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EDITORIAL

It's election time at EAHIL!

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Dear EAHIL members

I wonder how you might be reading this Editorial. The majority of you are probably staring at one of the many screens that fill our environments and days, others, perhaps, have opted to print it out and read it as one did, on paper and in front of a cup of coffee. No matter the medium, what truly matters at the end of the day is not where the words are printed or shown, but rather that they are being read, and that they are being seen.

As you all know, our December issue was the last to be formally printed and sent out. One thing which will be news to most – and I am so very excited to let you know about this – is that we have finally reached an agreement to host the *Journal of EAHIL* on an OJS installation supported by the University of Edinburgh Library. OJS is the abbreviation for Open Journal System, a platform used by many scholarly journals worldwide in accordance with the principles of open access. A lot of work has been done to reach this decision and finalize the technical details of the agreement and I cannot but thank Marshall Dozier, former President of EAHIL, for presenting this brilliant proposal, and her colleagues, Angela Laurins and Roza Dimitrellou for replying to my many inquiries and requests. Fiona Brown, member of the Editorial Board working in the same University Library, has volunteered to manage the migration process and upload the back issues. Thank you Fiona! We couldn't do without you.

On another note, this is an important time for EAHIL: it is time for elections. The EAHIL President and Board elections are in fact underway. The deadline for nominations is the 20th of April 2018. Voting will be open from the 1st to the 31st of May 2018. All information, as well as the election form can be found in this issue, right after the Letter from the President by Maurella Della Seta.

The March issue is usually a no-theme issue and I am happy to introduce to you three excellent multidisciplinary papers. In the first, by Margaret Foster *et al*., we read "Libraries are facing an increasing number of client requests for collaboration in conducting systematic reviews", and since these methods are continually evolving, librarians need training. The authors illustrate how to plan, develop and evaluate systematic reviews training for librarians.

The second paper is from our Finnish colleagues from Kuopio, Arja Halkoaho *et al*. The results of the survey they conducted at the University Hospital clearly demonstrate that hospitals do need "professional level academic library and information services and cannot rely only on digital resources on a self-service basis". The third paper by Heidi Buysse *et al*. from Ghent University (Belgium) proposes a new model for information literacy in health sciences education. There is an increasing demand of different expertise, integrated abilities and collaboration between experts in different fields. In a word: a multi-perspectivism setting is needed.

Don't miss the different News, Reports and Columns in this issue by our wonderful column editors. They are all highly appreciated!

To all Council members reading this Editorial: I would like to open the "Council Member Corner" column in the next issue (June). If anyone might be interested in sending some news/story/experience related to the profession in her/his own country, please do contact me. I would love to hear from you.

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

2018 JEAHIL issues

Issue	Theme	Deadline
2	Clinical librarianship (edited by Tom Roper)	5 May
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

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As you can see, the June issue will host a monographic section on Clinical librarianship. For the first time ever a guest editor outside the Editorial Board has been invited to accomplish this task and I would like to take this opportunity to express my gratitude to Tom Roper, Clinical Librarian working in the Library of the Royal Sussex County Hospital, UK, for accepting the role. I am sure it will be an extraordinary issue!

Please contact him if you wish to contribute to this coming issue: Tom.Roper@bsuh.nhs.uk.

Keep reading (and enjoying) the journal
Federica

Systematic reviews training for librarians: planning, developing and evaluating

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Abstract

This article covers the content provided in a workshop offered at the EAHIL 2017 conference in Dublin, Ireland, titled "Systematic reviews: models of training for librarians." Libraries are facing an increasing number of client requests for collaboration in conducting systematic reviews. Consequently, there is a high demand for librarians who are already skilled in this practice, accompanied by a desire to equip librarians who are less familiar with the skill-sets needed to conduct systematic reviews effectively. Several methods are available for consideration in training librarians, and this article focuses on the different components required by each method, so that libraries and librarians can better align training efforts with available library resources.

Key words: systematic reviews; librarians; in-service training; continuing education; program planning.

Introduction

As libraries continue to develop and expand their services to include consulting on systematic reviews (1), the creation of a realistic plan for meeting an increasing demand with limited resources becomes increasingly important. Additionally, as systematic review methods and tools continue to develop and evolve, and the practice of using systematic reviews crosses over into multiple disciplines, there is an increasing need to identify the means of support for the different levels of service that are in demand (2). Although there are several potential paths a library could take – ranging from not offering a systematic reviews service at all to hiring new staff members who are already skilled at the service – each comes with varying levels of cost to the library (3).

This article proposes a sequence of activities – Plan, Build, and Evaluate – for planning and implementing a systematic reviews service, and discusses different methods of training current library staffing and the resources, strengths, and limitations that are involved with each approach.

Step 1: Plan

The first stage focuses on organizational preparation. During this initial stage, one needs to determine the objectives of the training and to consider the current skill-sets, characteristics, and training requirements of the participants. In establishing the objectives, developers should reflect on the needs of the organization, clients, and staff. Before creating a training and development program, it is best to determine the long-term goal. Given that a great deal of variety exists in the types of services libraries offer on systematic reviews (4), it is critical to identify beforehand the level of service delivery expected at the conclusion of training, as this goal will determine the components of the training program. *Table 1* shows an example of four common levels of systematic review training services and the intended skills gained as an outcome of each level. Other models that could be considered in the categorizing of systematic reviews services include free or fee-based services, tiered services (different levels depending on client, such as undergraduate, graduate, clinician), or solo librarian or team-based services.

Level 1	Level 2	Level 3	Level 4
	Level 1 plus:	*Levels 1 & 2 plus:*	*Levels 1 & 2 & 3 plus:*
Educate others on definition of systematic review and its overall process	Participate in planning the eligibility criteria for the search	Help clients select appropriate review method	Collaborate in all levels of the review process
Find and assess SRs	Develop and report the search	Participate in designing the review question	Teach the process to others
		Demonstrate and/or participate how to select studies	

Table 1. *Levels of systematic review services.*

The needs of the organization as it relates to training librarians on systematic reviews can vary based on the college or department clientele. Although it is common that a systematic review is done for publication and knowledge contribution factors, academic universities also trend towards having a particular interest in using such studies for the purpose of applying for and receiving grant awards. Depending on the ultimate goal of the clients, a higher level of systematic reviews training may be required by the organization in order to achieve a worthwhile outcome as perceived by the client. One point to consider at this point is that the higher level of training generally would imply that the librarian and organization involved is not only dedicating more time toward completing the training, but at its conclusion, that librarian will be involved with systematic review projects for a longer period of time, thus making them less available for other service opportunities. At the same time, those librarians who are participating in systematic reviews training may have certain strengths and weaknesses that better

Competency	Skills/Knowledge required
Conduct a thorough reference interview	Determining if a research question is appropriate for a systematic review Framing a research question Selecting appropriate eligibility criteria
Develop the main database search for a systematic review	Selecting search criteria and appropriate limits Retrieving and deduplicating citations Documenting the main search Meeting the standards of systematic reviews searching
Conduct the expanded searches (grey literature, reference searching)	Selecting appropriate resources/methods Documenting the expanded searches Meeting the standards of systematic reviews searching
Project/data management for systematic reviews	Selecting the best software to meet needs of the project Designing a data management plan Developing a timeline

Table 2. *Competencies and skills for building systematic reviews training.*

capacitate them for some stages of a systematic review while inhibiting them from others. It is an absolute strength if the librarian is already familiar with the faculty and the department objectives with whom he or she will be working. Regardless of the level of systematic review service that has been selected as the goal, the librarian participant must be strong in time management and must understand what the client will benefit from most and will deem as valuable.

Step 2: Build

Now that the overall objectives, impact to the organization, and participants have been considered, the specific competencies that need to be achieved and the delivery method(s) can be selected.

Overall considerations and competencies/skills alignments

First, in developing effective training, it is important to consider hallmarks of great training (5). Training should be transformative, practical, well designed, combined with plenty of interaction, and of course, fun. Careful development will help to ensure that the training meets these qualities.

Next, the competencies selected will depend on the level(s) of service to be offered. *Table 2* provides examples of skills or knowledge required to meet those needs for a sample set of competencies.

Potential delivery methods

Six potential delivery methods are identified here for delivery of systematic reviews training: independent study, webinars, short class, long course, mentoring, and shadowing. Each method has advantages and challenges.

- *Independent study*. Independent study could involve reading, watching, or working through asynchronous online modules. Advantages of this option include flexibility in scheduling and inexpensive costs; however, it offers no opportunities for participants to get quick feedback or answers to questions, and can potentially leave certain aspects of a systematic review to the reader's interpretation. Selecting the best materials can be an issue, along with resource limitations or access constraints. This method may work better if a group is reading/watching the resources together.

- *Webinars*. Webinars can offer a single or multiple method of exposure to the different aspects of a systematic review. One recognized benefit to a webinar is that in most cases the material can be easily recorded and watched again if needed. Also, this method allows for multiple participants to be trained at one time, making it cost-efficient. Potential drawbacks include technological barriers and limited interaction and feedback, as well as greater difficulty in addressing a wide range of variances that differ from the specific points being demonstrated.

- *Short Class (Face-to-Face)*. The Short Class, in-person method provides an opportunity for interaction during the training, but can be expensive and time consuming. Participants may need to travel, or an expert may be brought in to train staff. An engaging workshop can provide a learning experience for multiple trainees at the same time. However, there is not always an easy way for follow-ups with questions later on.

- *Long Course (Face-to-Face)*. The Long Course training method (in-person) can provide one of the most intensive learning experiences with many examples and even real-time practice, such as role-playing. This method also brings a big time commitment and more expense, depending on travel and the number of employees involved. Several long courses are currently available for librarians from various institutions, in a variety of styles. One example is from The University of Illinois at Chicago, whose librarians developed a flipped course, providing participants with materials before the class followed by face-to-face discussions and interactions (6).

- *Mentoring*. Supporting librarians while they are consulting with their own clients can be a valuable experience. Mentoring does require a significant and committed effort for the mentor and the mentee, and can be done internally between co-workers or with an external expert. This intense experience provides the mentee with guidance on an applied project, the mentor with an opportunity to serve and share expertise, and the client(s) with two librarians to assist with their review (adding to its validity). Challenges include scheduling, finding an expert, and finding the right project to work through. In their article describing a mentoring program, Fyfe and

Dennet detailed a pilot program of mentoring through a project a solo librarian with little systematic reviews experience (7). The Appendix of the article included 10 tips for mentoring, which included agreeing on the objective of the program, characteristics of a good review project to work on, how to collaborate on the search, and tips on providing feedback.

- *Shadowing*. Shadowing involves having participants follow experienced librarians as they meet with clients to consult on reviews. This training technique provides a rich educational experience with different systematic reviews. However, depending on the specific parameters implemented, this method generally requires a significant time commitment. Solo librarians would need to find an expert at another library to follow.

Implement training program

After deciding on the appropriate delivery method(s) for the desired level of service and competencies, the next step is to develop the systematic reviews training program. The program should include multiple training sessions with different delivery methods and individual goals. Each session will undergo an implementation stage which focuses on logistical arrangements, such as arranging speakers, technological resources, facilities, parking, and more. When applicable, it would be helpful to run a pilot training session to test its effectiveness with a small group of participants.

Step 3: Evaluate

The last step is determining how the training session(s) and/or program will be evaluated. Multiple levels of evaluation should be conducted to ensure that the training program is meeting the needs of the librarians, the library, and, ultimately, the clients. First, each part of the training should be reviewed and validated as appropriate. Next, an instrument to gather participants' immediate reaction to individual training sessions should be designed, and should include questions on how well did the participants like the training, were the facilities conducive to learning, and what could be improved. Third, the evaluation should include outcome measures that quantify changes in the participants' skills/knowledge

after the training or at particular stages of the training program. This type of evaluation will require "pre- and post-" surveys, to get a baseline of participants' current understanding of systematic reviews and experience with expert searching, followed by an assessment of their knowledge and skills changes after the training sessions. Finally, the impact on the participants and on the organization should be considered. To assess impact properly, it will be helpful to select goals in the "Plan" stage to work towards. In setting goals, consider the SMART model (8), as described below:

- Specific: Is the goal explained with enough detail?
- Measurable: Can the goal be quantified/qualified?
- Attainable: Is the goal feasible given the resources available?
- Relevant: Does the goal align with organization's vision/mission/values for systematic reviews needs?
- Time bound: Does the goal have a completion date or time component?

For example, at the beginning of the training, a goal might be: To have 5 librarians trained in 6 months to conduct a reference interview and develop a MEDLINE search. When looking at impact on the librarians and/or organization, several measures can be followed, such as the number of consults requested and provided and the resulting numbers of posters, presentations, publications, and grants received. It is important that the organization recognizes the work of the librarians and that systematic reviews take time (averaging at least a year before publication), so focusing on publications alone will not be useful in the beginning of a service.

Combining all of the steps

Considering the training program as a whole, developers can combine all 3 steps – Plan, Build, Evaluate – into one table via a logic model. A logic model is usually presented as a table (as shown in *Table 3*), and is read as "Given these aims and resources, the following outputs will be accomplished (activities, deliverables, and more) to reach these outcomes." Planners can start with the aims and go forward, or start with the outcomes and plan backwards.

The strength of the logic model is that the overall program can be presented easily and goals easily tracked. As the service is developed and the training continues, it will need to be monitored and adapted

Aims	Resources	Outputs	Outcomes
To start a SR service To train librarians to provide SR consults	Librarians attend 3 day course Expert to consult on creating a service MLA Webinars	Service materials Training sessions	Librarians can consult on systematic reviews (Levels 1 & 2)

Table. 3. *Example of a logic model for a systematic reviews training program.*

as necessary. As systematic review methods continue to evolve with standards being updated, new synthesis types being created, and software being developed, the training program will need to be flexible and updated often.

Conclusion

Systematic reviews represent a growing opportunity for libraries to provide a useful service to their client communities. Careful and deliberate preparation for launching a systematic reviews service includes a focused training program for librarians to assure competencies and overall success.

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Supporting the medical research and daily work at the hospital – analysing the library and information services at the Kuopio University Hospital

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Abstract

Finland is undergoing a health and social services reform. This reform will reshape the structure, services and funding of health and social services and establish new counties and transfer new duties to the counties. The aim is to provide people more equal services and even out population level differences in health and well-being, and to curb cost increases. This means a new type of operational environment for the university libraries acting in the hospitals. A survey was conducted at the Kuopio University Hospital to find out the needs of the users. It shows that both library collection resources and information services are needed by academic and hospital staff.

Key words: access to information; health care reform; information services; libraries; surveys and questionnaires.

Introduction

The medical practice in hospitals is built on research results, evidence-based methods and knowledge of centuries. This has been the basis for modern health practices in hospitals. The university hospitals are also a major actor in both academic teaching and research. This means that there is a need for academic level information services and library collections of current research publications to satisfy the specific needs of the academic and hospital staff. The modern information environment is digitising rapidly. This means that many services at the university libraries acting in hospitals are being outsourced to third-party actors; the most important being the digital collections and databases. These are managed via contracts that enable the academic use of the collection at the university hospitals. The publishers have an understanding for this type of use and this is evident in the pricing of, e.g. the e-journals. This is a win-win situation: the academic staff at the hospitals produce a majority of the publications that are used in developing hospital services and the new knowledge for the benefit of patients and healthcare globally. As working places, university hospitals are knowledge-dependent

learning organisations in a very classical sense. They need efficient and up-to-date resources and services. The vast amount of academic documented resources available and the time-critical operational work conducted at the hospitals mean that there is a need for library and information services that enable the staff to focus on their main tasks and save time in their information seeking and use. In addition, the self-service based digital databases require a good skill base to be able to conduct valid and useful searches. This has meant that the role of the teacher has become an integral part of the library and information services (1, 2).

The university hospitals and universities have been working together in Finland to facilitate the university hospitals with academic level information and library services. In many cases, the hospital libraries have in fact been the basis for the university library's medical collections (3).

Kuopio University Hospital (KUH) caters for the specialist medical care of the 248,000 citizens in its area. It also serves for the one million inhabitants in Eastern and Central Finland in cases that require highly specialised medical care. As one of the five university hospitals in Finland, KUH provides high-

quality care in all medical specialties, conducts internationally renowned research, and trains the top experts of the future (4).

University of Eastern Finland (UEF) is a multidisciplinary university that offers teaching in more than 100 major subjects in four faculties: the Philosophical Faculty, the Faculty of Science and Forestry, the Faculty of Health Sciences, and the Faculty of Social Sciences and Business Studies. The UEF Library is a public academic library offering library and information services especially for the university's 3,000 staff members and 13,000 students. However, the library is also open to everyone else who is seeking information. The UEF Library is one single administrative entity comprising the campus libraries in Joensuu, Kuopio and Savonlinna, and the KUH Medical Library – a joint library of KUH and UEF (5, 6).

There has been a university reform in Finland from the 2010 onwards. At present, the healthcare legislation is being renewed. Both of these policy developments have started to bring in new public management types of managerial and ownership issues into the academic environment (7). This may have severe consequences especially for the academic use of digital resources, if there is an effort to economise by outsourcing the academic work or working environment to a business-like environment.

We decided to conduct a survey-based research that tries to answer to the following questions:

1) What type of information is needed and what services are used at the Kuopio University Hospital?
2) Is there a difference between the use and needs of the academic and hospital staff?

The authors are from both the hospital research administration and the university library, since both needed information to develop our services and inform the policy makers. In the following, we describe our research and its results and make some conclusions based on them.

Methods
Data collection
The data for the study was gathered by survey carried out with the E-lomake software. The questionnaire (in Finnish) was published in the internal website of KUH, and anyone who had the access to the intranet was able to answer.

The main theme in the questionnaire was the usage of the library services. The services were categorised into collections, research and publishing support services, personal services, teaching services and guidelines. In addition, the use of library space and equipment as well as acquisition services were asked about. The respondents answered the questions by choosing the appropriate option. The options of the structured part of the questionnaire were "Yes, now", "Yes, now and in the future", "Yes, in the future", "Not now nor in the future", "Cannot say". There was also an unstructured part with open-ended questions about the use of services now and needs in the future. As background information the affiliations and position or title of the respondent were asked. *Table 1* presents the structured questions of the survey.

Do you use library collections?	Books (printed and electronic)
	Journals (printed and electronic)
	Databases
	Remote access to electronic collections
	Interlibrary loans, copies
	Requesting articles and loans from the National Repository Library
	Legal deposit collection
Do you use library's research and publishing s	Reference management
	Bibliometric services
	Research evaluation tools
	Repositories and research information systems
	Other services related to publishing
Do you use library's personal services?	Customer services/reference services (in library, by phone, email, Skype, chat)
	Guidance (information specialist services by appointment)
	Information services (commissioned services, reference lists)
	Library material delivery to office
Do you use library's teaching services and guil	Information skills afternoons
	RefWorks afternoons
	Teaching booked for own unit (á la carte selection)
	Online training services on varied topics (Skype for Business, Adobe Connect)
	Distance learning courses (Moodle)
	Information skills teaching integrated to certain in-house training
	Database guides and instructions (written, videos)
Do you use library space and equipment?	Library computers
	Library WIFI (own laptop)
	Groupwork spaces
	Silent reading space
	Other library space or equipment
Do you use library's acquistion services?	Ordering/buying books to unit's reference library
	Subscribing journals to unit's reference library
	Ordering/buying other types of material to unit

Table 1. *Survey questions.*

Data analysis

Within the open-ended questions, the data were analysed both qualitatively and quantitatively according to themes: database, information specialist services, teaching and guidelines, remote access, space and equipment and acquisition services. The data were analysed using thematic content analysis and the answers were grouped. The concepts with similar content were combined to form upper concepts. Data were presented both as quotes to show the meaning that participants gave to the theme in question and in some cases also quantitatively to show how many shared the same view. The statements were read by AH and meaningful concepts and information were grouped under the selected themes. If a theme was addressed even in one sentence, this was included as a statement within the theme. The research group also worked together in reviewing the conceptualisation process and the selected concepts by confirming the validity of the study (8-10).

Statistical analyses

Numerical variables from the survey were re-classified by TS into four groups "Cannot say", "Not now nor in the future"," Yes, now" and "Yes, now and in the future" where the choices "Yes, now and in the future", "Yes, in the future" were combined. These variables were expressed as median or frequencies with percentages from all data and both study groups. Median was calculated from choices "Not now nor in the future" to "Yes in the future", excluding the choice "Cannot say". Group differences were tested by Fisher's exact test. P-values <0.05 were set to indicate statistically significant results. All analyses were executed by R statistical software version 3.1.1.

Results

There were 184 responses. 138 of the respondents were only KUH staff members, and 29 persons were both KUH and UEF staff members or students, while only four had solely UEF affiliation. In all, 45 respondents identified themselves as clinicians, 43 as researchers, 19 as students and seven as other.

Structured questions

The results inside each of the question groups do not usually differ. If the respondents use one of the

services in a group, they seem to use the others, too. For example, among the personal services, half of the respondents use guidance (information specialist services by appointment), information services (commissioned services, reference lists) and library material delivery to office now and in the future.

There are not any significant differences between the respondent types in the use of most of the services. The ones that show a clear difference – remote access to electronic collections, bibliometric services and customer services/reference services – are shown in *Figures 1, 2 and 3*. They also show that the remote access and customer/reference services are used almost by all the respondents while more than half of them do not use or know bibliometric services. As the respondents represent all hospital staff, not only researchers, this is understandable.
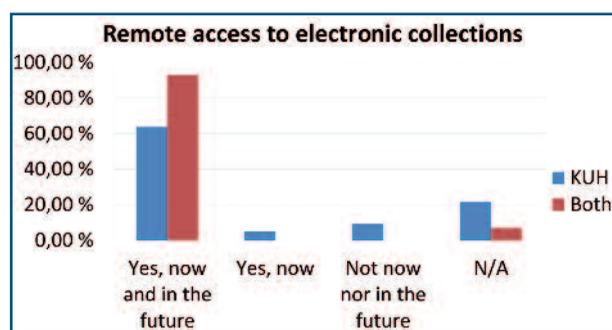

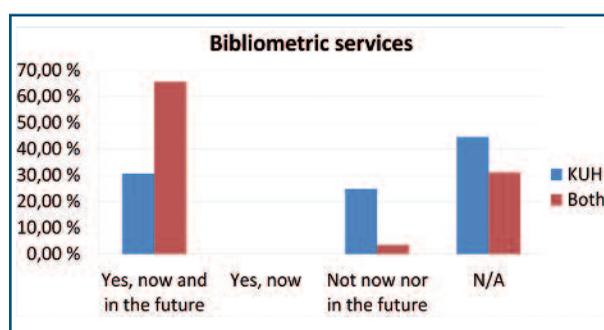**Fig. 1.** *Remote access to electronic collections.*

Fig. 2. *Bibliometric services.*

Figures 4 and 5 show almost identical numbers for the library's teaching services and guidelines and the library space and equipment. While more than a third of the respondents are current and future users, a quarter or almost a quarter is not interested
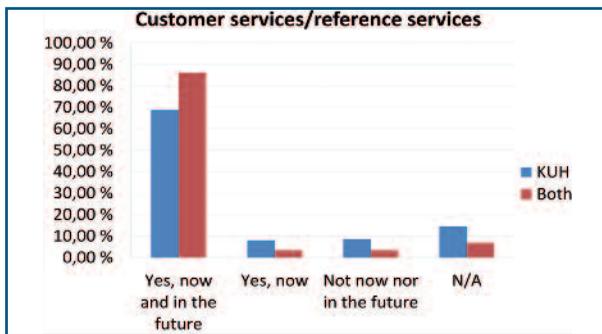
Fig. 3. *Customer services/reference services.*

in these services, a significant number (close to half of them on teaching and guidelines) cannot say – either because they are not aware of these services or not interested in them. We cannot explain this gap by the respondents being only hospital staff members but must take a closer look at marketing these services to all potential users.

The acquisition services are the most unknown group of these services. Most of the respondents did not seem to have any knowledge about this kind of services to their units.
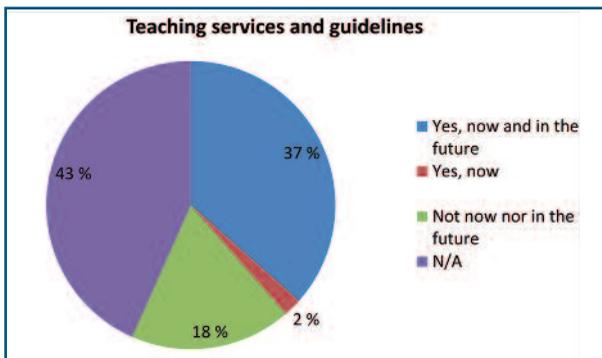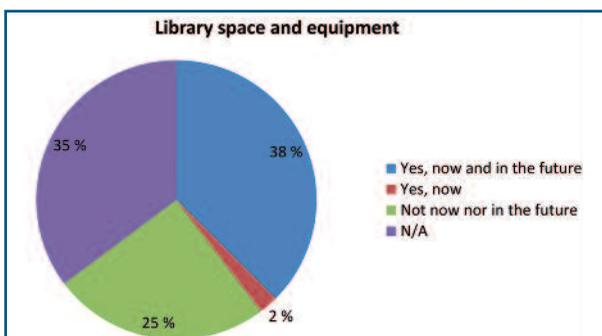

Fig. 4. *Teaching services and guidelines.*

Fig. 5. *Library space and equipment.*

Unstructured questions

The replies to the open-ended questions about which services the respondents use now, focus on collections. Books (printed and e-books) got 62 mentions. They have a big role in continuous professional development. In addition, journals (electronic and printed) are important with 53 mentions. The use of different databases was mentioned 35 times. Remote access to electronic resources was mentioned 30 times without specifying if databases, journals, e-books or all of them were accessed remotely. Information specialist services were also popular and mentioned 43 times, while lending and reference desk services got 26 mentions. Acquisition services got mentions, too. Twelve respondents mentioned training services. According to these unstructured responses, many of the respondents use the library space for studying and group-work (17 mentions) and they use the library work stations and printers, as well (15 mentions). Some respondents did not specify the services but responded all services (3) and collections (5). Seventeen said they do not use the library.

The replies to the open-ended questions about which services would be used in the future indicate that the respondents are satisfied with the current services and would use them also in the future (15). Personal services related to information retrieval (13) and information skills training (12) were most commonly mentioned. The respondents stressed the importance of expertise in customer services (6). They listed avoiding predatory publishers and reference management as training topics. Twelve of them mentioned the importance of remote access also in the future. Databases (6), articles (4), books (9), and library space (4) also got some mentions.

The third unstructured question was the most open-ended one, asking if the respondents would like to say anything else about the library services. They appreciated the competence of the staff and the friendliness of the customer services. They were thankful for the smooth processes, especially the logistics and delivery services between the library units (11). Though they considered remote access necessary, they also hoped that the local service in the hospital would remain. They regarded library

services important for professional development. The quotes are translated from Finnish.

> *"Library definitely has to remain at KUH! Important for professional development."*

In addition, the respondents brought forward that a university hospital must have a research library that supports the clinical research conducted in the hospital.

> *"The library services at the KUH Medical Library are excellent. The service is good and prompt. A university hospital has to have its own research library."*

Among the services, the respondents valued especially teaching, and wanted targeted information skills training to support research. They would also like to develop the space and equipment, for example, by adding computers.

> *"I consider it extremely important that [the services] remain and evolve. Also, the physical library is needed (not only virtual)."*

The survey also suggests that the library must communicate more actively. Some of the respondents were not aware of all library services; some found it hard to find them on the library website and the hospital intranet. For example, Quesenberry *et al.* (12) have raised the question on how to increase awareness of the library services in order to make them an integral part of the scholarly process. Additionally, they emphasise the need to implement strategies to streamline access to online resources and providing instruction in preferred formats (12).

Lack of time and busy work shifts are the main obstacles of using the library. One respondent described their situation at the time of the survey:

> *"I have not had a chance to get to know the services and the collections. During working hours there is no time to acquaint myself with the library tips presented in the hospital intranet."*

The fact that this person has apparently at least noticed the regular "library tip of the week" bulletins can be considered as an encouraging feature in their situation.

Conclusions

"It is crucial that the library can communicate actively about its collections and services. This is not solely an information dissemination or marketing issue, but involves aligning with hospital priorities, seeking out supporters and forging partnerships to enhance integration" (13). Some of the questions in the survey turned out to be more useful as marketing tools, providing information of the services that are less used or unheard of, than as data about the usage of those services. The data collected here provides material also for the lobbying of the need for academic level library and information services at the (university) hospitals. This is crucial when planning the services for the renewed health care policies in Finland.

Our hypothesis that both the academic and hospital staff need library and information resources and services was proven correct. A good and up-to-date digital collection is what the users are looking for. We thought that there would have been more differences in the information services usage, but it was found that also the information services, e.g. bibliometrics, reference and teaching – even the library space, were widely used.

As a conclusion, we can say that hospitals that also conduct research have created an information culture that is quite similar to all the people working at the hospitals, regardless of the type of work a person does. The different practices are based on research and documented evidence. This means that a hospital has a need for professional level academic library and information services and cannot rely only on digital resources on a self-service basis.

ACKNOWLEDGEMENTS

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Information literacy in health sciences education: proposal of a new model in a multi-perspectivism setting

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Abstract

Information literacy (IL) has become a core skill within health sciences education. Curriculum developers invest a lot of energy in the development of curricula to integrate IL training in an effective way. To optimize this implementation, a new IL model for health sciences education in a multi-perspectivism setting is proposed. Information literacy should be integrated and practiced within a complete curriculum by using horizontal (basic IL skills) and vertical integration (IL integrated within the discipline) that would guarantee equal opportunities for students' IL development and which could be a more cost-effective solution within curriculum development. The emerging technologies and the impact on educational models will more and more demand different expertise and thus collaboration of experts with different backgrounds.

Key words: information literacy; health education; evidence-based practice; libraries, medical and problem-based learning.

Introduction

Information literacy (IL) has been introduced as a concept by Zurkowski (1) suggesting that information sources should be used in the working environment. In 1989, the American Library Association (2) described IL as "a set of abilities requiring individuals to recognize when information is needed and having the ability to locate, evaluate, and use effectively the needed information". Shapiro and Hughes (3) distinguished in 1996 different IL-related dimensions in a curriculum: tool literacy, resource literacy, social-structural literacy, research literacy, publishing literacy, emerging technology literacy and critical literacy. Recently, in 2016, the Association of College and Research Libraries (ACRL) (4) adopted a "Framework for Information Literacy for Higher Education" proposing a new expanded definition of IL as: "the set of integrated abilities encompassing the reflective discovery of information, the understanding of how information is produced and valued, and the use of information in creating new knowledge and participating ethically in communities of learning". Information literacy has become a core component of lifelong learning (5, 6) and is common for all disciplines, learning environments and levels of education (7). It can further be seen as the basis for

evidence-based acting (8) and is thought to enhance student learning (9, 10). It is therefore considered as an essential component of the academic curriculum (9, 10) and a mission of universities in current society (11, 12). Even though IL training should already be incorporated early in the curriculum (13), it should not be limited to those first years. It needs to be developed throughout a complete curriculum to make sure students improve continuously and retain their acquired IL skills (14). In the curriculum, IL training should take place at contextually and appropriate key moments (15). Besides training, assessment of IL skills at different time moments throughout the curriculum, has been considered equally important (16, 17).

Proposal of a new model for information literacy in health sciences education in a multi-perspectivism setting

Specifically focusing on higher education, SCONUL proposed a model based on seven pillars: identify, scope, plan, gather, evaluate, manage, present (18). Partially based on this model, the dimensions proposed by Shapiro and Hughes (3) and the experience of an expert IL-teacher, a new model has been proposed (*Figure 1*).

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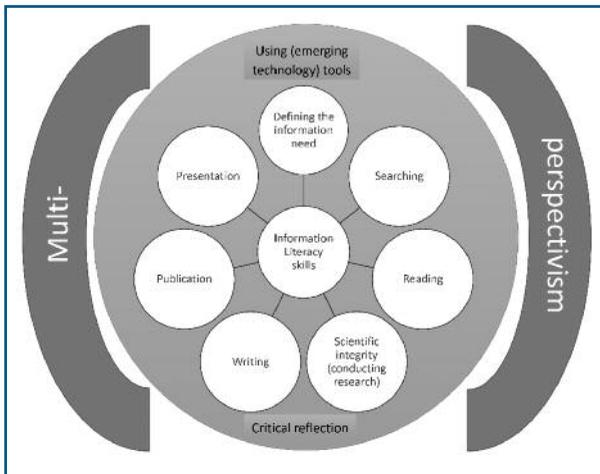
Fig. 1. *Model showing the different dimensions of information literacy at health sciences education in a multi-perspectivism setting.*

In this model different dimensions can be distinguished. Two dimensions interfere with almost all other dimensions proposed. All health science students should know how to *use (emerging technology) tools*. Even though students know how to use social media, know how to Google, they not always possess basic skills such as those needed to hand in a well-formatted paper or to use basic MS-Excel functions (*Table 1*). When those skills are lacking, students need to get the opportunity to learn and practice these skills at the beginning of the academic year. The addressed topics should be well-written and at forehand communicated; so only students having the feeling they lack those skills, could come to these sessions. Also, attention should be drawn to institution-specific ICT-related aspects, as students have to learn to use the institution-specific learning

Basic IL-topics addressed by the expert IL-teacher	
Use (emerging technology) tools	
MS Word	cover page header / footer table of contents using CTRL-function
MS Excel	formula cell-locking automatic filling of cells generate figure
Critical reflection	
Define key-words Check MeSH/Emtree definition Dare to reflect about search strategy by e.g. copy-pasting a key-title to another database to look at the Emtree/MeSH linked at that article. If new key-terms emerge one should have the reflection to adapt their search strategy Peer review	
Defining the information need and searching	
Rewrite clinical question into PICO	
Extract/define key-words	
PubMed	free text searching analyse automatic term mapping MeSH Major Topic Heading No explode (MeSh terms below the term in the MeSH hierarchy) Defining time period Gaining insight in consequences of using filters
Embase	quick search Emtree search Use of Major focus / explosion / ... PICO-search use of filters (disease) query builder
Web of Science	general search citation-related searching interaction between databases
PRISMA-flowchart	
Searching / Writing	
Use efficiently bibliographic software	

Table 1. *Basic IL-topics addressed by the expert IL-teacher.*

platform. It is therefore of utmost importance that a close interaction exists between IL-teachers and the ICT-department to encompass software-related problems (e.g. running software on own portable PC's, etc.). Addressing these basic skills could possibly be (partly) the base for students to start with equal opportunities.

Another dimension interfering with all the other dimensions is *critical reflection*. This skill – as is the previous defined one – should be integrated throughout all other dimensions and be taught (19) throughout various topics/disciplines.

Defining the information need and searching are two dimensions closely related to each other. Nowadays, students are confronted with a large amount of (scientific) – above all digital available – information. For novice searchers it is difficult to define and search for 'coherent' information. Also, in the context of Evidence-Based practice, it is crucial to know how to formulate well-built questions (20). Learning to define the information one needs, is an important skill which helps to distill key words and thus search for this information. PICO (Problem/Population, Intervention, Comparison, and Outcome) could facilitate this search process (21). Students have to learn to rewrite a search question into PICO. They further need to learn how to search efficiently in a structured way when making use of domain-specific databases. They should know how to search in PubMed, Embase, Web of Science, and Google Scholar (*Table 1*). Students have to learn to be critical and to dare to reflect about their search strategy by e.g. copy-pasting a key-title to another database to look at the Emtree/MeSH linked at that article. If new key-terms emerge they should have the reflection to adapt their search strategy. It is therefore also important to gain insight in the publication process, know the basics about how domain-specific databases work; what the pros/cons are of these databases, and so on. Already early in the curriculum, students have to learn and practice the process of narrowing/widening an original search question. In an ideal situation, they have to write a search-report starting from a rather broad (own-chosen) health topic. Based on their strategy, they

should end-up with a well-demarcated health question accompanied by at least three (recent) articles (22) in which they have filled in the first parts (identification/screening) of the PRISMA-flowchart (23). Once they have more domain-specific knowledge and more specifically when they have to write their thesis, they should have developed these skills and be able to apply them for their own scientific work. At the end of their master years, students should be able to write a structured narrative review.

Alongside with searching, retrieval and management of literature is equally important. Learning how to use efficiently *bibliographic software* should be integrated in this learning process. Once literature has been found, students should be able to critically *read/interpret* this information, a skill that needs to be developed throughout the curriculum. They further should learn strategies to structure and easily integrate information from diverse authors, e.g. writing a paper. Students need to be able to critically appraise literature, to make the link with own study topics, research etc. This includes learning to recognize bias, gaining insight in methodology of scientific research and in biostatistics.

Being able to conduct research, based on *scientific integrity*, is another important component of academic health education. In this fast evolving (technical/technological) world, it is crucial that students are confronted with the different research-specific components and processes. Learning to write a data management plan should be integrated into the curriculum and part of the thesis.

Also, *writing, publishing* and *presenting* are skills that need to be practiced throughout the curriculum. At the moment that students need to write and present their thesis, they should have acquired already some basic skills.

Horizontal and vertical integration

Information literacy should be integrated as a core ingredient of the academic curriculum both vertically and horizontally which could enhance the multi-perspectivism view. Vertical integration – as showed in *Figures 2* and *3* – enables students to practice the different skills on different levels so these skills are continuously activated, stimulated and become retained. However, most of these skills

are not course-specific, especially not in the first years of the academic studies. Therefore, learning of the different basic IL-skills lends itself well for horizontal integration (*Figure 2*).
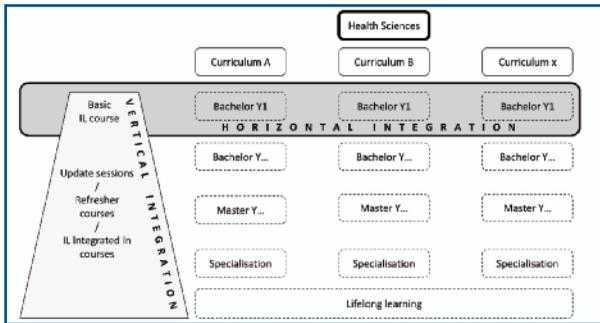

Fig. 2 *Horizontal and vertical integration of information literacy skills.*

As proposed before, already early in the curriculum students should have a practical integrated course covering basic IL-skills. Writing a personal search paper is possibly the best basis for integration of these skills and is highly recommended (22).

Information literacy teachers should therefore have up-to-date personal knowledge and experience in developing IL. They should be available for intermediate feedback sessions to help students when struggling with IL-related questions. They also should evaluate the search papers and provide students with personal feedback. Setting up a system of interdisciplinary peer-review (based on well-defined early-provided items) could possibly be of extra help for students to reflect on their personal search paper. In the following years, IL should be continuously activated by means of update and refresher courses and should become integrated into more domain-specific courses. Especially horizontal integration of the model and implementing teach-the-teacher training sessions could possibly be cost-effective as skills are transferred in an efficient way. Students would receive the same basic instruction. Via teach-the-teacher sessions, lecturers receive up-to-date information on new IL insights (e.g. new search strategy, database, etc.) which could help to integrate IL-skills into more domain-specific areas. Information literacy-assessment
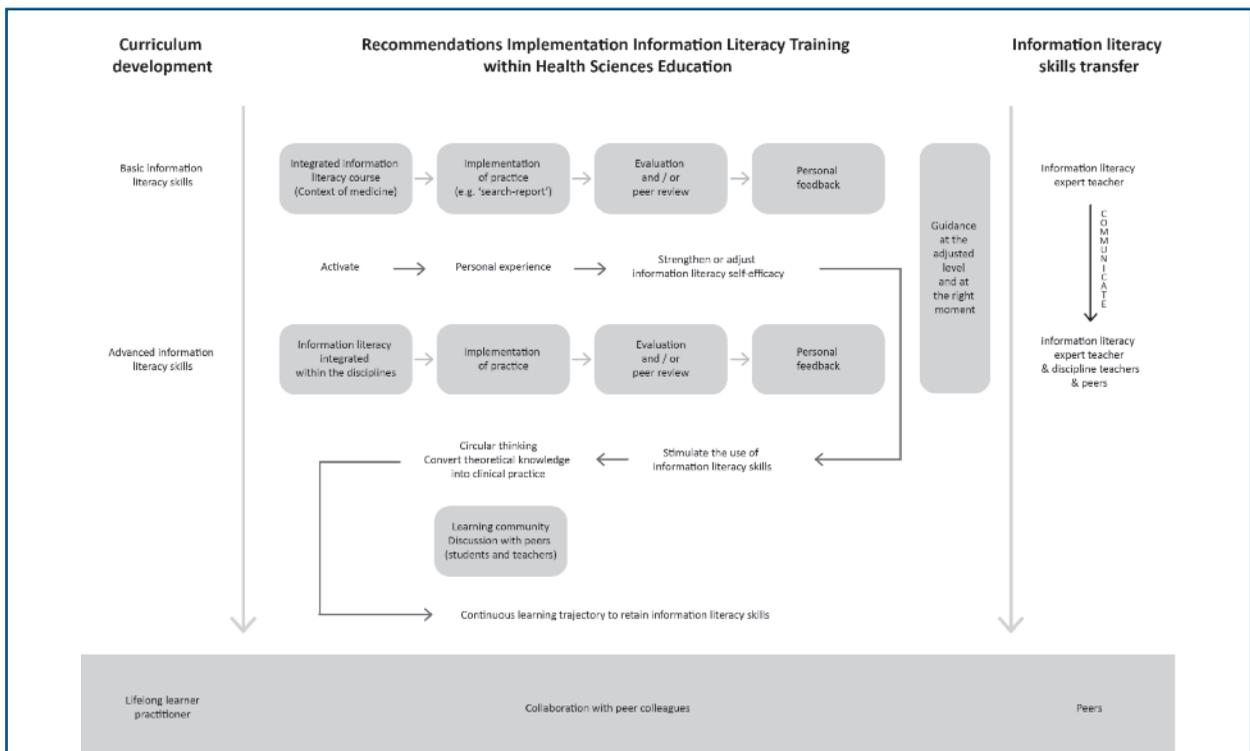

Fig. 3. *Recommendations for the integration of information literacy training within health sciences education.*

should however be foreseen at different moments alongside the curriculum (16, 17). When writing a paper, (interdisciplinary) peer-evaluation, with attention to more advanced IL-related items, can be set-up. Information literacy should therefore be integrated into the curriculum as a continuous learning trajectory enabling teachers going gradually into more depth so students are stimulated to progress (*Figure 3*).

Conclusion

In this paper a new IL-model in a multi-perspectivism setting in health sciences education has been proposed. This model encompasses different equally important dimensions. Students should learn, as much as possible through practical-integrated courses, to define the needed information, to search and read, write, publicize and present. They should know how to conduct research and take into account scientific integrity.

Knowing how to use emerging technology tools and being critical are two cross-dimensions interfering with the other ones. A basic IL-course should be foreseen in the first year ending-up with a personal written search paper with interdisciplinary peer-review. As these basic skills are equal for all novice health students, horizontal integration is advised. Because IL should be continuously activated throughout the curriculum, students should get the opportunity to practice those skills in more domain-specific courses (vertical integration). A prerequisite, is to foresee in update and refresher courses and to provide teach-the-teacher sessions. Collaboration with experts from different backgrounds will become more and more important.

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Registration for the Continuing Education Courses and conference is now open!

Find the Programme at https://eahilcardiff2018.wordpress.com/programme-2/

Register to attend at https://eahilcardiff2018.wordpress.com/registration-3/

Confirmed Key Note speakers include; Cormac Russell, Managing Director Nurture Development; Ayub Khan Chartered Institute of Library & Information Professionals (CILIP) President; Neil McInnes, Society of Chief Librarians (SCL) President; Professor Neil Frude, Consultant Clinical Psychologist and Professor Judith Hall.
See the conference website for further information
https://eahilcardiff2018.wordpress.com/speakers/

Contact the Local Organising Committee using EAHILCardiff2018@gmail.com if you are interested in exhibiting at the event or contributing to sponsorship of the conference;
Further information is available at https://eahilcardiff2018.wordpress.com/exhibition-sponsors/

Please do let the Local Organising Committee know if you have any comments, suggestions or queries about the registration process, the conference programme or visiting Cardiff.
We want to continue to **Involve, Inspire and Inform** and look forward to welcoming you to Wales.

Email: EAHILCardiff2018@gmail.com

Twitter: @EAHIL_2018

Letter from the President

Maurella Della Seta

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Dear Colleagues,

This is my first letter for 2018, so, at the beginning of this New Year, I wish you the very best for your professional and personal life. I am sure it will be a very busy year for all of you and for our association as well. Below, some topics that need your attention and participation in the forthcoming months.

Elections for President and Board
2018 will be another election year. This spring EAHIL needs to elect President, one executive Board member, and two co-opted Board members for terms starting in 2019. The voting period will be in May, and the outcomes will be announced at the General Assembly in Cardiff. The newly elected will take up their roles in January 2019. As you can see in this number of *JEAHIL*, in the website, and in the e-mails that you received, the Nominations period will be between 1 March and 20 April. Therefore, think about being a candidate or about colleagues that might be happy to be a candidate for the next elections. Remember to vote in the voting period.

Update your membership record
In order to vote in this year's elections, your membership record must be active. Please update your membership record details and above all, you e-mail address at the following URL: https://fd8.formdesk.com/EAHIL/membership.

Elections for Council members
The nominations and voting for Council members for each country where there are vacancies will be in late summer and autumn. The new Councillors will begin their terms in January 2019. You are strongly encouraged to consider becoming a Councillor for your country or suggesting possible candidates among your colleagues.

Next EAHIL Conference in Cardiff
As you know from my last letter, I took part in the IPC in Cardiff last November. Therefore, I know that Sue Thomas and Lori Harvard are preparing an exciting conference programme, which should be online in mid-February, together with the registration opening. Many of you will take advantage of the early birds discounted registration fee. We all look forward to know more details about the excellent continuing education programme, presentations and posters. I really hope to see as many of you as possible in Cardiff in July.

EAHIL Executive Board

At the time of writing this letter, we are preparing the midwinter Executive Board meeting, which this year will be in Tromsø, Norway, (February 22-23), thanks to Eirik Reierth kind invitation. One issue on the agenda will be the President's and the Treasurer's report 2017: both reports will be presented at the General Assembly in July, in Cardiff. Another important issue is the scholarship process: among the aims of EAHIL, there are "the training, education and mobility of health librarians and information officers in Europe". The EAHIL scholarship programme is one of the tools used for reaching the association's goals, and I am happy to inform you that also this year we were able to offer six scholarships, jointly sponsored by EAHIL and EBSCO.

FUTURE EAHIL EVENTS

I am glad to remind you that we already have a very good proposal for 2019 EAHIL event that will take place in Bern (Switzerland). Unfortunately, the SBBL (Biomedical Libraries Regional Service) in Milan (Italy) withdraw its previous offer for organizing 2020 EAHIL Conference, due to lack of support from Lombardy Region.

Therefore, events from 2020 onward are still to be set. Hence, I renew my invitation to send expressions of interest or proposals to the secretariat email address (EAHIL-SECR@LIST.ECOMPASS.NL). Please feel free to contact me or other Board members for discussion and support.

Looking forward to hearing from you with proposals or suggestions,

Maurella

Please note that EAHIL events (conferences and workshops) from 2020 onward are still to be set. You are all kindly invited to send expressions of interest or proposals to the secretariat email address (EAHIL-SECR@LIST.ECOMPASS.NL)

EAHIL President and Board elections 2018

Call for nominations

We seek nominations for the election of EAHIL President (2019-2020) and Board members (2019-22). We will have vacancies for President and at least one executive Board member. EAHIL also co-opts the two un-elected candidates with the highest number of votes as non-executive Board members for a two-year period.

Deadline for nominations 20 April 2018

Nomination form [PDF]:

http://eahil.eu/wp-content/uploads/2018/02/Board-election_2018_Nomination-form.pdf

Nomination forms should be submitted not later than 20 April 2018 11:59 Central European Time. Completed forms should be sent by email to EAHIL-secr@list.ecompass.nl

What's involved with being President or a member of the Board?

The Board has developed a set of role descriptors to help with understanding the sorts of activities and time commitments involved - these descriptors are available at

http://eahil.eu/wp-content/uploads/2018/02/EAHIL-Board-role-descriptors.pdf.

Please feel free to contact any member of the current Board if you would like to have an informal chat about the work.

You may find current Board members at: http://eahil.eu/about-eahil/executive-board/

Voting process

Voting will be open from 1 May - 31 May 2018.

The outcomes of the election will be announced at the General Assembly in Cardiff in July 2018.

In order to vote in this year's elections, you need to have an active membership record with an up-to-date email address. Please get ready now to vote by updating your membership record by visiting https://fd8.formdesk.com/EAHIL/membership

For the voting, all members will receive an email providing a link to the voting form.

If you have any problems, questions or find any errors please contact Marshall Dozier or the EAHIL Board at EAHIL-secr@list.ecompass.nl

EAHIL

European Association for Health Information and Libraries

PRESIDENT AND BOARD ELECTION 2018
NOMINATION FORM

Details of two nominators are required as well as the details of the candidate.
To complete the form, each contributor can fill in their own details and then scan and send as an email attachment to the next contributor.
* Please clearly mark what is applicable and strike out the other option
**The completed form should be scanned and received via email at
EAHIL-secr@list.ecompass.nl
not later than 20 April 2018.**

Candidate for EAHIL President* / Executive Board membership*:

Name:...

Job title: ....

Institutional address: ....

City & Country: ....

Phone: .... Fax: ....

Email: ....

Candidate's agreement and signature:

I agree to be a candidate in the 2018 elections and am willing and able to serve on the Executive Board of EAHIL from 2019-2020 (President) or 2019-2022 (Board members) respectively.

Date:... Signed: ....

Nominator 1	Nominator 2
Name:	Name:
Job title	Job title
Institutional address	Institutional address
City & Country	City & Country
Phone	Phone
Fax	Fax
Email	Email
hereby nominate the candidate above.	hereby nominate the candidate above.

The completed form should be scanned and received via email at EAHIL-secr@list.ecompass.nl

www.eahil.eu

What's new about 2018 MeSH

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The first months of 2018 are finishing off and some of you may already be familiar with the new MeSH update. The National Library of Medicine 2017 year-end processing (YEP) activities have been completed and the new version of MEDLINE has been loaded into PubMed. Consistently, citations have been updated with the 2018 MeSH Headings.

2018 MeSH vocabulary is now available in the <u>MeSH database</u> and the <u>MeSH browser</u>.

Changes for 2018 MeSH are:

- 474 Descriptors added
- 106 Descriptor terms replaced with more up-to-date terminology
- 7 Descriptors deleted
- 1 Qualifier (Subheading) deleted

Totals by Type of Terminology

- 28,939 MeSH Descriptors
- 79 Qualifiers
- 116,909 Total Descriptor Terms
- 244,154 Supplementary Concept Records

The new MeSH term: *Contraindications*

The subheading */contraindications* is no longer available in 2018; a new MeSH term *Contraindications* has been created and the issue has been split in two more specific concepts, introducing *Contraindications, Drug* and *Contraindications, Procedure* as narrower terms (see MeSH tree for *Contraindications below*):

Therapeutics [E02] :

Contraindications [E02.208]

Contraindications, Drug [E02.208.200]

Contraindications, Procedure [E02.208.600]

MEDLINE citations previously indexed with the subheading */contraindications* have been updated during YEP with the new MeSH heading *Contraindications*:

MeSH Heading
    Contraindications
Tree Number(s)
    E02.208

Unique ID
    D000075202
Annotation
    general or unspecified; CONTRAINDICATIONS, DRUG and CONTRAINDICATIONS, PROCEDURE are also available; note entry term CONTRAINDICATIONS, PHYSICAL AGENT: coordinate with specific physical agent /adv eff or /ther use

For instance, the MeSH terms section of a sample record (see below) retrieved by a search on gadolinium contraindications in PubMed contains the new MeSH *Contraindications* while the substance term Gadolinium is combined with the subheading */adverse effects* (Gadolinium/adverse effects*), as explained in NLM indexing policy and reported in the record Annotation section.

MeSH terms
- Adrenal Cortex Hormones/administration & dosage
- Adrenal Cortex Hormones/therapeutic use
- Adult
- Barium Sulfate/administration & dosage
- Barium Sulfate/adverse effects
- Child
- **Contraindications**
- Contrast Media/adverse effects*
- Contrast Media/pharmacokinetics
- Drug Hypersensitivity/prevention & control
- (…)
- **Gadolinium/adverse effects***
- (…)
- Iodine Compounds/adverse effects*
- (…)

Substances
-     Adrenal Cortex Hormones
-     Contrast Media
-     Immunosuppressive Agents
-     Iodine Compounds
-     Barium Sulfate
-     **Gadolinium**

The introduction of the new MeSH: Smoking Prevention

Smoking-related terminology has been updated with new descriptors and rebuilding of trees. A new pre-coordinated term, *Smoking Prevention*, has been introduced and detailed descriptors on tobacco and non-tobacco products have been rearranged.

Here follows a section of the MeSH Browser record for Smoking, where the new Entry Combination prevention & control:Smoking Prevention is clearly mentioned:

MeSH Heading Smoking
Tree Number(s) F01.145.805
Unique ID D012907
(…)
Entry Combination prevention & control:Smoking Prevention

News From the Public Health Information Group (PHIG)
HealthReach: Collaborating across the Atlantic on multilingual public health information

Katri Larmo
Secretary of the Public Health Information Group Terkko – Medical Campus Library Helsinki University Library, Finland
Contact: katri.larmo@helsinki.fi

Since meeting in Dublin during EAHIL 2017, the members of the Public Health Special Interest Group (PHIG) have held two online meetings bringing together European librarians interested in multilingual public health information with representatives of HealthReach (https://healthreach.nlm.nih.gov/). HealthReach, a national American collaborative partnership, has created a resource of quality multilingual, multicultural public health information for those working with or providing care to individuals with limited English proficiency. While HealthReach has relied primarily on American resources, our discussions identified both a need for this type of resource in Europe and the potential to work together to identify European consumer health information resources among the members of EAHIL.

The two online meetings, organized by the chairs of the PHIG, brought together European librarian participants from Norway, Ireland, Sweden, Finland, United Kingdom and the Netherlands with HealthReach representatives Laura Bartlett (Technical Information Specialist) and Michael Honch (Librarian). The objective was to identify potential opportunities for sharing American and European resources. After the HealthReach representatives presented their program and good discussion, participants showed interest in collaborating further.

Laura Bartlett from HealthReach will be present at Cardiff 2018 EAHIL giving us an opportunity to take this potential project forward into 2018. With the current situation of immigrants, refugees and asylum seekers arriving in Europe, there is a growing need for quality health information in the languages of the newcomers. In addition to American and now European interest, HealthReach has generated interest among UNHCR and IOM as an information resource for refugee camps. We are asking all EAHIL Cardiff 2018 participants to join us at the Public Health Special Interest Group meeting to be held during the EAHIL Conference (PHIG Meeting time, date and place to be announced in the official EAHIL Cardiff 2018 programme).

PS. We are also expecting a guest appearance from former PHIG chair Sue Thomas. While officially retired, we are still hoping that Sue will be present at the last meeting as the PHIG members set off into unchartered waters without her wise and sensitive leadership.

National Library of Medicine report for EAHIL

Dianne Babski

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http://www.nlm.nih.gov/
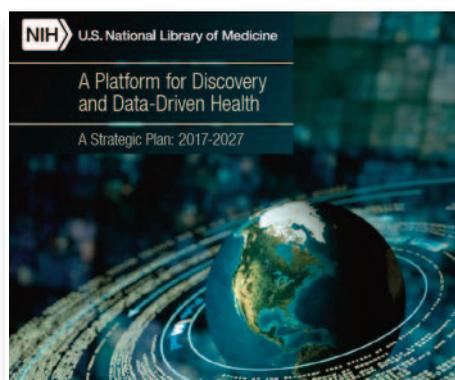
NLM announces its 2017-2027 Strategic Plan

I'm excited to report that the Board of Regents of the National Library of Medicine has endorsed its 2017-2027 strategic plan, *A Platform for Biomedical Discovery and Data-Powered Health.*

Our vision as we approach our third century is to unleash the potential of data and information to accelerate and transform discovery and improve health and healthcare. NLM resources - from PubMed and GenBank to ClinicalTrials.gov and MedlinePlus – have opened the channels for communication necessary to advance research from bench to bedside, while promoting rigor and reproducibility. And, as the world's largest biomedical library, we play a critical role in meeting this ongoing shift to data-powered research and the huge demand for access to its resources.

Below are the overall goals of the plan, but I encourage you to read the <u>entire plan</u> for a better understanding. I also would encourage you to stay involved in ongoing conversations and progress as we begin implementing the plan by following the NLM Director's blog, ***Musings from the Mezzanine***.

Goal 1: Accelerate discovery and advance health through data-driven research
1.1   Connect the resources of a digital research enterprise
1.2   Advance research and development in biomedical informatics and data science
1.3   Foster open science policies and practices
1.4   Create a sustainable institutional, physical, and computational infrastructure

Goal 2: Reach more people in more ways through enhanced dissemination and engagement
2.1   Know NLM users and engage with persistence
2.2.   Foster distinctiveness of NLM as a reliable, trustable source of health information and biomedical data

2.3   Support research in biomedical and health information access methods and information dissemination strategies

2.4   Enhance information delivery

Goal 3: Build a workforce for data-driven research and health

3.1   Expand and enhance research training for biomedical informatics and data science

3.2   Assure data science and open science proficiency

3.3   Increase workforce diversity

3.4   Engage the next generation and promote data literacy

US Medical Library Association report for EAHIL

Carol Lefebvre

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Focus on MLA '18: Atlanta, Georgia, US, 18-23 May 2018
http://www.mlanet.org/meeting

The next US Medical Library Association (MLA) Annual Meeting will be held in Atlanta at the "Hyatt Regency Atlanta" from 18-23 May 2018. *Even if you cannot plan to attend in person, please see below for information on attending "remotely" via the e-Conference options.*

This will be the first time that MLA has been held in Atlanta. 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. For those seeking inspiration as to how to make their case and persuade their boss to support their attendance, there is a page of hints and tips including a draft letter!
http://www.mlanet.org/p/cm/ld/fid=1294

This is a major event on the medical and health care library conference circuit and is expecting to attract c. 2,500 participants including delegates and over 100 exhibitors. There will be c. 200 papers presented, in addition to posters and so-called "**Lightning Talks**". These are five-minute presentations and focus on one main topic, submitted as either a research abstract or a programme description abstract. Submissions for the Lightning Talks closed in late February this year, i.e. prior to publication of this article but please bear this in mind for future years, as this later deadline for these presentations (c. 5 months after the standard deadline for oral presentations and posters) can be beneficial for international visitors who may not have their funding confirmed well enough in advance to commit to submitting under the general call for abstracts.

A "**One Page Schedule**" is available from the meeting home page at: http://www.mlanet.org/meeting

Plenary keynote speakers this year offer the usual MLA eclectic mix.

William Powers will deliver the **John P. McGovern Award Lecture**. 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.
https://www.williampowers.com/

Dara Richardson-Heron will deliver another of the plenary sessions. She is chief engagement officer of the "All of Us" research program 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 will lead 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.
https://www.nih.gov/research-training/allofus-research-program/dara-richardson-heron-md-named-chief-engagement-officer-all-us-research-program

David Satcher will deliver the **Closing Keynote**. 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, assistant secretary for health in the Department of Health & Human Services, director of the Centers for Disease Control and Prevention (CDC) and administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). He has an interest in inequalities in health.
https://en.wikipedia.org/wiki/David_Satcher

Networking Events offered as part of the "conference only" registration include:
Welcome Reception and Opening of the Hall of Exhibits
New Members/First-Time Attendees Program and Breakfast
Open Forums
International Visitors' Reception
Additionally, the 'Silver and Gold' Networking Dinner is available to those with the fully "inclusive" registration package.
http://www.mlanet.org/p/cm/ld/fid=1292

Dinner Dine Arounds are also being offered again this year by the Local Assistance Committee, where you are invited to "go Dutch" (i.e. each pays their own bill) for those arriving early, on Thursday May 17 and Friday May 18 at 1800 (following the CE courses). The restaurants will be in various locations near the Hyatt Regency Atlanta. For further information see:
http://www.mlanet.org/p/cm/ld/fid=1292

Conference registration is open at the link below this paragraph. There is a discount for EAHIL members through EAHIL's association with MLA. The fully inclusive meeting registration package is **699 US dollars** (reduced from 999 US dollars). The reduced 'conference only' package (which does not include the conference dinner) is **599 US dollars** (reduced from 899 US dollars). For those of you for whom, even with these discounts, the travel costs remain prohibitive, there is an individual "**e-Conference" rate of just 129 US dollars** (reduced from 225 US dollars). All these rates apply until 18 April 2018, after which higher rates apply. Additionally, "**Institutional e-Conference Licences**" at **699 US dollars** (reduced from 1,049 US dollars) are being offered for those who wish to share video and audio presentations with staff and colleagues at training sessions. (Note: The individual 'e-Conference' rate is just what it says – individual! Not for sharing with your colleagues!)
http://www.mlanet.org/p/cm/ld/fid=1282

Continuing Education courses will take place on Friday 18 May (1000-1700) and Saturday 19 May (0800-1700). (There will be no CE courses on the following Wednesday again this year.) There will, as ever, be a very wide range of courses, typical of MLA annual meetings. You do not have to register for the conference to register for these courses. There are suites of courses on popular topics allowing delegates to sign up for a number of related courses and these are marked by a special icon in the programme. These suites of courses include:
(CHIS) Consumer Health Information Specialization Program: presenting the latest resources and ideas in the consumer health information field.
(DM) Data Management: providing the latest information and resources in the field of data management.
(EBP) Evidenced-based Practice: emphasizing the librarian's role in the practice of evidence-based health care.
(ES) Expert Searcher Training Initiative: emphasizing librarians' roles as expert searchers in health care and biomedical research.

(M) Management Track: addressing topics relevant to library administration for current managers and individuals with an interest in management.

A number of the courses offer the opportunity for hands-on practice and these are marked by a special icon in the programme.

http://www.mlanet.org/p/cm/ld/fid=1285

Symposium: Health Information for Public Librarians will be held in parallel during the last 1.5 days of the MLA conference from 0700 on Tuesday 22 May to noon Wednesday 23 May. MLA delegates may 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, offers programming in the area of health information for the public. It also provides a unique opportunity for public and medical and health care librarians to network.

The **MLA '18 Blog** will provide coverage of a range of topics including programme sessions, plenary sessions, exhibition activity and social events, before, during and after the meeting at: http://www.mlanet.org/p/bl/et/blogid=126

Additionally, you can follow the meeting on **Twitter** with the MLA '18 hashtag **#mlanet18** and follow MLA more generally on **Facebook** at: https://www.facebook.com/MedicalLibraryAssn

Future MLA annual meetings - dates for your diary:
Atlanta, Georgia, 18-23 May 2018
Chicago, Illinois, 3-8 May 2019
Portland, Oregon, 15-20 May 2020
Washington, DC, 21-26 May 2021

Membership of MLA
MLA offers **International Membership** to individuals at a reduced rate. This category applies if you work or have worked in a health- or health information-related environment and live outside the US or Canada. The current annual subscription rate for International Membership is **150 US dollars (or 25 US dollars if you are from a** HINARI-eligible Group A or Group B country.)
http://www.mlanet.org/join

News and publications from MLA
The latest issue of the **Journal of the Medical Library Association (JMLA)** (Volume 106 (1) January 2018) is now available (open access) at:
http://www.ncbi.nlm.nih.gov/pmc/journals/93/latest/

Open access to back issues of the JMLA (and its predecessors back to 1898) is available from: http://www.ncbi.nlm.nih.gov/pmc/journals/93/

Preprints of articles from the forthcoming issue of the Journal of the Medical Library Association (JMLA) are available (for members only) two months prior to the print publication by selecting **JMLA Journal** then **JMLA Preprints** under the **Publications** option when you login to the MLA web site with your username and password.

MLA News is MLA's members-only electronic-only newsletter, featuring the latest resources, professional advice, and association news. It is published ten times per year and is accessible under Publications when you login with your username and password.
http://www.mlanet.org/mlanews

MLA-FOCUS is MLA's members-only e-mail newsletter, published twice a month.
http://www.mlanet.org/page/mla-focus

Health Libraries Australia Report for EAHIL

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Australian Awards Foster Research and Digital Innovation

Health Libraries Australia (HLA) is one of the many special interest groups of the Australian Library and Information Association (ALIA). HLA is responsible for representing librarians and information professionals working in all health sectors in Australia. A major focus of HLA is to promote and support research and service improvement projects undertaken by health librarians. There are many ways in which this objective is achieved and two of them are described in this report: the Health Libraries Australia/MedicalDirector Digital Health Innovation Award and the Health Libraries Australia / Anne Harrison Award.

Health Libraries Australia/MedicalDirector Digital Health Innovation Award

The Health Libraries Australia/MedicalDirector Digital Health Innovation Award has been offered annually since 2009 with the aim of encouraging and showcasing innovative projects which, through the use of health informatics or web technologies, contribute to or support improved health outcomes, with a focus on practical outcomes.

The objective is to provide funding for a new project or to reward a completed project (with the prize money to be spent on continuing education related to the project).

The award is administered by HLA and it is sponsored by MedicalDirector, an Australian medical software and information provider, managing all aspects of medical content delivery including subscription management, ePublishing services and remote access options (1).

To be eligible to apply for the award an applicant must be a current member of ALIA. In the case of an all professional team application, one team member, with the exception of the team leader, may come under the organisation's ALIA institutional membership. Non-professional applicants must work in a library with ALIA institutional membership

Members of the HLA executive, award administrators and employees of MedicalDirector are ineligible.

The selection criteria are spelled out on the HLA website (2). These include:

- contribution to, and enhancement of, the health library/information profession/industry;
- outstanding project work, whether by an individual or a team;

- collaboratively working within or between organisations;

- originality/innovation regarding services or solutions;

- excellence/innovation in terms of best practice.

The application form is also available from the HLA website (2).

The prize includes $3,000 AUD, one return flight to the award giving ceremony, one night's free accommodation and one free admission to the HLA Professional Development Day, where the award is presented.

The award administrators include two members of the HLA executive and a member of MedicalDirector management. These administrators vote to select a winner and this decision is then ratified by the HLA executive.

The winner is announced in the next edition of the *HLA News* and the abstract of the winning project is published on the HLA website (2).

Approximately one year after receiving the award, the winner is expected to write a report to be published in the *HLA News*, giving details of the progress of the innovation and /or how the funds were spent.

There are many fine projects that have been supported by this award over the years. The winners for 2017 were Helen Skoglund and Cecily Gilbert for their project "Information Prescription program at Barwon Health: A digital health literacy initiative for patients in Intensive Care Unit (ICU)" (*Figure 1*).

Fig. 1. *Helen Skoglund and Cecily Gilbert receiving their 2017 Health Libraries Australia/MedicalDirector Digital Health Innovation Award.*

This Pilot program focusses on Barwon Health's ICU patients' information needs. ICU physicians submit an online information prescription referral and librarians will then consult with the physician and /or patient in order to search relevant sources, collate results with full-text links, prepare a plain language summary and deliver tailored results (3).

Health Libraries Australia / Anne Harrison Award

The Anne Harrison Award was established in 1987. Miss Anne Harrison (1923-1993) was librarian-in-charge of the Brownless Medical Library at the University of Melbourne (1949-1983). She helped pioneer the introduction of Medline into Australia and was a founder of the Australian Medical Librarians Group in the early 1970s.

Anne's generous bequest is wisely invested and the accrued interest funds the biennial award, with occasional supplementation from other sources. In recent years, a sum of $5,000 has been awarded.

The aim of the award is to encourage research that will increase the understanding of health librarianship in Australia, or will explore the potential for the further development of health librarianship in Australia. Other approvable projects are those which enrich the knowledge and skills of Australian health librarians by supporting an approved course of study or study tour, or a publication in the field of Australian health librarianship, or continuing education courses, including meeting the expenses of an overseas speaker.

The award is administered by a Secretary and two other members of the Executive. The money is managed by ALIA, as advised by the HLA Treasurer. Applicants are not obliged to be ALIA members. Each application is separately assessed by the administrators against fixed criteria. The results are moderated to identify the winner, following which the endorsement of the HLA Executive is then sought. Annual reports are published in HLA News or elsewhere, or presented at a health librarians' event. Anne Harrison's family members are notified each time the award is made, and they are invited to be present at the event.

The winners in 2016 were Raechel Damarell and associates for their project, "A systematic review of topic-based search filters and the development of a critical appraisal instrument for assessing their quality" (*Figure 2*).

Fig. 2. *The 2016 Health Libraries Australia / Anne Harrison Award winners receiving their award at the HLA Professional Development day.*
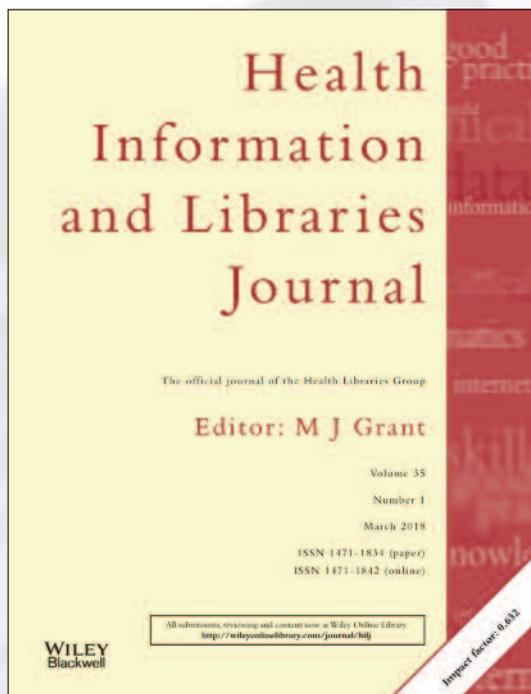
Previous awards supported the development of an online course for the Essentials of Health Librarianship and another course for searching PubMed, a census of library practitioners, and a directory of electronic health sciences journals.

In 2018, a list of "research hot topics" or questions without answers was offered to potential applicants. Information about all winning projects is available on the Anne Harrison Award website, along with the conditions and assessment criteria (4).

REFERENCES

1. MedicalDirector [Internet]. Health Communications Network; [cited 2018 March 9]. Available from: http://medicaldirector.com/

2. ALIA Health Libraries Australia [Internet]. Australian Library and Information Association; [cited 2018 March 9]. Available from: https://www.alia.org.au/groups/HLA

3. HLA/MedicalDirector Health Informatics Innovation Award: Barwon Health Library. HLA News [Internet]. 2017 Spring [cited 2018 March 9]. Available from; https://www.alia.org.au/sites/default/files/HLA%20News-Spring-2017.pdf p 13

4. Anne Harrison award [Internet]. Australian Library and Information Association; [cited 2018 March 9]. Available from: https://www.alia.org.au/about-alia/awards-and-grants/352/anne-harrison-award

Health Information and Libraries Journal

Health
Information
and Libraries
Journal

The official journal of the Health Libraries Group

Editor: M J Grant

Volume 35
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March 2018

ISSN 1471-1834 (paper)
ISSN 1471-1842 (online)

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Health Information and Libraries Journal (HILJ) is an international journal that promotes debate about new health information developments and emphasizes communicating evidence-based information both in the management and support of healthcare services.

It is the official journal of the Health Libraries Group of the UK Chartered Institute of Library and Information Professionals.

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[collected during November 2017 to February 2018]

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

FREE ACCESS

1. Lisa M. Federer and Douglas J. Joubert. **Providing library support for interactive scientific and biomedical visualizations with Tableau**
Journal of eScience Librarianship 7(1): e1120
This article provides a basic introduction to Tableau's uses and discusses the NIH Library's experience with providing support for Tableau. Four case studies demonstrate the range of services that the Library offers, as well as providing examples of the many different applications for Tableau.
https://doi.org/10.7191/jeslib.2018.1120

2. Caitlin Bakker & Amy Riegelman. **Retracted publications in mental health literature: Discovery across bibliographic platforms**
Journal of Librarianship and Scholarly Communication. 6(1)
Retractions are a mechanism by which science corrects itself, withdrawing statements or claims that have proven to be erroneous. However, this requires that such corrections be displayed clearly and consistently. This paper considers how retracted publications in the mental health literature are represented across different platforms.
http://doi.org/10.7710/2162-3309.2199

ABSTRACTS ONLY

1. 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 Issue: 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

2. Tian Lu, Yunjie (Calvin) Xu and Scott Wallace. **Internet usage and patient's trust in physician during diagnoses: A knowledge power perspective**
Journal of the Association for Information Science and Technology, 69: 110-120. doi:10.1002/asi.23920
Does patients' Internet search of disease information affect their trust in physicians during diagnosis? This study proposes a research model from a knowledge power perspective, that is, Internet search affects patients'

perception of their knowledge level. Our empirical study of more than 400 subjects suggests that for patients who searched online for disease information, the inconsistency between their self-diagnosis expectations and their physician's diagnosis reduces their trust in their physician.
http://onlinelibrary.wiley.com/doi/10.1002/asi.23920/full

3. Hanna Schmidt & Kyra Hamilton. **Caregivers' beliefs about library visits: A theory-based study of formative research**
Library & Information Science Research Volume 39, Issue 4, October 2017, Pages 267-275
Currently, no research has systematically investigated the beliefs underpinning caregivers' intentions to visit public libraries with their young children. Drawing from the theory of planned behaviour, this study adopted a three-phase program of formative research to examine the decision making processes of parents and carers with young children living in a low socio-economic area.
https://doi.org/10.1016/j.lisr.2017.11.002

4. Diane L. Boehr & B. Bushman. **Preparing for the future: National Library of Medicine's® Project to Add MeSH® RDF URIs to its bibliographic and authority records**
Cataloging & Classification Quarterly Volume 56, 2018 - Issue 2-3 Pages: 262-272
Although it is not yet known for certain what will replace MARC, eventually bibliographic data will need to be transformed to move into a linked data environment. This article discusses why the National Library of Medicine chose to add Uniform Resource Identifiers for Medical Subject Headings as our starting point and details the process by which they were added to the MeSH MARC authority records, the legacy bibliographic records, and the records for newly cataloged items.
https://doi.org/10.1080/01639374.2017.1382642

5. Kraus-Friedberg, Chana. **Health Policy Reference Center**
The Charleston Advisor, Volume 19, Number 3, 1 January 2018, pp. 20-22(3)
The Health Policy Reference Center provides one-stop access to a unique range of health policy resources, including trade journals, reports from organizations such as the World Health Organization (WHO) and the Guttmacher Institute, and academic journals. The database also includes access to reports from US governmental agencies such as the Center for Disease Control (CDC), or legal/policy documents such as the US Congressional Record
https://doi.org/10.5260/chara.19.3.20

6. Shivendra Singh and Rabindra Kumar Mahapatra. **Perceptions of electronic information resources usage and issues with nursing academia in India**
Chinese Librarianship an International Electronic Journal Issue No. 44 December 1, 2017
It has been observed that students and faculty members in nursing institutions in India are not that much aware of making use of electronic sources of information. The present study is confined to four leading nursing colleges in Northern India.
http://www.iclc.us/cliej/cl44SM.pdf

7. Ying-Hsang Liu, Paul Thomas, Marijana Bacic, Tom Gedeon & Xindi Li. **Natural search user interfaces for complex biomedical search: An eye tracking study**
Journal of the Australian Library and Information Association Volume 66, 2017 Issue 4 Pages 364-381
Controlled vocabularies such as Medical Subject Headings (MeSH) have been extensively used to organise information resources in the biomedical domain. However, the usefulness of these terms for information access has not been rigorously evaluated in interactive search environments. The objective of this study was to gain an understanding of domain experts' interactions with novel search interfaces within the context of biomedical information search, with a goal of better interface design of information retrieval systems.
https://doi.org/10.1080/24750158.2017.1357915

8. Manjula Wijewickrema and Vivien Petras. **Journal selection criteria in an open access environment: A comparison between the medicine and social sciences**
Learned Publishing v.30 #4, October 2017 pages 289-300
The increasing number of journals makes it difficult to decide the right venue for manuscript submission. This becomes more complicated as the selection criteria may vary from one discipline to another. Therefore, appropriate cross-disciplinary studies are required to understand the exact concerns that dominate a particular field. The current study compares 16 factors that influence journal choices between medicine and social sciences using the answers given to a global survey of 235 open access journal authors.
http://onlinelibrary.wiley.com/doi/10.1002/leap.1113/full

9. Jere Odell, Kristi Palmer, Emily Dill. **Faculty attitudes toward open access and scholarly communications: Disciplinary differences on an urban and health science campu**s
Journal of Librarianship and Scholarly Communication, General Issue Volume 5, 2017
The adoption of the 2008 US National Institutes of Health Public Access Policy and the launch of successful open access journals in health sciences have done much to move the exchange of scholarship beyond the subscription-only model. One might assume, therefore, that scholars publishing in the health sciences would be more supportive of these changes. However, the results of this survey of attitudes on a campus with a large medical faculty show that health science respondents were uncertain of the value of recent changes in the scholarly communication system.
http://doi.org/10.7710/2162-3309.2169

10. Lauren S. Elkin, Kamil Topal, Gurkan Bebek. **Network based model of social media big data predicts contagious disease diffusion**
Information Discovery and Delivery, Vol. 45 Issue: 3, pp.110-120
This study aims to analyze social media micro-blogs and geographical locations to understand how disease outbreaks spread over geographies and to enhance forecasting of future disease outbreaks.
https://doi.org/10.1108/IDD-05-2017-0046

11. Helena Martín-Rodero, Javier Sanz-Valero, and Purificación Galindo-Villardón. **The methodological quality of the systematic reviews indexed in the MEDLINE database: A multivariate approach**
The Electronic Library 2017
The aim of this study is to describe and analyze the methodology quality of the literature search protocols of systematic reviews and to assess the relevance of the search filter that applies PubMed for retrieving this type of publication of the MEDLINE database.
https://doi.org/10.1108/EL-01-2017-0002

12. H. Frank Cervones. **An overview of ICD medical classification for the information professional**
Digital Library Perspectives 2017
This paper aims to provide an overview of the International Statistical Classification of Diseases and Related Health Problems (ICD) for informaticians and information professionals who may not have worked with the system previously.
https://doi.org/10.1108/DLP-10-2017-0037

13. Nerea Nieto-Pino, Cristina Faba-Pérez, Rocío Gómez-Crisóstomo. **Knowledge of use and type of references in Library and Information Science and Legal Medicine as support for specialized librarians**
Journal of Librarianship and Information Science Dec 7, 2017

Librarians of specialized institutions need to have solid knowledge of the scientific environment (impact of publications, use of citations and scientific references, etc.) related to the group for which they work in order to properly manage the collection of their libraries. The present research analyses the evolution of the use and types of references cited by academics in Library and Information Science and in Legal Medicine as an aid for specialist librarians in this sense.
https://doi.org/10.1177/0961000617742453

14. Eleanor I. Cook *et al*. **Sci-Hub: What is it, and why does it matter to academic libraries? An interview with Michael Levine-Clark and Peter Katz**
The Serials Librarian Volume 73, 2017 - Issue 2 Pages 79-83
Piracy of subscription-based scholarly literature has reached a new peak with the advent of Sci-Hub and other sites like it. Sci-Hub is a collection of over 68 million items led by and compiled by a researcher from Kazakhstan. This interview was conducted to gain insights from an academic library director, Michael Levine-Clark, who with other colleagues is doing research on how scholars discover and access research materials. Peter Katz, who works for Elsevier, discusses what Sci-Hub means for him as someone responsible for identifying and blocking activity that sets off alerts in their usage system indicating that the activity may be being undertaken by unauthorized users.
https://doi.org/10.1080/0361526X.2017.1361886

15. Dick R. Miller, Joanne Banko, Thea S. Allen, Ariel Vanderpool & Ryan Max Steinberg. **An investigation of title ambiguity in the health sciences literature**
Cataloging & Classification Quarterly v. 55 #7-8, Pages: 506-521 2017
This research investigates what most catalogers already know: titles alone do not identify works sufficiently. Repetitive titles like "Annual Report" are just the tip of the iceberg. To explore the extent of ambiguity occurring in large sets of health science bibliographic data, the entire National Library of Medicine and Lane Medical Library catalogs and a sample from the PubMed database were analyzed.
https://doi.org/10.1080/01639374.2017.1358789

16. Marion Schmidt. **An analysis of the validity of retraction annotation in PubMed and the Web of Science**
Journal of the Association for Information Science and Technology First published: 4 November 2017
This article assesses the conceptual and empirical delineation of retractions against related publication types through a comparative analysis of the coverage and consistency of retraction annotation in the databases PubMed and the Web of Science (WoS), which are both commonly used for empicial studies on retractions.
http://onlinelibrary.wiley.com/doi/10.1002/asi.23913/full

Publications and new products

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Dear friends,
Why not spice up this column with a little bit of subtle irony? Well, this <u>little tale</u> is about badges, namely a tool we all know and daily use. Enjoy the read!

About badges
One day a garda [a guard, ndr] stopped at a farm in County Galway and went up to the old farmer who was milking his cows.
"I have to inspect your farm for illegally grown drugs," he asserted brusquely.
"That's fine," answered the old farmer with a smile, "but whatever you do, don't go into that field over there."
"I will go wherever I want!" exploded the garda. "I have the authority of the Garda Síochána with me!" Putting his hand into his back pocket, the hotheaded garda pulled out his badge and proudly displayed it to the farmer. "See this badge? This badge means that I can go wherever I want, whenever I want! No questions asked, no answers given! Do you understand old man?"
The farmer nodded gently, apologized, and carried on milking his cows.
A few minutes later, the farmer heard a loud scream. Looking up, he saw the garda running for his life with the farmer's big bull, McCabe, hot on his heels.
With every step, the bull was gaining ground on the garda and it was clear that he would be gored before he managed to reach safety. The garda was clearly terrified.
The old farmer jumped up from his stool and ran as fast as he could towards the field, yelling at the top of his voice: "Your badge! Show him your badge!"

JOURNAL ISSUES

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

Editorial
Health Libraries Group Conference 2018
Grant MJ

Review Article
Hospital nurses' information retrieval behaviours in relation to evidence based nursing: a literature review
Alving BE, Christensen JB, Thrysøe L

Original Articles

- **Health information needs of pregnant women: information sources, motives and barriers**
  Kamali S, Ahmadian L, Khajouei R, Bahaadinbeigy K

- **Clinical information seeking in traumatic brain injury: a survey of Veterans Health Administration polytrauma care team members**
  Hogan T, Martinez R, Evans C, Saban K, Proescher E, Steiner M, Smith B

- **Peer teaching and information retrieval: the role of the NICE Evidence search student champion scheme in enhancing students' confidence**
  Sbaffi L, Hallsworth E, Weist A

Regular features

- **Dissertations into Practice**
  eBook management in NHS libraries in the North of England: perceptions and practice
  Nicholas K
- **International Perspectives and Initiatives**
  Forward view: advancing health library and knowledge services in England
  Bryant SL, Bingham H, Carlyle R, Day A, Ferguson L, Stewart D
- **Teaching and Learning in Action**
  Making information skills meaningful: a case study from occupational therapy
  Spring H

FROM THE WEB

- **Stay on top of the latest online technology trends**
  Raise your hand if you never needed help or support with apps, extensions, tricks and Cloud access. If you can't, then check out the Teacher'sTech website or their YouTube channel. You will find incredible tips and tricks you probably are not using for Google Drive, OneNote, Google Calendar, Google Docs, and many others.

- **Storytelling: why not?**
  "As a society we have come to think of folktales as amusing entertainment, quaint relics of the past. We certainly do not view them as vehicles for understanding. Yet folktales explore issues as complex as the nature of good and evil, and the triumph of kindness and patience over bullying and anger. Folktales reveal universal truths (…) because they speak to our inner circumstances; great folktales speak to everyone, regardless of age, race, gender, and outer circumstances". These lightened words come from the Introduction to Lise Lunge-Larsen, The troll with no heart in his body and other tales of trolls from Norway (1999). She writes about the importance of fairy tales as a useful tool for understanding, and offers what she calls the most basic lessons that she has found repeated over thirty years as a storyteller.

  Here they are:
  - Remember who you are.
  - Be true to your own nature.
  - Follow your dreams.
  - Every action has consequences, so be attentive, be kind, and always do what is right.
  - Life is a journey; nobody else can do that journey for you.
  - Your journey will unfold according to a pattern. The pattern is a guide.

- Use your gifts.
- Help will be offered when you most need it and least expect it.
- Despite the odds, good will triumph over evil, love over hatred.
- Don't ever give up.
- Be careful in what you wish for.
- Things are not always as they appear.
- Everything you need can be found inside yourself; it is always there.
- Miracles happen.
- There is magic in the world.
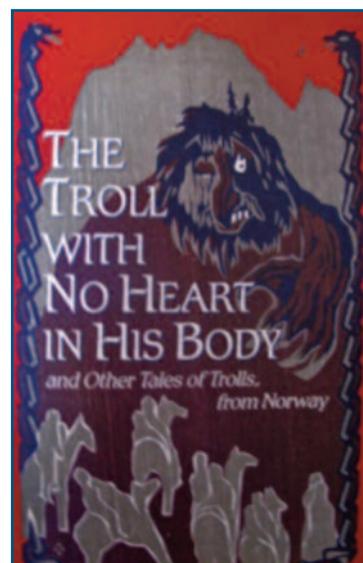
After nearly twenty years, many library and scientific learning activities still include and promote storytelling. One instance for all, *The Library Story: A Strategic Storytelling Toolkit for Public Libraries* that was created by Michael Margolis and Kristina Drury of GetStoried.com in conjunction with input from Pennsylvania public library staff. It was designed to help librarians think about how the power of storytelling can be used to communicate internally and externally more effectively. The Toolkit contains great content, exercises and examples to build storytelling skills. It is based on research, surveys and interviews with 200 Pennsylvania librarians and directors. It can be downloaded free. *The Emerging Story of California Public Libraries - Storytelling Map* - can also be downloaded. This document tells the enthralling ways libraries are adjusting in the 21st century; it also offers a view on a range of revolutions that are already taking place across California Public Libraries and the opportunities they face.

- **Happy birthday, Braille!**
Louis Braille was born on January 4, 1809. Notwithstanding he was blind, he invented a tactile reading and writing system, a code made up of 64 characters, based on a matrix of six raised dots embossed on paper, which transformed the lives of blind or visually impaired people. Nowadays, technology offers new opportunities to access information, like speech functions installed on computers and mobiles, which can read aloud for blind users.
Now, some wonder whether braille is still necessary.
Read the interesting article published Jan 4th by Graeme Douglas, Mike McLinden and Rachel Hewett on the United Kingdom edition of The Conversation Blog.

- **European Year of Cultural Heritage 2018**
Cultural heritage has a universal important value to preserve and pass on to future generations, and a big role to play in building the future of Europe. That is one reason why young people should be reached out, in particular during the European Year.
Cultural heritage comes in tangible, intangible, natural, and digital shapes and forms. Only sharing diversity and discovering common resources and traditions Europe can be enriched and celebrated.
Access the dedicated website to get the news and discover what is happening in 2018 across Europe.

FORTHCOMING EVENTS

March 26-30, 2018, Istanbul, Turkey
International Library Staff Week. Academic Libraries: Hubs without borders
For further information: http://libguides.ku.edu.tr/iilsw18

March 28, 2018, Grenoble, France
7th International Workshop on Bibliometric-enhanced Information Retrieval (BIR 2018)
For further information: http://www.eblida.org/freeze-url/bir-2018.html

April 3rd, 2018, Liverpool, UK
ICEPOPS: International Copyright-Literacy event with Playful Opportunities for Practitionners and Scholars
For further information: https://infolit.org.uk/icepops-international-copyright-literacy-event-with-playful-opportunities-for-practitioners-and-scholars

April 17-20, 2018, Anatalya, Turkey
ANKOSLink2018 International Conference (organized by the Anatolian University Libraries Consortium)
For further information: http://www.eblida.org/freeze-url/ankoslink-2018.html

May 2-4, 2018, Cleveland, Ohio, USA
Guidelines. The 8th Guideline Development Workshop using the GRADE approach
For further information: http://gradeconf.org/

May 23-24, 2018, Lisbon, Portugal
5th International Conference on Teaching, Education & Learning (ICTEL)
For further information: https://adtelweb.org/2018-5th-international-conference-on-teaching-education-and-learning-ictel-may-23-24-lisbon-about-51

May 30-31, 2018, Strasbourg, France
6th EBLIDA Annual Council Meeting & EBLIDA-NAPLE Conference "Libraries Bridging Borders"
For further information: https://mailchi.mp/3dec34e67ea9/eblida-newsletter-november?e=ea62e3320b#next

May 30-31, 2018, Galway, Ireland
Consortium of National and University Libraries in Ireland "Transformative Experiences: Libraries Innovating and Changing"
For further information: http://conference.conul.ie/

June 1-5, 2018, Vancouver, Canada
HTAi 2018. Annual Meeting. Strengthening the Evidence-to-Action Connection
For further information: www.htai2018.org

June 4-7, 2018, Oslo, Norway
19th Nordic Workshop: How to practice evidence-based health care
For further information: https://www.fhi.no/en/about/about-niph/kurs-og-konferanser---oversikt/19.-nordiske-workshop-i-kunnskapsbasert-praksis/ or write to Hilde.Stromme@fhi.no

June 13 - 15, 2018, Zadar, Croatia
Libraries in the Digital Age (LIDA) 2018
For further information: http://www.eblida.org/freeze-url/lida-2018.html

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 10 - 11, 2018, Pisa, Italy
FEIS - International Symposium on the Future of Education in Information Science
For further information: http://www.eblida.org/freeze-url/feis-2018.html

September 12-15, 2018, Berlin, Germany
NEXT LIBRARY Conference. The Future of Public Libraries
For further information: http://www.nextlibrary.net/berlin-satellite-2018

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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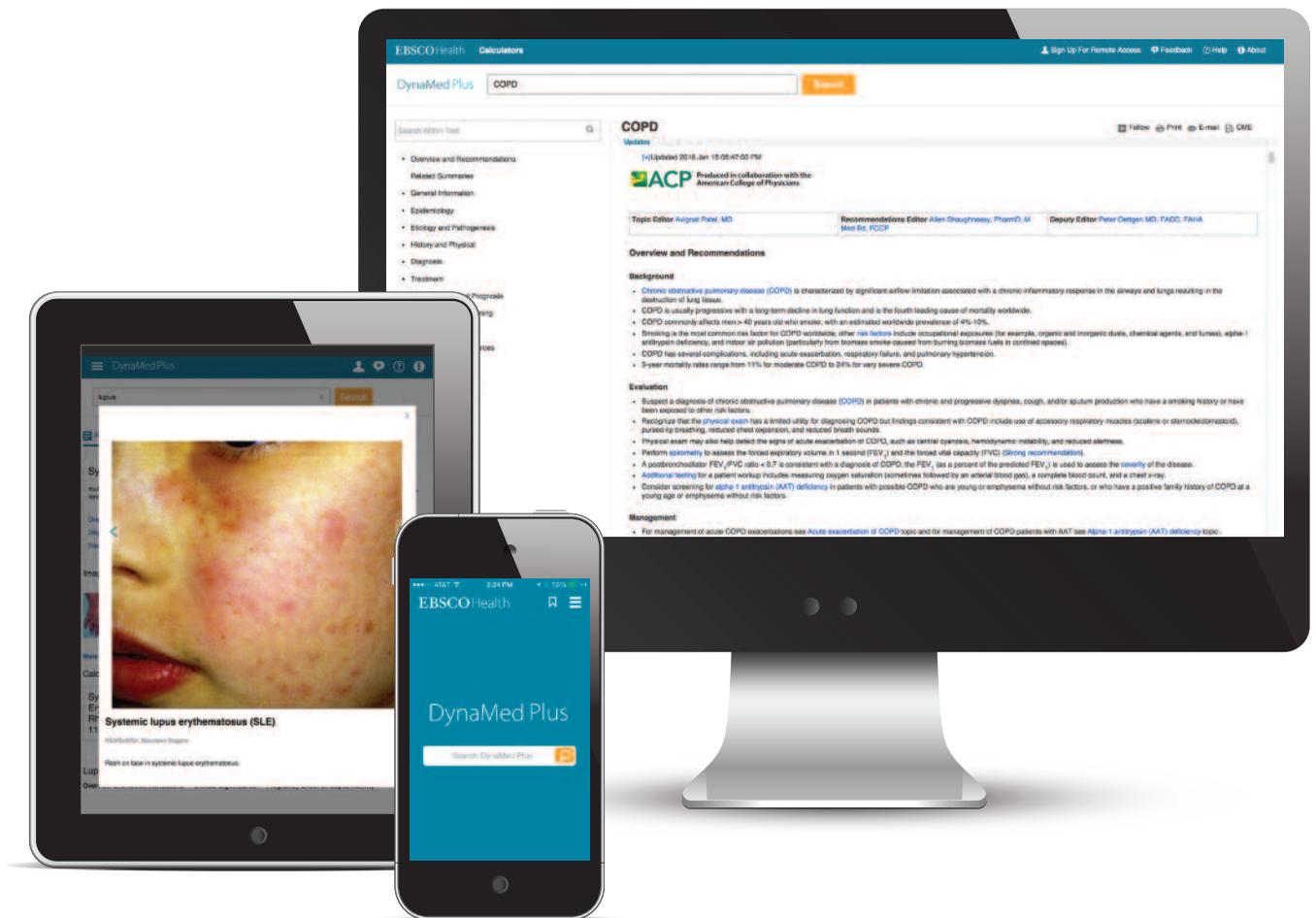
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