): 1118-1124

DOI: 10.1136/amiajnl-2014-002825

All librarian-provided services in healthcare settings were considered as an intervention, including hospitals, primary care settings, or public health clinics. No studies were found that investigated librarians providing direct services to researchers or patients in healthcare settings. Librarian-provided services directed to participants in training programs improve skills in searching the literature to facilitate the integration of research evidence into clinical decision-making. Services provided to clinicians were shown to be effective in saving time for health professionals and providing relevant information for decision-making. Two studies indicated patient length of stay was reduced when clinicians requested literature searches related to a patient's case.

## Roles for Health Science Librarians

Oelschlegel, Sandy; Gonzalez, Ann B; Frakes, Elizabeth "Consumer health information centers in medical libraries: survey of current practices" *Journal of Hospital Librarianship*. 2014; 14(4): 335-347

DOI: 10.1080/15323269.2014.950133

A survey assessing consumer health information services in United States medical libraries is outlined. The implementation of the survey findings towards planning and redesigning medical libraries is outlined. The survey highlights issues around space, services, staffing and resources. This overview should be of interest to those planning consumer health libraries or actively managing them.

Antell, Karen; Bales Foote, Jody; Turner, Jaymie; Shults, Brian “Dealing with data: science librarians' participation in data management at Association of Research Libraries Institutions” *College & Research Libraries* 2014; 75(4): 557-574  
DOI: 10.5860/crl.75.4.557

Many academic libraries are beginning to work in the area of data management, and science librarians in particular are uniquely poised to step into new roles to meet researchers' data management needs. A survey was carried out in September 2012 of science librarians with an affiliation to the Association of Research libraries to investigate their awareness of and involvement in institutional repositories, data repositories, and data management support services at their organisations. 500 librarians received the survey and the responses totalled 175. The roles and responsibilities related to data management are explored and the skills that science librarians believe are necessary to meet the demands of data management work. This is an informative study about the evolving role of librarians in data management.

The results reveal themes of both uncertainty and optimism – uncertainty about the roles of librarians, libraries, and other campus entities; uncertainty about the skills that will be required; but also optimism about applying “traditional” librarian skills to this emerging field of academic librarianship.

Chaputula, Aubrey Harvey “Job prospects for Mzuzu university library and information science graduates” *New Library World* 2014; 115(11/12): 571-587

The findings of a study that was conducted to find out the employment prospects of Mzuzu University (Mzuni) library and information science (LIS) graduates are shared. The study found that there are few job opportunities for LIS graduates in the library sector. This is explained by the fact that libraries have not been proactive in recruiting LIS graduates. Alongside this the private sector offers very limited opportunities for LIS graduates. In consequence, the majority of LIS graduates had taken up alternative employment and other remained unemployed.

Liyanagunawardena, Tharindu Rekha; Williams, Shirley Ann “Massive open online courses on health and medicine: review” *Journal of Medical Internet Research*. 2014; 16(8): 1

DOI: 10.2196/jmir.3439

MOOCs related to health and medicine available in 2013 are reviewed. The opportunities and challenges that MOOCs present in healthcare are described. 98 courses were reviewed, with 58% using the Coursera platform and 94% were offered in English. China, West Indies and Saudi Arabia were the only 3 developing countries offering MOOCs. The average length of MOOCs was 6.7 weeks. The review presents MOOCs as a way to achieve continuous medical education and to increase health literacy among consumers.

## **Continuing Professional Development**

Epstein, Helen-Ann Brown “Demonstrating your value in a systematic way” *Journal of Hospital Librarianship* 2014; 14(4): 384-390

DOI: 10.1080/15323269.2014.950153

There is a push amongst healthcare librarians to practice what they preach and demonstrate evidence within their own field. This has been answered by the growing number of systematic reviews demonstrating evidence to support the role and impact of the health science librarian and library. This article is a practical piece which outlines how librarians may approach the task of conducting a systematic review. It covers impact of librarian services to patients and healthcare providers and using literature from PubMed. The author emphasizes the importance of librarians getting involved in evidence based librarianship through systematic review writing.

Carlyle, Cate “PD with a passport: reflections on Professional Development through volunteer work in emerging Central American libraries” *The Canadian Journal of Library & Information Practice & Research* 2014; 9(2): 1-8

The author reports on a novel approach to professional development for librarians – volunteering in emerging libraries in Guatemala. She emphasizes the importance of a structured plan for the volunteering activity for both her physical and mental well-being. Costs, medical and health considerations are described and personal and professional issues. The author describes the impact the trip had on her, renewing her passion for libraries and freedom of information. This is an insightful piece for any librarian considering volunteering abroad.

### **Editor’s Pick**

Skinner, Ben “KnowledgeShare: A web-based tool to connect people with evidence and to connect people with people” *Journal of the European Association for Health Information and Libraries* 2014; 10(3) 3

URL: [http://www.eahil.eu/journal/journal\\_2014\\_vol10\\_n3.pdf](http://www.eahil.eu/journal/journal_2014_vol10_n3.pdf) **OPEN ACCESS**

This paper describes KnowledgeShare a web-based system managing core library and information services to health care staff in the UK. The system was created at Brighton and Sussex University Hospitals NHS Trust. It transitioned from an off-line to an online application. The author received an award for the Best Oral Presentation oral presentation at the EAHIL conference in Rome 2014.

### **Key points**

- Library and knowledge services (LKS) in the NHS have 3 core offerings: evidence reviews; teaching staff to find and evaluate evidence; and they help colleagues to stay up-to-date in their field
- For LKS to remain relevant, the use of technology and social media in particular should be capitalized upon
- Emerging technologies and systems facilitate knowledge sharing amongst LKS

### **Take home message**

- LKS teams must be willing to adapt to changing expectations and a rapidly changing information environment to effectively deliver core services.

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## Diary of events

### 12-15 January 2015

HEALTHINF 2015: 8<sup>th</sup> International Conference on Health Informatics  
Lisbon, Portugal

<http://www.healthinf.biostec.org/>

Range of package options

### 16 February 2015

Introduction to Critical Appraisal

National Clinical Guideline Centre, Great Portland Street, London

<http://www.ncgc.ac.uk/Training-Courses/22-Introduction+to+Critical+Appraisal>

£300

### 17 February 2015

Systematic Reviews and Meta-analysis in Action

National Clinical Guideline Centre, Great Portland Street, London

<http://www.ncgc.ac.uk/Training-Courses/23-Systematic+Reviews+and+Meta-analysis+in+Action>

£300

### 23-25 March 2015

The Practice of Evidence-based Medicine Workshop

St Hughs College, Oxford University, Oxford

<http://www.cebm.net/education-and-training/one-day-workshop-on-evidence-based-practice/>

£925

### 8-10 April 2015

LILAC 2015

Newcastle University

<http://www.lilconference.com/WP/>

Range of package options

### 15-20 May 2015

MLA '15: Librarians Without Limits

Austin, TX

<http://mla15.meeting.mlanet.org/>

Registration and fees to be announced

### 8 June 2015

Introduction to Critical Appraisal

National Clinical Guideline Centre, Great Portland Street, London

<http://www.ncgc.ac.uk/Training-Courses/22-Introduction+to+Critical+Appraisal>

£300

### 9 June 2015

Systematic Reviews and Meta-analysis in Action

National Clinical Guideline Centre, Great Portland Street, London

<http://www.ncgc.ac.uk/Training-Courses/23-Systematic+Reviews+and+Meta-analysis+in+Action>

£300

### 10-12 June 2015

EAHIL 2015 Workshop

Edinburgh, Scotland

<http://www.eahil.eu/conferences/eahil-conferences.htm>

Registration and fees to be announced

**14-17 June 2015**

HTAi 2015 12th Annual Meeting: Global Efforts in Knowledge Transfer: HTA to Health Policy and Practice

Oslo, Norway

<http://www.cvent.com/events/2015-htai-annual-conference/event-summary-24fdbeb646af4856894b56e17ef6bd6e.aspx?RefID=HTAi%202015>

Registration opens on 27 January 2015. Early Bird deadline is 1 April 2015

**19-22 June 2015**

CHLA/ABSC Conference 2015: Riding the Wave of Change

Vancouver, British Columbia

<http://chla-absc.ca/conference/>

Registration and fees to be announced

**15-21 August 2015**

IFLA WLIC 2015

Cape Town, South Africa

<http://conference.ifla.org/>

Registration and fees to be announced

*Julia Garthwaite, Deputy Site Librarian, Cruciform Library, UCL*  
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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 subgroups. HLG has two regular publications: the Health Information and Libraries Journal (HILJ) and the HLG Newsletter. In a collaborative approach, they provide their joint readership with a comprehensive coverage of the health and social care information sectors. The HLG Newsletter is freely available to all across the globe and is posted quarterly on the HLG web site. Published by Blackwell Publishing Ltd., HILJ is the official journal of the HLG. Reduced subscription rates are available to members of HLG, the European Association for Health Information and Libraries (EAHIL), the Medical Library Association (MLA) and the Australian Library and Information Association (ALIA). Members wishing to subscribe to the journal should order direct from Blackwell Publishing Ltd., 9600 Garsington Road, Oxford OX4 2DQ, quoting their CILIP membership number.

### Contributions to the *Newsletter* should be sent to:

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### Next Copy dates:

Issue date	Deadline for content
March	13 February 2015
June	15 May 2015
September	14 August 2015
December	13 November 2015

### HLG Members email discussion list

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

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