Editorial

Hello and a warm welcome to the September issue of the Newsletter. And what a bumper issue, I am delighted to say!

I am sure you will find something of relevance and interest to you as we have such a range of content this issue. We have 6 fabulous original articles – spanning current awareness, service evaluation into eBooks, surveying non-users, creating a new repository for public health grey literature, Twitter experiences, and using Myers Briggs Type Indicators to achieve high performance teams. Along with our regular columns, it makes for some interesting and thought-provoking reading.

And of course, we recently had details announced of our next HLG Conference.

Date for your diary
CILIP Health Libraries Group Conference 2014
We are pleased to announce the date and venue of our 2014 conference. The conference will be held on Thursday 24th and Friday 25th July 2014. The venue is the Examination Schools at the University of Oxford, with the dinner being held at Oxford Town Hall. Put the date into your diary now and be ready to book when registration opens (expected October 2013) and the earliest discounts apply. Further details to follow. Please visit www.cilip.org.uk/hlg for regular updates. The official hashtag is #HLG2014

I have been delighted with the response of readers to contribute to this issue, so please do keep it up and hopefully the December issue can be just as jam-packed! If you would like to get involved or have ideas for columns/developments or if you would like to write a short piece (1000-1500 words) for the Newsletter then do please get in touch with me.

See you next issue!

Elise Hasler, Editor, HLG Newsletter

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Please make sure you have registered your email address with Cilip via the website otherwise you could be missing out on important HLG announcements. It is not enough to have given your email address when renewing your Cilip subscription. You need to register via the Cilip website: http://www.cilip.org.uk/aboutcilip/welcome
Group news

Health Information and Libraries Journal
http://wileyonlinelibrary.com/journal/hilj @HILJnl

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Sub-Group News

Libraries for Nursing (LfN)

Follow us on twitter at www.twitter.com/libs4nurs or browse our collection of bookmarked websites at http://www.diigo.com/user/libs4nursing

Study Day
**COMING SOON ‘Mobile Technologies 2: The Sequel’**
We will be hosting the Winter Study Day in Bristol, as a collaborative event with PiF and HLG CPD. Following the success of last year’s event on Mobile Technologies, this year will follow a similar theme and will focus on New and Mobile Technologies in a Library/ Information Service. Date to follow. For more details please contact sarah.thompson@swyt.nhs.uk, the LfN Study Day Organiser. You liked it so much, you wanted seconds...

Bulletin
We released the most recent issue of the LfN Bulletin in August 2013. It was a themed issue dedicated to “Using Technologies and Social Media”.

We are aiming to have the Autumn/Winter issue ready to send before Christmas 2013.

We continue to welcome ideas for articles on all topics related to health information and its provision. Please contact our Bulletin Editor, Phillip Barlow, if you would like to contribute: p.barlow@IMPERIAL.AC.UK

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

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HLG Wales

Autumn Study Day
The next HLG Wales Study Day is currently being organised in collaboration with AWHILES (All Wales Health Information & Library Extension Service). The study day will be on marketing and follows the success of the previous HLG Wales study day on marketing that was held a number of years ago and proved very popular. More information on the study day will be made available on the HLG Wales website at http://www.cilip.org.uk/health-libraries-group/hlg-wales.

Information on the Spring Study Day held in April on Emerging Technologies is also on the website. If anyone would like to suggest topics for future training events please contact our Events Coordinator: sarah.davies37@wales.nhs.uk

Sian Robbins, HLG Wales Newsletter/Web Development Officer
Email: Sian.Robins@wales.nhs.uk

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International

Library & Information Organisations Around the World

Focus on…. The European Association for Health Information & Libraries (EAHIL). The current president (2013-14) is Marshall Dozier from the University of Edinburgh. She works with an executive board of members from across Europe, in addition to 53 Council members.

EAHIL publishes a quarterly journal which is freely accessible; the latest issue (June 2013) contains some interesting articles, such as a review from librarians in Norway and Finland of the new open-access web resource SuRe Info which provides research based information relating to the information retrieval aspects of producing systematic reviews.

EAHIL also organises a bi-annual conference, the latest of which took place in June this year in Stockholm, Sweden. This year’s conference was entirely interactive, using an innovative range of presentation methods to facilitate discussion between participants. These included Deep Dive, Speed Dating, Fish Bowl and Magic Circle. The informative conference website contains notes of the various workshops.

Hélène Gorring, International Officer for HLG
Email: helene.gorring@bsmhft.nhs.uk

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Spotlight

Investing in health information is not only good for patients, carers and the public; it also improves health outcomes and reduces costs

The Patient Information Forum (PiF) has published research showing that providing information to patients and their carers improves outcomes, reduces costs and gives people a better experience of care.

PiF commissioned research to identify the benefits of investing in health information. The project, which looked at over 300 studies, found that there are good business reasons to justify the investment of more time, money and training in health information provision and support. These include positive impacts on service use and costs, substantial capacity savings, and significant returns on investment by increasing shared decision-making, self-care and the self-management of long-term conditions.

The Case for Information shows that providing information is an essential component of delivering truly patient-centred care. It is the right thing to do in a values-driven NHS. The recent Francis report emphasised that sensitive information provision is a vital element of high quality care. Patients also have a right to information: it is enshrined in The NHS Constitution and in health policy across all four UK nations.

But given the unprecedented pressures facing the NHS, PiF believes that it is not just the right thing to do from an ethical perspective, it is also a clinical and financial imperative. If patients are not provided with the right information at the right time, we will continue to diminish their experience of healthcare, compromise their safety and wellbeing, and waste increasingly scarce public money.

PiF is therefore calling on information and knowledge specialists to take action to make sure patient information is an integral part of their approach to providing high quality person-centred care by working with their organisation to:

1. Analyse and quantify the value that information provides to their users, supporters, organisation and communities.
2. Use the Case for Information to produce a business case for investment – for more money, training and resources.
3. Share the Case for Information Executive Summary and Briefings with decision-makers – Managers, Directors, Chief Executives, Trustees or Board.


Sarah Smith, Patient Information Forum

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Articles

Understanding and using our personal strengths to achieve high performance teams

How insights from MBTI can make us more effective leaders of our teams

There is always an ‘aha’ moment in my work with teams and their leaders in Life Sciences and Library and Information Management when they realise that what they have been thinking and feeling about their team dynamics is quite natural, and that they have the resources within themselves to make to make things better.

Such a moment is usually the result of a juxtaposition of key concepts in team development, new personal insights, and quality time for reflection and team interaction. This article shares some of these concepts and insights with a bit of reflection that may help you achieve your own ‘aha’ moment!

Team will inevitably go through various stages in their development

Tuckman’s “stages of team development” is a key model in the management tool kit. There are a few variations of the model, but the best-known stages are: forming, storming, norming and performing. I add a fifth stage: renewing\(^1\) (others also refer to this as ‘mourning’).

The target for a team is to get to the performing (or high performing) stage. But what many managers don’t realise is that to do so we must also go through the storming stage. This is a time of conflict, but conflict that can be considered positive and constructive: an opportunity for team members to assert their ideas, opinions, their ways of thinking and fully appreciate each others’ strengths.

Nor is the journey linear or smooth: any change in the team’s membership and environment can push it back to an earlier stage, or take it through the renewing stage and around the loop again.

The leader’s role is different at each stage of team development

When the team is forming, the leader needs to be very directive. This helps members understand the purpose and goals of the team, and their roles within it.

At the storming and renewing stages, we have a more supportive, coaching and mentoring role. At the performing stage, we can adopt a more delegating role, and start focusing outwards to interact with stakeholders and generally take a more strategic stance.

These different roles mean that we have to continuously adapt our style and be attentive and respond appropriately to the different needs of our team members, and also to those of our stakeholders. This is where those personal insights will come in handy!

MBTI can help you to tap into your own and others’ strengths

MBTI (Myers Briggs Type Indicator) is based on the work of the Swiss Psychologist, Carl Jung, and is the result of 20+ years of research by Katherine Briggs and her daughter Isobel Myers, 40,000+ articles, and further work by OPP and others.

There are 4 preference pairs (or dichotomies), which in various combinations describe 16 personality types. Whilst we may each fall into one of these 16 types, they are by no means fixed ‘boxes’ or stereotypes: they reflect how we may prefer to behave, but not necessarily how we will actually do so in any given situation. The influences of our home and work environments and our own conscious learning, will help us to develop and match our behaviour to what we feel is appropriate.

Here are some examples of the strengths inherent to the different MBTI dichotomous preferences, and how Health and Library / Information leaders could use them at the different stages of team development.

**Extraversion and Introversion (E & I) – how we prefer to focus our energy**

As with all the MBTI terms, the labels are not exact matches of everyday terms. For example, people with an extraverted preference can be shy, and those with an introverted preference can be sociable. The difference is more to do with whether we prefer to learn, solve problems, make decisions through dialogue with others, or to do so through more individual reflection.

What will make a difference to our success as leaders is our recognition of and flexibility towards the different preferences of team members and stakeholders. By using our preferences flexibly, we can help to foster the relationships that are key to getting team members through the storming and renewing phases, and build their engagement with and commitment to the work of the team.

**Sensing and iNtuition (S & N) – how we prefer to take in and communicate information**

There is no doubt that a team needs the combination of the intuition preference’s visionary thinking, and the sensing preference’s attention to detail. If we are a “good” leader we will recognise our natural strength, and draw on the strengths of our team members to complement ours.

This level of awareness will enable us to frame communications with the appropriate level of context and content at the formative stages of the team, when going through significant changes, and with our stakeholders. Individuals with an intuition preference will thrive on understanding the wider context and future direction for the team. Those with a sensing preference will want practical detail on the ‘what’, ‘how’ and ‘when’.

**Thinking and Feeling (T & F) – how we prefer to make decisions**

We are all definitely capable of both thinking and feeling! But which tends to be our first reaction? When someone comes to us with a problem, do we apply logic straightaway, or do we take time to empathise?

Our flexibility will enhance our coaching skills during the storming and renewing stages, and ensure that we give the appropriate type and level of feedback to individuals at all stages of the team’s development. Similarly, if our team pays
attention to both preferences we will ensure that we consider the repercussions of our decisions on all types of stakeholder.

Judging and Perceiving (J & P) – our general approach to life (and work)

One of the most powerful illustrations of this dichotomy is in our approach to tasks or projects. Those with a judging preference will focus on planning the steps to ensure that the work is completed on time and even ahead of schedule. Those with a perceiving preference will be aware of the deadline, but will be keen to ensure that all the options have been explored. If we foster and balance both preferences in our team we will come closer to achieving high performance!

Conclusion

This article can obviously only provide a snapshot of this fascinating topic, but hopefully it has provided you with at least one ‘aha’ moment. If you would like to find out more, or to explore how I could help your team achieve high performance, do please get in touch.

Elisabeth Goodman, Owner & Principal Consultant, RiverRhee Consulting

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Current awareness – not just a nice added extra

Current awareness and the health libraries sector
My first professional role was to project manage an externally funded current awareness service for health known as ‘CASH’ http://www.tin.nhs.uk/welcome/keeping-up-to-date/about-cash/. This job was like gold dust to a recent graduate of the MA Librarianship programme at the University of Sheffield, and I remained in the role for almost 4 years. During this time I was fortunate to work with a group of experienced and innovative NHS librarians and information managers, and together we were able to further develop an already well-established service in a number of ways:

- Recruit additional contributors to the central database to increase both the volume of information and subject coverage
- Expand the number of RSS feeds
- Develop the collection of specialist bulletins to cover over 30 topic areas
- Create an additional stand-alone portal using the popular Netvibes service, complete with an email alerting service for each of the specialist bulletins http://www.netvibes.com/keeping-up-to-date#Home

Amongst the many things I acquired during my time working in NHS libraries is a real love for current awareness. There are two key reasons why current awareness is such a prominent and important feature of many health library services:

1. The need for clinicians and other health professionals to keep up-to-date with the latest guidelines and research
2. Promotion. Current awareness services (CAS) can help to:
   a. raise the profile of health libraries
   b. ensure that the efforts of the dedicated health librarian don’t go unnoticed
   c. present an image of the library service as being innovative, modern and cutting-edge
   d. transform an under-used library by increasing footfall and uptake of services

The trouble is that all this takes time, and given all the tasks a health librarian faces this more trivial seeming job can often find itself at the bottom of a long list of things ‘to-do’. But current awareness isn’t the nice added extra it once was. Health librarians are now faced with the difficult task of trying to do more with less – to keep going in spite of NHS reforms and financial cutbacks. Current awareness therefore plays a really crucial role in making sure that the health librarian is not forgotten amongst all the uncertainty and change.

Current awareness @ScHARR Library
Nine months on I now find myself working for another cutting-edge organisation – the School of Health and Related Research (ScHARR) at the University of Sheffield. It was a very happy coincidence for me that my job role includes overseeing the current awareness activities of the ScHARR Library service, as provided by the Information Resources Group (IRG). The focus and priorities at ScHARR are different to those in NHS libraries, but the role of current awareness is no less crucial. As an academic department which is heavily involved in research, regular funding updates and alerts are amongst the many CAS we provide.
Others include:

- **ScHARR Library on Twitter** [@scharrlib]
  Look to see who’s following you and strategically follow back. @mentions and #tags can both enhance your Twitter presence.

- **ScHARR Library Daily**: [http://paper.li/scharrlib/1338371438](http://paper.li/scharrlib/1338371438)
  Requires no ongoing maintenance and provides an alternative means for users to access our Twitter content.

- **ScHARR Library Blog**: [http://scharrlibrary.blogspot.co.uk/](http://scharrlibrary.blogspot.co.uk/)
  The longest standing element of CAS @ScHARR Library. Content is posted weekly by all members of the team. The blog is low maintenance and provides a more informal alternative to the main website.

- **ScHARR Library on Netvibes**: [http://www.netvibes.com/scharr#Homepage](http://www.netvibes.com/scharr#Homepage)
  This service is easy to set-up and maintain. There are lots of examples of NHS library portals out there so look to see what others are doing before embarking on your own project.

- **ScHARR Library’s Delicious bookmarks**: [https://delicious.com/scharrlib](https://delicious.com/scharrlib)
  Again, this service is easy to maintain and allows us to pinpoint useful content to our users.

- **Notice boards**
  Make them eye-catching so users know when content has been changed. At ScHARR we have a ‘tick sheet’ attached to the library notice boards so users can indicate when they have looked at something.

- **Website**: [http://www.sheffield.ac.uk/scharr/sections/ir/library](http://www.sheffield.ac.uk/scharr/sections/ir/library)
  The website may not seem like an obvious form of current awareness, but as a mechanism for conveying information about your organisation, a website should be as current and up-to-date as possible.

One of the problems with CAS is that user groups are often diverse and have a range of different information needs. At ScHARR we benefit from an ability to engage with social media in a way that often isn’t possible in the NHS. Services such as Twitter, Facebook and Google+ are all important features of ScHARR’s online presence, and they allow us to engage with staff and students in a way that a standalone website simply doesn’t allow for.

With developments in technology come new challenges and opportunities. Many users now demand information in real-time via platforms such as Twitter. The great thing about Twitter in my experience is that content can be posted as and when it is encountered throughout the course of a working day. This is not a task that you dedicate a particular timeslot to, but rather something which happens seamlessly and with relatively little effort. Maintaining a current awareness service can be no small task and so any services we provide have to be manageable given current staffing levels and workloads. At ScHARR, technology has enhanced rather than hindered the amount we are able to do with the time we have available. The list above may sound like a lot but the time and effort involved in maintaining all the different services is by no means onerous.

Any member of the Information Resources Group can use these tools and the team of Information Specialists at ScHARR often post details of current projects and recent activities to the ScHARR Library Blog. This sense of shared ownership is key.

Of course no current awareness service should be provided without first finding out what users want and/or evaluating the services you provide. ScHARR Library recently conducted a user survey, and after analysing the results decided to
discontinue a weekly email service which had been running for some time. More recently, I have begun compiling a strategy document complete with SWOT analysis to ensure there is a clear business case behind everything we do. This document will need to be reviewed on a regular basis and the services we provide adapted to meet the changing needs of staff and students alike.

Conclusions
Don’t underestimate the importance of current awareness in health libraries. Assess how much time you have to dedicate to this aspect of your library’s service provision and make the best possible use of it. It may be that with a little gentle persuasion you are able to unblock useful sites and tools for the benefit of your users, but if not make the most of the resources you have at your disposal. Avoid the pitfalls of information overload; in health libraries especially there can be a certain pressure to do it all or do nothing – a sense that any services we provide must be comprehensive in case our users miss out on a crucial piece of research - but as information professionals, being aware of the pitfalls of information overload means that we can take steps to avoid it. We know as health librarians that some information is better than none at all, and will probably be more useful to a busy doctor or nurse than a comprehensive round-up of new research and guidelines. If you don’t have time to dedicate to current awareness, consider ways that you can harness what is already available. Health libraries are great at collaborating and sharing, and the CASH service is an excellent example of this. Current awareness provides health libraries with an opportunity to be seen and to present a positive image. Don’t let this opportunity pass you by.

Kath Williams, Information Specialist @ ScHARR

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Work Smarter, Not Harder - service evaluation at HYMS

At Hull York Medical School (HYMS) service improvement is a constant undercurrent in everything we do, this year we decided to do a small-scale service evaluation in order to highlight areas for improvement and development.

In Spring this year we conducted a consultation with students regarding their use of eBooks.

Why evaluate eBook use?
There is an increasing demand (especially from medical students as they are regularly on placement) for access to resources at all locations, therefore HYMS has tried to respond to this demand and now provide over 40% of reading list titles as eBooks.

Students expect to be able to access resources whenever and wherever they need them - by providing more and more eBooks we are hoping to plug the gap between physical copies and need. We wanted to assess whether this was the right way forward, not only because of the assumption that eBooks are a suitable alternative/replacement for print but also because of the cost implications - as some eBooks do not necessarily represent value for money when you consider usage figures.

What method did we use?
We used questionnaires and focus groups. The questionnaires gave us good quantitative data and the focus groups allowed participants to expand their comments. These methods also gave us insight into why some of the usage figures were lower than expected.

We had originally planned to hold multiple focus groups at both sites (Hull and York) in order to gain the widest possible range of opinions, however, we did find that due to the timing of the sessions (April) that many volunteers dropped out as we got closer to the date. In the end we held one focus group at each site, each with between 6-8 participants.

Each focus group was scheduled for one hour and was split into two sections. The first half was an open discussion about eBook access and use. The second half was a focussed task where participants split into smaller groups and evaluated each of the main interfaces (Ovid, Elsevier, EBSCO, ebrary, MyiLibrary and Dawsonera). Interfaces were scored on ease of use for a set of steps participants were required to take (e.g. finding an item in the index) and were also scored on the additional features they had (e.g. printing and citation export) - these additional features were also scored on likelihood of use.

Participants were recruited on a volunteer basis (although they did receive a small voucher to compensate them for their time) and the opportunity was advertised via the VLE, HYMS Library webpages and blog.

Key results
Although participants still preferred print books, the overall feeling gathered from the participants was that eBooks support rather than replace print, one student commented that they did not feel as “disadvantaged [...] when you can’t afford or get access to print” where eBooks were available.
eBooks are primarily used by students as secondary resources because they are easier to "dip in and out" of, for quick referral, but participants did not use them for lengthy study sessions. eBooks were an easier way of accessing information when away from campus or when in PBL sessions as you do not have to carry physical copies around.

However, participants did outline a number of issues that they had with them. Some points centred on access - they found that "choppy" internet connections at peripheral sites made eBooks inaccessible. Also because HYMS students are entitled to access resources at both Hull and York Universities they have multiple log-in details for library resources and they feel this puts them at a disadvantage as they have to remember two sets of details.

A lot of participants said that they liked to download eBooks so that they could access them offline, however they found the download periods too short (sometimes only 24 hours). There is too much variation in design between eBook providers - participants found themselves having to 'learn' how to use each interface. They also commented that many eBooks are poorly formatted; the biggest format problem was mismatched pagination. When students looked up an item in the index then they tried to go to that page they found that the conversion of the book into an eBook had added extra 'pages' so they had to take additional steps to reach the correct page.

Largely the opinion was that although eBooks improved access to information, the variation in interface design and the various flaws made it harder than expected for students to access material they wanted.

Conclusions and recommendations
As the scores for the interfaces did not reveal a consistent leader, there was no obvious choice for a model interface; all showed room for improvement.

The impression that the participants gave was that although they would not want to be without eBooks that they still prefer to use a print copy (where possible). eBooks provide a good backup. In order to make eBooks more usable, and therefore allow them to supplant print book usage, the following improvements were suggested by participants:

1. Longer download periods - students want to access material offline, extending download periods would increase eBook use.
2. Interactivity - participants wanted hyperlinked and searchable indexes Contexts pages and increased personalisation (e.g. note taking/highlighting/virtual post it notes) of eBooks as if they were their own personal copy.
3. Improved interface design - the ideal would be one style of interface for all so users wouldn't have to 'learn' the variances. Clearer signposting of additional features would also make use easier. eBooks needs to be designed to be an eBook; not just a PDF document with a small amount of formatting. By re-designing eBooks they can eradicate any existing issues (e.g. mismatch pages).
4. Optimisation for tablets/eReaders - it was noted by students that touch screen technology makes eBook use close to that of a print book. Despite only 33% of the participants using eBooks in this way this number is expected to rise with the growth of tablet/eReader use. Making eBooks easy to use in all formats would increase their popularity.
5. eBook ‘favourites’ folder - this does rely on a single interface design being created but students did identify the need for a place to store their most
commonly used eBook titles. Collaboration between providers would be necessary.

6. HYMS to create a topic search function - in the eBook cross search to make it easier to identify useful books where specific titles aren’t known.

7. Greater availability of dual screens for PCs - it was similarly noted that in terms of consulted texts whilst producing work it was much simpler if the eBook could be open in one screen, while word processing took place in the other.

8. Greater clarity of reading lists - of which site an eBook is available from and what details will be needed to access.

Each provider has been sent information regarding their performance in our evaluations and HYMS library is working with the HYMS e-Learning and wider universities on the last three recommendations. Some (such as the topic search) may have to be longer term goals whereas clarity on reading lists can be investigated and avenues of access can be made more visible more quickly via information skills sessions and inductions.

Future evaluations?
Overall, at HYMS we have found the process of service evaluation (even on a small scale) very valuable. Not only has it informed future decisions regarding our eBook provision but it has informed decisions about any future focus group type evaluations that HYMS carry out.

In the future we will increase the length of the session to allow for more discussion; the discussions could have easily lasted the full hour. More focus groups may also be carried out to reach those students on placement based at NHS sites.

We would recommend carrying out these small-scale service evaluations as they allow you to focus on one specific area, which means any improvements can be made quicker than if it was a whole-service evaluation.

Penelope Dunn won the UHMLG new professional bursary and presented the findings at the UHMLG Summer Residential - slides are available from: http://uhmlg.wordpress.com/

For any further information, please contact library@hyms.ac.uk

Penelope Dunn, Academic Liaison Assistant, University of York/ HYMS
Stuart Bentley, Assistant Librarian, University of Hull/ HYMS

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My week as @voiceslibrary

From April 29 to May 3, 2013, I took over the Voices for the Library Twitter account with a view to tweeting about my job for a week and giving others an insight into the day-to-day activities of an NHS librarian.

Being @voiceslibrary for a week was an interesting and rewarding experience. For one, I got to show off how varied my job is: from the day-to-day customer service and Athens account management to a 1-2-1 training session to withdrawing lots of books (an activity that created quite a bit of response on Twitter) to going up to Oxford for the Heritage Open Day – every day in my job is different, and talking about it has made me appreciate this fact more.

Talking about it to an audience outside of health librarianship also made me realise that many of the words and phrases I use on a day-to-day basis may be completely unknown outside my little “bubble” of NHS librarianship, so I ended up explaining quite a few things that I usually take for granted, for example what “Athens” is, or how our library stock management works.

Last but not least, I personally think using Twitter correctly is somewhat of an art form. I tried not to have run-on tweets, following the rule that if I can’t say it in 140 characters then it’s probably too complex to talk about it on Twitter, or I need to find a simpler way of saying it. I also used Instagram to embed photos into my tweets so as to give people a “look into” what I was doing; including photos of my desk, promotional materials I’d created, and the cake we had for my one-year anniversary of working at NELFT, which happened during my @voiceslibrary week.

Not being able to access Twitter on our computers is a challenge we face along with several other NHS trusts, and it limited what I was able to do with the week. I’m sure I could have done/reweeted/interacted more with people over the course of the week, but as a first go I think I did well. There were definitely elements of teaching and outreach in doing this, both of which are parts of my job that I love dearly. Mostly, I interact with people within my organisation though when I do this, and haven’t done much externally, so this was a nice way of dipping my feet in.

I really enjoyed my week as @voiceslibrary and would like to thank my manager for encouraging me to do it. I’d also encourage others to follow the project or consider becoming a part of it. It took a bit of planning ahead for the week and a couple of minutes to set up the account on my phone, but apart from that it can be as much or little work as you want, and it’s a nice way of getting insights into how other people work.

For those interested in reading the whole week as it happened, I’ve storified my tweets as @voiceslibrary at http://sfy.co/cOKQ and my initial blog post can be found at http://bit.ly/14eQq4G

Lisa Burscheidt, Assistant Librarian, North East London NHS Foundation Trust

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Prevention Information & Evidence - Creating a new repository for public health grey literature

Need for improved indexing of public health grey literature

UK Health Forum (UKHF) is a not-for-profit organisation working for the prevention of avoidable chronic diseases. Our research into the information needs of the public health workforce has found that grey literature is an important source of evidence. Grey literature is “Information produced on all levels of government, academics, business and industry in electronic and print formats not controlled by commercial publishing” (1) and therefore includes government reports, case studies, data & statistics, evaluations etc. However, many struggle to find this information for a variety of reasons. Research carried out by the UKHF identified a series of information barriers affecting the public health workforce and inhibiting their access to information, including information overload, lack of time and difficulty finding certain types of evidence (such as grey literature) (2-4). The breadth and cross-cutting nature of topics in public health also makes it time consuming for individuals to locate evidence. Sometimes evidence is found in unexpected places, for example in cross disciplinary publications (5-7). In addition, whilst databases such as Pubmed and NHS Evidence tend to cover published research articles grey literature is poorly indexed (5). Our research has also highlighted an appetite in the public health workforce for access to pre-appraised evidence (3;4).

The public health workforce needs access to the latest evidence in order to improve the health of the nation – they also prefer information to be actively disseminated to them in the form of email current awareness bulletins (4).

Therefore the UKHF set out to create a new eLibrary that would meet these needs by indexing pre-appraised public health grey literature and presenting this as a searchable collection, and also providing an integrated current awareness alert so that those who do not have time for regular database searching can stay informed.

Setting up the PIE eLibrary

The Prevention Information & Evidence eLibrary2 was set up using EasySite website software3 - EasySite provides all the basic functionality required to create a database of information and link this to a current awareness service, including category facilities, flexibility where record fields are concerned, an advanced user search interface and the ability to feed content out through RSS feeds.

The P.I.E eLibrary uses topic categorisation to support browsing – both through the search interface (where users can select a category using a drop down menu) and through pre-prepared searches for all material in a range of categories. These prepared searches are presented as a series of browse links that form part of the eLibrary interface.

Categorisation is also used to create topic specific RSS feeds. These feeds are used to populate content for the P.I.E weekly current awareness briefing – the feeds are embedded within the html of the current awareness bulletin template (which is created using MailChimp software4). This means that each week a current awareness bulletin can be produced with relatively little manual effort in entering and

2 www.ukhealthforum.org.uk/resources/pie/
3 EasySite software is produced by EIBS – see http://www.eibs.co.uk
4 See www.mailchimp.com
formatting content – the embedded RSS feed automatically populate the content of the current awareness email when a new bulletin is created.

**Developing a critical appraisal tool for the eLibrary**

With the P.I.E eLibrary user interface set up and ready to receive new content, the next step was to begin sourcing and critically appraising content for addition to the new eLibrary. A systematic and easily replicable appraisal method was required, to ensure consistency in the quality of content indexed in the eLibrary. Research revealed few existing tools specifically designed for use in appraisal of grey literature. This is in contrast to the many appraisal tools that are available for randomised controlled trials and systematic reviews. The UKHF NCD RIS team took the view that it would be inappropriate to attempt to use a tool designed for RCTs, systematic reviews or qualitative data reviews for appraisal of grey literature, because these tools tend to assume specific formats for the documents being appraised, e.g. that a study is examining a discrete intervention and/or comparing population groups against each other, or that quantitative or qualitative data has been collected specifically for the purposes of the study.

A more general tool was required – something that would highlight key features to look for in grey literature, but not assume the use of any specific research method or structure. One such tool exists in the form of a grey literature appraisal checklist developed by Flinders University in 2010[^5]. This tool highlights the areas of Authority, Accuracy, Coverage, Objectivity, Date and Significance (AACODS) as points to look for when appraising grey literature. These areas were broad enough to apply to any resource, but still provide a framework for the consideration of the quality of that resource. The UKHF adopted this tool as the basis of the P.I.E appraisal checklist.

**Briefing Service**

With the eLibrary now set up, an appraisal system for grey literature established, and collection and indexing of new material in progress the next stage was to plan the format of the current awareness bulletins, known as the P.I.E Briefing.

Information needs research carried out by the UKHF NCDRIS team had previously indicated that the public health workforce can be grouped by where their subject interests lie, and also that service users like the idea of being able select to receive information only on topics relevant to them. Topics covered in the P.I.E eLibrary include obesity, nutrition, physical activity, tobacco, mental health & well-being, air pollution and more. The P.I.E briefing service has been set up as a weekly email update using MailChimp. MailChimp includes a function that allows subscribers to tailor their briefing to only receive updates on topics of interest to them, and this has been employed in the P.I.E Briefing, so that on completing the sign-up form for the Briefing, the user can select which information they want from a list of topics. This can be updated by the user at any time.

**Limitations to Prevention Information & Evidence**

As with any information service, there are points for improvement in the new P.I.E eLibrary. The foremost of these is the limitation to the amount of information which can be gathered and disseminated through the P.I.E system. Currently, all information is sourced, indexed and categorised manually by the UKHF’s NCDRIS team. Clearly only a small amount of the vast amount of information existing is

catalogued under this system. The NCDRIS team hopes to be able to gain funding to research and possibility of developing a web crawler system to integrate with the P.I.E eLibrary. The ideal web crawler would be domain specific, and able to crawl pdf, Word and html format documents. Research for this crawler is currently in the early stages, and it may also be that separate concept mapping and term matching engines are required in order to ensure that all ‘crawled’ material is correctly indexed with the UKHF’s controlled vocabulary terms.

Reference List

(1) ICGL. Luxembourg definition of grey literature. 2004. 8-3-2013. Ref Type: Online Source


(7) Revere D, Bugni PF, Fuller S. A Public Health Knowledge Management Repository that Includes Grey Literature. GL 8 Parallel Session II 2007;119.

Jennifer Ford, Information Manager, UK Health Forum

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Why don’t people use healthcare libraries?

In spring 2013, Pauline Blagden, Library Manager of Hampshire Healthcare Library Service (HHLS) was able to arrange, after much negotiation, to have four groups of Interprofessional Learning Unit 2 (IPLU) students from Portsmouth and Southampton Universities carry out a survey of that elusive group who don’t normally respond to traditional library surveys - non users!

The groups were asked to interview 100 non-users (defined as someone who, though eligible, has not used physical HHLS libraries, their remote services or electronic resources provided by the NHS in the past 12 months) with a focus on awareness of and perceived satisfaction with the library service. Three groups included some users in their results and some surveys were completed through email and telephone calls. Each group used a questionnaire designed by HHLS as a template but local adaptation was allowed.

They surveyed staff at 74 locations across Hampshire in acute, mental health and community settings. Some 439 staff completed the survey, (347 non users/92 users) and of these the vast majority were clinical staff (312 clinicians /127 non clinicians). Most people said that they had heard of the Library service, with induction being the main source of information and then colleagues.

These results indicate the usefulness of library involvement in the formal induction process. In parts of HHLS, the library has a slot on corporate induction day and a registration form is included within the induction pack. Staff visit the library to collect their SWIMS cards and this gives library staff an opportunity to talk to them about their information needs. ‘Word of mouth’ and testimonials from colleagues were important in recommending the library. It would be interesting to know if those who come to the library via a colleague remain more loyal customers.

The most common reasons for non use were:
- not relevant to them
- no need for them to use the library.
- unawareness of the service.
- lack of time.
- lack of accessibility – these comments were mostly about location, opening hours and/or staffed hours
- Use Google/the internet/online resources instead.

Perhaps not surprisingly, the service that was identified as the most useful was book loans with access to journals and other electronic resources close behind. However training and literature searching were also seen as very useful. As these involve using library staff skills and expertise, HHLS is developing its marketing material to emphasise the added value that library staff bring. The outreach service will be highlighted as it overcomes difficulties that many staff have in visiting the physical library or accessing the service remotely.

However, a majority of users said that there was nothing that could be provided that would increase their use of the library as they said they had no need, it was not relevant or that it was only useful when studying. Marketing material must reflect the variety of resources available to all staff to challenge perceptions that the library is not relevant to non-clinical or lower banded staff, or is only to support professional development. We need to understand more about non users who see no need/no relevance in case resources can be identified that would be useful to them. Another
group of users that we need to know more about are those who said “Use Google/the internet/online resources instead of the library” – what resources are they using, can we show them alternatives or provide training to help?

All the comments from the individual questionnaires have been analysed, identifying issues with stock in particular areas, problems with IT provision in physical libraries and locations where marketing can be targeted.

Marzena Szczepanska, Jo Fabling, Nat Gabe and June White acted as group facilitators which involved a day’s training. It was an interesting experience, encouraging team work amongst students who did not know each other previously and many of whom did not realise healthcare libraries existed. The nerve wracking bit was marking each group report which affected the individual’s overall assessment for the year. The survey has given us much food for thought about the development of the service and topics to follow up in future.

*June White, Knowledge Support Librarian, Hampshire Hospitals NHS Foundation Trust*

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Internet sites of interest

Child protection

Child abuse and child protection are in the news again, with the death of Daniel Pelka and cases of cyberbullying. I wondered particularly what resources there are to help professionals spot signs of abuse, but also what resources exist to give them, and us, an overview of the field.

All links were checked on 13th August 2013.

The national framework
Some reports of serious cases, for example Maria Colwell or Peter Connelly, are listed in chapter 2 of Corby et al.⁶

The NSPCC have a page about the legal framework in the different parts of the UK (see [http://www.nspcc.org.uk/Inform/research/questions/child_protection_legislation_in_the_uk_wda48946.html](http://www.nspcc.org.uk/Inform/research/questions/child_protection_legislation_in_the_uk_wda48946.html)), although the page about England is still being prepared. It may be worth noting at this point that the NSPCC work in England, Wales and Northern Ireland only. Their equivalent in Scotland is Children 1st.

Other useful places seem to me to be:


**Scottish Government – Child Protection**  
[http://www.scotland.gov.uk/Topics/People/Young-People/protecting/child-protection](http://www.scotland.gov.uk/Topics/People/Young-People/protecting/child-protection).

**All Wales Child Protection Procedures**  

**Northern Ireland - Department of Health, Social Services and Public Safety**  

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Munro report
This independent review of child protection in England was commissioned in 2010 and is having an impact on social work education and child protection practice. There were three reports:

The first report (a systems analysis) -
An interim report (The Child’s Journey) -
The final report (A Child Centred System) -
There is also a summary for young people at -

Local authority guidance
If I search Google for child protection, Leicester (http://www.leicester.gov.uk/your-council-services/social-care-health/young-peoplefamilies/child-protection/) and Leicestershire (http://www.leics.gov.uk/service.htm?pid=266), appear near the top of the results list, and I suspect that if you search, you will find local advice near the top of your list. If not, you can of course specify the area or authority name. Leicester city and county are separate local authorities, in case you were wondering.

News
For news about current cases or issues, try the British Association of Social Workers’ News page (http://www.basw.co.uk/news/), Community Care www.communitycare.co.uk or the Guardian http://www.theguardian.com/society/childprotection.

Other sites
BMA – Child Protection Toolkit
Guidance for doctors about their responsibilities in child protection cases, relating to England and Wales. Includes information on signs of abuse and on examination, as well as on child protection case conferences. There is also a link to an app.

Child Protection in Sport Unit
https://thecpsu.org.uk/
Part of the NSPCC, working to help sports organisations safeguard children and young people. Sports bodies may have their own policies in this area (I found one for the Amateur Swimming Association, for example).

Children 1st
http://www.children1st.org.uk/
Children 1st works in Scotland. Their equivalent in the other nations of the UK is the NSPCC (www.nspcc.org.uk). Their guidance is in their shop (http://www.children1st.org.uk/shop/), some of it free and some for purchase.
Coram Children’s Legal Centre – Child Protection Project
http://www.protectingchildren.org.uk/
Current undergoing a re-evaluation, this project’s site includes information on the child protection system in England and Wales (you are referred to the NSPCC Inform site for information about Scotland and Northern Ireland – see above), legal issues (confidentiality, legal status of children, allegations against staff, among others), and on specific child protection concerns, browseable alphabetically or by broad subject area. The page at http://www.protectingchildren.org.uk/crosscutting-legal-issues/professions-involved-in-child-protection/ explains who is responsible for child protection (in England and Wales) and links to relevant legislation.

NICE Clinical Guideline CG89 – When to suspect child maltreatment
http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89
Provides “a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals” and is aimed at healthcare professionals who are not specialists in child protection. There is also information for the public (http://publications.nice.org.uk/when-to-suspect-child-maltreatment-ifp89), which voluntary organisations are encouraged to use.

NSPCC – Child protection information, advice and support
http://www.nspcc.org.uk/Inform/informhub_wda49931.html
Information about services and advice available from the NSPCC but also to downloadable information, and information about their current awareness services.

Royal College of Paediatrics and Child Health – Child protection publications
Some are available only to members or for purchase, but here you can find a response to the Munro report (see above), guidance on establishing the urgency of examinations in cases of suspected sexual abuse, a document on physical signs of sexual abuse (available free to registered doctors, or for purchase), and a link to Working Together to Safeguard Children 2013 (see above). More general child protection pages are at http://www.rcpch.ac.uk/child-health/standards-care/child-protection/child-protection.

Thinkuknow
http://www.thinkuknow.co.uk/
Site from CEOPS (the police’s Child Exploitation and Online Protection Centre), explaining issues in internet safety to children (three sites, for different age groups), parents/carers and teachers.

University of Edinburgh – Child Protection Research Centre
http://www.childprotection.ed.ac.uk/
The site describes the research and study undertaken at the Centre. Databases of research and publications are under development.

University of Kent – Centre for Child Protection
http://www.kent.ac.uk/sspssr/ccp/
The Centre is aimed at professionals and offers a Masters level course as well as simulations (“serious games”) of cases, one of which is freely available and another available for purchase.
WithScotland
http://withscotland.org
"WithScotland supports child protection practice, policy and research as well as adult protection". The public area of the site has information for children and young people and documents to download, as well as links to local authority sites. The area for professionals has a documents library and information about Child Protection Committees.

Suggestions for sites to add to the list are very welcome – please contact me. Suggestions for future columns are very welcome too. Even better is an offer to produce a column, especially if you work in the NHS or outside England. If I am left to my own devices over this column, it risks becoming biased towards English higher education! If you can help stop this, please get in touch. My contact details are:
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Meeting reports

Umbrella 2013, 2nd-3rd July 2013, University of Manchester

I was able to attend Umbrella due to a bursary very kindly provided from CILIP. As my first major conference I was very excited about attending. This was also the first event of this size I had participated in the Twitter discussions for - I had livetweeted some events before but never one of this size with multiple simultaneous sessions and it was really interesting to see other people’s reactions and comments, both positive and negative. Sometimes this provoked some jealousy if it looked like other people were having more fun in their sessions than me!

One key theme of the overall conference, and one which is possibly pertinent as CILIP decides whether to rebrand itself, was the value of ‘librarian’ as a job title. By a show of hands librarian was easily the most common job title in the room, but there was some debate over it - some people found it limiting, but others were happy with it, and even fiercely protective of its connotations. Janice Lachance touched on this in her engaging keynote, noting the increasing need for adaptability as information work changes, and the increasingly varied applications of skills learned in library schools and library roles and their potential uses in the future.

Roly Keating’s opening talk on the Tuesday also went down well, with lots of interesting stuff about the melding boundaries between physical and digital collections at the British Library. Discussing their ongoing digitization project and the establishment of the UK Web Archive, but not discounting the continuing importance of their physical spaces - the reading rooms in London are regularly at 90% capacity.

Another relevant theme at the conference was librarians engaging with the goals of their organizations to add value. The experiences of Peter Barr, the College Librarian at Britannia Royal Naval College resonated with me most as a medical librarian trying to engage with students and staff, and integrate with the wider organisation. He described the challenge of re-aligning the library service from a resource-based institution to a service-based one, and positioning the library service to support their users, focusing on what their cadets want (to pass out on time) and help them get there more efficiently and with better thinking skills. Library services were therefore ‘sold’ on the basis of tangible career benefits, a message which I imagine many libraries already adhere to, but can’t be emphasised enough.

On Tuesday afternoon was a keynote from Geoff White, technology producer for C4 news, which was a slightly disconcerting look at the construction of a news broadcast, and how concerns like network exclusives and ‘human interest’ can push items to the top of the broadcast over what might be considered more objective information-based criteria. He highlighted the role information professionals have in media and elsewhere as a trusted brand and asset in an information-rich world to select and deliver information for users who want some choice but can find the infinite choice available online off-putting.

A highlight for me, as I think for many people, was Victoria Treadway’s session on Clinical Librarianship and librarians attending ward rounds alongside doctors. This was a really well received talk, highlighting a service which I got the impression a lot of non-medical librarians weren’t aware could exist. It was really interesting to see a hospital in which librarians attending ward rounds was done well. She highlighted the
The importance of having both a supportive consultant and a specialty in which getting quality information fast makes all the difference—this case Critical Care.

The parts of the conference which disappointed me were those sessions listed as ‘debates’, which it quickly became evident were anything but, even on quite emotive issues—I attended the ‘Leadership in the Information Profession’ and ‘Where does the internet end & the library begin’, but I understand other sessions had the same issues. Whilst re-labelling the sessions as ‘panel discussions’ or similar might have avoided the ‘It’s not a debate!’ criticisms, it would have been nice to see dissenting voices given more airtime. The temptation to be celebratory and encouraging about library and information work is strong in a space like Umbrella, and it was indeed lovely to see so many people so enthused about the profession. However, I wasn’t a huge fan of minimising space for critical discussion for the sake of unexamined backslapping.

Overall, I enjoyed the chance to see a broad range of librarianship & information roles across the two days, and the opportunity to meet a variety of people from different sectors, all lovely. I took home a renewed sense of pride in information work—quite often it’s easy to feel like we’re working unnoticed in the background—and I’m very grateful to CILIP and HLG for giving me the opportunity to attend.

All the presentation slides which are online have been collated at [http://www.cilip.org.uk/cilip/umbrella-2013-presentations-1](http://www.cilip.org.uk/cilip/umbrella-2013-presentations-1).

Sophie Rollason, Faculty Librarian, Heart of England NHS Foundation Trust

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**SHaLL Consumer Health Information Conference, Wednesday 5th June 2013, Senate House, London**

Richard Osborn, the Chair of SHaLL’s Consumer Health Information (CHI) Group opened the conference at Senate House in London by explaining that the aim of the event was to highlight national developments in consumer health information as well as to provide an opportunity for colleagues from around the country to network, explore opportunities for collaboration and share good practice.

The keynote address was given by Bob Gann, Director of Partnerships for the Integrated Customer Service Platform at NHS England. Bob discussed his role in developing a new, national digital service for health and social care. He explained that although existing NHS information websites are authoritative and well-used, these services are not integrated or transactional. Bob’s aim is to develop an integrated multi-channel platform with a “single front door” for users. He highlighted how successful user-centred commercial models such as Tripadvisor and Amazon share the key features of transparency, participation and transaction and explained how these features could be reflected by the new digital customer service platform. Bob maintained that developments in digital health services must be balanced with a recognition that people experiencing the greatest health inequalities have the least access to online resources. He endorsed the potential role for public libraries as community health hubs.
Anne Brice, Interim Head of Knowledge and Library Services at Public Health England discussed how key challenges include the need to integrate the information services for the thirteen organisations which are now within the new PHE framework. Future plans for development include working with delivery channels such as the proposed integrated customer services platform and making information more accessible to all using a variety of formats. She was optimistic about the role for public libraries in supporting the work of local health and well-being boards.

Debbie Hicks, Director of Research at The Reading Agency discussed the Reading Well Books on Prescription scheme for England. (An overview of the scheme was reported in the June edition of the HLG newsletter, available via this link: http://bit.ly/8WJ2mq.) Debbie highlighted the role of public libraries as partners in the scheme, alongside clinicians’ representative bodies, government and publishers. Debbie was confident that the development of the charity’s two complementary schemes: Reading Well Mood-boosting Books and Reading Groups is evidence of the importance of public libraries in supporting the public health agenda. Debbie concluded her presentation by discussing plans to undertake clinical research to evaluate the scheme’s quantitative impact.

Sarah Smith, Operations Director from Patient Information Forum (PiF) presented the pre-publication findings of the PiF report on consumer health information provision, available via this link: http://bit.ly/10OCGJ9. A key conclusion was that investing in high quality patient information improves outcomes and reduces costs. Sarah explained that positive impacts were noted in three key areas including: patient experience, service utilisation and people’s health behaviour. The report’s findings endorsed previous speakers’ views that services need to be available in a range of formats and cannot migrate completely to an online environment. Sarah concluded by suggesting that the report could be a useful tool in demonstrating the value of existing and future consumer health information services.

The presentation by Gary Birkenhead, Improvement Adviser for Macmillan Cancer Support and Chair of CILIP Health Libraries Group focussed on quality standards in the provision of information and support services at Macmillan. Gary outlined how the charity has specialist information centres based in a wide range of venues including public libraries. He discussed some of the challenges faced by the voluntary sector with regards to quality standards in information and service provision, including the diverse background of staff/volunteers who may have little or no background in information management. He also highlighted how there is no common standard for consumer health information and discussed how Macmillan uses the Macmillan Quality in Information and Support Services (MQuiSS) to guide service improvement. Details of this quality standard are available via this link: http://bit.ly/14tlea4.

Sarah Greening, Health Information Coordinator for Health Education West Midlands was the final speaker of the day. She discussed two workshops organised in Birmingham and York which had shown that strengths and areas for development in patient information services vary according to local organisational structures. Sarah noted that libraries often say they are non or partially compliant in the LQAF patient information criterion (5.31). This was not evident from the information given by libraries in the workshops and she suggested that some libraries may be marking themselves down unnecessarily. She proposed that libraries work more closely with the broad range of in-house patient information providers, including PALS and Health Promotion teams. Sarah highlighted a range of cross-sector collaborative practices, whereby public and health librarians could work together, including information and
knowledge exchange and developing staff and patient access to the Reading Well Books on Prescription scheme.

Richard Osborn brought the conference to a close by thanking all speakers and delegates. He reflected on the day’s key themes and looked forward to organising a similar event in the near future.

All presentations from the conference are available from the LondonLinks website via the following link: http://bit.ly/12u4nm4.

A Storify of the day’s tweets is available via the following link: http://bit.ly/1br8Vxk.

Archana Deshmukh, MA Information Studies student at University of Brighton and Sharon Springham, Deputy Head of Library Services at Brighton and Sussex University Hospitals Library and Knowledge Service.

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Book review


This is the sixth edition of one of Facet's texts aimed at information professionals and students of librarianship and communications studies. Feathers believes that in order to understand “the so called information society in which we live, we have to understand how information has been accumulated, analysed and disseminated in the past” The book begins with a historical overview, where Feather connects key technological developments with the social changes that fuelled this development. This allows the reader to critique the technocentric view of the information society, which mainly focuses on information technology. Feather also introduces the paradox that technology has both made information more readily available, but access to that technology can be more difficult. This sets up parts 2 and 3, which explore the economic and social dimensions of information.

Feather begins part 2 of the book with case studies of the BBC and book pricing agreements, contrasting these with today's macroeconomic environment, where there is “intense competition to supply information and entertainment” and “cultural considerations count for little”. Feather also highlights a shift in responsibility for quality control, with the onus now placed on the user to effectively filter information. Part 3 focuses on the idea of information rich and information poor, using examples of the economies of various countries to demonstrate that political will influences the extent to which these inequalities are addressed. Feather also expands on the idea that information technology can widen the gap between the information rich and information poor, both on a macroeconomic level and for individuals unable to access technology and therefore their participation in society is restricted. This is followed by an overview of the four key ways in which the state can intervene in the information chain; intellectual property law, data protection, freedom of information law and censorship.

Feather concludes the book with a discussion of information professions, highlighting the broadening of librarians' roles as they become involved in teaching information skills and, in certain settings, provide advice about publishing and disseminating new information. Feather ends this chapter with a challenge to the professions – that we continue to miss opportunities to promote the contribution we can make to the social, economic and cultural change which has an impact on every citizen in the world.

*The Information Society* provides a useful overview of the information chain, and the key economic and social factors that shape and constrain information dissemination. Feather takes a 'pragmatic and empirical' approach, using practical examples to illustrate his text that the information professional and student can relate to their own
experience of consuming and producing information, and the issues they face in their own services in attempting to deliver the right information services to the right audience. However, the lack of in-text references makes it more difficult for the reader to follow up on the individual themes within this book - particularly important for a book with a target audience of curious information professionals! The ‘further reading’ pages could be slightly expanded and divided to follow each chapter. That said this book would be recommended, alongside key journals in the field such as *Information Society* and *Information and Culture*, for anyone interested in the wider impact of information on the social and economic development of both individuals and society as a whole.

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**Kennedy, Marie R and Cheryl LaGuardia.**  
*Martketing Your Library’s Electronic Resources. A how-to-do-it manual*  
204 pages. £49.95

The authors of this book are American and met at a Library conference in 2010. The statement in the preface sums up the issue of library marketing perfectly in that, if our users knew how much we make available to them online they wouldn’t use alternative resources (yes Google, I am talking about you!) but our users don’t know how much we can offer them so this book intends to show us how.

The book is clearly set out and very easy to read. The contents and illustrations pages are easy to navigate, which makes this a great book for those wishing to get some new ideas. There is also a handy notes column on each page (I assume it is a notes column - that is what I used it for!) and at the beginning of each chapter there is an overview of what is covered. Throughout the book there are hints and tips along the way.

My only quibble is the use of ‘patron’ rather than ‘user’- but as the book is written by Americans, I am going to have to ‘get over it’. It took all my willpower to stop myself whipping out my Tipp-Ex (other correctors are available). The fact that the information is not health specific was not really a problem - a resource is a resource.

In the NHS/healthcare we are constantly grappling with Google and the ease it can deliver information (although not necessarily evidence based!) as opposed to ‘click here, login here’ to access the evidence based information. This book shows us how to overcome those obstacles and convert our users away from Google. Although it is written from a general/public library perspective this books sets out to help us tell our users that out of all the resources available, ‘this is the one that they want’ (to misquote John Travolta and Olivia Newton John).
Early on, this book recognises that libraries need to market themselves and their services/collections better than ever due to the economic climate, heightened expectations and competition. We can no longer afford to have a mass duplication of resources as it eats into our ROI (return on investment). The section on statistics taught me that. There are references at the end of each chapter and excellent diagrams throughout. The authors take you through the various components of a marketing plan from devising it to revising it and the second half of the book is dedicated to sample plans - which I found really useful.

I feel that the book fits well into the general field of marketing - don’t let the ‘electronic resources’ put you off - most of the information is transferable to other resources. The authors are knowledgeable about their subject and I found the book written in a very informal way, similar to the notes you might take at a marketing workshop.

After reading this book I have come away with several ideas; the concept of a ‘rubric’, the variety of electronic resources available to my users and how they are displayed. I don’t work in an organisation big enough (let alone have that many resources to market) to warrant doing everything in this book but I have learnt a lot and I have a lot of new ideas to try. All in all, I think this is a good book for the examples and to get a few new ideas about marketing. I would recommend this book to those new to writing plans (marketing or otherwise) and possibly to those who would like to refresh/update their ideas.

I appreciated being made to think ‘why’ I needed to do this and also the idea that you can get away with a lot in marketing plan - well that is how I read it. It is a different beast to a strategy. In a nutshell, if you need to write a marketing plan (mainly for LQAF 5.1a ) then this is the book for you. Although aimed at electronic resources, by the end I decided I could use a majority of the information in the book for non-electronic resources as well.

Leanne Kendrick, The Queen Elizabeth Hospital King’s Lynn NHS Foundation Trust

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If you ever need to give a presentation, a one-to-one or group training session, or are keen to carry on learning while you work, you should read this book. As the title suggests, this is an assertive, cut-the-nonsense reference book which is aimed at library and information professionals wishing to design, develop and deliver excellent training sessions. Similar books have been reviewed in the pages of this newsletter over the last few years, and this No-Nonsense Guide complements that literature, as it isn’t just about information literacy or using technology in training, but is about the bigger picture of how to teach in such a way that participants
will learn most effectively (as well as how you yourself will learn on-the-job).

Barbara Allen is the Dean of Westminster Business School, with a background in managing workplace and academic libraries, and is well placed as an expert on this topic. She writes in a clear, somewhat formal style, with useful references which won’t overwhelm the reader. Typically, the content is based around providing a description of a training method or example of using technology in teaching, a section debating the pros and cons of the method, and then a case study is included to illustrate the point. The formatting is a huge strength of this weighty book, and makes it easy to navigate.

The text is organised into eight chapters: an introductory chapter; six chapters in Part One which cover the theory behind learning and teaching, how to make training interesting, using different technologies during training sessions, the practicalities involved, how to deliver face-to-face training, and delivering e-learning and blended learning; and one huge chapter in Part Two which covers 94 ways to learn in the workplace. The rationale for this structure is explained by the 70:20:10 model, which was developed at the Centre for Creative Leadership (2011), and suggests that workplace learning should be balanced with 70% of learning on-the-job, 20% from “social learning” (asking colleagues, shadowing etc.) and only 10% of learning coming from reading or attending courses. A quarter of the book is therefore dedicated towards discussing the pros and cons of the 94 workplace learning methods, which include writing book reviews, crises (a very helpful way of forcing learning opportunities onto the information professional, apparently!), interviews, mentoring, Twitter, and visits. You can easily skim through the chapter to pick out the methods that are more interesting to you.

Personally, I found the chapter on the three different approaches to learning and teaching (VAK, Honey and Mumford, and Dunn and Dunn) to be an excellent reminder of material that I learnt in a workshop three years ago, and the chapters on how to making training interesting, and the practicalities of running successful sessions, to be timely. I recommend getting hold of a copy of this book, and photocopy the Checklist for preparing a lecture or presentation, the table about Using Bloom’s taxonomy to write learning outcomes, the interventions for difficult audiences (such as managing a low-energy group), and the case studies with timing and activity suggestions for “an engaging database training session”. All of these will soon be pinned up by my desk as reminders for inductions and group sessions, or presentations to both readers and colleagues.

In sum, this is a book that you should stock in your library for those times when you need practical advice, want to dip in and out for inspiration, or when you need to remind yourself about how best to time your training sessions or engage your audience.

Eli Harriss, Bodleian Health Care Libraries

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Current literature

Social media and altmetrics

Palmer, L. (2013) Altmetrics and Institutional Repositories: A Health Sciences Library Experiment. eScholarship@UMMS (University of Massachusetts Medical School). [Internet] Presentation.

http://escholarship.umassmed.edu/lib_articles/142/ (Open Access)

This brief but informative presentation gives an overview of the University of Massachusetts Medical School's recent application of altmetrics in a collection held within the medical school's institutional repository, eScholarship@UMMS.


This article looks at the use of the health facet of Web 2.0 applications by health professionals. It focuses in particular on the delivery of information literacy agendas by health librarians for health professionals. The article is part of a free virtual issue on patient information. All articles are from previous editions of the journal.

Information seeking


In this paper, the authors revisit the important question of whether Google Scholar is a suitable tool to be used alone when searching for systematic reviews. Although Google Scholar is largely inappropriate for use in this context, the authors do highlight the areas where Google Scholar may be useful to health librarians and other individuals involved in the systematic review process.


http://www.netscc.ac.uk/hsdr/projdetails.php?ref=08-1808-243 (Open Access)

This poster provides details of 7 core disaster health information resources, as well as describing the National Library of Medicine/Medical Library Association certificate training program for disaster health information specialists.

http://www.netscoc.ac.uk/hsrc/projdetails.php?ref=08-1808-243 (Open Access)

The aims of this research were to analyse the information behaviour of health service managers in decision-making, to identify the facilitators and barriers to the use of information, and to develop guidelines for improving practice. The project was commissioned by NIHR Service Delivery and Organisation (NIHR SDO) programme.

Health librarianship and strategic planning


http://onlinelibrary.wiley.com/doi/10.1111/hir.12030/abstract;jsessionid=DDEE0D2ED22F0E0D541C69AE65819CAF.d02t01?deniedAccessCustomisedMessage=&userIsAuthenticated=false

In this article the authors summarise the main points of the review of the Status of Health Librarianship & Libraries in Ireland (SHELLI).

Library & information research


http://www.eahil.eu/journal/journal_2013_vol9_n2.pdf (Open Access)

This article describes SuRe Info, a new open access resource which provides research-based information relating to the information retrieval aspects of systematic reviews and health technology assessments. SuRe Info can be accessed here: http://www.htai.org/vortal/?q=sure-info. This article is part of a themed issue on international cooperation and networking. View the complete archive of EAHIL Journal here: http://www.eahil.eu/journal/

Danz, M. S. (2013) Incorporating evidence review into quality improvement: meeting the needs of innovators. BMJ Quality and Safety. [Internet] online first article.

http://qualitysafety.bmj.com/content/early/2013/07/04/bmjqs-2012-001722.abstract?papetoc (Open Access)

This article describes how a professional evidence review team (including an experienced librarian) was used to enhance quality improvement (QI) activities and create a culture of evidence based QI and innovation.
Library collections


http://commons.emich.edu/cap/2/ (Open Access)

This presentation provides details of a project exploring the application and use of mobile technologies by health professionals in the delivery of health & health-related information in clinical settings. The author goes on to make a series of recommendations for health sciences librarians to inform collection development.

Information literacy


http://eprints.uwe.ac.uk/20615/ (Open Access)

This interesting and quite substantial project report presents some interesting findings from a piece of research looking at ways of improving library and information support for students on placement.

Editor’s pick
This new feature is intended to highlight relevant research from outside the health libraries sector.


http://informationr.net/ir/18-2/paper580.html#.UfkNMkyud2A (Open Access)

This interesting research looks at the information seeking practices of pregnant women and considers the extent to which individual and social contexts impact on the process of searching for information.

Key points
• Information seeking is best understood in context, including the personal context which each individual brings to the search task.
• Emotions often play a role in the way different (patient) groups search for and respond to information.

Take home messages
• Information literacy may be better understood not as a skill, but rather as a set of practices situated within different contexts.
• Information literacy programmes should allow for individual differences in the way information is sought out and encountered.

Kath Williams, Information Specialist @ ScHARR
Contributions should be sent to egc03kw@gmailk.com

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Diary of events

22-26 September 2013
17th International Conference on Theory and Practice of Digital Libraries (TPDL)
Valletta, Malta
http://www.tpdl2013.info/
Range of package options

14-16 October 2013 (Workshops 14 October, Conference 15-16 October)
Internet Librarian International 2013
Olympia Conference Centre, London
http://www.internet-librarian.com/2013/
Early bird registration until 13 September. Range of package options.

13 November 2013
The King's Fund Annual Conference 2013
The King's Fund, Cavendish Square, London
http://www.kingsfund.org.uk/events/kings-fund-annual-conference-2013
Voluntary/Academic £275+VAT; Public £325+VAT; Commercial £395+VAT

19-20 November 2013
Online Information 2013
Victoria Park Plaza, London
http://www.online-information.co.uk/
Early bird registration until 27 September. Range of package options.

28 November 2013
Refresher critical appraisal skills workshop
BMA House, London
http://bma.org.uk/events/2013/november/refresher-critical-appraisal-skills-workshop
£160 + VAT (lunch included)

13 December 2013
Extended critical appraisal skills workshop
BMA House, London
http://bma.org.uk/events/2013/december/extended-critical-appraisal-skills-workshop
£160 + VAT (lunch included)

24-25 July 2014
CILIP Health Libraries Group Conference
University of Oxford, Oxford
Registration fees to be announced

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

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Obituary

Kathleen Irvine

The world of health librarianship was diminished on the 28th May 2013 with the loss of Kathleen Irvine, one of the Subject Librarians at the Highland Health Sciences Library, Inverness, in a hill-walking accident.

Although specialising in health librarianship Kathleen was well known across the whole library community. Her early experience was garnered in school libraries in Strathspey and on Islay before she moved into health related work. She was also interested in public libraries and was a CILIP mentor.

An appreciation has been published on the SHINE website at: http://www.shinelib.org.uk/news/583 and an obituary is also to be published in the CILIP Update magazine.

Rob Polson
Subject Librarian
Highland Health Sciences Library
Inverness

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Newsletter editorial notes

CILIP is the UK’s professional body for library and information professionals and includes the Health Libraries Group (HLG) as one of its subgroups. HLG has two regular publications: the Health Information and Libraries Journal (HILJ) and the HLG Newsletter. In a collaborative approach, they provide their joint readership with a comprehensive coverage of the health and social care information sectors. The HLG Newsletter is freely available to all across the globe and is posted quarterly on the HLG website. Published by Blackwell Publishing Ltd., HILJ is the official journal of the HLG. Reduced subscription rates are available to members of HLG, the European Association for Health Information and Libraries (EAHIL), the Medical Library Association (MLA) and the Australian Library and Information Association (ALIA). Members wishing to subscribe to the journal should order direct from Blackwell Publishing Ltd., 9600 Garsington Road, Oxford OX4 2DQ, quoting their CILIP membership number.

Contributions to the Newsletter should be sent to:

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Current literature
Kath Williams
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Diary of events
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HLG Members email discussion list

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

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