



Commentary

Evidence Based Health Sciences Librarians

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Evidence Based Library and Information Practice (EBLIP) has become the most visible and enduring institution of our international EBLIP community of practice (Wenger, 1998; Eldredge et al., 2015). Congratulations to the hundreds of colleagues dedicated to creating this inter-sectoral and international peer-reviewed forum that has been so open to exploring many diverse viewpoints while embracing the critical importance of evidence! Librarians from every sector know that EBLIP decision making consists of taking into account the users' preferences, one's professional expertise, and the best available evidence. Regardless of one's specific library sector, our practices are heavily influenced by our common librarian (and I would suggest our EBLIP) ancestor John Cotton Dana. He insisted on turning our profession away from the physical trappings of libraries.

Dana instead focused on our shared cause with our user communities (Dana, 1916a; Dana, 1916b). Academic, public, special, and school librarians alike, for the past century, have continued to assess their users' information needs and to find ways to meet those needs. Librarians want to remove all barriers between their users and the desired information.

Health sciences librarians (HSLs) similarly seek to fully integrate themselves within their communities of users. For most HSLs, this means that they collaborate with other health professionals in pursuit of the clinical, teaching, or research missions of their academic centre or hospital. It can be a fast-paced, high-stakes environment where other health professionals depend upon HSLs to be accurate and comprehensive. In recent years HSLs, have

unshackled themselves from physical libraries due to a high proportion of collections resources now in digital format (Plutchak, 2012). Their collaborations with other health professionals can occur far from their physical buildings. This trend cannot be considered new (Pratt, 1991), although it has been accelerating for the past decade (Cooper & Crum, 2013). In line with this trend I was rarely in my physical library during the early years of my career when I was a chief of collection resources. Instead, I was frequently out meeting with members of my user community so I could better understand their information needs.

HSLs have integrated many of the norms, values, and standards held by the health professionals who are collaborative members of their user communities (Eldredge, 2014). Some of these specific values include accountability, credibility, replicability, and transparency. Professionals can no longer hide behind a veil of professional autonomy. HSLs, like all health professionals in this environment of accountability, can be challenged on their decisions and must be able to respond in a transparent manner. HSLs must produce the kinds of evidence, when explaining their decisions, that will convince their health professional colleagues. The health professions generally embrace evidence based practice (EBP) and this approach permeates the organizational cultures of most health care organizations. EBP specifically pertains to the clinical, educational, and research aspects of the health professions. While some minor differences exist in what various health professions integrate as evidence into their practices, the core characteristics of EBP allow the different health professions to speak the same evidentiary language to their physician, nurse, pharmacist, public health, physical or occupational therapist colleagues. EBLIP similarly enables HSLs to speak that same language and enlist similar forms of evidence. For example, if asked to defend a budget for collection resources, by using EBLIP approaches HSLs can marshal the types of compelling evidence such as a cohort study or a

randomized controlled trial that will convince decision makers. In the clinical realm, HSLs who understand the underlying principles of EBP and possess these skills, can speak the same evidence-based language as clinicians. HSLs can teach the first two steps in the EBP process (question formulation and searching) and assist with teaching the third step of critical appraisal by utilizing filters that isolate higher forms of evidence. This dynamic underscores the need for HSLs to downplay their differences and emphasize their similarities in practicing their specific form of EBP. This approach will help HSLs to enhance communication, develop new roles, and possibly even gain additional respect from the health professionals with whom they collaborate.

HSLs were central to the creation of EBP in the health professions. The historical evidence indicates that these other health professions needed HSLs to create EBP. For example, HSLs developed certain sophisticated tools such as PubMed for identifying and interpreting authoritative evidence for making decisions (Eldredge, 2008). HSLs continue to contribute their essential skills to EBP within other health professions, since all forms of EBP in the health professions rely largely upon authoritative research-based information as the basis for most evidence.

This co-creation dynamic makes it inaccurate to depict HSLs as imitating other health professions' respective forms of EBP. To be accurate, HSLs and other health professions' variants of EBP co-evolved. HSLs hold the distinct position among all types of librarians that they not only engage in their own variation of EBP, they also provide the evidence sources and the services to make EBP possible for the health professions.

When *EBLIP* began publishing ten years ago HSLs were defining, in large part, the EBLIP process and the levels of evidence (Eldredge, 2002). HSLs had co-created EBP so it was only natural that librarians from other sectors would

adapt what already existed. Within several years other types of libraries were joining in the EBLIP movement and challenging the HSL approach to EBLIP with its heavy health professions flavor. In recent years there have been attempts to develop a unifying model of EBLIP that would apply to all sectors of librarianship. Will that happen? Perhaps, but I remain skeptical because the forms of evidence that are acceptable in the health professions can be vastly different from the forms of evidence that might be the currency of management studies, for example. In the meantime, we have so much to learn from one another in our community of practice, in all its diversity and enthusiasm, here at *Evidence Based Library and Information Practice* for many years to come. Happy anniversary!

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