COLUMN / CHRONIQUE

Current research

Compiled by Sophie Regalado

Farrell A. An evaluation of the five most used evidence based bedside information tools in Canadian health libraries. *Evidence Based Library and Information Practice.* 2008;3(2):4–17. Available from: http://ejournals.library.ualberta.ca/index.php/EBLIP/article/view/1515/1240.

Objective: This project sought to identify the five most used evidence-based bedside information tools used in Canadian health libraries, to examine librarians' attitudes towards these tools, and to test the comprehensiveness of the tools. **Methods:** The author developed a definition of evidence-based bedside information tools and a list of resources that fit this definition. Participants were respondents to a survey distributed via the CANMEDLIB electronic mail list. The survey sought to identify information from library staff regarding the most frequently used evidence-based bedside information tools. Clinical questions were used to measure the comprehensiveness of each resource and the levels of evidence they provided to each question. **Results:** Survey respondents reported that the five most used evidence-based bedside information tools in their libraries were UpToDate, BMJ Clinical Evidence, First Consult, Bandolier, and ACP Pier. Librarians were generally satisfied with the ease of use, efficiency, and informative nature of these resources. The resource assessment determined that not all of these tools are comprehensive in terms of their ability to answer clinical questions or with regard to the inclusion of levels of evidence. UpToDate was able to provide information for the greatest number of clinical questions, but it provided a level of evidence only 7% of the time. ACP Pier was able to provide information on only 50% of the clinical questions, but it provided levels of evidence for all of these. **Conclusion:** UpToDate and BMJ Clinical Evidence were both rated as easy to use and informative. However, neither product generally includes levels of evidence, so it would be prudent for the practitioner to critically appraise information from these sources before using it in a patient care setting. ACP Pier eliminates the critical appraisal stage, thus reducing the time it takes to go from forming a clinical question to implementing the answer, but survey respondents did not rate it as high in terms of usability. There remains a need for user-friendly, comprehensive resources that provide evidence summaries relying on levels of evidence to support their conclusions.

Kipnis DG, Kaplan GE. Analysis and lessons learned instituting an instant messaging reference service at an academic health sciences library: the first year. *Med Ref Serv Q.* 2008 Spring;27(1):33–51.

In February 2006, Thomas Jefferson University went live with a new instant messaging (IM) service. This paper reviews the first 102 transcripts to examine question types and usage patterns. In addition, the paper highlights lessons learned in instituting the service. IM reference represents a small proportion of reference questions, but based on user feedback and technological improvements, the library has decided to continue the service.

Whitmore SC, Grefsheim SF, Rankin JA. Informationist programme in support of biomedical research: a programme description and preliminary findings of an evaluation. *Health Info Libr J.* 2008 Jun;25(2):135–41. PMID 18494648.

Background: The informationist programme at the Library of the National Institutes of Health (NIH) in Bethesda, Maryland, USA, has grown to 14 informationists working with 40 clinical and basic science research teams. **Purpose:** This case report, intended to contribute to the literature on informationist programmes, describes the NIH informationist programme, including implementation experiences, the informationists' training programme, their job responsibilities and programme outcomes. **Brief description:** The NIH informationist programme was designed to enhance the library's service capacity. Over time, the steps for introducing the service to new groups were formalized to ensure support by leadership, the team being served, and the library. Job responsibilities also evolved from traditional library roles to a wide range of knowledge management activities. The commitment by the informationist, the team, and the library to continuous learning is critical to the programme's success. **Results/outcomes:** NIH scientists reported that informationists saved them time and contributed to teamwork with expert searching and point-of-need instruction. Process evaluation helped refine the programme. **Evaluation method:** High-level, preliminary outcomes were identified from a survey of scientists receiving informationist services, along with key informant interviews. Process evaluation examined service implementation, informationists' training, and service components. Anecdotal evidence has also indicated a favourable response to the programme.

Andretta S. Promoting reflective information literacy practice through Facilitating Information Literacy Education (FILE). *Health Info Libr J.* 2008 Jun;25(2):150–3. PMID 18494650.

This article discusses the individual learning possibilities and professional knowledge education that can be acquired through reflective information literacy. Reflective information literacy is promoted through Facilitating Information Literacy Education (FILE), which is an educational course commissioned by London Health Libraries in London, England, to train National Health Service librarians in information literacy education as part of an educational program called the Learner Support Program.

Booth A. Implementing EBLIP: if it works in Edmonton will it work in Newcastle? *Health Info Libr J*. 2008 Jun;25(2):154–7. PMID 18494651.

This article discusses the implementation of evidence-based library and information practice. Factors are discussed including intervention complexity, facilitation strategies, and participant responsiveness, which may be responsible for variations in the effectiveness of the same program in different areas. Also discussed are the differences that evidence-based library and information practices can have in areas as close as Edmonton and Newcastle, England, and as far away as Edmonton, Canada, to New Castle, Australia.

Bracke PJ, Howse DK, Keim SM. Evidence-based Medicine Search: a customizable federated search engine. *J Med Libr Assoc*. 2008 Apr;96(2):108–13. PMID 18379665. Available from: http://www.pubmedcentral. nih.gov/picrender.fcgi?artid=2268222&blobtype=pdf.

Purpose: This paper reports on the development of a tool by the Arizona Health Sciences Library (AHSL) for searching clinical evidence that can be customized for different user groups. **Brief description:** The AHSL provides services to the University of Arizona's (UA's) health sciences programs and to the University Medical Center. Librarians at AHSL collaborated with UA College of Medicine faculty to create an innovative search engine, Evidence-based Medicine (EBM) Search, that provides users with a simple search interface to EBM resources and presents results organized according to an evidence pyramid. EBM Search was developed with a Web-based configuration component that allows the tool to be customized for different specialties. **Outcomes/conclusion:** Informal and anecdotal feedback from physicians indicates that EBM Search is a useful tool with potential in teaching evidence-based decision making. While formal evaluation is still being planned, a tool such as EBM Search, which can be configured for specific user populations, may help lower barriers to information resources in an academic health sciences center.

Guo R, Bain BA, Willer J. Results of an assessment of information needs among speech-language pathologists and audiologists in Idaho. *J Med Libr Assoc*. 2008 Apr;96(2):138–44. PMID 18379669. Available from: http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=2268224&blobtype=pdf.

Objectives: The research assesses the information needs of speech-language pathologists (SLPs) and audiologists in Idaho and identifies specific needs for training in evidence-based practice (EBP) principles and searching EBP resources. **Methods:** A survey was developed to assess knowledge and skills in accessing information. Questionnaires were distributed to 217 members of the Idaho Speech-Language-Hearing Association, who were given multiple options to return the assessment survey (Web, e-mail, or mail). Data were analyzed descriptively and statistically. **Results:** The total response rate was 38.7% (84/217). Of the respondents, 87.0% (73/84) indicated insufficient knowledge and skills to search PubMed. Further, 47.6% (40/84) indicated limited knowledge of EBP. Of professionals responding, 52.4% (44/84) reported interest in learning more about EBP, and 47.6% (40/84) reported interest in learning to search PubMed. SLPs and audiologists who graduated within the last 10 years were more likely to respond online, while those graduating prior to that time preferred to respond via hard copy. **Discussions/conclusion:** More effort should be made to ensure that SLPs and audiologists develop skills in locating information to support their practice. Results from this information needs assessment were used to design a training and outreach program on EBP and EBP database searching for SLPs and audiologists in Idaho.