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Guest Editorial

Hello and a very warm welcome to the September issue of the Newsletter – and what a bumper issue we have this month! We have a spotlight article on the recent DH information strategy document, four original articles and sixteen reports from meetings/conferences!

The original articles begin with a project report detailing a comparison of searching the CRD databases (via the CRD website, Wiley and Ovid), followed by a reflective piece on literature searching in the area of physiotherapy interventions for stroke patients. We then have a report about Bite Sized training sessions where busy practitioners can learn about new technologies in small coffee-break inspired training sessions of about 30 minutes. And finally we have a piece which compares the roles and skill-sets for the Health Librarian, Information Specialist and Academic Subject Librarians. Just a quick snapshot of some of the exciting content we have this month, along with our regular columns - plenty of interesting, inspiring and essential reading!

We are always looking for people to get involved here on the Newsletter – particularly writing an article for the Newsletter. With so much going on within our profession at the moment, I am sure there is plenty to write about. 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. See you next issue!

Elise Hasler, Editor

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

Increasing Impact in a Time of Decreasing Budgets: Virtual Issue

Edited by Anthea Sutton, this year's virtual issue - a compilation of key texts published within the Health Information and Libraries Journal (HILJ) in recent years - focuses on maximising a service's impact in these economically challenging times. The virtual issue is now available free of charge at <http://bit.ly/MQQhq1>

Enhancing Your Chances of Your Manuscript Being Accepted: HLG Conference Workshop

As the official journal of the Health Libraries Group (HLG), HILJ was delighted to facilitate a workshop on writing for publication at this year's HLG conference. Led by Maria Grant, Editor of the journal, the workshop combined advice with writing with activities to lead participants through the process of prioritising and summarising writing ideas. A copy of the workshop slides can be downloaded from <http://slidesha.re/MsV6rv>

Celebrating 25 years of the European Association of Health Information and Libraries (EAHIL)

As the leading European peer-reviewed journal for health information and libraries, HILJ was delighted to be able to join EAHIL in celebrating its 25th anniversary this summer. HILJ has been publishing papers from across Europe since it was first published under the title of Health Libraries Review in 1984. To mark this special occasion, HILJ has produced a selected collection of 25 papers, representing the breadth of European writing published within HILJ. Further details, including free access to the articles cited, can be found at <http://bit.ly/QWY1ae>

Dissertations into Practice: Your Views

Check out July's HLG blog update (<http://hlgupdates.blogspot.co.uk>) for the latest on the Dissertations into Practice regular feature. The HILJ editorial team want to know what you think about it. Is it a good idea? How might we improve it? We also need to keep the articles flowing so if you're writing a dissertation or thesis on health information or are mentoring a health information project which is leading to a dissertation or thesis, then let Audrey Marshall, Feature Editor, know at a.m.marshall@brighton.ac.uk

Author Guidelines: Key Messages

The guidance on how to write key messages has recently been revised to provide clearer direction on their structure and content. For further details, including recommendations on how to write engaging key messages which highlight the importance of your manuscript, visit <http://bit.ly/cv7S6j>. Many thanks to Jeannette Murphy for leading on this project.

Impact Factor

In June 2011 the impact factors (IF) were published and I'm pleased to report that HILJ has an improved IF of 0.889. HILJ is now ranked 33 in the Information Science and Library Science section of 83 journals. As you probably know, unless publishing in the hard sciences, IFs can be prone to considerable variation year-on-year so the 5 year impact factor is also of interest. In 2011, the HILJ 5 year IF also improved to 1.016.

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Sub-Group News

Libraries for Nursing (LfN)

Follow us on twitter at www.twitter.com/libs4nurs

Bulletin

Our Summer Bulletin has just been published and contains articles on the following topics: *Setting up a search clinic in a Palliative Care Clinic* and *Early experiences of introducing the Reading Agency's 6 Book Challenge in a Health and Social Care Library* as well as the usual current awareness section and committee news. We welcome articles for inclusion in future bulletins. Please contact our bulletin editor if you would like to contribute: Sarah Kevill s.j.kevill@stir.ac.uk

Winter Study Day

Our Winter Study Day will take place on Friday 23rd November at CILIP HQ. Terry Kendrick, Librarian and Marketing professional will be running a workshop on marketing with limited time and a limited budget. Further details will follow.

Membership

If you wish to subscribe or renew your subscription to the LfN bulletin (you receive copies of our bulletin and get reduced rates at Study Days) please contact Alison Paul our membership secretary – details are on our website: www.cilip.org.uk/lfn or email: alison.paul@asph.nhs.uk

Bethan Carter, Secretary, LfN
Email: bethan.carter@york.nhs.uk

HLG Wales

The mission of Health Libraries Group Wales is to meet the needs of all its members, including:

- professional networking and support
- influencing government, employers and organisations
- providing and/or supporting continuing professional development

However, no study day has been held since November 2010 and no newsletter produced since October 2010.

HLG Wales urgently need more involvement from its members if it is to continue. The current committee has decided that if HLG Wales members don't volunteer to join the committee, then HLG Wales will be disbanded. Any volunteers are welcome, so please get in touch with Stephen to discuss committee vacancies.

The committee currently consists of librarians and information professionals from HE, NHS, NHS Direct and RCN. We meet via videoconferencing, allowing you to participate in any geographical area of Wales.

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International

No news this session.

Hélène Goring, International Officer for HLG
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Spotlight

The power of information: a new health information strategy for England

The Department of Health published *The power of information*¹; a new strategy for health and care information in England, on 21 May 2012. It is a 10-year framework, rather than a detailed strategy for delivery.

The strategy document states that it ‘focuses on information in its broadest sense, including the support people need to navigate and understand the information available’ (2012: 5). The rationale given for this is to ensure that information is available in ways that reduce health inequalities, rather than being increased as a result of the ‘digital by default’ approach in the broader strategy (2012: 15).

Despite the statement that the strategy concerns ‘information in its broadest sense’, the main focus of the strategy is on data and the role that data can play in supporting high-quality integrated services.

The strategy does not discuss libraries or information services, but it emphasises the importance of support, information skills and health literacy, which provide potential opportunities for library and information service providers. The only explicit reference to information services is that ‘the NHS Commissioning Board will wish to consider publishing commissioning guidance on support, information and advocacy services’ (2012: 66); such guidance could be valuable for ensuring the future of public-facing services.

Changes to national information delivery

NHS Choices and NHS Direct will be replaced with ‘a new, single website “portal” provided by the Government from 2013, and one “routine” number’ (2012: 50). This is part of a general strategic direction that is generally summarized as a shift from creation to curation of content. It is not yet clear what curation of content will involve (whether there will be a central content management system or links to other websites). The strategy does not indicate the quality criteria that will be used for the portal and whether the Information Standard will be used as a criterion to judge whether content can be included, although it does state that ‘the portal will not provide links to organisations that do not comply with requirements for accuracy and quality of information’ (2012: 65).

There are high expectations of the portal for improving information services. As a patient or service user, the strategy indicates that:

‘I will be able to find the information I need through a single trusted place. I will be able to use the national information portal on the internet to understand my symptoms and what I can do to manage them, and also to identify services that I may want to approach. I will be able to access information relating to different services or clinical teams and to make an informed choice about my care. I will be confident that the information available through the portal is of high quality, whether this comes from the NHS, local authorities, national bodies or from trusted third parties, including patient organisations.’ (2012: 50)

¹ Department of Health (2012) *The power of information: putting all of us in control of the health and care information we need*. London: Department of Health

The Government will continue to fund the development and maintenance of a 'core set' of information, including directories and details about managing symptoms of 'common everyday conditions', from which it will provide links to 'organisations, often in the voluntary sector, which can provide better-targeted information' (2012: 63).

Support and information

The strategy makes several references to 'support'. These references can be used to promote information services. One of the changes that is expected as part of the strategy is that people will be directed towards help with information: 'if I need help, I will be signposted to people who can help me' (2012: 13).

Support is mentioned alongside advice in the strategy, notably 'access to clear information and advice that helps us understand and make informed decisions' (2012: 56). It is not clear whether 'advice' is being used as a synonym for 'support' and the use of the term may have implications for non-directive information services.

Health literacy

The strategy supports the development of health literacy (2012: 54). It suggests that health trainers may play a role in supporting health literacy, although this is also a role on which health information services and health libraries can lead.

Information skills

The strategy indicates that health and social care professionals are key 'information givers' and that they need to have relevant skills to offer information (2012: 67). The main emphasis is on communication skills, but library and information personnel could use the reference as a means to promote other information-related skills and the role that libraries and information services can play in helping health and social care professionals to develop these skills.

Service integration implications

There is an explicit expectation that patients' NHS Number will be used as a means to identify individuals and to integrate their experience of care. The strategy states that the usage of the NHS Number may be phased in some instances, such as 'where small or voluntary organisations do not have the capacity or infrastructure' (2012: 45). Allowances are made for service users remaining anonymous, but there are likely to be increasing expectations of health information services and public-facing NHS library services that they will be using the NHS Number as an identifier.

Making the most of *The Power of Information* for health libraries and information services

Whilst the strategy does not discuss the role played by health libraries or information services explicitly, librarians and information professionals can use elements within the strategy to promote their services:

- Developing the information skills of health and social care professionals
- Promoting health literacy
- Providing support alongside information (in public-facing services)

As it is a ten-year framework, there will be opportunities to promote the role of libraries and information services within implementation plans. There is also the possibility that the NHS Commissioning Board guidelines will ensure more secure funding for 'support, information and advocacy services' in the future.

For further information, the Department of Health has established a website dedicated to the information strategy, with case studies, videos and opportunities to comment: <http://informationstrategy.dh.gov.uk/>

Ruth Carlyle, Acting Head of Information, Financial and Work Support, Macmillan Cancer Support; Policy Lead for the Health Libraries Group

Articles

CRD Databases Project: a comparison of searching the CRD databases via the CRD website, Wiley and Ovid

Introduction

The Centre for Reviews and Dissemination (CRD) databases used by the Guidance Information Services team (GIS) at the National Institute for Health and Clinical Evidence (NICE) are DARE, NHS-EED and HTA. These databases are also available via Ovid and Wiley. The CRD Databases project was suggested as a result of the new CRD Interface launched earlier in 2011, which prompted a question as to whether alternative interfaces could be used for literature searches.

A project recently undertaken by the GIS team (The Cochrane Project²) compared searching Cochrane CENTRAL and CDSR via Ovid and Wiley. The results provided the team with evidence when using the alternative interfaces for searching the CRD databases, and made recommendations for the best match for common search commands.

This CRD project followed similar aims and methods to those of the Cochrane Project.

This article provides a summary of the CRD project, with examples of the initial findings and a request for feedback.

Aims

The aims of the project were to:

- Compare search commands and functionality of CRD, Wiley and Ovid, including identifying the 'best match' for commonly used syntax between interfaces
- Identify any discrepancies in the way comparative search syntax are executed across the three interfaces
- Investigate and explain any discrepancies identified
- Investigate any other issues identified during the project.

Methods

Databases searched were DARE, NHS-EED and HTA, across the interfaces being tested. Searches were performed via CRD, Wiley and Ovid and detailed cross comparisons were undertaken of a selection of search functions. Functions included truncation, proximity operators, MeSH terms, and free text searching. Searching was undertaken by three members of the GIS team who selected up to three terms each per function for analysis.

Search terms were selected from existing strategies applied by the GIS team in Interventional Procedures (IP), Diagnostic Assessment Programme (DAP), and Guideline Review (GR) searches to explore each of the search functions. For practical reasons, where possible, terms were selected that did not retrieve a large number of results (i.e. more than 200).

² Craven, J., Kendrick, J., and Boynton, J. (2011) Cochrane project: a comparison of searching CDSR and CENTRAL via Wiley and Ovid, *HLG Newsletter*, December 2011

Findings

Our findings indicate that there are some differences in search functionality across the three interfaces, which need to be taken into account. For example:

In DARE via Ovid single MeSH terms are searched for using the suffix **.kw**, as opposed to the more common syntax of **'/** and there is no option to explode MeSH headings in DARE via Ovid; instead, the top level heading and all narrower terms need to be entered on separate lines suffixed by **.kw** and then combined together using Boolean **'OR'**.

When searching free text in DARE, HTA and NHS-EED via Ovid, the suffix **.tw** needs to be used. However, in Ovid it is not possible to search abstracts, but **.ti** can be used to search titles only.

When applying proximity operators, differences were found across all three interfaces. In Ovid **Adj3** refers to three words between search terms and stop words are not included in the count. However, in CRD and Wiley **NEAR3** or **Near/3** refers to the first search term plus the next two words, and stop words are included. The word order is also different - in Ovid and Wiley this can be in either direction, but in CRD the word order is respected.

Taking the findings above into account, the search syntax presented in the table and explanation below represent the 'best match' between the CRD, Wiley and Ovid interface.

Database	Truncation	MeSH	Exp MeSH	Proximity operators (adj/NEAR)	Free text - All fields	Free text - ti, ab, kw/hw
CRD DARE	*	MeSH descriptor Check 'Don't explode box'	MeSH descriptor explode all trees Check 'Explode in all trees' box	NEAR(1) or lower proximity e.g. NEAR4	Any Field, Check 'in DARE' box	Any Field (or 'Title'), Check 'in DARE' box
CRD HTA	*	MeSH descriptor Check 'Don't explode box'	MeSH descriptor explode all trees Check 'Explode in all trees' box	NEAR or lower proximity e.g. NEAR4	Any field, Check 'in HTA' box	Any Field (or 'Title') Check 'in HTA' box
CRD NHS-EED	*	MeSH descriptor Check 'Don't explode box'	MeSH descriptor explode all trees Check 'Explode in all trees' box	NEAR or lower proximity e.g. NEAR4	Any field, Check 'in NHS-EED' box	Any Field (or 'Title'), Check 'in NHS-EED' box
Ovid DARE	*	.kw	Include all terms as kw and Or/ together	Adj or lower proximity, e.g. Adj3	.tw	.tw(2) (or .ti to limit to title only)
Ovid HTA	*	MeSH/	Exp MeSH/	Adj3	.tw	.tw (or .ti to limit to title only)
Ovid NHS-EED	*	MeSH/	Exp MeSH/	Adj3	.tw	.tw(2) (or .ti to limit to title only)
Wiley – Cochrane Library	*	MeSH descriptor this term only	MeSH descriptor explode all trees	Near* or lower proximity e.g. Near/4	Search All text	:ti,ab (or 'Title, Abstract, or Keywords' from drop down menu)

(1) In CRD and Wiley, Near is the equivalent of Near/6 or NEAR6

(2) In DARE, HTA and NHSEED there is no option to search abstracts

Other issues

During the project, other issues of interest were identified. For example:

Terms appear to be searched in a number of places, many of which are embedded within links or results, and are not the same across the databases. This results in small differences in retrieval. For example:

- CRD databases search records that are accessed via links from the main CRD record (e.g. the PubMed record) and also searches text in fields that are not publicly available (e.g. the admin CMS).
- Wiley and Ovid do not appear to search records accessed via links from the main record, e.g. via links to EMB article review pages, or PubMed records.
- Ovid also has a 'references' field, in which information from references is contained (i.e. bibliographic information). Searching **ti**, **ab**, **kw**, or **tx** will not necessarily search the references in this database. To be certain that you have searched the references, it is recommended to either include that specific **.rf** field in the search strategy (NHS-EED or DARE) or search **All Fields**.

Where search results appear in different databases, further exploration revealed:

- In the CRD interface, DARE includes systematic reviews picked up by the searching activities at CRD, and they add in Cochrane reviews and protocols, as these are not found elsewhere in the CRD databases.
- Wiley includes everything that is in DARE, minus Cochrane reviews and protocols. These are removed from DARE before they supply Wiley with the content; anyone wanting Cochrane reviews or protocols should get them from CDSR.
- Ovid is similar to Wiley, and Cochrane reviews/protocols should be retrieved from EBM reviews CDSR.

Discussion and request for feedback

The comparisons undertaken found that it is possible to successfully search the CRD Databases DARE, NHS-EED and HTA via the CRD, Wiley and Ovid interfaces.

It should be noted, however, there will always be differences in the number of records retrieved by the three interfaces because of differences in the way searches for MeSH headings are executed, differences in the fields searched for an 'all text' search, differences in the way proximity operators perform and the word order searched. Terms can also be searched in a number of places, many of which are embedded within links or results, and are not the same across the databases. It is also important to be aware of the differences between the timing of uploads as this will impact on the results retrieved.

The project was undertaken by the gIS team at NICE for internal purposes and the findings have been disseminated to information professionals at organisations contracted by NICE/NHS Evidence to undertake information work and for the purpose of sharing practice.

This article provides a summary of the project, and the initial findings, also for the purpose of sharing practice; the authors would welcome any feedback or comments from HLG Newsletter readers, especially from anyone who has undertaken similar comparisons. Please use the contact details provided.

A follow up article focussing on the results of this project and the Cochrane project (Craven, Kendrick and Boynton, 2011) in more depth is planned for a future issue of the Health Information and Libraries Journal (HILJ).

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Reflection: Literature Searching

Literature searching is the main part of my job as assistant clinical librarian at Lancashire Teaching Hospitals NHS Foundation Trust. Even though I have gathered a lot of experience since starting in 2008, I still learn something new during most searches. This reflection is a shortened version of the one in my Chartership portfolio – it is not a comprehensive guide to searching, but simply my reflection on how even as an experienced searcher you can learn new things whilst searching.

What?

I was asked to look for literature on the following topic: ‘the effectiveness of physiotherapy intervention in the treatment of stroke in the hospital setting - looking at acute stroke, stroke rehabilitation, patient and carer satisfaction, staffing levels, and length of stay’.

Via *NHS Evidence* and the *Cochrane Library website*, I quickly found *SIGN* and *NICE* guidelines and 13 *Cochrane* systematic reviews, however, journal articles were more difficult. On *PubMed*, I initially kept my search broad and found thousands of results.

I tried limiting my search using:

- Medical Subject Headings (MeSH)
- limits: last five years, English, RCTs

However, each time I retrieved too many results because of the many different types of physiotherapy intervention.

Next I searched in just the record title to find one article to start me off. However, I could not spot a general article that covered the topic. Eventually, I tried the clinical queries filter on *PubMed* to look for systematic reviews. Going through the 60 results it returned, I found the executive summary for the 12th edition of the *EBRSR: Evidence Based Review of Stroke Rehabilitation*. It looked promising, but I needed to check the whole review. As there was no fulltext link, I used *Google* to find the relevant website, which contained the whole 14th edition of *EBRSR*, dated 2011. The review is a Canadian project, funded by the Canadian Stroke Network. It includes detailed reviews of around 2000 studies, mainly RCTs, covering all aspects of stroke rehabilitation, including physiotherapy (Teasell, 2011).

Finally, I searched for articles that focused on patient/carer satisfaction, staffing levels and length of stay and re-ran the search on *AMED*, the Allied and Complementary Medicine database, to make sure I had not missed anything.

So what?

From previous searches on physiotherapy I knew that this question might be difficult because there are many types of physiotherapy intervention relevant to stroke rehabilitation, and it is difficult to capture these with just the term ‘physiotherapy’. Also, when selecting results it is difficult to know, as a non-physiotherapist, which interventions to include.

I quickly realised that there were numerous studies on the topic and that the usual ways of limiting searches did not work. I had two options, either ask for clarification or find one good article to start off the search using the snowballing method (where you find one good study and check the references for related studies) or follow the related citations link in *PubMed*. The idea is that your search ‘snowballs’ from one article until you have enough results.

I tried the snowballing method first, because I often find when asking for clarification that people are unsure what they are looking for and so do not give much extra information.

In a literature search for a large piece of research, for example, I might have been justified in sending a long list of results. However, in our library service we spend up to one day on a search, and usually, the results are not for large-scale research projects. We therefore limit results if there is too much information, aiming for 30-40 journal articles along with relevant guidelines, systematic reviews, reports and books. So, trying different approaches on *PubMed*, I realised that the results I needed would have to be systematic reviews or similar.

Finding *EBRSR* was a turning point. Here was a review that looked at the evidence for physiotherapy in stroke rehabilitation in great detail. Judging by the introduction and project background, it was good quality information. Together with the *Cochrane* reviews it would provide a good starting point for the work on this topic. Finally, *EBRSR* was such a large resource that I did not need to 'snowball' for further results; it filled the gap by itself.

Now what?

I will use *EBRSR* in future searches; our allied health staff frequently ask for searches, especially on stroke, so it should be a useful resource.

Also, I will remember to use the clinical queries on *PubMed* next time I encounter difficulties with searches. In this case, it helped me find a crucial result. When you are in the middle of a search, it is easy to forget about the clinical queries option, because there is no link from the advanced search page; it only appears on the basic search page.

Commentary

Most searches I undertake teach me something. Although they are often little things, taken together they can be significant. Two more examples:

I did a search on the Mental Health Act and searched for "mental health act" as a phrase in *PubMed*. I kept getting the message that *PubMed* could not find the quoted phrase. I briefly looked through some of the results that were being returned (just over 3300) and to my frustration the phrase was there in quite a few abstracts. Why was *PubMed* not recognising it?

The *PubMed* tutorial provided the answer: *PubMed* may not recognize phrases if they are not in the Index of searchable terms (NLM, 2011a). You can email the helpdesk and ask them to add a phrase to the Index if you believe it should be there, but otherwise you have to find other ways of searching for your phrase (NLM, 2011b).

What did I do? I tried searching for my terms in title and abstract, then just the title; however, I was still retrieving too many results and was concerned about missing relevant articles by limiting the search too much. In the end, I switched databases and carried out the search on *BNI*, *CINAHL* and *PsycINFO*, quickly scanning through the *PubMed* results at the end to ensure I had not missed anything major.³

³ During the re-write of this reflection, I tried the search on *PubMed* again. It now recognised the phrase "mental health act"; however, it only picked it up in the author's address field and only returned 8 results, so it would still not work for this search. This shows, however, how quickly databases change.

As a final example, I was doing a search on the aetiology and pathophysiology of cholecystitis. I started on *PubMed* using “Cholecystitis/etiology”[Mesh]. However, I was retrieving in excess of 4500 results, and looking at the results, many of these had different subheadings, not ‘etiology’. This confused me until I investigated: I found MeSH subheadings are automatically exploded in *PubMed*, and the subheading ‘etiology’ happens to have a number of narrower terms underneath it (NLM, 2009).

So I switched off the automatic explosion (“Cholecystitis/etiology”[Mesh:noexp]), which cut the results down considerably. Using the Boolean operator OR, I added in results for “Cholecystitis/physiopathology”[Mesh]. Finally, limiting results to English articles from 2000 – present, I had around 200 results to go through.

Final thoughts

These examples illustrate a theme that runs all the way through my experience of literature searching: the need for flexibility and creativity. The basic principles of searching, such as breaking down the question into key parts and finding search terms and synonyms, are the same for every search, but after that it all depends on the topic, the type of information required, the individual quirks of the databases and your experience as a searcher.

What does all this mean for me in my current role? It means that in future searches I need to continue to keep an open, questioning mind, and remain flexible and creative in order to ensure I deliver the best, most relevant results to the enquirer.

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Bite sized training: a novel approach to educating busy staff

Abstract

Staff in many educational institutions are under increasing pressure to deliver quality teaching and produce ground-breaking research published in quality, international, peer-reviewed journals. Often the area that gets neglected most is personal development, even when this could enhance their working. This may be due to a perceived lack of time to devote to it and concerns about the costs of undertaking courses when budgets are under immense pressure. Here, we detail an innovative, minimal-cost solution that we have developed in our department to tackle this problem. Staff are invited to regular, 30 minute mid-afternoon development sessions. They are invited to bring a drink and as a further inducement, we supply cakes. We give a 20 minute presentation using a variety of technologies such as Prezi, videos and interactive demonstrations, along with 10 minutes for questions and discussion. The sessions have been designed to cover a variety of topics relating to teaching and research practice, with a strong emphasis on web 2.0 and emerging technologies and innovations. The sessions act as both a demonstration and a signpost to further resources, directly linking the technologies and innovations to the department's needs and existing ways of working. Attendance at the sessions has been excellent, due to both the format of the sessions, and the extensive and timely promotion of them on a weekly basis. Initial anecdotal feedback from staff has indicated that the sessions are both enjoyed and valued, and therefore a formal evaluation of the programme is currently underway. The format has drawn the attention of the faculty and the wider university and is likely to be adopted outside of the department over the next few years.

Bite sized training: educating the educators

Nowadays the environment in many educational institutions is increasingly pressurised with busy academics and support staff finding it more and more difficult to take time out for training even when it might enhance their role and enable them to work more efficiently, and aid their personal development. This short article will describe an intervention we have been pioneering at our institution to encourage staff to engage with new technologies that would enhance their abilities as lecturers and their potential as researchers, leading to benefits for themselves, their students and their institutions.

It is based on two very simple ideas: whilst individuals may have little time to spend hours training, they may be able to spare up to 30 minutes during the mid-afternoon for a quick coffee break, and secondly, most people like cakes! We have set up a series of 'Bite Size' sessions that last for 20 minutes, in addition to a further 10 minutes for questions. We encourage faculty to bring along a hot drink and we supply bite-sized cakes. This was initially arranged on an ad hoc basis, but following the success of the first few sessions and feedback from staff we set about developing a formal identity and programme. This included deciding upon what topics might be of most interest to staff, what days we should run the sessions and what time. It was decided that there would separate leads for research-based topics (AT) and teaching and learning based topics (JVF), that it should always happen at the same time (2.30pm), in the same venue and with topics alternating between research and teaching. In order to not disadvantage staff who work part-time we made a clear decision to vary the day of the week. We circulate the programme at the beginning of each semester and send regular email alerts to staff 5 days before each session and on the morning of each. Each session is also promoted on the SchARR Library Blog and the university's collaborative working platform, uSpace, to potentially open them

up to a wider audience. Planning the programme a semester in advance has enabled staff to add sessions of interest to their diaries. Colourful posters are prominently displayed throughout the department and are circulated to the wider community across our Faculty.

In addition to these 20 minute face-to-face sessions we have started to vodcast and host conventional presentations online from some of the sessions. This enables staff that are unable to attend to watch them at a more suitable time and place. Our main concern in doing this was that it might impact negatively on participation, but so far this has not been the case. Staff have welcomed the opportunity to view sessions they were unable to attend. Topics so far have included introducing staff to Google Docs, the use of the Social Web to promote research, using screen-capture software to develop lectures for broadcast and the use of electronic voting systems in lecture (Table 1).

In these sessions our intention is not to cover everything in detail, but to simply alert staff to what is available and introduce them to new ideas and technologies that they may find helpful and how they can apply them. Much of this particularly relates to Web 2.0 technologies, which many staff say they are interested in, but do not have time to experiment with, or do not see the connection between the tool and their work. These tools are so numerous it is difficult for staff to judge whether they should invest their limited time in investigating them. Bite-Size actively seeks out sustainable technologies that can address staff needs and solve organisational problems usually for no cost. For many of the topics, there are longer sessions available either within the school or offered by the university's computing and staff development departments, for staff that want more in-depth coverage.

We have found that staff have really appreciated this approach and we have regularly had more than 10% of staff attending sessions, with some sessions having standing room only. Attendees have included a good mixture of academic and administrative staff, plus some of our research postgraduates. Many staff attend regularly, clearly having made Bite-size a routine 'date' in their diaries. This is encouraging as it indicates that staff initially came to hear about something they have an interest in, and then attend future sessions with a more open-minded approach, hoping to learn something new and unexpected.

We would recommend this 'Bite-sized' approach to any department that is struggling to get staff to engage with training, or new technologies. Especially at a time when how we teach, and how conduct research and collaborate is changing at an incredible pace. The tools and techniques that we employ are in a constant state of flux, and by highlighting what staff can do to stay in touch through shorter informal sessions they have a better chance of keeping up. This approach is unique within our institution, and to our knowledge there is no other educational scheme like it for facilitating knowledge acquisition and transfer amongst a group of professionals as busy as academics in a medical school, who are expected to be not only outstanding educators, but also world-class researchers. So far all the evidence that we have that staff value these sessions and find them informative is purely anecdotal and so the next step is to undertake a more formal evaluation.

Table 1: Sample Bite sized sessions

Teaching-related sessions	Research related sessions
Echo360 (screen and voice capture for lectures) Electronic voting systems Assessment methods Introduction to Symposium (electronic whiteboards) Dissertation supervision How (not) to display data Prezi (zooming presentation software) Online assessment and Feedback PebblePad Facilitating online discussions The Academic Skills Hub PhD supervision	Professional social networks Visual social bookmarks Wikis Use of the social web to promote your work Screencasting and PowerPoint recording Research Professional Mobile phone apps for the researcher Mendeley (reference management and research networking) Creating effective posters Google Apps Research Excellence Framework Maintaining your research grant Web conferencing

Note: This work is supported by a small (£200) grant from the internal Faculty learning and teaching development fund.

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Health Librarian and Information Specialists and Academic Subject Librarians – a comparison of roles and skill-sets

Background and methods

In January 2012, Research Libraries UK (RLUK) produced a report entitled 'Reskilling for Research'⁴. RLUK is a consortium of thirty UK and Ireland based University and other research libraries. In the context of what they describe as a "constantly changing research environment" Mary Auckland was commissioned to study and report on:

- what the future information needs of researchers might be
- how to develop the skills of existing Subject Librarians, information specialists and liaison staff

Health Librarians and Information Specialists (Health LIS) in the UK are involved in many different types of work and are also affected by the changes in health care, medicine and technology⁵. Working, as I do, in a Public Health research organisation means that I am aware of the changing information needs of researchers and of those who access and use our publications and findings. In Public Health research much of the work undertaken can be of an academic nature, and in my organisation, Public Health Programme Managers and Research Specialists are encouraged to submit their work to journals for peer review and to use journals for research and evidence gathering. I feel therefore that there are clearly parallels between the work of Public Health and Academic Researchers and that is why I sought to identify the similarities and differences in the skills and knowledge used by Librarians and Information Specialists working across these areas.

In May this year, a questionnaire was sent out to a number of individuals working as Health LIS, including members of the Scottish Health Information Network (SHINE)⁶. The questionnaire was based on the RLUK's list of Subject Librarians' potential skills and knowledge areas that was identified as part of the study. These skills and knowledge areas can be summarised as relating to:

- subject knowledge
- the research process
- partnerships
- information
- research data
- information literacy
- scholarly communications
- funders' mandates, assessment, and other 'legal' requirements
- metadata
- emerging and web 2.0 technologies
- the Research Excellence Framework⁷, which is the new system for assessing the quality of research in UK higher education institutions (HEIs). (Questions in relation to the Research Excellence Framework were excluded prior to dissemination to Health LIS).

⁴ Available at <http://www.rluk.ac.uk/content/re-skilling-research>

⁵ Guistini (2006) How Web 2.0 is changing medicine BMJ <http://www.bmj.com/cgi/content/full/333/7582/1283>

⁶ See <http://www.shinelib.org.uk> for more info.

⁷ See <http://www.ref.ac.uk/background/pilot> for more info.

Fifteen questionnaires were returned from individuals working in a range of areas. These responses were combined and analysed to identify which (out of the 24 relevant skills and knowledge areas summarised above) were relevant to both Health LIS and Subject Librarians.

Findings

Out of a possible 72, 44 (60%) of responses were the same or similar⁸ when comparing the RLUK and Health LIS responses. These were across the majority of skills and knowledge areas.

The responses differed slightly in the following areas:

- Skills to design information literacy training (both face to face and online) to meet the identified needs of different types of researchers (40% of Health LIS respondents thought this was essential now, compared with 80% of RLUK respondents).
- Understanding of research impact factors (0% of Health LIS respondents thought this was essential now, compared with 40% of RLUK respondents).
- Ability to synthesise, analyse and provide digests of secondary data, media monitoring info and grey literature (40% of Health LIS respondents thought this was essential now, compared with 20% of RLUK respondents).
- Skills to participate effectively in research projects, including identifying a role for the library in the project, and assisting with bid and report writing (65% of Health LIS respondents thought this was essential now, compared with 20% of RLUK respondents).

In order to give a more rounded picture of the work of Health LIS, respondents provided details of any additional skills or knowledge areas that were not included in the list of 24 questions. Responses to this additional question included: budget and resource management skills, general IT training, database design, web and intranet management, and cataloguing and classification. Another important area for Health LIS was knowledge translation/‘Knowledge into Action’⁹ and helping to align information resources in order to meet the needs of patients and those who deliver care.

Discussion/conclusions

It has been interesting to note that, based on these limited findings, Health LIS and Subject Librarians do appear to share similarities in terms of their skills and knowledge areas. The areas in which they appear to differ are in the emphasis of their work. Subject Librarians, for example, have to be aware of the impact of ‘new’ research findings and how these relate to Research Excellence Framework. Health LIS, on the other hand, appear to work more with secondary data, in terms of synthesising and providing digests of grey literature, and media monitoring. Health LIS also have to consider the needs of patients and those who deliver patient care.

As part of their study, RLUK also considered the future skills and knowledge areas of Subject Librarians and identified nine potential future ‘skills gaps’ to be addressed. The RLUK report also advised that, as information users have multiple ways in which to access information, Subject Librarians must ensure that their services remain relevant and visible. The Health LIS were also asked about their thoughts on the skills and knowledge areas they thought would be more important in the next 2-5 years. The main growth areas they identified were also similar to the RLUK findings.

⁸ Within a ≤10% margin

⁹ See <http://www.knowledge.scot.nhs.uk/together/knowledge-into-action.aspx> for more info.

These included budgetary restrictions, the impact of web 2.0 and other technological advances, knowledge translation, synthesis of research findings and engaging with researchers. Also identified was the need to increase visibility/raise awareness of the services offered, and to use utilise new technology in a way which benefits researchers. Further research would help identify whether Health LIS feel they have the knowledge and skills to provide these services, and to identify any areas of training/development.

Acknowledgements

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Internet sites of interest

Sport

The London Olympics are under way as I write, so sport seems a good choice of topic for this column. I actually covered sports medicine in December 2008, after the Beijing games, so the list below is based on that earlier column. I have checked all links, removed any dead ones, and added some new sites relating to sport nutrition and sport and international development. All links were checked on 30th July 2012.

About.com

About.com is owned by the New York Times, and each section (“channel”) is edited by someone (a “guide”) with some knowledge of the field, appointed by the company. The sports medicine part is at <http://sportsmedicine.about.com/>. There is a blog, and a discussion forum, and links to related areas like sports nutrition.

Academy of Nutrition and Dietetics – Sports Nutrition

<http://www.eatright.org/public/content.aspx?id=7055>

The Academy was formerly the American Dietetic Association, and this information is aimed at the public.

American Academy of Podiatric Sports Medicine

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

Articles on a range of topics relating to lower extremity injuries and sport.

American Orthopaedic Society for Sports Medicine

www.sportsmed.org

Includes Patient information, Consensus statements, and a 3D surgical animation library, as well as the AOSSM Online Library of educational materials (<http://www.sportsmedlibrary.org/KeywordSearch.aspx>). Searching the library is free, although there may be a charge to access full text.

Association Chartered Physiotherapists in Sports Medicine

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

A professional network of the Chartered Society of Physiotherapy, representing physiotherapists with an interest and involvement in sport and sports' physiotherapy.

BMJ Olympic Portal

<http://journals.bmj.com/site/marketing/olympics2012/index.html>

This collection of Olympic related news, research and comment (including the recent papers on sports nutrition and hydration) is free to access until the end of the Paralympic Games. I imagine abstracts and some items will still be accessible to everyone in full after that date, so it is worth including it!

British Association of Sport and Exercise Medicine (BASEM)

<http://www.basem.co.uk/>

The oldest sport and exercise medical association in the UK, a member of EFSMA (www.efsma.net) and FIMS (mentioned below).

British Association of Sport and Exercise Sciences

<http://www.bases.org.uk>

“The professional body for sport and exercise sciences in the UK”. Site includes a course finder, and details of Interest Groups for things like Sport Psychology and Paediatric Exercise Science.

British Psychological Society Division of Sports and Exercise Psychology

<http://www.bps.org.uk/networks-and-communities/member-networks/division-sport-and-exercise-psychology>

Links to publications and other sites of interest.

Coaching Science Abstracts

<http://coachsci.sdsu.edu/>

Compiled by Brent Rushall of San Diego State University. Professor Rushall abstracts research articles for the benefit of practising coaches, and the abstracts can be browsed or searched. There are no links to full text but the site may help locate relevant literature. Each issue is themed, and the articles reviewed may not be from the current year.

Fédération Internationale de Médecine du Sport / International Federation of Sports Medicine (FIMS)

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

Includes position statements on things including doping, helmets, osteoporosis and sport, Wolff Parkinson White syndrome and sport.

Global Drug Reference Online

<http://www.globaldro.com/>

Provides information on the prohibited status of substances, based on the current WADA Prohibited List. Site provided through a partnership of UK Anti-Doping, the Canadian Centre for Ethics in Sport and the US Anti-Doping Agency. You need to be in one of those three countries, then can search for information on specific medications, to see its status.

E medicine: Sports Medicine

<http://www.emedicine.com/sports/>

Collection of online articles.

Gatorade Sports Science Institute

<http://www.gssiweb.com/>

Back in December 2008 I was initially sceptical about this institute. But although the name suggests a strong link to the drink (<http://en.wikipedia.org/wiki/Gatorade!>), the drink is only mentioned under affiliated links (under “About GSSI”). It was included in the regrettably now departed Intute web portal. The institute is based in Illinois, and particularly interested in nutrition and hydration issues, although the website has information on sports psychology and injuries as well.

International Federation of Sports Physiotherapy

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

Publications include a downloadable database of sports physiotherapy related systematic reviews and meta-analyses.

MedlinePlus contains pages on Sports Fitness, Sports Injuries and Sports Safety – use the A to Z index page at

http://www.nlm.nih.gov/medlineplus/healthtopics_s.html to link to these, and follow links from those pages to more specific pages (for example, ankle injuries)

President's Council on Fitness, Sports and Nutrition

<http://www.fitness.gov/>

A council of 25 volunteer citizens who advise the President of the United States of America and promote good health through fitness, sports and nutrition. Site includes their reports and a range of resources relating to fitness and health.

Right to Play

<http://www.righttoplay.com/International/Pages/GamesOn.aspx>

Right to Play grew out of an initiative called "Olympic Aid", which began in the lead up to the 1994 Winter Olympics in Lillehammer, Norway. It aims "to improve the lives of children in some of the most disadvantaged areas of the world by using the power of sport and play for development, health and peace." A UK specific site is at <http://www.righttoplay.com/uk/Pages/Home.aspx>.

Sportanddev – Sport and Health

http://www.sportanddev.org/learnmore/sport_and_health/index.cfm

Sportanddev is "an international platform on sport and development", supported by a number of organisations including UK Sport and UEFA. The sport and health page includes information on the physical and mental benefits of sport but also on using sport to tackle (sorry!) communicable diseases, and sport in relation to public health campaigns. The site includes information on sport and education, gender and peace building, among other things, too.

World Anti-Doping Agency

<http://www.wada-ama.org/en/>

The Prohibited List and Therapeutic Use Exemptions list are available from here.

I am always happy to have suggestions for future columns, notes of any useful sites I have missed, or comments on the sites I have included. I would be especially interested in hearing from you if you want to contribute a column relating to clinical health care or the NHS, as these are areas I am not in much contact with, being only a University academic librarian.

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Meeting reports

13th EAHIL Conference: Health Information without Frontiers. Université Catholique de Louvain, Brussels, Belgium. 4-6 July 2012

The 13th Conference of the European Association for Health Information and Libraries (EAHIL) “Health Information without Frontiers” was a memorable event which celebrated EAHIL 25th anniversary. Founded in Brighton in 1987, EAHIL is a professional association of librarians and information specialists that counts more than a thousand members from European countries and worldwide and whose mission is to encourage professional development, promote cooperation and exchanges of experiences between its members.

The EAHIL 25th celebratory event was appropriately held in Brussels which hosted the first conference of the association. The theme of that event was *Medical Libraries: Cooperation and New Technologies* which now sounds like a good omen for *health information without frontiers* that EAHIL has certainly contributed to achieve during the past years. Back in Brussels then, at the heart of the European Union...*without frontiers*, ready to share professional knowledge, experiences and friendship!

The scientific programme was intense and stimulating thanks to the commitment of the International Programme Committee. CEC courses, oral and posters presentations, keynote addresses, plenary and parallel sessions were a great and pleasant occasion to learn and discuss on a variety of relevant topics. Just to cite a few: professional development (*Chameleon or health librarian?*), services to users (direct-to-consumer tests, user-friendly interfaces, and library toolbars), outreaching (priorities for hospital libraries, information sharing, and consumer health information), global aspects of information (international cooperation, indexing in a multi-lingual world), and new technologies (podcasts, social media, and digital preservation). Other examined topics were: information literacy, library management, veterinary information, evidence-based library and information practice, teaching and promoting awareness of information needs. The one-minute-madness was a fun event for poster presenters and other delegates wishing to share their experiences and ideas...in just sixty seconds! The *23 Things for EAHIL* project promoted sharing and collaboration in an effective, dynamic, enthusiastic way.

The best oral and poster presentations, memories of social events, impressions, and reports from the different special interest groups will be published in the *JEAHIL* September issue (www.eahil.net/journal/), while the conference proceedings will be available at www.eahil2012.be/. Photographs of the conference are on Flickr (www.flickr.com/search/show/?q=eahil2012) and a nice movie clip about the history of EAHIL is available on YouTube (http://www.youtube.com/watch?feature=player_embedded&v=xQATZCudvgQ). For more information on the history of EAHIL, you might also wish to read *JEAHIL* 20th anniversary issue available online (http://www.eahil.net/journal/journal_2007_vol3_n3.pdf).

The *Health Information and Library Journal* joined EAHIL in celebrating its anniversary with a “25 for 25” initiative. A selected collection of twenty-five papers from European authors are now freely available online for everyone to read http://onlinelibrary.wiley.com/journal/10.1111/%28ISSN%291471-1842/homepage/25_for_25_eahil_s_25th_anniversary.htm

I would like to conclude this short note with the words of a first-timer participant who expressed her deep gratitude for being now part of what she called “the EAHIL family without frontiers”.

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13th EAHIL Conference: Health Information without Frontiers. Université Catholique de Louvain, Brussels, Belgium. 4-6 July 2012

I'd like to start this piece by thanking HLG for awarding me the Leslie Morton Conference bursary; this enabled me to attend the EAHIL 2012 conference in Brussels, one of the most enjoyable conferences I've attended for a few years. I've tried to present a snapshot of the conference, highlighting the sessions which I particularly found interesting as well as the various social events which I think are an essential part of the conference experience.

The conference experience began with an early start on Tuesday 3rd of July, on the plus side, this gave me chance to experience a leisurely lunch in the sunshine in Brussels, a stroll round the Grand Place and then meet up with other delegates for the "Discussion around a Belgian Beer" on Tuesday evening. The discussion mainly comprised of the strength of the Belgian Beers rather than the ins and outs of European Health libraries, but was an enjoyable experience, particularly as many of the participants were colleagues and friends who I have met through participating in the EBLIP conferences.

The conference, proper opened on Wednesday 4th July with a keynote by Françoise Vandoren of the Free University of Brussels, on the economics of copyright. She began by talking about the traditional publishing model and the rising costs of journals linked to the issue of publishers owning copyright which gave them power. I had to wait until the end, but I was pleased to see her recommending the use of open access journals and the creative commons license as a way forward for researchers.

The first parallel session I attended was around the theme of professional development of librarians. Mark Clowes from the University of Leeds gave an interesting and thought provoking talk about the "Evolution of the health liaison librarian, from information literacy trainer to academic skills teacher." He described the skills@library programme at Leeds which broadens the teaching undertaken by the library from those traditionally taught in relation to information literacy, to academic writing and communication skills which cover the whole of the seven pillars model. For librarians, he argued that this is a logical next step, and although initially they lacked confidence, this was boosted by CPD, called LiBteach to give librarians confidence and accreditation in teaching more widely.

Yvonne Hultman Ozek et al, from Lund University in Sweden, followed and talked about using critical friends to provide CPD support to librarians becoming more involved in teaching. "Critical friends" involve mutual giving and taking of constructive criticism but it is important to remember the 'friend' element. Furthermore, their evaluation showed that it needs trust and usually for colleagues to be at the same professional level.

Colleagues from the Irish Health Library Group described an interesting piece of work which was conducted by Janet Harrison from Loughborough University entitled "Chameleon or health librarian, changing roles of health librarians in Ireland: findings from the SHELLI project". They noted how the drastic public sector cuts and stagnation of health library profession had led to a need for the project, which investigated the status of health librarians in Ireland. Comprising a literature review of best practice, stakeholder interviews, an online survey and a focus group, it was found that there was a supportive view of the profession by stakeholders, low base of staff and inequalities of access to information. Two potential new roles were identified that of corporate health librarian and clinical librarian. Final recommendations included the need to identify champions and develop a body of evidence.

In the afternoon session, Dennis Halling, from Texas discussed two projects about accessing libraries at a distance. He talked about two different experiences one in Spain and one in the US both using different communication technologies which enable users to access the library from a distance. In Spain web 2.0 tools are used to communicate with hospital staff and go down particularly well with younger junior doctors. At the Medical Sciences Library in the US they found that there is still a need to train people to use the library via the tools. He also noted that the availability of services 24/7 means that library users expect answers 24/7 and this causes staffing issues. This session also contained a second comparative study, between Italy and Canada. Chiara Chipolatmis described a phenomenological study which compared how health information professionals working in cancer information centres evaluated consumer health information. Despite using different tools and approaches it was found that both centres drew similar conclusions and drew heavily on tacit knowledge to supplement the evaluation tools.

The day ended with a Welcome Reception at Bozar, a modern art gallery (although I didn't see any art) which gave me chance to catch up with colleagues from the Health Libraries Group as well as meet the Irish librarians and swap experiences about new roles and clinical librarians.

The Opening Keynote on Day 2 was Dr Raf Mertens from the Knowledge Centre in Belgium; this was an entertaining presentation where Raf used his able information specialist Patrice Chalon to make important points about the value of information and information specialists in the work of the Knowledge Centre (KC). The KC provides health technology assessment reports and particularly focuses on more complex interventions. He noted that although published literature was important, in fast moving technology fields the literature often wasn't available for researchers to pull together credible reports which would enable policy makers make decisions. Using the example of TAVI, Transcatheter Aortic Valve Implementation, an expensive new technology which was already being implemented in hospitals, without policy advice, he explained that the questions to be considered in the assessment included: does it work, is it safe and is it cost effective.

He noted that evidence from trials wasn't always relevant to real world, need to consider grey lit, networks and tacit knowledge of humans and unpublished data e.g. from drugs companies and manufacturers. The information specialist had built up a large database of networks and other sources of unpublished information which could be used or drawn upon as additional sources and provided crucial evidence in the assessments. Raf also pointed out that unpublished data, for example from manufacturers or drug companies, often changes the recommendations of the published research. Using the TAVI example, published data shows effect, but unpublished data, closer to real life, because it's on a more representative population

group over the longer term shows no effect and would alter the conclusions of the original trial. It comes as no surprise that manufacturers are reluctant to publish these later trials in conventional sources. He went on to indicate that the probable level of concealment of information is high, and in 900 US trials it was estimated that 60% of studies remained unpublished. As an aside, the following week I attended the LIS Research Coalition DREaM conference back in the UK and these points were also reinforced by the highly entertaining Ben Goldacre.

The day ended with library tours, and a coach trip in the pouring rain out to the conference dinner. At first I was concerned because the dinner appeared to be being held in a multi-storey car park in what was possibly Salford's twin town. However once inside another reception and dinner reassured me that I really was in the right place.

The third day, was, in my opinion, the most entertaining (and not just because I was speaking). One of the first sessions was "Minute Madness" and for those who haven't seen or participated in this before, presenters have one minute to talk about their research before a horn or bell sounds. Anne Meulemeister who had participated in a similar session at EBLIP6 last year, chaired the session well and managed to get all the audience to shout "Go for it" to begin each presenter's minute. I was pleased that Denise Koufogiannakis and I managed to keep perfect time for our minute describing our poster on the impact of evidence summaries in the EBLIP Journal (if you are interested further in this project, I'm presenting it in more detail at the Health Libraries Conference in Glasgow). It was an entertaining half hour, and I was particularly impressed with a number of presenters who came to the front and spoke off the cuff about their work.

The "Madness" was followed by parallel sessions, one where I was speaking was on evidence based library and information practice. The session began with Denise Koufogiannakis, from the University of Alberta talking about part of her PhD study which was a grounded theory study on sources of evidence used by academic librarians which she went on to question whether the current evidence based model fits how academic librarians make decisions. She concluded that it doesn't and soft evidence, input from colleagues, tacit knowledge, feedback from users, anecdotal evidence is also useful for decision making. Context is also crucial and different contexts and situations require different forms of evidence. She concluded that although academic librarians use research evidence, they acknowledge that there are problems with it and the EBLIP model needs to change to incorporate a wider definition of evidence. At the end of the conference Denise was awarded the "best newcomers presentation" by the programme committee.

I followed Denise in this session, describing the work that I have been doing with clinical librarians in the North West, this was a region wide evaluation, building on the recommendations of a systematic review we undertook that was published in Health Information and Libraries Journal last year (Brettell et al, 2011). We undertook a region wide study and identified evidence where clinical librarians are contributing to outcomes which are important to NHS organisations (e.g. Length of stay, service development, patient diagnosis and assessment as well as the CPD and evidence based related outcomes). For more information on this project, keep your eye on HILJ and also the poster at the HLG conference in Glasgow.

In the final presentation in our session, Esther Carrigan and Michael Maciel, from the US talked about using evidence to document and value our impact on professional and academic accreditation reviews and provided a whole range of data and information that they were routinely collecting to use in accreditation.

The best Keynote of the conference was definitely saved until last, when Martin Valcke of the University of Ghent talked about research based learning, a highly entertaining and engaging presentation on how he teaches students research skills. He described how he uses incremental tasks to ensure students become part of a real life research cycle, which involved the library and use of information throughout. He gives students small projects to collect data, which they analyse on a small scale, giving students more autonomy as the years go on. Initially they are given tools to use (developed by higher level students as part of their research training), so that they are not daunted by the task at hand. Each level conducts a part of the real life research process until they have the skills to become autonomous researchers. In turn he (and the higher level students) synthesise the work for publication at the end of the cycle. His conclusion for teaching with impact was to embed the courses, integrating library and other skills in the course at the right time and over time.

The conference closed with the EAHIL General Assembly and awards, where as it was the 25th Anniversary of EAHIL, a special research award was given. This was won by two separate projects submitted by UK health librarians. The first was by Dr Janet Harrison, from Loughborough University who will be funded to develop a model for European Health Library Quality Standards and the second was Barbara Sen who will be funded to investigate, the roles and contributions of European health information professionals to healthcare using web 2.0 technology.

So many thanks once again to HLG and the Leslie Morton bursary. I thoroughly enjoyed and was enthused by the conference. I was inspired to hear from so many health librarians talking about their research. I was particularly pleased to see an increase in the use of methods not traditionally used by our profession; two phenomenological and a grounded theory study for example, which perhaps sees a shift in the way health librarians are engaging with research. Finally I was also thrilled to be given the opportunity to present and receive positive feedback about my own research, and discover that a number of people are interested in hearing more and using the same methods (why reinvent wheels).

Dr Alison Brettle, Senior Lecturer and Information Specialist, School of Nursing, Midwifery and Social Work, University of Salford

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

The theme of this year's conference was *Health Libraries under the microscope: perfecting your formula*. The sessions were split into four categories: anatomy of evidence-based practice; biology of library services; chemistry of collaboration and networking; and physics of information technology use.

Alongside these official themes I also found other threads emerging such as: the change from 'librarianship' to knowledge or information management; virtual, outreach and long distance services becoming prominent; and lifelong learning (for both librarians and their library users).

Gerald McLaughlin from NHS Health Scotland (NHSHS) and Professor Peter Reid, Head of Department of Information Management at Robert Gordon University both

spoke about how librarianship is evolving into an information or knowledge management profession. The NHSHS library service is now referred to as a knowledge service supporting evidence informed decision making rather than evidence based practice. Peter Reid remarked how information management is becoming more widely recognised as a part of a librarian's role. Joanna Ptolomey gave an overview of ALISS, a health information curation tool that aims to *"link up current data and new contributions – including ideas from people living with long term conditions – to make a richer set of resources, openly available to all"*. Joanna made a really valuable point that a lot of health information is community driven i.e. people taking to each other and sharing experiences of treatments and illnesses. ALISS makes this community driven content more manageable by collating, sorting and publishing it as content doesn't mean much unless it is found, used, managed and shared. As information and knowledge professionals it is our job to make sure the right information gets to the right people.

Methods of delivering library services are also evolving. Outreach, virtual and long distance services were all discussed as necessary ways of delivering services to users. Enid Forsyth and Emma Taylor from the Royal College of Nursing (RCN) Scotland library services outlined their outreach services. RCN Scotland's library service needs to be delivered to every RCN member across the length and breadth of Scotland. This involves a lot of outreach. They visit RCN members regularly but also rely on student volunteers to act as library champions. Gerald McLaughlin discussed how the NHSHS library service was recently transformed from a walk-in service to a virtual outreach service only which Gerald thought was going to be a common occurrence for many information services. And Sue Langley spoke about the challenges of creating an online service for her long distance users (staff working at several children's hospices).

For me, the most relevant theme of the conference was the constant reminder that lifelong learning and user education are paramount to a librarian's role and professional development. Helene Gorring and John Loy talked about cinemeducation, explaining how using films alongside traditional medical education can enhance students' learning and encourage the development of empathy and reflective practice. Claire Beecroft from the University of Sheffield's School of Health and Related Research (SchARR) shared the success of their 20 minute bite size Web 2.0 tools and resources training sessions for staff and students. Peter Reid also addressed the issues of learning within the profession. As librarians we have a huge range of transferable skills but how do we ensure we have the right skills to keep up with the changing environment. He envisaged a shift from professionally accredited courses to professional practice career development because training and education is not just important at the start of your career. The focus should be on lifelong learning.

Attending the conference was a really valuable experience so I'd like to say a big thank you to HLG for sponsoring me!

Lesley Firth, Assistant Librarian, United Lincolnshire Hospitals Trust

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I was fortunate enough to receive a student bursary to attend the 2012 conference of the HLG. My current research is investigating the information needs and behaviours of parents of children with cancer. I was interested in attending the HLG conference in order to learn more about information services for patients, as well as current practice in health libraries in general. Attending the conference enhanced my current research and gave me the opportunity to meet and interact with professionals in various areas of information services.

The general sessions of the conference addressed notable trends in the profession, and how to adapt to new user needs. Gerald McLaughlin, who spoke on “Knowledge into Action for a Fairer Healthier Scotland” shared the experience of NHS Health Scotland’s transition of closing walk-in information services. McLaughlin highlighted that the needs of their users are better met by electronic services (including email enquiries) and the closure of walk-in services allows staff members to be more active in other areas. Professor Peter Reid, the Head of Department of Information Management at Robert Gordon University and President of CILIP in Scotland, questioned what draws individuals to the information management profession. He argued that as the profession is changing, information science schools need to better prepare their students to enter the current workforce. Despite recent library closures and widespread concern, Reid’s message emphasized anticipating and reacting to changes constructively.

Covering a wide variety of topics, the conference break-out sessions were organised under the themes of:

- Physics of information technology use
- Chemistry of collaboration and networking
- Biology of library services
- Anatomy of evidence- based practices

These various areas provided professionals at the conference an opportunity to learn and discuss a variety of topics related to their roles, such as: how to incorporate new forms of media and technology into library services, strategic planning and management, evaluating and responding to user needs, and continuing professional development. Because of the vast uptake of tablet usage, I personally was very interested in how tablets are being introduced into library services for both patrons and staff members. Owen Coxall (University of Oxford Bodleian Health Care Libraries) and Sally Dalton (University of Leeds Library) both gave excellent reports evaluating the experiences and impacts of tablet use at their respective libraries. Both Coxall and Dalton addressed the positive aspects of tablet use, including interacting with patrons in an increasingly popular format and flexibility of how and when to offer support. Coxall and Dalton also identified conflicts with network coverage, licensing, the differences between various hardware, and how users will be using the tablets as areas to consider before integrating tablets into library services.

One of the workshops that I enjoyed the most was Kathleen Irvine’s presentation “Unlikely bedfellows become perfect partners: using stories to illustrate evidence-based practice concepts.” Irvine’s presentation and workshop format not only highlighted how to explain the importance of evidence-based practice and key concepts to users, but she also provided participants with examples of excellent audience engagement in general. The tips that Irvine provided during the workshop

could be adapted to be used in a variety of settings, and it was useful for those in attendance to evaluate their personal presentation skills and styles, and practice new approaches with each other.

In addition to the wonderful speakers and workshop, the conference was held in a fantastic venue. The Glasgow Science Centre had excellent facilities, and offered beautiful views of the river and city skyline. The conference dinner had a distinct Scottish feel. The group was welcomed by a bagpiper to the nostalgic Old Fruitmarket. A céilidh followed an excellent, locally sourced three-course meal.

Overall, the HLG 2012 conference was a very useful and enlightening experience. I was able to make some useful contacts regarding my personal research, as well as learn about areas of librarianship that I might wish to pursue following my course. Based on discussions with others at the conference, I imagine most that attended enjoyed the sessions and the collegial atmosphere. I look forward to hopefully attending again in the future.

Amanda Marinello, Post-graduate student, University of Strathclyde

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I was thrilled to be awarded a student bursary to attend this year's HLG conference. I have only been working for NHS Blood and Transplant for a couple of months so it seemed a great opportunity to learn more about the important role that librarians and information professionals play in healthcare.

One of the highlights was Dr Yannis Pitsiladis' lecture on doping in the Olympics. He introduced us to the criteria that the World Anti-Doping Agency use to determine whether a substance should be banned, then presented a series of ethical grey areas. Should energy drinks be banned? Should ice baths be banned? Should cannabis be banned? As well as being shown evidence for each issue, we were encouraged to vote for each one with voting buttons. Ethical questions like these have always fascinated me, so it was good to be able to see how the audience grappled with concepts such as 'what does performance-enhancing mean?' and 'what *is* the spirit of sport?' before answering them.

As a current Information and Library Management student, I was interested to hear the opinions of Professor Peter Reid (President of CILIP in Scotland) on the evolution of librarians and information professionals. As the world of librarianship and information science continue to grow, it is becoming increasingly difficult to squeeze everything in to the library school curriculum. Moreover, the rate of change means that it is imperative for librarians to keep up to date with professional developments and to continue to retrain and "upskill" throughout their careers. Education is not just something that takes place at the beginning of one's career. Professor Reid wondered whether the next five to ten years would see an increase in bite sized chunks of professional development (possibly online) that could be tailored to individual needs and specialisms. I agreed with many of Professor Reid's assessments predictions and I think there is a need for both library schools and practitioners to proactively prepare for (and shape) the future of librarians and information professionals.

I knew very little about how the NHS in Scotland functioned so it was interesting to hear Scottish librarians and information professionals share their experiences in a range of sessions. Gerry McLaughlin described the shift in thinking in NHS Scotland as being from 'evidence based medicine' to 'evidence-informed decision making'. Such a stance makes librarians and KM practitioners seem vital, so it's important we keep reminding people what we do and why we matter!

In addition to the speakers, it was a good opportunity to talk to other delegates from a range of jobs and backgrounds. There was plenty of time to do this during the conference dinner at Glasgow's Old Fruitmarket and even during the after-dinner céilidh (when I wasn't out of breath from being whirled around!)

I returned to work after the conference with a renewed sense that what I do can make a difference. I also had a greater awareness of people and organisations that carry out similar work to me (and how their approaches may differ). This makes me feel more like I am part of a network of librarians and information professionals pursuing largely similar aims.

Charlie Lythgoe, Assistant Information Specialist, NHS Blood and Transplant and MSc Information and Library Management student at University of the West of England.

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I work as an Information Officer at National Heart Forum whilst also completing a distance learning Information and Library studies masters at Aberystwyth University. I have previously worked in a healthcare library but have never before been to a conference specific to healthcare librarians. For this reason HLG2012 provided a unique opportunity to meet other people in the sector and learn more about the future developments of healthcare librarians, and I wasn't disappointed!

To someone coming from the perspective of a third sector information professional, the content of the HLG conference appeared quite NHS heavy. However, I realise the majority of healthcare librarian roles are probably in the NHS so this is understandable and there was still plenty I could take from the conference and apply to my current role and studies. One thing I learnt was the variety of roles information professionals can have in the health sector. Kevin Rooney and Michelle Kirkwood's session '*Rapid search and synthesis to support decision making within an ICU*' was particularly interesting, showing evidence that the involvement of clinical librarians at the point of care improved patient care by 20% - evidence that information professionals really are valuable!

Sue Hill, of Sue Hill recruitment, gave a session on networking and collaboration and why they are important. This was particularly useful for information professionals currently looking for work or thinking that they might have to in the near future. Sue's take-away messages were (when thinking about your next job); look at what skills you might need for future jobs; present clearly to prospective employers what you've done, where you are and where you want to be and always be prepared to explain further. Sue finished on the importance of networking and how social media has strengthened this – I completely agree- because of Twitter I instantly knew at least 2

people who were going to be at HLG and we agreed to meet before the conference began. Tweeting at and about HLG also allowed online networking with other delegates, following more LIS professionals and gaining more followers in return, you never know what these connections might lead to in the future. If / when it comes to looking for my next job I think it would be advantageous to look ahead at job descriptions and see how I can work towards additional skills that may be preferable to those roles.

Prof. Peter Reid's talk on the '*Generation of the librarian*' was a thought provoking presentation of the evolution of the librarian, concluding that information professionals have highly transferable skills, it's not just about reading books (!) it is a people profession requiring good communication skills, team working, networking and research highlighting that continuous professional development is vital. At one point I did get a bit worried when the question 'is library school relevant anymore?' came up, but it was quickly agreed that yes, it is still of value as long as it is adapted to fit the evolving nature of the information professional – phew!

A session on report writing was definitely of use to me, even for this! The most useful tips I took away from this session were: how to set out what it is I am writing about, knowing what my point is, making sure I am aiming at the right publication and looking at their recommendations as a guideline for my paper and thinking about what the readers will be able to usefully apply to their practice from my paper. These tips will be in the back of my mind throughout the rest of my postgraduate course as well as my workplace.

I am sure most of you by now will have heard about the 'entertainment' at the conference dinner, so I won't go into that other than to say that the venue was beautiful and I always love a céilidh and this one was no exception, though I'd just like to apologise to the poor people on my table whom I made dance with me!

In summary, I learnt a lot at HLG, more than I can write here. Some things build on what I already know whilst other concepts were completely new to me. I can now apply all of this to my work, studies and the future. My notes from the conference are covered in '?' meaning 'look this up' which should keep me busy for a while! Finally, I'd just like to say thank you again to HLG for awarding me with the opportunity to attend this conference.

Emma Hughes, Information Officer, National Heart Forum

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I was really keen to attend the HLG conference this year. I'm fairly new to the profession and the event offered the perfect opportunity to learn more about developments in the health libraries sector and network with other librarians. The overarching theme of the conference revolved around impact and improvement; how we can make our library services more user-focused thus making ourselves more relevant, and demonstrating the impact of our services on our organisations. This is a really pertinent theme considering current circumstances due to reforms and cost-cutting within the NHS.

On Thursday 12th July over 200 delegates descended on Glasgow's Science Centre an impressive venue overlooking the river Clyde, which tied in nicely with the four main conference themes:

- Biology of library services
- Chemistry of collaboration and networking
- Physics of Information Technology use
- Anatomy of evidence-based practice

The conference opened in the impressive IMAX theatre with a talk from Gerald McLaughlin, the Chief Executive of NHS Health Scotland. The session provided a good overview of their 2012-2017 strategy "A Fairer Healthier Scotland" and how information professionals were supporting this initiative.

After a short break, which gave me time to briefly visit some of the exhibitors' stands, I had to decide which parallel sessions to attend. A difficult task as there were so many interesting sessions to choose from. In line with the overall conference theme I picked out sessions which were directly related to a service I either wanted to develop or improve at Salford Royal with the majority of sessions I attended coming under the theme 'Physics of Information Technology use'. On day one, two sessions I found particularly useful explored the use of iPads in libraries. Owen Coxall, from the University of Oxford Bodleian Health Care Libraries, delivered a really informative presentation on how their service was utilising iPads. Owen went into detail about the lending scheme offering practical tips for others interested in setting up a similar service. He concluded the session by suggested that if library services have the time and money it may be worth investing in iPads, however he did offer a cautionary note regarding the fast-paced nature of technological change. Sally Dalton, from the University of Leeds library, offered a good overview of how tablets are being utilised in the Higher Education sector. The session focused on how tablets can enhance learning and teaching practice and presented the results of a study comparing iPad and Motorola Zoom tablets. Both speakers highlighted the importance of investigating and possibly adopting what other libraries are doing if your service is investigating utilising tablets.

In the afternoon I attended a workshop on how to conduct effective surveys organised by the Health Information and Libraries for Evaluation and Research (HEALER) network and run by Andrew Booth and Hannah Spring. After a brief presentation on the pros and cons of using surveys and points to consider when putting together a survey we were split into groups to analyse two surveys, each group then fed back on how each questionnaire could be improved. I found the practical nature of the workshop really beneficial and will use what I learnt to improve our local library user survey.

The conference dinner, kindly sponsored by Springer, took place in the evening at the Old Fruitmarket, located in the heart of Glasgow city centre. The food was delicious and included a traditional Scottish dessert, cloutie dumplings-which tasted a bit like Christmas pudding! Entertainment came in the form of a piper, magician, comedian and a céilidh band.

Day two of the conference began with two interesting and informative talks. The first was given by Professor Peter Reid who explored the changing role of the information professional, with a little help from Paddington Bear! Professor Reid concluded his presentation with an observation from Paddington that "sometimes the future seems a little scary". Whilst we are experiencing uncertain times Professor Reid stressed the importance of talking ourselves out of problems rather than into them. This was followed by the Bishop and LeFanu Memorial Lecture given by Dr Yannis Pitsiladis

on doping in sport, an appropriate topic as London is hosting the Olympic Games this year. Dr Pitsiladis's talk was both entertaining and informative and included an interactive element. The audience used voting pods to decide whether certain substances should be banned using criteria from the World Anti-Doping Agency's (WADA) Code to justify our choices.

Sessions which particularly stood out for me on day two included a thought-provoking talk by Andrew Booth on effectively searching Medline. Ruth Muscat delivered a session in the afternoon called 'updating an updates service' which challenges the more traditional means of delivering a current awareness service (such as using Table of Contents alerts). Ruth described how their library service set up a specialised current awareness service for different user groups via a blog. Claire Beecroft's session, delivered in 20 minutes, revolved around how a series of 20 minute bite size training sessions were put together and delivered to staff and postgraduate students at the University of Sheffield. The most important ingredient when promoting the training being the offer of cake! The sessions were designed to "sow seeds" giving attendees a taster of certain social media resources to support teaching and research.

Overall I found attending the conference a really informative and useful experience and would like to take this opportunity to thank HLG for their bursary which made it possible for me to attend this fantastic event. The highlight of the event for me was meeting and networking with other librarians, which provided a good opportunity to share experiences and good practice. A wealth of information and ideas were presented over the two days, too much for me to summarise in this report. I will be looking back at my notes and the presentations for some time to come, using what I have learnt to 'perfect my formula' for a user-centred library service.

Presentations are being added to the HLG website which can be found at:
<http://www.cilip.org.uk/get-involved/special-interest-groups/health/events/conferences/Pages/hlg-conference-presentations-and-posters.aspx>

Jane Roberts, Outreach Librarian, Salford Royal NHS Foundation Trust

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

This year's HLG conference held in Glasgow's Science Centre, a colourful and lively venue, was a first for me. Having been one of the fortunate people awarded an HLG bursary; I found a dynamic and energetic programme awaiting me. There was a particularly good mix of speakers. Hearing from librarians from a variety of different positions as well as from non-librarian speakers such as an intensive care and anaesthesia consultant, a reader in exercise physiology and the chief executive of NHS Health Scotland provided multiple perspectives on health libraries. This was a highly engaging conference.

In Gerald McLaughlin's keynote speech he put forward the somewhat worn track of the need to make it evident that libraries are needed. A point that librarians are constantly pushing but which always seems to need a little more and a little more. Providing evidence of the impact of libraries is vital not just for the survival of libraries

but in order for librarians ourselves to keep on track and see that what we're providing is of top quality. Gerald McLaughlin was very concerned that librarians should be making sure that the evidence of our quality practices reaches management at policy level. It's very easy to let this slip. To concentrate on maintaining a quality library is great but attempting to make sure a group of people who don't use the library know just how valuable it is for their medical staff is as important as running the services themselves. Besides the message itself, it was nice to hear it coming from the CEO of NHS Health Scotland.

On that note, Sue Hill gave a very engaging talk on messages. In this case she was concerned with the quality and clarity of them. Sue Hill pointed out that in daily exchanges with colleagues, important messages are often given verbally, as when a colleague comes to our desk and not having all the time in the world says something quite quickly. Even though we think we may have understood the exchange, we quite often miss or forget many important details.

In order to show us this, Sue handed out a message to the first person in every row of chairs. That person then read the message to the person beside them who then had to tell the person next to them and so on till the end of the row. Not one row came close to providing the detail of this everyday exchange. From changing names to very different figures, the message was effectively lost in every row. And while amusing to do this kind of exercise, it also served as an important reminder. I anyhow, don't have a photographic memory as I swiftly proved with my reduced version of the row-message. The importance of Sue's talk was that it brought this misremembering back to the surface and with it the realization of needing to take more care.

Sue Hill gave us an excellent look into what at first seemed a small area but quickly expanded into a valuable lesson. One of the main points was the importance of making sure our own messages to others are clear, whatever the medium. Whether we're talking or writing, we should be clear and brief, avoid negativity and follow through after the message has gone across. Are our communications expressing what we mean? And it's also very good to remember that getting a message across is a two way process. What Sue emphasized very well was that with all our methods of communicating with each other on any level, we need to make sure we take the time to do it well.

Sonia Martinez-Roura and Aldaalin Lyngdoh brought up social media. What made them stand out was their enthusiasm for using social media. And indeed one of their closing remarks was that yes, use social media as a professional tool but have fun with it too. The very nature of social media is that many people enjoy using it. If I take the view of using social media as an annoying extra duty to my workday what kind of content would I be creating? Probably dry and dull. But the type of people who might be reading my tweets and posts will not be looking for a string of cut and dry comments on the latest splashes of paint to the library. Social media is dynamic, fun, informative and hence engaging. It's important to understand the people on the other side of our screens. What kind of communication are they looking for? If they don't get it in the format they prefer will they still bother reading? This is what really came out of Sonia and Aldaalin's talk. We need to be able to communicate to various people on different levels about the same things.

Although I didn't realize it at the time, I found there was a strong theme running through many of the sessions I attended. Good communication is vital. From making sure hospital management is kept informed to the way online communications are put forward to daily exchanges, every communication made is of

importance. Sue Hill's recommendation in taking extreme care in making and receiving messages becomes very valuable. This is especially important as more and more information becomes available. Kevin Rooney, a professor of care improvement, commented that no doctor can keep up to date with all the evidence out there. With librarians assisting with the movement of that overwhelming amount of information, good communication is of the utmost importance. Although it seemed an obvious message, it was one that I soon realized needs constant attention.

Having only attended the Irish Health Sciences Library Group's conference in the past, I enjoyed seeing how HLG's compared. I'm glad to say that both conferences are very much on a similar level of expertise and usefulness. Although HLG's taste in dinner comedians is somewhat eclectic we certainly made up for it with some very enthusiastic céilidh moves.

Scott McLachlan, Librarian

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

The three plenary sessions provided interesting information and viewpoints on the wider healthcare and professional context. Gerald McLaughlin underlined NHS Health Scotland's mission with a reference to a Glasgow metro map which showed large differences in life expectancies.¹⁰ Dr. Peter Reid exposed the diverse skill set librarians can acquire and encouraged a life-long learning strategy and self-advocacy by the profession where we talk our way out of rather than into problems.

Dr Ann Wales, programme director for Knowledge Management at NHS Education for Scotland presented *Getting knowledge into action for healthcare quality*. She saw roles for librarians to act as *information brokers* translating knowledge into action in a networked environment where no one professional would have all the skills required. She mentioned an example where librarians were involved in a sepsis and VTE collaborative which can be viewed at:

<http://www.knowledge.scot.nhs.uk/sepsisvte.aspx>.

In *Doping in sport* by World Anti-Doping Agency member Dr. Yannis Pitsiladis provided the 3 principles used to assess whether substances are entered on the prohibited list. We used these to vote on particular substances - caffeine stayed off and cannabis remained on the list, though the presenter didn't totally concur. He recommended viewing the BBC Panorama programme *The truth about Sports Products*. (See a related news story at <http://www.bbc.co.uk/news/health-18863293>)

In the parallel session's presentations, innovative service developments showed librarians adding value to their organisations and users, and in the process championing evidence-based practice and raising library profiles.

These included:

- E.g. Health Management Online (<http://www.healthmanagementonline.scot.nhs.uk/home.aspx>)

¹⁰ McCartney, G. (2011) 'Illustrating health inequalities in Glasgow', *Journal of Epidemiology & Community Health*. 65 (1), p. 94.

- clinical enquiry & response service (<http://www.knowledge.scot.nhs.uk/clear.aspx>)
- the organising of screenings of mental health related films
- the delivery of bite-sized sessions on new web 2.0 tools with cake added!
- Use of metaphors in discussing of EBP

I also enjoyed learning about a trial iPad lending service and how tablets are being used at Leeds University as tools for learning during inductions and to increase productivity while on the move. Several speakers spoke about searching (platforms, techniques, etc) and I look forward to reviewing their presentations when they are made available online. Another discovery was a current awareness portal for Public Health & Commissioning information (<http://www.netvibes.com/pubcomm>) developed by West Sussex Knowledge and Libraries.

Being held in Glasgow we were entertained with a fabulous conference dinner followed by music and dance (not to mention a comedian!). The organisation of the conference was to a high standard. Overall I feel the conference helped me to appreciate the wider context in which healthcare librarians work and provided inspiration and shared knowledge to enable better services. Sharing that in my present role will extend the benefit to colleagues who could not attend. I remain very thankful for the sponsorship.

Thomas Veale, Assistant Librarian, Peterborough and Stamford Hospitals NHS Foundation Trust

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I was thrilled to be offered a sponsored place at HLG 2012, as the programme offered two full days of presentations, lectures, posters, networking, workshops, exhibitors and even some céilidh dancing! We were promised an event with a distinctly Scottish feel, and this was evident in the conference dinner and dance in the lavish setting of Glasgow's Old Fruitmarket, as well as the opportunities to meet and hear from so many North-of-the-border colleagues.

The first plenary session of the conference was delivered by Gerry McLaughlin, Chief Executive of NHS Health Scotland, who introduced Knowledge Into Action, NHS Scotland's model for using knowledge, information and evidence to provide better health outcomes. This set the scene for much of the conference, as several of the sessions I attended described projects from Scottish healthcare organisations that focused on accessing and synthesising knowledge in such a way that it can be used for decision-making and service transformation.

For example, Suzanne Wilson of Healthcare Improvement Scotland described information scientists' involvement in a 90-day process for identifying innovative solutions to management issues such as matrix working and developing a clinical engagement strategy. They retrieved information by various methods, including searching the business literature, conducting interviews, and using social media to locate people and ideas from outside the NHS. The 90-day timescale ensured each project had structure and focus (see <http://prezi.com/v4xa1plxvwac/90-day-collaborative-process/>).

Tracey McKee described how NHS Greater Glasgow and Clyde Library Network supported Clinical Governance colleagues by providing an in-depth search, synthesis and thematic analysis of the literature on best practice in morbidity and mortality review meetings. She described how the Library Network is using this experience to develop a new thematic analysis service to support service development. (See <http://prezi.com/fsuoauu4f1n-/the-role-of-knowledge-services-in-supporting-morbidity-and-mortality-review-meetings/>).

Kevin Rooney and Michelle Kirkwood presented a rapid search and synthesis service that supports decision-making within the Intensive Care Unit at Royal Alexandra Hospital in Paisley (see <http://prezi.com/9t57wsejkei-/hlg-2012/>). I learnt a lot from comparing the procedures developed, difficulties encountered and progress made by this service to the ways in which I provide support to clinicians at University Hospital in Coventry.

I was impressed by the organised, structured way in which these three services were developed. They meet very different customer requirements (for example, short turnaround time in the ICU versus lengthy, in-depth analysis to support strategic decision-making), but all have in common the added value provided by synthesising information with a particular customer and outcome in mind. This turns information retrieved into actionable knowledge – definitely a step up from the average literature search!

There were many other interesting presentations. I particularly enjoyed the Bishop and LeFanu Memorial Lecture on doping in sport by Dr Yannis Pitsiladis of the World Anti-Doping Agency (WADA). He discussed some of the difficulties encountered by WADA in their mission to eliminate the use of substances that enhance performance, and asked us to give our opinions on the issues using a real-time voting system. The talk was topical, interactive and relevant to evidence-based practice, whilst providing an insight into a very different world from the day-to-day life of a health librarian.

The conference venue, Glasgow Science Centre, was an attractive location. The IMAX theatre provided an impressive setting for the plenary sessions, and as the school holidays had already begun in Glasgow, we mingled with excited children trying out the hands-on games and experiments. With such a packed programme, I only wished I had a bit more time to experience the Science Centre and the city of Glasgow. I even had to abandon my break-time attempt to win a prize by collecting stickers from all the conference exhibitors, as there were too many interesting people to talk to and posters to review!

Anna Brown, CEBIS Specialist, University Hospitals Coventry and Warwickshire NHS Trust

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

When I walked towards the Glasgow Science Centre on the first day of the conference my excitement started to build. The view of the centre from the bridge over the river Clyde is really spectacular and hinted at what a good time I was to have over the next two days.

As a lone worker, my job, though extremely interesting and varied, can be slightly isolating at times. I was therefore really looking forward to networking with fellow health librarians and learning more about the work they do. The conference delivered on this aim in more ways than I could have hoped for, enabling me to leave equipped with lots of new knowledge and a greater understanding of how the health libraries world operates outside of my particular job role.

Below are my reflections on some of the sessions I attended across the two days of the conference. The presentations for each of the sessions are available on the Health Libraries Group website: <http://tinyurl.com/d4h47so>.

Librarians: the catalyst in health content curation

As part of her session, Joanna Ptolomey talked about the wider role of health librarianship, and made some very insightful comments:

- Throughout our careers we will all make mistakes. The good news is they are part of life and are there to learn from.
- Librarian skills are transferable across settings and roles. Don't be afraid to explore different career opportunities.
- As librarians we must make the most of the circumstances we find ourselves in and choose to focus on the right things, taking opportunities as they arise.

My favourite comment that Joanna made is that we should all refuse to accept “bun fighting” (i.e. negative behaviour) in our workplaces. A positive attitude is one of the most important tools in our arsenal, and is useful not only to ourselves but to those around us.

Err Umm

Sue Hill gave a really interesting talk about the importance of good communication skills in all aspects of our careers as librarians– in CVs, during interviews and in day-to-day working life. To demonstrate her point, Sue facilitated a game of Chinese whispers. As the messages were passed along the line, they became increasingly distorted. The lesson here is that as communicators we must always be prepared to provide clarification.

There are now more opportunities than ever to communicate messages about ourselves. Facebook, Twitter and LinkedIn are just a few examples. All of these platforms provide excellent networking opportunities, and Sue emphasised the importance of presenting clear and positive messages and keeping profiles up-to-date.

Communicating electronically, including via email, can be a really empowering experience as it breaks down social barriers and hierarchies. In this model there is no room for prejudice or preconceptions, and even the biggest cheese can become a baby bell!

All of the above: a guide to conducting effective LIS surveys

Having previously gathered user feedback for the service I help to run, it was really useful to learn some techniques for optimising surveys and survey questions.

Andrew Booth began by introducing the topic of surveys, which are cheap to administer and can tell you – and your users – a lot about the library service in question. However, you must have a business case and avoid losing the goodwill of your users. Before you even begin, ask yourself the following questions:

- Will you be generating new knowledge?
- Could you use an existing tool or instrument?
- Might a literature review do the trick?
- Is there a more appropriate method for gathering the information?

Hannah Spring went on to talk about her experience of conducting a survey for her PhD research, and gave some really useful pointers:

- Identify an objective for every question in your survey
- Pilot your survey and gather feedback before launching it
- Sampling is essential – make sure you choose the right people to survey
- Your questions must be derived from your aims, and not the other way around.

Further guidance is available as part of the Facilitated Online Learning as an Interactive Opportunity (FOLIO) Wiki: <http://folioasq.pbworks.com/>

Lots of answers looking for questions

Jon Brassey has spent most of his career focusing on how to get robust answers to clinical questions. Jon feels that this is an essential component of health librarianship – GPs don't want courses in information literacy, they want answers to their questions.

In addition, a lot of time is often spent on validity without really considering the relevance of the information in question. As an example, the Cochrane Library is extremely high quality but only answers around 10% of questions in primary care.

Perhaps the most interesting point that Jon made is that Google and other search platforms are nonsensical. They represent a historical accident rather than the ideal solution and should be replaced by answer engines. Jon feels that the profession would benefit from greater debate in this area.

Take-home messages

The reflections above are really just a snapshot of my time at the conference. If I had to pick out one key take-home message, it would be the importance of having a positive and proactive attitude towards your role in health libraries, taking opportunities as they arise and thinking how best to apply your skills to the task at hand. I was really inspired by the enthusiasm of the speakers and their desire to constantly innovate and improve the services they help to provide.

For me the highlight of the event was the talk by Kevin Rooney and Michelle Kirkwood: *Rapid search and synthesis to support decision making within an ICU*. As someone who has very little contact with end-users, I found it really inspirational to hear from a doctor about his impression of library and knowledge services, and the way that they have impacted on his work and ultimately on the quality of care he and his colleagues provide. I wanted to leave the conference feeling part of the bigger picture of health libraries. Thanks to this and other sessions I attended, I was able to make the journey home feeling truly inspired and motivated, and very much part of health libraries community.

Many of the speakers at the conference used Prezi (<http://prezi.com>), cloud-based presentation software which provides a more interactive alternative to PowerPoint.

Kath Williams, Current Awareness Service for Health (CASH)

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

Back in April this year, I received an HLG Group Members Grant to attend this conference. I wrote a short paper for the last issue of the HLG Group Newsletter anticipating what I thought would be the highlights. I will provide a short report and what were the highlights for me.

The purpose of the two day event was to highlight the changing role of librarians and their role within the NHS and how information and knowledge services make an invaluable contribution to supporting high quality frontline patient care and evidence based practice. In attendance was of a cross section of librarians and information professionals representing organisations across the NHS, academic libraries and the private sector throughout the UK and further afield.

Under the heading "Health libraries under the microscope" the conference was divided into key themes. These were 'Physics of Information Technology Use', 'Biology of library services', 'Chemistry of collaboration and networking' and 'the Anatomy of evidence based practice'. Amongst the wealth of information and discussion in all the sessions, there were a number of particular highlights for me.

During the keynote address on the first day by Gerald McLaughlin a map of the Argyle Line in Central Glasgow was used to dramatically illustrate inequalities in health using life expectancy in the vicinity of rail stations. For example, at Jordanhill (75.8 years in males and 83.1 years in females) contrasted with Bridgeton (61.9 in males and 74.6 in females). Life expectancy dropped by 1.7 years for each stop on the line between these two stations. This represents the inequalities in quality of health. This was an eye-opener. I didn't know that health disparities could be this dramatic.

First thing on Thursday, under the heading of 'Collaboration and Networking', Joanna Ptolomey gave an interesting presentation about her work with the ALISS (Access to Local Information to Support Self-management) project. Sue Hill spoke about the importance of clear communication in the messages we give. She also discussed continuing professional development and crossing 'shyness barriers' by networking electronically. Within this theme Tracey McKee and James Wilson discussed the Scottish Health Information Network (SHINE); a consortium of health care library and information services for continued professional development, networking and resource sharing and the use of social media to engage with its members and working groups.

While I have experience working in libraries I am comparatively new to the health library sector. The conference has given me the opportunity to better understand the contribution of libraries in health care provision and education. Lesley McShane's talk on Information Prescriptions and developing information services for patient with long-term conditions and Richard Bridgen's informative talk on patient leaflets and the information standard were very useful in that respect.

Janet Harrison gave a very engaging presentation on the University of Loughborough report on the Status of Health Librarianship and Libraries in Ireland (SHELLI) commissioned by Health Sciences Libraries Group (HSLG) of the Library Association of Ireland (LAI). She reiterated that despite short comings highlighted in the report,

health librarians in Ireland still remain optimistic and proactive in their approach to increasingly the value of the profession, describing the health library professionals in Ireland as 'committed, professional and energetic'.

On Friday Peter Reid discussed the 'qualities of the librarian', how their role has adapted during the radical pace of technological change and their unique position within the NHS. He also reinforced that tough times can be seen as an advantage; a time for innovation and positive change and that in order to remain relevant continuing professional development and advocacy are crucial.

Christine Urquart and Alison Brettle's talk on measuring value and impact of information and knowledge services was very engaging highlighting XXX. Kevin Rooney's talk was very positive. He discussed the difficulties of transferring knowledge into practice, on rapid searching and synthesis in an ICU environment and how the involvement and assistance of clinical librarians had a direct impact on improving patient care.

A personal highlight was a talk by Masimba Muziringa on health libraries in Zimbabwe. He talked about the challenges faced by library professionals in developing countries, especially in information and communication technology ICT infrastructure - a ubiquitous problem in Africa - limits access to resources and academics, doctors and students remain unaware of the range of resources to which they have access. Budgetary support is also extremely limited. Citing examples such as the Network of African Medical Librarians (NAML) and the Association of Health Information Libraries in Africa (AHILA) the message from Masimba's talk was very optimistic. He reiterated that collaboration and co-operation between professionals are the keys to positive outcomes and sustainability in supporting medical education and practice.

Attending the conference as certainly bolstered my enthusiasm. My original reason for attending the conference was to better understand the Librarian information professional's role within the NHS, further understand the health libraries sector and services and to network with librarians, knowledge professionals and those involve in health library and information service delivery. These aims were accomplished. In order to succeed continued professional development, excellent skills as a communicator, influencer, and the ability to adapt and change while maintaining a strong focus are essential qualities. If I want to succeed and make a significant contribution then continued development must be fundamental to my professional and personal improvement if my skills and experience are to remain relevant.

Joshua Cheyne, Scottish Agriculture College, Edinburgh

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I've never been to a conference before and I enjoyed myself immensely. It was really nice to have a chance to talk to people from other Health Libraries, as well as have a walk around the exhibitor's stalls. I'd also never been to Glasgow before so I took an opportunity to go sightseeing after I arrived Wednesday afternoon; the open top bus might seem a little cliché, but it was an excellent way to see a little bit of everything and far easier than trying to navigate Glasgow on my own.

I attended a wide variety of talks, including one on Cinemeducation, using films to initiate discussions about mental health with Medical Students; the session on writing for publication by HLG's own Maria Grant and a workshop about building a better library survey, which included real examples of what not to do. The two sessions that I was looking forward to most were 'Innovate or Wait' and 'Learn Something New in 20 Minutes'

The 'Innovate or Wait? Sharing Lessons Learnt from the Introduction of an iPad Lending Service' session was presented by Owen Coxall from the University of Oxford Bodleian Health Care Libraries. This was a very interesting session, as I had recently been reading an article about a similar scheme in a University Library in America. Oxford Bodleian Health Care Libraries purchased two iPads for the library for loan and Owen explained how they chose apps and e-books to install before loaning them out.

Overall the library did really well with the scheme, and they have seen good usage figures of an average of one loan a week. It was also interesting to note the different ways that the doctors, researchers and students are using mobile technologies and smartphones, as the user survey highlighted some trends in these areas. The Doctors are mostly using Apple iPhones for work purposes; the students are mostly using Android phones for social purposes and the researchers are using both types of phone and for a mixture of both purposes.

Owen also explained the lessons learnt by the library. The main ones are that you need a team member who is very familiar with Apple products to help set them up, as this could be very tricky for someone who is not. The other one was to watch the market carefully before buying this type of technology. Not long after they bought their tablets the iPad 3 launched and this means that the tablets they have are sometimes seen as 'dated' by a small number of library users who are expecting the most recent version, but also because the Android tablets, which rival the iPad, have advanced a lot since they made their purchase and now offer equivalent functionality for less money.

On Friday I attended the session 'Learn Something New in 20 Minutes: Bite Size Sessions to Support Research, Teaching & Collaboration' by Claire Beecroft from SchARR, the University of Sheffield. Claire explained that a major barrier for some people to use Web 2.0 tools, such as Mendeley for organising and sharing papers, is that people don't know enough about them without signing up and as a result are often unwilling to invest the time in case it turns out to not be the right tool for them.

The Library started running fortnightly 'Bite Sized' training sessions mid afternoon, setting aside 20 minutes for the lecture/ demonstration and 10 minutes for questions. They make it clear to the attendees that they can leave at any time if they decide the topic isn't for them, or if they can't stay long, and provide free cakes to give an informal 'afternoon tea' feel to the whole thing (although the attendees need to bring their own coffee). They have had talks on a variety of topics and from a variety of presenters, including one from the IT department on using Google Docs and one about 'What the Library can do for you'.

Claire gave three tips for anybody who wanted to run this: 1) don't use a big room, sometimes it'll be full to standing, but other times it will be fairly empty and people don't mind standing for 20 minutes if it's something they're interested in; 2) Make sure people know they can leave early, knowing they can leave if they want to encourages people to try it and 3) supply free cakes! It isn't a big outlay when nothing

else about the scheme costs money and it always pops up in their feedback (which so far has all been positive).

The Conference Dinner on Thursday night was held in 'The Old Fruitmarket'. It's an amazing venue and you could tell the staff had put a lot of effort in to dress it up. We had a fantastic three course dinner, of Butternut Squash Soup and Guinea Fowl, finished off with a Scottish Cloutie Dumpling, a type of steamed fruit pudding. Entertainment was provided by a Magician wandering from table to table, a comedian and a Céilidh band, who led us in some Céilidh dancing, which was good fun even if we were short on male dance partners!

I had such a great time at the Conference, the talks and exhibition stands were all very interesting and it was surprising how many familiar faces I bumped into! Being fairly new to Health Libraries it was a really good opportunity to see what other libraries are doing and I've taken away some brilliant ideas – even some for promotional goodies which is something my library service has been looking into recently! I'm already looking forward to the next one!

Lisa Basini, Senior Library Assistant, Shrewsbury and Telford Hospital NHS Trust

Health Libraries Group (HLG) Conference 2012: Health Libraries under the microscope: perfecting your formula. Glasgow Science Centre, Glasgow 12th - 13th July 2012

I was lucky enough to have been awarded a HLG members grant to attend this year's conference in Glasgow. I last attended the conference in 2008 when it was in Cardiff and having moved away from Health Librarianship for a while (venturing into the world of Business and Economics Librarianship) I decided to attend the conference to help me rediscover and catch up on what has been happening in libraries and librarianship in Health and the NHS.

I have now returned to Health Librarianship supporting Health Sciences students at Swansea University and what really drew me to this year's conference was wanting to see what issues NHS Libraries are currently facing. I have never worked in an NHS library and it was very interesting listening to those that do. Here are my highlights of the conference...

The two keynote speakers this year were excellent, both had different topics but both were equally as interesting. Gerald McLaughlin, Chief Executive, NHS Health Scotland talked about **Knowledge into Action** and provided delegates with some shocking health inequality statistics for Glasgow represented by a visual image of the **Glasgow underground network**. His speech demonstrated a growing trend of moving from a physical service in Scotland to a virtual service, this means new technologies and social media will be integral to the new plan for NHS Health Scotland.

Professor Peter Reid, President of CILIPS gave a rousing speech about how we all need to be advocates for the profession and now, especially in these tough times, is the time to shout about our role in our own organizations. He also touched on an interesting point about whether or not Library schools are relevant anymore and are they teaching what new Library school students need to learning. This was a very interesting and thought provoking speech and one which links well to the talk given

by Janet Harrison on the status of Health Librarianship and Libraries in Ireland. The **SHELLi report** was published in December 2011 and was based on research conducted by Loughborough University. In summary it suggests greater advocacy by Health Librarians is needed in Ireland and becoming more visible within their organizations and outside is essential.

This theme of proving your worth continued in the sessions I attended during the conference. Andrew Booth and Hannah Spring gave a talk which included a great exercise on how to conduct an effective survey. We were given the opportunity to look at the structure and questions in a survey which had actually been run by a library service. This gave the whole room a chance to see what was good in a survey and where the pitfalls are in creating questions. In summary you need to think about why you're asking the questions in a survey, and really think about what is it you want to know whilst you are designing it. A useful tip was that after you have written your survey it is essential to pilot it in order to catch any errors before you send it out.

We had a cinema break during John Loy & Helene Gorrings talk on Cinemaeducation in the NHS; we were treated to a clip of One Flew over the Cuckoo's Nest. The scheme they have set up was very interesting and engaging in particular to new students, medics and nurses. Their project involved setting up a cinema club, choosing a different film every week on the theme of mental health and encouraging discussion between attendees. It was a very simple idea which has been very successful with participants.

As an academic librarian I was interested to attend the following 2 sessions. Claire Beecroft talked about setting up bite size sessions to support research in **SchARR** it was again an interesting talk about catering your teaching sessions to the needs of your students and staff. Therefore if your users only have a finite amount of spare time, try and design your sessions to suit them. Her suggestion was 20 minute bite size sessions every week on various topics including how to use Prezi and using Google apps. This approach seemed to be very successful in SchARR along with offering attendees refreshments and cakes.

Gillian Siddall and Bethan Carter's talk on supporting practitioners returning to education was the talk I could relate the most to as it discussed the role librarians play in providing academic support. It was interesting having an NHS librarian viewpoint and an academic librarian viewpoint in the same talk. There were differences in the way support is provided, for example in the University of Northampton there was a greater emphasis on online support using their VLE however this online support wasn't provided at all in the NHS library, they relied more on face-to-face inductions and help. Gillian Siddall also talked about the research she has undertaken into reading lists. This was research that was very useful to listen to as reading list management is a project we are about to embark on in my organization.

Finally, the Bishop and LeFanu Memorial Lecture given by Dr Yannis Pitsiladis was brilliant. Not only was it very engaging and interactive it was very relevant due to the Olympics being held in London this year. Dr Yannis Pitsiladis, a lecturer in the University of Glasgow is also a member of the committee for the World Anti-Doping Agency (**WADA**) who decide on what substances should be on the banned list for athletes and which should be allowed. Interestingly we were told caffeine was on the banned list for athletes in 2004 but has subsequently been allowed. This talk was made even more engaging with the use of **clickers** which allowed the whole auditorium to vote on whether they would ban certain substances or not.

Thanks to HLG for awarding me a grant to attend this year's conference, it was indeed a very Scottish conference and one I will remember for the varied speakers, fantastic Céilidh and my first taste of a Cloutie dumpling.

Elen Wyn Davies, Deputy Subject Librarian (Health Sciences), Swansea University

Getting Started in Research and Evaluation Workshop¹¹: Manchester Metropolitan University, 20 February 2012

On 20th February the Library and Information Research Group (LIRG) in collaboration with the Health Libraries Group (HLG) and HEALER put on a one day workshop about 'Getting started in research and evaluation'.

The workshop began with a presentation by Andrew Booth which helped the audience to distinguish between research (which provides the theoretical basis for action) and evaluation (focuses on measuring performance or demonstrating benefit). This distinction was important when considering which methods to use. Andrew shared his experience as an editor of having seen many journal submissions incorrectly labelled as research or evaluation, advising us to ensure we label our projects correctly.

Alison Brettle's first presentation reinforced the need for a structured research question to ensure that the topic you are interested in is actually researchable. This short presentation also emphasised the importance of choosing appropriate methods for the research or evaluation which led in to the next presentation in which Christine Urquhart and Hannah Spring presented (respectively) on different quantitative and qualitative approaches. The emphasis in both presentations was on choosing a methodology that was appropriate to the topic. The group went through some topics, deciding which methodology would most suit the topic. In my experience people often have biases towards certain research methodologies, these presentations helped the audience to reflect on our own biases. Both presenters were refreshingly open-minded and pragmatic about picking a suitable methodology.

Alison then did a presentation on ethics and ethical approval. The main take home message was that you should always consider ethics whenever undertaking research or evaluation, even when ethical issues are not immediately obvious. Some members of the group had experience of getting ethical approval, but many – like me – had not. There was a discussion of the NHS ethical approval process in particular, which colleagues sharing their experiences described as a long and complicated process.

The group was then given an hour to break out into smaller groups to develop a research protocol. At first this seemed an awfully long time, but all groups only just completed in time! I found this was a useful exercise as we put in to practice what we had learned and began to think like researchers and evaluators. Doing this exercise in a group led to useful discussion, which made me think about issues I wouldn't have otherwise considered.

¹¹ A Library and Information Research Group (LIRG) workshop in collaboration with Health Libraries Group (HLG) and Health Information and Libraries for Evaluation and Research (HEALER). Further information on HEALER can be found at www.libraryservices.nhs.uk/healer/

The final presentation focused on the practicalities of research and was optimistically titled 'What to do when it all goes wrong?' The presentation was based on snakes and ladders, so a roll of the dice dictated how many slides you proceeded, then the slide would have a scenario such as "You appear to be making good progress. Throw again." This engaging format was a great way to finish the day and the medium reflected the uncertainty of undertaking research and evaluation.

This workshop was focused on practical considerations for research and evaluation, as well as theory. Since attending the course I have used the protocol outline that Alison provided to structure a protocol for a research project at work (based on disparate documents and emails). This session complemented the sessions run by the same organisers on writing for publication which my colleague had attended. As a result of attending, we have been able to restart our own research project with renewed vigour and knowledge.

This write-up is an extended version of a piece originally written for the 'CILIP in London' April newsletter.

Elly O'Brien, Information Specialist, Bazian

Health Libraries North Study Day, Small Exhibition Space - Great North Museum, 10th May 2012

Ed Young – LETBs update

Ed Young gave us an update about the LETBs (Local Education and Training Boards) taking over workforce education and training from SHAs (Strategic Health Authorities). It will be provider led with spending appropriate to local needs. If this is authorised LETBs will come into effect from 1st April 2013. Local Education and Training SHA Sub Committees have been established since April 2012 as a predecessor to LETBs. There is no library subgroup because libraries run across the stream. However there will be communication between subgroups and in particular, the non-medical workforce subgroup will feedback issues around library services.

Sarah Abernethy – Impact factors

Sarah talked about the impact survey they had carried out using the SHALL impact toolkit website. They used direct emails, prize draw, contacts they had in various departments and a newsletter to encourage participation. It was aimed at the junior doctors then consultants and they got 259 responses by the end of it. Questions mainly covered usage of the library, impact on patient care and service delivery. With the question about patient care a third of the responses come back saying they had changed their work in some way. The most important impact they found had been on education and learning.

Joanne Stemp - Library impact survey

Joanne also explained how they had done an impact survey. They publicised the survey on the trust homepage, through distribution lists, printed copies to put in the library and raised it at meetings. They got 218 responses, which was 10% of users. They did come across problems because they didn't do a pilot of the survey but just jumped straight in. In particular there were issues regarding how clear the questions were and surprise at the level of depth they went into, both of which could have been avoided had it been piloted. Joanne also pointed out that it was important to keep as much control of the project as possible. After the survey they did some follow up

interviews with staff that were willing to do so and the organisational development team helped with that. The main points that came out were that 67% had asked a librarian for help and that there was an impact on teaching and learning, as well as sharing of information. A report has been written up on it which they have taken to meetings to publicise what has been done. It is now just putting it into practice.

Sheena Hanes – Assessing the impact of our service

Sheena explained that they did not use the whole SHALL toolkit as the last survey was done in 2007 so there was a long overdue need for a general user survey and this took place in July 2011. It contained general questions on usage and opinions and they initially did a pilot with 10 people and then recruited participants face to face or through email. They got approximately 500 responses (492, of which 285 were library users). One reply that stood out was that the library had helped them find an obscure article which helped them prepare for a consultant interview and change practice. All this contributed to the service development programme. The library has also started recording the details of literature search requests in order to ensure there is no duplicating of work and to follow up at a later date to find out how the person has used those results in their role.

Andrew Dove – iPad project

Andrew told us about the iPad project that has taken place at the University Hospitals of Leicester. At the very start Kindle e-book readers and Sony recorders were also considered but the iPad was found to be the best option. Initially an iPad was given to the clinical librarian and trainee librarian and a wifi network was set up in the library. Later more iPads were purchased. They were trialled within training and used to support teaching sessions which they found worked well. They were then set up for loaning out and were just made available to staff as it is easier to invoice that group of people if they are lost or stolen. Promotional material was put together such as posters and handouts. There was a long waiting list for the first three months but that has eased a bit although it is still there. They found that the iPads have been a great way of promoting e-resources as there is a link to them on the iPad. Also it's been the most borrowed item and has brought in new customers especially from departments that don't usually use the library. A survey on the service was recently conducted and they got 28 responses. The usefulness for work was 50/50. The negatives were: unable to access work emails, connect to trusts WIFI, and unclear how it works. The positive were use of e-books 64% and browsing 96%. How the service could be improved was also asked and points that came up were longer loan periods, tutorials needed on how to use iPads and recommendations on applications. Andrew's final comments were that they are used as a working and promotional tool and as a result have raised the profile of the library.

Angela Donnelly - Changing spaces

Angela started by explaining that the upstairs part of the social science library was dark, old fashioned and needed decluttering. They wanted to make it more social, less academic so journals were moved downstairs, study carrels and some bookshelves were taken out and they started serving teas and coffee. This did leave an empty looking space so new tables and wall decorations were needed which led to a request going out to staff that had an artistic talent to see if they wanted to donate their pictures and 14 people replied. The artwork did brighten up the place and they had an open day. It encouraged people to come in to the library as they wanted to come to see friends' artwork but due to snow that day it wasn't as popular as they hoped. However due to this the library has got involved with the Barnaby festival and it has helped the public see the more human side of the medical staff at the hospital. The library has now been renamed the 'Staff library' and there have been 570 new members.

Sheena Hanes and Sarah Abernethy – Library assistant day

Sheena and Sarah gave us some feedback on how the library assistant study days went through participants' feedback. The participants enjoyed the networking opportunities and developing new skills but the negatives were travelling and a cold room. It was agreed the key is what have they learnt and what have they been able to take away, as well as the value for the organisation and staff being able to go back and cascade skills.

Eleanor Routledge, Assistant Librarian, Marie Curie Cancer Care

Book review



Fieldhouse, M.; Marshall, A. *Collection development in the digital age*. London: Facet publishing, 2012. ISBN 9781856047463. 235 pages. £49.95.

This book is a timely publication, looking at the development of library collections in light of increased use and provision of digital resources by publishers. There are a number of challenges for libraries as a result of the digital age, and this book looks at the key developments in collection development as a result of these challenges. As well as looking at the role of information professionals in the development and maintenance of digital information collections, it looks at the skills needed in the changing environment and also what future challenges technological developments may bring.

Aimed at new library professionals and students, the book brings together ideas and experiences from 17 different information professionals in the UK and USA. The contributors are from a variety of backgrounds but are all successful in their chosen areas and include practitioners and academics from various different library areas.

The text is divided into four main sections, each focussing on a key theme of the book. Each section includes a combination of text based chapters looking at the general issues, and case studies which focus on illustrating key issues through practical experience and specific examples. Each chapter ends with a small number of bullet points, which highlight the key issues covered in the chapter and helps the reader to think about what they might do with the information.

The first section looks at the historical context of collection development and management in libraries, and how it has evolved over a number of years. The author looks particularly at the impact of new technologies on libraries and their collections.

The second section focuses on trends in electronic resources and the changing nature of publishing, information retrieval and reading for pleasure with the development of online and electronic resources. It talks about the challenges information professionals face in capturing and preserving information for the future and making it accessible for future generations and looks at the importance of collection development strategies.

New approaches to library supply and the changing trends in library supply are the focus of the third section, including a look at the cost/benefit of outsourcing supply and the role of purchasing consortia. Open access is also considered, especially with the future role of institutions in making their research output available to the world.

Cohesive collection development policies are the focus of the final section, and looks at the importance of collection development policies and the value of marketing collections. Importance is also given to embedding information literacy teaching, making collections accessible for users.

Aimed at new professionals, this book is a thorough review of the current situation, set clearly in its historical context, with ideas for how to manage collections in light of possible future trends. The layout is clear to understand and can be read either as linear read or by choosing a particular section to focus on. The writing styles make it easily accessible for all, and it was a surprisingly interesting read. The case studies allow the general information to be put into a context, which will be beneficial for those with more limited library experience.

It is a timely publication for those learning about collection management, and those consolidating their ideas about the future of managing their existing collections, with a good reference list for those who wish to read further. I would recommend this text for those new to collection management in particular.

Fay Dowding, University of the West of England

Brettle, A, Urquhart, C. (Ed) *Changing roles and contexts for health library and information professionals.*

London: Facet: 2012

ISBN 9781856047401. 183 pages. £49.95.

The aim of this book is to inspire library and information professionals to take on new opportunities and ensure their continuing professional development in a changing environment. The emphasis is on finding potential opportunities rather than waiting for opportunities to present themselves.

This publication is edited by two very well respected authors in the field of Health Library and Information. The book contains an edited collection of information that examines the changing role of health professionals and explores the role they play in the context of where they work. The contributors to the different sections come from various countries around the world.



The book offers a discussion around the transferable skills and specialised knowledge which librarians possess that can be applied in a wide variety of situations. These skills include providing information, facilitating access to information, building capacity, undertaking research and evaluation, supporting research and practice, using technology and implementing evidence-based practice. The authors reiterate the need to constantly re-think what we do in order to survive and develop, and the importance of being able and willing to step up to a new role before someone else does. The emphasis is on the individual and what he or she can do to make their work easier or more effective.

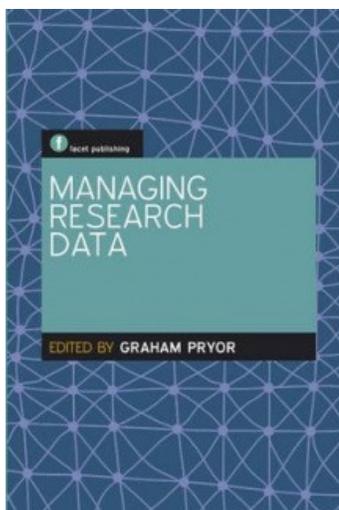
The case studies help to provide solutions to new problems that may arise and demonstrate practically how skills can be adapted. For example, evidence –based information is still needed to commission services and if anything is even more important in the current climate of reduced budgets. Therefore the authors encourage library and information professionals to work proactively alongside decision makers. They point out that managing knowledge requires an awareness of the impact of the knowledge on users and also highlight the problems and opportunities that may be encountered when

implementing evidence –based practice. Similarly a case study on the Map of Medicine shows how important it is to be able to analyse information.

The new generation of students and users demonstrate different information gathering behaviours, and libraries are being used differently in this internet age. Library and information professionals need to change to accommodate this rather than the other way round. Librarians should examine their skills and competencies and also their own perceptions of their roles as these will influence how willing they are to change. A virtual enquiry service meets the users at the point of need and also changes the way we interact with our users. It is essential that we can successfully adapt to using and promoting online tools, tutorials and workshops.

I think this book clearly addresses usable ideas and strategies, with examples of how it is possible to make your own post more secure or take your skills to a new role. It is extremely readable and is broken down into manageable sections. The case studies make interesting reading, demonstrating how less traditional new partnerships can create opportunities with others both within and outside the health service. I would thoroughly recommend reading it.

Ann Tanker, NHS Sheffield



**Pryor, Graham (Ed) *Managing research data*.
London: Facet, 2012
ISBN 9781856047562. 239 pages. £47.45**

Ever since I started work in libraries in the early 1970s, we have had to deal with a growing deluge of published research material, in printed or digital form, which we as librarians or information professionals have had to acquire, store, organise and make available for our users. However, in the last decade there has been an increasing realisation that published work is only a fraction of the actual research output. As the costs of conducting research rise, funding bodies want expensive research data to work harder and be available to subsequent researchers. Therefore the raw data on which publications are based needs effective

stewardship. The term Research Data Management (RDM) embraces the whole cycle including data curation policies at national and institutional level, research teams planning data collection, preserving the resulting digital data, providing adequate metadata, ensuring data can be accessed and reused in the future, data disposal, and creating and funding suitable institutions to carry out the work.

In the 2012 RLUK report on the work of subject librarians, *Re-skilling for Research*¹², RDM was identified as one of the areas in which subject librarians might be required to develop expertise in the next few years. The report commented that there was little training available on RDM, and it was not covered in Library and Information schools. This book will help fill that gap. Its initial focus was on providing a survey of the

¹² Auckland, Mary *Re-skilling for research. An investigation into the role and skills of subject and liaison librarians required to effectively support the evolving information needs of researchers*. RLUK, 2012.
<http://www.rluk.ac.uk/content/re-skilling-research>

current RDM landscape for LIS professionals in the UK, but soon expanded to cover a wider range of people concerned with RDM, and takes in developments in the USA, Australia and Europe as well as in the UK. The ten chapters are written by specialists from data curation centres, universities and similar organisations in several different countries, so inevitably there is a little overlap in coverage. At the same time, it would have been useful for novices to have had more examples and illustrations of research data types, and more case studies to bring the information to life. Most chapters make excellent use of diagrams and tables to explain and summarise the written content.

Many librarians will turn to the chapter by Sheila Corral called “Roles and responsibilities: libraries, librarians and data”. She looks at the opportunities RDM presents for librarians, and summarises existing good practice. Many libraries have been actively developing institutional repositories for published work, and are expanding that provision to take in research data as well. A lot of good work is taking place in areas such as policy formulation at institutional and national level, providing advice and assistance in RDM planning, metadata and data curation. However provision is patchy. Clearly many qualified librarians will have to work hard to grasp the technical and policy issues raised by DRM. Careful study of this book will provide an excellent grounding, although some of the content is intellectually pretty demanding. The book provides information professionals with a thorough understanding of the principles underlying RDM, current policies in the UK, Europe, the USA and Australia, the major technical issues, and the tools to advise researchers on RDM planning. It will also be valuable to policy-makers charged with creating an RDM policy or considering whether to create a research data archive in their own institution.

Jenny Brine, Lancaster University Library

Current literature

Health Librarianship

Koufogiannakis, D. (2012) The State of Systematic Reviews in Library and Information Studies. **Evidence Based Library and Information Practice**. [Internet] 7(2), pp91-95.

<http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/17089/14045>
(Open Access)

This commentary by Denise Koufogiannakis describes the creation of a wiki to gather all known systematic reviews in library and information studies. Many of the systematic reviews relate to health librarianship. The wiki can be accessed at:

<http://lis-systematic-reviews.wikispaces.com>.

Impact, value and cost-effectiveness

Sutton, A. (2012) Increasing impact in a time of decreasing budgets. **Health Information and Libraries Journal**. [Internet] Virtual Issue: Increasing Impact in a time of decreasing Budgets.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-1842.2012.00994.x/full>(Open Access)

This virtual issue of Health Information and Libraries Journal (HILJ) has been prepared to coincide with the Health Libraries Group Conference 2012: 'Health libraries under the microscope: perfecting your formula'. The issue consists of a collection of 10 articles published in HILJ in the last two years which focus specifically on the topics of impact, value and cost-effectiveness.

Ovaska, T. (2012) The success story of the menu – how health libraries shared an innovative marketing tool. **Journal of the European Association for Health Information and Libraries (EAHIL)**. [Internet] 8(2), pp3-7.

http://www.eahil.net/journal/journal_2012_vol8_n2.pdf#page=5 (Open Access)

In this article the authors describe the successful implementation of a marketing tool based around the concept of a menu. The menu provides an innovative yet low-cost solution for marketing library services, and is an example of sharing best practice in health libraries.

Gray, H. et al. (2012) Do quality improvement systems improve health library services? A systematic review. **Health Information and Libraries Journal**. [Internet] Early View article.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-1842.2012.00996.x/abstract>
(Available via a free 30 day trial)

The results of this systematic review suggest that attempts at quality improvement can indeed deliver valuable outcomes for library services, although further research is required in this area.

To activate your free 30 day trial, please follow the instructions below:

1. Log-in to Wiley Online Library: <http://onlinelibrary.wiley.com/>. If you have not registered, please do so.
2. Once logged in, go to the trial access page within your profile (in the left-hand menu).
3. Enter the access code **HILJTRIAL30** and click to 'Submit code'

Information literacy

Howe, C. (2012) Undergraduate Information Literacy Instruction Is Not Enough to Prepare Junior Doctors for Evidence Based Practice. **Evidence Based Library and Information Practice**. [Internet] 7(2), pp76-78.

<http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/16418/14037>
(Open Access)

This is an evidence summary of an article published in Health Information and Libraries Journal (HILJ). The article under review is entitled 'Evidence-based information-seeking skills of junior doctors entering the workforce: An evaluation of the impact of information literacy training during pre-clinical years'. The key message is that junior doctors are insufficiently prepared to engage in evidence based practice, and that a move to career-long information literacy learning is essential.

Storie, D. and Campbell, S. (2012) Determining the information literacy needs of a medical and dental faculty. **Journal of the Canadian Health Libraries Association**. [Internet] 33(2), pp48-59.

<http://pubs.chla-absc.ca/doi/full/10.5596/c2012-011> (Open Access)

This article presents the results of one of the few medical information literacy surveys conducted using a broad, strategic approach to surveying all user groups at a medical school. Results include information on the preferred delivery methods for a comprehensive information literacy training programme.

Global librarianship

Martin, E. et al. (2012) How three libraries are working to support health sciences libraries in Liberia. **Washington Research Library Consortium**. [Internet] poster.

http://aladinrc.wrlc.org/bitstream/handle/1961/10405/Team%20Spirit_How_Three_Libraries_Are_Working_to_Support_Health_Sciences_Libraries_in%20Liberia_FINAL%5B2%5D.pdf?sequence=1 (Open Access)

This poster describes how three health science libraries in the US are working collaboratively to support health libraries in Liberia. The authors describe the challenges of the project as well as highlighting the benefits of collaborative working. Future plans include instruction in information literacy and evidence based medicine.

Fatkin, K. (2012) Using Organization Theory to Explore the Changing Role of Medical Libraries. **SLIS Student Research Journal (San Jose State University)**. [Internet] 2(1), article 5.

<http://tinyurl.com/cnkhnw2> (Open Access)

In this article the author uses organisation theory as a means of exploring the changing role of medical libraries in the United States. The article is historical in outlook, and describes how medical libraries first evolved, and have since developed to provide high-tech and cost effective services.

Please note:

SLIS Student Research Journal is a peer-reviewed publication of San José State University School of Library and Information Science. It aims to promote graduate scholarship and intellectual inquiry in the fields of library and information science, archives and records management, and museum studies.

Social media

Giustini, D. (2012) Social media trends for health librarians: a primer on using social media for clinical disease surveillance. **Journal of the Canadian Health Libraries Association**. [Internet] 33(2), pp92-94.

<http://pubs.chla-absc.ca/doi/full/10.5596/c2012-025> (Open Access)

This column introduces health librarians to the field of *clinical disease surveillance*. Social media platforms are increasingly being used to gather information on the spread of disease. As the field begins to expand, health librarians may want to examine the possibility of providing expertise on social networks as well as in data curation and mining services.

Kath Williams, Current Awareness Service for Health (CASH)
Contributions should be sent to kath.williams@dchs.nhs.uk

Diary of events

3-7 September 2012

18th Oxford Workshop in Teaching Evidence-based Practice
St. Hugh's College, Oxford University

<http://www.cebm.net/index.aspx?o=6893>

£1200

3-7 September 2012

Systematic reviews and meta-analysis of health research
London School of Hygiene & Tropical Medicine, London

<http://www.lshtm.ac.uk/study/cpd/ssrh.html>

£1255

14 September 2012

Online searching course (advanced)

BMA House, London

http://www.bma.org.uk/whats_on/library_courses/LIBSeekEvidenceMedline.jsp

£160 + VAT (members); £320 + VAT (non-members)

23-27 September 2012

tpdl 2012 (Theory and Practice of Digital Libraries)

Pafos, Cyprus

<http://www.tpdI2012.org/>

Range of package options

12 October 2012

Basic critical appraisal skills workshop (BMA and SchARR)

BMA House, London

http://www.bma.org.uk/whats_on/library_courses/LIBCASWorkshops.jsp

£150 + VAT (lunch included)

18 October 2012

Basic critical appraisal skills workshop (BMA and SchARR)

BMA House, London

http://www.bma.org.uk/whats_on/library_courses/LIBCASWorkshops.jsp

£150 + VAT (lunch included)

19 October 2012

Extended critical appraisal skills workshop (BMA and SchARR)

BMA House, London

http://www.bma.org.uk/whats_on/library_courses/LIBExtendedCritAppSkillsWorkshop.jsp

£150 + VAT (lunch included)

26 October 2012

Online searching (MEDLINE Plus) – basic

BMA House, London

http://www.bma.org.uk/whats_on/library_courses/LIBOnlineSearchingCourses.jsp

£160 + VAT (members); £320 + VAT (non-members)

29 – 31 October 2012 (Workshops 29 October 2012)

Internet Librarian International 12
Olympia Conference Centre, London
<http://www.internet-librarian.com/2012/>
Range of package options

15 November 2012

Refresher critical appraisal skills workshop
BMA House, London
http://www.bma.org.uk/whats_on/library_courses/librarycoursesrcas.jsp
£150 + VAT (lunch included)

16 November 2012

Refresher critical appraisal skills workshop
BMA House, London
http://www.bma.org.uk/whats_on/library_courses/librarycoursesrcas.jsp
£150 + VAT (lunch included)

23 November 2012

Online searching course (advanced)
BMA House, London
http://www.bma.org.uk/whats_on/library_courses/LIBSeekEvidenceMedline.jsp
£160 + VAT (members); £320 + VAT (non-members)

28 November 2012

Kings Fund Annual Conference 2012
The Kings Fund, London
http://www.kingsfund.org.uk/events/annual_conference.html
Voluntary/academic sector: £247.50+VAT; Public sector: £292.50+VAT; Commercial sector: £355.50+VAT

29 November 2012

Refresher critical appraisal skills workshop
BMA House, London
http://www.bma.org.uk/whats_on/library_courses/librarycoursesrcas.jsp
£150 + VAT (lunch included)

7 December 2012

Extended critical appraisal skills workshop (BMA and SchARR)
BMA House, London
http://www.bma.org.uk/whats_on/library_courses/LIBExtendedCritAppSkillsWorkshop.jsp
£150 + VAT (lunch included)

Julia Garthwaite, Deputy Site Librarian, Cruciform Library, UCL
Contributions should be sent to j.garthwaite@ucl.ac.uk

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:

Editor	Elise Hasler elise.hasler@wales.nhs.uk
Internet sites of interest	Keith Nockels khn5@le.ac.uk
Book review	Rebecca Dorsett rebecca.dorsett@nhs.net
Current literature	Kath Williams kath.williams@dchs.nhs.uk
Diary of events	Julia Garthwaite j.garthwaite@ucl.ac.uk

Next Copy dates:

Issue date	Deadline for content
March	10 February 2012
June	11 May 2012
September	10 August 2012
December	16 November 2012

HLG Members email discussion list

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