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**Poster abstracts / Résumés d'affiches**



## ABSTRACTS / RÉSUMÉS

### Information seeking experiences of Canadian pharmaceutical policy makers

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**Introduction:** Research-informed public policy is often articulated as an ideal. Yet, “evidence-based policy making” has also been critiqued for not fully taking into account the context in which policy makers actually work. This exploratory study investigates the work-related information seeking experiences of key informants engaged in pharmaceutical policy making in Canada. **Methods:** As part of a broader research priority setting process, we conducted semi-structured interviews with a purposive sample of 15 Canadian pharmaceutical policy decision makers. Interviews were audio-recorded, transcribed and coded using descriptive qualitative analysis influenced by grounded theory methods. We compared results with Leckie, Pettigrew, and Sylvain’s General Model of Information Seeking of Professionals to create a model specific to our study population. **Results:** Pharmaceutical policy makers need information for their

work, and their information seeking is not unlike that of other professionals. Approaches to seeking were diverse, and may reflect a status hierarchy in which access to resources is unequally distributed. Information sources also appeared to indicate differential status. Affective outcomes were commonly disappointment, desire for a single go-to source, and resignation to making do without evidence. Time pressures were a general concern and influenced seeking actions as well as outcomes. **Discussion:** Specific characteristics of information needs, as well as a lack of established sources, create affective outcomes that point to areas of improvement for information sharing and knowledge translation. In the absence of a dedicated, independent source for rapid-response policy research, Canadian pharmaceutical policy makers will continue to satisfice with available resources, and barriers to evidence-informed policy will persist.

### The information needs of Canada’s National Collaborating Centres for Public Health

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**Introduction:** As a response to increasing public health crises, such as the SARS outbreak in 2003, the Government of Canada saw the need for more coordinated and strengthened public health efforts. As part of the effort to address this need, six National Collaborating Centres for Public Health (NCCPH) were launched in 2005 under the auspices of the Public Health Agency of Canada (PHAC). Spread out across Canada, and each with a different public health focus (e.g., Aboriginal Health, Infectious Diseases, etc.), much of the Centres’ work is directed at translating knowledge gained from evidence and expertise-based practice and creating “knowledge products” (e.g., evidence reviews,

white papers, etc.). This study examines the information needs (both recognized and unrecognized) of NCC staff involved in the creation of these knowledge products and will determine current practices for locating evidence, establish best practices, identify potential problems in current information-seeking processes, and provide suggestions for improvements. **Methods:** Methods include semi-structured telephone interviews with the NCC Scientific Directors, a review of the literature, and an online questionnaire distributed to all staff of the National Collaborating Centres for Public Health. **Results:** Information was gathered from 18 respondents (78.54% response rate) on demographics, resources used,

access to an information specialist, training preferences, and more. **Discussion:** At the broader level, the results of this study indicate that more effort is needed to raise awareness of non-traditional public health resources such as [Health-Evidence.ca](http://Health-Evidence.ca) and grey literature repositories. As a result of the diverse backgrounds of public health workers,

it is imperative that training and reference assistance be offered in variety of formats and intensities to accommodate differing information needs. Finally, information specialists working in specialized organizations must actively promote their services and skills as many researchers or scientists may not see the benefit of consultation.

## Striking a balance: Moving towards “good enough” search and appraisal whilst maintaining quality and rigor

**Olwen Beaven**

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**Introduction:** This is a review of how search and appraisal has evolved at the BMJ Evidence Centre. The members of the BMJ Evidence Centre Information Specialist Team have reviewed and revised their search processes for products such as Clinical Evidence a number of times, in order to strike a balance between finding as much relevant material as possible, whilst not overwhelming authors with literature, nor incurring high financial costs in retrieving data. **Methods:** This was done by evaluating the sources searched, the search systems used to search those resources, the selection criteria used for different products, the level of quality control checking, and the search/appraisal planning process. **Results:** A number of changes have been successfully adopted. The members have streamlined search filters to reduce

erroneous hits, stopped unnecessary double-checking of appraisals, formalised our role in planning searches, rationalised appraisal criteria, and reduced the use of low yielding resources. However, we have also sought to maintain processes which we feel are integral to quality and provide valuable information. **Discussion:** A review of these changes over time shows how we have adapted to the changing demands of searching for products in a competitive market. As financial constraints bite, but the amount of medical literature continues to rise, the need to find a balance between what can be sustainably delivered against what might be ideal, has to be found. We hope that some of our experiences may be helpful to librarians juggling these demands in other settings too.

## CADTH peer review checklist: Enhancing the review and evaluation of the quality of search strategies

**Monika Mierzwinski-Urban, Melissa Severn, and Amanda Hodgson**

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**Introduction:** Peer review of electronic search strategies has always been a standard practice and an integral part of Information Specialists' (IS) search processes at the Canadian Agency for Drugs and Technologies in Health (CADTH). The purpose of this project was to evaluate and revise the PRESS quality assessment checklist tool [1] according to CADTH IS needs and incorporate it into the CADTH IS peer review processes. **Methods:** Sampson et al.'s [1] PRESS report systematic review searches were updated to identify any additional evidence and any other assessment

checklists that evaluate/validate the quality of electronic search strategies. A web-based survey was conducted among CADTH IS and an in-person meeting held to seek their feedback on the importance of the checklist elements indicated by Sampson et al.'s [1] report and to identify any other elements to the validity of electronic search strategies. **Results:** Based on the systematic review search update, survey, and CADTH IS feedback, the CADTH peer review checklist was created, and the final number of questions assessing possible errors in electronic search strategies was

increased from seven to ten. **Conclusion:** Implementing a validated checklist tool for peer reviewing electronic search strategies will improve the retrieval of relevant information. The aim of the CADTH peer review checklist is to standardize peer review processes at CADTH and to improve the quality of electronic search strategies. A standardized and validated checklist tool will make the peer review processes more transparent and rigorous, increasing the quality and completeness of CADTH IS search strategies.

## References

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## Use of validated search filters in systematic reviews of prognostic studies

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<sup>1</sup>John W. Scott Health Sciences Library, University of Alberta, Edmonton, AB, Canada;

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**Introduction:** Search filters are designed to increase efficiency of information retrieval and can be particularly useful in limiting the large numbers of articles retrieved for systematic reviews (SRs). Existing published prognosis search filters (or hedges) have lower sensitivity and precision values than their therapy counterparts. Taking into account the relatively poor performance of prognosis filters, this study seeks to identify which methods of limiting search results to prognostic studies are most often used by SR teams. **Methods:** One hundred and three SRs of prognostic studies published in 2009 and indexed in Medline were retrieved. Each article's search strategy was reviewed and prognosis-related search terms were extracted. Counts were made of the number of times particular words or strategies were employed. **Results:** Only 51 out

of 103 studies attempted to limit the search to prognosis studies. Six SRs out of 103 did not specify their search terms and the other 46 SRs used content terms only (no terms related to methodology or prognosis). Of the 51 strategies that attempted to limit to prognosis studies, only 6 (5.8%) used a published filter. Twenty-six SRs (25.2%) used only one-, two-, or three-term filters, which are highly unlikely to provide the sensitivity generally sought for SRs. **Discussion:** Published prognosis search filters are used in a small minority of SRs. However, in at least one quarter of the reviews examined, a published sensitive search filter would likely have improved the searches' sensitivities. The subsequent impact on precision and the outcomes of the systematic reviews require further study.

## Finding the black and white in the grey: Locating health care human resources in grey literature

Jessie Cunningham and Caitlyn Ford

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**Background:** The Canadian Agency for Drugs and Technologies in Health (CADTH) has a Rapid Response Service, which supplies available evidence for informed decision making to Canadian health care providers. Increasingly the Rapid Response service is receiving requests for information on topics related to health care human resources and health care provider occupational safety. In order to meet this need, CADTH Information Specialists sought to create an effective grey literature checklist that contained websites on human resource topics within the health care field. **Objective:** To

locate and identify websites (specifically nursing) that generate material on topics related to health care human resources and (or) occupational safety in order to create a grey literature resource base that has been evaluated for reliability, authoritativeness, and suitability for inclusion in Rapid Response reports. **Methods:** Two Information Specialists conducted a focused internet search for health care human resources using the CINAHL database, as well as web-based resources. In addition, specific listservs were used to solicit suggestions from other health information

professionals across North America. **Results:** The resulting resources were compiled and evaluated using predetermined criteria developed by CADTH Information Specialists. The preliminary results included sources from professional associations, academic health libraries, and other human resources sites. The content of each resource was evaluated

and then divided into appropriate topic areas. **Conclusions:** CADTH's Rapid Response service has expanded its grey literature searching practices to include sources or websites that specialize in providing relevant and authoritative information on topics in health care human resources and occupational health.

## Creating a collaborative partnership between the University of Calgary, AHS Calgary Zone, and the Calgary Public Library to support local health literacy initiatives

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**Introduction:** Health Literacy is a key indicator in determining whether consumers can properly manage their health. Unfortunately, 60% of Canadians do not have the requisite health literacy skills to participate in this management. Community collaborations can be utilized to identify, create, and support constructive programs to alleviate issues involving low literacy. **Description:** In Calgary, a collaborative partnership has been formed between Alberta Health Services Calgary Zone leaders, University of Calgary librarians within the Health Information Network, and Calgary Public Library librarians. This partnership exists with the purpose of identifying barriers to health literacy and brainstorming ways to address these barriers, increasing awareness across organizations to health literacy information, resources, and trends, and facilitating knowledge transfer

of these key issues to necessary parties within the community. **Outcomes:** This partnership has developed several initiatives to address health literacy awareness and barriers within the community. These include a joint symposium to discuss the specific health literacy issues in the Calgary Area among community stakeholders, increasing awareness and access to health information resources through a project to provide library vouchers within a hospital library, and an ongoing interorganizational committee to create innovative ideas to solve health literacy issues together. **Discussion:** Through this collaborative partnership, each organization has been able to identify their role in support of addressing local health literacy issues and create community leaders in these initiatives. Interest in these initiatives has steadily increased and spurred new endeavours.

## Health information literacy in the community: Using partnerships to target at risk groups

Dorothy McLachlan

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**Objective:** The poster will educate attendees about the importance of health literacy and demonstrate how the expertise of the Consumer Health Information Technician, AHS Libraries, and the literacy staff at Red Deer Public Library combined to reach at risk citizens of Red Deer. The poster is the culmination of a two year project with funding

from Community Initiatives Program and details what was learned and how to apply the results to enhance health information literacy in other facilities and communities. **Method:** Poster presentation. **Results:** Some of the results include enhanced health information collections through partnerships, targeted health information literacy

programming, increased use of health information collections, and improved communication and interactivity between health, library, and social service organizations

in the community. **Conclusions:** Conclusions about the success of the project are included on the poster and possible future initiatives identified.

## Evolving our services: Creating partnerships to provide information to practitioners and to families

**Connie Bolding<sup>1</sup> and Taryn Lenders<sup>2</sup>**

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**Introduction:** The Alberta Children's Hospital (ACH) has two unique information services. As part of Alberta Health Services (AHS), the Family and Community Resource Centre (FCRC) provides a multidisciplinary, supportive environment for families and connects them with service providers, education, and consumer health information. The ACH Knowledge Centre, part of the Health Information Network Calgary, a collaborative partnership between the University of Calgary Library and AHS, provides library and information support to staff in the hospital. In late 2010, the Child Health Information Specialist at the FCRC was approached by one of the clinics at the hospital to bring information resources to their unit for staff to use themselves and with their patients. The Knowledge Centre Librarian was invited to participate

by bringing professional development resources for staff. **Methods:** A review was conducted to survey the literature on past projects. Team members found that collaborative projects of a similar nature have not been carried out in a hospital setting. In early 2011, a pilot project will begin with the Information Specialist and the Librarian bringing articles, books, and other materials on topics of relevance to the clinic. **Discussion:** This project is in its early stages and our results are not yet complete. Outcomes on the effectiveness of the project will be measured after three months, and team members have already discussed expanding the project to other clinics within the hospital. We are evolving our services by partnering and transforming the way hospital staff view our offerings through active marketing and innovative programming.

## Evolving and transforming a current awareness service for outreach clients in Manitoba

**Orvie Dingwall, Carol Friesen, and Elizabeth Stregger**

*Neil John Maclean Health Sciences Library, University of Manitoba, Winnipeg, MB, Canada*

**Introduction:** MHIKNET (pronounced "my net") Library Services are provided by the University of Manitoba Health Sciences Libraries to Manitoba Health, participating Regional Health Authorities, and physicians in Manitoba. Since clients do not have electronic access to the libraries' collections, one of the primary functions of MHIKNET is to provide a current awareness service. **Objective:** The MHIKNET current awareness service was developed in response to the discontinuation of CISTI Source in 2009. To make this resource-intensive process of emailing table of contents and PubMed search alerts sustainable and effective, it was necessary to transform its procedures and delivery methods. **Methods:** Topic and journal searches are set up in PubMed

to alert individual clients to new literature. All searches are saved in MHIKNET's MyNCBI account and on a weekly basis the results are emailed to clients. **Results:** MHIKNET clients have been very receptive to the current awareness service and formal analysis and evaluation is forthcoming. The evolution of the service has expanded the subject search alerts, decreased the number of emails clients receive, and has allowed for more streamlined and individualized search results. **Discussion:** The current awareness service is effectively providing individualized literature updates to clients. The emails sent to clients also provide a weekly reminder of MHIKNET Library Services and an opportunity to highlight news and resources.

## Drilling down to outcomes: Evolving in the midst of change

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**Introduction:** The medical libraries from Trillium Health Centre (THC) and Credit Valley Hospital (CVH) recently partnered on a library-run survey. In addition to continuous examination of our products and services, particularly with respect to new and emerging technologies, we wanted to

- validate a premise that our libraries overtly support our organizations' strategic initiatives, thereby directly impacting outcomes
- invite users to indicate their perspective on the strengths of library products and services, their preferences and future needs
- give exposure to the range of resources and services and their potential impact on learning and skill building – significant to THC and CVH, as they settle into an

academic environment as the teaching hospitals for the new Medical Academy of Mississauga

- contribute to a needed pool of data in support of value and impact studies of library services

**Methods:** The survey, customized to each hospital, was designed to invite responses to questions presented in three sections: resource, knowledge, utility. It was available in print and online at both institutions and was open to all affiliated physicians, clinical staff, and employees. **Discussion:** The print survey data were entered independently in the online survey tools and the data were exported in MS Excel for analysis. Narrative analysis is forthcoming and will be presented. We expect that our findings from this, and future surveys against which we can benchmark, will more positively influence corporate thinking on the value of our respective libraries.

## Intégration d'une bibliothécaire au comité de transformation du programme des études médicales de premier cycle (Librarian's role in the committee for the revision of the undergraduate medical education curriculum)

Monique Clar

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**Introduction:** À l'automne 2010, la Bibliothèque de la santé a reçu une demande de soutien documentaire continu, sur une période de 8 mois, de la part du comité de transformation du programme des études médicales de premier cycle de la Faculté de médecine de l'Université de Montréal. **Description :** Une bibliothécaire d'expérience, ayant déjà collaboré avec le Centre de pédagogie appliquée aux sciences de la santé (CPASS) de la Faculté de médecine, participe depuis novembre aux réunions hebdomadaires du comité de transformation du programme. Elle effectue des recherches documentaires et une sélection de la documentation afin de soutenir ce comité ainsi que les tables de travail thématiques qui seront mises en place en janvier

2011. Elle a mis en place une banque de données collaborative pour assurer la gestion, le partage et la diffusion de la documentation. Elle conseille aussi le comité lorsqu'il lui semble approprié de faire appel aux services d'une informaticienne pour effectuer un travail de synthèse plus élaboré. La bibliothécaire tient un journal de bord afin de documenter ce projet (travail effectué, difficultés rencontrées, temps investi, nouvelles expertises développées, etc.) ; un rapport sera aussi produit par le comité de transformation afin d'évaluer l'apport de la bibliothécaire aux travaux du comité. **Résultats prévus :** Nous croyons que ce projet devrait contribuer à enrichir les partenariats existants entre la Bibliothèque de la santé et la Faculté de Médecine. La

connaissance approfondie des objectifs et besoins du nouveau programme permettra une meilleure adéquation au niveau du développement des collections, du programme

de formations documentaires déjà en place ainsi que de proposer en commun des ajustements dans l'offre des services voire la mise en œuvre de nouveaux.

## Sustaining our curriculum; evolving our role as librarians; transforming our collection: a collection inventory tale

**Maria Buda and Helen He**

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**Introduction:** The Dentistry Library is undergoing an inventory project to identify collection strengths and weaknesses. The data will be valuable to better sustain the Faculty of Dentistry curriculum; it will evolve our roles as subject experts by providing a deeper understanding of our holdings; and it will also transform our collection to better support the research needs of our users. **Methods:** A new shelf-list was created and checked by library staff for any inconsistencies. Errors in holdings are being corrected. Quantitative and qualitative analysis will be completed for some major dental subjects: anatomy, dental public health, endodontics, oral pathology, oral radiology, oral surgery, orthodontics, paediatric dentistry, periodontics, and prosthodontics. **Results:** Most record edits include marking items missing and correcting

various call number errors. After analysis, we will have a total number of unique titles by subject and date. The following will also be considered: collection issues (titles that were missed); cataloguing issues (subject headings not assigned, wrong call number); and publication issues (not many books published in the area). **Discussion:** The analysis will enhance the discoverability of our library catalogue by providing accurate item information. The data will also be an avenue for outreach activities, such as contacting faculty members in those fields where the collection is deemed weak and gathering suggestions to boost these areas. **Conclusion:** The project has been a great learning experience for the whole team at the Dentistry Library. We established steps for future collection inventories, which we plan to execute every 5 years.

## Traditional and Indigenous Healing Collection at the University of Alberta

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**Objectives:** To showcase the new Traditional and Indigenous Healing Collection at the University of Alberta John W. Scott Health Sciences Library and to describe its development and launch. **Methods:** During 2010, the J.W. Scott Health Sciences Library worked closely with the University of Alberta's Centre for Cross-Cultural Health and Healing (CCCHH) to develop a separate library collection on Traditional and Indigenous Healing, which was launched in October 2010. The Library and the CCCHH Board together defined the policies for the collection. Materials were selected

from the CCCHH in-house library collection and new materials were purchased through a donation from a CCCHH Board member. The Library established a new location code and decorated and furnished the space. To provide maximum exposure, the opening of the Collection was timed to coincide with a gathering of Indigenous healers from across Canada and the United States. **Results:** The collection and space provide a dedicated environment in which the faculty, students, and members of the community can undertake studies of world-wide healing methods.

# New roles, same skills: Exploring paths to health sciences research careers after library school

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**Background:** As health sciences research (HSR) activities expand in Canada, so do career opportunities for health librarians and information professionals. Because library and information studies (LIS) curricula do not typically address careers outside of a traditional library setting, it is often a series of chance events or individual interest that bring information professionals into HSR. **Objectives:** To explore the career paths of health information professionals working outside of traditional academic or hospital library settings. Our experiences will demonstrate potential career options for LIS graduates and question the applicability of LIS training within HSR. **Method:** Five questions grounded in Chaos Theory of Careers (CTC) [1] were developed to capture the career paths of information professionals working in HSR. A purposive sample of five information professionals with Master's level training in LIS, working in HSR in British Columbia, were selected to respond. Sectors represented by the respondents include academic and

evidence-based research, government, and independent consultancy. **Results:** By framing our stories within CTC, the individual case reports explore the applicability of LIS training for long-term employment in HSR and shed light on the evolution of careers in health information services after graduate-level LIS studies. **Discussion:** As our field transforms, new career options are becoming available to LIS graduates with an interest in health. By describing our own paths to HSR positions, we hope to support the expansion of health information careers and inform continuing education programming while sustaining LIS through our work in non-traditional library environments.

## References

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# What can we learn from CHLA conference programs?

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**Introduction:** Content analysis of LIS research articles is an effective way of creating a snapshot of a particular element of the profession at a particular time. Conference programs are potentially another source of data for researching the profession. However, they have not been used as such, despite capturing information not likely to be found elsewhere: CE offerings, non-published research, and non-research presentations. The purpose of this research is to identify what CHLA conference programs might tell us about health sciences librarianship in Canada in the last nine years, specifically looking at the question of how much research is being presented at the conferences. **Methods:** Quantitative

content analysis is used to identify how many contributed paper abstracts and poster abstracts can be classified as research. **Results:** One hundred and forty-four contributed papers were identified between 2001 and 2009. The number of papers varied through the years from a low of 9 to a high of 20. Forty-two were identified as research. **Discussion:** What kind of conclusions, if any, can be drawn from the results of this content analysis? Some of the challenges in this research included operationalizing the definition of research and how the findings might be of practical use. The author would like to thank Connie Winther for being a seconder in the data extraction process.