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**Canadian Health Libraries  
Association  
2007 Conference**

28 May – 1 June 2007  
Ottawa, Ontario, Canada

**Association des bibliothèques  
de la santé du Canada  
Congrès 2007**

28 may au 1 juin 2007  
Ottawa (Ontario), Canada

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## ABSTRACTS / RÉSUMÉS

### From Library in a Box to Library without Borders

Susan Massarella

CATIE (Canadian AIDS Treatment Information Exchange), Toronto, ON, Canada

**Outline:** A look at a project to bring HIV treatment information collections to small AIDS service organizations (ASOs) across the country, coordinated by the librarian at the National Reference Library for HIV Treatment. **Objectives:** In March 2006 CATIE received funding for the Library in a Box project. The project consisted of purchasing 10 stand alone treatment collections and distributing them to 10 ASOs already dealing with HIV treatment information, across the country. **Methods:** Surveys about use and satisfaction with the materials were distributed to the recipients of Library in a Box collections. To ASOs who did not respond to the initial survey about receiving a Library in a Box collection, surveys were distributed asking what kept them from participating in the initial program. Both groups were asked what follow-up and support to the Library in a Box

program they wanted from CATIE. **Results:** The survey results showed that both recipients of the original collections and the ASOs who did not receive a Library in a Box collection were both interested in receiving ongoing information about treatment information resources, especially about information that was free, full text, and online. Both groups were also interested in e-learning opportunities related to enhancing research skills for finding HIV treatment information. **Conclusions:** The Library in a Box project was a good initial step for helping organizations build a collection of reliable treatment information resources. The Library without Borders project, which will focus on highlighting free electronic resources and assist organizational staff in developing critical search skills, is the next logical step.

### Harnessing history: highlighting CHLA / ABSC capacity building through the Northern Alberta Health Libraries Association (NAHLA), 1985–2007

Marlene Dorgan,<sup>1</sup> Liza Chan,<sup>1</sup> Connie Clifford,<sup>2</sup> Trish Chatterley,<sup>1</sup> Orvie Dingwall,<sup>3</sup> and Janice Varney<sup>4</sup>

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

<sup>2</sup>Caritas Health Group, Edmonton, AB, Canada; <sup>3</sup>Canadian Patient Safety Institute, Edmonton, AB, <sup>4</sup>Canada; Institute of Health Economics, Edmonton, AB, Canada

**Background:** The Northern Alberta Health Libraries Association (NAHLA) has been in existence for 22 years as a very active chapter of the Canadian Health Libraries Association / Association des bibliothèques de la santé du Canada (CHLA / ABSC). This is the first attempt to create a narrative history of NAHLA. A grant was obtained from the CHLA / ABSC Chapter Initiatives Fund to support this project. **Objective:** The purpose of the NAHLA History project is to

capture, collect, and document the history and activities of NAHLA, record and share the process with other chapters, and systematically organize NAHLA documents for delivery to the Provincial Archives of Alberta, where they will be available for research and study. **Methods:** A NAHLA History Working Group collected, reviewed, and organized existing documentation and gleaned additional information from issues of the *Journal of the Canadian Health Libraries*

*Association* (JCHLA) (known as the *Bibliotheca Medica Canadiana* (BMC) prior to 2004). Individuals who played a key role in the establishment of the chapter and others who made significant contributions were interviewed. Focus groups were held to acquire anecdotal information relevant to the historical record. **Results:** Final products include a qualitative narrative history of NAHLA, publication to JCHLA, a fact sheet on the process of reporting chapter histories, and submission of NAHLA records to the Provincial

Archives of Alberta for preservation. **Conclusion:** This project contributes to the body of knowledge about health librarianship in Canada. It engenders a sense of pride in our profession, acknowledges our accomplishments, and encourages professional development. It demonstrates capacity building among members, facilitates knowledge transfer by serving as a model for promoting similar initiatives in other CHLA chapters, and benefits future research.

## Should systematic reviewers search for randomized controlled trials published as letters?

A.E. Iansavichene,<sup>1,2,3</sup> M.J. Sampson<sup>1,4</sup>, J. McGowan<sup>4,5</sup>, and I. Ajiferuke<sup>2</sup>

<sup>1</sup>Chalmers Research Group, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON, Canada; <sup>2</sup>FIMS, University of Western Ontario, London, ON; <sup>3</sup>London Health Sciences Centre, London, ON; <sup>4</sup>Department of Information Studies, University of Wales, Aberystwyth, UK; <sup>5</sup>Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada

**Objective:** A systematic review search strategy often excludes certain publication types, such as letters and editorials. Doing this was thought to improve the search precision, thereby reducing reviewer burden by eliminating irrelevant citations. Our objective was to determine if randomized controlled trials (RCTs) would be missed by excluding letters from the search. **Study design and setting:** The MEDLINE database was searched for citations with publication type Randomized Controlled Trial (RCT.pt) and the publication type Letter, but not the publication type Comment. A random sample of 200 citations matching the criteria was selected and evaluated to confirm their study design. **Results:** RCTs were found to be published as letters, and prior to 1998, they appeared disproportionately in journals in MEDLINE's Core Clinical Journal set (formerly Abridged

Index Medicus). **Discussion:** A report by Deeks and Altman, issued in 1998, found RCTs published as letters to be incompletely reported and recommended against their publication (J.J. Deeks and D.G. Altman. *Lancet*. 1998 Dec 12;352(9144):1908). While some high impact journals seem to have changed their editorial practices, RCTs are published as letters to this day. The partial uptake of this report is an example of incomplete knowledge translation. Many systematic reviewers may assume that this practice stopped and inadvertently miss potentially eligible reports by excluding letters from the search. **Conclusions:** Searchers seeking complete identification of RCTs should not exclude all letters, but rather use the form not (letter.pt. not randomized controlled trial).pt. to retrieve RCTs published as letters.

## Providing library services to contribute to capacity building and knowledge translation in the Canadian north

Ada Ducas,<sup>1</sup> Janice Linton,<sup>1</sup> Lori Friesen,<sup>1</sup> and Kue Young<sup>2</sup>

<sup>1</sup>Neil John Maclean Health Sciences Library, University of Manitoba, Winnipeg, MB, Canada; <sup>2</sup>Department of Public Health Sciences, Faculty of Medicine, University of Toronto, Toronto, ON, Canada

**Program objective:** Bringing academic health sciences library services to community-based partners in Canada's northern territories of Nunavut, Northwest Territories, and the Yukon. **Setting:** The Neil John Maclean Health Sciences Library (NJMHS), located in Winnipeg, Manitoba, has been providing outreach services to health care providers in the Kivalliq region of Nunavut since 1999. This model has been so successful that the NJMHS was invited to join the Canadian Institutes of Health Research (CIHR) Team in Circumpolar Chronic Disease Prevention by team leader Kue Young. Several team research projects will be undertaken between 2006 and 2011. **Participants:** CIHR team members include Canadian academics, international partners, and community-based researchers. **Program:** Key elements of the CIHR teams' projects rely on developing community partnerships. The NJM Library provides services to enhance the skills of community-based researchers, giving more equitable access to the professional literature similar to that

enjoyed by most Canadian academic researchers who access research libraries and scholarly publishing via initiatives such as the Canadian Research Knowledge Network (CRKN). Librarians provide consultation for knowledge translation, scholarly communication, open access, evidence-based practice, and the proposed Northern Cochrane Network. **Conclusion:** The NJM Library provides traditional outreach services to community partners including mediated literature searches, document delivery, and training in using open access databases like PubMed. Providing library services at no cost to the end user is important for partnership building, creating more equitable relationships between academic researchers and community partners. Partnerships between academics and community-based researchers are found in most Canadian universities. Academic libraries have a role to play in supporting the information needs of all researchers involved in such exciting partnerships.

## Librarians outside the library

J. McGowan, D. Salzwedel, N. Santesso, and H. LaBerge

*Institute of Population Health, University of Ottawa, Ottawa, ON, Canada*

**Objectives:** This abstract will discuss the diverse roles of librarians who work at the Institute of Population Health (IPH) in a research environment. **Setting:** IPH is a consortium of 10 faculties of the University of Ottawa. **Participants:** There are five librarians working at IPH in various professional roles. **Program:** Librarians work in several programs at IPH and the University of Ottawa, including the Centre for Global Health, the Centre for Best Practices, the Cochrane Effective Practice and Organisation of Care Group, the Cochrane Musculoskeletal Group, the Cochrane Equity Group, the Cochrane Consumer Network, the Community Information Epidemiological Technologies, the Faculty of Medicine, and the Faculty of Family Medicine.

**Results:** The unique environment allows for librarians to work independently on specific projects to provide librarian support. The range of activities that the librarians participate in allows them to use many different skills including Web design, expert searching, critical appraisal, database development, coding and abstracting, knowledge translation tool development, knowledge brokering, project management, facilitation, and multidisciplinary collaboration. **Conclusions:** Working outside a library has many benefits for librarians, permitting them to work more closely with researchers, clinicians, and consumers to provide evidence-based, knowledge-driven services.

## Shared experiences and the strength of the community

**Barbara Gray, Trish Green, Gayle Jessop, Jackie Stapleton, and Carol Stephenson**

*Brant Community Healthcare System Health Sciences Library, Brantford, ON, Canada; Kitchener Public Library, Health Link, Kitchener, ON, Canada; Region of Waterloo Public Health Resource Centre, Waterloo, ON, Canada; University of Waterloo Library, Waterloo, ON, Canada; Wilfrid Laurier University Library, Waterloo, ON, Canada*

**Objective:** The Wellington Waterloo Dufferin Health Library Network (WWDHLN) represents a diverse group of public health, hospital, academic, and public libraries that collaborate to provide quality knowledge information services to member organizations. For over 25 years the libraries of the WWDHLN have joined forces to provide timely, relevant, and accurate information to a wide array of clientele, ranging from university and college students to researchers, health professionals, and the general public. The poster will illustrate how the community of practice within the WWDHLN has strengthened the ability of information professionals to stay informed and current with issues in libraries services and resources and responsive to the needs of our users. **Method:** The poster will review and highlight the steps taken by the WWDHLN over the years to expand its role by encompassing a broader range of activities that have direct impact on the quality of health library services provided within our community. Through an examination of the various activities in

which members are engaged, we will illustrate how our community has developed its practice; examples will be provided of the diversity of interconnected activities that afford many ways for people to participate, benefit, and build a shared practice. **Results and discussion:** As a network, the WWDHLN affords a forum for building professional expertise. The network participates in an ever-increasing array of activities, encompassing continuing education programs for librarians and users, informal networking, coordinated user services, consortia purchasing, procurement of external funding, and participation in research opportunities, resource sharing, and development of best practices. While communities of practice offer a collaborative structure that has proven to be extremely effective in the creation and transfer of knowledge, there will also be discussion of the challenges we have encountered in fostering a professional community, including overcoming the challenge of being a “distributed community” across a broad geographic region.

## Advocating for high quality consumer health information

**Kimberley Meighan, Michelle Arbuckle, Mary Anne Howse, Christine Marton, and Marietta Forester**

*Consumer Health Information Providers Interest Group (CHIPIG)*

**Discussion:** The Canadian public is becoming increasingly more sophisticated in the use of technology as related to the management of their health. A recent survey conducted by Statistics Canada demonstrates the increasing rate in which the Internet is being consulted for health information. With the reduction of physician appointment times and the increased use of early discharge policies in hospitals, the need for patients and their families to be informed is now greater than ever. In this time of information overload, ensuring patients receive accurate, appropriate, and timely health information remains a challenge. This poster focuses on the various roles of the consumer health information provider. Highlighted are the benefits of (i) public access to

consumer health information, (ii) multilingual resources, (iii) learning materials in a variety of formats, (iv) community-based resources and information, and (v) highly trained consumer health information professionals. Examples of high quality consumer health Web sites are provided incorporating some of our recent work on identifying the top 10 Canadian Web sites recommended by the Consumer Health Information Providers Group (CHIPIG). Strong evidence demonstrates the value of consumer health libraries staffed by qualified health information professionals. CHIPIG continues to advocate for consumers by providing them with opportunities to access research-based health information.

## The Ullevaal Model for Evidence Based Practice in Nursing: the library's role

Hilde Stromme, Inger Schou, Karen Bjoro, and Hege Underdal  
*Ullevaal University Hospital, Oslo, Norway*

**Program objective:** The aim of The Ullevaal Model for Evidence Based Practice in Nursing is to develop evidence-based nursing protocols. Fundamental components of the model are (1) small groups of clinical nurses, (2) a masters or doctorally prepared group facilitator, and (3) a systematic work process based on *Evidence-based medicine: how to practice and teach EBM* (D.L. Sackett, S.E. Straus, W. Scott Richardson, W. Rosenberg, and R. Bryan Haynes. Edinburgh: Churchill Livingstone; 2000). All literature searches are facilitated by a librarian. The librarian's participation ensures retrieval of research literature that is relevant to the clinical question and that searches are documented correctly. **Setting:** A large Norwegian university hospital. **Participants:** Nurses in clinical practice who volunteer to work in groups

developing evidence-based nursing protocols. **Program:** An experienced librarian facilitates all literature searches done within the project. One of the nurses does the searching, but the whole group is involved in finding search terms and evaluating whether or not the hits produced are relevant. All relevant databases are searched, and the searches are documented. **Results:** Nurses involved in the project report that the involvement of the librarians greatly increases the quality of the literature searches, thus ensuring that protocols are based on the best available evidence. **Conclusion:** This project is time consuming for everybody involved, but we believe that the development of hospital-wide evidence-based nursing protocols and the learning effects of the project are worth the effort.

## Rural residents' needs for health information: where do libraries fit?

Jana Fear  
*Faculty of Information and Media Studies, The University of Western Ontario,  
London, ON, Canada*

**Question:** How do public libraries figure in the health informing experiences of rural residents in Canada? **Setting and participants:** We will report findings from four studies focusing on rural residents' search for and use of health information. The studies include interviews with 40 women and a random telephone survey of 253 residents from a medically underserved rural county in southwestern Ontario; in-depth interviews with more than 100 people living with HIV/AIDS (PHAS), their friends, and family members, and health care providers from rural areas of British Columbia, Newfoundland, and Ontario; and an analysis of Internet use records from public access terminals in a public library system in rural Ontario. **Results:** Findings reveal that rural residents are active, self-reliant health information seekers and that women assume considerable responsibility for family health-informing. The Internet plays an important role in residents' search for health information and support. Public libraries are recognized by some as a useful local resource,

but respondents had concerns about currency of health-related materials and lack of privacy. Analyses of Internet use records revealed very little activity related to health information. Less than 1% of the sites visited in the sampled Web logs were related to health. **Conclusion:** Many rural residents who took part in our studies are active health information seekers, often looking to and relying on support from a considerable range of sources. In many of the rural communities in our studies, public libraries comprise some of the last remaining local public service infrastructure, as medical services are centralized and schools are closed. Although our findings suggest that there is general good will toward public libraries, they are a relatively underused and under-exploited resource with respect to health information. To increase the capacity of public libraries to respond to the health information needs of rural citizens, we discuss potential partnerships with community leaders and public health organizations.

## Finding information in the substance use and addictions field

**Debbie Ayotte**

*Canadian Centre on Substance Abuse, Ottawa, ON, Canada*

**Objective:** To promote an exchange of information between health librarians and librarians who work in the addiction field through the sharing of information sources for substance use and addiction-related information. **Methods:** The Information and Reference Services Division at the Canadian Centre on Substance Abuse (CCSA) manages several products and services, including the library collection, a reference service, online databases, a current awareness service, and a Web site. The Division routinely consults a wide range of sources to select content for these products and services. Content is collected from Canadian and international grey and scientific literature. Through this poster session, CCSA staff will share their knowledge of the most reliable sources within the substance use and addiction field.

**Results:** Conference attendees will be provided with handouts that include primarily Canadian information sources and some international sources. Where possible, sources will be divided into audiences to enable conference attendees to select information according to their clientele's needs, whether they work with allied professionals, the general public, or both. **Discussion:** Conference attendees will have the opportunity to ask questions of CCSA staff regarding information sources. In addition, CCSA staff seek to learn more about the nature of addiction-related information requests handled by health librarians as well as the types of products or services that health librarians would consider helpful when responding to such requests.

## Integrating information literacy into blackboard

**Helen He**

*Faculty of Dentistry Library, University of Toronto, Toronto, ON, Canada*

**Objective:** Providing undergraduate students with research assistance targeted directly to their course needs, offering a self-paced "anytime-anywhere" introduction to core library resources and services, and introducing some basic research skills. **Methods:** Much information is available on the library Web site. But it is scattered in many different documents. For this blackboard project, as the library is only one of the many categories that professors put on blackboard, it is necessary for us to make full use of this space. The dentistry undergraduate students are unlike those in arts and humanities. As they don't have many essay assignments, they are not keen on library information. Furthermore, they don't want to spend too much time on the library-related re-

search. Therefore the method employed in this project is to identify students' basic information-seeking needs and to collect all the information in a single file. Moreover, the library information guide is to be kept simple and easy to navigate so as to encourage students to use it. **Results:** A brief resource guide related to the users' subject was developed, and a video demonstration of how to search Ovid Medline for their research topics was produced. This project has gained positive feedback from the course professor. **Discussion:** What is the efficient way of knowledge transfer? Teaching students what they really need to know or what we think they should know?

## Developing an instrument for assessing the academic health sciences journal collection in the post-print era

**Dianne Kharouba**

*Health Sciences Library, University of Ottawa, Ottawa, ON, Canada*

Over the last 5 years, the academic health sciences libraries have been able to build excellent e-journal collections by taking advantage of consortial packages. At the University of Ottawa, the Health Sciences Library has been able to rebuild a collection that had experienced a reduction of over 30% of its journal subscriptions during the 1990s. Titles had not been individually selected, yet usage data was showing that all e-journals were being consulted. **Question:** A study was undertaken to (i) identify cancelled titles that should have subscriptions but had been missed, and (ii) identify and cancel print titles that were no longer required. **Methods:** The HSL needed to design an instrument against which the journals could be assessed. A number of selection tools and

quality assessment methodologies have appeared in the literature. With the permission of the Florida State University College of Medicine Medical Library (B. Shearer and S. Nagy. *J. Med. Libr. Assoc.* 2003 July;91(3):292–303), their core list was incorporated in the instrument, along with the last Brandon and Hill Lists, the ACP Journals Club list of journals reviewed, the InfoPOEMs list of journals reviewed, and interlibrary loan data. **Results:** The instrument facilitated the decisions for renewals and cancellations, served as a selection guide, and served as a discussion document with the faculty. **Conclusion:** The ongoing relevance of this instrument will have to be assessed in light of new collection analysis tools such as WorldCat Collection Analysis.

## Consumer Health Information Diversity Outreach Project

**Marg Muir**

*Health Information & Wellness, Trillium Health Centre, Mississauga, ON, Canada*

**Objectives:** The Consumer Health Information Diversity Project is striving to identify and respond to the health information needs of diverse multicultural communities, specifically the Chinese and South Asian communities. It became clear through talking with these communities, hospital interpreters, and health care providers that their health information needs were not being met. **Participants and methods:** Through focus groups conducted in partnership with local community agencies and with the help of interpreters and facilitators, gaps have been identified and confirmed in two communities to date. **Results:** The initial findings indicate a broad range of needs, including disease prevention, health promotion, and health services information. These will be

met in part through the development of a phone line able to respond to doctor referral and health information requests. It will be staffed part-time. Interpreter services already exist, but they will be more efficiently linked through this line as many potential clients are not aware of the service. Web sites and available paper resources are presently being identified. Some brochures have been located and sent to the Chinese agencies. Volunteers at these agencies will be offered training sessions on searching the Web sites that have been found in their respective languages. **Conclusion:** It is felt that by taking these steps, sustainability will be enhanced. Similarly, by educating other clients and staff about the program, the word will get out, and its full potential will be realized.

## Bibliographic analysis of EPOC reviews

Jessie McGowan,<sup>1</sup> Doug Salzwedel,<sup>1</sup> Jeremy Grimshaw,<sup>1</sup> Raymond Daniel,<sup>2</sup> and Margaret Sampson<sup>2</sup>

<sup>1</sup>*Institute of Population Health, University of Ottawa, Ottawa, ON, Canada;* <sup>2</sup>*Chalmers Research Group, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON, Canada*

**Background:** Scopus is a new abstract and citation database produced by Elsevier Science. Data sources include MEDLINE, EMBASE, open access sources, scientific Web sites, and grey literature. Scopus indexes Cochrane Review, which includes reviews from the Cochrane Effective Practice and Organisation of Care (EPOC) Group. Scopus also provides cited references. **Objectives:** This abstract will analyse the referenced citation pattern of EPOC reviews, with the anticipation that this knowledge will improve understanding of the translational issues of EPOC reviews. **Methods:** Scopus was searched to identify the total number of Cochrane and EPOC reviews. Cited references from EPOC reviews were analysed, and information was collected about the nature of the journals in which the citations were published, year of publication, and the type of publication (i.e.,

guideline, research article). Scopus records were exchanged for PubMed records using Batch Citation Matcher, as the MEDLINE records are indexed and contain more information. **Results:** For example, the review "Printed educational materials: effects on professional practice and health care outcomes" was cited 29 times between 2000 and 2006. References were in 2 languages (English and Spanish), general medicine (including BMJ) and specialist journals (including Transfusion Medicine), print and online journals, and qualitative (experience of educational needs) and quantitative articles (new RCTs). **Conclusions:** The information provided by this analysis assists the EPOC editorial base in understanding how and where EPOC reviews are being used. This is an important element in the knowledge translation process and a means of determining the value of EPOC reviews for funders.

## Economic sources for systematic reviews of health policy

Devon L. Greyson

*UBC Centre for Health Services and Policy Research, Vancouver, BC, Canada*

**Purpose:** To explore and assess the utility of consulting non-biomedical sources in searches for systematic reviews of health care policy. **Setting:** An academic health policy research centre, specifically the research group focusing on pharmaceutical policy. **Methods:** Case studies of two literature searches for systematic reviews of health policy interventions. All citations retrieved for the reviews were tagged with their source(s) of origin (typically database name). Absolute number and percentage of relevant citations per database were tracked after the initial "weed", after the full-text weed, and after the reviewers had assessed full-text articles for review inclusion criteria. Citation sources were analyzed for number of results used in the review, number of unique results used in the review (found in only one source), and

"missed" results (turned up in another database search and "should" have been duplicated in that database as well). **Results:** Initial results indicate that MEDLINE and EMBASE, while highest in number of citations, had very few unique citations. Non-biomedical sources, such as economic and business databases, on the other hand, garnered unique, relevant results not indexed in biomedical databases. Citation tracing "snowballing" garnered more unique results than any single biomedical database. **Discussion:** Investigators seeking to complete a systematic review of health policy should consider the inclusion of non-biomedical databases, particularly economic databases, in their search strategies. Citation tracing is reaffirmed as a critical element of the systematic review search process.

## Supporting families: innovation in patient education

**Kimberley Meighan, Ross Hetherington, Andrew James, and the AboutKidsHealth Team**

*AboutKidsHealth, The Hospital for Sick Children, Toronto, ON, Canada*

Health care providers play a significant role in responding to patient and family educational needs as they guide families throughout the course of a child's medical care. With the increasing availability of the Internet, information on diagnosis, treatment, and care can be quickly and easily accessed by families and patients. For health care professionals, effective patient education can prove challenging as information gathered by families is often overwhelming, inaccurate, and may not apply to an individual child's situation. To meet this challenge, the Hospital for Sick Children has developed a new Web initiative: [AboutKidsHealth.ca](http://AboutKidsHealth.ca). This site acts not only as a primary resource for families, but also provides health care professionals with a tool that will enhance their ability to teach patients and their families. Caregivers can

easily access information ranging from in-depth and up-to-date information on complex medical conditions to everyday topics such as child development or safety advice. The Web site targets families' issues at all stages of care from diagnosis to longer-term management as a child grows. The information provided on [AboutKidsHealth.ca](http://AboutKidsHealth.ca) is based on current medical evidence. It has been developed by the AboutKidsHealth writers, editors, illustrators, and designers in close collaboration with doctors, nurses, and other health care experts, combined with direct consultation with families regarding their information needs. This poster presentation will highlight the many new initiatives of this constantly evolving site, and its uniqueness in supporting nurses as they guide families through the course of a child's care.

## Quality assurance and the Canadian Health Network

**Susan Murray and Doris Rankin**

*Consumer Health Information Service, Toronto Reference Library, Toronto, ON, Canada; Canadian Health Network, Public Health Agency of Canada, Ottawa, ON, Canada*

**Background:** The Canadian Health Network (CHN), formally launched on 25 November 1999, is a national, bilingual health promotion program ([www.canadian-health-network.ca](http://www.canadian-health-network.ca)) whose goal is to help Canadians find the information they're looking for on how to stay healthy and prevent disease. CHN is widely regarded as a source of reliable information. CHN is a multilayered collaboration between major health organizations across Canada and the Public Health Agency of Canada. While all of the more than 20 lead organizations or affiliates who select and manage the content on CHN have had to demonstrate that they had internal quality assurance (QA) procedures, CHN is more formally implementing a QA framework based on evidence-based resources. **Purpose:** To provide background information about the development of a QA framework that would be of interest to librarians in devel-

oping their own standards, and to provide more information about how resources are selected for the CHN. **Method:** The author has been involved with CHN almost from its inception and has been involved in QA discussions. She and a Consumer Health Information Service staff member have also been in the CHN's Working Groups to develop the CHN QA policy and procedures. A survey of CHN documents, a search of the literature on standards for health information and evidence-based resources will be conducted. Interviews with key CHN informants will also be conducted. **Criteria:** Canadian; consumer focus; non-profit; evidence-based; credibility, sponsorship/authorship, content, audience, currency, disclosure, purpose, links, design, interactivity, and disclaimers. **Results:** A paper summarizing the literature of QA for electronic health information and CHN's QA framework.

## Recreating the health sciences library

**Dorothy Fitzgerald, Liz Bayley, Neera Bhatnagar, Tom Flemming, and Allison Thompson**

*Health Sciences Library, McMaster University, Hamilton, ON, Canada*

The McMaster University Health Sciences Library recently completed a \$7.8 million renovation, which began in October 2005. The renovation includes a learning commons, an e-classroom, an additional 100 study spaces, a two-storey reading pavilion, an elegant History of Health and Medicine room, and 15 group study rooms. There are approximately 90 computers available for library users. The focus of the design is on “people space”, with more group learning and quiet study space. The latest in technology together with elegant design elements, art work, and enhanced lighting have resulted in a welcoming ambiance, including a café at the dra-

matic new entrance. The design is client-centered, in keeping with McMaster’s commitment to lifelong, student-centered learning and scholarly excellence. This is the first major renovation of the library since it opened 36 years ago in 1971. This poster will include a visual presentation with before and after photos. The key design elements, which focus on “people space”, will be highlighted. Key statistics on staffing, space, seating, collections, and technology will be provided to clarify the overall scope of the project. Donor recognition opportunities will be featured using the library floor plans. The library renovation Web site will be illustrated.

## Exploring search engine overlap: implications for grey literature searching

**Shailla Mensinkai,<sup>1</sup> Andra Morrison,<sup>1</sup> Kaitryn Campbell,<sup>2</sup> Tammy Clifford,<sup>1</sup> Janet Joyce,<sup>1</sup> and Becky Skidmore<sup>3</sup>**

*<sup>1</sup>Canadian Agency for Drugs and Technologies in Health, Ottawa, ON, Canada;*

*<sup>2</sup>Programs for Assessment of Technology in Health, Hamilton, ON, Canada; <sup>3</sup>Society of Obstetricians and Gynaecologists of Canada, Ottawa, ON, Canada*

**Background:** Internet search engines vary widely in retrieval yet one engine, Google, has emerged as the dominant tool for Web searching. Canadian Agency for Drugs and Technologies in Health (CADTH) information specialists rely largely on Google to identify Web-based grey literature. **Objective:** To evaluate differences in top search results across leading search engines and to determine the impact of searching only Google for CADTH publications. **Methods:** Using the Thumbshots ranking tool, CADTH information specialists selected different search engines, highlighted health technology assessment (HTA) sites, and ran grey literature searches against Google from January to July 2006. Overlapping and unique results and HTA site ranking for each search were recorded. Reference Manager was used to track source search engines for selected citations. Bibliographies in final publications were examined and results tabu-

lated using SPSS software. **Results:** Google provided 100 hits on a given topic 83% of the time versus 50% by other search engines. There was no significant difference between Google and other search engines in total links provided ( $p = 0.719$ ). There was very low overlap in the top results among search engines (mean = 17.4). The percentage of unique links in Yahoo was higher (80%) than Google (78.5%). One third of researcher selected links for final bibliography came from other search engines. The highlighted HTA site was retrieved in one search. **Conclusions:** Different search engines give different search results. In this study, one third of cited citations came from search results by search engines other than Google. HTA sites ranked poorly in the top results. To ensure comprehensiveness, it is necessary to use multiple search engines and to devise separate strategies for searching HTA sites.

## Knowledge to Action Working Group: supporting partnerships

**Trina Fyfe, Tanis Hampe, Cindy Hardy, Martha MacLeod, Donna Bentham, and Melanie Mogus**

*Northern Medical Program, University of Northern British Columbia, Prince George, BC, Canada*

**Background:** The University of Northern British Columbia (UNBC) and Northern Health (NH) are working to advance rural and northern practice through partnered research and capacity development. The Michael Smith Foundation for Health Research has funded two initiatives to foster this development: (1) Rural and Northern Practice and its Development Research Program at UNBC and (2) Closing the Gap Capacity-Building initiative at Northern Health. These two initiatives have formed the Knowledge to Action (KTA) Working Group. **Objectives:** The overall goal of the KTA Working Group is to develop an infrastructure process that will support knowledge synthesis, translation and exchange, and health research done in collaboration between UNBC and NH without being prescriptive or exclusionary. To obtain this goal, the following objectives have been identified: (i) collaborative membership on the KTA Working Group, (ii) create shared/common language around knowledge synthesis, translation, and exchange (KSTE), and (iii) work in partnership with stakeholders. **Methods:** The poster will review the steps taken to meet the objectives of the KTA

Working Group: selecting members of the working group, creating a sub-committee to develop shared/common language, and holding a working session for stakeholders. We will emphasize the importance of working in partnerships and with stakeholders to develop an infrastructure process that works for the unique context for which it is situated. **Results:** The information collected from the working session determined that there are a great number of challenges and barriers to research and KSTE in northern B.C. Although there was no formal feedback regarding the cheat sheet, there were comments from the stakeholders that common language and best practices regarding literature searching and systematic reviewing are imperative. **Lessons learned:** The recommendations and discussion derived from the working session supports the initiatives of the KTA working group. It is evident that there is a need for such a working group that will lead the direction in creating an infrastructure process and support materials to assist researchers, decision-makers, and practitioners to synthesize and assess research knowledge, as well as to engage together in knowledge exchange.

## Librarian and faculty partnerships: teaching, technology and triumphs

**Paola Durando, Gillian Griffith, Sandra Halliday, Suzanne Maranda, Amanda Ross-White, Anne Smithers, Matthew Thomas, and Sarah Wickett**  
*Queen's University, Kingston, ON, Canada*

The primary goal of librarian and faculty partnerships in the Bracken Health Sciences Library, Queen's University, is to provide information literacy training to health care practitioners beginning in their student years and continuing into their professional careers. Such partnerships have had a long history and have produced numerous triumphs. Since 1991 information literacy courses have been integrated into the medicine, nursing, rehabilitation therapy, and life sciences curricula so that students can learn to embrace life-long, self-directed learning, navigate and access multiple layers of information, and meet discipline-specific competencies. Of course, undergraduate and graduate students are not the only focus of Bracken Library's information literacy program. Courses are also developed and delivered to faculty (e.g., via "House Calls" and recognized continuing medical education

courses). These courses are invaluable as health care professionals must promote a learning culture and maintain their own information literacy competencies for evidence-based practice. Librarians and faculty collaborate on curriculum committees to ensure the seamless integration of knowledge and to produce positive learning outcomes. The Health Sciences Faculty's Technology Learning Community is an innovative, interdisciplinary committee developing three exemplars to demonstrate the effective use of technology in teaching. Lastly, librarians and faculty are embracing the challenge to deliver just-in-time training to students and health care professionals locally, regionally, and nationally, utilizing state of the art information and communication technologies such as course software and Web tutorials.