COLUMN / CHRONIQUE

Current research

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Campbell R, Ash J. An evaluation of five bedside information products using a user-centered, task-oriented approach. *J Med Libr Assoc*. 2006 Oct;94(4):435–41, e206-7. Available at http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1629448&blobtype=pdf. PMID: 17082836.

Purpose: The paper compares several bedside information tools using user-centered, task-oriented measures to assist those making or supporting purchasing decisions. **Methods:** Eighteen potential users were asked to attempt to answer clinical questions using five commercial products (ACP's PIER, DISEASEDEX, FIRSTConsult, InfoRetriever, and UpToDate). Users evaluated each tool for ease-of-use and user satisfaction. The average number of questions answered and user satisfaction were measured for each product. **Results:** Results show no significant differences in user perceptions of content quality. However, user interaction measures (such as screen layout) show a significant preference for the UpToDate product. In addition, users found answers to significantly more questions using UpToDate. **Conclusion:** When evaluating electronic products designed for use at the point of care, the user interaction aspects of a product become as important as more traditional content-based measures of quality. Actual or potential users of such products are appropriately equipped to identify which products rate the highest on these measures.

Booth A. "Brimful of STARLITE": toward standards for reporting literature searches. *J Med Libr Assoc*. 2006 Oct;94(4): 421–9, e205. Available at http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1629442&blobtype=pdf. PMID: 17082834.

Context: Systematic reviews of qualitative research studies extend understanding of health care beyond effectiveness to acceptability and user views. **Objective:** The paper surveys reports of qualitative systematic reviews and, by characterizing techniques used to identify articles for inclusion, proposes standards for reporting of literature searches. **Data sources and study selection:** A search of MEDLINE was performed for qualitative systematic reviews published from 1988 to December 2004, supported by searches of CINAHL, Web of Knowledge (including the Science and Social Sciences Citation Index), and the Cochrane Methodology Register, and Internet searches using the Copernic Agent Professional meta-search agent. Studies were included if they used techniques of qualitative synthesis in reviewing research studies in health care. Narrative reviews were excluded. **Data extraction:** Authors, year of publication, sampling strategy, databases, keywords, and other approaches used were extracted. **Data synthesis:** Sixty-four studies were identified, and 43 met inclusion criteria for this review. A summary of searching methods was produced and used to construct the STARLITE mnemonic (sampling strategy, type of study, approaches, range of years, limits, inclusion and exclusions, terms used, electronic sources). **Conclusions:** Considerable variation exists in search methods for qualitative systematic reviews. While diversity in methods is appropriate during the development of review methodology, major concerns remain about the absence of an accepted standard and the consequent poor quality of reporting.

Zhang L, Sampson M, McGowan J. Reporting of the role of the expert searcher in Cochrane reviews. *Evidence Based Library and Information Practice*. 2006;1(4). Avaiable at http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/57/157.

Introduction: This study applied the principles of evidence based information practice to clarify the role of information specialists and librarians in the preparation of Cochrane systematic reviews and to determine whether information specialists impact the quality of searching in Cochrane systematic reviews. **Objectives:** This research project sought to determine how the contribution of the person responsible for searching in the preparation of Cochrane systematic reviews was reported; whether the contribution was recognized through authorship or acknowledgement; the qualifications of the searcher; and the association between the type of contributorship and characteristics of the search strategy, assessability, and the presence of certain types of errors. **Methods:** *Data sources* – The Cochrane Database of Systematic Reviews, The Cochrane Library 3 (2002). *Inclusion criteria* – The study included systematic reviews that met the following criteria: one or more sections of the Cochrane Highly Sensitive Search Strategy were utilised, primary studies were either randomised controlled trials (RCTs) or quasi-RCTs, and included and excluded studies were clearly identified. *Data extraction* – Two librarians assessed the searches for errors, establishing consensus on discordant ratings. **Results:** Of the 169 reviews screened for this project, 105 met all eligibility criteria. Authors fulfilled the searching role in 41.9% of reviews studied, acknowledged persons or groups in 13.3%, a combination in 9.5%, and the role was not reported in 35.2% of reviews. For the 78 reviews in which meta-analyses were performed, the positions of those responsible for statistical decisions were ex-

amined for comparative purposes. The statistical role was performed by an author in 47.4% of cases and unreported in the same number of cases. Insufficient analyzable data was obtained regarding professional qualifications (3/105 for searching, 2/78 for statistical decisions). Search quality was assessed for 66 searches across 74 reviews. In general, it was more possible to assess the search quality when the searcher role was reported. An association was found between the reporting of searcher role and the presence of a consequential error. There was no association between the number of consequential errors and how the contribution of the searcher was reported. **Conclusions:** Qualifications of the persons responsible for searching and statistical decision-making were poorly reported in Cochrane reviews, but more complete role reporting is associated with greater assessability of searches and fewer substantive errors in search strategies.

Wood MA, Thompson C, Alpi KM. Extending electronic resource licenses to a newly established overseas medical school branch. *Journal of Electronic Resources in Medical Libraries*. 2007;4(1/2):e-pub. doi:10.1300/.

Weill Cornell Medical College in Qatar (WCMC-Q) was established in 2001. This case study describes the establishment and maintenance of access to licensed electronic resources from the libraries of Weill Cornell Medical College in New York City (WCMC-NY) and its parent institution, Cornell University in Ithaca, New York to the new and primarily digital WCMC-Q Distributed eLibrary (DeLib) in Doha, Qatar. Challenges in extending access included defining relationships in a way that vendors could understand, creating networks and support mechanisms on both sides, and communicating across logistical and cultural differences. Through collaboration and coordination, these separately funded libraries acquire and maintain access to electronic resources at a shared cost.

Cuddy C, Wrynn P. Licensing content for PDAs. *Journal of Electronic Resources in Medical Libraries*. 2007;4(1/2):e-pub. doi:10.1300/.

Health sciences libraries have grown comfortable with licensing Web-based electronic resources such as e-journals and texts in recent years. Libraries attempting to license PDA resources will find some similarities, but many new pitfalls await them. Major issues include difficulties in evaluating products, multiple versions of products, vendors' lack of familiarity with institutional markets, and access and pricing models. The library collection development policy statement (CDPS) is seen as one way for a library to develop an approach to offering PDA products, but for the present, libraries may be restricted by the actual cost to provide the content.

McGeady D, Kujala J, Ilvonen K. The impact of patient–physician Web messaging on healthcare service provision. *Int J Med Inform*. 2006 Dec 21; [E-pub ahead of print]. PMID: 17188564.

Background: Information technology can support the delivery of healthcare. Patients are eager to make use of such tools as Web messaging, yet its deployment has been limited to date. A fear still pervades that the cost associated with a possible increase to physician workloads may outweigh any suggested benefits. **Goal:** This paper aims to review the body of research completed in the area of patient–physician Web messaging. The findings of this review will then be assessed and synthesised, with the intention of creating an overview of both the benefits and costs of patient–physician online messaging. Areas of particular importance to future research may then be identified. **Results:** Demand and support for online communication tools amongst patients is strong and can increase quality of care due to increased patient–physician communication. Although there would seem to be great potential to increase process efficiency, there would not seem to be sufficient evidence as of yet to suggest that this is the case. **Conclusion:** Further quantitative research in particular is required to assess the impact of online communication, with special regard to the effect on overall patient demand and on healthcare process efficiency.

Sheffield C. e-Learning Object Portals: a new resource that offers new opportunities for librarians. *Med Ref Serv Q*. 2006 Winter;25(4):65–74. PMID: 17135153.

e-Learning Object Portals are emerging as a new form of electronic information. Four portals most effective in providing health care information are identified: the Medical Library Association's Center of Research and Education (CORE), the Health Education Assets Library (HEAL), the American Academy of Medical Colleges' MedEDPortal, and the Multimedia Education Resource for Learning and Online Teaching (MERLOT). Various user groups such as librarians, educators, and students are discussed, as well as their reasons for using e-learning object portals. New roles for librarians in promoting and developing these portals are also reviewed.

Bury R, Martin L, Roberts S. Achieving change through mutual development: supported online learning and the evolving roles of health and information professionals. *Health Info Libr J*. 2006 Dec;23(Suppl 1):22–31. PMID: 17206993.

Introduction: Major changes in health care, within an information- and technology-rich age, are impacting significantly on health professionals and upon their education and training. Health information professionals, in both the National Health Service (NHS) and higher education (HE) contexts, are consequently developing their roles, skills, and partnerships to meet the needs of flexible education and training. This article explores one facet of this — supported online learning and its impact on role development. **Methodology:** A case study approach was taken, aiming to explore how academics, health information professionals, and learning technologists are developing supported online learning to explicitly address the e-literacy and information needs of health students within the context of NHS frameworks for education. This was contextualized by a literature review. **Results:** The case study explores and discusses three dynamics: (*i*) the use of supported online learning tools by future health-care professionals throughout their professional training to ensure they have the appropriate e-literacy skills; (*ii*) the use of supported online learning by current health professionals to enable them to adapt to the changing environment; (*iii*) the development of the health information profes-

sional, and particularly their role within multi-disciplinary teams working with learning technologists and health professionals, to enable them to design and deliver supported online learning. **Conclusions:** The authors argue that, in this specific case study, health information professionals are key to the development of supported online learning. They are working successfully in collaboration and their roles are evolving to encompass learning and teaching activities in a wider context. There are consequently several lessons to be drawn in relation to professional education and role development.