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Journal of EAHIL

European Association for
Health Information and Libraries

Vol. 11 no. 4
December 2015
ISSN L-1841-0715

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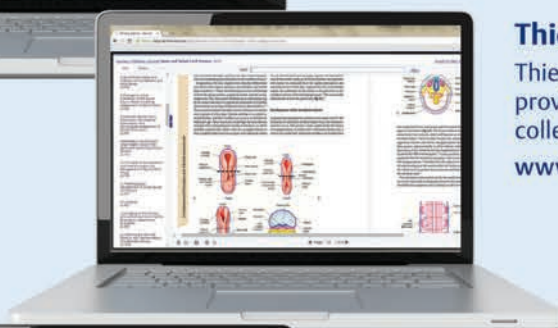
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Journal of the European Association for Health Information and Libraries

Vol. 11 No. 4 December 2015

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Librarians as experts in marketing

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Editor in Chief

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Dear EAHIL friends,

This December issue of *JEAHIL* focuses on “Marketing and impact of medical libraries”. Some years ago, these two concepts (marketing and impact) seemed more directly related to the buying and selling of goods, to commercial activities involving profits and losses, successes and failures rather than to the complex and ephemeral world of knowledge acquisition, to scientific research and public services.

The Oxford Dictionary defines marketing as “the activity of presenting, advertising and selling a company's products or services in the best possible way”. What has this to do with medical libraries? A lot, actually. Marketing today has become essential in many areas, however it is particularly crucial to the professions that were mostly affected by the economic crisis and underwent the greatest changes.

Today, librarians and information specialists need to know both how to prove that their activity is effective, necessary and justifiable, and how to demonstrate that it has an important impact on patients, students or researchers; ultimately how this impact is positive and socially and ethically relevant.

Michelle Wake, member of the Editorial Board of the journal, is the editor of an extremely interesting monographic section published in this December issue. Michelle collected a number of excellent feature articles that will help all librarians in this difficult task. Her Preface will give us a glimpse on the different topics covered by the authors.

The 15th EAHIL Conference (Seville, 6-11 June 2016) is announced in the colourful central pages of this issue. Registration will open on the 1st of March 2016! Check all deadlines at <http://www.eahil2016.com> and be ready to share with our colleagues from Spain another joyful event.

In her Letter from the President, Marshall Dozier explains the procedures for the awarding of the annual EAHIL-EBSCO scholarships to attend conferences and workshops. She also presents a new scholarship in partnership with the Association for Health Information and Libraries in Africa (AHILA) and the EAHIL project grants.

These are opportunities not to be missed.

Oliver Obst, in his somehow provocative column on Emerging challenges, explains which is the last resort for librarians who are “the trustworthy people par excellence”. Danielle Babski keeps us informed on the news from the National Library of Medicine and Michael Eklund on the European Veterinary Libraries Group. Benoit Thirion and Letizia Sampaolo provide an extremely useful update on publications, products, future events.

On a more personal level, since this is the end of my first year as Editor in Chief (EiC) of *JEAHIL*, I first of all wish to thank again Sally Wood-Lamont, who has been the EiC of the journal (previously Newsletter)

for a long time. By working so close with her for many years I have gained the experience I am using today for keeping the journal alive.

I am so grateful to each of the members of the Editorial Board for their constant support and fantastic work. The current Editorial Board is shown below. Please do feel free to contact us, we would be delighted to hear from you.

Composition of *JEAHIL* Editorial Board

- Federica Napolitani Cheyne, Rome, Italy (Editor in Chief)
- Petra Wallgren Björk, Stockholm, Sweden
- Gerhard Bissels, Bern Switzerland
- Fiona Brown, Edinburgh, Scotland, UK
- Katri Larmo, Helsinki, Finland
- Oliver Obst, Muenster, Germany
- Letizia Sampaoalo, Rome, Italy
- Michelle Wake, London, UK.

<i>JEAHIL</i> next issues:		
Issue	Theme	Deadline
1 – March	No-theme	5 February
2 – June	Open science 1: Open access	5 May
3 – September	Memories from Seville Conference	5 August
4 – December	Open science 2: Research data	5 November

The two issues on Open science will be edited by Fiona Brown and Katri Larmo. Contact them if you wish to contribute with your paper: f.brown@ed.ac.uk; katri.larmo@helsinki.fi

Two awards for the best papers published in *JEAHIL* in 2015 will be announced on these pages in March: one of the two awards will be specifically assigned to the best Workshop report published in issue n 3, 2015 “Memories from the Edinburgh Workshop”.

I wish you Season’s greetings and a Happy New Year!
Federica

MONOGRAPHIC SECTION

**Marketing
and impact of medical libraries**

Edited by
Michelle Wake

UCL School of Pharmacy, London, United Kingdom



Marketing and impact: it's a challenge, but we can show we make a difference

Michelle Wake

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Librarians and information specialists have always had to market their services and demonstrate the worth of their services, and rightly so, however that imperative seems to have intensified in recent years. The rise of alternative providers of information, the Internet and a tough economic climate have all combined to make the skills of advertising what we do, showing the added value we bring and the impact we have on our stakeholders more important than ever. Even those of us in academic libraries can no longer presume that our intrinsic worth is automatically recognised.

My thanks to the contributors of the articles for this special issue, which are thought provoking, strategic and suggest practical innovative techniques. To summarise:

Mary Dunne from the Health Research Board, Dublin, Ireland takes us through the steps to creating our own “value propositions”, statements that concisely describe the unique benefits our services bring to our stakeholders. *Ruth Carlyle* from Macmillan Cancer Support, London, United Kingdom details using the “logic model approach” which when used by Macmillan was able to show impact on individuals lives and financial benefits to the healthcare system. *Michelle F. Schaffer, Gerhard Bissels and Franziska Eberle*, Bern University Library, Switzerland, tell us about the development and successful implementation of an all-day event to promote their e-resources. Collaborating with the Medical Faculty, utilising support from publishers, aggregators and student assistants, the day provided a range of learning and social activities. *Tom Roper* of the Brighton and Sussex NHS Library and Knowledge Service, Brighton, United Kingdom reviews the literature on the impact of clinical librarians and discusses possible developments in the future. *Shona Kirtley* from the international EQUATOR Network and based at the Centre for Statistics in Medicine (CSM), University of Oxford, United Kingdom highlights the waste in biomedical research, estimated at a staggering 85%, and how the EQUATOR Network can support information professionals in helping our customers improve the quality of their research. Shona also goes beyond EQUATOR to suggest other examples of how we can raise research quality and thus demonstrate our value. *Graham Stone, Alison Sharman and Kate McGuinn* and their colleagues at the University of Huddersfield, United Kingdom have built on the ground breaking Library Impact Data Project (LIDP) that discovered “Research shows that students who use books and articles may also get better degrees”. Their article shows how Huddersfield have used their impact data to tailor marketing with roving librarians, desk-top visits, gamification software, online reading lists and utilising the expertise of a marketing student in a twelve month placement.

In a 2014 issue of JEAHIL Jane Blumenthal wrote “As is true for some sharks, libraries that stop moving will die”. Her optimistic conclusion was that librarians, for which I think we can also broaden to say all informational professionals, are the future. A future we can help to ensure with marketing and demonstrating impact (1).

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Revealing your value through meaningful messages

Mary Dunne

Health Research Board, Dublin, Ireland

Abstract

Our role, as librarians and information specialists, must be viewed as relevant and important to stakeholders. Yet key services traditionally associated with libraries now appear to be easily available elsewhere and people often underestimate what we do. We can help redefine these perceptions by changing the way we communicate. Value propositions are simple, yet compelling, messages that summarise the benefits stakeholders will obtain by using our services and resources. These statements are written for a specific audience, based on what they value and what we offer that is special and unique. This article provides the tools to create your own value proposition statements; so that you may articulate your true value in a way that matters, to those that matter.

Key words: librarians; libraries; marketing; communication.

Introduction

Health librarians and information specialists are doing important, innovative work, and our role is evolving to meet changing needs. But is this evident to our stakeholders? That is, are we effectively communicating our value to our funders, patrons and others who increasingly believe that their information needs can be met elsewhere, and underestimate what we can offer them? (1-3). Competition for scarce resources means we must be persuasive that our role is essential. We can do this by taking control of the messages we convey, because “through words that work, we have the power to transform our image and to command our full value” (4, p. 32).

Developing messages

The idea of using short targeted messages in libraries is not new (5, 6). Social media, particularly twitter, has taught us about the value of brief, eye-catching communication. These types of messages are most often produced spontaneously in response to a current event and demonstrate our responsiveness and expertise. Other types of messages, however, require more consideration and the collaborative input of the library team. They are designed to help shape conversations about us and our services by

simply and clearly summing up the benefits of our services for specific audiences. It is worth investing time in their creation because these are the messages you want your stakeholders to remember. Even the process of creating your messages is itself useful. The act of reflection required to craft them, if done well, ensures that you clarify your purpose and consider how well you are achieving it. Although many librarians and information specialists don't think of what we do in business terms, we should perhaps think like a business, while acting like a librarian (7). Resources and services do not simply appear, nor are they produced by the “library”. They are created, organised and provided by staff who have chosen or crafted them specifically for the needs of their communities. For too long we have been content to be the invisible provider, assured in the knowledge that people think libraries are good things, and so will always exist. Yet, now more than ever, people can choose from a large number of information providers. When considering using a service they assess benefit versus cost (time and effort as well as price), and compare with alternatives. How we communicate about ourselves influences this assessment. Value propositions are used by those in business as a promise to their stakeholders of value to be

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delivered (8, 9); and may be used as part of our communication strategy (10). They are statements that explain how we can solve our stakeholders' problems or improve their situation, and why they need us rather than the competition. So each statement informs a specific audience about the unique benefits that we can offer them.

Their use has been recommended by numerous librarians and information specialists (11-16). For some, a value proposition simply describes the particular value of a service. However it is hard to distinguish these messages from other librarian-created slogans. A value proposition is better thought of as the result of a more rigorous process that is based on the point of view of key stakeholders and aligns your value explicitly to their needs (17). This process ensures that you make a reflective and meaningful examination of what you do, and perhaps more importantly, why you do it. There are three steps, during which you consider:

- Your stakeholders – what do they value?
- Yourself – what is your personal and professional added value?
- Your competitors – who are they? What are your strengths compared to them?

When you understand these aspects you should be in a better position to communicate clear, appropriate messages that immediately articulate your value in a way that matters, to those who matter.

Developing value propositions

Our stakeholders

Marketing literature consistently advocates that communication is centred on the voice of the stakeholder (3). Your library has many stakeholders, and each will value different aspects of your work. For example, managers in your funding organisation will value how you contribute to the organisation's mission, goals or key indicators (2, 18, 19). Start by reviewing these aspects of strategy for your organisation and governing bodies, and explicitly map your contribution to their achievement. Then note any keywords that you can incorporate into your value proposition statements to funders.

Communicating well with your patrons is another priority. Trying to be all things to all people is not a good business or marketing strategy, so be selective when choosing your audience (20). You can segment

patrons by their profession, education level, or by their familiarity with resources from novice to expert (21). Then establish what each group values.

Some information about value can be ascertained using software and analytics programmes that analyse patron queries and their use of your online resources. But a patron-centred approach means that you need to gather more in-depth views. When planning surveys, focus groups or interviews consider: why patrons use your services; how they benefit; and what they value most. Particularly rich information can be found by mapping the conversations of your community (22). What are people talking about? Where, and how, can you join the conversation? All of these approaches mean that you can speak to stakeholders in terms they find relevant; giving your communication better impact.

Ourselves

For the business community, the second aspect in a value proposition is the product. Our "product" usually refers to the library and its physical resources. But much of the value comes from the library staff – we find and organise collections, design interfaces, choose and create resources, instruct on their use, lead literacy and other campaigns and so on. Yet this is often unreported. When we speak about ourselves we generally speak in terms of what we do. We catalogue resources, perform searches, teach and so on. But these are simply the mechanisms we use to achieve our purpose. It is more powerful when we add why we do what we do. In my own library's value and impact study we found evidence that using our library services brought about positive affective, knowledge-based, behavioural and competence-based change for our patrons (23). That is why we do what we do and these are the types of benefits we need to communicate. So, messages that report what you do should also include why. This is often associated with positive change for stakeholders and helping them achieve their goals.

For example, stakeholders may value or want to achieve some of the following:

- Students – success, to learn, create knowledge, attain chosen career...
- Faculty – teach (fulfil curriculum), successful students, status, respect...

- Researchers – reputation, originality, intellectual safety and honesty...
- Health practitioners – safe, effective practice and continuing professional development...
- Funders – credibility, fulfil their mandate, return on investment ...

How do you connect, empower, enable, encourage, facilitate, guide, help, inspire, or motivate your stakeholders to achieve their goals?

An important element is the move from highlighting only extrinsic value (we can give you access to what you need) to highlighting potential intrinsic values (we can help you achieve success) (20). With so many information providers, this shift may be vital to how we are perceived and valued. In essence this means that you should know how you add value and why it's important. Then be prepared to talk about it.

Our competitors

The final aspect concerns our competitors. These are anyone our stakeholders perceive can meet their knowledge and information needs (24). So, if students, practitioners, or funders believe that they don't need a library because everything is on the internet, then unfortunately they are viewing the internet and probably search engines as an alternative. Of course, we can't (and shouldn't) compete with search engines in terms of size of collection, or providing answers to simple reference queries, so we need to focus on what we do that is different or better. The internet has not diminished the need for librarians. In fact, there is now a greater need to help people organise and understand the enormous quantity of available information (3). It is important to have examples of how you are facilitating this process.

Search engines aren't our only perceived competitors. Some organisations selectively pick publications and make them available through "libraries" on their websites. They may seem a cheaper alternative to a discrete librarian-run service. And administrators, volunteers and self-service technology are being used in some sectors instead of library professionals and paraprofessionals.

But these *competitors* (and others) can't actually do what we do. They are our competition only until our stakeholders truly appreciate and understand our role. Then they are revealed as potential partners and mechanisms of support rather than our

replacements. That is why we must clearly and frequently articulate what we do that is different or better than others. If we can articulate what makes us special it will make advocacy work much easier.

Creating messages

Our three value propositions aspects are brought together in *Figure 1*; illustrating that you are primarily interested in the overlap of what your stakeholders value and what you uniquely offer; shown here as the shaded areas. This is where you focus your message.

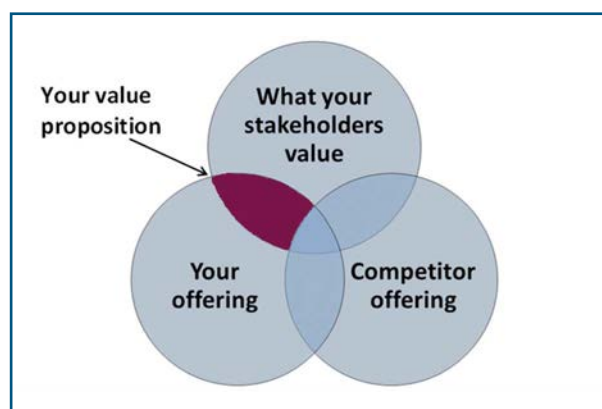


Figure 1. Focusing your value proposition

For example, for health practitioners:

- *We will help you connect with the people and resources you need for best practice*

or

- *[YL] librarians provide credible resources in one place, so you can make credible decisions in practice.*

And for funders (referencing keywords from the organisation's mission about improving health):

- *We improve peoples health and wellbeing by facilitating effective, evidence-informed practice.*

Effective messages are brief and simple, usually delivering a single idea (8). They need to speak directly to people, in their own words. Ensure they are credible yet aspirational. Highlight the values you want to represent, and to which health practitioners identify, such as learning, creativity, initiative, competence, and success (20). Value propositions are designed to engage and to open a conversation. You will be able to elaborate in an informed way because you understand what your

audience values, and what you offer that is special and unique. Remember this is a promise, so you are saying: if you use our services, or if you fund us this is what we will deliver, this is how you will benefit. You can use value propositions for your website, promotional material, corporate literature, and obviously in-person. So when you meet your manager in the lift, or practitioners in committees, or anytime you introduce yourself you can take the opportunity to remind them that you are a skilled professional with an indispensable purpose.

Conclusion

The idea of using value propositions to articulate the value of a library is not new; but we must ensure that they are written in a way that emphasises the important role of the librarian and information specialist. These messages should resonate with stakeholders but are also the means to take control of your brand, that is, your personal and professional reputation. People are used to finding resources at the click of a button but, beyond library logos, we often don't reveal authorship or ownership of our creations. Placing a value proposition at the top of a resource informs its users of the role of librarians, and that our specialist knowledge and skills brings personal understanding of their needs.

We spend a great deal of time helping people find particular resources. We also need to help them discover what we do. There are things you can do to facilitate this:

- communicate about things your stakeholders value;
- know how you add value and be prepared to talk about it;
- clearly and frequently articulate what you do that is different or better than others.

Value propositions incorporate these elements. They enable you to communicate your worth through a series of short messages that when combined reveal your worth. Unless we take every opportunity to convey our story, librarians will remain the ultimate hidden resource!

Submitted on invitation.

Accepted on 23 October 2015.

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A logic model approach: understanding the impact of local Macmillan cancer information and support services in the UK

Ruth Carlyle

Macmillan Cancer Support, London, United Kingdom

Abstract

Health information services are increasingly expected to demonstrate their impacts. One mechanism for doing so is to use a logic model. This article outlines the application of a logic model approach to the development and evaluation of local Macmillan cancer information and support services in the UK. It exemplifies the value of enabling service providers and other stakeholders to work together to agree the intended impacts of a service and how these will be measured. The logic model itself provides a clear graphic to illustrate how service activities lead to outputs, outcomes and impacts. This approach could be used more widely in health libraries and information services.

Key words: consumer health information; information centers; charities; evaluation; patient outcome assessment.

Introduction

Health information services and libraries are increasingly called upon to demonstrate the impacts that their services have on organisations, communities and the lives of service users. This article outlines the response of Macmillan Cancer Support to this need to demonstrate the impact of health information services. Macmillan is a UK-wide charity that develops local cancer services, including cancer information and support services, in partnership with local organisations, such as National Health Service (NHS) hospitals and local authorities (the local government bodies in the UK). Macmillan has adopted a logic model approach to developing and evaluating these local cancer information and support services. This article introduces the logic model approach and uses Macmillan cancer information and support services to illustrate the elements within the logic model: rationale; resources/inputs; activities; outputs; outcomes; and impacts. The article suggests that applying a logic model helps to distinguish between outputs, outcomes and impacts; it also enables service providers to demonstrate the inputs and activities needed to deliver the impacts. This approach could be of benefit to health libraries and other health information services.

Taking a logic model approach

A logic model illustrates graphically how services operate. It is developed as a group exercise, enabling service providers and key stakeholders to reach consensus on what it is that the service is trying to change and how the service delivers impacts (1). A logic model presents the elements of service delivery and intended results as a series of steps. As illustrated in *Figure 1*, the logic model is read from left to right with each step dependent on the preceding stage.

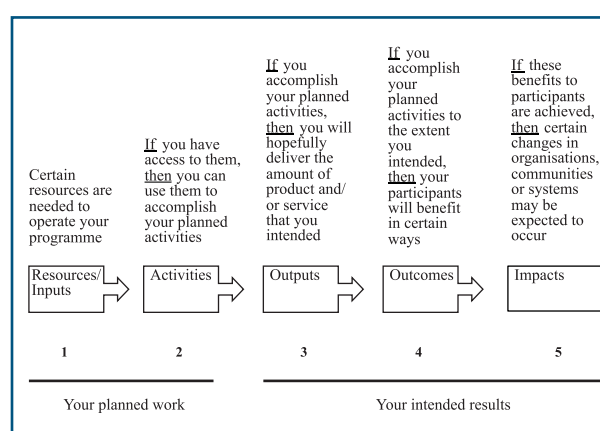


Figure 1. Reading a logic model (with permission of the W.K. Kellogg Foundation (1))

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Macmillan works with a wide range of local partners, operating in very different contexts to develop local cancer information and support services. The local contexts determine much of the impact that a service either desires or is able to produce. In the simple logic model developed with local Macmillan services, therefore, the local rationale for the service is included as an overarching factor (see *Figure 2*).

Rationale The evidence and reason why the service is needed				
Resources / Inputs The resources needed for the service	Activities The activities that the service undertakes	Outputs The directly measurable results delivered by the service	Outcomes The changes that you expect to see as a direct result of your service	Impacts The overall changes to which the service contributed

Figure 2. Simple logic model template

The ideal sequence for developing a logic model is to start with the outcomes that you expect to see, then the outputs, the impact, the resources and finally the activities (1). This sequence has the benefit of ensuring that current activities do not become the focus of discussion. In practice, conversations tend to flow between the steps, but it is important to ensure sufficient focus on the outputs, outcomes and impact. For ease of sequencing the narrative in this article, it opens with the rationale and then each of the steps in the logic model, using Macmillan cancer information and support services as an example.

Rationale for local Macmillan cancer information and support services

The cancer story is changing. People are being diagnosed earlier, treated better and in many cases living longer. In the UK, we have approximately 2.5 million people living with cancer or following a cancer treatment; by 2030, there will be 4 million people living with or beyond cancer (2). This increase will not be matched by an increase in NHS personnel. Even with the current numbers, analysis in 2013 of free text responses to Patient Reported

Outcome Measures for cancer services demonstrated the need for improved access to information and support (3). People living with or beyond cancer generally have a higher health-related quality of life and lower levels of depression and anxiety if their information needs have been fulfilled (4). A systematic literature review by the Patient Information Forum in 2013 demonstrated a wide range of benefits from health information services and resources, including; improved knowledge, understanding and recall; greater self-management and self-care; increased patient engagement; and increased patient satisfaction (5).

Given this evidence, the generic rationale across the logic model is that: there is an increasing demand; current information and support needs are not being met; and local cancer information and support services could meet this need. Within specific localities, there will be particular issues, such as low health literacy, which indicate the impacts that services could have in particular communities.

Resources/Inputs

Macmillan Cancer Support has developed nearly 200 local cancer information and support services across the UK in partnership with NHS hospitals and other organisations. We also run three mobile information and support services, operating on a similar model to mobile libraries.

Space, people and resources are needed as inputs for the local services. Services operate most effectively if they are delivered in a series of rooms: a welcome area; a core delivery area in which information materials are available; a quiet room, sometimes used for specialist services such as benefits advice; and an office. The services are run by a professional manager working with volunteers. Managers are advised on high-quality materials produced by Macmillan and other organisations and the services are also expected to operate within Macmillan’s quality framework (6, 7).

Activities

The Macmillan cancer information and support services provide a drop-in service for anyone with an interest in cancer, including people with cancer, families, friends and health professionals. In addition to cancer information, local services provide emotional support and host specialist

services, such as physical activity programmes. They work with people affected by cancer to help them to identify their needs and then support them to access services to meet those needs.

Outputs

The outputs are the directly measurable results of the service activity. The local cancer information and support services supported 275,000 people in 2014; and the mobile and support services helped 79,000 people (8). These output figures do not look as impressive as the numbers of people helped through Macmillan's print (3.43 million) and digital resources (4.05 million), which is where services need to be considered in terms of their outcomes and impacts, not just the outputs.

Outcomes

The outcomes are the changes we would expect to see as a direct result of the cancer information and support service's activity. They are more difficult to measure than the outputs of service activity, as they require an ongoing contact with the service user to see whether they acted on information provided by the service. In order to do this, local services request consent to make a follow-up telephone call at a time relevant to the actions discussed with the service user.

The outcomes reported by service users are principally being able to access specialist services identified through the information and support service, notably financial support services and physical activity services. Timely information with support also means that service users feel able to manage their cancer better.

Impacts

The impacts are the overall changes to which the service is contributing. Impacts may be at an individual level or wider.

The individual impacts can be analysed through a combination of follow-up contacts and data from the wider web of services. From this, we can tell that the cancer information and support services help to reduce the financial burden of cancer on individuals, through: access to work support services that help people with cancer and their carers to stay in work; access to financial guidance to help people to maximise the income benefit of pensions and other

financial resources that they already hold; and access to benefits advice, with a measurable impact on income if grants or welfare benefits are received. Some organisational and individual impacts may benefit from external evaluation to verify them, particularly if an economic analysis is required. Macmillan worked with the Office for Public Management and the NHS Institution for Innovation and Improvement to review the impact of the hospital-based Macmillan cancer information and support service in Salford as a case study (9). In terms of individual benefits, the external review identified that every £1 invested in the annual budget of the service generated £1.57 in monetised benefits to individuals. These benefits were a combination of funds through grants and charitable funding, with non-statutory well-being activities, such as holidays and make-up demonstrations. For the healthcare system, productivity gains for the service were estimated at £36,864 in time released for clinical nurse specialists to concentrate on core clinical tasks; or a monetised benefit of £0.74 for every £1 invested in the service (9).

Conclusion

Discussion of the rationale, inputs, activities, outputs, outcomes and impacts of Macmillan cancer information and support services leads to a completed logic model template similar to that in Figure 3. Some examples of logic models use images rather than words. What they have in common is a presentation on a single sheet of how the resources lead to activities that then generate outputs, outcomes and impacts. Creating the logic model

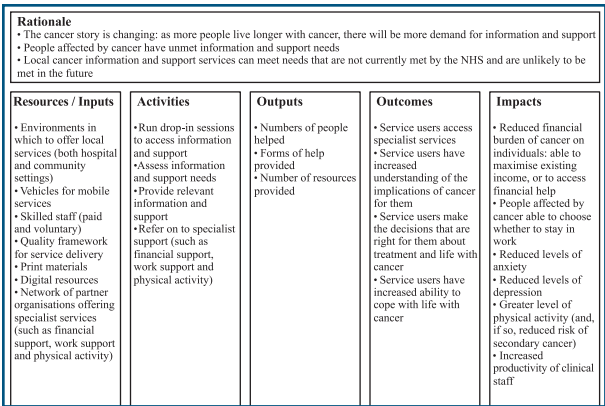


Figure 3. Generalised logic model for local Macmillan cancer information and support services

provides a helpful focus for discussion; either showing that there is already agreement on how the processes lead to impacts, or generating that consensus. Once a logic model is in place, it is a tool to explain the service and to review the measures that are being used in evaluations.

In an era when health information services are expected to demonstrate their value, the logic model approach provides a way of thinking about services that moves beyond activities and outputs to considering the outcomes and impacts that services may already be having and how these could be measured. The clear process flow also enables service providers to demonstrate the inputs/resources that they need in order to deliver the services that will lead to the outputs, outcomes and impacts. Health information services may wish to consider adopting the logic model approach when demonstrating their impact.

Submitted on invitation.

Accepted on 4 November 2015.

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“E-Day” in Bern: promoting e-resources through an all-day event

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Abstract

For the first time a joint event between the library, the Medical Faculty and external partners was held at the medical library of Bern University. With a combination of promotional and social activities and information skills taster sessions the library tried to raise awareness of e-resources and increase their use.

Key words: promotion of e-resources; information skills; education; medical students.

Introduction

James G. Neal in a 2011 address to the ACRL conference (1) bashes the current trend of evaluating libraries based on a very narrow-minded return-on-investment (ROI) calculation, and demands the development of assessment methods that take a much wider view of services provided by libraries, and the multiple benefits these services generate for education and research. In doing so, he also outlines his understanding of a modern library service for an academic institution: “passionately focused on user expectations”, ready for “perpetual change and hybrid structures” and taking an “entrepreneurial approach to the packaging and delivery of information”.

What Neal says about academic libraries in general is of particular importance in regard of their services around e-resources for a number of reasons: e-resources are particularly expensive; libraries have already lost their monopoly, both of content and of search tools, and are now competing against free and chargeable alternatives; and, finally, the “Google generation” tends not to perceive librarians as people whom they could turn to for help with searching in an on-line environment (2).

A marketing strategy – i.e. the “circular process of assessment, advertisement, training (of staff),

instruction (for researchers), assessment, advertisement, and so on” (3) – aims to form a long-term relationship with library users, and helps libraries bring their services and users’ needs in tune in a methodically sound, efficient and effective manner (4). If you do not advertise your service you will miss the awareness of both existing and potential users of your resources, which is in particular true for electronic resources that are not physically visible (5).

Why an “e-Day”?

Libraries have a range of standardised management procedures to ensure resources are used for the maximum benefit of their user community. Nevertheless, in the medical library services at Bern University we were under the impression that our e-resources might require some additional measures. Information Literacy Training (ILT) is currently limited to a single lecture and practical in year 3; an extension of curricular and optional ILT is under planning, but depends on additional funding for a post. An e-book collection was only started in earnest in late 2012, and until 2013 usage even of core reading list titles was far below expectations. Therefore we were looking for a high-impact way of raising awareness of our e-resources that we could

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deliver with just the small team we have – but it had to be something bigger and bolder, and more fun, than the usual librarian’s address to freshers (Figure 1).

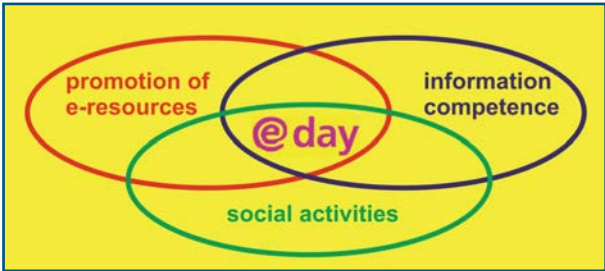


Figure 1. Our “e-Day” combined three components to promote the e-resources efficiently.

We were aware of the annual “e-Day” at the Berlin Staatsbibliothek (6), so we let ourselves be inspired by that concept and adapted it to our needs and circumstances. What particularly attracted us to the event format was that it was so different from everything we were doing already: we didn’t want another channel through which library information would trickle steadily; we hoped an “e-Day” would have a bigger impact if, for once, we offered a broad range of talks, workshops and presentations to choose from (Figure 2).

zeit	inhalt	ausgewählte	ansprechende
9.15 – 9.45	Mit den richtigen Tools gut vorbereitet für das 1. und 2. Studiensemester (M. Schaffer, für MA und L+P)	My workshop on Ovid: practical, personal and proactive knowledge management for doctors (M. Fanning für MA und L+P)	Produkte und Anbieter
9.45 – 10.15	General organization of research paper (M. Schaffer, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Antikow, Völsper
10.15 – 10.45	Mit den richtigen Tools gut vorbereitet für das 1. und 2. Studiensemester (M. Schaffer, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Brookline Thelsson
10.45 – 11.15	Cochrane Library – An introduction (G. Stewart, für MA und L+P)	My workshop on Ovid: practical, personal and proactive knowledge management for doctors (M. Fanning für MA und L+P)	Christlur Institut für Medizinische Lehre
11.15 – 11.45	Cochrane Library – An introduction (G. Stewart, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Cochrane Library Wiley
11.45 – 12.15	Cochrane Library – An introduction (G. Stewart, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Ebooks Elsevier
12.15 – 12.45	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	My workshop on Ovid: practical, personal and proactive knowledge management for doctors (M. Fanning für MA und L+P)	Ebooks Springer
12.45 – 13.15	General organization of research paper (M. Schaffer, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Ebooks Thoma
13.15 – 13.45	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	My workshop on Ovid: practical, personal and proactive knowledge management for doctors (M. Fanning für MA und L+P)	Effarion Thoma
13.45 – 14.15	General organization of research paper (M. Schaffer, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Endbase Ovid
14.15 – 14.45	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	My workshop on Ovid: practical, personal and proactive knowledge management for doctors (M. Fanning für MA und L+P)	Mendley Elsevier
14.45 – 15.15	Cochrane Library – An introduction (G. Stewart, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Morphomed Institut für Medizinische Lehre
15.15 – 15.45	Mit den richtigen Tools gut vorbereitet für das 1. und 2. Studiensemester (M. Schaffer, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Radouff Institut für Medizinische Lehre
15.45 – 16.15	Cochrane Library – An introduction (G. Stewart, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Scopus Elsevier
16.15 – 17.15	Grundlagen und lokale Anwendung – Grundlage für alle Entscheidungen in der Gesundheitsversorgung (G. Antes, für MA und L+P)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Scopus Apps Elsevier
17.15 – 18.45	Apriori (für alle)	Einführung in Scopus (A. Zimmermann, Raum B 179, für MA und L+P)	Studmed Diskant
19.00 – 20.00	Leistung von Paul Wittevor (für alle)		

Figure 2. Programme flyer.

Planning and preparing the “e-Day”

We started with a joint meeting with colleagues from the faculty and from the Institute for Medical Education who supported the idea from the start – and who later were the first to renew their commitment for next year’s repeat of the event. It

was crucial to have the support of the faculty; thus the day was incorporated in 1st year-students’ timetable (the event was scheduled on the second day of term, and was the only item on freshers’ timetable for the day). It was agreed the second most important target group would be students at the beginning of their Master thesis, i.e. years 3 and 4 (Figure 3). The focus on beginners and students starting off with their dissertation defined for us which resources and services to present: e-textbooks and apps for year 1, the major databases for years 3 and 4.



Figure 3. Library presentation on thesis writing.

With now over 300 students in a single year, the small library team would never have been able to present at least a meaningful selection of e-resources, so we had to get help from elsewhere. We decided to approach publishers and aggregators, and invite them to show off the products we were licensing from them (and only those) (Figure 4).



Figure 4. Students at a publisher’s stall.

The major e-book publishers and database companies all obliged; publishers generally sent their sales reps for the e-books to present their wares at stalls, while database providers had their educational staff run live demonstrations in tutorial rooms or hands-on workshops in a PC room. Alongside the commercial e-resources lecturers from the Institute of Medical Education showed off their own range of learning tools. With all the major e-content taken care off, library staff could focus on the library’s web interface, and the trainee subject librarian gave numerous talks on learning techniques and preparing a dissertation. The e-journals and the systems teams also had a presence, as did the IT support and the HE IT hardware purchasing scheme. Sadly, our efforts to recruit a number of student speakers failed – we would have welcomed it if some students from higher years had passed down advice to younger ones.

To raise the profile of the event and attract a wider audience, we decided to invite a high profile speaker, Prof. Gerd Antes, the director of the German Cochrane Centre, for a keynote speech (7) (*Figure 5*).



Figure 5. Prof. Antes at the keynote speech.

In Switzerland any event of this kind is accompanied by a (usually quite lavish) reception of drinks and finger food. As under the rules of the canton library budgets cannot be used for hospitality, the major publishers stepped in and jointly sponsored the reception. And, finally, we wanted to finish the day in a light-hearted way, so we invited Paul Wittwer, a Bern alumnus, local GP and best-selling author of crime novels set at and around the Bern University hospital, for a reading from his latest book (8).

The “e-Day” from dawn to dusk

After the librarian had got all the external partners on board, the operations manager began to shape the event, and adapt it to the resources available – space, time schedule, staff time. The detailed planning was then delegated to a team member who developed a range of standardised options for the external partners (various sizes of stalls, use of tutorial and PC rooms, need for power, projectors, etc.), and handled all further communication with the external partners.

The night before the event a handful of student assistants helped us shift furniture and turn the library into an exhibition space with an open-plan presentation area accommodating an audience of just over 100 (though we had also reserved a 250-seat lecture theatre nearby as a fall-back). The library team welcomed exhibitors in the early morning; setting up stalls was quick as the furniture had been brought into position already, together with roll-up banners and other materials that publishers had couriered to us in advance.

In the run-up to the event we distributed 3,000 leaflets across the medical faculty and the hospital, other relevant departments and libraries; and the librarian made an appearance at each of the orientations for years 1 to 4 to draw students’ attention to the day.

In the course of the day 580 visitors came to the library, with 1st years clearly being the largest group – no wonder, as their timetable had been kept free of other commitments. In a relaxed atmosphere students browsed at stalls; their clear favourites were e-books and IT hardware. Of the talks and workshops the ones on learning and research methodology were most popular, with up to 60 participants, while interest in databases was lower than expected.

Evaluation and plans for next year

Feedback from partners both within the University (Medical Faculty, Institute for Medical Education, IT) and from content providers was unanimously positive. The 26 visitors who filled in the evaluation form, were happy with the event overall, but also made useful suggestions for next time, e.g. incorporate reference management software.

The low attendance of database workshops was most likely the result of a timetabling conflict – the relevant years 3 and 4 had classes until 4.00 pm.

Overall, the event was successful measured against the targets we had set ourselves. However, there is scope for improvement: the relatively low participation of year 3 and 4 students will have to be addressed through an adjustment of their timetabling next year; we hope to also attract more lecturers and researchers; and more publishers have asked to be invited. The 2016 repeat will clearly be much easier and less time-consuming to prepare – the overall concept remains valid and only requires some modification in details. Contacts at the external partners, processes and templates will also be reused. And, last but not least – the library team benefitted considerably from preparing this event together over months, and enjoyed the opportunity to show off our best services in the company of our external partners and in a prestigious format. We would certainly recommend the concept for imitation!

Acknowledgments

The Authors wish to acknowledge Stefan Grosjean who contributed in providing the photographs published in this paper.

Submitted on invitation.

Accepted on 11 November 2015.

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The impact of the clinical librarian: a review

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Abstract

The historical development of clinical librarian roles is outlined. Recent literature on the impact of clinical librarian services is described, the practical difficulties of impact evaluation discussed, and some suggestions of future trends suggested.

Key words: libraries, hospital; librarians; information dissemination; evaluation studies as topic.

Introduction

2015 saw the death of two people to whom the profession-within-a-profession that is clinical librarianship owes a great debt. The first, Gertrude Lamb (1), started one of the first clinical librarian (CL) services in 1973 at the Hartford Hospital, Connecticut, attending rounds with physicians and nurses. Interest in clinical librarianship grew and, outside North America, the first British project was a pilot at Guy's Hospital, London, in 1979. However it was not until the development of the evidence-based healthcare movement in the 1990s, synonymous with the late Dr David Sackett (2), that the second period of clinical librarianship, one of widespread development of CL services, could begin.

Librarianship and librarians owe a great deal to Sackett. He realised that the practice of evidence-based healthcare required quick and easy access to the evidence. Those who, like the author, heard him give the 1995 Bishop-Le Fanu lecture found it to be a professionally and personally transformative experience. In those days he and his firm would manhandle an "evidence cart" onto the wards. Nowadays, with widespread ownership of mobile devices and widespread Internet connectivity, the evidence cart can be carried in a clinician's pocket. Technological factors undoubtedly did much to enable the new CL services being developed at this time.

The number of CL, embedded librarian and informationist posts has grown and an international

conference, sometimes held in conjunction with other conferences in our field, is well established. The International Clinical Librarians Conference was most recently held as a satellite event of the 2015 Edinburgh EAHIL Workshop.

A growing literature

A growing professional literature of the specialism has in recent years focused on the impact of CL roles. Brettle *et al.*'s (3) systematic review is based on a comprehensive survey of the literature and an analysis of the practice of clinical librarianship, describing four models of service, and suggesting that a mixed methods approach would be most suitable for evaluating CL services, that an increased methodological robustness was desirable, that Critical Incident Technique (CIT) could be useful to demonstrate specific instances of impact, and that data should be collected on the usefulness and relevance of CL services, on specific impacts on patient care and how services support organisational objectives.

Writing in the same issue of the Health Information and Libraries Journal, Booth (4) cautions against comparing apples, in the time honoured phrase, with oranges, and asks if a methodology to measure impact can ever be sufficiently bias-free to be useful. Booth also draws attention to the methodological bias in critical incident technique which, in the absence of more robust study designs, has become the method of choice for impact studies. He cautions that the considerable heterogeneity

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between different models of clinical librarianship makes evaluation difficult, and draws attention to the dangers of selection bias in the choice of teams to which the CL service might be deployed, the different characteristics of the services delivered by clinical librarians and the difficulties of comparison and measurement of outcomes.

Since then other studies have been published. Esparza (5) and her co-authors use a case-control study to compare two clinical teams, one which included a clinical medical librarian on daily rounds, and one which did not. She finds that patient in the team with a clinical librarian tend to be sicker and to experience higher lengths of stay, costs and readmission rates. They find no difference in clinical outcomes between the two groups. Nevertheless, their study represents the largest-scale study published to date.

Aitken *et al.* (6), also using a case control study design, find that teaching delivered by a CL has a positive effect on medical trainees' ability to locate and evaluate evidence, and suggests that further studies should attempt the economic evaluation of the widespread implementation of CLs.

Deshmukh (7), writing with the present author, reports on a study of the Clinical Librarian service in Brighton which used qualitative rather than quantitative methods to determine the feasibility of a framework which could be used for the evaluation of clinical librarian roles. Deshmukh argued that, while full scale quantitative studies to demonstrate the value and impact of clinical librarian roles might be impossible, nevertheless a framework for the assessment of CLs could be achieved. Her study looks, rather than at direct impact on patient care, on clinical decision making, education or CPD, clinical governance and research. her study uses the perspectives of the users, rather than that of the library. She finds that, though impact could not be measure by exclusively quantitative methods, formative techniques to evaluation were feasible and could contribute to better marketing to the clinical librarian services. Further work on the same CL service conducted by Crook (8) and presented at the 2015 EAHIL Workshop developed Deshmukh's ideas looking at the contribution of the clinical librarian to quantifiable documentary outputs, such as journal articles, guidelines and protocols.

As this article goes to press, we await publication of

further work on impact by Alison Brettle and librarians in the National Health Service, a large-scale study set in the North West of England.

Demonstrating impact

The political and economic crises in which all developed countries find themselves bring with them an increased necessity for library and knowledge services to be able to justify themselves. The possibility that we might be able to demonstrate an impact on patient care, on length of patient stay, or the use of expensive interventions, would allow us to make a solid and compelling case for the CL service.

At the moment, we have work to do to move beyond the project stage of clinical librarianship. Many CLs are still employed on short-term contracts, dependent on precarious sources of funding such as charitable grants, or linked to research grants brought in to the organisations. Clinical librarian services are, by definition, not offered universally to all healthcare teams in an organisation, and the rationale for offering the service to department A and not to Department B needs to be more robust than it currently is; in the author's experience it is often dependent on personal relationships, political and cultural factors.

Until recently in the English NHS funding for NHS Library and Knowledge Services (LKS) came mainly through educational funding streams; there remains resistance in some quarters to librarians supporting activities other than purely educational ones, although the *raison d'être* of the hospital is patient care.

As health care moves, in many countries, to delivery more and more in primary care, embedded roles have been developed in other sectors. In the author's service two Clinical Librarians serve five directorates in an acute hospital (Abdominal Surgery and Medicine, Acute Floor, Children's Services, Musculoskeletal, Women's Services) and team members are also embedded in mental health, primary care and public health. Each of these librarians is based within a host organisation, bringing knowledge to bear at the point of use.

It is also clear that, as Brettle argued, multiple models of clinical librarianship exist. In the author's team mentioned above, the CL service adapts to the needs of teams. While attendance at departmental

activities, on and off wards, remains the *sine qua non* of a CL service. Different Departments wish to use the CL in different ways; some to support or establish journal clubs, others want presence at, and input into clinical governance, audit and Morbidity and Mortality Review (MMR) meetings, many will want information skills and critical appraisal training, others still look for help with guidelines revision and development, and of course, expert searching services. The CL service has become a menu from which departments may choose the items they find most attractive and nourishing.

The future

As this profession within a profession develops, more attention needs to be given to the education and training of the clinical librarian of the future. While the informationist role proposed by Davidoff and Florance (9) required a graduate in biologic sciences, such graduates remain in short supply and are not always attracted to the profession of librarianship. Dedicated educational programmes delivered either before entry to the profession or “on the job” to equip the CL student and practitioner with the necessary clinical background, as well as the skills from the librarianship domain to which we are accustomed, will become important.

As libraries gather more and more data about their services, so we will be better able to analyse and understand trends. The KnowledgeShare system, presented by Skinner at EAHIL in 2014 (10), offers current awareness services, but also brings together data on the teaching and searching activities of librarians, including those in embedded roles, across many LKSs in England. Understanding this data will help us steer the line of march of development of CL services.

In the English NHS, a new development framework for NHS Library and Knowledge Services was launched earlier this year. Knowledge for Healthcare (11). One of its ambitions is to increase the proportion of LKSs with clinical or outreach librarians from 58% to 80%. Task and finish groups are now working on how to make the ideas of Knowledge for Healthcare a practical reality.

Submitted on invitation.

Accepted on 18 November 2015.

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Impactful librarians: identifying opportunities to increase your impact

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Abstract

Librarians and information specialists are continually seeking innovative ways to expand services, raise the visibility of the library and demonstrate impact. This article proposes novel opportunities for librarians and information specialists to extend their impact within their research support role by helping to positively influence the quality, transparency and future usability of health research publications produced by the clinicians and researchers in their organisation and to contribute to tackling wider issues within biomedical research. In the current economic climate it is imperative that librarians and library services are viewed as proactive, responsive, and supportive of the research needs of their organisation in their joint goal of striving for research excellence.

Key words: librarians; information dissemination; information services; publishing; biomedical research.

Introduction

Since the publication in 2014 of the five papers in the Lancet Series on Research: *increasing value, reducing waste* (1-5) that highlighted serious issues in research prioritisation, design, conduct, reporting and regulation there has been much discussion in the medical literature about waste in biomedical research (6-8). Roberts and Ker (7) recently drew attention to the problems of including small, often poor quality trials, frequently found as a result of thorough literature searches, in systematic reviews and an editorial published last year by Glasziou (9) argues that open access can help to solve issues with post-publication research waste. Both question the status quo and call for improvements in fields where librarians have already established roles in supporting these research-related activities. More specifically, in the past few years the medical literature has been peppered by studies evaluating the quality of research publications, highlighting deficiencies in the reporting of published research and conference abstracts (10-16). The reporting-related deficiencies exposed include publication bias, selective reporting and evidence of poor descriptions of analyses, interventions, outcomes and adverse events. Poor reporting not only

compromises the reliability and usefulness of research publications it also negatively impacts on the work of librarians and information specialists for example by hindering the indexing of publications in bibliographic databases and by impeding efficient literature searching and retrieval. This adversely affects the efficiency of library services and wastes the limited time and resources of librarians and information specialists.

Numerous calls to help address these increasingly frequently reported concerns regarding biomedical research publications presents librarians and information specialists with opportunities to elevate the presence of the library service and increase its impact. Being aware of the ever-changing needs of our users and responding by introducing new services is something that we all do. With an estimated 85% of investment in biomedical research wasted (17) it is becoming increasingly important for solutions to be sought and implemented to ensure that all biomedical research is well-designed and conducted and that research reports are accurate and usable for informing clinical decisions and future research studies. Solving such complex and widespread issues will involve many actors but librarians have an important role to play in ensuring

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that such investments do not continue to be wasted. This is particularly so with regard to increasing the awareness of and use of reporting guidelines.

Increasing impact: reporting guidelines

One key international initiative, established in response to the growing evidence of serious deficiencies in the health research literature discussed previously, is the EQUATOR Network (18). The EQUATOR Network seeks to improve the reliability and value of medical research literature by promoting transparent and accurate reporting of research studies. The Network provides free online access to a comprehensive collection of health research reporting guidelines (currently listing 284 different reporting guidelines) and other resources to help all those involved in conducting or supporting health-related research and its publication. The Network also organises educational courses and training workshops, conducts research and provides advice on the development of new reporting guidelines. Reporting guidelines are statements that provide advice on how to report research methods and findings, outlining a minimum set of items that should be included in reports of biomedical research and often take the form of a checklist and/or flow diagram. They have been designed to help clinicians and researchers to write up their research study for publication and studies demonstrate that their use can lead to improved, more accurate and transparent reports of research (19, 20). Examples include CONSORT for reporting randomised controlled trials, PRISMA for reporting systematic reviews and STROBE for reporting observational studies (21-23). Librarians are excellently placed to raise awareness and encourage implementation of reporting guidelines amongst the clinicians and researchers with whom they work since, in day-to-day practice health librarians come into contact with researchers at many points during the conduct of a research study (such as during the scoping or planning stages, helping with the literature review or helping advise on appropriate journals to submit to) (see Box 1). Librarians could very easily use these opportunities to raise awareness of reporting guidelines and advise researchers on the appropriate reporting guideline to use to write up their study, thereby incorporating awareness-raising about good research reporting

practices into existing tasks. Additional opportunities to influence the uptake of reporting guidelines include: promotion through leaflets, posters, library bulletins, current awareness services or social media; adding links to reporting guidelines from library website pages or apps; raising awareness in library induction or research support training sessions; running specific library-led research reporting workshops. As reporting guidelines have been specifically designed to improve biomedical research publications, librarians, by adopting some simple awareness-raising practices, can demonstrate real impact with regards to influencing the completeness, transparency and quality of the research publications produced by their institution/organisation by highlighting that they have for example: indirectly improved the reliability of literature searching and indexing; helped ensure that research studies provide a more reliable basis for making clinical decisions or for inclusion in further research; helped research results to be transferred into practice more quickly. Importantly, librarians and information specialists can demonstrate to the head of their organisation that the library is playing a fundamental role in improving the quality of the research output of the organisation. In fact, encouraging the use of reporting guidelines also benefits librarians and information specialists themselves as studies that are well reported, particularly in terms of the title and abstract, will be easier to index when added to bibliographic databases, will be easier to search for when developing and conducting literature searches and will be easier to identify when sifting the results of a literature search. Such studies will also be easier to critically appraise.

The EQUATOR Network is in the process of setting up a dedicated network and a toolkit for librarians and information specialists with the specific aim of helping make it as easy as possible for librarians to support their users in improving the quality of the research papers they publish. The Network is also in the process of establishing a pilot collaborative project with Ana Patricia Ayala, Instruction & Faculty Liaison Librarian at the Gerstein Science Information Centre at the University of Toronto with a specific focus on improving access to reporting guidelines and encouraging their use.

Increasing impact: reporting guidelines

- Seize all opportunities to raise awareness of reporting guidelines when providing help to researchers during the various stages of their study
- When providing the results of literature searches advise researchers on the appropriate reporting guideline to use to write up their study
- Promote reporting guidelines through leaflets, posters, library bulletins, current awareness services or social media
- Add links to reporting guidelines to library website pages and apps
- Raise awareness of reporting guidelines during library induction or research support training sessions
- Run specific library-led research reporting workshops

Increasing impact: responding to the Lancet Series on increasing value and reducing waste in biomedical research

- Promote librarian involvement in identifying all existing evidence before grant applications for new studies are submitted to ensure that new research will address current uncertainties rather than unnecessarily duplicating previous work
- Raise awareness about the importance of study protocol development, guidelines for writing protocols and encourage researchers to make their protocols publicly accessible
- Establish a literature search service specifically targeting development of study protocols or analysis plans with the aim to identify current studies that are investigating the same or a similar research topic
- Encourage researchers to obtain the protocols for all included studies in a review to ensure that what is stated in the protocol corresponds to the content of the published research report
- Raise awareness of the availability of study registers, the benefits of registering studies, and the requirements for reporting when the study is complete
- Highlight sources of information about study design, standards for conducting research and research ethics
- Recommend and promote high quality open access journal titles to researchers looking for advice on where to publish their work
- Advocate the registering, archiving and deposit of final research reports in online institutional repositories
- Raise awareness about reporting guidelines and highlight the importance of accurate titles and abstracts
- Launch a current awareness service specifically highlighting retracted papers as researchers are often unaware of retraction notices

Box 1. *Recommended actions for librarians and information specialists to increase library impact*

Increasing impact: responding to the Lancet Series on increasing value and reducing waste in biomedical research

To return to the much wider issue of waste in biomedical research discussed earlier, there are many ways in which librarians and information specialists can respond to the increasing calls for improvement. Indeed, the visibility and impact of library services could be improved greatly by responding to such pleas. A few simple additions to

everyday tasks or training sessions can impact positively upon the research output of the clinicians and researchers with whom librarians and information specialists work (see Box 1). Some examples, previously outlined in a blog post (24), of research support that librarians and information specialists could provide that specifically address the recommendations set out in the Lancet Waste series include: promoting librarian involvement in systematically gathering together all existing

evidence before new research studies are instigated thus ensuring that all new research will address current uncertainties rather than unnecessarily duplicating previous work; raising awareness about the importance of study protocol development, guidelines for writing protocols (e.g. SPIRIT) and encouraging researchers to make their protocols publicly accessible; establishing a literature search service specifically targeting development of study protocols or analysis plans with the aim to identify current studies that are investigating the same or a similar research topic; encouraging researchers to obtain the protocols (where available) for all included studies to ensure that what is stated in the protocol corresponds to the content of the published research report that is to be included in a systematic review; raising awareness of the availability of study registers such as clinical trial registers (e.g. clinicaltrials.gov) and systematic review registers (e.g. PROSPERO), the benefits of registering studies, and the requirements for reporting when the study is complete; highlighting sources of information about study design, standards for conducting research and research ethics; recommending and promoting high quality open access journal titles to researchers looking for advice on where to publish their work; advocating the registering, archiving and deposit of final research reports in online institutional repositories; raising awareness about reporting guidelines (e.g. CONSORT) and highlighting the importance of accurate titles and abstracts which can affect the successful retrieval of papers from bibliographic databases; launching a current awareness service specifically highlighting retracted papers as researchers often cite papers that they have previously identified and are unaware of retraction notices. Promoting newly introduced services in the context of responding to important topical concerns documented in the international medical literature, such as the Lancet Series, will raise the profile of the library and reassure clinicians, researchers and ultimately institutional/organisational management that the library, its staff and the services provided are proactive, up-to-date and focussed on addressing real needs.

A campaign called the REWARD Alliance (25) was recently launched to bring together the array of different stakeholders (which includes librarians and information specialists) tasked with addressing the

complex issues raised in the Lancet Series on waste in biomedical research.

Whether tackling issues specifically focusing on reporting research in publications or more general concerns regarding biomedical research, this article highlights that expanding library roles and services is achievable and it importantly provides librarians with an opportunity to demonstrate that they can have a direct impact on the quality, reliability and usability of future research and have an important wider role to play in efforts to reduce research waste. Included here are just some examples that could help to increase the impact and visibility of library services in their pursuit of excellence in supporting biomedical research. Exactly how one selects measures and indicators to use to meaningfully evaluate and assess the impact of such new support services is an additional question and is beyond the scope of this article.

Conclusions

Ultimately, librarians and information specialists must keep abreast of the opinions and concerns of their clinical and biomedical research colleagues and listen and respond with innovative new services addressing such issues and pleas. Being proactive and keeping on top of the medical literature to identify new widely-held concerns is just one way of achieving this. Tailoring new services directly in response to widely documented concerns in medical research can raise the profile of the library and will help ensure that the library is seen as responsive in developing and delivering support to clinicians and researchers that is cutting-edge and is therefore valued and sought-after. This would be well received by the librarians' institutions and organisations who are themselves continuously striving to conduct and publish high quality research. In the current economic climate, librarians increasingly have to justify their services in light of funding restrictions. By adopting additional roles or expanding library services that have a direct impact on the quality of the research output of their organisation librarians can demonstrate that they have a fundamental role in its overall academic success.

Submitted on invitation.

Accepted on 19 November 2015.

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Using library impact data to inform student marketing campaigns

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Abstract

This article uses an evidenced based approach using the finding of the Library Impact Data Project to help market library resources to students at the University of Huddersfield. Initiatives discussed include the roving librarian, desk-top visits and Lemontree (library game). Reading list software is also used to drive usage and the marketing of these services is also discussed. Finally, the paper looks at the use of a marketing placement student in the library.

Key words: libraries; information science; information centers.

Introduction

The Library Impact Data Project (LIDP) at the University of Huddersfield investigated the link between library usage and student attainment. The first phase used data from eight universities to support the hypothesis that there was a statistically significant link between library usage (book loans and e-resource usage) and student attainment (1). The second stage went on to investigate potential causal factors in the data such as demographics and discipline at school and course level (2, 3).

There have been two spin off projects from the first two phases of LIDP. The first is the Roving Librarian project, which targets areas of low use; the second is Lemontree, a library game, which was developed at Huddersfield with partners Running in the Halls to encourage engagement with students.

The third phase of LIDP has started to investigate how the library can make use of the data and insights generated (4). Research in the third phase has shown that boutique services (5), such as desk top visits can help to promote library services to staff and students in order to increase usage and therefore attainment and the student experience. The combination of service-wide initiatives and targeted boutique services will be discussed in this paper.

Roving Librarian

The concept for the Roving Librarian emerged directly from LIDP (6, 7). Librarians took the decision to leave the traditional library space and with the aid of mobile technology such as iPads visit Schools, cafes and other areas frequented by students, thereby potentially reaching those students who do not visit the physical library. There is now a roving brand which is used to advertise this service. Pop-up banners have been designed using this same brand to indicate to student that the library is here to help them. The service is also publicised to students using email, plasma screens and social media. This has been productive and there have been a few occasions when the librarian has been greeted by several students waiting for them to arrive who have particular assignments for which they are struggling to find appropriate information. Freebies have also been a good ploy to attract students to the stand. Cupcakes were a popular feature and they featured the same roving brand. They have now been replaced by fortune cookies which advertise library services in an innovative way. This year they all have a unique URL, which allows librarians to trace the impact of this marketing tool. Library suppliers have sent products such as umbrellas, water bottles, memory

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sticks to advertise their resources to which the library subscribes.

The Human and Health Sciences (HHS) subject librarians at the University of Huddersfield have used two approaches to roving in the School since it was introduced in 2011. The most common approach is to choose a location in one of the main HHS buildings for drop in sessions (for example the Student Hub, a resource area staffed by student support workers) and pick a busy time to visit once a week for a period of a few weeks. This is advertised in the School with posters and leaflets and also via Twitter and Facebook. The second approach is to stand with iPads and a pop-up banner in a high traffic area of the School at lunch time and approach students as they walk past. Both approaches have their merits, but whichever approach is used, the librarians have found that the success of roving sessions depended very much on timing. For example, Friday was found to be a poor day for roving as many students left the School after morning lectures but Thursday lunchtimes have proved to be a popular time for both types of roving session.

Students seem to appreciate the service especially when the librarian is able to replicate a search that they are currently struggling with, helping them to find resources that they did not even know exist. One comment made to the Subject Librarian for Health whilst roving in the School labs was that the reason why they thought the library was so brilliant is that librarians come looking for students that need help rather than him having to find a librarian.

Desk-top visits

Offering individual tailored desk-top visits to academic staff was an initiative that came out of the third phase of LIDP. It was trialled initially with the School of Computing and Engineering, a School whose students were consistent low users of the library. When compiling an action plan of how best to reach these students, it was decided to target the academic staff as past experience had shown that when the recommendation to use library resources came from their tutors as opposed to the library, they were more likely to do so (8). Desk-top visits had been previously been used at London South Bank (9) and Liverpool (10) Universities and it was thought that this personalised approach could work

at Huddersfield. An email template was created to emphasise the value of the session, such as saving time, helping to find information for teaching and/or research and then adapted by each subject librarian to make the message unique to that member of staff. Staff were invited to book a visit by completing a short online form enabling each visit to be tailored to meet specific requirements. The form not only highlighted the range of resources relevant to their subject area but topics such as copyright, reference management software and social media. The visits had a mixed response from the School with just six visits being booked to date. However, when this initiative was rolled out to HHS during summer 2015, it had a much better take-up with fifteen visits being booked. The subject librarians state this method of outreach has been effective in marketing library services and resources to academics and has achieved a disproportionately bigger impact than the number of visits conducted would suggest. Staff generally were appreciative that they had been visited in their office at a time convenient to them. One member of staff described the visit as being “luxurious”. Topics discussed were wide ranging and often went beyond those ticked on the form. It is too early to measure whether the aim of getting academic staff to promote specific library resources to their students has been successful, but overall the visits have helped the subject librarians build personal relationships with academics who after the event were more likely to contact them with their resource requirements and research questions as well as book them for future information skills sessions.

Library game

Another project to be influenced by LIDP was the gamification project, Lemontree. It was designed to be a fun, innovative, low input way of engaging students through new technologies and increasing use of library resources (11). The game itself builds upon the ideas developed at Manchester Metropolitan University to support inductions and information literacy (12) as well as a reward system similar to Foursquare (<https://foursquare.com>). Promotion for Lemontree included use of plasma screens in the university, website banners and a social media campaign via Twitter. As the game has developed physical objects such as cards and

freshers fair badges, which link to virtual badges and bonus points within the game have been introduced. Based on comments received, initial feedback was broadly positive. In January 2013 a survey of all 762 registered users solicited a 20.5% response rate (13). One question asked whether use of Lemontree encourages users to use more library resources. Users were invited to tick all options that applied. 44% felt that they were encouraged to come into the library more often, although research suggests that this alone does not have an impact on final degree outcome (1), it does result in interaction with the library. 36% of those surveyed said that they borrowed more books, 23% felt they borrowed a wider range of titles and 37% used more e-resources. These interactions could lead to increased attainment as one of a number of other factors. 40% of respondents felt that their behaviour had not changed, although it is not known whether these were high or low users of the library facilities.

Reading list software

In 2010, the Library developed its own bespoke reading list package (MyReading) to ensure that for every taught module, where applicable, an online reading list is available. The reading lists are created by academics but librarians can check which items have been recently added to ensure that all materials are available in the library or online. The aim is to improve the student experience and potentially increase student grades as a wide range of materials from books and journal articles, to websites and videos and now more readily available. In order to market the product to students, an external organisation comprising former students was commissioned to produce a short 90 second animation using a narrative-based marketing approach (14, 15). Story-based advertising was employed to demonstrate to students how MyReading could simplify the process of finding resources in the library. The librarians came up with a storyline, but the script was developed by the company to leverage their student experience in the creation of the animation's languages and images. Using the same graphics as the animation and using some of the wording as a strapline, *Take your degree to the next level*, leaflets were also published. These are given out in sessions and displayed next to the catalogues. As well as featuring the software, they

also highlight the potential impact of using the library referring to the findings of LIDP, that "Research shows that students who use more books and articles may also get better degrees" (1-3). Posters were also produced using the same graphics and logo and as well as being visible throughout the library they are also displayed on frames on the back of toilet doors where they can be read by a captive audience! A questionnaire was deployed to evaluate the usage of MyReading by students and ascertain what they liked and disliked about the product. Questions were also asked to find out more about the impact of the marketing campaign. Two thirds of the 772 responses claimed to have seen the promotional materials. The posters were the "most seen", probably as they were displayed around the Library and the Schools. The animation was not as memorable despite being displayed on plasma screens in the Library, being shown at all first year inductions and linked to from the Library's web scale discovery system, Summon. However, despite this, it is the most popular video on the Library's YouTube account (hudlibrary) with 6,236 views in the first 14 months online. Comments made by students in the questionnaire were used for this year's marketing and banner pens featured two quotes made by students and again used the same graphics as the animation.

Marketing placement student

In the summer of 2014, the Library recruited a marketing student for a twelve month marketing placement. The student was very much a trailblazer in terms of finding a role for herself especially as the department does not have any staff who are marketing professionals. Having a student on board was very beneficial as she had inside knowledge of what marketing approaches would appeal and have more impact with the students. One of her roles was to help assess the impact of specific marketing campaigns as well as finding out more about the user experience. For the MyReading project she created the questionnaire described above as well as advising on how it should be successfully deployed to students.

Conclusion

The article has shown how the University of Huddersfield has used the findings of the library

impact data to inform decisions on targeted marketing, such as roving and desk top visits. The use of data from LIDP has influenced the marketing of library services and resources by helping to strategically target specific groups such as academic staff and low users of library services with the aim of driving up usage in order for students to get better grades. This is not the end of the process, however, and the marketing is still ongoing. Future plans include the roll out of the upgraded Lemontree, continuing to reap the rewards of a marketing placement student, extending the roving role offered to Schools and rolling out desk-top visits with all academic staff.

Submitted on invitation.

Accepted on 23 November 2015.

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WHAT IS EAHIL?

The European Association for Health Information and Libraries (EAHIL) is an active non-profit professional association uniting and motivating librarians and information officers working in the medical and health science libraries in Europe.

Founded in Brighton, UK in 1987, EAHIL seeks

- to encourage professional development
- to enable exchanges of experience amongst its members
- to improve cooperation among health care libraries
- to strengthen links with medical and health libraries in Eastern and Central Europe
- to raise standards of provision and practice in the healthcare and medical research libraries
- to keep health librarians and information officers professionally informed
- to encourage mobility and continuing education
- to represent health librarians at European level, particularly at European institutions and WHO

THE JOURNAL OF EAHIL

The Journal of EAHIL (JEAHIL) is the quarterly official journal of the Association, available online. Printed copies on request.

JEAHIL publishes

- original articles
- reviews
- theme issues
- news from EAHIL
- meeting reports
- special interest groups reports
- opinion and discussion papers
- news from other medical library associations (such as US MLA)

MEMBERSHIP OF EAHIL

Membership of EAHIL is free for European biomedical information professionals (librarians and similar people).

Application of membership use: www.formdesk.com/EAHIL/membership

New members, please check the button "New visitors"

HOW TO PUBLISH IN JEAHIL

Original manuscripts should be submitted to Chief Editor Federica Napolitani at federica.napolitani@iss.it; *Instructions* and a *Checklist for Authors* are available at www.eahil.eu

RECENT THEME ISSUES

- Outreach: go to customer!
- Research support and scientific communication
- The librarian of the future: education, skills, expectations
- Use of mobile and technologies in medical libraries

FUTURE THEME ISSUES

2016

March: no-theme issue

June: Open science 1: open access

September: Memories from Seville

December: Open science 2: research data

EAHIL CONFERENCES

EAHIL 2016 Conference, "Knowledge, Research, Innovation...eHealth" 6-11 June 2016, Seville, Spain





15th EAHIL Conference 6-11 June 2016 Seville, Spain

The 15th Conference will be held in Seville (Spain) in early June 2016 (June 6-11) and the Andalusian eHealth Library (Biblioteca Virtual del Sistema Sanitario Publico de Andalucía, BVSSPA) is in charge of its organization.

The Andalusian eHealth Library is a digital library for the Health System of Andalusia.

It was set up by the Government in 2006 to develop a strategy with the aim of centralize and make accessible the scientific information to all health professionals of Andalusia.

On this occasion the 30th anniversary of the EAHIL will be celebrated together with the 10th anniversary of the Andalusian eHealth Library.



Seville is one of the most charming cities of Spain, famous for its culture, monuments, traditions and artistic heritage and also a city full of life with many attractions and facilities for visitors.



The venue will be the Hotel Silken Al-Andalus Palace which is a well-conditioned Convention Center with peacefully gardens surrounding it.



Knowledge, Research, Innovation ... **eHealth**

During the Conferences days (from 8th to 10th June) and under the scope of the theme oral and poster presentations will focus on topics such as metrics, innovation, open access, legal

issues, scholarly dissemination, cooperation, research, education, technology, management & research.

An opportunity for Health Sciences Librarians to share their expertise and knowledge you should not miss. The Continuing Education Courses will be provided on Monday 6th and Tuesday 7th.

Registration will be opened from March 1, 2016 to April 30, 2016, but don't forget that early registration will end on March 31, 2016. The price has been reduced to 2010 fee in order to make the conference affordable for the majority of colleagues.

On Wednesday 8th afternoon the Local Organizing Committee will welcome all the attendants at the Real Alcazar Palace, one of the oldest palaces in the world, filled with all the history and scent of





15th EAHIL Conference 6-11 June 2016 Seville, Spain

the city. It will be a magic night under Sevilla sky which will be the perfect start up for our Conference and surely you don't forget it.

The colleagues from Seville are working hard for providing all the participants with the most unforgettable Conference and enjoyable time. The Conference Dinner will be the crowning touch where you can taste the most authentic tradition of the city.

Updated information on the meeting will be uploaded at due time to the websites of EAHIL and BVSSPA, as well as on social media channels.

See you in Seville!



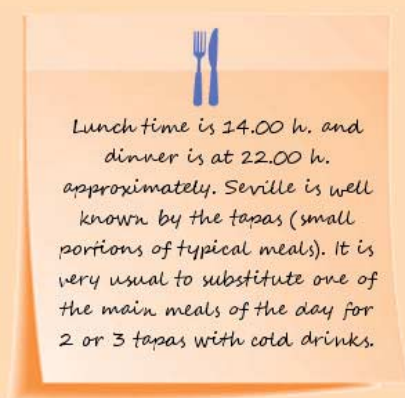
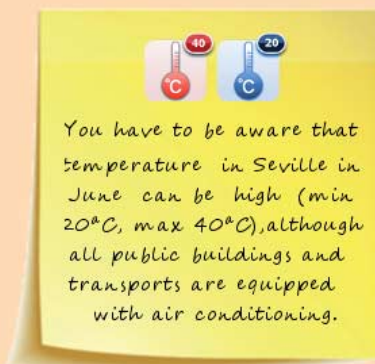
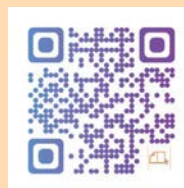
<http://www.eahil2016.com>



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Letter from the President



Marshall Dozier

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Dear Colleagues,

In this letter I'd like to focus on the current round of funding awards that EAHIL is offering. All of these awards have, as an underlying motivation, the aim of supporting continuing personal and professional development. I chose this topic partly to continue to capture and share some of the operations of our association to increase our members' general awareness.

Annual EAHIL-EBSCO scholarships to attend conferences and workshops

We have for several years been able to offer approximately six scholarships per year, funded jointly by EBSCO – for which we are very grateful. These scholarships of approximately 500€ are intended to support members who are relatively new to the profession or to working in health information; members who for economic or political reasons may have difficulty in securing funding to attend professional meetings; members who have presentations or courses accepted at conferences and workshops but cannot get funding to travel.

These scholarships have enabled many members to attend EAHIL events for the first time, and we know from reports submitted by recipients that they have found the conferences and workshops to be really fantastic experiences. As an association, we also benefit individually and collectively by enabling greater numbers to attend, thereby widening and strengthening our professional networks.

The scholarship process is led by the Past President, currently Peter Morgan, who oversees the scheduling and produces the anonymised application set that is reviewed by the rest of the Board members. Each application is scored by Board members according to a set of criteria that is published along with the call for applications. The Past President then collates all the scores. This collation usually identifies the winning applicants, but in cases where there are ties which lead to a greater number of high-scoring applications than there are places, the Board has a discussion to identify the stronger candidate or find an alternative solution (such as two applicants who are also co-presenters sharing a scholarship).

The current round of scholarships for the Seville Conference in 2016 is now open – please see eahil.eu/eahil-ebSCO-scholarships-for-the-2016-eahil-conference/

EAHIL-AHILA Scholarship for the 2016 EAHIL Conference

For the coming year, we have entered into a new scholarship venture in partnership with the Association for Health Information and Libraries in Africa (AHILA). As a regionally-oriented professional association, EAHIL has always tried to have strong links with our sister organisations in other parts of the world – one example of that is our exchange of representatives with the MLA in the US. Similarly, EAHIL has in recent years invited the chairs (or their nominees) of sister organisations to attend EAHIL conferences or workshops, and offered a registration fee waiver to facilitate these visits. The visits provide valuable

opportunities for organisational learning and spark ideas for collaboration. In the past, we have received scholarship applications from information professionals from countries outside Europe – but as the scheme described above is intended for our core members from Council of Europe countries, those applications have not been considered eligible.

Putting together these two elements (strong links with sister organisations, and applications from outside Europe) the Board has formed an agreement with the President of AHILA, Rehema Chande Mallya, to offer a scholarship of up to 1000€ to applicants from Hinari-eligible countries in Africa. The aims of this scholarship are to support the career development of AHILA members by enabling them to attend EAHIL meetings and to foster collaboration between EAHIL and AHILA in order to advance the practice of health information and libraries in Europe and Africa.

Personally I am very happy to see EAHIL take this step. For the 2015 Workshop in Edinburgh, a librarian from Rwanda was able to attend through joint sponsorship of the Edinburgh LOC and the Global Health Academy at the Edinburgh School of Medicine. I believe this visit was of great value to both the Workshop and the sponsorship winner – so I hope this venture by EAHIL will prove fruitful and that it may continue into the future.

Details of the EAHIL-AHILA scholarship will soon be published with a call on the EAHIL website.

EAHIL project grants

As you may have read in the previous issue of JEAHIL, EAHIL currently has open (until 15 December 2015) a call for bids for project grants. A total of 25000€ are available for up to four projects. The project grants are being led by Manuela Colombi, and there will be a panel of reviewers to evaluate the applications and recommend award winners to the Board.

The aim of this funding is to provide opportunities to carry out research, or develop systems or tools. Research could allow better understanding of our work, requirements of our profession or user communities; systems or tools may allow more efficient working or provide better access to essential information. These grants also give the project participants the chance to gain experience in conducting research or development of new systems – thereby gaining personal and professional skills. The duration of the projects may be up to two years – so this gives time for a small project to be fitted in alongside a busy work schedule. For details, please see eahil.eu/call-for-eahil-projectgrant-applications

What would you like to see offered?

The scholarship and grant schemes described above are of direct benefit to a relatively small number of people, notwithstanding the indirect benefits to all our members through cascaded learning and building of professional networks. I'd love to hear your ideas on other ways that EAHIL provide or enable continuing personal and professional development for members – I look forward to hearing from you!

Kindest wishes,

Marshall

Report from the European Veterinary Libraries Group (EVLG)



Michael Eklund, chair EVLG

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The European Veterinary Libraries Group (EVLG) has started its planning for 15th European Association for Health Information and Libraries Conference to be held in Seville. We will try to concentrate our animal sessions in one of the afternoons. And as usual we will have our EVLG Conference meeting in connection with this and continue in the evening at some nice dinner place where the real decisions are taken. Among the more important issues is how to support the ICAHIS meeting in Budapest 2017.

More information about this in the next *JEAHIL* issue.

We are also working on planning the SIGs pages in the new EAHIL website, which should have new possibilities for all special interest groups. Our old independent webpages will be taken down as soon as we are ready with the new pages. At the moment we have extensive discussions and meetings with Board member Anna Kågedal about this. Real corridor talk.

The EVBM Learning project has launched its online tutorial on Friday the 6th of September. Emma Place and Fiona Brown have been much involved in this.

More info at: <http://www.ebvmlearning.org/>

The EVLG gave their Honorary Award to Trenton Boyd at the EAHIL Workshop in Edinburgh. The reason given was "For outstanding contribution, work and activity for the EVLG and the European community of veterinary librarians". Trenton can really be called one of the founding fathers of our organization. He has been immensely supportive all the time, and travelled to Europe for nearly every meeting. With his expertise and experience he has been a pillar and a support, especially before and during our meetings. But also, as a veterinary librarian, helping other librarians to solve information problems, he is the best!



Trenton Boyd gets a much deserved award for lifetime accomplishments and support for European Veterinary Librarianship.

National Library of Medicine report for EAHIL



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Search for a new Director of the National Library of Medicine

In the last issue I reported on the recommendations from the Advisory Committee to the Director of the National Institutes of Health (NIH) on the future of the National Library of Medicine. Soon after the report was publicized, NIH posted the announcement seeking applicants for the next Director of NLM. The search committee is reviewing applications and will start interviewing candidates in December.

Biomedical data initiatives at NIH

As many of you know, there are many programs and initiatives about the promise of biomedical “big data” to be used to improve health. Biomedical data is generated and stored in a variety of ways but increasingly only in digital formats. There is a lot of data out there, it is steadily increasing, and being able to find and reuse the data is a growing challenge. NIH has several biomedical data science initiatives that I will highlight, hoping that you will think of ways your organization and skills might contribute to the overall goal of using big data to improve health care.

Big Data to Knowledge (BD2K)

BD2K (<https://datascience.nih.gov/bd2k>) is an NIH initiative to maximize the use of biomedical big data. The focus of this program is to support the research and development of innovative and transformative methods and tools to maximize and accelerate the integration of Big Data and data science into biomedical research. There are four objectives:

- Make biomedical data discoverable, accessible, and citable;
- Develop the methods, software, and tools needed to analyze biomedical data;
- Enhance training in the development and use of methods and tools necessary for data science; and,
- Support a data ecosystem that accelerates discovery as part of a digital enterprise.

The NIH Commons

The NIH Commons (<https://datascience.nih.gov/commons>) is defined as a shared virtual space where scientists can find, deposit, manage, share and reuse data, software, metadata and workflows – the digital objects of biomedical research. Modules in this initiative include:

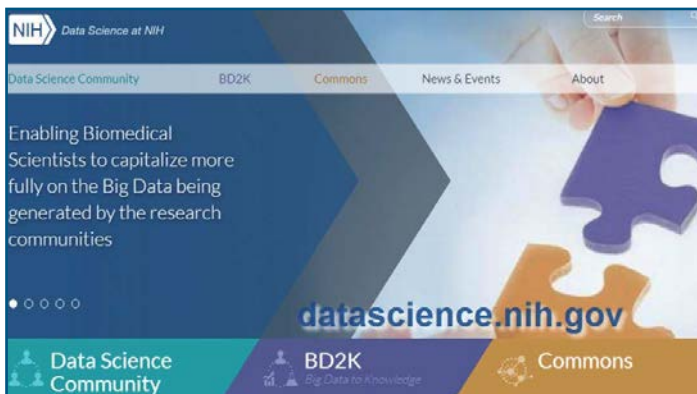
- A computing environment, such as the cloud or HPC (High Performance Computing) resources, which support access, utilization and storage of digital objects;
- Public data sets that adhere to Commons Digital Object Compliance principles;
- Software services and tools that include scalability, interoperability, indexing and discoverability, sharing and access, and connectivity with other repositories, registries and resources; and,
- A set of Digital Object Compliance principles that describes the properties of digital objects that enables them to be FAIR (Findable, Accessible, Interoperable and Reproducible).

Precision Medicine Initiative (PMI)

At the State of the Union Address in January 2015, President Barack Obama launched “a new Precision Medicine Initiative (<https://www.nih.gov/precision-medicine-initiative-cohort-program>) to bring us closer to curing diseases like cancer and diabetes – and to give all of us access to the personalized information we need to keep ourselves and our families healthier.” Objectives of this initiative include:

- Accelerate the design and testing of tailored treatments for cancer by expanding genetically based clinical cancer trials, exploring fundamental aspects of cancer biology, and establishing a national “cancer knowledge network”; and,
- Launch a national, patient empowered research cohort of one million or more American volunteers to participate in research.

NIH established a Precision Medicine Initiative Working Group which created a plan to manage the large research cohort envisioned to support this initiative. While the cohort will only include people living in the US, the report examined the experiences of international efforts such as the UK Biobank, in making its recommendations. People will be able to sign up for the PMI Cohort starting in 2016.



[Collected during September to October 2015]



Benoit Thirion

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The goal of this section is to have a look at references from non-medical librarian journals, but interesting for medical librarians. Acknowledgement to **Informed Librarian Online**

FREE ACCESS

1. Agyei DD et al. The experience of information literacy in Evidence-Based Practice (EBP) among professional nurses in the Ho Municipality of Ghana

Library Philosophy and Practice (e-journal) 2015

Purpose: This study aims to find out the information literacy competence of professional nurses in the Ho Municipality of Ghana in their pursuit of Evidence-Based Practice (EBP). Design/methodology/approach: This study used the descriptive research strategy to describe the experience of information literacy among professional nurses in the Ho Municipality of Ghana. It used the purposive sampling method to select the various health facilities and the professional nurses. A total of 138 questionnaires out of 151 questionnaires that were administered were retrieved. The responses were presented and analysed based on the objectives of the study. Findings: The study discovered that nurses perceive EBP as good; and are privy to various information sources and resources but have some limitations that hinder the efficient and effective adoption of EBP in their profession. Research limitations/implications: Time constraints could not allow the researcher to cover all the professional nurses in the Municipality. Practical implications: The study recommends the introduction of information literacy course in the curriculum of the various nursing colleges/schools; the establishment of resourced libraries and information centres in the major health facilities; organisation of workshops on information literacy and EBP for practising nurses; subscription of medical databases by the major health facilities; and the encouragement of nurses to develop the culture of reading. Originality/value: This paper justifies a recognized need to study the information literacy competence of nurses in their pursuit of EBP.

<http://digitalcommons.unl.edu/libphilprac/1236/>

2. Ajuwon GA. Internet accessibility and use of online health information resources by doctors in training healthcare institutions in Nigeria

Library Philosophy and Practice (e-journal) 2015

Introduction: The internet is an important source of information used to produce, store, process, and disseminate information. This study examined accessibility to and use of internet health information resources among doctors in training healthcare institutions in South-West Nigeria. Methods: The study employed both quantitative and qualitative research methods for data collection. The Statistical Package for the Social Sciences (SPSS) was used for analyzing the data. Data were analyzed using descriptive statistics including frequency counts, percentages, charts, mean and standard deviation. Results: The mean age of the respondents is 34.0 ± 4.46 years and 69.0% were males. The majority (93.5%) hold the Bachelor of Medicine/Surgery

and Dental Surgery degrees. The internet was accessed by 36.3% respondents from a computer at home and office through personal subscription to service providers. More than two-thirds (69.5%) accessed internet health information resources daily from their homes while 56.8% did so with their mobile phones. Email, Google Yahoo and MEDLINE/PubMed were very easily accessed and used by the respondents. The respondents used internet health information resources mainly for academic purposes namely preparation for presentation (98.8%), examination (94.5%), research (93.1%). Conclusion Internet use at home has increased with more people now accessing information online with their mobile phones. The constraints to use of internet health information resources are slow connection speed, frequent power outages, low bandwidth, lack of time and high connection costs. The management of the 13 healthcare institutions should make available internet facilities to encourage use of online information resources by medical professionals. Librarians should intensify effort in promoting information literacy skills to healthcare professionals, create awareness on available resources and teach doctors how to access and retrieve online health information.
<http://digitalcommons.unl.edu/libphilprac/1258/>

3. Becker BW. **Research faux pas: The stigma of Wikipedia**

Behavioral & Social Sciences Librarian, 34:3, 165-169

Imagine, if you will, hosting a research party and inviting all of the major databases. Everyone who's anyone would be there. The EBSCOhost collection would show up as the popular trust-fund kids who become trendsetters. They drive the fully featured cars with all the bells and whistles. They name drop famous researchers and scientists as if they've been friends forever. JSTOR arrives wearing a top hat and a monocle, peppering conversations with primary accounts of adventures in the humanities. ScienceDirect and CINAHL would be engaged in deep conversations about global warming and vaccination research. Lexis/Nexis would be making small talk about current events and legal dramas that are unfolding in world news. Then Wikipedia shows up to this party and suddenly the room goes silent. Web of Science won't even make eye contact with him. "Who invited this imposter?" whispers one of the ProQuest databases. The agitation is almost tangible.
<http://dx.doi.org/10.1080/01639269.2015.1062587>

ABSTRACTS ONLY

1. Burnette MH. **The "Research Audit" model: A prototype for data-driven discovery of interdisciplinary biomedical research portal**

Libraries and the Academy Volume 15, Number 4, October 2015

The increasing interdisciplinarity of scientific research creates both challenges and opportunities for librarians. The liaison model may be inadequate for supporting campus research that represents multiple disciplines and geographically dispersed departments. The identification of units, researchers, and projects is a first step in planning and providing support for research and publication. The proposed research audit model seeks to inventory research projects and personnel for interdisciplinary biomedical research using a relational database. The innovative use of a discipline-specific ontology as descriptive metadata holds promise for revealing connections that might not otherwise be discovered.

https://muse.jhu.edu/journals/portal_libraries_and_the_academy/v015/15.4.burnette.html

2. Zhang Y *et al.* **Quality of health information for consumers on the web: A systematic review of indicators, criteria, tools, and evaluation results**

Journal of the Association for Information Science and Technology Volume 66, Issue 10, pages 2071-2084, October 2015

The quality of online health information for consumers has been a critical issue that concerns all stakeholders in healthcare. To gain an understanding of how quality is evaluated, this systematic review examined 165 articles in which researchers evaluated the quality of consumer-oriented health information on the web against predefined criteria. It was found that studies typically evaluated quality in relation to the substance and formality of content, as well as to the design of technological platforms. Attention to design, particularly

interactivity, privacy, and social and cultural appropriateness is on the rise, which suggests the permeation of a user-centered perspective into the evaluation of health information systems, and a growing recognition of the need to study these systems from a social-technical perspective. Researchers used many preexisting instruments to facilitate evaluation of the formality of content; however, only a few were used in multiple studies, and their validity was questioned. The quality of content (i.e., accuracy and completeness) was always evaluated using proprietary instruments constructed based on medical guidelines or textbooks. The evaluation results revealed that the quality of health information varied across medical domains and across websites, and that the overall quality remained problematic. Future research is needed to examine the quality of user-generated content and to explore opportunities offered by emerging new media that can facilitate the consumer evaluation of health information.

<http://onlinelibrary.wiley.com/doi/10.1002/asi.23311/abstract>

3. Pike C. Hunting for knowledge: Using a scavenger hunt to orient graduate veterinary students

Issues in Science and Technology Librarianship Summer 2015

Active participation in orientation is hoped to increase understanding and use of library resources and services beyond the effect of tours or welcome lectures. Timed scavenger hunts have been used to orient undergraduate and medical students to academic libraries. This report describes the planning, execution, and evaluation of an untimed iPod-documented scavenger hunt in 2012 for first-year graduate veterinary students, and the modification and execution of the hunt for new students in 2013. Findings about the hunt's utility as a learning opportunity, based on student participation, staff experiences, and student and staff perceptions, inform recommendations for the characteristics of a scavenger hunt that facilitates hands-on learning in the library while placing reasonable demands on library staff.

<http://www.istl.org/15-summer/refereed1.html>

4. Kendall S et al. ClinicalAccess

The Charleston Advisor, Volume 17, Number 1, July 2015, pp. 18-21(4)

ClinicalAccess is a new and growing clinical decision support tool from McGraw-Hill that is promoted as a unique question and answer format to assist clinicians, particularly in general practice or internal medicine, at the point-of-care. Clinical questions, which vary in specificity, have been written by physicians and nurse practitioners from real world experience. The questions can be searched on a computer or a mobile device using a simple search interface which is highly functional and usually maps a search query to the appropriate question. Using an editorial workflow involving authors, reviewers, and editorial review, almost all of the answers are created by using excerpts of text from McGraw-Hill's numerous textbooks, particularly those on the AccessMedicine platform. Citations and links are provided from the answers to the original source material. Except for a lack of spellcheck or autosuggest feature, the search functionality of ClinicalAccess is designed well for a point-of-care tool, but the narrative-style answers pulled directly from textbooks are sometimes too long to navigate easily and the content is not necessarily the most current or evidence-based. Most troubling are the absence of dates on answers and their textbook citations and the absence of both dates and any references at all in the drug monographs, which are drawn from Truven Health Analytics' DrugPoints (the originals of which do contain references). Links to some evidence-based reviews of the literature in the McMaster Plus Database from the McMaster University Health Information Research Unit provide a way for clinicians to identify evidence-based research, but links to a separate product do not substitute for quick access to the latest findings in the point-of-care tool itself. The product has potential, but it may not be possible to create a point-of-care tool that is highly targeted, current, evidence-based, and easy to use with content that is pulled from sources created for other purposes.

<http://dx.doi.org/10.5260/chara.17.1.18>

5. Leslie S et al. Assessment and weeding of a clinical HIV/AIDS collection in an academic library: A case study

Collection Management Volume 40, Issue 3, 2015 pages 149-162

Maintaining a clinical HIV/AIDS section in an academic library collection that is both current and historically significant for research is essential. This article reports on a collection management project that was undertaken to weed HIV/AIDS books in targeted clinical areas of an academic library using a timeline model developed by Ondrusek (2001) as a supplement to traditional weeding methods. The combination proved effective for identifying clinical materials that were outdated and needed to be deaccessioned while maintaining historically relevant materials in these areas.

<http://www.tandfonline.com/doi/full/10.1080/01462679.2015.1040570#abstract>

6. Rey LM. Impacting librarianship and veterinary medicine: History of the Veterinary Medical Libraries Section of the Medical Library Association from 1974 to 2014

Journal of Agricultural & Food Information Volume 16, Issue 3, 2015 pages 253-270

This article discusses the Veterinary Medical Libraries Section (VMLS) of the Medical Library Association (MLA), its impacts on both librarianship and veterinary medicine during its 40-year history, how it achieved those impacts, relationships, selected projects, and organizational changes through the years. A listing of publications about veterinary librarianship and VMLS products is available on the VMLS website (Veterinary Medical Libraries Section, 2014).

<http://www.tandfonline.com/doi/full/10.1080/10496505.2015.1052907#abstract>

7. Ellis L. The impact factor: a case study of medical journals

Library Review 2015 Volume 64 Issue 6/7 pp. 413-427

Purpose: This paper aims to look at two well-respected cardiothoracic journals and one general medical journal over the period of a decade to find out any major differences in content and referencing to warrant the fact that the general journal should be ranked far higher than the specialist journals.

Design/methodology/approach: The paper conducted citation analysis and comparison with impact factors (IFs) of two cardiothoracic journals, one American and one European, and one general medical journal over the period. Findings: The study concludes that although there was a significant amount of self-referenced non-citable material in the general medical journal, this probably did not alone account for its higher ranking. Research limitations/implications: The original articles were actually very highly cited, and perhaps, the visibility of the general medical journal could possibly be the main factor contributing to its high IF. Practical implications: In terms of citation, all contribution in an issue of a journal is not equal, and therefore, to evaluate work by looking at the IF of the journal in which it is published is not reliable. Originality/value: The study is based on an original citation and IF analysis, and the results should be of interest and value to all those concerned with the use of the IF to evaluate journals.

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Last resort for trustworthy librarians

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The world is very much in need of trustworthy information provided by trustworthy people. In many cases, librarians are the trustworthy people par excellence. And that is good. Users trust us, 1) that we know everything about trustworthy sources, and 2) that we do everything to make them available. The trustworthiness of librarians is legendary, it is proved, it is evidence-based and built into our genes. In an OCLC survey on the perception of libraries versus search engines such as Google [1], 91% Americans found search engines faster, 90% more convenient, 83% easier to use, and 72% more reliable than libraries. The only two categories where libraries exceeded were accuracy and ... trustworthiness. 65% considered libraries more trustworthy than search engines.

Recently, this important characteristic was neatly summarized by librarian Marcus Banks: "One of the long-prized skills for librarians is the ability to guide people to trustworthy sources. This can happen in multiple ways, either a direct and straightforward referral to a particular source, or (hopefully) via an instructional session that provides people with tools for evaluating the trustworthiness of sources they find on their own. In either case, the librarian is the filter for trustworthiness" [2].

This may change in the next few years as Google has successfully developed a mechanism for ranking search results by the trustworthiness of the sources. Eventually, this would make the search engine the arbiter on right and wrong [3]. That may put a totally new viewpoint on the Google motto: "Don't be evil" [4]. If Google stepped into the trustworthy business, that may change our perception of the world fundamentally, because we see the world through Google eyes. Google increasingly decides what we see and what we do not see [5].

Banks commented: "If the Google team's proposal goes forward, there would be less need – perhaps eventually no need – for librarians to serve as such a filter. I argue for two actions in a 'Google trustworthy sources' era: concentrate on helping people synthesize and evaluate the content they locate, moving into a more pedagogical vein; and intensify our focus on collecting, curating and preserving the unique content of our own institutions. [...] Both approaches would demonstrate the continued vitality of librarians in the digital age."

I hope he is proved right.

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Publications and new products



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It was 1986 when Michael Carmel, a librarian of the South West Thames Regional Library Service of St Luke's Hospital in Guildford, wrote an article (Health Libraries Review, 1986, 3, 28-34) about the experience of health care librarians in Britain in trying to respond to the changing pattern of demand for library services over the previous decade. Although the current situation is much different, after 29 years, the crucial lessons that can be learnt seem to be still the same:

- 1. the priorities of the library service need to be brought into line with the priorities of health care;*
- 2. librarians need to analyse more carefully who the users of our services are;*
- 3. librarians should question whether these are the most appropriate users;*
- 4. librarians should pay more attention to the needs of primary health care;*
- 5. librarians should promote their services and take an active role in advising and educating health care personnel about effective use of libraries and literature;*
- 6. librarians must learn how to live with conflict because conflict and organizational problems are inseparable from changing need and priorities;*

Taking into account these lessons might mean changing many of our perspectives and even reversing some of our priorities, not underestimating the problems and conflicts that this could involve.

Here are some suggestions about new publications and products that might help to the purpose. Enjoy the read!

JOURNAL ISSUES

Health Information and Libraries Journal: Contents of December issue 2015 (Vol. 32, Issue 4)

Editorial

Reporting statistical analyses in peer review journal articles

Richard Stephens and Maria J. Grant

Review Articles

Overview of scientific publications in healthcare sciences and services journals written by Chinese authors.

M. Li, X. Liu, L. Zhang

Original articles

The use of Mobile Technology in health libraries: a summary of a UK based survey.

D. Chamberlain, M. Elcock, P. Puligari

Identification of biomedical journals in Spain and Latin America.

H. Pardo, X. Bonfill, D. Osorio, M. Posso, I. Sola, G. Rada, A. Torres, M. Garcia, M. Pina-Pozas, L. Diaz-Garcia, M. Tristan, O. Gandarilla, D.A. Rincon-Valenzuela, A. Martí, R. Hidalgo, D. Simancas-Racines, L. Lopez, R. Correa, A. Rojas-De-Arias, C. Loza, O. Gianneo

Clinical information needs and access in primary health care: a comparative cross-sectional study of rural and non-rural primary care physicians.

S. Naeem, R. Bhatti

A study comparing public and medical librarians' perceptions of the role and duties of health information-providing librarians.

N. Younghee

Regular features

Dissertations into practice

Addressing library anxiety (LA) in student nurses: a study in an NHS Foundation Trust Hospital library and Information service.

M. Still

International perspectives and initiatives

International trend in health science librarianship Part 17: a comparison of health science libraries with academic and research libraries.

J. Murphy

Learning and Teaching in Action

Preparing students for research: faculty/librarian collaboration in a pre-doctoral physical therapy research course.

S. Brooks, S. Bigelow

Obituary

David Lawrence Sackett.

A. Booth, J. Marshall

FROM THE WEB

- Medline, Embase, CINAHL, Cochrane Library, Google Scholar, UpToDate, DynaMed, Clinical Evidence and PubMed Clinical Queries. These and many others databases are useful for finding information for evidence-based medicine. Nowadays, the access to information is increasingly open: almost two billion items are currently available free. Nonetheless, the problem of information quality and completeness remains. **In an interesting interview** (http://pensiero.it/attualita/articolo.asp?ID_sezione=31&ID_articolo=1304) **Dean Giustini**, librarian at the University of British Columbia and passionate advocate of EBM, suggests befriending a biomedical librarian. To find high quality evidence, he says, the specific skills that the biomedical librarian has and the tools that are in a biomedical library are essential to support evidence-based clinical decisions.
- **Do We Need Libraries? Steve Denning**, contributor to Forbes, gave an interesting opening keynote (double-click on <http://www.forbes.com/sites/stevedenning/2015/04/28/do-we-need-libraries/>) at a combined meeting of the Library Leaders Summit and the Computer in Libraries conference, April 27-28, 2015, in Washington, D.C. He showed a remarkable scenario about how “the scale and pervasiveness of the disruption that sectors like libraries face are amazing”.

E-LEARNING: OPEN ONLINE COURSES

ELearning Superstars (<http://www.elearningsuperstars.com/>) proposes the Massive Open Online Courses (MOOC), which are online courses aimed at a large number of participants via the web. Below are some of the favourite MOOC examples from all over the globe:

- **Duolingo**
Duolingo is a language learning platform used by more than 70 million people worldwide. Accessible to anyone with an internet connection, this is fun and easy way to learn a new language.
- **Treehouse**
Treehouse is creating the “classroom from the future” with this superb e-learning platform. With gorgeous visuals and remarkably clear sound, Treehouse can help users learn new skills in coding and app development. Treehouse has raised the bar in online learning with high quality, studio produced video lessons hosted by talented in-house trainers.
- **Englishtown**
Englishtown is an award winning online English learning platform with interactive courses and real life teachers. They were the first to pioneer a 24/7 teacher-led English course, giving users access to real teachers anytime, anywhere.
- **Google Primer**
Google Primer is a new App from Google designed to teach digital marketing basics in a fast, easy to learn environment. Lessons are short and sweet, which is great for busy users who can spare only five minutes here and there. It is free and available in the Apple and Google Play Stores.
- **Lynda.com**
A learning and training website build around video tutorials. Lynda.com was founded in 1995 as a web resource for Lynda Weinman’s students. The learning platform is now one of the biggest resources for educational and training courses on the internet.
- **Codecademy**
Codecademy is a great example of MOOC. In the past, barriers to entry with coding has made it difficult for the average learner to get involved. With Codecademy, anyone with internet can access free courses on coding, 24/7, anywhere in the world. Codecademy has over 25 million users and offers courses in a number of popular coding languages ranging from HTML to Ruby.

BOOKS REVIEW

Guidelines for Reporting Health Research: a Users Manual. Editors: David Moher, Douglas Altman, Kenneth Schulz, Iveta Simera, Elizabeth Wager. 26 Sep 2014. ISBN-10: 0470670444. ISBN-13: 978-0470670446. £ 26.75 (Paperback). £ 25.41 (Kindle Edition). Wiley-Blackwell. 344 pp.

It is a practical guide to choosing and correctly applying the appropriate guidelines when reporting health research to ensure clear, transparent, and useful reports. This hands-on manual also describes over a dozen internationally recognized published guidelines such as CONSORT, STROBE, PRISMA and STARD in a clear and easy to understand format. It aims to help researchers choose and use the correct guidelines for reporting their research, and to produce more completely and transparently reported papers which will help to ensure reports are more useful and are not misleading. The manual is written by the authors of health research reporting guidelines, in association with the EQUATOR (Enhancing the QUALity and Transparency Of health Research) Network.

NEWS

Wiley has launched a new journal, The Journal of Competency-Based Education. It is published in partnership with Western Governors University (WGU) and a reliable source of information for furthering

FORTHCOMING EVENTS

the study, documentation, and practice of competency-based education. JCBE's peer review process contributes to current scholarship and ensures academic rigor while encouraging innovation in the field of higher education.

The JCBE has been created to be a resource to educators, scholars, administrators, policymakers, and others in the higher education community. The editors of The JCBE are especially interested in research on the following topics:

- Original research relating to competency-based education (CBE)
 1. Student and/or faculty-oriented studies
 2. Competency/outcomes-related studies
 3. Cost-related studies
- Well-documented case studies relating to CBE
 1. How faculty members develop and support CBE programs
 2. Quality assurance for CBE programs
 3. The impact of CBE on the institution/employee relationship
- Well-documented case studies related to CBE
 1. Why CBE is important at your institution
 2. How the quality of CBE programs can be assured
 3. How CBE shifts the relationship between colleges and employers

NLM Digitizes Unique Early English Books, Allowing Free Online Access.

The National Library of Medicine (NLM) announces the release through its Digital Collections of nearly 200 items uniquely held by the NLM and printed in the English-speaking world from 1552 to 1800.

NLM's participation in the English Short Title Catalog (ESTC) helped staff identify the uniqueness of these items. The ESTC is a union catalogue managed by the British Library which lists books, pamphlets, and other ephemeral material printed in English-speaking countries from 1473 to 1800, containing over 480,000 items reported by over 2,000 libraries from around the world, including the NLM, British Library, Folger Shakespeare Library, and Library of Congress. The NLM holds over 9,000 ESTC items. They include:

- Robert Burton's *The Anatomy of Melancholy* (London: Printed for John Garway, 1660).
- The anonymously penned, *Treasure for Poore Men*, a popular manual published in London in 1565 and containing recipes such as "A medicine for the eye if it be hurte with a thorne" and "a migraine in the head"
- Reports about various local hospitals and other charitable organizations in Britain during the 18th century, including Guy's Hospital in London (1734), Lying-In Charity for Delivering Poor Women at their Own Habitations (1772), and the Asylum for Orphan Girls (1786)
- Pamphlets advertising patent medicines and popular guides to health and reproduction.

NLM also announces a three-year cooperation with the University of St. Andrews to identify the rarest European materials in the NLM's historical collections

FORTHCOMING EVENTS

November 19, 2015, Sophia Antipolis, France

ETSI Summit on Standardization and Open Source

For further information: <http://www.etsi.org/news-events/events/979-2015-11-summit-standardization-and-open-source>

November 23-25, 2015, Wilhelmsburg, Hamburg, Germany

Semantic Web in Libraries 2015

For further information: <http://swib.org/swib14/>

June 6-11, 2016, Seville, Spain

15th EAHIL Conference Knowledge, Research, Innovation ... e-Health

For further information: <http://www.eahil2016.com>

July 6-8, 2016, Shanghai, China

8th Shanghai International Library Forum. Libraries: Enabling Progress

For further information: <http://www.libnet.sh.cn/silf2016/english/>

October 6-7, 2016, Madrid, Spain

ISA – Interoperability Solutions for European Public Administrations

4th International Open Data Conference

For further information: <http://www.iodc2016.es/en>

Engaging in Research:

Challenges and Opportunities for Health Library and Information Professionals

To support the 2015 EAHIL Workshop, *Health Information and Libraries Journal* (HILJ) has compiled a virtual issue devoted to research. The theme of the 2015 HILJ virtual issue is **Engaging in Research: Challenges and Opportunities for Health Library and Information Professionals**. Edited by Jeannette Murphy, the issue contains articles that demonstrate the range of research activities carried out by health librarians and show how research can inform professional practice.

Health Information and Libraries Journal

The official journal of the Health Libraries Group

Editor: M J Grant

Volume 32

Number 1

March 2015

ISSN 1471-1834 (paper)

ISSN 1471-1842 (online)

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Editorial layout and pagination: De Vittoria srl, Rome, Italy
Printed by: Drukkerij Peters Amsterdam B.V., The Netherlands
<http://www.drukkerijpeters.nl>

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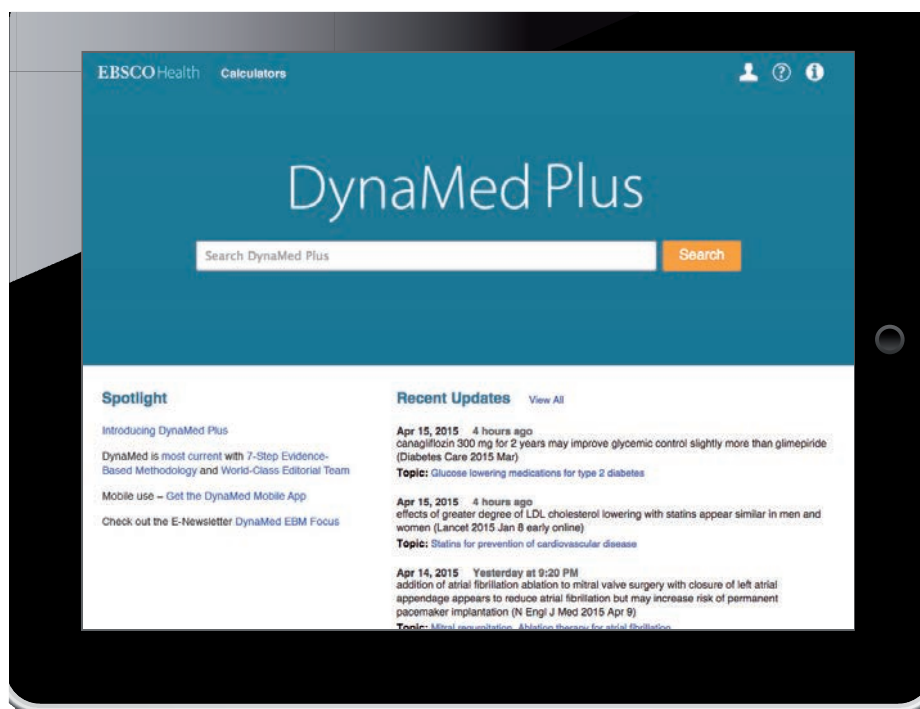
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