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Poster abstracts / Résumés d'affiches

POSTER ABSTRACTS / RÉSUMÉS D’AFFICHES

Assessment of a patient education resource

Melanie Anderson

Medical Library, Saskatoon City Hospital, Saskatoon, SK

Introduction: Assess a new patient education resource to be used by the Rehabilitation Centre located at Saskatoon City Hospital. **Description:** The Rehabilitation Centre (Rehab Centre) approached the Medical Library about providing assistance with patient education materials, and the Library agreed to create and manage an online patient education resource. The Rehab Centre provides inpatient and outpatient services in the Saskatoon Health Region (SHR) to clients over the age of 14 who have physical impairments. Current patient education in the Rehab Centre includes print material and verbal instruction from appropriate health professionals. **Outcomes:** The structure and contents of the resource are being guided by discussions with stakeholders in the Rehab Centre. Once complete the Rehab Centre and the Library will promote

the resource, and volunteers will introduce it to inpatients during one-on-one information-seeking appointments. In addition to tracking the usage data collected for the online resource, we will be able to use information collected by a user satisfaction survey that will be conducted before and after changes are made to the Rehab Centre’s patient education practices. Feedback will also be sought from the volunteers introducing the resource to the clients, as well as from the health professionals in the Rehab Centre. **Discussion:** This project is at the very early stages and there are no results to report. There is interest in other areas of SHR for assistance with patient education materials; as a result we will be able to apply the knowledge gained from this project in future efforts.

Health data access initiative in academia – training for the future introduction

Neera Bhatnagar

Health Sciences Library, McMaster University, Hamilton, ON; OCUL Health Data Collection Working Group

Introduction: Accessing and analyzing health data can lead to new discoveries including health care services usage patterns, identification of emerging health threats, management of disease outbreaks and overview of health status by neighbourhoods to name a few. These insights help policy makers, government, and health care service providers make informed decisions. Yet, access to good health data can be a major challenge to researchers and students at academic institutions. To address this issue, the Ontario Council of University Libraries (OCUL) is undertaking an initiative aiming to improve access to health data through its data services ODESI and the new Scholars GeoPortal (formally known as the Geospatial and Health Informatics Cyberinfrastructure Portal). **Description:** OCUL’s goal is to increase and improve access to anonymized microdata and aggregate data for students and researchers. **Outcomes:**

This poster will highlight the health data services resources supporting this goal including its use in an undergraduate class, a sample of the results from the health data needs assessment surveys, shared experiences of researchers, physicians, academics, librarians, legal experts, and data producers from the Health Data Summit and planned future initiatives. This poster will offer an opportunity for discussion about health data needs and a better understanding of the outcomes OCUL is seeking. **Discussion:** OCUL’s data services will improve access to health data and make it available to authenticated academic institutions in Ontario. Access to “real” data to examine questions and policy pertaining to determinants of health outcomes provides a powerful learning tool that inspires and educates future policy makers and researchers.

Library services and internal medicine: collaborative evaluation of evidence-based point-of-care medical applications for mobile devices

Robyn Butcher and Kathleen Gadd

Saint John Regional Hospital, Saint John, NB; University of New Brunswick, Saint John, NB

Introduction: We present the initial results of a three-way collaborative study between the University of New Brunswick, Saint John (UNBSJ) Library, Horizon Health Network Saint John Library Services, and the HHN Internal Medicine Teaching Unit in which librarians and resident physicians independently evaluated medical apps. A scoring rubric was developed to evaluate point of care medical apps. The rubric can be used by any health care professional to assess diagnosis and treatment apps that enter the market. **Methods:** Two librarians conducted literature reviews in the spring of 2011 to seek out validated tools for evaluating medical apps. None were found, thus published reviews of desktop point of care products were consulted. This literature along with professional experience was used to create the scoring rubric that grades apps out of a possible 100 points. The apps were assessed in the

following areas: content, transparency, and evidence. The rubric was distributed for peer-review and the final iteration was used independently by two librarians. **Results:** The apps that scored over 50 were chosen to move on to assessment on the floor by residents (ongoing). The apps were nearly equivalent in transparency. The highest variation was in content. Evidence showed the greatest polarization: apps either scored high or low. **Discussion:** The range of scores in our study demonstrates the difference in quality among apps. Nearly all of them market themselves as evidence-based however there are no standard criteria to define the term. Librarians should evaluate point of care medical apps based on the evidence for the health care professional community.

Integrating library resources, technology, and point-of-care

Bridget C. Conlogue and Joanne M. Muellenbach

Medical Library, The Commonwealth Medical College, Scranton, PA, U.S.A.; Medical Library, The Commonwealth Medical College, Scranton, PA, U.S.A.

Introduction: In December 2011, The Commonwealth Medical College Medical Library (TCMC) received a \$10,000 grant from National Network of Libraries of Medicine, Middle Atlantic Region (NNLM-MAR) to entirely fund a tablet computer project. The project goals were to increase usage of library resources; expand access to library resources for our volunteer clinical faculty; assess the usefulness of point-of-care resources via mobile devices in a primary care setting; and to enhance patient education. **Methods:** In January 2012, TCMC librarians purchased 10 Dell tablets for use by second-year medical students, to enable convenient access to clinical and health information via library resources. The project was announced to our students and nine were selected by lottery, with the tenth computer was used by the librarians, for monitoring purposes. In early February, the students

participated in an orientation session that included project goals; policies and procedures; project wiki review; and a pre-test, to obtain baseline data about how medical students access information for patient care, education, and research. Students used the tablets from February through April, which included their Community Week experience. Tablets were loaded with MS Office and a suite of medical applications. At the project's conclusion, a post-test was conducted to determine if tablets made it easier to access library resources. **Results:** Project data gathered will be provided and analyzed. **Discussion:** Results of the tablet project will inform the library regarding the use of our point-of-care resources, if tablets enhanced the students' access to library resources in support of patient care, education and research, and whether the college should migrate from laptop to tablet technology.

Medical device information: can we get there from here?

Rachel Couban

Cochrane Back Group, Institute for Work & Health, Toronto, ON

Purpose: The objectivity of published reports of clinical trials of medical devices in the field of spine surgery has been questioned[1]. In order to conduct an unbiased systematic review of lumbar disc arthroplasty, we sought more complete device information from government regulatory agencies. **Setting:** Cochrane Back Review Group **Method:** Systematic online search of the U.S. Food and Drug Administration (FDA) suite of device databases and the Medical Device Program (MDP) section of the Health Canada Health Products and Food Branch (HPFB). **Results:** The FDA's device classification tools include Product Codes, Regulation Numbers, and Review Panels. However, certain types of spine surgery devices are "unclassified," and cannot be found with these tools. Health Canada's Medical Devices Active License Listing (MDALL) online query is only searchable by device name. It is not possible to search for types of devices, although

further information may be supplied by Health Canada personnel upon request. **Discussion:** Information about medical devices available from the U.S. Food and Drug Administration and Health Canada is organized for regulatory purposes, such as helping device manufacturers comply with regulations or enabling hospital purchasing departments to verify invoices. When the trade name of a device is known, records can be retrieved, but it is difficult to systematically review the range of devices used for spinal surgery.

Reference

1. Carragee EJ, Hurwitz EL, Weiner BK. A critical review of recombinant human bone morphogenetic protein-2 trials in spinal surgery. *Spine Journal* 2011;11(6):471-91.

The PEN Collection: a single access point for consumer health information in a hospital setting

Francesca Frati and Joanna Bailey

Health Sciences Library, Jewish General Hospital, Montréal, PQ; ICU Patient and Family Support Program, Jewish General Hospital, Montréal, PQ

Introduction: Informed patients are better able to participate in healthcare decisions. Information needs are best met with a combination of available consumer health resources and materials developed in-house. Patients often do not know what is available and must look in several places to find it. Staff are not always aware of what has already been created in-house. **Description:** Our solution was to provide a single bilingual access point for accessing consumer health information in a variety of formats including in-house material. After an environmental scan did not reveal any affordable products that would meet our specific needs, we chose to collaborate with web developers

to create a database to our specifications in incremental phases completed as funds became available. **Outcomes:** Phase 1 was an online data entry interface building on a Canadian Health Network controlled vocabulary for keyword indexing. Phase 2 was a bilingual interface that allowed for keyword searching and refinement using limits. Results are sorted by format and IP recognition allows restricted access to in-progress materials. The resource was integrated into our website and launched in beta form in early 2012. Usage statistics generated using Google Analytics will be presented in the poster. **Discussion:** The PEN Collection has improved access to consumer health

information for patients and staff and raised awareness of hospital-wide projects through promotion and indexing of in-house materials. The current product is affordable and

can be easily integrated into an existing website and modified to suit the needs of other institutions looking to streamline access to consumer health information.

Finding evidence for provincial health department staff: analysis of a literature search service

Carol Friesen

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

Purpose: The Health System Innovation (HSI) branch was established by Manitoba Health in 2010 to accelerate health system change and innovation. To facilitate research by HSI staff, the Manitoba Health Outreach Librarian performs professional literature searches, with provision of articles through Manitoba's Health Information Knowledge Network (MHIKNET). The purpose of this project is to analyze the types of questions and articles that have been requested by HSI staff in order to understand trends and patterns in their needs for evidence-based information. **Setting:** The Manitoba Health Outreach Librarian is employed by the University of Manitoba Libraries and spends two days a week at the head office of Manitoba Health. **Method:** Literature search questions and types of

articles requested by HSI staff will be compiled according to main categories of topics and publication types, from early 2010 to the present. **Results:** Results describing the types of literature search questions and articles requested by HSI staff will be available at the CHLA-ABSC Conference in Hamilton in June 2012. **Discussion:** This analysis will summarize the types of evidence-based information that are requested by provincial health department staff dedicated to health system improvement and innovation in Manitoba and trends in its use. Next steps include an evaluation of the effectiveness of the literature search service for HSI and all provincial health department staff in Manitoba.

Web analytics: using segmenting, filters and dimensions to attain a better understanding of user behaviour

Susanna Galbraith

Health Sciences Library, McMaster University, Hamilton, ON

Introduction: The website of the Health Sciences Library at McMaster University is undergoing analysis to identify problems and areas of opportunities for improvement. Web analytics, combined with survey feedback and usability tests will be used to gain insight into user behaviour and to make iterative design changes. This poster will focus on the web analytics portion of our analysis. **Methods:** Data collected in the winter term of 2011 using Google Analytics was used for this analysis. Google Analytics generates reports on traffic sources, most visited content, and more. By segmenting and

filtering these reports we can gain a better understanding of user behaviour by different user types. **Results:** From our analysis much was learned about our users' behaviour. For example, most visitors access our website through referral sites, in particular the University Libraries website and the proxy login page. Our traffic from search engines is relatively low in comparison to the average website. Our analysis also show pages with external links have high bounce rates, as expected. However, when filtered by new visitors we found pages that do not have links to external resources yet have high bounce rates, which can be an

indication of a potential problem. Further investigation will be required. **Discussion:** Google Analytics has uncovered potential problems and identified areas of the web site that could be improved. The next phase of the

project will be to conduct further investigations with usability testing or user surveys. Alternatively, small changes causing minimal disruptions can be made to the site and then monitored through Google Analytics.

Toronto Addis Ababa Academic Collaboration: Library Science Program web design course, October 2011

Jeanna Hough, Alemayehu Bisrat, Carla Hagstrom, and Sandra Kendall

Health Science Library, Halton Healthcare Services, Oakville, ON; Central Medical Library, Addis Ababa University Libraries, Black Lion Specialized Teaching and Referral Hospital, College of Health Sciences, Addis Ababa University, Addis Ababa, ETHIOPIA; Gerstein Science Information Centre, University of Toronto, Toronto, ON; Mount Sinai Hospital, Toronto, ON

Purpose: A Toronto Addis Ababa Academic Collaboration: Library Science Program (TAAAC LSP) web design course was offered in Ethiopia to introduce the basics of HTML and CSS to enable librarians and information professionals to further develop their internal library websites. **Setting:** In-country training at Addis Ababa University, Ethiopia in October 2011 for librarians and information professionals. **Method:** A two-day classroom style course, created and taught by Jeanna Hough (with TAAAC colleague support), on basic HTML and CSS with practical exercises and individual website design. **Results:** 21 participants from the Central Medical Library, Pharmacy Library, the Aids Resource Centre as well as participants from the Law Library and technology libraries. **Discussion:** This course proved a great success but likewise posed challenges. Challenges included: the

inability of the instructor to undertake a needs-assessment beforehand, adhering to a two-day timeline despite the subject complexity, and ranging participant expertise. Programs such as Dreamweaver, Joomla, and Wordpress were decided against in favour of the foundations of basic HTML and CSS. Participants would then be able to apply this knowledge into any web design software. Three reference e-texts were donated by Sitepoint and loaded onto Ovid USBs for each student alongside all six training modules and files for a mock library website created prior to the October training. Students were able to edit these files and markup to create their own website. Overall the consensus of participant feedback showed the content to be very useful but a longer time frame would be considered ideal. A possible follow-up course is in discussion for 2012.

MacPLUS Federated Search— ACCESSSSSing¹ the best evidence: a centralized internet-based resource for healthcare professionals

Emma Iserman, Nicholas Hobson, Rick Parrish, Chris Cotoi, and R. Brian Haynes

H.I.R.U. (Health Information Research Unit), McMaster University, Hamilton, ON; H.I.R.U.; H.I.R.U.; H.I.R.U.; Departments Clinical Epidemiology & Biostatistics and Medicine, McMaster University, Hamilton, ON; H.I.R.U.

Introduction: Healthcare professionals need current best evidence to inform their practices and decision making.

The high number and variable quality and relevance of published biomedical research articles hamper access to

new evidence. We have created an internet-based, profession- and training-level customized information service (MacPLUS FS) to support McMaster affiliated healthcare professionals in making evidence-informed clinical decisions. **Methods & Results:** MacPLUS FS accesses locally licensed and open resources that are evidence-based and that are organized according to modern principles for assessing the quality and relevance of research evidence for clinical care. The service provides both retrieval of current best evidence to respond to clinical queries (“pull”), and user customized alerts to new evidence (“push”). MFS currently has 2000+ registered users, including medical students, residents, faculty, clinicians, nurses, nursing students, and rehabilitation professionals. When a user has a clinical question, MFS accesses locally licensed and open evidence-based resources and organizes them in an innovative output format according to their quality and

relevance of research evidence for clinical care. Users can also subscribe to receive alerts to new high quality research evidence customized to their areas of interest. **Discussion:** We are planning to transform MacPLUS FS into ACCESSSS[1], taking the existing platform and making it a marketable product for professional organizations, libraries, institutions, and individuals outside McMaster. ACCESSSS is customizable to include high-quality resources for which the purchaser holds licenses, and will provide usage feedback so that institutions can make data driven decisions about where to allocate library subscription dollars.

Reference

1. ACCESSSS: ACCess to Evidence-based Summaries, Synopses, Syntheses, and Studies

Challenges of collecting usage statistics for an electronic library

Maha Kumaran

SHIRP, Health Sciences Library, University of Saskatchewan, Saskatoon, SK

Purpose: The purpose of this poster is to show the challenges of collecting resource usage statistics for an electronic special library that is embedded within an academic library, and is part of at least two different consortia and deals with 14 different subscription vendors for over 35 different resource packages and three different e-book collections. With electronic subscriptions on the rise and not all vendors being COUNTER compliant, collecting statistics is a challenge, time consuming, quite often dependent on the vendor and not always accurate. **Setting:** SHIRP (Saskatchewan Health Information Resources Partnership) is an electronic library. It was established to fill a niche – to fulfill the needs of practitioners who may not otherwise have accesses to authoritative health resources for their evidence-based practice, CE needs or research purposes once they complete school or establish themselves as independent practitioners. It is available to employees from all 13 health regions, post-secondary institutions, the provincial government health department and independent practitioners who may come through IP authenticated computers or from home. SHIRP was developed in phases beginning in 2003 and currently has over 30,000 practitioners all over Saskatchewan as patrons. One of the action items of the Strategic Plan 2011–2014 was to collect usage statistics for

its resources and since day one this has been a challenge. **Method:** A literature review was conducted to determine the best practices in collecting and using resource usage statistics in an electronic environment. The author's experience combined with the literature review is presented in the poster. **Results:** After almost a year of talking to vendors and establishing contacts with them and consortia to get statistics, it is clear that there is no easy or uniform way to collect usage statistics. It is time consuming and requires a lot of patience since not all vendors are COUNTER compliant, there are different kinds of usage statistics and somehow they need to be compared. **Discussion:** Librarians are working with vendors to create standards in establishing what and how electronic resource usage statistics are collected. Since not all vendors are following standards, this is still a challenge for an individual librarian who begins collecting usage statistics for a small electronic library not just for the current year, but also for the past available few years since the library was established. Building good relationships with vendors and consortia staff that make statistics available, finding efficient ways to document and present statistics to be used for purposes such as garnering funds, assessing collections and needs for promotion of resources, comparing usage trends of resources over time are all points for discussion.

Working to reverse the global epidemic of addiction library closures: a tale of five librarians' adventures in advocacy

Sheila Lacroix

CAMH Library, Toronto, ON

Purpose: This presentation shares the challenges, accomplishments, and ongoing strategies of a team of five librarians (the Committee) advocating for special library services and collections in the Alcohol Tobacco and Other Drug (ATOD) field since 2004. The librarians, members of SALIS (Substance Abuse Librarians and Information Specialists), are from Great Britain (1), Canada (1) and the U.S. (3). **Setting:** Late 2003, members of SALIS learned that the National Institute on Alcohol Abuse and Alcoholism planned to defund its Alcohol Research database, ETOH. This was a valuable tool for alcohol research, being comprehensive, well indexed, and multi-disciplinary. This marked the beginning of a trend in library service cutbacks, closures, and the loss of collections and bibliographic access, and the beginning of the ongoing work of the advocacy Committee. SALIS is an international organization, with hubs in Canada, the U.S., Europe, and Australia, with a close relationship with Elisad (European Association of Libraries and

Information Services on Addictions). SALIS and Elisad maintain strong networks that include researchers and other ATOD experts. **Method:** The Committee's work involves: maintaining a log of affected ATOD information services; writing and disseminating position statements; presenting at meetings (librarian and other); and networking with research communities. A chronology of key events is provided. All is done in recognition that innovative, constructive change is necessary. **Results:** One recent accomplishment will be highlighted. An editorial by the Committee, *Collective amnesia: reversing the global epidemic of addiction library closures*, has been accepted for publication in the journal *Addiction*, offering opportunities to further disseminate the message. **Discussion:** Although the trend in cutbacks continues, the importance of ongoing advocacy work, and maintaining or possibly recreating roles for special librarians and information services, will be discussed.

One Health: what is it and where do I find information on it?

Mê-Linh Lê

Health Sciences Library, University of Saskatchewan, Saskatoon, SK

Introduction: In June 2010, *One Health: Solutions at the Animal-Human-Environment Interface* was identified as one of six signature areas of research by the University of Saskatchewan (U of S). The signature areas are all broad, multidisciplinary research topics that draw upon the expertise of numerous experts in different fields. The U of S Library is a partner for each signature area, and as one component of its partnership was tasked with creating a web portal for easy access to the literature and core resources by One Health researchers. **Description:** A literature search and review of online resources (guides, tutorials, ebooks, etc.) was conducted to identify key resources. The web portal was created using the LibGuides

program. **Outcomes:** To aid researchers at the U of S, a *One Health LibGuide* was created in Summer 2011. The first of its kind in Canada, this comprehensive guide contains background information on One Health as well as key resources in the field, including books, journal databases, online resources, tutorials, and more. Core reports and congresses are listed, as well as upcoming meetings and conferences. It is a "one-stop shop" for researchers at any stage of their projects. **Discussion:** One Health is an emerging topic within the Health Sciences, and difficulties locating information related to it are compounded by its multidisciplinary nature and its strong linkage with Public Health information, which is problematic to find at the

best of times. This poster will provide Health Sciences librarians with an introduction and starting off point when

assisting patrons interested in One Health. In addition, many of the resources included are available for free.

Information resources from your professional association

Gail Nichol

Gerstein Science Information Centre, University of Toronto, Toronto, ON

Purpose: Professional associations exist for the majority of healthcare disciplines and offer their members a variety of benefits. This project was designed to document the information resources available as benefits to members of these associations and to explore two main areas. Firstly, could this knowledge inform collection development decisions? Secondly, could the libguide be used in instruction sessions to point at resources that would be available after students graduated as well as resources extra-to-the-library while at school? **Setting:** The Gerstein Science Information Centre is the life and health sciences library at the University of Toronto. The librarians offer a comprehensive information literacy program to students in medicine, nursing, pharmacy, dentistry, and other health disciplines. **Method:** A libguide was created to outline the

information resources available to members of several health-related professional associations. To compile this information the associations' websites were searched and in some cases their offices were contacted by phone or email. **Results:** Various levels of access to information resources were found when comparing different health disciplines and their associations. **Discussion:** The project is ongoing and more discussion will be needed around collection development that can equalize access to resources for all parties at an institution as well as between professionals associated with an institution and others in private practice. We also see a need to ensure that our instruction will meet the student's need to move from our resources and platforms to ones that may be quite different from their professional association.

Using Google Custom Search Engine (GCSE) to search selected grey literature websites

Emmanuel Nkansah, Nina Frey, and Caitlyn Ford

Canadian Agency for Drugs and Technologies in Health (CADTH), Ottawa, ON

Purpose: To evaluate the reliability of GCSE as a tool to optimize searching of 73 websites routinely searched for grey literature in support of CADTH's Rapid Response service. **Setting:** Information Services department of the Canadian Agency for Drugs and Technologies in Health (CADTH). **Method:** Reliability involved a three-step process. First, since URLs are changeable entities, each URL had to be authenticated for accuracy. This phase was handled by a free Firefox browser add-on, Link Checker. Link Checker authenticated a list of URLs saved in html format. Second, any site requiring a password was excluded because it is impossible to provide passwords through GCSE. Third, the remaining URLs were collectively saved on GCSE as a test database. Using MS Internet Explorer,

each website in the GCSE test database was searched to retrieve a document. Keywords from the title of this known document were used as search terms in GCSE. If GCSE retrieved the document previously located, then it was deemed to be verified. If GCSE did not retrieve it, then the URL associated with the document was dropped. **Results:** 58 checklist websites (without password access) were tested in GCSE. 28 (48%) websites passed the verification test and were included in the Google Custom Search Engine. 30 (52%) failed the verification test and were excluded. One excluded website was not testable because its site was being re-designed. **Discussion:** Using GCSE with the 28 verified web sites significantly reduces time spent to search the collection of grey literature sources routinely searched for

the Rapid Response service. GCSE performs these searches without compromising the quality of retrieval, and without

cost. GCSE is a viable solution for efficient grey literature searching in all areas.

Demands put on a five-year-old

Doris Nussbaumer, Lindsay Ogilvie, Mary Beth Forget, and Tara Harvie

Bruyère Continuing Care, Ottawa, ON; St. Joseph's Health Centre, Guelph, ON; Baycrest Staff Library, Baycrest Hospital, Toronto, ON; Hamilton Health Sciences – St. Peter's site, Hamilton, ON

Introduction: The Seniors Health Research Transfer Network (SHRTN) Library Service in 2005 addressed the issue of Ontario healthcare professionals (HCPs) in long term- and community-care settings not having access to best practice information and relevant resources. Filling this gap required a variety of clients working within the seniors' healthcare sector and who transfer research into practice for the front line. This continues to offer both a rewarding and challenging opportunity. The rationale for the study is to review the literature relevant to the need of information provided to HCPs and their communities[1, 2]. The objective of this study is to showcase: (1) the virtual environment where information specialists (IS) support HCPs in the entire province of Ontario utilizing a broad-based network; (2) the IS unique partnership with host organizations where the evidence-based (EB) resources reside; (3) the five IS roles that support numerous practitioners; (4) the impact of providing EB information and support to Ontario's HCPs (both individuals and community networks). Our scope is to examine the advancement of annual growth in the evolving and innovative services, networks, and partnerships that serve

up to 5500 patrons. **Methods:** Both quantitative and qualitative approaches are utilized, using library statistics, patron surveys, and narrative comments. This feedback and perceptions will indicate that services provided are meeting needs for HCPs in Ontario. **Results & Discussion:** Analysis of our findings will be demonstrated through graphs, tables, and charts. An assessment of limitations and recommendation for future research will also be made.

References

1. Urquhart, Christine, Brice, Anne, Cooper, Janet, Spink, Siân & Thomas, Rhian (2010), Evaluating the Development of Virtual Communities of Practice that Support Evidence Based Practice. *Evidence Based Library & Information Practice*; 5(1), 48–63.
2. Smith, Ruth, Knight, David, & Joines, Dawn (2005) Improving the Health of Seniors: A Partnership between a Public Library and an Academic Health Sciences Library. *Virginia Libraries*; 51(4) 25–26.

Online Library for faculty development in the health professions

Rita Shaughnessy

Department of Family & Community Medicine, University of Toronto, Toronto, ON

Introduction: In response to recommendations of a university program review panel to improve faculty development programs for the health science faculty, the library is enhancing information services that support teaching and learning programs for faculty. The aim is to develop resources to meet faculty continuing education needs and make them readily accessible online. **Description:** Four information resources were created: (1) a Faculty Development and an Academic Leadership literature database;

(2) pre-constructed, expert searches of most-frequently-searched education topics, such as giving feedback, small-group teaching and clinical supervision. Each topic links to a live search in PubMed; (3) teaching and learning research guide including: e-books, major journal titles, most useful databases, key articles, multimedia repositories, video clips, and websites; (4) article alerting service: Newly published articles are e-mailed monthly, enabling faculty to keep up-to-date on the latest literature (Faculty can select from a

list of existing alerts, or request a new, customized search). **Outcomes:** Now our faculty and graduate students can quickly access the academic leadership and teaching-and-learning literature. RefShare versions provide the university community with access to the full text of the library's licensed e-journals. Faculty save time and receive quality information by using the "expert" searches and the research guide. The emailed articles conveniently keep

them up-to-date. **Discussion:** Ongoing funding has been provided for an information professional to systematically update and develop resources. Next steps include the addition of ERIC expert searches of common health education topics. The university's program directors have recognized the value of these services and actively promote their use.

Building a Canadian Virtual Health Library database

Natalie Clairoux and Vivian Stieda

Bibliothèque de la santé, Université de Montréal, Montréal, PQ; Health Knowledge Network, Health Sciences Centre, Calgary, AB

Introduction: With the abundance of freely available online information, the task of finding, filtering, and fitting relevant information to the appropriate audience, is daunting. In December 2010, the Canadian Virtual Health Library / Bibliothèque virtuelle canadienne de santé (CVHL) formed an expert committee to identify, evaluate, select, and organize resources relevant to health professionals. **Methods:** This poster will identify the key technical decisions of the expert committee including the content management system used to manage the data, the use of Dublin Core Elements and Medical Subject Headings to describe the resources, and the development and adaptation of taxonomies from MeSH classification to catalog

resources. The translation of MeSH terms to French using the CiSMef portal will also be discussed. **Results:** In May 2010, the committee launched the CVHL database of free web-based health resources. Content ranged from online articles and reports to videos, interactive databases and clinical practice tools, and included more than 1600 websites and resources. **Discussion:** The benefits and challenges of a virtual, pan-Canadian collaboration, and the critical inclusion of a Francophone member to address the bilingual nature of the database, will be presented. In keeping with the nature of the project, the poster will be presented in French and English.

Création de la Bibliothèque virtuelle canadienne de santé

Introduction: Avec l'abondance d'information gratuite disponible en ligne, la tâche de trouver, de trier et d'acheminer de l'information pertinente à l'auditoire approprié peut s'avérer laborieuse. En décembre 2010, la Bibliothèque virtuelle canadienne de santé / Canadian Virtual Health Library (BVCS) a formé un comité d'experts afin d'identifier, d'évaluer, de sélectionner et d'organiser des ressources d'intérêt pour les professionnels de la santé. **Méthodes:** Cette affiche identifiera les décisions techniques du comité d'experts, incluant le système de gestion de contenus retenu, l'utilisation des

éléments Dublin Core et des descripteurs Medical Subject Headings pour la description des ressources, et le développement et l'adaptation de taxonomies à partir de la classification MeSH. La traduction française des descripteurs MeSH à l'aide du portail CISMef sera également abordée. **Résultats:** Au mois de mai 2011, le comité a lancé la base de données BVCS de ressources en ligne gratuites sur la santé, regroupant plus de 1600 sites web et ressources. Une variété de types de contenus sont représentés, incluant des articles et rapports, des bases de données interactives et des outils de pratique clinique.

Discussion: Les bénéfices et défis d'une collaboration pancanadienne virtuelle seront présentés, ainsi que l'inclusion cruciale d'un membre francophone pour

composer avec la nature bilingue de la base de données. En lien avec cet aspect du projet, l'affiche sera présentée en français et en anglais.

A pedagogical description of the Health Literacy Education Intervention (HLEI) for first-year family medicine residents: faculty–librarian collaboration

Andrea Szwajcer, Kerry Macdonald, and Brent Kvern

Carolyn Sifton-Helene Fuld Library, SBHRC, Winnipeg, MB; Seven Oaks General Hospital Library, Winnipeg, MB; Academic Family Physician, Winnipeg, MB

Introduction: Low health literacy has been consistently associated with many poor health outcomes. There is an increasing awareness that health professionals and health systems play an equally important role as the patient in achieving greater health literacy. The Health Literacy Education Intervention (HLEI) was created in recognition of the impact health literacy has in primary care practice.

Description: Impetus for the creation of the education series began in the spring of 2009 with three core goals: (1) how health professionals' incorporation of health literacy principles into practice can positively impact health outcomes; (2) identifying and incorporating effective health literacy communication strategies with patients; (3) how the use of different technologies could be used to managed and share both in-house created resources and Internet

patient education resources to deliver effective education during a patient visit. Selections from the AHRQ's Universal Precautions Health Literacy Toolkit was used as a foundation for the pedagogical objectives of HLEI; however, the content was augmented to address the emerging issue of "Dr. Google" and show how Web 2.0 can enhance and build a virtual and real-time interprofessional collaboration for patient education. While three 1 hour sessions were initially developed, presently HLEI is given in two sessions over a 3 hour time period. **Outcomes:** A pre/post-test survey is ongoing to determine HLEI's impact. **Discussion:** HLEI has been integrated into the PGY1 University of Manitoba Family Medicine curriculum for both urban stream sites and the Northern Connections stream.

Designing and implementing a meaningful metrics tool for professional services statistics

Karla Van Kessel, Jill McTavish, and Gabriel Boldt

Health Sciences Library, London Health Sciences Centre (LHSC), London, ON; University Hospital, London, ON; London Regional Cancer Program (LRCP), London, ON

Purpose: The purpose of this project was to amalgamate several methods and formats for tracking professional services statistics into one single repository of information for Clinical Librarian use. **Setting:** The project was motivated by several forces: senior leadership's need for monthly and quarterly metrics; the library manager's need for calculating metrics on demand; and the Clinical Librarian team's need for simplicity in data entry; as well as the need for a client relations management tool to enhance services such as information pushing, literature

search tracking, and instructional courses. **Method:** The project team consulted library colleagues externally, as well as the internal hospital IT department. It was determined that rather than building a database, an excel spreadsheet would meet the needs of all stakeholders. Once the beta version of the spreadsheet was completed, Clinical Librarians were invited to work in the new environment. Suggestions and feedback were encouraged and received for several months, helping improve the functionality of the spreadsheet. **Results:** The spreadsheet has simplified

many processes that were previously separate and time consuming, saving Clinical Librarians the effort of entering information in more than one place. It also provides leadership with an engaging way to track and view statistics through Excel pivot tables and scatterplots.

Discussion: All stakeholders are pleased with the creation

of this new professional services statistics spreadsheet. Inventive statistical management tools, such as this database, have provided Clinical Librarians with the opportunity to save time when entering and accessing statistical information, as well as a tool to track client requests for literature searching and instruction.