HLG Conference 2018

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Editorial

Greetings and salutations to you all, as we come to the end of this long, hot summer. Once again, HLG Nursing Bulletin is here to inform (and perhaps, to a certain extent, entertain) with a range of articles. As you may know, following the Health Libraries Group Conference, we like to get the reflections, whether they are of the conference as a whole, or of something individual that they have seen there, of those that have attended and put them into a special issue for you, and this is no exception.

Our regular columnists, Heather Steele and Sam Burgess, both had the opportunity of attending HLG this year, with both having sessions on the programme. They have spoken in previous issues about being involved, as part of the Leadership Development Programme, of their involvement in the statistics group, and got to do a session on that very topic while there – unfortunately at the same time as Heather was making her very first conference presentation! We'll take feedback over the timetable preparation to the HLG Committee!!

As professionals within the health sector, we all know by now the importance of evidence-based practice as the lynchpin of clinical decision making. But is it inherent on all of us to scrutinise more carefully the healthcare profession and how it uses the evidence-base in its communications with patients and the public? Anna Chapman comments on the conference keynote by Dr Mark Murphy, which addressed that issue.

There were attendees at this year’s conference that have been on many occasions, and many for whom it was their first experience of HLG. Lisa
Burscheidt is one who falls into the former category, but who keeps coming back for more, showing how HLG can always provide you with something new to learn. Here she provides her reflections on our time in Keele. On the flip side, we present a number of reports from winners of the various bursaries that HLG offers to its members to allow them to attend the conference. Four of the nine bursary winners are here, with the reports from the other five to be found in HLG Newsletter 35(3).

Speaking of awards, HLG was honoured to present the Cyril Barnard Memorial Prize at this year’s conference to Richard Osborn, formerly the London Strategic Lead for Library Services, for his contribution to the field of medical librarianship. Although Richard has now retired from full-time life at the coal face, he still keeps a finger in the pie by continuing to serve as the Chair of the HLISD Service Board.

We still want your articles. Whatever your idea might be, we want to see it, because whatever it is, it will be of interest. Whether you’ve attended something, trialled something, or have an opinion on something, let us know. Details on how you can contribute are at the end of the issue, and on our website.

Phillip Barlow

HLG Nursing Bulletin editor
Leading by Example: The HEE/CILIP Leadership Development Programme – A Trip to HLG

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We are sure that you will have seen or heard much about this year’s HLG Conference, but we all have something different to take away from conferences, so here is our take on the events held at Keele University.

We were there primarily to present on our statistics project that we are working on part of the leadership development course; indeed, the whole of the project team was there to have their say although due a clash in conference timing Heather was unable to attend until the last 30 minutes as she had her own presentation to give on ‘developing a quality and improvement virtual bookcase to support knowledge mobilisation in a mental health trust’.

It was a hard job to present following the keynote from Mark Murphy as he really demonstrated a passion for evidence based health care and sharing decisions with patients. However, we managed it with a fairly
packed house as we described our journey to where we are now and what we wanted from those in the room. The intention was to use some creativity to encourage people to think freely, but due to a lack of tables in the room, it didn’t work quite as well as we had hoped. Nevertheless, the responses that we had essentially corresponded with all the data that we had collected so far and confirmed that we were on the right track. (Do watch out for the toolkit, which we hope will be launched on the KfH blog at the end of September or early October.)

It goes without saying that the whole conference was superb – lots of networking done with new connections forged and old ones re-established. But there were a few standout sessions that were really thought provoking for Sam.

The first one being an introduction to health literacy (Ruth Carlyle) were we were introduced to the now-familiar statistic that 43% of adults do not understand textual health information, and that rises to 61% when
numbers are included in the text. Ruth has some clever techniques to remind people that you don’t need to have low levels of literacy to find it difficult to take in information – attendees were encouraged to use their left hand to write down the information that Ruth was reading aloud at high speed – it’s HARD! We were then asked to use our left hand to right down our name and home address at our leisure – most of us achieved that, which neatly highlights the issue of absorbing unfamiliar detail when stressed, as most of us are likely to be when visiting hospital. If nothing else, this session reminded me that even those that function highly in everyday circumstances can have low levels of health literacy understanding depending on the circumstances.

The second session that got Sam thinking was her first opportunity to take part in a fishbowl conversation (Victoria Treadway and Tracey Pratchett) as prior to the conversation they sought volunteers to “open” the fishbowl conversation and she said she would. If you have never been involved in a fishbowl conversation before we would encourage you to do so, even if it was somewhat daunting to sit in the middle of the room with two other volunteers and be watched by about thirty people as you begin a conversation on the practical barriers to demonstrating impact and how to overcome them. Essentially the fishbowl conversation is another method of knowledge mobilisation with those in the “fishbowl” constantly changing as those watching step into the middle to add their knowledge or share their thoughts. Although the conversation went well and was an inspiring process, it was interesting to see that there are limits to a fishbowl conversation in that the circle around the room was far too crowded and there were possibly too many people involved. In addition to which, as someone that needs to lipread, Sam found herself circling the fishbowl to find the best vantage point to
hear those in the middle – which then led to a conversation with Tracey about access to such events if you have additional needs. i.e. how would someone in a wheelchair take part without feeling awkward. On reflection, Sam feels that the leadership course has given her the confidence to put myself where she can take best advantage now that she feels more empowered (previously she would have just sat where she could and hoped for the best!)

Although there were other interesting sessions, the final one that Sam want to touch on is session covering the ‘improvement librarian – the next generation clinical librarian” (Roxanne Hart) as this is a really innovative way to bring knowledge management and library services to those that are working on quality improvement. Particularly as Roxanne is embedded in the QI team three days a week and has developed her own SBAR (Situation, Background, Assessment, Response) form to support her literature searches. Interestingly, Roxanne notes that HDAS is no longer her first port of call and this reiterates our own observation that we need more in the way of alternative databases to the old standbys of Cinahl and Medline.

This session was also really useful to Heather, who has recently moved into the QI team in her Trust. Using the skills honed during the Leadership Development Programme Heather has spoken to her manager, Head of Continuous Improvement, and the library service now has a desk in the QI office for more embedded working.

All in all, a very interesting conference with highlights such as Laughing Yoga (which went on just a little too far as to become farcial!), a performance from the Tenovus choir at the conference dinner, and an
inspiring Bishop and LeFanu lecture from Isla Kuhn on volunteering her information skills for Evidence Aid.

As a reflection on the conference and the leadership development course, Sam believes that the two events didn’t really have many (if any) cross over points. That said, Sam did feel rather more able to network, get involved, and generally become part of the conference rather than an observer.

Just as everyone else writes on the subject of the HLG Conference….if you get the opportunity to attend – take it – it’s always worth it.
Evidence based practice and public health

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Abstract

Evidence based practice is a well-established concept amongst healthcare professionals. It is the principle that underpins clinical decision making and acts as a foundation for the work undertaken by health librarians. It aims to ensure that clinical decisions are made using the best available evidence. But how does the health profession ethically and honestly use evidence based practice in its communication with patients? Do we need to be more sceptical and rigorous in our scrutiny of evidence based practice? How is evidence based practice utilised within public health?

Subject headings: evidence based practice, evidence based medicine, public health, HLG conference 2018, key note.

Article

As a first-time attendee at this year’s Health Libraries Group conference (HLG) held at Keele University I found it an insightful experience full of enthusiasm, ideas and a determination to share best practice. After receiving a warm welcome to the conference I attended several very engaging sessions. One that particularly stood out for me was the key note delivered by Dr Mark Murphy entitled ‘Encouraging clinicians to
source evidence-based material and share decisions with patients”\(^1\).

Mark is an Academic General Practitioner & Lecturer in the Department of General Practice.

I first came across the concept of evidence based practice (EBP) whilst undertaking my MA in Librarianship. EBP then went on to underpin my work in healthcare libraries within the NHS and it continues to provide a foundation for my current role within public health. It is firmly embedded into health librarianship and forms the basis of the provision of quality and timely information to support clinical decision making which ultimately influences millions of healthcare decisions every day\(^2\). Whilst the concept of EBP is well established and familiar, Mark offered a nuanced approach scoping some of the more philosophical aspects of evidence within medicine to enable us to regard this familiar concept through a series of new lenses. This was not an attempt to challenge EBP but to allow us to think more fully about its place within medicine and how it is communicated to patients.

Mark posed several questions relating to what EBP is, and most significantly what it is not. Has the word ‘evidence’ become synonymous with truth? Are medical truths the same as geometric truths? How is medical ‘truth’ communicated to the patient? For example, how are treatment options explained and is the word ‘treatment’ in itself misleading? A treatment is simply a therapeutic option with benefits and side-effects. How do patients regard these common place terms and make decisions about their healthcare? Are we informing patients in an ethical way? Are we challenging ourselves to translate research into honest conversations with patients?

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\(^1\) You can view Mark Murphy’s talk on Evidence Based Practice here [https://drive.google.com/drive/folders/1zpWYxsO80ToX9hSPepvdiHTcqVThTUf](https://drive.google.com/drive/folders/1zpWYxsO80ToX9hSPepvdiHTcqVThTUf)

\(^2\) A Million Decisions campaign [https://kfh.libraryservices.nhs.uk/a-million-decisions-a-day/](https://kfh.libraryservices.nhs.uk/a-million-decisions-a-day/)
Following on from this we were asked to think about the status we give to medicine and whether increases in life expectancy can be attributed to medical developments alone. Do we also need to reiterate the link between medical advancements and societal developments such as improved water and sanitation? Do we need to think more broadly about the impact of medicine and regard it with more scepticism? Are we at risk of having too much medicine and causing harm to both the sick and healthy? Where does the balance between effective care and too much medicine lie? Is no treatment sometimes more appropriate? Is too much medicine contributing to a lack of acceptance of mortality and are we in danger of losing perspective around death? Life does end and we must all die of something! These questions were not posed to make us feel deflated, or to diminish what medicine has achieved, but to offer a challenge to be sceptical and to think about the narratives we tell. Mark challenged the healthcare profession to be more truthful with patients. To recognise when medicine can, and cannot, help. To understand that patients have medical, spiritual and social needs, all of which need to be encompassed in their care. To think ethically about how we interact with patients and how we communicate medicine. This session raised a lot of meaningful questions about what we can claim of medicine and to remain humble about what its limitations are. Mark is on the frontline providing a GP service to patients. But how does this impact on my work as an information professional in a public health context? I found the link between medical and societal developments a very pertinent one within the public health context. The health of a society in terms of wealth, equality, education and access to resources undoubtedly plays a role in the medical wellbeing of individuals. An individual who receives top care in a hospital will not thrive if they are discharged to an unsanitary home. Furthermore, not only is the care a
patient receives important but so too is the prevention of a healthcare need arising in the first place. Within public health these interventions are crucial and understanding what contributes to good health is often a complicated picture.

Public health is different to medicine. Medicine focuses on symptoms or disease but public health is concerned with promoting health and wellbeing amongst the wider population and the prevention of a healthcare need arising. Finding evidence for practice can be challenging for public health. On the one hand it is concerned with populations whilst simultaneously recognising the many factors that impact on an individual’s health. In medicine EBP places RCTs as one of the highest forms of evidence. Yet for the social sciences finding population groups that can be replicated is difficult and as a result there are often methodological inconsistencies making it difficult to evaluate interventions. RCTs are also highly controlled and may not be able to factor in the multitude of external factors that can influence healthcare. This becomes extremely relevant when applied to public health. Mark’s challenge to consider the whole patient as a medical, spiritual and social being are helpful when considering EBP in a public health context.

EBP has become a dominant feature in our understanding of the application of research yet we must be clear that it does not provide a definitive truth for patients. It must be framed with care and scrutiny if we are to ensure that conversations with patients are honest and ethical. This session was very enlightening and offered a challenging glimpse into the concept of EBP. It encouraged me to think about how we interpret and communicate medicine in a meaningful, ethical and honest way as information professionals and practitioners. When a concept becomes familiar it is always good to review and develop understanding of it. I am grateful to HLG and to Mark for refreshing the conversation.
Health Libraries Group 2018

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I've attended the HLG conference several times now and I always find it relevant and useful. I’m a very practical person, so I like that the presentations tend to be focussed on what people are doing in practice and what worked and didn’t work for them. I always come back with lots of ideas.

HLG 2018 was no different, but with the added twist that I actually had things to contribute. It’s nice to realise that you’ve crossed that line from being a relatively new professional to someone who actually has things to contribute and give back to the community.

There were so many sessions that I had trouble choosing, and in several instances I was glad to be with a colleague who could attend a different parallel session. I won’t list everything I attended here, but give a whistle-stop tour of the highlights.

I started on a high with Michael Cook’s and Kevin Burgoyne’s talks on being embedded in public health and primary care settings respectively. I’ve been working with public health teams for some time now and have just started working with an organisation that does primary care, so much of these talks was directly relevant to me. While I knew about most of the public health side of it, the primary care focus was less familiar to me. Kevin also created a collaborative space to collect people’s ideas.
and recommendations on various problems. I would like to see more of this!

My favourite session of the whole conference was the “fishbowl conversation” on impact that Victoria Treadway facilitated. It was a really useful session, one to learn about the fishbowl method of knowledge sharing and one to learn and share knowledge about impact and how we measure it. There was quite a bit of interest in the impact poster I produced a few years back for a conference, off the back of my library service adopting the new Value & Impact Toolkit, and I had valuable conversations not just within the session but also afterwards.

Finally, I really enjoyed Rachel Playforth’s presentation on search peer review meetings, where a group of librarians come together to peer-review each other’s search strategies for a query from their practice. I have already adopted Rachel’s approach in my own service and our first peer review meeting went off very well.

In terms of “extracurriculars”, the conference didn’t disappoint. The campus was beautiful and we definitely got in our steps walking around it.

I also enjoyed our pre-dinner entertainment, the Tenovus Cancer Care choir, which I felt was very appropriate for a Health Librarians’ Group conference. Of course, Alan Fricker and Tom Roper led a running group on the Thursday morning. I am pleased to say that it was an actual group this time. The last time I attended a conference run, at the international Clinical Librarians’ Conference in Leicester, it was just Tom and me.

There were a few hitches here and there, such as the CILIP health hub being down when Nick Poole introduced it, and a bit of taxi chaos at the end, but nothing majorly disruptive.
On Friday night, my colleague and I left with lots of good and achievable ideas, and having had good conversations with colleagues from outside our usual patch.
HLG’s 2018 Bursary winners

HLG provides a number of grants and bursaries that allow us to aid and support the continuing professional development of our members, amongst which are conference bursaries that allow people to attend various national and international conferences, including our own offering. At this year’s conference, HLG awarded bursaries in three categories:

- ‘First-Timer’ – supporting HLG members that had never attended the HLG Conference before.
- ‘Active Participant’ – supporting HLG members that were presenting a paper, hosting a workshop, or submitting a poster.
- ‘Student’ – supporting full-time or part-time LIS students to attend a conference.

Here we present some of the winners of HLG’s 2018 Conference bursaries, with their reflections on the conference. More can be seen in the latest issue of HLG Newsletter. If you’d like to find out more about HLG’s various bursaries and awards, or apply for one yourself, go to the Awards and Bursaries page on our website.
Helen Licence (First-Timer bursary)
Clinical Support Librarian,
Milton Keynes University Hospital NHS Foundation Trust

The workshop that I found most useful was the Social Media and Collaborative Tools Knowledge Café run by Holly Case Wyatt, Tom Roper and Emma Aldrich. This was useful for both the content and style of the workshop. We discussed using a range of social media tools to promote library services, some of which I had never used. Our library currently has a Twitter account, and after recommendations from the workshop, I am going to investigate Facebook, Instagram and a library blog. The presenters explained how to run a knowledge café – pick a strong question to encourage debate, allocate each table to one aspect of the topic with a piece of paper for notes, then move tables every ten
minutes, leaving one person to fill in the next group on what you have discussed. It is an excellent way to get to talk to the majority of people in the room, and to stop discussion getting bogged down on a particular point. It would be a useful model to try on regional library study days, or in student training sessions.

I would recommend attending the HLG conference because it is an excellent way to step out of your daily work round and think about your library service in a wider context. It is particularly useful if, like me, you are new to the health sector. I learnt about many different initiatives from other library services, not just through the formal presentations, but from reading the poster presentations, and talking to other delegates in workshops or during break periods. Everyone was very keen to share information and pass on tips they had learned. It was interesting to hear how many speakers had simply had an idea for a new service or research project, which had then expanded into something much bigger than they had ever imagined, and they all encouraged you to similarly follow through with your own ideas. I have returned to work with a notebook full of online tools to investigate, training ideas to try, initiatives to study and see if we can replicate – and I shared some of my LKS’ initiatives too, such as our Health and Wellbeing resource guides. I have made new contacts, learnt a great deal – and would love to attend again!

Deborah Lepley (Active participant bursary)
Library & Information Services Manager
Mid Essex Hospital Services NHS Trust

The presentation that really struck me was Heather Steele’s workshop on the QI Bookcase. Heather showcased how she worked with the QI team to develop a virtual bookcase that included links to lessons
learned, guidelines, staff publications, active research projects and journals. This struck me as something I could take back to my own trust and discuss with our QI lead and some of Heather’s messages resonated with me: engage early with your stakeholders, use the same terminology as them, and grab opportunities (in Heather’s case the intranet redevelopment). Quality Improvement seemed to be a popular theme of the conference, and even though I didn’t attend all the sessions I found it was really useful being on Twitter during the conference as it allowed me to follow other workshops and presentations.

I also took a lot away from Kate Misso’s presentation on systematic reviews. Even though this was immediately after my own presentation, and I was a little shell shocked, Kate was full of practical tips and ideas for working on systematic reviews, and improving their quality. I am increasingly being asked about systematic reviews, and have helped with a few, and one tip I took away from Kate is not to limit to English only. Even if the reviewers cannot translate the articles, non-English papers should be included in the references so future reviewers are aware and can possibly follow them up.

I have worked in health libraries for a number of years, and yet this was only my second HLG. It is a great environment to meet people of course, but it is also incredibly stimulating to learn about all the great things that are happening in health libraries and beyond. I am grateful to HLG for the bursary that allowed me to attend and recommend anyone thinking of applying to give it a go!
Penny Dunn (First timer bursary)
Academic Librarian – Health Sciences
Leeds Beckett University

Dr Mark Murphy’s discussion regarding the complex nature of EBM and the impact of oversimplified explanations was the more engaging part of the conference for me. He used the phrase “linguistic deceit” to highlight that the use of simple language gives the impression that conditions and treatments are straightforward. He also argued that we live in a “post-complex world”, where there is an expectation that everything is easy. We have inadvertently created a binary view of healthcare - “I am ill, I need THE TREATMENT” – when things just aren’t that simple. We need to create balance between understanding and reality and work towards a shared understanding of medicine. We shouldn’t oversimplify the explanation, by doing this we could create more confusion. Although I don’t work in the NHS it made me think about how I present information to students and how the educational quest for “the answer” is masking the complexity of information. I think it is important to be honest with users, explain that information isn’t always one click away (no matter how much we would like it to be) but that as a librarian I can help them to navigate, evaluate and use information to help them develop the required skills for their course and later in their career.

I attended Shirley Yearwood-Jackman’s talk on developing evidenced-based practitioners. She had found that the students have an inflated level of confidence when it came to information literacy skills. Students assume that you do not need “skills” to find and use information. But in reality they are “unskilled and unaware” (Kruger & Dunning, 1999). This links to the idea of the “post-complex world”, students expect some things to be easy, they don’t realise some things require additional skills.
In order to help students realise that they do need to develop such skills Shirley has introduced some reflective exercises into her teaching with these students. It helped the students to evaluate what they are good at, and perhaps more crucially, what they are bad at and to explore why information literacy skills are needed. It also helped Shirley identify which elements students struggle with the most so she could adapt her teaching accordingly. I want to bring these reflective exercises into my own teaching, as I can see it being valuable for my own students as they struggle to see past just needing “the answer”.

All full report of my experience can be found at:

YiWen Hon (Active participant bursary)
Knowledge Resources Manager
The Royal Marsden NHS Foundation Trust

One thing I will be changing at work following attendance at this conference will be getting more directly involved in conducting research of my own. There were a number of sessions themed around first steps for novice librarian researchers, which I attended. These were very practical, which was great for giving me actual tasks and actions that I can take into my workplace, as well as inspiring. Meeting fellow professionals who have been able to incorporate research activities into their practice, and having the opportunity to talk to them, has shown me that it is doable after all! Given that we are increasingly under pressure to quantify the impact of our services, these skills are very valuable. I feel that it is important that we as librarians are able to contribute to the academic literature for our profession, and attending the HLG
conference has inspired and equipped me to take concrete steps in this direction.

I would recommend attending the HLG conference because it is a great overall learning opportunity. There are many different talks and workshops which are all relevant to those working in health libraries; these cover a variety of topics which you can tailor to match your own professional interests. Many of these are hands-on, with plenty of opportunities for discussion and involvement. In addition to this, the HLG conference provides an important forum for meeting and learning from others in this sector. There is an informal, relaxed atmosphere which makes it easier to network with others and form professional connections.
Current Awareness

Within our profession, we’re always emphasising to our users the importance of maintaining their current awareness of what is going on. And that is no less true for us, so here we present a small sample of recent articles that have caught our eyes. Of course, being a small sample, there is much more out there. So, if you do see something that you think has been of use to you, and would be of use to all of us, let us know and we’ll include it in subsequent issues. Whether it’s a journal article, web page, tweetchat or any other type of media, don’t keep it to yourself. You can find our contact details on the HLG website at goo.gl/uxx75n.


Urciuoli, W and Swiatek, J (2018) Providing Health Care Professionals and Patients with Tablet Computers at the Point of Care. Journal of Hospital Librarianship. 18(3), 246-253


SAVE THE DATE!!!

Delivering information to patients and the public

A range of information professionals from the NHS, public library and HE sectors share their experiences of delivering information to patients and the public. There will also be a chance for attendees to be involved in group discussion exploring the drivers and barriers to developing patient information services.

Speakers include:

- Hannah Beckitt, University Hospitals of Leicester NHS Trust
- Sorrelle Clements, Libraries and Information Services, Coventry City Council
- Lisa Gardner, Imperial College London

Monday 19th November, 10.30-4.30

CILIP HQ
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How to contribute to HLG Nursing Bulletin

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

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

Some ideas –

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

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

Phillip Barlow – p.barlow@imperial.ac.uk
Instructions for authors

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

Formatting

- Please supply an electronic version of your article
- Manuscripts should be typed in Arial font, size 14 point and using one and a half line spacing
- Authors should include their names, current position, work address and email address if applicable.
- Please include a short abstract c. 150 words for your article

Open Access

At present, there is no policy as regards Open Access for HLG Nursing Bulletin. Therefore, if you wish to make your article available on an OA basis, you are free to deposit it in your organisation’s OA repository. If your organisation does not have its own repository, we recommend using a resource such as Research Gate as a way of allowing open access to your article (https://www.researchgate.net/home).
Get yourself published!

Write a short, medium or long article on any topic, for example:

- Reviews of electronic resources
- Details of user surveys
- New initiatives
- Introduce your service to the Libraries for Nursing community
- Conference reports

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