Steps to successful SEARCHING

Blair Kelly from Barwon Health shares the learnings from Julie Glanville's keynote address at the HLA Professional Development Day in Melbourne on 1 April this year. Julie is the Associate Director of the York Health Economics Consortium (YHEC) at the University of York, where she coordinates YHEC's information and review services. Julie is a qualified librarian who has been working in the field of systematic reviews for more than 20 years.

The morning of the HLA Professional Development day was clear, and bright enough to enable the astute observer to spot hordes of health librarians bursting from the close confines of peak-hour public transport and making their way into the relative calm of the Sidney Myer Centre at the University of Melbourne. Hailing from academic and special libraries around Australia, they were also joined by non-librarian colleagues from the University of Melbourne's Health and Biomedical Informatics Centre (HaBIC). All came to hear from Julie Glanville, Associate Director of the York Health Economics Consortium at the University of York. Julie came to speak about more efficient methods of searching for health information, namely through the improvement of search strategies and understanding the use of search filters.

IMPROVING SEARCH STRATEGIES

Julie began the initial session by examining the use of text analysis tools as means for finding search terms. These tools are able to quickly analyse text and identify the recurring terms therein. The resulting data aid the searcher in the selection of key words and terms for their search strategy.

The first text mining tool Julie demonstrated was PubReMiner[1], a front-end for PubMed which allows the searcher to enter a PubMed query or group of PubMed identifiers (PMIDs) and retrieve the frequently occurring terms for that query or group. This is useful as a method of generating search terms and understanding the varying vocabulary used in the literature for this topic. The data PubReMiner returns include not just keywords and MeSH terms but also the names of journals, authors, substances and publication types. Julie identified PubReMiner as not only a quick way to identify terms but also as a useful tool for the location of publications that publish similar articles to the one(s) searched for.

TERMINE[2] was another tool Julie recommended. It operates in a similar way to PubReMiner

Join the discussion about this article or other issues relating to health librarianship by emailing the Editor at HLA_News@hotmail.com

‘

A good method for identifying the usefulness of a search is to test whether its search results include so-called 'gold standard' records...

’

in that it analyses text for repetition and reports accordingly but it has the advantage of being able to identify phrases rather than single words; being able to identify phrases and use them in searches can add greater power to that search. TERMINE can also be provided with a URL for PDF or HTML text and analyse the content. Julie then described a method for using EndNote to conduct frequency analysis, through some advanced use of the keywords, title and abstracts fields and manipulation of term lists. Other tools Julie identified included MeSH on Demand[3], GoPubMed[4], SimStat/WordStat[5], QUERTLE[6] and KNALIJ[7], before moving on to discussion of search concept identification.

The PICO (Population, Intervention, Comparison, Outcome) approach to establishing concepts for a search is well known and commonly accepted among the health library community. We discussed this approach and the process of breaking down search concepts in order to create a search strategy. As part of the discussion, alternatives to PICO (e.g.: PICOS, SPICE, ECLIPSE, SPIDER) were mentioned along with the idea of multi-stranded approaches to search strategies. The multi-stranded approach was based on being able to account for the variety of possible conceptual takes on a query and subsequently extracting as much relevant information as possible from databases. Julie also discussed the difficulties of creating a sensitive yet precise search strategy when searching for adverse effects of an intervention and the challenges of conceptualising queries around epidemiological studies.

The final part of the morning session focused on testing search strategy performance. As a group we discussed the methods we typically use to test if a search is 'right'; that is, if it is working as we intend and expect. Julie talked about the issues of search result relevance, volume, sensitivity and precision. A good method for identifying the usefulness of a search is to test whether its search results include so-called 'gold standard' records. While this appears to lend itself to a chicken and egg debate (which comes first, knowledge of gold standard records or the search strategy that finds them?), the use of records from published reviews can ease the dilemma somewhat, as long as the strategy and question are close to the query at hand. The existence of sets of records to test against is a relief for the time-poor searcher, and Julie briefly explained Epistemonikos[8], a portal for discovering sets of articles that have been identified as relevant to a topic via their inclusion in systematic reviews.

Finally, the use of capture-recapture techniques was highlighted as a method of estimating what has been missed by a search and, therefore, the number of relevant studies. While space limitations prevent further detailed discussion of this method, interested parties would be well served to investigate further; papers by Spoor et al. (1996)[9] and Kastner et al. (2006)[10] are recommended. To this attendee, admittedly a novice searcher, capture-recapture seemed very sophisticated and subsequently very impressive indeed.

UTILISING SEARCH FILTERS

After a gloriously sunny lunchtime – it wouldn't be a Melbourne event without mention of the weather! – the second session of the day began. The focus was to be on the use of search filters: pre-established, (ideally) evidence-based search strategies that aid in the retrieval of relevant results. Group discussion around filters identified familiarity with the concept and with some existing filters (e.g.: PubMed's Clinical Queries filter[11] and those provided through Flinders Filters[12]). Julie's own research[13] indicated that filters were predominantly used by searchers for both extensive searching (e.g.: systematic reviews) and quick searches designed to respond to a brief query, as well as for scoping searches.

While filters are clearly popular and useful, users still need to account for issues with filters when choosing to make use of one. Julie identified

the following points for consideration, pointing out that good filters should have published information that addresses these questions:

- What is the filter designed to find? What is its purpose and does its scope match the search the user intends to run?
- How were the search terms identified? Is there transparency around the process of their selection?
- How has the search filter been prepared? What testing of terms and selection process was undertaken?
- How was the search filter tested for accuracy? Do they find the studies they were intended to find?
- How was the search filter validated, i.e.: tested against other sets of records than those used to develop the filter?

Following this discussion (and a much-needed coffee break – this topic was heady stuff!) a small group exercise was conducted around choosing a filter. Running this exercise was an excellent way for groups to establish their understanding of filters and actually get to 'play' with them – or at least the methodologies behind them – in order to better understand the aforementioned questions. Groups were given brief details behind the construction of four different filters and asked to assess which would best fit the exercise's problem.

Robust discussion ensued, not without a shortage of necessary controversy around which was the best and why this was so. Once Julie had led discussion on outcomes from the exercise, doing an admirable job of arbitrating between disagreeing parties, she closed the filters session by discussing the implications of customising or amending search filters to better fit the needs of the searcher. In short, while amendments are not verboten, it is important that the amender understands that they will no longer be dealing with the same filter and so results may vary from what was originally intended.

IMPROVING THE PROCESS

Literature searching can be a time-consuming process, complicated by the absence of clear answers, multiple potential sources for those answers, and inconsistent terminology and indexing. The knowledge that Julie passed on at this seminar – the use of text mining tools to find search terms; alternative methods for identifying search concepts; ways to test search strategy beyond 'the eye test'; and the ins and outs of search filters – offer ways for searchers to become more efficient and effective in their searching. In this author's experience, librarians naturally want to do the best for their clients. Julie's presentation provided suggestions for how this might be achieved, and an appreciative audience were very grateful for her efforts in doing so. Thanks also to the HLA committee for organising an outstanding and enlightening day.

Blair Kelly
Reference Librarian
Barwon Health

REFERENCES

1 http://hgserver2.amc.nl/cgi-bin/miner/miner2.cgi

2 http://www.nactem.ac.uk/software/termine

3 http://www.nlm.nih.gov/mesh/MeSHonDemand.html

4 http://www.gopubmed.org

5 http://provalisresearch.com/products/simstat

6 http://www.quertle.info

7 http://knalij.com

8 http://www.epistemonikos.org

9 Spoor, P., Airey, M., Bennett, C., Greensill, J., & Williams, R. (1996). Use of the capture-recapture technique to evaluate the completeness of systematic literature searches. BMJ, 313(7053), 342-343.

10 Kastner M., Straus, S.E., McKibbon, K.A., & Goldsmith, C.H. (2006). The capture-mark-recapture technique can be used as a stopping rule when searching in systematic reviews. Journal of Clinical Epidemiology, 62(2), 149-157.

11 http://www.ncbi.nlm.nih.gov/pubmed/clinical

12 http://www.flinders.edu.au/clinical-change/research/flinders-filters/

13 Beale, S., Duffy, S., Glanville, J., Lefebvre, C., Wright, D., McCool, R., Varley, D., Boachie, C., Fraser, C., Harbour, J., & Smith, L. (2014). Choosing and using methodological search filters: searcher's views. Health Information and Libraries Journal, 31(2), 133-147.

LOW COST HIGH VALUE OPPORTUNITY

Register online NOW for our HLA PD Day

The HLA PD Day will be a low-cost, high-value opportunity to keep up to date, acquire new skills and network with vendors and colleagues. Be quick - it's on Thursday 9 July, 2015.

ABOUT THE PROGRAM

The program consists of six, three-hour workshops and participants will be able to choose two to attend. The day will be held immediately following the EBLIP8 conference, at the Queensland University of Technology.

This year's programme includes:
• Smart Searching: Search Filters and Expert Topic Searches
• PubMed Train the Trainer
• Cost-Effectiveness Analysis for Health Librarians

COST $100 ALIA Member $165 Non Members

REGISTER ONLINE NOW https://www.regonline.com.au/hlapdday2015

HLA PD Day Abstracts

Research Data Management for Health Services Librarians
Jane Frazier, ANDS
Topics covered:
– The role of the Australian National Data Service (ANDS)
– Sensitive data & the special challenges of health data
– Getting healthy data ready for publishing
– Controlled vocabularies for health & medicine
– ANDS Vocabulary Services for Health Services

PubMed Train the Trainer
Cheryl Hamill, A/Chief Librarian, SMHS Library & Information Service, Fiona Stanley Hospital, Perth, WA.
PubMed (Medline) is a core database for medical librarians. Formal training options are lacking in Australia. This workshop will prepare trainers to impart the knowledge with colleagues. Workshop participants will be taught from a curriculum that defines the knowledge elements and core competencies that need to be learned in order for students to claim basic PubMed search skills. Pointers will also be given to higher level skills that may be further developed in independent study.

Cost effectiveness analysis and implications for health librarians
Dr Kate Halton & Professor Nick Graves
Learning objectives:
1. Understand what cost-effectiveness analysis (CEA) is, and how health researchers or clinicians could use CEA in their research or clinical decisions
2. Achieve a basic understanding of how to measure costs and benefits
3. Achieve an understanding of suitable databases for seeking economic literature for CEA and systematic reviews involving cost-effectiveness in healthcare.

Overview:
The cost-effectiveness workshop will comprise a 3 hour session that will give participants an understanding of the concept of cost-effectiveness in healthcare, and when and why it can be used. Participants will also be given an introduction to how costs and benefits are measured in healthcare, and guidance on which databases are commonly used to source economic literature to support cost-effectiveness analysis or systematic reviews that involve cost-effectiveness in healthcare.

Health Libraries Australia
www.alia.org.au/groups/HLA

ANN RITCHIE

CONVENOR'S FOCUS

**Hot topics: Consumer health information and health literacy • Literature searching workshops
Rolf Schafer joins the committee • Call for EOI for role of assistant editor for HLA Alerts**

> '
> We are perfectly positioned to expand our roles and capitalise on our organisations' investment in their libraries in ways that are relevant to the consumer engagement and health literacy dimension of our organisations' business.
> ,

The topic of consumer health information is cropping up all over the place, from workplace discussions around achieving the requirements of Standard 2 'Partnering with consumers' in the National Safety and Quality Health Service Standards[1] to email postings seeking advice about setting up new patient information services.

Heather Wellard (ALIA Communications Manager) and I met recently with representatives of the Consumers Health Forum of Australia (CHF):

> CHF is the peak organisation providing leadership in representing the interests of Australian healthcare consumers. We work to achieve safe, good quality, timely healthcare for all Australians, supported by the *best health information* [italics mine] and systems the country can afford.[2]

Clearly we have areas of mutual interest, with the focus on achieving healthcare goals supported by affordable access to 'the best health information'. In the next edition of our newsletter we will publish an article by the CHF Communications Manager outlining CHF's role and how they engage with their member organisations and with consumers more broadly. We are now developing a factsheet about sources of consumer health information which could be shared with consumer representatives (those on a hospital or healthcare organisation's Consumer Advisory Committee, for example). We are hoping that there will be opportunities for us to work with CHF on educational and information sharing initiatives.

There are of course many factors involved in the delivery of consumer health information, and more broadly, the concept of health literacy, and libraries are just one of the avenues of providing access to 'the best health information' for consumers. There is some evidence supporting the value and impact of library services and methods of accessing information on the quality of care. Indeed the journal article we are currently appraising reports on the results of a large-scale North American study that found positive relationships between library access by health professionals and all clinical outcomes under study (i.e. time saved, patient care changes, and adverse events avoided).[3] The relationship between library services providing information directly to consumers and better patient outcomes may be an area of research that we could target.

As health librarians, we have expertise in information management and highly developed, specialised reference skills. We are perfectly positioned to expand our roles and capitalise on our organisations' investment in their libraries in ways that are relevant to the consumer engagement and health literacy dimension of our organisations' business. But I wonder how many of us are willing to take on this challenge? I hope that we would all at least be open to helping a patient or a family member when they chance upon our libraries, and certainly to offer support to consumer health representatives in their consultative roles in our organisations.

Talking about librarians having expertise and highly developed skills in literature searching, what a brilliant workshop Julie Glanville ran for us

YOUR 2015
HEALTH LIBRARIES
AUSTRALIA
Executive Committee

Convenor
Ann Ritchie
Regional Health Library Development
Manager, Barwon Health, VIC
Tel +61 3 4215 0476 | m 0401 110 388
ann.ritchie@alia.org.au

Treasurer
Sharon Karasmanis
Faculty Librarian and Team Leader
(Health Sciences), Learning and
Research Services Library,
La Trobe University, VIC
Tel +61 3 9479 3493
s.karasmanis@latrobe.edu.au

Secretary
Gemma Siemensma
Library Manager,
Ballarat Health Services Library, VIC
Tel +61 3 5320 4008
gemmas@bhs.org.au

Publications
Jane Orbell-Smith (Editor)
Librarian,
Subacute & Ambulatory Services, Qld
Tel +61 7 3049 1509 | m 0430 538 001
jane.orbell-smith@alia.org.au

Lyndall Warton (Assistant Editor)

General Committee Members
Diana Blackwood
Faculty Librarian, Health
Curtin University, WA
Tel +61 8 9266 2205 | m 0407 770 753
d.blackwood@curtin.edu.au

Jeanette Bunting
Librarian,
Joondalup Health Campus, WA
Tel +61 8 9400 9487
buntingj@ramsayhealth.com.au

Dr Kathleen Gray
Senior Research Fellow, Health and
Biomedical Informatics Research Unit,
Melbourne Medical School and
Dept of Information Systems
University of Melbourne, VIC
Tel +61 3 8344 8936
kgray@unimelb.edu.au

Sarah Hayman
Research Fellow (Evidence),
Caresearch, SA
Tel +61 8 7221 8218
sarah.hayman@flinders.edu.au

Suzanne Lewis
Library Manager,
Central Coast Local Health District, NSW
Tel +61 2 4320 3856
suzanne.lewis@health.nsw.gov.au

Bronia Renison
Director, Townsville Health Library,
Townsville Health Service District, Qld
Tel +61 7 4796 1760
bronia.renison@health.qld.gov.au

Rolf Schafer
Manager, Library Services,
Walter McGrath Library,
St Vincent's Hospital, NSW
Tel +61 2 8382 2229
rolf.schafer@svha.org.au

Catherine Voutier
Clinical Librarian,
Royal Melbourne Hospital, VIC
Tel. +61 3 9342 4089
catherine.voutier@mh.org.au

in April in Melbourne! I'm sure if you asked anyone of the hundred who attended you'll hear glowing reports. This is one comment I received from Liz Kempton from the NPS:

> ... the Advanced Searching course at Melb Uni just before Easter was fantastic – I have been meaning to email to tell you how good I thought it was and how good it was to see somebody with Julie's experience talking about searching. It always fascinates me how something that should be so science based and logical is approached differently by every single person in the industry! I really appreciated the exchange of ideas and the opportunity to see how people from different sectors (academic vs hospital librarian) approach difficult searches. My team here at NPS (very experienced searchers with incredible depth of experience) were really impressed with the textual analysis tools and the filters and we have used some since for our Formative Research reports.

For anyone who missed out on this workshop, two things you can do: read the article by Blair Kelly in this issue of HLA News for a description of some of the content and tools demonstrated in the workshop, and watch this space, we have more workshops in store for you!

In my last Convenor's Focus we announced the Call for Expressions of Interest to join the Executive, and are pleased to say that we will be welcoming Rolf Schafer to the committee. Rolf is the Library Services Manager at St Vincent's Hospital in Sydney, and we'll be keen to link up with his Sydney colleagues too.

With the recent resignation of Lyndall Warton from the committee, we are now also calling for an EOI from someone to fill the role of assistant editor for HLA Alerts. Thanks Lyndall for giving us the benefit of your editorial skills and support in getting this monthly publication off the ground. We wish you all the best in your new position at the National Critical Care and Trauma Response Centre. It's great to see health librarians branching out into related areas.

Ann Ritchie
HLA Convenor
ann.ritchie@alia.org.au

REFERENCES
1. Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney. http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf
2. https://www.chf.org.au/
3. Marshall JG, Morgan JC, Thompson CA, Wells AL. Library and information services: impact on patient care quality. Int J Health Care Qual Assur. 2014;27(8):672-83.

What type of REVIEW?

Diana Blackwood explores the definitions and differences in the various kinds of reviews being cited in the health sciences literature.

> The systematic review is a review of a clearly formulated question that uses systematic and reproducible methods to identify, select and critically appraise all relevant research, and to collect and analyse data from the studies that are included in the review.

The 'rise and rise of the systematic review' has been in evidence for a number of years, as evidenced in the informative editorial by Norman and Griffiths (2014) in the International Journal of Nursing Studies.

Norman and Griffiths (2014 p. 1) contest that "There appears to be a growing belief in the academic community then, as now, that a review is not worth reading unless it is a systematic review. This, we contend, is simply not true. The true systematic review certainly has a place…. However, many purposes for review and many questions and topics do not lend themselves to the simple answer of right or wrong."

So what are the definitions and differences in the various kinds of reviews being cited in the health sciences literature?

The diagram at the bottom of this page from the HLWIKI Canada shows the range of reviews in order of increasing complexity from narrative to systematic reviews.

The systematic review is a review of a clearly formulated question that uses systematic and reproducible methods to identify, select and critically appraise all relevant research, and to collect and analyse data from the studies that are included in the review. Such reviews make the available evidence more accessible to decision-makers. A systematic review can be either quantitative or qualitative. "The methods of systematic review are most developed for questions of treatment effectiveness and the synthesis of data from randomized controlled trials, but systematic review procedures are applicable to many types of healthcare question, so long as they are focused." (Norman & Griffiths, 2014).

Rapid reviews (rapid evidence assessments) are often used to gather timely and resource-efficient evidence to inform urgent and emergent decisions related to clinical practice and policy (HLWiki International, 2015a). As such they use shorter time frames than other evidence-based summaries. Featherstone et.al (2015) discuss that although this is inherently appealing, there is concern about the rigour of such a review and hence the reliability of the results. Consequently, they state that rapid reviews should not be seen a substitute for systematic reviews. Khangura, Polisena, Clifford, Farrah, & Kamel (2014) discuss how this methodology has been used effectively in the area of social policy and is now increasingly being used in health sciences, particularly for health technology assessments.

Scoping reviews are becoming increasingly popular as they form a useful way to rapidly gather the literature on a given area. (HLWiki International, 2015b). They are used to examine the nature and range of the evidence base and to determine whether or not a systematic review is possible. They can be conducted when either the literature is thought

FIGURE 1 – Reproduced using Creative Commons licence from Scoping Reviews Health Libraries Portal HLWIKI International
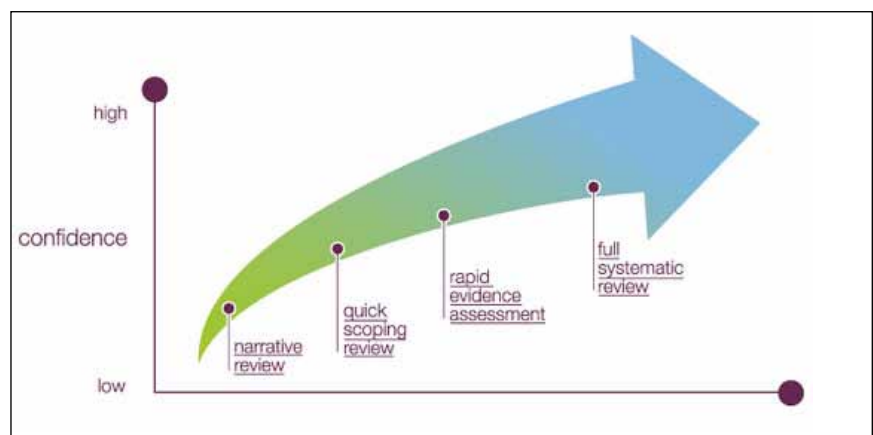
to be vast and diverse or when it is thought that little literature exists. In the later instance, a scoping review can identify gaps in the literature and determine where further research is needed.

"Scoping reviews are different from systematic reviews in that they do not typically assess the quality of included studies. Scoping reviews also differ from narrative or literature reviews in that the scoping process requires analytical reinterpretation of the literature" (Levac, Colquhoun, & O'Brien, 2010).

A standard methodology for scoping reviews doesn't yet exist but the original work by Arksey & O'Malley(2005) has been built on by subsequent studies and these have attempted to enhance the scoping study methodology (Levac et al., 2010).

Armstrong , Hall, Doyle & Waters (2011) have produced a useful diagram to compare systematic and scoping reviews. This is reproduced below with permission from the author.

Narrative or traditional literature reviews typically draw upon a range of literature, not only research studies, to provide a scholarly overview of a topic. They present a more traditional approach and usually do not include a section describing the methods used in the review. Processes such as searching, quality appraisal and data synthesis are not usually described and as such, can be prone to bias (Geddes & Cipriani, 2003). "In this era of the rise and rise of the systematic review the narrative review is much criticized for being unsystematic in its search for literature and biased by the views of the author, who may frequently be an acknowledged expert in the subject" (Norman & Griffiths, 2014).

Norman and Griffiths argue however, that the publication of narrative reviews is useful in that they bring together information on a topic into a readable format which is often useful for educational purposes, and which will be more up to date than textbooks.

Another useful diagram which shows the differences and similarities between systematic reviews and narrative or literature reviews can be found in the University of Newcastle Systematic Reviews Libguide http://libguides.newcastle.edu.au/sysreviews. This has been reproduced from: Bettany-Saltikov, J. (2010). Learning how to undertake a systematic review: Part 1. Nursing Standard, 24(40): 47-55.

EXAMPLES OF DIFFERENT KINDS OF REVIEWS
Systematic review
Self-management education programs for age-related macular degeneration: A systematic review
http://dx.doi.org/10.1111/j.1741-6612.2008.00298.x

Scoping review
Socioeconomic disparities in home health care service access and utilization: a scoping review.
http://dx.doi.org/10.1016/j.ijnurstu.2012.01.002

Narrative review
Young adults with intellectual disability transitioning from school to post-school: A literature review framed within the ICF.
http://dx.doi.org/10.3109/09638288.2012.660603

Review article
Social Factors and recovery from mental health difficulties: A review of the evidence.
http://dx.doi.org/10.1093/bjsw/bcr076

REFERENCES

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. International journal of social research methodology, 8(1), 19-32. http://dx.doi.org/10.1080/1364557032000119616

Armstrong, R., Hall, B., Doyle, J., & Waters, E. (2011). 'Scoping the scope' of a cochrane review. J. Public Health, 33(1), 147-150. http://dx.doi.org/10.1093/pubmed/fdr015

Bettany-Saltikov, J. (2010). Learning how to undertake a systematic review: part 1. Nursing Standard, 24(50), 47-56. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2010757842&site=ehost-live

Featherstone, R. M., Dryden, D. M., Foisy, M., Guise, J. M., Mitchell, M. D., Paynter, R. A., . . . Hartling, L. (2015). Advancing knowledge of rapid reviews: an analysis of results, conclusions and recommendations from published review articles examining rapid reviews. Syst Rev, 4(1), 50. http://dx.doi.org/10.1186/s13643-015-0040-4

Geddes, J., & Cipriani, A. (2003). Comparison of systematic and narrative reviews: The example of the atypical antipsychotics. Epidemiologia e Psichiatria Sociale, 12(3), 146-153. http://dx.doi.org/10.1017/S1121189X00002918

HLWiki International. (2015a). Rapid reviews. Retrieved from http://hlwiki.slais.ubc.ca/index.php/Rapid_evidence-assessments_(REAs)

HLWiki International. (2015b). Scoping reviews. Retrieved from http://hlwiki.slais.ubc.ca/index.php/Scoping_reviews

Khangura, S., Polisena, J., Clifford, T. J., Farrah, K., & Kamel, C. (2014). Rapid review: An emerging approach to evidence synthesis in health technology assessment International Journal of Technology Assessment in Health Care, 30(01), 20-27. http://dx.doi.org/doi:10.1017/S0266462313000664

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: Advancing the methodology. Implementation Science, 5(1) http://dx.doi.org/10.1186/1748-5908-5-69

Norman, I., & Griffiths, P. (2014). The rise and rise of the systematic review. International Journal of Nursing Studies, 51(1), 1-3. http://dx.doi.org/10.1016/j.ijnurstu.2013.10.014

Table 1 Comparison between systematic and scoping reviews²

Systematic review	Scoping review
Focused research question with narrow parameters	Research question(s) often broad
Inclusion/exclusion usually defined at outset	Inclusion/exclusion can be developed post hoc
Quality filters often applied	Quality not an initial priority
Detailed data extraction	May or may not involve data extraction
Quantitative synthesis often performed	Synthesis more qualitative and typically not quantitative
Formally assess the quality of studies and generates a conclusion relating to the focused research question	Used to identify parameters and gaps in a body of literature

Peer Review of Electronic Search Strategies (PRESS)

"Can you check my systematic review search strategy?"

One of the frequent emails that arrive in a Faculty Librarians inbox is a request for assistance in checking search strategies from postgraduate students and academic staff. To assist with this process, librarians in the Health Sciences team at Curtin University have started investigating the use of the Peer Review of Electronic Search Strategies (PRESS) checklist developed in 2008 by the information services team at the Canadian Agency for Drugs and Technologies in Health (CADTH).

PRESS was discussed in the following:

– Sampson, M., McGowan, J., Lefebvre, C., Moher, D., & Grimshaw, J. (2008). PRESS: Peer Review of Electronic Search Strategies. Ottawa: Canadian Agency for Drugs and Technologies in Health. Retrieved from https://www.cadth.ca/media/pdf/477_PRESS-Peer-Review-Electronic-Search-Strategies_tr_e.pdf

with a follow up article in:

– Sampson, M., McGowan, J., Cogo, E., Grimshaw, J., Moher, D., & Lefebvre, C. (2009). An evidence-based practice guideline for the peer review of electronic search strategies. Journal of Clinical Epidemiology, 62(9), 944-952. http://dx.doi.org/10.1016/j.jclinepi.2008.10.012

BACKGROUND AND OBJECTIVES (from both sources at left)

This research was initially undertaken in response to a need to ensure the accuracy and completeness of the evidence base used in Health Technology Assessment (HTA) reports at CADTH.

The authors stated "no review exists to tell us what elements of the search process have the most impact on the overall quality of the resulting evidence base" (Sampson, McGowan, Lefebvre, Moher, & Grimshaw, 2008).

Their objective was to develop and validate an annotated checklist for electronic search strategy peer review. Furthermore, it was their aim to identify the elements that related most to quality or errors in search strategies of both HTA Reports and systematic reviews.

METHOD

The research involved a systematic review and a web based survey. The systematic review was undertaken to address the following questions:

"(1) Whether instruments exist that evaluate or validate the quality of literature searches in any discipline and (2) which elements of electronic search strategies have demonstrable impact on search performance. These articles need to report performance indicators or measures (such as recall, relevance, and so forth)" (Sampson et al., 2009, p. 945). The systematic review identified 9,155 records. After screening for eligibility, 113 articles were included in the final analysis having been deemed suitable for some aspect of the systematic review. There was considerable variation in the research evidence for each element with over 70 articles examining the effect of missed subject headings or search terms and little or no research addressing some elements such as index and free-text terms combined on a line or line number errors.

A web survey was also conducted because of the anticipated low level of research evidence for some of the elements identified in the systematic review. Fifty eight experienced searchers in systematic reviews and library and information studies with an average number of 12.6 years of searching experience, were surveyed to gauge expert opinion regarding the impact of each element on search results. Participants were asked a number of questions regarding each element such as potential negative impact on recall or precision and the impact of unfamiliarity by the searcher with aspects of searching. (Sampson et al., 2009, p.946)

FINDINGS

The elements identified were ranked according to the median score for each question. They were then sorted into three tiers based on median levels of importance, having been ranked as they related to recall, precision, unfamiliarity etc. (Sampson et al., 2009 , Table 2 p. 947) Tier 2 elements received the most support. From this analysis elements to be included in the peer-review guideline or checklist were identified.

TIER 1

Conceptualization

(has the research question been correctly translated into research concepts?)

Logical operators

(have the elements addressing the search question been correctly combined with Boolean and/or proximity operators?

Spelling errors

(have all spelling and syntax errors been assessed?)

Wrong line numbers

(has each line number and combination of line numbers been checked?)

Translation of the search strategy to different databases and/or interfaces

(has the search strategy been correctly adapted for each database used?)

Missed subject headings

(is there enough scope in the selection of subject headings to optimize recall?)

TIER 2

Free text terms missed

(have search terms without adequate subject heading coverage been well represented by free-text terms?)

Subject headings and free-text terms both used

(have both subject headings and free-text terms been used in combination?)

Spelling variants and truncation

(have all relevant spelling variants been covered?)

Irrelevant subject headings and irrelevant free-text terms

(has the relevance of the terms used to the search question been assessed?)

Limits

(have appropriate limits been used and applied correctly?)

TIER 3

It was not felt necessary to address Tier 3 elements (refer to Sampson p. 947).

USING GUIDANCE NOTES

The checklist that is published on the following website https://www.cadth.ca/resources/finding-evidence/cadth-peer-review-checklist-search-strategies, provides a condensed version of the above list of Tier 1 and Tier 2 elements. It is important to stress that the checklist or peer-review guideline is best used in conjunction with the guidance notes provided in the article "An evidence based practice guideline for the peer review of electronic search strategies" which is cited above and in the reference list. This guidance notes provide important contextual information and very useful additional details and knowledge to assist with the peer review process.

CONCLUSION

The authors state that the creation of their checklist and peer review guideline which was based on rigorous methodology "fills a gap in the quality assurance of search methodology in systematic reviews and health technology reports" (Sampson et al., 2009, p.951). Furthermore, the authors have mentioned a pleasing level of interest and involvement in the PRESS methodology from the information science profession and have noted that it has been supported by the Cochrane Collaboration's Information Retrieval Methods Group.

Interestingly the article has been cited 83 times (Scopus) by both clinical researchers and information scientists and includes a citation from the recent article by Rethlefsen, Farrell, Osterhaus Trzasko & Brigham in 2015, namely, "Librarian co-authors correlated with higher quality reported search strategies in general internal medicine systematic reviews" published in the Journal of Clinical Epidemiology. This article provides further evidence of the effectiveness of using professionals who are highly skilled in search techniques to increase quality of search strategies.

The acquisition and maintenance of such expert searching skills can only be gained by networking, continuing professional development and keeping up-to-date with the literature. The health team at Curtin University Library look forward to using the checklist and peer review guideline when checking client search strategies and promoting its wider use within the Faculty of Health Sciences.

Diana Blackwood
Faculty Librarian, Health Sciences, Curtin University

REFERENCES

CADTH (2103) Finding the Evidence: Literature Searching Tools in Support of Systematic Reviews. https://www.cadth.ca/resources/finding-evidence

McGowan, J., & Sampson, M. (2005). Systematic reviews need systematic searchers. Journal of the Medical Library Association, 93(1), 74-80. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC545125/

Rethlefsen, M. L., Farrell, A. M., Osterhaus Trzasko, L. C., & Brigham, T. J. (2015). Librarian co-authors correlated with higher quality reported search strategies in general internal medicine systematic reviews. Journal of Clinical Epidemiology, 68(6), 617-626. http://dx.doi.org/10.1016/j.jclinepi.2014.11.025

Sampson, M., McGowan, J., Cogo, E., Grimshaw, J., Moher, D., & Lefebvre, C. (2009). An evidence-based practice guideline for the peer review of electronic search strategies. Journal of Clinical Epidemiology, 62(9), 944-952. http://dx.doi.org/10.1016/j.jclinepi.2008.10.012

Sampson, M., McGowan, J., Lefebvre, C., Moher, D., & Grimshaw, J. (2008). PRESS: Peer Review of Electronic Search Strategies. Ottawa, Ont.: Canadian Agency for Drugs and Technologies in Health. Retrieved from https://www.cadth.ca/media/pdf/477_PRESS-Peer-Review-Electronic-Search-Strategies_tr_e.pdf

ABOUT THE AUTHOR

Diana Blackwood has worked across a variety of library sectors – state, special, public and academic. She has held positions at the State Library of Tasmania, the State Reference and State Film Libraries (NSW), Worksafe Australia (Canberra), City of Cockburn Libraries and the UWA Medical and Dental Library (Perth). Her current position is Faculty Librarian, Health Sciences, Curtin University which she has held since August, 2005. In this role she provides support and specialist advice to the staff and research students of the seven schools of the Faculty. Diana has been a member of the Health Libraries Australia committee since May, 2014.

HLA/MEDICALDIRECTOR HEALTH INFORMATICS INNOVATION AWARD

2015 WINNERS

Congratulations to Kate Jonson, Ingrid Tonn and Rianna Bryant from Central Coast Local Health District, Library Services. They are the winners of the 2015 HLA/MedicalDirector Health Informatics Innovation Award for their project: **Preserving the past, looking to the future: a digital repository for the Central Coast Local Health District.**

BACKGROUND

In 2014 the Central Coast Local Health District (CCLHD) Library, in collaboration with the Research Office, recognized the need to create a digital repository of historical material and published research. There was no searchable, comprehensive, accessible record of the District's published research output available to staff or the local community.

In addition, Gosford Hospital has commenced the next phase of its redevelopment. During the redevelopment more items of historical value to the organisation will be discovered and there is the opportunity for the District to identify, gather, consolidate and curate items that would be of interest to staff and the local community.

OBJECTIVE

The aim of the project is to create a digital repository of CCLHD research publications and historical material which would facilitate communication between the Local Health District and the community. It will showcase the scale and scope of published research undertaken by CCLHD staff and provide access for the community to material relating to the history of health services in the district.

METHODS

After initial consultation with key stakeholders, a project team began to develop the initial design and style of the repository. DSpace, open source software hosted by Prosentient Systems, was chosen as the repository platform. Once initial site configurations were complete, Library Staff created work instructions and began to add content to the repository.

RESULTS

At present, development of the repository site is nearly complete with small adjustments being made to the interface. To date 176 records have been created in the Historical Archive and Research Hub, and data entry for both collections is ongoing. All content is indexed and each item is assigned a long-term persistent identifier which facilitates easy online discovery. Discovery via Libraries Australia Trove is planned.

The repository will be presented to the CCLHD Board and two Board Committees (Research and Consumer Engagement). The repository will be launched by mid-2015, as part of 70th anniversary celebrations for Gosford District Hospital.

Further evaluation of the repository is planned after the initial launch with community focus groups, evaluation of user feedback, and monitoring of usage statistics.

CONCLUSION

This project will provide key stakeholders with a freely accessible, online, easily searchable digital repository of CCLHD research publications and historical material. It will foster community engagement with the health service by highlighting the strong history of local support for public health services in the Central Coast area. It may also encourage philanthropic support of research by allowing community access to the published research output of the health service.

HLA acknowledges and thanks Medical Director for their support with this year's award.

Never underestimate the importance of a librarian.

Librarians play a vital role on any team enabling research breakthroughs and point-of-care solutions. Whether you're choosing information for specific research communities or decision-support for professionals, Elsevier offers access to a world of information that empowers knowledge, which empowers those who use it. Select from a wide range of scientific, technical and health information available in multiple media, including innovative digital solutions like ScienceDirect and ClinicalKey. After all, getting the right information into the right hands is critical to the success of any operation.

Elsevier supports HLA and Library and Information Week.

ALIA HLA

elsevierhealth.com.au

ELSEVIER

Certified Professional Health Specialisation
ALIA (CP) Health – Why?

What is a "good" health librarian? How do we know? How can we quickly assess one professional against another? These questions can in part be answered by health librarianship embracing the ALIA Certified Professional Health Specialisation.

Not everyone with ALIA membership is enrolled in the Certified Professional Health Specialisation. Of course, it is personal choice – it may be that you do not have the time to participate or perhaps you are limited in your personal budget. Perhaps it is time to re-think your decision and to take this important career step?

Of all the areas of librarianship, health librarianship requires specialist knowledge and continues to be an environment of rapid change. The CP programme enables you to focus on your profession and speciality needs. The following is a listing of benefits. If you have not already enrolled, what is stopping you from participating? It is a simple as continuing with your reading and capturing your reflection of the HLA News and HLA Alerts; this activity counts towards your required points so you are already on your way! No doubt what you also do in your day to day employment will also count towards your reporting requirements.

PERSONAL BENEFITS

- Post-nominals – After 12 months, participants have the right to use ALIA post-nominals AALIA (CP) Health Librarian or AALIA (CP) Health for Associate members and ALIATec (CP) Health for Library technician members. Use them with pride in your digital signature, on business cards and all professional communications.
- Demonstration – of your knowledge and skills essential to health informatics. Many health informatics practitioners come to health informatics from other disciplines such as clinical or ICT, and have knowledge, skills and/or experience in some but not all of the competencies. The Certified Health Librarian or Library Technician has demonstrated knowledge of and/or the ability to apply all of the requisite competencies.
- Differentiation – from others. The ALIA certification has been independently assessed as achieving competence.
- Greater credibility and recognition – as a Certified Health Librarian or Library Technician, you will be recognised by your post-nominals and on the ALIA website. Our competencies are consistent with internationally recognised health librarianship competencies; the certification is of global relevance.
- Exclusive peer network – be part of HLA, giving you access to a community of peers.
- Competitive job advantage – ALIA and HLA are recognised and actively sought by employers. The ALIA certification may be a differentiator in vocational assessment and recruitment processes.
- Career paths – guidance for people coming into health librarianship.
- Personal accomplishment – the personal satisfaction of independent validation of your competence.

BENEFITS TO ORGANISATIONS/EMPLOYERS

- Making your life easier – with Corporate Membership, as a manager and employer, ALIA will help your evaluation process for recruitment, performance evaluation and motivate your team to enhance their skills and knowledge.
- Differentiation – the ability to differentiate between individuals and between your own health librarians and library technicians based on independent assessment.
- Professionalism – demonstration of professionalism in the health librarianship program, encouragement for employees' competencies to be independently assessed.
- Guidance – as to the competencies required by health library professionals in contemporary healthcare and the means of assessing these;
- Staff professional development – increased quality and consistency of education and training available to employees, based on an industry-wide set of competencies that has been endorsed by Health Libraries Australia, the national group of ALIA.
- Effectiveness – improved effectiveness via a workforce that has been assessed as having the competencies required in contemporary healthcare.

BENEFITS TO THE HEALTH PROFESSION

- Advance the profession – professional certification advances the profession, giving greater visibility, recognition and credibility to what it is you do.
- Clarity – greater clarity as to the competencies required in health librarianship and the means of assessing them;
- Consistency – a consistent basis on which to develop and deliver health librarian education and training;
- Demonstrability – a clear standard demonstrating competency.

SO WHAT IS REQUIRED?

Requirements for participation in the ALIA Certified Professional Health Specialisation:

- Registration for the Health Specialisation
- Undertaking PD activities to accrue points:
  – a minimum of 30 PD points annually from 1 July to 30 June
  – a minimum of 120 PD points each triennium (three years)
- Allocation of points based on the Summary of Activities
- Recording and reflection on learning activities covering at least six of the eight health competencies during the triennium.

TOOLS

ALIA provide an easy to use personalised PD tracking tool, "MyPD". MyPD is an online tool that can help the user keep track of their learning and professional development. MyPD records are used to help with assessment, support your CV, to comply with the ALIA PD Scheme or as a performance management document.

ALIA also offer a "Health Specialisation Skills Audit"*. This tool enables the user to identify knowledge gaps and provide guidance for choosing activities appropriate to boost knowledge in the identified areas. (*Note enrolled member access only.)

I look forward to your joining the 55 currently enrolled HLA members and myself.

Jane Orbell-Smith AFALIA (CP)
Health Librarian, Subacute and Ambulatory Service,
Metro North Hospital and Health Service, Qld.
jane.orbell-smith@health.qld.gov.au

SUMMARY OF THE ALIA PD HEALTH SPECIALISATION

[Adapted from Summary of ALIA PD Health Specialisation, ALIA 2013]

ALIA PD Health Specialisation	Based on a framework of 8 competency areas, Health is a PD Scheme specialisation offered by ALIA. It provides health information specialists with a verifiable pathway to achieving 'certified professional' status in all health organisations and in the health professional workforce.
ALIA Health Specialisation Registration	Participation requires Specialisation Registration with ALIA. Registration is open at any time; the PD scheme membership year commences 1 July enabling 12 months to accumulate PD points.
ALIA Health Specialisation Compliance	To become Health Specialisation compliant requires completion of a minimum of 30 PD points for each PD year and 120 PD points for each PD scheme Triennium (three years). This entails explanation of learning outcomes and/or reflections of the Health Specialisation competency covered by PD activity; a minimum of six competency areas must be covered during a triennium. One PD activity may cover more than one competency. Compliance is also required with the ALIA PD Scheme Activity type.
Health Specialisation Certified Professional post nominals	ALIA PD Scheme members who register for the Health Specialisation will be able to add the Health post nominal after demonstrating compliance with the specialisation requirements after 1 PD scheme year. – AALIA (CP) Health Librarian or AALIA (CP) Health – ALIATec (CP) Health
Health Specialisation Certificate	A member of the PD Scheme Health Specialisation who has demonstrated compliance with PD Scheme Health Specialisation requirements by satisfactorily completing a PD Scheme Triennium may apply for a Health Specialisation certificate. The certificate application must include learning outcomes/reflections for a minimum of 120 PD points. Health Specialisation Certificate recipients will be listed on the ALIA website and in the ALIA Annual report.
ALIA PD Health Specialisation Competencies	Health specialisation competencies build on the revalidation of the LIS ALIA Core, knowledge, skills and attributes. With permission, ALIA (HLA) has adapted the **Medical Library Association** Professional Competencies for our Health specialisation. 1. Understand the health sciences and health care environment and the policies, issues and trends that impact on that environment. 2. Understand the principles and practices related to providing information services to meet users' needs. 3. Understand the management of health information resources in a broad range of formats. 4. Know and understand the application of leadership, finance, communication, and management theory and techniques. 5. Understand and use technology and systems to manage all forms of information. 6. Understand curricular design and instruction, and have the ability to teach ways to access, organise and use information. 7. Understand scientific research methods and have the ability to critically examine and filter research literature from many related disciplines. 8. Maintain currency of professional knowledge and practice.
Specialisation Skills audit tool	The specialisation skills audit tool is a means for helping you identify gaps in your LIS specialisation knowledge and practice and builds on the core skills audit tool.

For further information on the ALIA PD Scheme
please contact pd@alia.org.au

HELPGOODWORK

Health Libraries Australia welcomes bequests for our two Awards, the HLA/HCN Innovation Award and the Anne Harrison Award. For further information contact the Anne Harrison Award's secretary, Bronia Renison at awards@alia.org.au

MLANEWS

A report from the HLA representative to MLA, Catherine Voutier.

THE FUTURE OF NLM

The NLM has launched an ambitious crowd-sourcing exercise to gather opinions about the future, memories of the past, and comments about the present. These are being collected through a blog http://nlmvoyagingtothefuture.org/. These comments will be thought over in preparation for future strategic direction planning purposes. MLA has written up recommendations and commentary about future directions – summarised below:

- The provision of NLM's 200+ freely accessible databases is important for fostering innovation and research and providing just-in-time information in emergencies. These databases cover a range of health sciences and are of exceptional quality. NLM should continue to develop and modify them as technology changes.
- NLM's highly regarded training delivered through the National Network of Libraries of Medicine and the National Training Centre is an essential for health professionals, researchers and librarians. NLM should continue offering these services.
- NLM should continue to foster open access policies.
- MedlinePlus should be promoted more and also include more material for people with low literacy levels.
- NLM provides a range of tools for developers that facilitate information from various databases to be used in other products. This is essential in disseminating information as widely as possible and allows the public to access information through whatever application they choose.
- The MLA should get behind NIH's Big Data to Knowledge (BD2K) initiative and support the standardisation and development of EHRs in order to make big data discoverable and actionable.

If you are a MLA member, you can read the full commentary here: https://www.mlanet.org/sites/default/files/2015_mar_rfi_future-of-nlm_final_final.pdf

MLA EXECUTIVE

Last February, MLA's Executive Director Kevin Baliozian, along with the MLA Board, went through the static strategic plan with the goal of transforming it into a living document that will change over time as goals are achieved. The new goals that have been hashed out are:

- What MLA Does: focus on programs and services that are strategic and reflect what MLA members and customers want and divest programs that are not; speed up decision-making; achieve and maintain financial health
- New Professionals: align programs and services to better support new professionals and those transitioning to medical libraries
- Education: use instructional design and delivery methods that meet trainee expectations; provide continuing education for those unable to attend annual meetings; continue to provide education in core competences where MLA is most effective
- MLA Technology: streamline MLA services & content to better user experience with consistent branding; better utilisation of resources

Keep track of how MLA is doing at their Full Speed Ahead blog: http://fullspeedahead.mlanet.org/

MLA HELPS

For the last few years, MLA has been collecting donations for various causes. This year, the Relevant Issues Section held a book drive for the Inside Books Project, an Austin-based organisation that sends free books and educational materials to prisoners in Texas.

MLA15 is over … but you can catch up on what happened by reading the twitter feed at #mlanet15. MLA16 will be in Toronto next year so start saving! Planning for this conference is well underway and would you believe planning for MLA17 has just started?

JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION (JMLA)

Articles of interest in the latest JMLA

- Flipping the classroom to teach systematic reviews: the development of a continuing education course for librarians – Conte ML, MacEachern MP, Mani NS etal.
- Benchmarking participation of Canadian university health sciences librarians in systematic reviews – Murphy SA and Boden, C.
- Lessons learned from ten years of distance learning outreach – Locatis C, Gaines C, Liu W, Gill M, and Ackerman M.
- Health sciences librarians, patient contact, and secondary traumatic stress – Becker RW and McCrillis A.
- Librarian readiness for research partnerships – Mazure ES and Alpi KM

MLA PUBLISHING

Cheryl Rowan will be the next editor of the MLA News. Rowan, who is a frequent contributor to National Network of Libraries of Medicine South Central Region blogs and was named a Mover and Shaker by the Library Journal in 2012, will begin her term with the June/July 2015 issue.

Do you like to write? If you do, there are author/editor opportunities in two up and coming MLA books. Librarian Competencies for the Digital Age will describe skills that library staff in all types of libraries need now and in the future. The Library Staff Development Handbook will describe best practices for identifying, hiring, developing, and retaining an excellent library staff. Please contact Barbara Gushrowski at bgushrowski@ecommunity.com if you are interested.

MEMBER
SPOTLIGHT

SARAH HAYMAN
FAST FACTS

HLA member since:	
2011	
First professional position:	
Research assistant librarian, Australian Wool Corporation, Sydney, 1980.	
Current Position:	
Research Fellow (Evidence), Flinders Filters, Flinders University.	
Education:	
BA (Adelaide), Grad Dip Lib (UNSW)	
Favourite Website or Blog:	
Too many! Pretty keen on Librarything and IMDB	

What do you find most interesting about your current position?

The chance to do research into the practice of information management and experiment on our own bibliographic data, while building resources (search filters) that can be immediately useful in a clinical situation. Wonderful colleagues, intellectual challenges and an opportunity to contribute to a unique project.

What has been your biggest professional challenge?

The biggest challenge has been to become comfortable in having the confidence to push myself forward (not my natural bent!) to present and promote my work – I have been very lucky in having wonderful mentors who have encouraged me and been excellent examples. I also think I have been lucky in working in small organisations (chiefly, the National Centre for Vocational Education Research (NCVER), Eduation.au and now CareSearch and Flinders Filters) that operate at a national level and provide open access information so that those who need it have best evidence to inform their practice. Having a passion about connecting people to evidence, and using my information management experience to ensure a high quality and open access service, has made it easier to take on that role of spokesperson.

How did you join Health Librarianship?

I had a background in education and research libraries and was doing various consulting roles. During that time I did a short stint at a hospital library in SA (The Repat Hospital) and loved it. I was pleased to find that my skills were transferable to the health sector. I went back to education for a while, but when that job finished I jumped at the chance to come back into health, taking up a position at CareSearch Palliative Care Knowledge Network as a

Research Fellow and moving within that (this year) across to our sister project Finders Filters.

What was your previous employment background?

I started at the Australian Wool Corporation in a tiny research library, then moved to TAFE in NSW, and also worked in TAFE in SA. My longest role was at NCVER, managing the library, national clearinghouse and VOCED database. I did consulting for a while after that, needing a change, and ended up working at Education.au with edna. When edna (sadly) was closed down, I was lucky enough to secure the CareSearch position. Looking over it all, I do think I have been lucky in the mix of work I have done, and, especially, in the fantastic colleagues I have had at all those workplaces. I am glad I have moved around a fair bit – I have learnt a great deal both technically and philosophically, and each job has given me different insights.

What would you do if you weren't a health librarian?

Not sure! I fell into librarianship rather, and am quite delighted that my time as a librarian coincided with the arrival of the internet and the web – amazingly fortunate! I don't really see myself as a traditional librarian, having not actually worked in a library for a very long time. Secretly I would love to have been a novelist but as I have never done anything about actually writing a novel that is most unlikely to happen!

What do you consider the main issues affecting health librarianship today?

I think one area is the challenge of managing an ever-increasing amount of information – and, most importantly, access to that information for our users – under pressures which include reduced funding and the increase in chronic illness for ageing populations. An interesting issue I see is the

question of how much support health librarians provide directly to consumers – this seems to be a growing area of discussion.

What is your greatest achievement?

My biggest career achievement was leading the VOCED team to put the database on the web – in searchable form, linked to the thesaurus – and to take it from an Australian only database to a fully international one. That was in the early days of the web and it was very exciting, because we did not have all the tools, or examples to follow, that are around today. More recently, I have been very pleased to have had a chance (following the HLA/HCN Innovation award) to develop the Smart Searching online resource, which now has over 4,000 unique users worldwide. All my achievements have been the result of working with wonderful and inspiring colleagues, and working in a team is definitely my preference.

What is your favourite non-work activity?

As you might guess from the above answer, probably reading! But also, being with my friends and family.

What advice would you give to a new member of HLA or a new graduate information professional?

Say "yes" to every new opportunity that comes along. Building a satisfying career is a matter of a lot of luck but also what you do with the chances that are there: have confidence in yourself and learn from everyone you can. I think health librarianship is the most exciting field of librarianship – full of passionate, clever and committed people – and an area where what you do can make a real difference to people's lives.

Anything else you would like to share about yourself?

Just to say I am very pleased to part of the wonderful HLA Executive and I would recommend joining that to anyone who is keen to develop their knowledge of health librarianship and meet delightful new colleagues.

HLA archives
MISSING INFORMATION
...CAN YOU HELP?

Veronica Delafosse is currently undertaking a major archiving project for HLA. In the process she has identified the following missing items. Could you please check your files for these? If you have the paper copies please send them or alternatively, please email through scanned copies

NATIONAL NEWSLETTERS
– Number 10, 1988
– Number 11, 1988
– Number 16, 1990

NATIONAL EXECUTIVE COMMITTEE MINUTES
– 1st Meeting in Melbourne (should be called 1/84 and dated 3/4/1984 as noted on the 2/84 Minutes)
– Meetings after 18/4/1985 (held in Victoria) until 20/1/1986 (held in South Australia)
– All meetings for 1988 and 1989
– Meetings between 22/1/1991 - 14/5/1991 (New South Wales)
– Meetings between 16/7/1991 - 24/1/1994 (New South Wales)
– Meetings between 14/3/1994 - 25/9/1995 (New South Wales)
– Meetings between 25/9/1995 - 17/4/1997 (Western Australia starts 17/4/1997)
– Meeting dated 19/6/1997 (Western Australia)

NATIONAL ANNUAL GENERAL MEETINGS
– 28/8/1984 Treasurer's Report
– ?/?/1988 Minutes, President's Report, Treasurer's Report (actual date not known)
– 16/11/1989 President's Report
– 29/9/1992 Minutes, President's Report (this was presented via videotape. Is there a printed copy? The President was Brigitte Glockner, King Edward Memorial Hospital for Women, Subiaco, WA. According to National Newsletter, 24, Dec 1992 Minutes were enclosed with this Newsletter)

VICTORIAN ANNUAL GENERAL MEETINGS
– Are there any prior to 1982?
– 30/11/1990 Treasurer's Report
– ?/12/1993 Minutes (actual date not known)
– 6/12/1997 President's Report

If you can help, please contact Veronica directly.

Veronica Delafosse
Librarian, Health Sciences Library (Mon/Tues/Thurs),
Caulfield Hospital, 260 Kooyong Road, Caulfield VIC 3162
Telephone 03 9076 6832
V.Delafosse@cgmc.org.au

REVIEW OF LIBRARIAN-PROVIDED SERVICES IN HEALTHCARE SETTINGS

HLA EVIDENCE SUMMARY

CITATION	Perrier L, Farrell A, Ayala AP, et al. **Effects of librarian-provided services in healthcare settings: a systematic review.** J Am Med Inform Assoc 2014; 21: 1118–1124.
AUTHORS' OBJECTIVES	The aim of the study was to elicit outcomes relevant to patients, healthcare providers and researchers of services provided by a librarian in healthcare settings.
METHODOLOGY • **Subjects and Setting** • **Study Design**	This is a systematic review. The setting is any librarian-provided service conducted in a healthcare setting, such as a hospital, primary care or public health clinic. All professionals providing healthcare were included, even those in training programs. Patients included families and/or caregivers. Outcomes of interest were length of stay (LOS), choice of intervention or tests, research funding and knowledge/skills obtained by attending library training.
RESULTS	The researchers found it impossible to completely eliminate the risk of bias, due to methodological issues in the included studies. However, they did identify a couple of interesting studies, which they describe in detail, that reported outcomes relevant to the study question. These studies reported a shorter length of stay in patients whose doctors received literature searches from librarians, and a shorter length of stay if Medline searches were performed earlier in the stay. However, these are results from individual studies rather than from a meta-analysis of several studies. Other reported outcomes were relevant to the study question but less interesting. A number of studies showed a positive impact of librarian training on clinician search skills, but the validity of post-test tools, and whether these improvements persisted and translated into clinical outcomes were not explored.
AUTHORS' CONCLUSIONS	The authors concluded that instruction provided by librarians increased knowledge and skills, but further research needed to be undertaken using validated tools for more reliable assessment. Information provided to clinicians was shown to save time and was relevant for decision making, but more research needed in this area to determine the most effective way of providing information. No research meeting eligibility criteria were found about direct services for patients and researchers in the healthcare setting.
HLA COMMENTARY	Without looking at the search strategy, the initial results seem high (11,062 screened after deduplication) but this could because the question is very broad. The studies the authors found had methodological flaws. This indicates that the quality of research needs to be improved, especially in the area of minimising bias.
IMPLICATIONS FOR PRACTICE OR RESEARCH	The take-home message from this study is research conducted by librarians in the areas of information delivery to patients and healthcare professionals in healthcare settings needs to improve. This is a worthwhile goal and the results of better research could be used in demonstrating value.

HEALTH LIBRARIES
more than just a search engine!

EVENTS TO SUPPORT YOUR PROFESSIONAL DEVELOPMENT

YEAR	EVENT	LOCATION	DATE
2015	International Evidence Based Library and Information Practice conference, EBLIP8 2015	Brisbane	6-8 July
	HLA PD Day Workshops • Smart Searching: Search Filters and Expert Topic Searches • PubMed Train the Trainer. • Cost-Effectiveness Analysis for Health Librarians	Brisbane	9 July
	HIC 2015, Brisbane	Brisbane	3-5 August
	IFLA World Library and Information Congress, 81st IFLA General Conference and Assembly.	Cape Town, South Africa	15-21 August
	Open Access Week – 2015 Theme: Open for Collaboration	National	Last week of October annually
	12th Health Libraries Inc. Conference, Theme: "Breaking Out of Your Shell	Melbourne	23 October
	5th Australian Evidence Based Practice Librarians' Institute	Melbourne	10-13 Nov 2015
	CILIP: Health Libraries SIG	TBA (UK)	TBA (July 2016)