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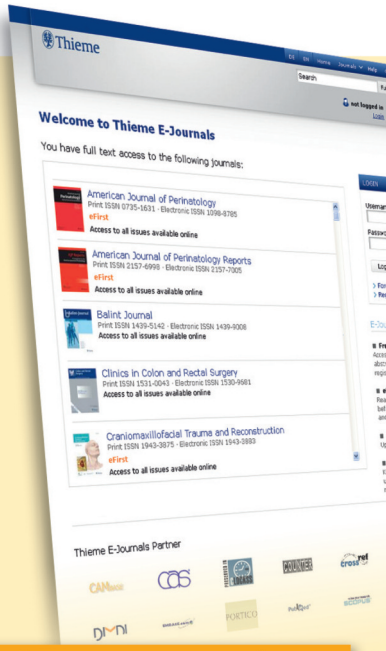

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A librarian at the heart of a hospital

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It is a hard task for clinicians to remain up to date with current medical information in the hustle and bustle of their everyday medical practices. Nor is it easy for them to find the information needed, often urgently, whilst making relevant decisions regarding the care of a patient. In the midst of complex health situations, actions are often taken with little to no support by the most recent medical evidence. In this context, the role of the clinical librarian can be extremely relevant; providing information on research evidence, supporting decision making, and being part of a clinical team can improve the health of the patients, carers, and of their the respective families.

Clinical Librarianship emerged in the annual meeting held last year in Dublin as one of the themes for future issues. It was approved by the Editorial Board and strongly supported by Gerhard Bissels, member of the Board whom also kindly recommended a possible guest editor. I am thus pleased, and honoured, to not only present this issue of the Journal, but to introduce its guest editor, to whom our deepest gratitude goes towards: **Tom Roper**, clinical librarian at the Royal Sussex County Hospital, Brighton, UK. I would like to thank him for having accepted to guest edit this theme issue on Clinical Librarianship and for the excellent work he has accomplished, attracting a number of interesting papers from European countries (Britain, Ireland, Denmark) as well as Iran and Australia.

During the 16th EAHIL Conference, to be held in Cardiff, Wales, UK on 9-13 July 2018, the Editorial Board of the Journal will reconvene to discuss about new possible themes. If you would like to suggest a topic, please contact me or a member of the Board.

JEAHIL is meant to be an open window on the different either carried out, or of interest by EAHIL and the sister organisations. I therefore encourage you not to miss the Letter from the President Maurella Della Seta, and the columns by Dianne Babski, Carol Lefebvre, Michael Eklund, Benoit Thirion and Letizia Sampaolo.

Please find a list of the next issues of *JEAHIL* and their content in the Table below.

JEAHIL future issues

Issue	Theme	Deadline
	2018	
3	Memories from the 16th EAHIL Conference, Cardiff, Wales, UK	5 August
4	Re-imaging libraries: partnership with businesses large and small (edited by Michelle Wake)	5 November
	2019	
1	No-theme issue	5 March

I'm very much looking forward to the next big gathering of the "EAHIL family" in Cardiff, and in the meanwhile wish you all lots of success in your different librarian roles, clinical ones included.
Federica

MONOGRAPHIC SECTION

Clinical Librarianship

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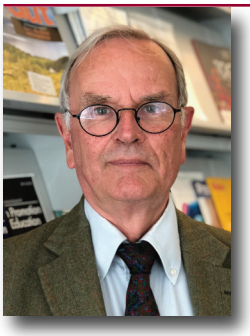

Clinical Librarianship

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I am grateful to Federica Napolitani, Editor in Chief of *JEAHIL*, and to the *JEAHIL* Editorial Board, for this opportunity to be guest editor of this monographic section of the June issue of the journal, on the theme of Clinical Librarianship.

If justification were needed, the response to the call for papers demonstrates the timeliness of our theme. Thus in this issue we have papers from Britain, Ireland, Denmark, and from Iran and Australia. These tackle questions such as the challenges in developing services, discussed, in different national and clinical contexts, at a national level by Mara Flynn and Louise Farragher in Ireland, by Mohammadreza Hashemian *et al.* in a gastroenterology department in an Iranian teaching hospital, by Kirsty Rickett in an Australian hospital and by Louise Stenholt, Lars J. Petersen and Conni Skrubbeltrang in Denmark. Hashemian *et al.* also raise the question of professional education for clinical librarians, very much a topic of the moment.

Lisa Lawrence, Anusha Panthagani and Maulina Sharma describe the impact of a clinical librarian on a dermatology department. Stenholt and her co-authors discuss embedded librarianship in a diagnostic, rather than the more common therapeutic service, a department of nuclear medicine with a strong emphasis on research, hence a large workload supporting systematic reviews and diagnostic test accuracy studies. Helen Williams, June White and Samantha Burgess look at the neglected, in the published literature at least, question of the emotional impact of work as a clinical librarian, through the use of a Schwartz round for clinical librarians at the 9th International Clinical Librarian Conference in 2017.

Clinical Librarianship has been with us since the pioneering work of Gertrude Lamb in the 1970s, was given fresh impetus by the movement for evidence-based healthcare, and most recently by the opportunities afforded by mobile technologies. The classical model of the clinical librarian on the ward-round and in the morbidity and mortality review meeting in acute hospitals has been applied elsewhere, in mental health and community health services, in public health, and primary care and commissioning. On the evidence of these contributed papers, there is every reason to be confident about the future of this profession within a profession.

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Clinical Librarianship in the Republic of Ireland: current trends and future opportunities

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Abstract
This paper will provide an overview of the current status of Clinical Librarianship in the Republic of Ireland. Two Clinical Librarians roles and a Clinical Informationist pilot project are described. Despite some evidence suggesting largely positive attitudes held by both librarians and clinicians towards the concept, Clinical Librarianship has not flourished in Ireland, as it has in the United Kingdom and elsewhere. This paper will explore the likely causal factors for this underdevelopment and look towards future opportunities for Clinical Librarianship in Ireland.

Key words: librarians; libraries, medical; professional role; evidence-based practice; Ireland; clinical librarian; embedded librarian; clinical informationist.

Introduction

Health libraries in the Republic of Ireland are largely based in three environments: hospitals within the Health Service Executive (HSE) and voluntary hospitals; academically based within the higher education sector; and within the voluntary, state, semi-state and research sector. Clinical Librarianship is not well established within any of these settings in Ireland. The development of Clinical Librarian (CL) roles has been *ad hoc* and sporadic, usually involving stand-alone CL roles rather than the strategic development and growth of CL teams, as has happened internationally. Career advancement opportunities in health libraries in recent years have been meagre, indeed the system has failed to maintain previously established staff numbers and backfill vacated posts. The number of library staff within the HSE, which employs the majority of hospital based librarians, has decreased by one third since 2006 (1). This significant decrease in resourcing has led to difficulty in maintaining existing library services, which in turn has stifled the development of new posts. In spite of such challenges CL posts have developed and are described herein. Likely factors contributing to the current status of Clinical Librarianship in Ireland are explored in this paper with a view to identifying critical success factors for the development and sustainability of future CL initiatives.

Clinical Librarian roles

Two CL roles are currently in place in Ireland. The first is an embedded CL within a mental health setting in Cork City. The post holder is a solo CL and provided an overview of their role through personal communication with the authors. This role includes: managing a physical library collection in a clinical setting; supporting colleagues from all disciplines to meet their information needs, including literature searching; and an administrative role. The CL works with medical, nursing, social work, psychology, occupational therapy and management staff. Patient care is central to the role and the CL emphasises that: "working on a ward means that often you see not only the problem, but also the outcome of the information related intervention. It helps reaffirm the need for information professionals in clinical settings." The CL also supports the continuing education of staff: "it is also my duty to provide support in sustaining [a] learning culture (…) I aim to reinforce known knowledge, help with access to most current research for case studies or journal clubs, and promote good practices through enhancing awareness and access to best practice guidelines"(2).

The role also features a significant administrative component. This includes: data entry and report

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compilation on incident and accidents for a unit in collaboration with the Risk and Patient Safety Advisor; membership of the Clinical Audit Review Committee including the undertaking of regular clinical audits; and Conference Administrator for mental health conferences.

The post-holder finds it challenging to balance both the library related and administrative components of the role and to develop the library service "as issues arising on the ward almost always appear more urgent". Such challenges are balanced by the opportunities to determine the impact of the role: "it is a very busy post, trying to juggle a number of roles, and at times the environment can be hectic, but being able to develop the service, motivate and help health care staff, see the reality of life in the ward and liaise with outside groups is very rewarding". The post-holder does not identify with one of the CL models identified by Brettle *et al.* (3), stating: "I am not sure if any of these, or perhaps only one of these, is my style. I am more flexible than these two categories – if needed I can provide a synthesis (generally for management), but generally I only help with literature search and management of results. Health care workers, especially doctors, prefer to read through their own materials and make their own decisions."

The second Clinical Librarian post is based in Beaumont Hospital, a large, urban public hospital in Dublin. The post is based in the Royal College of Surgeons in Ireland (RCSI) library service in the hospital, and the service includes two library assistants. The information about this role was provided by the post-holder through completion of a questionnaire (4). This permanent role evolved from an existing assistant librarian role and was renamed to emphasise the library services available to staff in a clinical setting. The role includes managing the hospital library (including library administration, collections management, facilities management and customer services) and providing library services (clinical query service, literature searching, teaching and learning services including journal club and department presentations, student classroom lectures and training, and individual tutorials) for researchers, clinicians, nurses and undergraduate and postgraduate students. There has been an increasing demand for literature searching support over the last ten years. In addition the CL has taken part in an initiative entitled 'Clinical Librarians supporting NCEC' where Irish health and medical librarians worked with teams on the Irish National Clinical Effectiveness Committee to support the literature review stage of clinical guideline development (5). In terms of the four models of Clinical Librarianship identified by Brettle *et al.* (3) this post combines elements of both the Question and Answer Service and Outreach models, and does not include additional critical appraisal and synthesis services to date.

Another CL-related initiative took place in Beaumont Hospital in 2008 with the establishment of a Clinical Informationist (CI) pilot project. Dr. Beatrice Doran (former Director of the Library at the Royal College of Surgeons in Ireland) together with the RCSI Professor of Medicine, Professor McElvaney, secured funding from The Charitable Infirmary Charitable Trust (CICT) to introduce the concept of a CI service to Ireland. The funding enabled Dr. Doran to hire a librarian (Ms. Maura Flynn) to this post to provide a CI service. The CI worked with the Cystic Fibrosis multidisciplinary team and associated research staff and later joined an Endocrinology team.

At EAHIL 2009 Doran and Flynn shared the initial results of the research project (6). The RCSI/Beaumont CI service was very well received by clinical and research team members. The service was heavily utilised, particularly by senior decision makers. Additional funding enabled the service to be extended by a further six months. An evaluation of the service found wide ranging benefits for patient care, research and the continuing professional development (CPD) of the staff. The CI also collaborated with team members in the publishing of a number of clinically orientated papers (7-11).

The CI project incorporated the Question and Answer Service and Outreach models as outlined by Brettle *et al.* (3) and sometimes included critical appraisal of results.

Discussion

The underdevelopment of Clinical Librarianship in Ireland is an extension of the paucity of career advancement opportunities for librarians within the Health Sector. Following research commissioned by the Irish Health Sciences Libraries Group (HSLG) a report on the status of Irish health libraries was published in 2011 (12). This report advocated the development of Clinical Librarianship and noted that many health librarians were just "one step away from

Clinical Librarianship" particularly librarians fulfilling specialist or information roles, who providing user training and literature searching and analysis as significant areas of activity, two areas considered key to the successful delivery of Clinical Librarianship. The report also highlighted the importance of Clinical Librarianship in the eyes of the librarians interviewed for the research, with one participant asserting: "Clinical Librarians are key to our survival at hospital level" (12, p. 17).)

In other Irish literature Lawton strongly advocated the value of the embedded librarian in the Irish Health System and outlined the steps being taken by librarians to support clinical information needs, such as the work with the National Cancer Control Programme and development of a clinical query service (1). Dalton evaluated the impact of a clinical query service using a survey methodology and outcomes included: time saving for staff; influencing clinical decision making and clinical practice; impacting upon clinical policy; reducing risks and errors (13). Flynn and McGuinness found that Irish clinicians' attitudes to the introduction of a CI were predominantly positive (14). Interestingly, one participant suggested that the role of CI is already being done by librarians, stating: "this would be excellent - many librarians already do this work" (14, p. 29). Again this comment may reflect the proactive engagement of librarians with clinicians to meet their information needs, regardless of their place of work or job title.

Future directions

Ireland's two Clinical Librarians work in different health settings with different levels of additional support, and provide varying levels of "embeddedness" given the administrative constrains under which they work. One role appears to have more of a ward-focus, but both are specifically promoted to clinical teams in addition to all hospital staff.

Key success factors in the sustainable development of CL services in Ireland include: on-going and sustained funding; partnering with local and/or national champions to identify suitable CL opportunities; bespoke training for CLs, as recommended by Harrison and Beraquet (15); prioritisation of CL roles for hospital-based librarian staff over and above existing responsibilities; and evaluation of the service to demonstrate value, using robust methodologies such as those outlined by Brettle *et al.* (3). All of this would require significant planning, organisation and investment.

In December 2016 a new post of National Health Service Librarian was created and filled, and the HSE Library Service was reorganised to become the National Health Library and Knowledge Service (NHLKS). The NHLKS launched its first Strategy –*Turning knowledge into action: enabling care, improving health* in April 2018 (16). This strategy proposes the development of 5 national virtual teams delivering the following services:

- Network of Library Sites & Resources;
- Knowledge Search & Summary Service;
- Digital Knowledge Service;
- Knowledge Broker Service;
- Information Skills Development Service.

The strategy does not specifically mention the role of CLs or explicitly envision the development or expansion of a formal CL service across the hospital network. Initially, the strategy seeks to build and expand on current staff, physical and electronic resources followed by development of additional research-focused support. Dr Ana Terres, head of the HSE Research and Development unit overseeing the implementation of the strategy does see parallels with CL in the development of the HSE Knowledge Broker Service which will "embed expert librarian support (…) from defining the problem to identifying evidence-based interventions, facilitating implementation of that knowledge into practice, and capturing knowledge to evaluate impact" and in the Knowledge Search and Summary Service, which will "[produce] concise, outcome-oriented, action-focused evidence summaries presented in a format that is easy to understand for decisions at point of need" (17). The strategy will significantly shape hospital-based library services in Ireland over the coming years and while it does not preclude the development of CL roles it may not lead to the prioritisation and evolution of such roles within the HSE. The potential for development of CLs in other health libraries remains a possibility subject to funding and clinician championing at local level.

Finally, the role played by librarians in teaching evidence based practice to healthcare professionals and healthcare students is evident from a recent report prepared for the Department of Health in Ireland (18). This report recommends access to Clinical Librarians and information professionals as a strategy for overcoming evidence based practice teaching and learning barriers.

Conclusion

This paper has provided an overview of Clinical Librarianship in Ireland. While the future of Clinical Librarianship in Ireland is uncertain, the roles that have been created demonstrate that where Clinical Librarian and Informationist roles are developed and supported, they can be successful, sustainable and highly valued by clinicians and decision makers.

Submitted on invitation.
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A Schwartz Round for Clinical Librarians – a case study

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Abstract
The authors, based on their involvement in supporting Schwartz Rounds at their hospital, presented and facilitated a Schwartz Round at the 9th International Clinical Librarians Conference in 2017. The paper discusses the preparations for the Schwartz Round, and the logistical and emotional issues encountered beforehand and on the day. They plan to hold future Schwartz Rounds on a regional basis.

Key words: librarians; empathy; emotions; organizational innovation.

Background

Following the terminal illness of healthcare attorney Ken Schwartz, The Schwartz Center was established in 1995 in the United States to ensure that all patients receive compassionate and humane care. One initiative is the Schwartz Round. This is a "group reflective practice forum which provides an opportunity for staff from all disciplines to reflect on the emotional aspects of their work" (1). The Rounds intend to help staff to explore and reflect upon the challenges and rewards of providing care; they are not for problem solving despite the instinct to want to find solutions.

Schwartz Rounds have been taking place at Hampshire Hospitals NHS Foundation Trust since 2013. Topics have included cross-site working, dealing with a fire, getting it right when it goes wrong, and maintaining safe staffing levels during a flu outbreak. Hampshire Healthcare Library Service (HHLS) has been supportive of the Rounds by attending, producing supporting material, and a Knowledge Specialist has now been trained as a Schwartz Round facilitator through the Point of Care Foundation (licensed to support Schwartz Rounds in the UK.)

A Schwartz Round for Clinical Librarians

Knowledge for Healthcare (2) encourages library services to embed knowledge specialists within clinical teams to provide services at the point of need. Becker and McCrillis (3) have shown that knowledge professionals can be affected by direct patient contact. Schwartz Rounds could be an opportunity for knowledge professionals to share their experiences and can help curtail the emotional toll of patient contact. HHLS was invited to facilitate a Schwartz Round (entitled The Emotional Impact of being a Clinical Librarian) at the 9th International Clinical Librarians Conference in 2017. Having gained permission to carry out the Schwartz Round from The Point of Care Foundation, a panel of three clinical librarians from across the NHS in England agreed to share, with a small audience, stories where direct patient contact had deeply affected them.

The process of the Schwartz Rounds begins with panel preparation that is usually done face to face, but in this case it was done through email, which was challenging as the facilitator only knew one of the panellists and none of the panellists knew each other – unusual for a Round where panellists are usually members of the same organisation and often get to meet as a group to share stories before the Round. Preparation is important as there is a duty of care to the panel members (4) as they are presenting in public and revealing something about themselves that they may not normally choose to do.

> "Speaking in front of the small, but very selective audience at ICLC made me feel quite nervous, but I managed to 'hold it together' and working with other librarians who shared a common interest was a delight!" (panellist).

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It was disheartening that very few people signed up to be the audience for the Round but this may have been due to unfamiliarity with the concept. However, in the end this was advantageous as it gave opportunities for all of the audience to speak and share their own stories.

> "Telling my story was a really cathartic experience. I had mentioned bits of it before to others, but this was the first time I told it all explaining all my emotions and felt that I was with people who understood" (panellist).

The panellists had varying degrees of experience in the NHS but all were embedded with clinical teams. After the panel shared their stories audience members opened up to describe their experiences. Common themes included not knowing the outcome of a patient and identifying with an individual patient.

It should be noted that Schwartz Rounds are usually multidisciplinary and do not tend to focus on a single staff group, i.e. clinical librarians. But the panel felt strongly that clinical librarians are not often given the opportunity to debrief in the way that clinicians do, and as non-clinicians there is a tendency to feel over-awed and uncomfortable in the clinical environment (5). This, therefore, was an opportunity to allow clinical librarians to explore their issues in being at the coal-face, as it were.

Despite the initial apprehension around sharing their stories, the panel members found the experience useful to reflect on the emotional side of having direct patient contact.

> "I thoroughly enjoyed the experience. Having attended a number of Schwartz Rounds in my local Trust as a member of the audience, it was a great experience to be on the other side. Working on the wards, personally made it easy to write about a specific patient case which had affected me. I found writing my reflective thoughts down very cathartic and easy to do, even though I don't actually consider myself to be very reflective!" (panellist).

The open environment of this particular Schwartz Round is clearly demonstrated in this comment.

> "It was lovely how the session naturally evolved into an inclusive group Round. Once the panellists had broken the ice with our stories, others started voicing their own experiences, and by the end there was no distinction between panellists and audience (I think nearly everyone shared something)" (audience member).

While there are many clinical librarians around the country, they may work in isolation as the only clinical librarian within the ward team, and so the Schwartz Round "helps to increase understanding between colleagues, and so reduce isolation and provide support" (6). In addition to which, the librarian may be the only person in the team seeing patients directly. The rest of the team may not understand what the librarian might see or experience:

> "As a fairly new clinical librarian (…) it is reassuring to know now, as I become more established in my clinical librarian role, that I am not alone with these sometimes uncomfortable experiences" (audience member).

Although Rounds are not for problem solving, it seemed appropriate to spend a few minutes at the end of the Round discussing how emotional support could be given to clinical librarians who may not be included in a clinical team debriefing. Librarians may not feel it appropriate to share details of patients and cases with library colleagues: ideas discussed included remote buddying, reflection, and discussing issues within a national or regional clinical librarians group.

> "It was interesting that we focused so much on our interactions with patients. There are other parts of the job that I find emotionally draining, but perhaps the patient interactions are the most powerful and the ones we are least prepared for. More specifically, for all of us it seemed to be individual patients that left the deepest mark" (audience member).

Conclusion

Although the audience was relatively small with about seven people attending (plus the three on the panel and the facilitator), the feedback indicated that both the panel and the audience appreciated having the protected time and space to explore the emotional impact of being a clinical librarian.

> "Being a panellist at a Schwartz Round has made me think about the emotional wellbeing and impact of being a Clinical Librarian and I am sure there would be some weight and interest in doing further study into this aspect" (panellist).

There are currently plans to run another Schwartz Round at a regional study day in England, thus increasing the opportunity to share experiences and reflect on those thoughts and feelings. Given the relatively limited opportunity to explore the emotional impact of being a clinical librarian, this was a worthwhile experience and we would encourage people to attend a Schwartz Round if at all possible.

Submitted on invitation.
Accepted on 14 May 2018.

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Establishing a Clinical Librarian service: a practical framework

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Abstract
The process for designing and implementing a Clinical Librarian service is a topic not often detailed in the published literature. The utilization of project management tools and a planned strategic approach for the development of a Clinical Librarian project is briefly outlined in this paper.

Key words: libraries, hospital; librarians; program development; planning techniques; information services.

Introduction

Clinical Librarians are an example of embedded librarianship, a model which can be found throughout the world, usually within a hospital setting. They may provide a distinct library service within their environments, or, in the case of teaching hospital libraries, may work in conjunction with other health librarians. Whilst the evaluation of Clinical Librarian (CL) programs (1, 2) and case studies describing new CL projects have been well explored in the literature, publications detailing the process of initiating a CL service are sparse. The University Hospitals Leicester, as part of the National Health Service (NHS) in the United Kingdom have some brief and helpful guidelines around how to set up a CL service (3, 4). However, a formalised framework model of how to establish a CL service is lacking in the published literature. Whilst each environment and service is different, this brief framework used to establish the CL service at the UQ Mater McAuley Library in Australia may provide a useful guide for others.

Background

The UQ/Mater McAuley Library is jointly funded by The University of Queensland and Mater Misericordiae Hospital. The CL service started on a trial basis in late 2010. After many years of evaluation of service, renewal of contracts and negotiations between institutions, the contract position has become permanent, although as with any service, it continues to evolve with internal and external environments. The service was initiated and managed using strategic planning and project management approaches. These strategies provide a practical framework for developing a Clinical Librarian Program.

Before starting: tools and preliminaries

Ethics and legal issues

Clinical Librarians are privy to confidential patient information – it is imperative that ethical clearance from the institution is received and that all responsibilities in regards to ethical expectations are communicated and accepted prior to CL service delivery. All hospitals should have an ethics and/or governance contact person to facilitate this process. It is also recommended that the legal department is consulted to develop a disclaimer statement on the documentation provided by the clinical librarian, advising that the information is not provided as a health practitioner but as an information professional and is also provided within time and resource constraints. Ensure ethical clearance and appropriate consent is obtained prior to collecting data if the results of the project will be published.

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Identify key stakeholders

In any new initiative, there will be key stakeholders who will be interested in the outcome of the service and will be determining if the service will continue. It is important to understand who these people are and how they envisage what constitutes a successful delivery of the service. What outcomes do they want to see achieved in the timeframe and are these reasonable and deliverable? These factors need to be considered prior to initiation of the service to ensure that the relevant data is collected right from the start.

In addition to the key stakeholders deciding the future of the service, are those directly engaged with the service. They can include, Doctors, Nurses, Allied Health Professionals, Patients, and the University or School (if relevant).

SWOB Analysis

As part of strategic planning for the service at the library, a SWOB analysis was performed (*Figure 1*). A SWOB (Strengths, Weaknesses, Opportunities, Barriers) analysis is a basic tool often used in business, which assists in maximising strengths and opportunities and minimising weakness and barriers to successful service implementation. The process can also help define the service within deliverable boundaries, exploring internal and external factors that can influence service delivery.

Strengths	Weaknesses	Opportunities	Barriers
Resources and tools of trade readily available (e-resources, iPad provided, physical library onsite)	Some cross over with Librarian roles - lines of duty not obvious and need negotiating	Library promotion in areas which may previously have not been readily accessible	Licensing restrictions/complications to online databases (UQ staff/students/Mater - all different levels of access and different online
Strategic relationships between university library and hospital already in place	As dealing with multiple departments, there can be conflicts in time commitments (e.g.: unable to attend Grand Rounds as this conflicts with Paediatric journal club).	Research/Educational opportunities	Potential practitioner resistance to EBP principles and/or librarian involvement in clinical setting
CL already employed at home library and therefore already has contacts and presence in the Mater environment		Junior doctors on rotations can act as a link to expand services into other areas	Library staffing resources
As the role is dedicated to assisting hospital staff, time is 100% devoted to them, with appointments/time not constrained by desk work or meetings off campus			Resistance to adopting new technology for varying reasons
Attending rounds meetings and journal clubs enables greater understanding of the subjects and topics of concern, which then translates into a more efficient searching and comprehensive service.			Junior doctors on rotations - difficult to contact and gaining feedback challenging

Fig. 1. *SWOB (Strengths, Weaknesses, Opportunities, Barriers) analysis.*

DIME

The DIME framework (Design / Implement /Maintain /End and/or Evaluate) was used to guide the development of the whole CL project. It was revisited after the initial one-year trial which was extended into a further 3-year contract.

The amalgamation of these frameworks can be seen in *Figure 2*. Incorporated within DIME is another tool, the User Needs Analysis. Each phase of DIME will be explored as a process, with the focus being on the designing and implementing part of DIME.

Phase 1: design the service

Identify targeted client groups

There are several different approaches to identify which areas or departments of the hospital to consider for CL service coverage. This decision making process could be driven by the strategic goals of the organization, For example, selection could be based on supporting areas of excellence identified as a key service of the Hospital or, alternatively, to support Hospital departments where quality improvement has been identified as a priority. It may be helpful to have a goal of how many

2010 DIME		2012 DIME	
Goal	**Strategies**	**Goal**	**Strategies**
Stage 1 Establishing/Designing Service		**Stage 1 Establishing/Designing Service**	
1.1 Identify 3-5 key areas where service will be focused (at least 1 medical, 1 allied health and 1 in the private)	Draft email to be sent to key players Send email to contacts identified by manger and hospital contact and explore other options	1.1 Establish the service in 2 additional departments each calendar year	Utilise contacts to identify interested parties; contact via email or in person to discuss the role Attend sessions such as Paed Grand Grands, Medical Grand Rounds and Paed M&M committee to establish contact with wider departmental base
1.2 Identify needs and expectations of the relevant departments	Speak to representatives of the relevant departments Design and conduct a user needs analysis survey	1.2 Identify needs and expectations of the relevant departments	Speak to representatives of the relevant departments Conduct a user needs analysis survey
1.3 Establish achievable Key Performance Indicators for the service	Access Mater KPI's (General and/or departmental) Liaise with key players to finalise	1.3 Establish achievable Key Performance Indicators for the service	Access Mater KPI's (General and/or departmental) Liaise with key players to finalise
1.4 Establish a communication portal/reporting mechanism	Create a blog for relevant departments to access - may include database of queries, surveys, online appointment queries etc. Create before/after questionnaires based on KPIs and user needs analysis	1.4 Establish a communication portal/reporting mechanism	Investigate options such as specialised online form, twitter/facebook presence Ensure appropriate data and statistics are being recorded
1.5 Define boundaries and parameters between role of Clinical Librarian and Librarians	Once departments are identified, meet with librarians at other UQ hospital libraries to discuss issues and formulate boundaries		Feedback mechanisms - Libliaise (reports) ; emails ; feedback attachments.
Stage 2 Implementing Service		**Stage 2 Implementing Service**	
2.1 Effectively promote the service to relevant departments	Create a flyer to distribute physically and electronically, post around key areas Contact players on relevant grand rounds to offer assistance Deliver presentations to departments with details of service, literature background Contact relevant parties to get article published in monthly Mater News magazine	2.1 Effectively promote the service to relevant departments	Contact players on relevant grand rounds to offer assistance Deliver presentations to departments with details of service, literature background Another Mater News article during the year
2.2 Collect Data for performance measurement	Administer "before service" questionnaire to relevant departments, consider any relevant outcomes in service delivery	2.2 Collect Data for performance measurement	User needs analysis and feedback survey during the year
Stage 3 Maintenance of Service		**Stage 3 Maintenance of Service**	
3.1 Ensure feedback is being given for all aspects of the service	Providing easy and quick feedback mechanism Where possible, administer before and after questionnaires for each service/query and record all other informal feedback	3.1 Ensure feedback is being given for all aspects of the service	Providing easy and quick feedback mechanism Where possible, administer before and after questionnaires for each service/query and record all other informal feedback
3.2 Ensure service is continually meeting the needs of departments	Contuinually consult feedback, by considering user needs analysis, continusous feedback and make any changes accordingly	3.2 Ensure service is continually meeting the needs of departments	Contuinually consult feedback, by considering user needs analysis, continusous feedback and make any changes accordingly
Stage 4 Conclusion/Ending/Evaluating Service		**Stage 4 Conclusion/Ending/Evaluating Service**	
4.1 Evaluate the success of the CL service	Arrange focus groups with interested parties (3rd party to administer) Administer "after service" questionnaire to relevant departments, collate and analyse data	4.1 Evaluate the success of the CL service	Administer "after service" questionnaire to relevant departments, collate and analyse data
4.2 Publish a paper on the experience		4.2 Publish a paper on the experience	
4.3 Report on the outcome of the project with a view to inform the decision making process	Write report including results and recommendations	4.3 Report on the outcome of the project with a view to inform the decision making process	Write report including results and recommendations

Fig. 2. *The DIME framework (Design / Implement /Maintain /End and/or Evaluate).*

departments can be supported with the given resources.

Information to inform this approach could come by direct request from the key stakeholders, or identified by consulting strategic planning documents and annual reports. Other approaches could involve a random sampling of departments across the hospital or blanket outreach as a call for interest, with the first few departments to respond selected for inclusion.

Identifying, approaching and having a department accept the CL service may take some time, so patience and persistence is required. If the hospital already has a connection with the library, this facilitates the process, where library champions may readily be contacted and can also recommend the service to other departments.

Also, consider that areas outside of the hospital clinical areas, such as clinical safety, audit and education, may also be interested in support from an information specialist.

User needs analysis

Upon approval and invitation to a team, it is important to ascertain the best way to support them. In this case, a User Needs Analysis questionnaire (*Figure 3*) was distributed to garner their

Questions	Potential Responses
Which department are you from?	
How much Clinical Experience do you have?	Less than 1 year Between 1-5 years Between 5-10 years Between 10-20 years 20+ years
What is your role?	Doctor Nurse Allied Health Professional
What is your level of exposure to EBP (Evidence Based Practice)?	I have not been trained nor experienced EBP in the clinical environment I have not been trained, but I have experienced EBP in the clinical environment I have received training, but have not experienced EBP in the clinical environment I have received training and have experienced EBP in the clinical environment
What do you see the roles/duties of a Clinical Librarian (CL) (you may tick more than one)	Helping to train health professionals in information seeking, retrieval and evaluation Helping to support EBP practices through participation in journal clubs Undertaking literature searches for health professionals for clinical questions arising at the point of care Helping to provide/source reputable consumer based information for patient distribution All of the above Other
Would you be interested in the CL being involved in your journal club?	Yes/No/Not Sure/Not Applicable
How would you like the Clinical Librarian to assist you with the journal club? (You may tick more than one)	Helping to establish the club; Attending each session, assisting & following up with information related queries ; Helping source articles and support materials for the meetings; Attending specialist meetings upon invitation; Providing training opportunities during the meeting; All of the Above; No assistance requested; Other - please specify
Would you be interested in the Clinical Librarian becoming involved in EBP within your department?	Yes/No/Not Sure
If yes, how would you like the Clinical Librarian to assist you with EBP? (You may tick more than one)	Providing regular training sessions/facilitated workshops; Providing ad hoc training as required; Attending our EBP meetings, assisting & following up on any enquiries; Other – please specify
Would you be interested in having the Clinical Librarian attend/assist during rounds/meetings?	Yes/No/Not Sure/Not Applicable
Do your patients/patients families ask for information about their conditions?	Yes/No
Would you like the Clinical Librarian to assist in sourcing and compiling consumer health information for you to distribute to your patients?	Yes/No
Would it be helpful to have the Clinical Librarian located in your department at a set time each week, available for consultation?	Yes/No
Are there any other ways in which you envisage a Clinical Librarian could assist you?	
What do you perceive could be the benefits of a Clinical Librarian Service? (You may tick more than one)	Saving time - if librarian can undertake searching, or train in effective searching, there may be more time for other essential duties; Offering support - providing assistance and encouragement in seeking/evaluating information; Improving Patient Care - by finding clinical evidence, providing consumer health information, helping foster EBP etc.; All of the above I don't anticipate any benefits; Other - please specify

Fig. 3. *User Needs Analysis questionnaire.*

understanding of the service and how it could support them. This process is a two-way opportunity to find the challenges each particular department has, or identify recurrent themes across the hospital in relation to information needs. In addition, the CL can explain the various services and support the library can provide. Through the two way communication process of "Ask and Tell", (Asking the teams about their own needs and challenges, and then Telling what services and expertise can be provided by the CL and/or library), innovative solutions can be identified and explored.

Define KPIs for service

Create or consult SMART (Specific, Measureable, Attainable, Relevant and Timely) goals and Key Performance Indicators (KPIs) for the service, ensuring that you are mapping them back to the organizational goals. What outcomes do the stakeholders want to see? What does the CL wish to achieve in this timeframe? What are the departmental/client goals for the service? How do these match the organizational KPIs? Consider whether the expectations match the resources invested, and whether this is feasible.

Establish a communication and reporting mechanism

Consider creating guidelines and timelines for communicating the ongoing evaluation of the service and any continuing improvement initiatives. Identify the audience, what data you need to collect, how often you are required to report. Consider what options to provide the teams for communicating results.

Define boundaries

In our case of a hybrid library, which services both hospital staff and students/academics/researchers at a tertiary institution, cross over with other librarians needs to be minimized by defining boundaries and pathways to triage. Defining boundaries includes boundaries for the service: such as time boundaries (e.g. 1-year trial), client group boundaries (e.g. by profession or department), what services you can offer (e.g. journal club support, clinical rounds support, literature searching, guideline development), how they are offered (presence at clinical meetings, in person training sessions, creation of online content). These can be created considering the available resources and the outcome of the user needs analysis. Defining boundaries can also identify gaps in services to inform the final report and define the scope of service for the future.

Phase 2: implementation

Promotion and marketing

Consider how you will promote the service to your teams and the key stakeholders. Strategies could include: engaging champions for the service amongst well established library advocates or heads of department, utilizing portals like newsletters, blogs, social media pages, presenting at orientation sessions and/or journal clubs.

Collecting data

Once introduced to the departments, the questions were administered to the teams. Data from the User Needs Analysis was collected, analysed and a tailored service for each department was devised.

Phase 3: maintain

After the CL is embedded in the team, the service is in maintenance phase. During this time, it is important to ensure that any required data is gathered continuously in line with the planned guidelines.

Ensure that any feedback received during the trial is actioned and that continuous improvement activities are documented.

Fulfil any reporting requirements to both the teams and the key stakeholders as per the requirements identified in the design phase.

Once embedded, adapt to the departmental environment. It is important to be proactive and to recognize and take advantage of any opportunities as they arise. In some cases, you may not specifically be asked questions in the rounds meetings but you may observe some debate on a topic – creating the opportunity to research the literature and provide feedback to the team. Identify any opportunities for service expansion which could be added to the SWOB analysis for the final report.

Phase 4: your time is up! Ending/evaluating the service

With any new initiative, whether it is a trial, pilot, project or a more permanent service addition, an evaluation is required. The last stage of DIME involves evaluating the impact of the service according to what

was defined in the design stage. In our case example, this involved an "after questionnaire" – collating and analyzing the results and writing a final report for submission to the key stakeholders. Over the extended period of time that the service contract was extended and renewed, the key stakeholders often changed and therefore the outcomes of interest and preferred ways of reporting changed. Depending on the length of the project, it may be a good idea to confer with the key stakeholders at regular intervals to ensure the goals and reporting criteria are still relevant.

Final points

Be adaptable: work with your teams and adapt your skills and resources to their own unique needs and environment.

Be realistic: design and promote the service in line with the resources you have. Start small and consider the impact of Quality vs Quantity. If demand is in excess of supply, incorporate this into your SWOB as an opportunity for expansion or exploration.

Be proactive: avoid just waiting for people or requests to come to you, be alert and intuitive to opportunities as they arise and promote your skills and service to your teams.

Be visible: attendance at regular group meetings like journal clubs, clinical meetings or rounds is a great way to promote the CL service and the library generally. It is also a great opportunity to promote EBP (Evidence Based Practice) to your teams through modelling behaviours.

Be accountable: maintain statistics and information about the CL service to provide to the key stakeholders.

Be supportive: health practitioners are extremely busy and are often expected to fulfil clinical, educational and research responsibilities. The CL can support them by saving them time, acting as an information mentor and linking them with the appropriate support in their various roles.

Conclusion

This paper has provided an example of using strategic management tools to design and implement a Clinical Librarian service as part of a project initiative within a jointly funded hospital and university library. Although it is a brief outline, it is hoped that some of these framework tools will be of assistance to others who are establishing a Clinical Librarian service.

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Initial experiences of embedded librarianship at a Danish University Hospital

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Abstract
The aim of this article is to summarise and present experiences with embedded librarianship, particularly in a diagnostic biomedical field, and reflections on how medical librarians can form partnerships in research teams to produce systematic reviews to strengthen the scientific basis in medical research. The article also outlines the different roles of the librarian as from the perspective of stakeholders and in light of the current literature. Additionally, the article describes some of the potentials and pitfalls in the role of an embedded librarian in a clinical research team.

Key words: medical libraries; library services; information literacy; professional competence; evidence-based medicine.

Introduction

Partnerships between libraries and faculty in health science is presently an established part of academic libraries' portfolio of services. A brief search of the literature on inter-professional collaboration between librarians and faculties in biomedicine showed that most of these collaborations were built around teaching and developing information literacy (IL) and evidence-based practice skills (1, 2). Collaborations outside the library or the curriculum are much less present in the literature. Although there is a solid and growing body of literature regarding librarians working with systematic reviews (3-6), few studies have focused on librarians embedded in clinical research teams (7).
In parallel to an exponential rise in scientific publishing (8) within biomedical research (9), there is also an exponential increase in the number of published systematic reviews and research syntheses. This is also the case at Aalborg University Hospital. Doctors are only able to read a fraction of these original articles per year (10, 11). Knowing how to find, select, use and appraise academic papers is essential for doctors when they do research as well as part of their clinical work, but research demonstrates, that doctors' level of IL skills upon graduation are low (12). Thus, there is a clear need to support doctors and assist them with literature searches. Forming teams and collaborations with researchers is one way to achieve this goal.
The objective of this article is to reflect upon the inter-professional experiences drawn from both the partnership itself and working as an embedded librarian in the Department of Nuclear Medicine at Aalborg University Hospital, particularly in terms of literature searching and supporting systematic reviews as well as clinical guidelines.

Embedded librarian at the Department of Nuclear Medicine Bone Group

The Medical Library at Aalborg University Hospital in the North Denmark Region is a health scientific library with six employees, including the head of the library. In 2013, the library launched the "Research Librarian" project to further develop the library's research support as one of its core services. Research support is already well incorporated into the library's regular service, but we wanted to structure our research service as a complete package solution and boost the library's profile in the hospital.
The Research Librarian Project has, side from a significant rise in the number of search sessions, time spent per search, consultancies, acknowledgements and co-authorships, led to a formalised partnership

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with a clinical research team. Upon request, a librarian joined a research team, the Department of Nuclear Medicine Bone Group, also entitled Nuclear Medicine Aalborg Bone Group (NMA Bone Group) on a regular basis as of February 2016.

The NMA Bone Group consists of a clinical professor, a chief physician (registrar), who is also associate research professor, a number of PhD students, junior doctors, and medical students. In addition, the group include an ad-hoc statistician from the Unit for Clinical Epidemiology and Biostatistics and a librarian from the Medical Library under the Department of Research, Education and Innovation. The statistician and librarian are full-fledged members of the group, and, as such, they are not restricted to serving only in an advisory role. The main research interest of the NMA Bone Group is diagnostic test accuracy studies, primarily with prostate cancer and bone metastases. The projects range from interventional trials with novel imaging methods, retrospective studies, systematic reviews, and research methodological studies.

As part of the project, the embedded librarian completed a course on diagnostic test accuracy studies arranged by the York Health Economics Consortium in June 2016. The course was primarily focused on challenges and strategies when identifying diagnostic test accuracy studies because the librarian's existing knowledge in this specific area of searching at that point was still limited. Because the course was taken early in the project, the timing was good, as were the benefits of the course.

Librarian's role

The librarian participates in regular meetings in the NMA Bone Group. These meeting are held in conference rooms in the Department of Nuclear Medicine. The rest of the time allocated to the NMA Bone Group is spent in the Medical Library while maintaining close contact with the NMA Bone Group through telephone and mail correspondence. If something urgent needs to be discussed, the team meets in person. Some NMA Bone Group projects are in collaboration with research teams outside Aalborg University Hospital, and, in these cases, different forms of conference calls are also used.

Table 1 is a list of the different tasks performed by the librarian as co-author in the three publications, of which two are systematic reviews and one is a case report with a comprehensive overview of the literature (13-15).

Embedded librarian's tasks in reviews

1. Plan the process
2. Define search question(s) and prospective inclusion and exclusion criteria
   a. Search models as PICO(S) or PIRO for diagnostic studies
3. Conduct preliminary search to clarify the scope
4. Choose relevant data sources
5. Reformulate the research question
6. Develop search terms and synonyms using controlled vocabulary and text words
7. Execute search
8. Adjust searches according to database platform and interface
9. Document the search through search protocol
10. Document search results
11. Manage references
    a. Import the search results to reference software
    b. Search for duplicate references
    c. Removal of duplicate references
12. Exporting to Covidence (SR-tool)
    a. Apply review settings
    b. Guide researchers in the use of SR-tools
13. Provide full texts for review
14. Deliver consort diagrams according to PRISMA
15. Suggest journal for publication based on:
    a. Indexing
    b. Topic
    c. Impact indicators
16. Suggest author keywords
17. Co-authorship
    a. Write the relevant method section at a minimum
    b. Revise manuscript, tables and figures
    c. Check and update references
    d. Apply and adjust output style for target journal

Table 1. *Embedded librarian's tasks as co-author in reviews.*

Other tasks for the embedded librarian have evolved in the process and now involves training sessions on basic and advanced PubMed searching, including post-training examination and certification, for clinical staff in the Department of Nuclear Medicine. These training sessions are driven by a combination of increased awareness of the librarian's expertise in searching and a realisation of the need to develop the doctor's information literacy in clinical practise. There is also an increase in individual requests from the clinical staff directed to the embedded librarian. In that way, word has spread and the portfolio of services delivered by the embedded librarian continues to expand.

Results

The Embedded Librarian Project was initiated in February 2016; as of December 2016, the Department of Nuclear Medicine has hired a librarian to work the equivalent of one full day per week on a contractual basis. The fact that the Department of Nuclear Medicine took the initiative to offer to pay for embedded librarian services on a contractual basis is an objective measure supporting the assumed value of the librarian embedded in the research team.

At this point, two systematic reviews and a case report have been published with the librarian as a co-author; and currently more manuscripts are in progress or under review (13-15).

In our experience, medical librarians' expertise can be useful in evidence-based medicine due to the searching and filtering methods, which result in high-level evidence when involved in the literature reviews, clinical guidelines and so forth. When librarians provide structured and more exhaustive searches, the scientific basis is strengthened. It is also beneficial to be part of the entire process, starting in the early phases.

This project has given the library staff experience, particularly in searching for diagnostic test accuracy studies and experiences with systematic reviews. Earlier, librarians in the library would have primarily been involved only in the search process.

Researcher's perspectives

The Department of Nuclear Medicine was previously satisfied with the Medical Library's services and are even more so now. Having all communication, work tasks and sessions handled by the same librarian also adds value for the team in terms of continuity and results in time savings for the researchers because of the expert knowledge in this specific medical field of diagnostic accuracy within nuclear medicine.

The librarian delivers systematic, well documented, and exhaustive searches in more databases, whereas doctors perform more simple searches in fewer databases on a daily or weekly basis, primarily in PubMed. Despite the larger result sets, the embedded librarian is perceived as offering relief in terms of workload, even though the researchers need to review a significantly larger number of references due to the higher quality of the searches. This is supported by Rethlefsen et al., who argues that involving librarians in the search process correlates with higher quality reviews (16).

Our collaborators state that they experience faster literature searches and, most importantly, a sense of confidence in terms of relying on the librarian's search results compared to when they perform the literature searches themselves.

The reasons to engage with a medical librarian in this project is an expression of the fact that search strategies developed by the researchers themselves are lacking in terms of quality and therefore are biased. This is line with Janke and Rush, who state that conducting comprehensive literature searches is difficult unless you have sufficient expertise and experience within information retrieval (17).

The way in which our collaboration is now formalized has made the library's offerings even more clear to our partners. Medical researchers recognise that the library offers a more complete package to support research and clinical work. Based on the training sessions and presence in the department, there is now general awareness of the complexity of information searching amongst health professionals in terms of clinical questions or research questions.

Discussion

In the following section, we briefly discuss our experiences from the stakeholders' perspectives.

This project has required a large amount of flexibility on the part of the head of the Medical Library and colleagues because of the significant differences in the workload over time, which sometimes influences the ability to plan accordingly. Therefore, organisational

support has great significance for the success of such collaborations (18).

Because the embedded librarian is primarily physically situated in the Medical Library, a 10-minutes' walk from the Department of Nuclear Medicine, it is easy to meet with the team when needed. On the other hand, when spending this much time outside the library, it is not possible to provide the same amount of service to all our users without requiring larger amounts of financial resources and in terms of allocating time to participate in other research teams. Our collaboration also provides flexibility for the librarian to work from home on the days allocated to the Department of Nuclear Medicine.

From the researcher's point of view, there have only been a few minor misunderstandings, e.g. problems in communication in the early phases of the project, which meant that a search had to be changed. This, of course, meant extra work for both the researchers and the librarian. This is in line with Seeley et al. and underlines the importance of an ongoing dialogue to make sure that the searches are moving forward in the right direction (19). Maintaining this ongoing dialogue is facilitated by having the librarian embedded into the project, instead of using the library as an external service.

Adding to the amount of work that the library contributes automatically increases the overall time spent per research project, but at the same time, it results in better quality searches and co-authorships. Thus, time is well spent on both parts.

Conclusion

Librarians embedded in research teams carry out different roles, such as expert searcher, co-author and teacher (20), which is supported by Kirtley, who foresees librarians in a future role outside the library embedded in research teams and departments while supporting literature searches for systematic reviews. Kirtley strongly advocates that all relevant stakeholders acknowledge and leverage the librarians' professional competencies to increase value (21).

We expect this collaboration to result in co-authorship in several systematic reviews and other scientific material, which depend on thorough review of the medical literature. At this point, a number of manuscripts are either ready for submission or are being written. Prospectively, we also hope to be able to form new partnerships in other medical specialties within our institution.

Embedded librarianship has the potential to expand the librarians' role in health science and enhance the librarians' qualifications in information science and as research professionals, who submit research in their own domain, not merely as facilitators of the research of others.

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Clinical librarianship challenges in Iran

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Abstract

This study aims to identify and categorize the challenges of clinical librarianship in Iran. First, based on literature review and opinions of participants, the main challenges were identified and categorized. Then, a questionnaire based on this categorization was distributed among the participants for ranking. According to the results, the four main challenges include educational, cultural, executive and research challenges. These challenges lead to lack of consistency and limited success of clinical librarianship efforts. In order to perform a more generalized identification of these challenges and problems, it is necessary to conduct further studies at national and international levels.

Key words: librarians; hospitals; Iran.

Introduction

Today, the role of clinical librarians as one of the key elements of evidence-based medicine (EBM) is undeniable. Clinical librarians provide timely information to physicians in order to improve patients' health. Furthermore, it is possible to solve problems regarding time, cost, and skills necessary for retrieval of medical information in EBM process with the help of clinical librarians (1).

Cimpl, in a review of clinical librarianship literature, states that the goal of clinical medical librarianship (CML) services is to provide timely and accurate information for physicians and other members of medical teams, affecting the information seeking behaviors of physicians and improving their library skills. As a result, he proposed to create a role for medical librarians as an important member of medical teams (2, 3). On the other hand, the results of studies regarding the effects of clinical librarianship services on patients show that these services can help improve patient care (4, 5) and also lead to reduced treatment costs (6).

In studies regarding clinical librarianship in Iran, the necessity of clinical librarianship services and physicians' interest in these services have been reported (7, 8). Most physicians believe that clinical librarianship services are necessary in order to improve medical services and are interested in the implementation of these services in the hospital (9). They have also suggested the implementation of clinical librarianship projects in various hospital wards (10). However, despite the increasing favor toward EBM in Iran in recent years, the role of clinical librarians has not been considered in Iran's healthcare system (11). Identifying the challenges and problems leading to this lack of attention toward clinical librarians in Iran can highlight the problems and help the efforts in overcoming these challenges. Therefore, the goal of the current study is to identify challenges and problems of implementing clinical librarianship services in Iran.

Local context

This study was conducted based on clinical librarianship efforts in Department of Gastroenterology of AlZahra

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hospital. AlZahra hospital is an educational hospital supervised by Isfahan University of Medical Sciences with various departments and wards. Department of Gastroenterology is one the most important departments in this hospital, with long experience in diagnosis and treatment of Gastroenterological problems and performing procedures such as endoscopy, colonoscopy, ERCP and other related procedures. This department was opened in the year 2000 and consists of 13 rooms, 29 active beds, 8 Gastroenterology specialists (faculty members of the university) and 20 members of nursing staff.

Clinical librarianship services in Gastroenterology Department were implemented in the year 2015 with help from the department of medical librarianship of Isfahan University of Medical Sciences. To this day, three pilot programs for clinical librarianship have been implemented in this department (two, morning report programs and one, Grand round program). Currently, two clinical librarians among graduate students of librarianship and medical informatics provide clinical librarianship services to clinical teams, extern students and fellowship students in this department. These implemented pilot programs have also helped identify the initial challenges and problems of clinical librarianship programs (12).

Methods

First step: in order to create a general outlook, a review of the related literature was conducted and possible barriers and challenges were identified.

Second step: in this step, the main research question investigated was: "In your opinion, what are the main challenges of clinical librarianship in Iran?" This question was sent to member of Clinical Informationist and Librarian Assistant (CILA) team of Alzahra hospital (including 3 clinical librarians and one Gastroenterology specialist), 3 university faculty members and 3 graduate students of librarianship and medical informatics of Isfahan University of Medical Sciences with experience in the field of clinical librarianship using Telegram™ messager application and their answers were gathered using the same method.

Third step: the qualitative data gathered during the first and second steps were coded by two researchers and main themes and subthemes were extracted.

Fourth step: in this step, all themes and subthemes extracted in the third step were sent to the participants and their opinions were gathered. After gathering their responses, the main challenges were ranked separately by two researchers and any disagreements were discussed until an agreement was reached.

Results

Based on the results of this study, four main challenges were identified in clinical librarianship in Iran including educational, executive, cultural and research challenges (*Table 1*). The most important challenge was the educational challenge. The majority of participants in the study mentioned that current curriculum for Bachelor and Master level education in librarianship and medical informatics doesn't prepare the graduates for work as clinical librarians. There is also a distinct lack of useful workshops in this regard. This lack of education had led to limited knowledge and skill in librarianship graduates. Current curriculums in medicine and other medical fields also don't familiarize physicians and other clinical experts with the use of EBM. Therefore, it is necessary to design and implement a new curriculum for various health librarianship courses as well as foster interdisciplinary cooperation in order to familiarize the graduates with new concepts and knowledge.

The next important challenge was the executive challenges which were divided into organizational and management and technological challenges. One of the most important factors in organizational and management area was the lack of existing official clinical librarian positions in hospitals which created obstacles when employing clinical librarians. Furthermore, there is also no predetermined organization for creating guidelines and managing clinical librarianship efforts. In the technological dimension, lack of access to proper hardware and software, low internet speed and lack of access to evidence-based databases were among the challenges preventing implementation of sustained clinical librarianship services.

Cultural challenges were also divided into two categories: personal and group. Some of these challenges were related to librarians while others were related to hospitals, specialists and clinical teams. Low self-esteem in librarians was one of the most important challenges in this regard. On the other hand, due to lack of knowledge about clinical

librarianship services, there was a negative attitude toward these services in clinical teams.
The next challenge was the fact that not many studies had attempted to identify existing problems and propose solutions for these problems for clinical librarianship services.

Rank	Challenges		Examples
1	Educational		• Low quality of current educational courses • Lack of proper and sustained workshops and training programs • Lack of attention to EBM in medical education • Low skill in librarians and specialists • Lack of librarians' familiarity with clinical environments • Lack of proper knowledge in librarians regarding medical terminology
2	Executive	Organizational and management	• Lack of organizational positions for clinical librarians in hospitals • Lack of proper authority for guidance and management • Financial and budget problems • Lack of sustainability and success in clinical librarianship programs
		Technological	• Lack of access to proper and sufficient hardware and software • Lack of access to evidence-based databases • Low internet speed
3	Cultural	Personal	• Low self-esteem in librarians • Negative attitude in clinical teams regarding clinical librarians • Negative attitude of hospital managers toward clinical librarians • Lack of knowledge regarding clinical librarianship services in specialists
		Group	• Lack of acceptance for clinical librarianship among hospital managers • Lack of acceptance of clinical librarianship services among clinical teams • Weak interpersonal relations (between clinical librarians and medical teams)
4	Research		• A limited number of studies in this area (lack of identified problems and needs, limited proposed solutions and lack of evaluation methods for clinical librarianship services).

Table 1. *Clinical librarianship challenges in Iran.*

Conclusion

The aim of the current study was to identify and categorize challenges of clinical librarianship in Iran. Previous studies have indicated the importance of clinical librarianship services and their effect on the quality of healthcare services and also show an interest in clinical specialists regarding these services (1-12). However, there are numerous challenges and problems for implementation of clinical librarianship services many of which lead to lack of success and sustainability in clinical librarianship efforts in Iran.

This study was carried out in the limited time period and in a small population. Therefore, only some general challenges in this area are mentioned. Identifying all challenges in clinical librarianship and proposing proper solutions requires further national and international studies.

According to the study results, there are some research questions which require further study in the future:

1. Is the current educational curriculum in health librarianship enough for creating suitable clinical librarians or is there a need for special training in this regard?
2. In case of a need for special training, it is necessary for these training programs to be part of a university degree or is it better to offer than in a short-term and modular format?
3. Is clinical librarianship simply a profession and what are the professional competencies of a clinical librarian?
4. What are the research requirements for clinical librarians and what are the preferable directions for future studies?
5. How can be overcome cultural challenges regarding clinical librarianship?
6. What is the professional identity of clinical librarians? Is clinical librarianship a socially acceptable position?

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More than skin deep – Role of a Clinical Librarian in secondary care Dermatology

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Abstract
Clinical librarians (CLs) have been part of the multidisciplinary team (MDT) for over 40 years. The role of the clinical librarian (CL) can differ widely, but the central aspect is to provide a range of information services for the members of the team within which they are embedded. With use of electronic resources rapidly replacing the traditional print versions, the role of the CL has had to evolve and adapt to help guide clinicians on best approaches to evidence-base medicine. We describe the impact and benefits of having a clinical librarian as part of secondary care dermatology services at a busy teaching hospital in United Kingdom.

Key words: clinical librarians; libraries; hospital; dermatology.

Background

Clinical Librarians (CLs) help to provide "quality assured information to health professionals at the point of need, to support clinical decision-making" (1). CLs provide a range of information services for their users, from literature searching and training opportunities to facilitating current awareness services. Exact roles and job titles of CLs differ widely and responsibilities may vary considerably, with some CLs working in hybrid positions which may be partly integrated with more traditional library services. The role of the CL primarily differs from more typical library services through their involvement within the clinical department. CLs can be embedded within their user teams, spending considerable time outside of the library (2-5). Being part of a clinical team helps improve understanding and provides context for CLs of the clinical work being undertaken. This aids the CL service information provision by allowing clinicians easier access to evidence based research which is representative and can translate to clinical practice.

Although, CLs have been working within the international health sector for over 40 years, there is little published discussion of their role in relation to secondary care dermatology services.

Overview of CL role for secondary care Dermatology

The CL has been part of the Dermatology team at a large and busy teaching hospital since 2011. The original purpose of the role was to help overcome the lack of library facilities or access at the hospital where dermatology department was based. This distance had grown following the relocation of the physical library services to new, purpose-built premises at the new teaching hospital, whilst the Dermatology department remained primarily based at the organisation's other community hospital site, approximately 3 miles away. The role aimed to support the Dermatology team through attendance at one quarterly complex cases clinic, where it was envisaged that literature search queries were most likely to arise.

Since then, the CL has developed into a more inclusive role in offering the clinical team additional information support. Working in partnership with the team, the CL delivers patient centred information, and with information retrieval and critical appraisal skills helps provide research evidence to support the clinical work of the team. As well as supporting direct patient care and clinical decision-making, this work has been used to aid Continuing Professional Development (CPD) of individual team members.

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Presently, the CL work includes:

- participating in a monthly regional Dermatology complex cases clinic;
- provision of a full literature searching service to all members of the multidisciplinary team (MDT);
- delivery of training to MDT members, postgraduate trainees and undergraduate medical students, either in one-to-one or group settings, to help with literature searching, accessing e-resources and critical appraisal;
- facilitating staff in keeping up-to-date with new developments and increasing awareness, through sharing electronic Table of Contents (eTOCs) for specialist dermatology journals;
- offering regular journal club support to all members of the MDT, in particular, postgraduate dermatology trainees and dermatology Consultants

The CL forms part of the induction programme to support Consultant staff and guide postgraduate trainees and undergraduate medical students attending dermatology on how to access and research clinically relevant topics of interest.

Examples of impact of role of CL in dermatology are described below.

Literature searching

The primary focus of the CL role is the provision of literature searching services. In the monthly regional cases clinic, working alongside the Dermatology team, the CL provides literature searching support for individual cases and general patient care, as required, following case-based discussions. The CL is able to participate fully in the clinic, ensuring that questions arising in clinical encounters or from ensuing discussions are answered on the basis of evidence from the published literature, in a timely fashion, saving the clinical team time and assisting in provision of best practice patient care.

During the past 5 years, the CL has completed over 70 literature searches, covering a range of topics supporting patient care and management, research, writing for publication and professional development. Over the last financial year, (April 2017 - March 2018), 34 searches have been undertaken for the team by the CL. For these 34 searches, the CL has utilised relevant databases and resources to review the evidence base for a range of specific dermatology topics. Of the 34 searches conducted, 28 were related to direct patient management, including work on specific treatments, diagnoses and investigations and adverse effects. Four searches were conducted for publication in peer-reviewed journals and/or in relation to guideline development, and one search supported work on a service development project. One final search, related to general patient care and potential guideline development, remains ongoing (*Figure 1*).

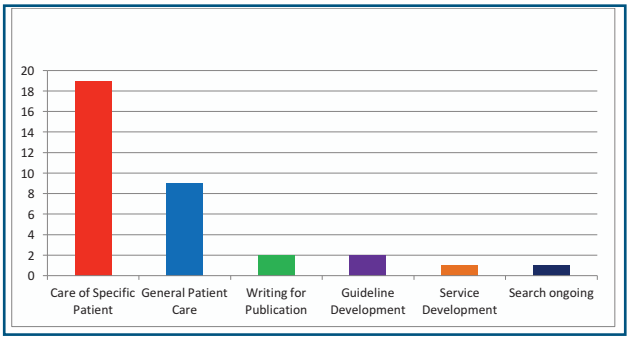

Fig. 1. *Literature searches 2017-2018.*

A total of 187 hours of CL time has been utilised for searches over the past year to help provide best practice in busy clinics, thus saving the clinicians' time. 158.5 hours of this time was utilised for searches supporting direct patient care.

Topics covered within these searches include:

- safety of medication choices for patients with co-morbid conditions;
- genetic causes for specific dermatological conditions, such as hyperpigmentation;
- use of cryotherapy, light therapy, topical treatments and/or systemic therapies in a variety of conditions, including: androgenetic alopecia; lupus pernio; melasma; granuloma faciale; and urticarial pigmentosa.

Benefits of this literature searching service were the assistance for the clinical team in delivery of most recent up-to date research evidence on the condition, best quality care for patients and the saving of clinician time, enabling their time to be utilised more effectively. This potential cost-saving to National Health Service (NHS) Trusts would benefit from further research studies to help quantify the monetary impact in terms of clinician time saved and used in direct patient care. For example, the comparison could be made of UK CL salaries per hour versus UK medical staff salaries per hour, in relation to the number of hours spent searching. A clear cost

differential could be seen here. However, in detailed analysis, provision would need to be made for a number of limitations and other factors, such as the likely number of hours spent searching by clinical staff – potentially less than professional librarians, and the value of the hours re-purposed by clinical staff through not spending time searching. These factors could make calculating any potential cost-savings and cost-benefits problematic and not necessarily reflect the full impact. For example, focusing on cost-savings through time spent searching does not reflect any savings made through avoidance of investigations or indeed the wider potential impact that may be made on delivery of patient care, as highlighted by Brettle et al. in their study of the impact of CLs on patient care and organisations in one region of the UK (6). The complexities of analysing the financial impact that clinical library services have as a whole may have are discussed by Madden et al. (7) who report on a systematic review in which a range of methods of evaluation were identified, including return on investment and contingent valuation. Madden et al. recommend that improved validation of analysis methods and standardisation of approach are required for further robust research to be able to better demonstrate any financial impacts.

Education support

As well as literature searches being an essential role, improving access to educational resources has been a priority. The GMC's recent standards documentation, *Promoting Excellence: standards for medical education and learning* (8) advocates that learners have a good educational experience and there is an organisational commitment to, and support for, learning. The CL provides a fortnightly introductory training session for medical students attending dermatology attachment, covering over 300 medical students per year. The training sessions involve small groups of up to 16 medical students in their 4th year. The students are made aware of online educational resources available to them, including specialist dermatology journals, healthcare databases and point-of-care tools. The students are taught to navigate through these sites and are given introductory tutorial about conducting literature searches and the tools available to aid in critical appraisal. This session supports students in finding relevant best evidence and guidance, including topics relevant to their undergraduate dermatology curriculum, and helps supplement their knowledge. Further educational support by the CL is provided by presentations at quarterly journal clubs and monthly education meetings. These include latest guidelines or dermatological articles published in non-specialist journals. The CL also supports other members of the team to present in these and other forums, such as national meetings, conferences, medical grand rounds and for publications. The CL helps source appropriate papers during the writing process for their presentations, ensuring copyright compliance, and/or provision of literature searching training. Thus, the CL supports local registrars of the postgraduate Speciality Dermatology Training Programme, in their research skills development through the training programme. The focus on education and CPD is not limited to medical staff and students. Following the recent revisions to the UK nursing revalidation scheme, (9) the CL also aids specialist dermatology nurses in fulfilling their CPD requirements, through training and searching support, provided on an as-needed basis.

Feedback on role of CL in dermatology department

The CL service has received excellent feedback from the Consultants, trainees, nurses and medical students, with some comments as below:

- "Invaluable"
- "These reviews/searches are great"
- "Library intro helpful"
- "This is brilliant. Really helpful"
- "Very interesting, will read more of the papers, but may well be offering a different therapy to the patient"

The role of the CL continues to grow in the busy department, indicating the value placed on the service by the clinical team. Feedback from the Dermatology team has also contributed to the current UK based Health Education England national CL impact research project, (10) due to report preliminary findings over the next few months.

Conclusion

The role of the CL has been invaluable to the secondary care dermatology team at a teaching hospital, with benefits appreciated by Consultants, post graduate trainees, medical students and specialist nurses. The inclusion of CL in the dermatology team helps saving of clinicians' time and bridges the

literature-practice gap. Through robust review of evidence in literature, dermatology patients, often with chronic, debilitating skin conditions benefit from evidence-based management and individualized care. The role of CL in medical education and CPD contributes ultimately towards clinical teams achieving and providing high standards of patient care thorough use of evidence-based practice.

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Letter from the President

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Dear Colleagues,

By the time you will be reading this Letter, we'll be very close to the EAHIL 2018 Conference in Cardiff, and I hope to see as many of you as possible there. The Local Organizing Committee in Cardiff is doing an excellent work, and I am sure that the Conference will see a large participation of colleagues. A very interesting scientific programme is available on the website, and the Continuing Education Courses offered are appropriate and varied, including, among others, topics such as Research Metrics, Health Technology Assessment, Systematic Reviews and Distance Learning. Please note that CEC 3 "Synchronous Online Teaching – Keeping virtual classroom students engaged", is offered free of charge to all EAHIL members. Furthermore, the social programme features visits to libraries and to other cultural points of interest in the city. Last, but not least, the social programme includes a Welcome Reception in Cardiff National Museum and a Gala Dinner in the City Hall. For the lucky members of EAHIL who will be able to attend the Conference, it will be a priceless opportunity to meet old friends again, as well as to make new ones, thus creating new professional and personal relationships.

This issue of *JEAHIL* is dedicated to Clinical Librarianship, which is why I want to introduce in this letter the issue of health literacy that is undoubtedly relevant for health information specialists, who work closely with the public. According to the World Health Organisation (WHO) definition, Health Literacy includes "the cognitive and social skills which determine the motivation and ability of individuals to gain access to understand and use information in ways which promote and maintain good health. Health Literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment". The WHO has recently launched a new action network, in the context of the European Health Information Initiative (EHII)[1]. This Initiative aims at improving the health of the people of the European Region by increasing the information on which policy is based. EHII aims at integrating and harmonising the health information systems in Europe, providing policy-makers with evidence. This can be achieved by fostering international cooperation in order to exchange expertise, build capacity and harmonize data collection. The new Action Network[2], born under the umbrella of EHII, deals with Measuring Population and Organisational Health Literacy (M-POHL Network). M-POHL is willing to emphasize the importance and value of enhancing health literacy in Europe. The first meeting of the network was in Vienna, Austria, on 22 and 23 February 2018. Participants from 19 Member States of the WHO European Region and representatives of international organizations and networks discussed and reached an agreement on the goals of the newly founded network and started the preparation for the next comparative international health literacy study scheduled for 2019. During the Vienna meeting, the delegates produced a Statement on the Measurement of Health Literacy in Europe. This statement reaffirms the M-POHL Network's commitment towards the provision of continuous support for the European Health Information Initiative as a fundamental basis for strengthening evidence, information and research in the WHO European Region, as well as the establishment of an international research consortium to support regular cross-national European health literacy surveys. The next meeting of the M-POHL Network will take

place on 27-28 August 2018 in Bern, Switzerland. My Institute is representing Italy in M-POHL, and I am personally involved, as an information specialist, in the group of the appointed experts.
Finally, as all of you are certainly aware (if only because of the many mails that filled your mailbox) on 25 May 2018 the new European General Data Protection Regulation (GDPR)[3] entered into force. The GDPR has many implications for our profession, since everyone may have to deal with data, and in particular with personal data, and might be requested to act as supervisor of personal data processing and protection. This is even more true for Clinical Librarians, who are likely to be involved in research projects where sensitive health data of patients and citizens are stored and processed. EAHIL as an organisation deals with personal data of its members. This is why a privacy statement has been published on EAHIL website http://eahil.eu/privacy-statement/, where you can find all information regarding the protection of your personal data.
I am looking forward to hearing from your comments on this and other topics. In the meantime, I wish you a fruitful conference and for those of you who are unable to attend, a wonderful summer.

Maurella

Fig. 1. *WHO News: New Action Network strengthens health literacy measurement in Europe.*

[1] http://www.euro.who.int/en/data-and-evidence/european-health-information-initiative-ehii/european-health-information-initiative
[2] At this URL you can find all contacts and information on how to join M-POLH: http://www.euro.who.int/en/data-and-evidence/news/news/2018/4/new-action-network-strengthens-health-literacy-measurement-in-europe The link to the Vienna agreement full-text is also available in the above mentioned Web page.
[3] http://ec.europa.eu/justice/data-protection/reform/index_en.htm

Report from the European Veterinary Libraries Group (EVLG)

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It will be a busy summer for the vetlibs in our Special Interest Group (SIG). First there will be the 9th ICAHIS (International Conference of Animal Health Information Specialists) in Budapest. The time for the conference will be June 14-17, 2018. This is a conference for all interested in any aspect of our subject area and the conference is hosted by the excellent Ferenc Hutÿra Library, Museum and Archives - University of Veterinary Medicine which also had this conference in 2003.

Esther Carrigan from Texas A&M has been chair of the International Programme Committee and we know it will be an open and welcoming intellectual environment in Budapest with discussions and sharing with colleagues.

Then of course we have the EAHIL conference in Cardiff, and the EVLG will have their bi-annual assembly on Thursday, 13th of July.

We have to elect a new Board, so if you have any proposals (including yourself) please contact me.

Hopefully the EVLG will manage also to get some evenings together during the conference!

Fig. 1. *In Dublin, as always, the vetlibbers work hard, supervised by Michael Collins in the window.*

National Library of Medicine report for EAHIL

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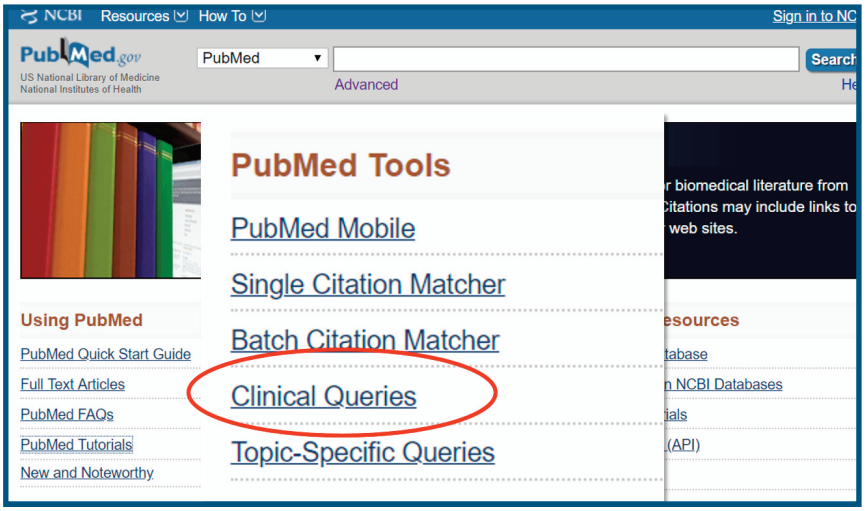
http://www.nlm.nih.gov/

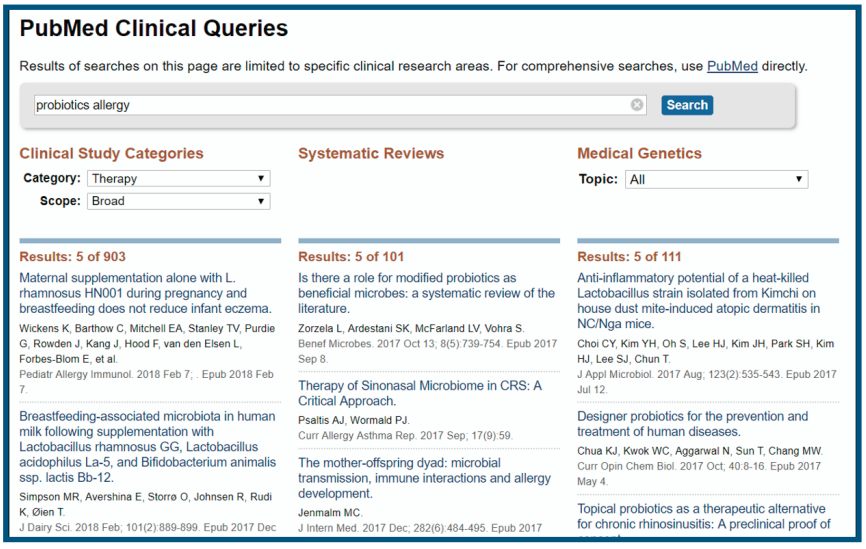
Tools to Assist Clinical Librarians

We know that busy Clinical Librarians want to be able to find high quality reviews; particularly systematic reviews for the health care practitioners they support. We know that PubMed contains a huge range of citations, including from some journals far afield of clinical practice. For this reason, we have a created set of Clinical Queries, which are pre-fabricated search strategies, that narrow your results to the most useful, clinically-relevant articles. You can find the Clinical Queries from the PubMed home page under PubMed Tools.



The Clinical Queries page has three sections: Clinical Studies Categories, Systematic Reviews and Medical Genetics. When using the Clinical Queries page, enter your topic in the search box. The results page shows a preview of the first 5 results. There is a "See All" link for each section at the bottom of the page.

The first set of pre-fabricated search strategies are the Clinical Study Category searches. You can refine the search to Etiology, Diagnosis, Therapy, Prognosis and Clinical Prediction Guides (CPGs); and select either a broad or narrow scope. CPGs are defined as tools that quantify the contributions of history, clinical examination, and diagnostic tests to stratify a patient in terms of the probability of having a target disorder (diagnostic CPR) or a future health outcome (prognostic CPR).



The center column returns Systematic Reviews results. Systematic Reviews are a rigorous, protocol-driven approach designed to minimize error and bias when summarizing the body of research evidence relevant to a specific scientific question. The results for this search include citations for systematic reviews, meta-analyses, reviews of clinical trials, evidence-based medicine, consensus development conferences, and guidelines.

The last column, Medical Genetics, displays citations related to various topics in medical genetics. These filters were developed in conjunction with the staff of GeneReviews: Genetics Disease Online Reviews at GeneTests, University of Washington, Seattle. You can refine the search to Diagnosis, Differential Diagnosis, Clinical Description Management, Genetic Counseling, Molecular Genetics and Genetic Testing.

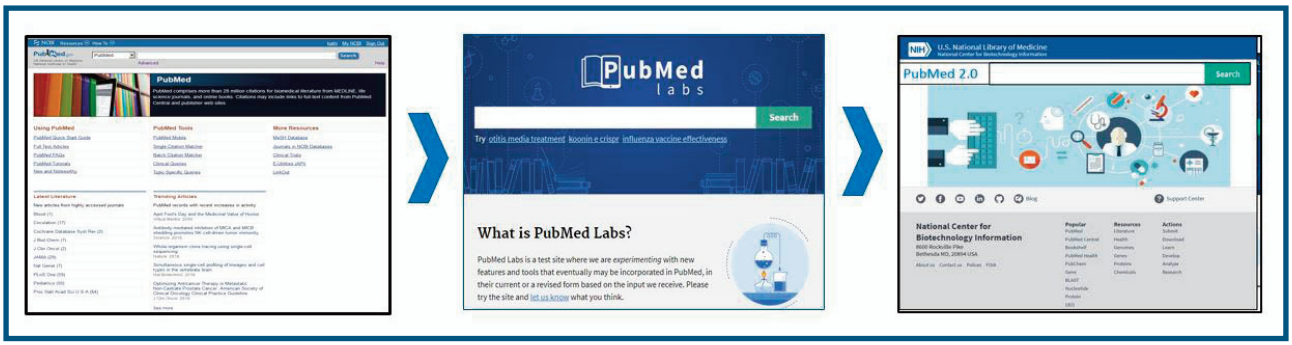
All of these pre-fabricated searches employ MeSH topic terms and publication types as well as keywords for non-MEDLINE records, in order to retrieve the most relevant results for each search. At the bottom of the page you will find links to view the detailed search strategies.

Try PubMed Labs: New Experimental PubMed Search Interface

In the December 2017 issue of JEAHIL, I encouraged you to try PubMed Labs, a PubMed interface "sandbox". The goal is to deploy a new version of PubMed 2.0 optimized for better user experience based on user feedback and system analytics. If you haven't already jumped into the box to play around, there are even more features added since December and are now available for you to try out. We've added a new Help page and several features were added to the Abstract page, including:

- Publication types
- Easy to use citation navigation arrows
- Secondary source IDs
- Substances, Supplementary Concepts and Personal names sections

As a reminder, PubMed Labs only includes limited PubMed features, not the full set of tools, like MyNCBI at this time. The default results are "best match" based on relevance searching.



US Medical Library Association report for EAHIL

Carol Lefebvre

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Conference report. MLA '18: Atlanta, Georgia 18-23 May 2018

This year the US Medical Library Association (MLA) conference was held in Atlanta, Georgia. This is the first time that MLA has been held in Atlanta; indeed the first time even in Georgia, since they began in 1898! As I said in my previous column prior to MLA, the symbol of the rising phoenix in the meeting logo reflects Atlanta's official seal and celebrates the city's rise from the ashes of the Civil War to become the 21st century "capital city of the Southeast" with its rich history and diversity. Diversity was certainly a strong theme during the meeting as I shall outline below.

Those of you who read my report of the 2015 MLA conference in Austin, Texas, may recollect my mentioning major thunderstorms during the conference which went some way to alleviating the drought which had persisted in Texas since 2008. You may also remember that for Mosaic '16 in Toronto it snowed (yes, snow in May), having been warm and sunny a few days earlier and this year in Atlanta there were thunderstorms all week! A colleague and I had planned to go to the local baseball game (the Atlanta Braves versus the Chicago Cubs) to soak up some local atmosphere but the weather put us off and when we checked the web site later that evening we saw crowds huddled under rain capes still waiting for the game to start! We did, however, manage to go on a trolley bus tour and see the heritage area associated with Martin Luther King, who had been born in Atlanta almost 90 years ago and had preached there until his untimely death – and we passed quickly by the Coca Cola museum (Cola was invented in Atlanta, apparently).

The conference started, as ever, with a wide range of Continuing Education courses on the Friday and Saturday. This year there were 19 CE courses with 237 participants. As usual, a colleague and I presented two courses, which regrettably meant that I was not able to attend anyone else's courses, so cannot comment further on those! Many of the courses were very popular and some sold out very quickly. Courses were grouped into 'suites' allowing delegates to select complementary courses including consumer health information, data management, evidence-based practice, expert searcher and management.

At the conference itself, there were c. 1,800 delegates from 23 countries. There were 80 delegates from outside the US / Canada, 38 of whom were from 6 European countries. Approximately 140 papers (including c. 65 lightning talks) and c. 170 posters were presented. First-time speakers were flagged in the programme with a "New Voices" logo. As ever, the conference was supported by an exhibition with about 80 exhibiting companies. At the opening plenary, Kevin Baliozian, the MLA Executive Director, acknowledged all the meeting sponsors and invited the top four (Gold level) sponsors (ClinicalKey, EBSCO, McGraw-Hill and Wolters Kluwer) to the stage to make a brief presentation, the most memorable of whom

had to be Greg St Louis from Wolters Kluwer, who wore a fascinator in honour of the Royal Wedding in the UK that weekend! Kevin reminded us of the essential role that sponsors play in supporting the annual meeting and commented that 59% of the cost of running the meeting had come from sponsorship, exhibitors etc.; the rest (i.e. 41%) came from our registration fees; a fact that we would all do well to remember for EAHIL and other such events.

Kevin was followed by Barbara Epstein, 2017/2018 MLA President. She began her President's report by referring to her attendance at "ICML + EAHIL" in Dublin last year and saying how useful she had found it, how welcome she had felt and the high regard she had experienced for MLA and services from the US National Library of Medicine (NLM).

The conference theme this year was "Adapting Transforming Leading" but much of the focus, especially in the plenaries, was around diversity and equity. Beverly Murphy, 2018/2019 MLA President, was introduced into office as the first African American President of MLA.

The key opening plenary speaker (the Annual John P. McGovern Award Lecture), which recognizes significant national or international figures who speak on a topic of importance to health sciences librarianship, was William Powers. He is author of the New York Times bestseller *Hamlet's BlackBerry: Building a Good Life in the Digital Age*, widely praised for its insights on the digital future. It has been published in many countries and languages. He is currently a research scientist at the Laboratory of Social Machines at the MIT Media Lab, where he is developing new technologies for journalism, governance, and the public sphere. He is also a former Washington Post journalist. He opened his presentation with a photograph of the library in Trinity College Dublin. He spoke about his work and private life, including sharing with us his idea for an Internet Sabbath which he and his family had undertaken from 2007 to 2012 where, each weekend, from Friday evening to Monday morning, they existed, as a family, with no internet! Quite a challenge with a six-year-old son!
https://www.williampowers.com/

Dara Richardson-Heron delivered another of the plenary sessions. She is chief engagement officer of the "All of Us" research programme at the (US) National Institutes of Health (NIH). "All of Us" aims to build one of the largest biomedical data sets in the world, involving participants from diverse communities across the US. She is leading outreach efforts to enrol and retain one million or more volunteers in this landmark effort to advance innovative health research that may lead to more precise treatments and prevention strategies. She spoke about the programme, launched on 6th May 2018, their hopes for its success and some of the challenges ahead.
https://www.nih.gov/research-training/allofus-research-program/dara-richardson-heron-md-named-chief-engagement-officer-all-us-research-program

The closing keynote, another excellent presentation, was by David Satcher. He is a physician-scientist and public health administrator with an extensive track record of leadership, research, and community engagement. He is the founding director and senior advisor for the Satcher Health Leadership Institute at the Morehouse School of Medicine, Atlanta, Georgia. He has served as surgeon general of the US (the second African American to be appointed to this role), assistant secretary for health in the Department of Health & Human Services, director of the Centers for Disease Control and Prevention (CDC) in Atlanta and administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). He has an interest in inequalities in health. He opened his presentation by telling us that his first job, as a medical student, had been in the library, preparing journals for binding. He spoke about disparities in health, equality versus equity and reminded us that our zip (postal) code is a better predictor of health than our genetic code.
https://en.wikipedia.org/wiki/David_Satcher

Patricia Brennan, Director of NLM, opened the annual NLM Update. She has been in post for about one year and is the first woman and the first non-medical doctor to hold this prestigious position (she trained as a nurse).
All the above plenaries are available as part of the e-Conference package, see below.
I regret that I was so busy again with my own commitments this year that I did not have a chance to visit the NLM booth, which usually has a vast range of presentations on NLM and related products and services, many of which rank highly in quality and relevance compared with the oral sessions in the main programme.
All presentations are recorded and are already available on the NLM Web site:
https://www.nlm.nih.gov/pubs/techbull/mj18/mj18_mla_theater_presentations.html

A Health Information for Public Librarians Symposium was held in parallel during the last 1.5 days of the MLA conference. MLA delegates were able to attend the symposium as part of their registration for the MLA '18 annual meeting. The symposium, of interest to both public librarians as well as medical and health care librarians, offered programming in the area of health information for the public. It also provided an opportunity for public and medical and health care librarians to network.

The "e-conference" registration is still available post-conference. The cost for "Individual e-Conference Registration" is 129 USD. Please note that this is an individual rate, not to be shared with your colleagues. If you wish to obtain an "e-conference" site licence for more than one person, please see the link below. Once you have registered for the "e-Conference", you can listen to recordings and follow the slides of the plenary and parallel sessions as well as the oral sessions and other content.
http://www.mlanet.org/p/cm/ld/fid=1439

This was, as always, a very successful, well-organized and enjoyable meeting and thank you to all MLA staff, the Meeting Co-Chairs, the National Program Committee, the Local Assistance Committee, exhibitors and sponsors, presenters and others who made it such a success.

I should like to close with some (for me, at least) memorable quotations from various speakers at the meeting:

Patricia Brennan: *"The people who know us love us but what about the people who do not know us? ... What happens in Bethesda does NOT stay in Bethesda!"*

Beverly Murphy: *"If Chef Ramsay were coming to your house, would you cook?!"*

William Powers: *"We are recognizing that not everything is on Google - but you already knew that!"*

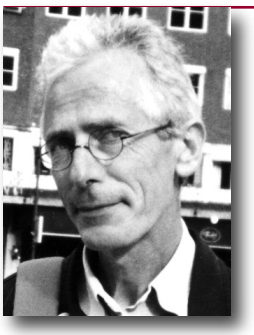
William Powers: *"Technology is neither good nor bad: nor is it neutral."* The first Kranzberg rule of technology.

William Powers: *"I'm not worried about artificial intelligence giving computers the ability to think like humans, I'm more concerned about people thinking like computers, without values or compassion, without concern for consequence."* Tim Cook, CEO, Apple.

Dara Richardson-Heron: The "*All of Us*" research programme is *"among the most ambitious research efforts"* ever undertaken. Francis Collins, Director, NIH.

Future MLA annual meetings - dates for your diary:
Chicago, Illinois, 3-8 May 2019
Portland, Oregon, 15-20 May 2020
Washington, DC, 21-26 May 2021

TAKE A LOOK!



[collected during February to May 2018]

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Contact: Benoit.Thirion@chu-rouen.fr

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. Oyeronke Adebayo, Chidi Deborah Segun-Adeniran, Michael Opeoluwa Fagbohun, and Odaro Osayande. **Investigating occupational burnout in library personnel**
   Library Philosophy and Practice (e-journal) April 2018
   This paper is an attempt to investigate occupational burnout among library personnel in University Libraries in Ogun State, Nigeria.
   https://digitalcommons.unl.edu/libphilprac/1770

2. Vahideh Zarea Gavgani, Morteza Ghojazadeh, and Masoumeh Sattari. **Evaluation of consumer health information websites based on international guidelines**
   Library Philosophy and Practice (e-journal) March 2018
   The research aimed to investigate the quality of Farsi health information websites comparing the international pairs provided with recognized quality standards including those from the Medical Library Association of America (MLA).
   https://digitalcommons.unl.edu/libphilprac/1711/

3. Saeideh Valizadeh-Haghi Shahabedin Rahmatizadeh. **Learning about the information seeking behavior of allied medical sciences students: advices for libraries of multidisciplinary colleges**
   Library Philosophy and Practice (e-journal) March 2018
   Libraries will have satisfactory performance in terms of providing services to users if they firstly identify the information needs of their clients and then, they seek to meet these needs. To accomplish this aim, identifying the information seeking behavior of users seems necessary. The aim of the present study was to evaluate the methods and motives of information seeking by students of allied medical sciences.
   https://digitalcommons.unl.edu/libphilprac/1746/

4. Karen Marie Øvern. **Information use among first-year students in health sciences: is an intervention needed?**
   LIBER Quarterly. 28(1), pp.1-28
   This study investigated what strategies first-year students in health sciences on three university colleges in Norway used when faced with a new written assignment. Questionnaires were distributed among health students on three campuses, and interviews with librarians at the campuses were held after initial data collection.
   http://doi.org/10.18352/lq.10212

5. Nelius Boshoff, Moses A. Akanmu. **Scopus or Web of Science for a bibliometric profile of pharmacy research at a Nigerian university?**
   South African Journal of Libraries and Information Science v. 83 n. 2, 2017 pp. 12-22

Previous comparisons between Scopus and Web of Science (WoS) paid little attention to universities in African countries. This study investigated the effect of using different data sources on the bibliometric profile of Obafemi Awolowo University in Nigeria, focusing on the Faculty of Pharmacy for the period 1990-2013. In addition to data from Scopus and WoS, the analysis included articles from the curriculum vitae (CVs) of the faculty staff. The combined dataset (Scopus, WoS and CV data) provided answers to the central question: What differences can be observed in the bibliometric profile of research when comparing the Scopus and WoS output to the total article output?
http://sajlis.journals.ac.za/pub/article/view/1682

ABSTRACTS ONLY

1. Dennis, Pamela R. **Nursing Reference Center Plus**
The Charleston Advisor, vol. 19, n. 4, 1 April 2018, pp. 28-33(6)
Nursing Reference Center Plus is a subscription-based, point-of-care database that allows nursing and allied health personnel immediate access to evidence-based summaries, nursing skills, and medication information
https://doi.org/10.5260/chara.19.4.28

2. Falciani-White, Nancy. **PsychiatryOnline**
The Charleston Advisor, vol. 19, n. 4, 1 April 2018, pp. 34-37(4)
PsychiatryOnline (POL) is the online platform of American Psychiatric Publishing, a division of the American Psychiatric Association (APA). It is home to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and top tier psychiatry journal The American Journal of Psychiatry, and also provides access to core psychiatry textbooks, APA practice guidelines, self-assessment tools, clinical and research news, and medication information handouts for patients
https://doi.org/10.5260/chara.19.4.34

3. Ellen L. Rubenstein. **"I Want to provide patrons with good information": Public library staff as health information facilitators.**
The Library Quarterly vol. 88 n. 2, April 2018 pp. 125-141
This study examined how public libraries and library staff in two systems in a midwestern state provide health information, particularly because of the state's low health ranking. This article focuses on a subset of the study's findings, highlighting staff preparedness to offer health information, perceptions about health literacy, and the role of the Medical Library Association's consumer health information specialist (CHIS) certification in contributing to knowledge and understanding of health information issues.
https://www.journals.uchicago.edu/doi/abs/10.1086/696579

4. Hussein Haruna, Xiao Hu. **International Trends in Designing Electronic Health Information Literacy for Health Sciences Students: A Systematic Review of the Literature.**
The Journal of Academic Librarianship vol. 44, n. 2, March 2018, pp. 300-312
This paper undertakes a systematic review of the literature with a focus on electronic health information literacy skills with the aim of identifying the current trends, contributions to, and practices in health sciences students' education, and informing researchers in the field universally about the essential baseline for the design and development of effective course contents, pedagogy and assessment approaches.
https://doi.org/10.1016/j.acalib.2017.12.004

5. Maria–Francisca Abad–García Aurora González–Teruel Javier González–Llinares. **Effectiveness of OpenAIRE, BASE, Recolecta, and Google Scholar at finding Spanish articles in repositories.**
Journal of the Association for Information Science and Technology vol. 69 n. 4, April 2018 pp. 619-622
This paper explores the usefulness of OpenAIRE, BASE, Recolecta, and Google Scholar (GS) for evaluating open access (OA) policies that demand a deposit in a repository. A case study was designed focusing on 762

financed articles with a project of FIS 2012 of the Instituto de Salud Carlos III, the Spanish national health service's main management body for health research.
https://doi.org/10.1002/asi.23975

6. Margaret Purnell. **Globalisation and its impact on the journal collections of research libraries in Australia: a health library's perspective.**
Journal of the Australian Library and Information Association vol. 67 n. 1, 2018 pp. 55-63
Globalisation has a direct impact on the collection development budgets of Australian research libraries. Electronic journal subscriptions make up a significant proportion of these budgets and are influenced by factors such as: the value of the Australian dollar, the domination of multinational publishing companies and available library funding. Open access publishing has developed in response to the escalating costs and restricted access of subscription journals. This paper focuses on these issues from the perspective of the Northern Territory Department of Health Library
https://doi.org/10.1080/24750158.2018.1436116

7. **Special Issue: Eugene Garfield Memorial Issue**
Scientometrics vol. 114, n. 2, February 2018
https://link.springer.com/journal/11192/114/2/page/1

8. Edda Tandi Lwoga and Felix Sukums. **Health sciences faculty usage behaviour of electronic resources and their information literacy practice.**
Global Knowledge, Memory and Communication, vol. 67 n. 1/2, pp. 2-18
This paper aims to assess the usage behaviour of electronic resources (e-resources) among health sciences faculty and their level information literacy (IL) practices, and whether individual characteristics and IL skills can influence faculty member's usage of e-resources at Muhimbili University of Health and Allied Sciences.
https://doi.org/10.1108/GKMC-06-2017-0054

Publications and new products

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Can we talk about stress?

I do not actually know who wrote the following story or where it came from, but it had the right impact on me and I have to share it with all of you just as I found it on the web. It is true, from time to time it happens to come across the perfect story at the perfect time in your life, the one through which you can see yourself like in a mirror. Is it about the work at the library? The family? Time flying by? No matter what is the reason, I believe every single one of us has times in life where needs a break and to consider the message and moral of this story. Enjoy the read!

The weight of the glass

Once upon a time, a psychology professor walked around on a stage while teaching stress management principles to an auditorium filled with students. As she raised a glass of water, everyone expected they would be asked the typical "glass half empty or glass half full" question. Instead, with a smile on her face, the professor asked, "How heavy is this glass of water I'm holding?"

Students shouted out answers ranging from eight ounces to a couple pounds.

She replied, "From my perspective, the absolute weight of this glass doesn't matter. It all depends on how long I hold it. If I hold it for a minute or two, it is fairly light. If I hold it for an hour straight, its weight might make my arm ache a little. If I hold it for a day straight, my arm will likely cramp up and feel completely numb and paralyzed, forcing me to drop the glass to the floor. In each case, the weight of the glass doesn't change, but the longer I hold it, the heavier it feels to me."

As the class shook their heads in agreement, she continued, "Your stresses and worries in life are very much like this glass of water. Think about them for a while and nothing happens. Think about them a bit longer and you begin to ache a little. Think about them all day long, and you will feel completely numb and paralyzed – incapable of doing anything else until you drop them."

The moral: It is important to remember to let go of your stresses and worries. No matter what happens during the day, as early in the evening as you can, put all your burdens down. Do not carry them through the night and into the next day with you. If you still feel the weight of yesterday's stress, it is a strong sign that it is time to put the glass down.

JOURNAL ISSUES

Health Information and Libraries Journal: Contents of June, issue 2018

Editorial

Epistemic lenses and virtues, beyond evidence-based medicine.
Mark Murphy, GP and Lecturer in the Department of General Practice in the Royal College of Surgeons, Ireland

Review Article

Trends in infodemiology studies: a scoping review.
Zeraatkar K, Ahmadi M

Original Articles

- **The development of search filters for adverse effects of surgical interventions in MEDLINE and Embase.**
  Golder S, Wright, Loke Y

- **Relationship between orthodox and traditional medical pratictioners in the transmission of traditional medical knowledge in Nigeria.**
  Adekannbi J

- **Information literacy skills and training of licensed practical nurses (LPNs) in Alberta, Canada: Results of a survey.**
  Wadson K, Phillips L

Regular features

- **Dissertations into Practice**
  Proposed information outreach programme in primary and secondary health care of Punjab, Pakistan
  Naeem SB, Bjatt R
- **International Perspectives and Initiatives**
  New directions in health sciences libraries in China
  Zhiyun X, Jianjing Z
- **Teaching and Learning in Action**
  Opportunities for faculty-librarian collaboration in an expanded dentistry curriculum
  Stone S

FROM THE WEB

- **Agar art news**

Do you remember last's year annual Agar Art contest conducted by the American Society for Microbiology? This year edition, the fourth, had 156 entrants from 23 nations, and announced the winners two weeks ago (May 23). Just like for the previous editions, participants grew different microbes on agar to create varied patterns, often using the organisms' natural pigments to enhance their designs.

The first place was won by "The Battle of Winter and Spring," an exquisite, romantic homage to microbes by Ana Tsitsishvili, a talented undergraduate student at the Agricultural University of Georgia in Tbilisi. Last year she won the third place with a submission called "Dancing Microbes", that perhaps you remember. At the prize award, she stated that where the microbes meet in the middle of the plate, "they melt, as warmth of the spring melts the snow. She used Staphylococcus and Bacillus mycoides to depict the harshness of winter tangling with the red pigmented "flowers" of Serratia marcescens that portrayed spring. Check out the full article.

- **LOVE …. At the 2018 Orphan Film Symposium**

  Sarah Eilers is the Manager of Historical Audiovisuals in the History of Medicine Division at the National Library of Medicine. As she tells in her interesting article, she "had the privilege of collaborating with Dr. Oliver Gaycken, professor of film studies at the University of Maryland-College Park, to present several rarely-seen films from the National Library of Medicine's historical audiovisuals collection. The occasion was the 11th Orphan Film Symposium held at the Museum of the Moving Image in Queens, New York, which this year included participants from 15 nations." Dr. Gaycken's paper, titled "Love Doctors and Medical Media" discussed four NLM-held training films dating from the 1970s and showed excerpts from each. The films were intended to educate physicians and psychologists in couples-counseling, particularly in the area of sexual dysfunction.

  During the last portion of the session, the audience was also introduced to the planned redesign of NLM's Medical Movies on the Web, which offers curation of rare and sometimes unique film content in the NLM collections.

  Check out the full article

- **TAKE NOTICE!**
  Communication from The AHRQ National Guideline Clearinghouse: The NGC -- guideline.gov -- web site will not be available after July 16, 2018 because federal funding through AHRQ will no longer be available to support the NGC as of that date. AHRQ is receiving expressions of interest from stakeholders interested in carrying on NGC's work. It is not clear at this time, however, when or if NGC (or something like NGC) will be online again. In addition, AHRQ has not yet determined whether, or to what extent, the Agency would have an ongoing role if a stakeholder were to continue to operate the NGC. We will continue to post summaries of new and updated evidence-based clinical practice guidelines until July 2, 2018. For any questions, please contact Mary.Nix@ahrq.hhs.gov.

- **Why failure matters**

  Samuel West is the founder and curator of the Swedish Museum of Failure. He says we need to flaunt failures so we can learn from them. "Failure is inherent to the research process—observing results and then continuing with iterations to make progress. But the problem is that failure isn't automatically communicated with the outside world. Even within the research community, where failure should be a given, publication bias means there is a huge problem with discussing and accepting failure."

  This Museum is a collection of interesting innovation failures showcased to provide visitors a fascinating learning experience.

  The collection consists of a wide variety of failed products and services from around the world, such as Apple Newton, Bic for Her, Google Glass, Nokia N-gage, Orbitoclast Lobotomy (medical instrument), Harley-Davidson Perfume, Kodak Digital Camera, Sony Betamax, Lego Fiber Optics, and many many others. Currently it can be visited in California and in Sweden. Check the websites to learn more and be updated with upcoming events.

FORTHCOMING EVENTS

August 24-30, 2018, Kuala Lumpur, Malaysia
Transform Libraries, Transform Societies. World Library and Information Congress.
84th IFLA General Conference and Assembly
For further information: https://2018.ifla.org/cfp-calls/health-and-biosciences-libraries-section

September 11 -14, 2018, Manchester, UK
Why we do what we do. The purpose and impact of guidelines
For further information: https://www.ginconference.net/

October 8-12, 2018, Monterey, California, USA
The 17th International Semantic Web Conference. The premier international forum for the Semantic Web and Linked Data Community
For further information: http://iswc2018.semanticweb.org/

October 9-11, 2018, Kraków, Poland
ISIC 2018 – The Information Conference
For further information: http://www.isic2018.com/, https://www.facebook.com/isic2018/, https://twitter.com/ISIC2018

October 22-26, 2018, Turin, Italy
CIKM 2018 International Conference on Information and Knowledge Management. From Big Data and Big Information to Big Knowledge.
For further information: http://www.cikm2018.units.it/

Please feel free to contact me (letizia.sampaolo@iss.it) if you have any further suggestion about events you would like to promote

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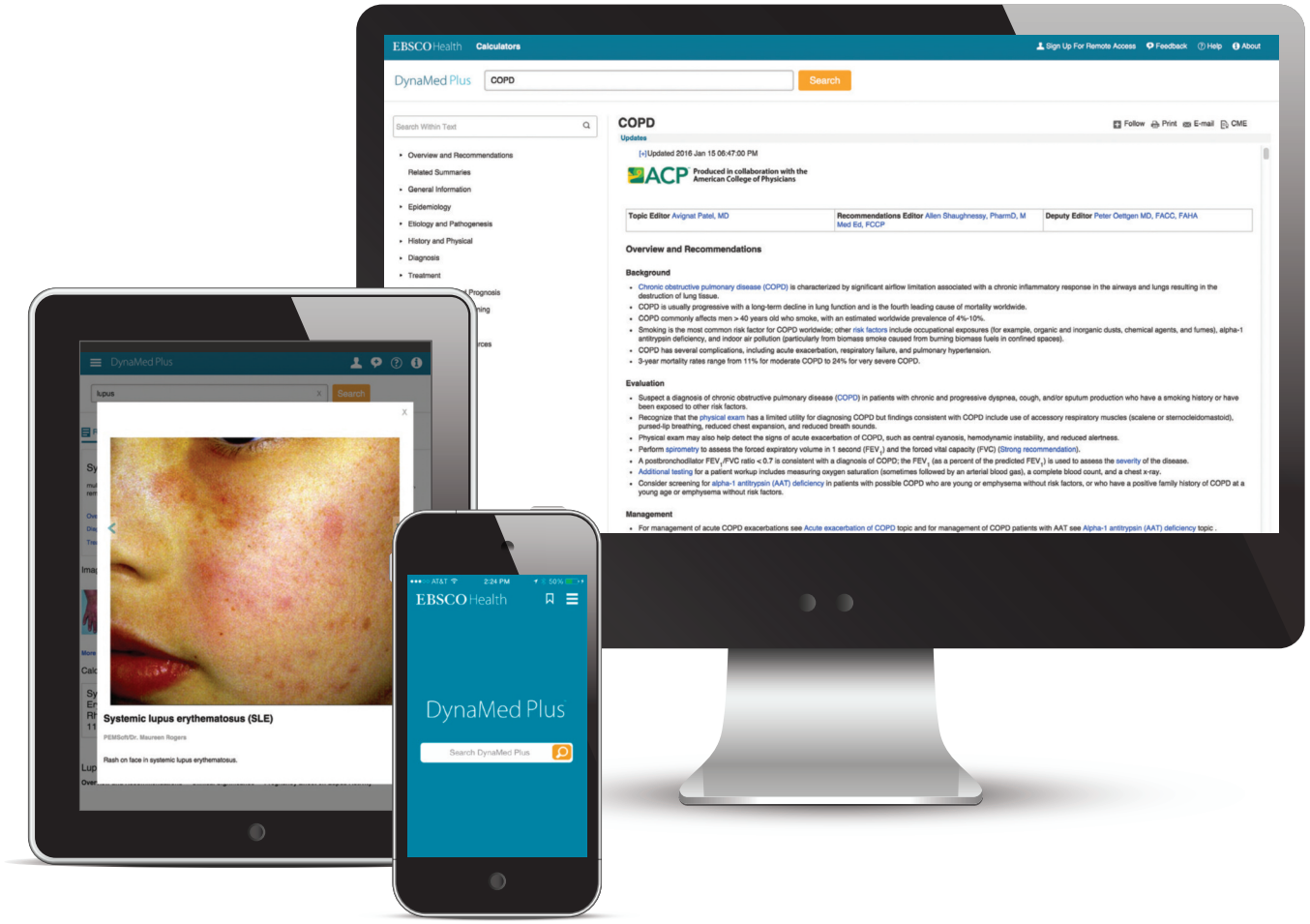

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