

CHLA 2017 CONFERENCE CONTRIBUTED PAPERS / ABSC CONGRÈS 2017 COMMUNICATIONS LIBRES

CP = Contributed Paper

CP1. Show Me the Money! Meeting Researcher Needs Through a Fee-based Pilot Project

Janice Yu Chen Kung, Thane Chambers
University of Alberta, Edmonton AB

Introduction: In 2015, a fee for service program was piloted at the University of Alberta's Health Sciences Library to provide in-depth librarian support to the Faculty of Nursing (FON). Other examples of cost-recovery and fee-based services have been provided by other academic libraries for document delivery and searches for literature and patents. However, this fee for service pilot focused specifically on meeting the needs of FON researchers. **Description:** An administrative structure was developed for this program, including a fee structure. Mediated searches, systematic review searches, research support, and research impact services were offered to FON at the University of Alberta for a fee. **Outcomes:** During the pilot year, Sept 2015-Aug 2016, \$41,500 of revenue has been generated. Ten review searches, faculty-wide research impact analysis, and a program of research support to a national research program have been contracted. Major challenges of the service include: competing priorities with core librarian work, communication, and time required to complete the work. **Discussion:** This program allowed us to provide an in-depth level of librarian support to researchers. An assessment revealed that researchers and administrators were very pleased and felt that it was an essential service. Based upon unsolicited requests for specialized fee-based services, there appears to be a demand and a service potential to continue the service and expand to other health sciences faculties, in particular the Faculty of Medicine & Dentistry.

CP2. A National Survey on the Research Support Needs of Health Information Professionals

Nazi Torabi¹, Sandy Campbell², Kelly Hatch³

¹McGill University, Montreal QC; ²University of Alberta, Edmonton AB; ³Western University, London ON

Purpose: A national survey will be administered electronically to health information professionals to identify the extent to which they would like to undertake research, their barriers to their undertaking research activities, and the supports that they would require to be able to successfully conduct research. **Methods:** The survey, which will include a variety of question types (Checklists, Likert Scale, Open Ended, etc.), will be delivered electronically to members of CHLA/ABSC. The results will be tallied. Open ended questions will be analyzed for themes related to barriers and desired supports. Follow-up one-on-one conversations, focus group discussions and/or large group discussions (possibly at the CHLA/ABSC annual meeting) will be used to clarify and prioritize a list of desired research supports. This project will receive ethics approval from a Canadian academic institution. **Outcomes:** Outcomes of the survey will be ready for presentation at the CHLA/ABSC Conference in Edmonton in 2017. Planned outcomes include a list of barriers to research and a list of desired supports. Where geography, type of work environment or level of education are elements of the kind of support, results will be subsorted by those characteristics. **Conclusions:** This study will supply a clearer picture of the barriers to research activities and the research support requirement of health information professionals in Canada. This information will provide the Canadian health library community with an opportunity to move forward with developing targeted and effective research supports.

CP3. Research Support in Health Sciences Libraries: A Scoping Review

Sarah Visintini¹, Mish Boutet², Melissa Helwig³, Alison Manley⁴

¹University of Ottawa Heart Institute, Ottawa ON; ²University of Ottawa, Ottawa ON; ³Dalhousie University, Halifax NS; ⁴Horizon Health Network, Miramichi NB

Introduction: Health sciences libraries in both academic and clinical contexts are becoming more involved in furthering their institutions' research mandates, and librarians are increasingly called upon to support their patrons' research needs. A literature scan revealed many libraries are writing about their research support initiatives and the changing roles of librarians, but no syntheses exist on library research support services in health sciences contexts. We conducted a scoping review to map the academic literature on this topic and to assist libraries as they continue to adapt to researchers' evolving needs.

Methods: We searched Medline, Embase, ERIC, LISTA, LISS, Scopus and Web of Science to identify reports of research support services provided in health sciences libraries. An advanced Google search for grey literature was also conducted. Articles describing development, implementation, or evaluation of research support initiatives provided in a health sciences library were included. Data extraction will focus on library context, user characteristics, and services implemented. Findings will be summarized using evidence maps in order to facilitate knowledge translation. **Results:** The database searches returned 6336 results, and after removing duplicates, 3545 records remained for title/abstract screening. Full-text screening was conducted on 277 articles. Preliminary results show a predominance for systematic review support and the emergence of data management support. **Discussion:** This scoping review maps out the existing literature on research support practices in the health sciences context. It provides health sciences libraries with a benchmark from which they can assess and develop their own research services.

CP4. Innovations, Challenges and Opportunities within Regional Health Libraries in British Columbia

Elisheba Muturi-Kihara¹, Shannon Long², Chantalle Jack³

¹Vancouver BC; ²Vancouver Coastal Health, Richmond BC; ³Vancouver Coastal Health, North Vancouver BC

Introduction: Faced with continual change, British Columbia regional health and ministry libraries must innovate in order to survive. To understand how these libraries are evolving, this study: 1) describes and compares the libraries, 2) analyzes how they are changing and innovating in order to deliver value, and 3) identifies gaps and opportunities in the current landscape. **Methods:** Librarians from seven health authorities and one ministry library completed online surveys and telephone interviews regarding eight themes drawn from the literature: library environment, research services, instruction, service delivery models, prioritization, evaluation, innovation, and the provincial landscape. The librarians later participated in a focus group to explore key findings in greater depth. **Results:** Libraries range considerably in role of the library in supporting open and connected research and researchers' size and staffing levels. Both centralized and distributed service delivery models are in practice. Reaching library patrons from geographically remote areas is a common challenge, as is leveraging technologies needed to advance services. Reference is identified as the most valuable service provided, and all libraries recognize the importance of measuring and demonstrating the impact of this and other services. Ongoing needs assessment and evaluation activities are taking place. There is some interest in standardizing assessment procedures in the future, using similar outcome indicators to inform marketing and advocacy endeavors. **Discussion:** In a landscape of library closures, service consolidation and technological limitations, innovative non-traditional activities are required to improve delivery of information and resources. This project's findings promote information sharing on best practices and highlight collaborative opportunities to address existing gaps within the library systems.

CP5. Transforming a Library Service within a Provincial Healthcare Organization - Forging a New Path

Carol A. Connolly, Morgan Truax, Connie Winther
Alberta Health Services, Edmonton AB

Introduction: Prior to 2011, libraries within a provincial health service operated using a variety of self-determining service models across 24 locations. Evaluation of library services demonstrated significant gaps in service delivery and access to resources, cost inefficiencies, and variation in library service standards across the province. National and international trends reflected ongoing library closures and challenges to demonstrate library contributions to organizational goals and improvements in health information literacy. **Description:** In January 2011, all library services were aligned under one department to capitalize on the natural fit between libraries as conduits to evidence and knowledge management practices that support the use of evidence in practice. The mandate was to develop enterprise-wide library resources and services to support clinical decision-making and quality patient care. **Outcome:** This department is now a focal point for access to and expertise in healthcare information resources and services through the virtual library, 7 full service libraries, and 2 office locations. Organization-wide evaluations conducted in 2011 and 2014 show increased client satisfaction, while utilization analytics reflect continued growth. **Discussion:** The Optimization Initiative was a proactive, internally driven effort to extend library services and resources beyond the traditional library space, streamline “back-office” functions and allow library staff to contribute to organizational initiatives. The path has been winding, yet lessons learnt include the value of dedicated staff, teamwork, and maintaining a focus on equitable access and service for the organization’s staff and clinicians.

CP6. Navigating the Sea of Free: Supporting Clinician Use of High-quality Point-of-care Mobile Applications

Pamela Harrison, Rachel Zhao, Marcus Vaska
Alberta Health Services, Calgary AB

Introduction: The Alberta Health Service’s Knowledge Resource Service (KRS) supports clinicians and staff in evidence-informed decision-making, in part, by licensing point-of-care mobile applications. While the KRS team supports use of these resources with self-based education guides and education sessions, clients also ask KRS to recommend free mobile apps to supplement KRS subscriptions. The literature shows that mobile apps vary in their use of evidence, clinical relevance, and usability. Consequently, KRS is launching a monthly review of a free mobile app, to be posted on the KRS website. **Description:** Drawing on current literature, the program leads will identify evaluation criteria for point-of-care apps. Our first selections have been recommended by residents and clinicians; subsequent point-of-care apps will be identified via survey during resident orientations, occurring at hospital sites each summer. The resulting lists, together with ongoing reviews of the literature, will determine which apps are appraised. **Outcomes:** In April, KRS will launch a ‘Free App of the Month’ feature, providing an overview of the resource’s strengths and weaknesses, information on accessibility, and links to additional literature where available. We will present 2 free ‘App of the Month’ overviews at the conference, as well as our plan to evaluate this program. **Discussion:** The KRS ‘App of the Month’ project will connect us with residents, who are native to mobile app technology, and support a wider pool of AHS clinicians considering free mobile apps to complement their practice.

CP7. Assessing Online Systematic Review Training: Updated Findings from an Environmental Scan and Evaluation

Leah Boulos¹, Sarah Visintini², Robin Parker³, Krista Ritchie⁴, Jill Hayden³

¹Maritime SPOR SUPPORT Unit, Halifax, NS; ²University of Ottawa Heart Institute, Ottawa ON;

³Dalhousie University, Halifax NS; ⁴Mount Saint Vincent University, Halifax NS

Introduction: Online training for systematic review (SR) methodology has become an attractive option due to its flexibility and the limited availability of in-person instruction. Librarians often direct new reviewers to these online resources, so it is important that we are knowledgeable about the variety of training resources available that best fit our patrons' needs. **Methods:** We reviewed the published literature and conducted an environmental scan of online SR training resources. After screening for inclusion, scores were assigned using a previously published evaluation rubric for online instruction modules. Resources were evaluated in the following areas: 1) content; 2) design; 3) interactivity; 4) usability. Scores were analyzed using descriptive statistics to compare performance across the domains. **Results:** Twenty resources were evaluated. Overall score average was 61%. Online courses (n=7) averaged 73%, web modules (n=5) 64%, and videos (n=8) 48%. The top 5 highest scoring resources were in online course and web module format, featured high interactivity, and required a longer (>5hrs) time commitment from users. **Conclusion:** Score analysis suggests that resources include appropriate content, but are less likely to adhere to principles of web-based training design and interactivity. Just-in-time, quick resources like videos could benefit from such principles. Awareness of these resources has benefited team members and enabled them to make informed recommendations for training based on patrons' needs. Future online SR training resources should pay greater attention to established best practices for online instruction in order to provide high quality resources regardless of format or user time commitment.

CP8. Untangling What Information Specialists Should Document and Report: A Review of the Evidence

Dagmara Chojewski, Lisa Tjosvold

Institute of Health Economics/University of Alberta, Edmonton AB

Introduction: Thorough documentation and clear reporting are essential when conducting a comprehensive literature search for a health technology assessment (HTA) or systematic review (SR). The ultimate goal of the reporting process is transparency and reproducibility with the added benefit of increasing the reader's confidence in the research. As part of the SuRe Info Project, we conducted a review of all current reporting standards relevant to HTAs and SRs in addition to looking at the published literature on this topic in order to synthesize the evidence in this area and create a standard set of agreed upon recommendations. **Methods:** We conducted a comprehensive search of Medline, Embase, and LISA databases in addition to the Equator Network website. Reference lists of included studies and reporting guidelines were also consulted. 11 reporting guidelines and 8 studies were included in the review by two independent reviewers. Anything published before 2006, that was not a research article, and/or did not provide new recommendations were excluded. **Results:** After collecting data on the suggested reporting elements described in the literature, we pooled our results to create an overarching list of the most commonly recommended elements to report and methods to use when documenting a comprehensive search. These elements pertained to documenting the search strategy for the final report, the protocol, and/or the abstract of a review. **Conclusions:** This review of the evidence aims to clarify the confusion over adequate documenting and reporting of searches with the hope that search descriptions will improve in future research literature.

CP9. Standards for Literature Searching: Research and Development.

Susan Baer¹, Brooke Ballantyne-Scott², Jackie MacDonald³, Lori Leger⁴, Ashley Farrell⁵, Marcus Vaska⁶, Pat Lee⁷

¹Regina Qu'Appelle Health Region, Regina SK; ²Fraser Health Authority, Vancouver BC; ³Quality, System Performance and Legal Services, Bridgewater, NS; ⁴Horizon Health Network, Moncton NB; ⁵Cancer Care Ontario, Toronto ON; ⁶Alberta Health Services, Calgary AB; ⁷Halifax NS

Objectives: Library services managers, professional searchers and search instructors lack a standard to support mediated search service instruction and accountable search service delivery. A standard is needed to establish a consistent approach to executing different types of searches, and to provide a framework against which a search service performance may be measured. **Methods:** Two approaches were used to inform the work. The first was an environmental scan using several listservs to identify current search-related researchers and practice leaders. The second was an iterative literature review of research and other literature on mediated searching. Content analysis of all documents gathered identified a variety of search types and methods. We compiled and defined the search types, methods and related terms in a comprehensive search glossary, which we organized in a matrix and then validated through a Delphi study with search researchers, authors publishing on search topics, and professional searchers. **Results:** Results included identification of essential and optional steps in recommended approaches for different types of searches. We will be validating these steps and approaches using an “elite” group of search researchers, authors publishing on search topics, and professional searchers. The first draft of this work will be shared as a consensus-building step in standard development. **Conclusions:** The research literature on search methods is sparse and fragmented, lacking in currency and a shared vocabulary. A standard would provide clarity in terminology, approach and methods.

CP10. Decoding the Disciplines and Threshold Concepts in a Blended Learning EBM Project for Preclerkship Students

Tania Gottschalk, University of Manitoba, Winnipeg MB

Introduction: Teaching evidence based medicine (EBM) theory is challenging, as there are transformations of understanding that must occur without which students cannot progress. “Decoding the Disciplines,” a model developed at Indiana University, is a process for increasing student learning that recognizes differences in thinking in disciplines and facilitates narrowing the gap, or threshold, between novice and expert thinking. The analysis distinguishes between core concepts, those that build layers upon learning foundations already possessed, and threshold concepts, those that lead learners to new realms of understanding. **Description:** Clinical Reasoning (CR), a longitudinal course in pre-clerkship, is a small group course in which clinicians help students explore clinical cases and in the process learn diagnostic, prognostic, therapeutic, and EBM techniques. The Decoding the Disciplines model was used in conjunction with the ACRL Framework for Information Literacy to identify bottlenecks in students’ understanding of EBM and information literacy threshold concepts. The analysis was then used to create supporting instructional materials and a series of four assignments were delivered through blended learning in the curriculum management system. **Outcomes:** A pre-test assessing student understanding of threshold concept was given to students prior to delivery of the blended learning content. Feedback was given to students upon completion of each assignment, and each component built to a final written project. A post-test was given upon submission of the final written assignment. **Discussion:** Using the model was helpful in collaborating with medical faculty. Student scores improved on post-test, and the quality of final written submissions was high.

CP11. Development of a Multimodal, Virtual Curriculum: Targeting Province-wide Learners' Information Literacy Learning Needs

Brettany Johnson, Jorden Habib, Pamela Harrison, Simone Graw
Alberta Health Services, Calgary and Edmonton AB

Introduction: Our organization provides library services to over 100,000 staff in Canada's largest province-wide healthcare delivery system. The delivery of accessible, equitable, and sustainable library services to this diverse and geographically dispersed staff presents both challenges and opportunities, particularly with regard to skill development. Our multimodal, virtual curriculum targets learners' information literacy learning needs in this unique provincial context. **Description:** The curriculum includes 3 components: 1) Evidence at Your Fingertips (EAYF), a program of eight synchronous online courses open to all staff; 2) a series of microlearning video tutorials; and 3) a collection of online how-to guides. The focus of our paper is the EAYF program, which has seen approximately 1500 participants register for 200+ sessions since October 2015. In the past year, we have developed standardized processes for course development, marketing, registration management, session delivery, and evaluation.

Outcomes: Three methods are used to assess program outcomes: standardized post-session evaluation of learner satisfaction with key program aspects and confidence performing identified tasks; and, after action reviews and whole team retrospective reviews to identify and share lessons learned and opportunities for quality improvement. **Discussion:** The evolution of the EAYF program has prompted us to think innovatively about how to design, develop, promote, deliver, and evaluate virtual education programming. Successes include positive feedback on the short, focused nature of the sessions and the ease with which they can be accessed.

CP12. Creating a Blended Outreach Service Model for a Province-wide Health Care Information Service

Yongtao Lin, Jorden Habib, Jeanette Blanchard
Alberta Health Services, Calgary and Edmonton AB

Introduction: In the past 5 years we transformed library services to a single online service that provides information services for all health care workers across the province and consolidated library locations from 24 to 9 in 3 urban centres. Strategizing for consistent and sustainable outreach services is essential to meet health care professionals' information needs. While the literature on the fundamental goals of outreach programs in libraries has been prevalent, there is a gap in how to provide an effective outreach program for health care professionals working from geographically distributed sites. **Description:** A literature review and an internal audit of health library outreach practices were completed in the Spring/Summer of 2016. A combined subject and geographic liaison outreach service model was developed with the primary goal of ensuring all clients across the province receive the same high quality information service. **Outcomes:** Pilot testing of the program began in Fall 2016 and will be ongoing. The lessons learned continue to inform how to best engage library staff and evaluate the impact of the service. **Discussion:** A blended outreach model will streamline the processes in delivering and implementing the service, as well as enable health care professionals throughout the region to access the same level of services.

CP13. Reading for Resilience: Bibliotherapy Lights the Road to Recovery for Mental Health Patients

Sandy Iverson¹, Sharon Bailey², Carolyn Ziegler¹

¹St Michael's Hospital, Toronto ON; ²Centre for Addiction and Mental Health, Toronto ON

Introduction: Bibliotherapy can be defined as the use of literature to help deal with the challenges of life. The authors will situate this paper within the greater body of literature on bibliotherapy, providing an overview of the practice and a detailed exploration of the use of a particular form of bibliotherapy with 2 different groups of mental health patients. **Description:** Librarians at an academic hospital partnered with their psychiatry department to deliver a read-aloud bibliotherapy program to mental health patients. Programs were delivered to both in-patients and members of a community based recovery program based at the hospital. **Outcomes:** Basic written evaluations were collected from participants, and interviews were conducted with the peer support workers who also attended the groups. Participants, peer-support workers, and decision makers in the mental health programs all found the projects successful and rewarding, and as a result spin-off programs have been developed and/or proposed. **Discussion:** Each program ran for a minimum of 6 weeks and engaged between 3 and 8 clients in each group. Peer-support workers also participated in the group sessions. Readings from literature (poetry, fiction and non-fiction) were selected and used to introduce and discuss topics such as loneliness, compassion, forgiveness, gratitude, etc. The sessions were facilitated by a librarian and a librarian/psychotherapist. The authors will describe the structure of the reading sessions, group dynamics, and the materials used to address specific topics, as well as methods for selecting materials. Suggestions and recommendations for delivering similar programs will be discussed.

CP14. Crafting Effective Heart Disease Messages for Women

Tami Oliphant, Tanya Berry, Colleen Norris
University of Alberta, Edmonton AB

Introduction: Heart disease is one of the leading causes of death in women in Canada, yet women are less likely to be treated for it than men. Consequently, the Heart and Stroke Foundation of Canada (HSFC) developed the Heart Truth campaign to provide heart disease information for women. The purpose of this project is to assist in creating effective messages about heart disease by exploring women's information behaviour as it pertains to information related to heart disease and their perceptions of the Heart Truth campaign. **Methods:** Two focus groups (with 3 and 7 participants, respectively) and 3 interviews with women who have coronary heart disease (recruited from the APPROACH (Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease)) were completed. Packages containing information about the Heart Truth campaign were sent to participants in advance of the focus groups. Focus groups and individual interviews were transcribed and individually read and analyzed. **Results:** Preliminary results indicate that a diagnosis of heart disease was perceived as surprising and shocking. While participants understood and received messages about heart health, often the information presented was irrelevant to them because they had already made the recommended lifestyle adjustments. Furthermore, many identified the conundrum of being told to "deal with stress," for example, but struggled with how to put this into practice. This research may assist health librarians and the people they serve in developing effective information sources and heart health messages.

CP15. Conducting a Citation Management Software Evaluation for Systematic Reviews: A Librarian's Guide

Aleksandra Grobelna, Danielle Rabb, Sarah McGill
Canadian Agency for Drugs and Technologies in Health, Ottawa ON

Objectives: We outline criteria and methods and describe librarian's leading role in the evaluation of the citation management software (CMS) for conducting a systematic review (SR). **Methods:** One challenge in conducting SR is the magnitude of information to navigate. A librarian can determine how to best manage information using CMS. Based on CADTH's CMS evaluation project we present the key steps in selecting CMS. These steps include: forming a committee, developing criteria, finding options, investigating and documenting how the CMS meets your criteria, and establishing return on investment (ROI). **Results/Discussion:** We determined that any of the reviewed CMS such as Endnote, Mendeley, Zotero, or RefWorks would be suitable as a bibliographic tool. The challenge is in integrating these programs to fit the systematic review process. The CMS has to be able to manage very large sets of results for multiple reviewers who might work on multiple projects simultaneously. The CMS needs to be able to work well with screening and ILL software, or it should be adaptable to assist with these. Implementation of a new CMS requires a change in research processes as well as training and support for end users. As an integral part of SR, well-chosen CMS can speed the review process. It can also ensure the accuracy and integrity of information acquired. Librarians can play a leading role in evaluating and choosing the right CMS for SR.

CP16. Parent Information Needs and Experience Regarding Acute Otitis Media in Children: A Systematic Review

Salima Meherali, Shannon Scott, Lisa Hartling
University of Alberta, Edmonton AB

Introduction: Acute otitis media (AOM) —inflammation of the middle ear— is the most common pediatric bacterial ear infection, affecting up to 75% of children at some time before age 5 years. Despite the high incidence of AOM in children, it presents diverse challenges to parents who did not have accurate information regarding what causes AOM and its management. Further, a lack of parental knowledge regarding symptom recognition, medications, and prevention and treatment of AOM have been associated with poor health outcomes (middle ear effusion, hearing loss), which emphasizes the need for adequate educational provision for parents. To respond to this paucity of information in Canada and to inform future practices, we sought to synthesize the literature to provide a more comprehensive perspective of parental information needs and experiences relating to AOM management. **Method:** Four electronic databases were searched and articles were screened according to pre-established inclusion criteria. Articles were included in the review if they were examining parental information needs for AOM, and we used language (English) and date (January 2000 to date) restrictions. **Results:** Out of 851 articles retrieved, 13 articles met the inclusion criteria. We completed a descriptive (narrative) analysis and identified 4 potential and common patterns including: parents' beliefs and knowledge about AOM; parents' attitude and knowledge about AOM treatment; information seeking behaviour; and burden of AOM on family and child quality of life. **Discussion:** Incorporating parental information needs into health care assessment and educational planning are essential steps toward improving parental competency in AOM management and enhancing health outcomes.

CP17. Online Interventions for Family Caregivers: Employing Patient Engagement Principles and Practice

Jennifer McKinnell¹, Jenny Ploeg¹, Wendy Duggleby², Maureen Markle-Reid¹, Carrie McAiney¹, Ruta Valaitis¹, Amy Bartholomew¹, John Ganann¹, Susan Kaufman¹, Dolores Radcliffe¹, Brenda Smith¹, Laurie Kennedy¹, Conrad Worrall¹

¹McMaster University, Hamilton ON; ²University of Alberta, Edmonton, AB

Introduction: Health care professionals frequently partner with librarians when developing online tools for patients and their families. However, even with input from the most qualified of information professionals, these websites are often difficult to identify and can remain largely unused by those populations for which they were designed. The Online Interventions for Family Caregivers Study addresses this very issue. **Description:** Patient engagement (PE) principles and practice were utilized by inviting caregivers to participate as equal partners in all stages of the project. Their participation involved designing the internet search strategy and website review template, conducting searches for caregiver resources available on the internet, contributing to the analysis of findings, authoring the final report, and presenting results to the funding agency. **Outcomes:** The Canadian Strategy of Patient-Oriented Research (SPOR) promotes active collaboration with individuals using the health care system to bring about positive change. By including caregivers in all aspects of our study, we have strengthened both the quality of our final report and our skills as health professionals and librarians. Our caregiver partners taught us how personal hardships and successes influence information seeking behaviours and in turn, impact how we should consider presenting and organizing information to maximize relevance and ease of use. **Discussion:** The purpose of this presentation is to share the values underpinning PE and to provide an overview of how PE principles can be operationalised in both information seeking research and patient focused information service design.

CP18. Accuracy of Online Discussion Forums on Common Childhood Ailments

Alison Farrell, Memorial University of Newfoundland, St. John's NL

Introduction: Many parents go online to seek advice when dealing with common childhood ailments such as fever or rash. Among these parents are those with varying levels of information literacy, ranging from parents who trust everything they read online, with no critical appraisal, to parents who seek only the highest quality evidence and view the information with a high degree of scepticism. This presentation aims to answer the question: Is peer-to-peer advice being offered to parents of young children on common childhood ailments through online discussion forums accurate and in agreement with existing evidence on those same ailments? **Methods:** To determine which online forums to use, Google was searched using 5 common childhood ailments. Forums that appeared 5 or more times in the first 5 pages of the Google search for each question were considered. Of these forums, those that met the inclusion criteria were used. Data from a 6 month time period was collected and categorized from the discussion forums to analyze the advice being provided about common childhood ailments. Evidence based resources (Dynamed and UpToDate) were used to analyze the accuracy of the advice provided. **Results:** Data collection is complete. Analysis of data is forthcoming. **Discussion:** The hope is that through this research, areas for education to parents of young children will be identified. Family physicians, public health nurses and other program developers can then use these areas of need to inform the development or re-development of prenatal programming, and childhood/parenting support programs.

CP19. We Stand Corrected: Frequency, Usefulness, and Accessibility of Errata in Systematic Reviews

Kelly Farrah, Danielle Rabb

Canadian Agency for Drugs and Technologies in Health, Ottawa ON

Introduction: The prevalence and value of errata associated with studies included in systematic reviews is unknown. This project will estimate the frequency of errata for study publications included in systematic reviews, evaluate their usefulness to the review, and determine best practices for searching for errata. **Methods:** A retrospective review of included studies from 40 systematic reviews of drugs evaluated by CADTH in 2015 was conducted. For each journal article in the included studies lists, a search for associated errata was conducted using: 1) the drug manufacturer's submission; 2) linked errata searching in PubMed; and 3) the journal publisher's website. The frequency of errata for published articles included in the reviews was determined using the total number of errata identified. The usefulness of identified errata to the reviews was evaluated in consultation with clinical researchers using a 3-category scale: trivial, minor, or major. The accessibility of errata was determined by examining: how they are indexed in various databases, the costs of obtaining errata, and the time lag between article publication and erratum publication. **Results:** In total, 26 errata describing 38 errors were identified for 127 articles included in the systematic reviews. When classified by severity: 6 errors were major; 20 errors were minor; 12 errors were trivial. No single database indexed all the errata. On average, errata were published 211 days after the original article. All were freely available. **Discussion:** The results suggest that it can be worthwhile to identify errata associated with included studies for systematic reviews of drugs.

CP20. Keeping Up-to-date with Information Retrieval Research: Summarized Research in Information Retrieval for HTA (SuRe Info)

David Kaunelis¹, Julie Glanville², Jaana Isojärvi², Patrice Chalon³, Carol Lefebvre⁴, Kath Wright⁵

¹Canadian Agency for Drugs and Technologies in Health, Ottawa ON; ²York Health Economics Consortium, York, UK; ³KCE, Brussels, Belgium; ⁴Lefebvre Associates Ltd, UK; ⁵Centre for Reviews and Dissemination, York, UK

Introduction: Increasing numbers of research papers about information retrieval for health technology assessments, systematic reviews and other evidence syntheses are being published. It is time-consuming and demanding for information specialists to keep up-to-date with the latest developments in the field. To help to meet these challenges, the Interest Group on Information Retrieval (IRG) of Health Technology Assessment International (HTAi) has created an open-access web resource entitled SuRe Info (<http://www.sure-info.org>). **Description:** Information retrieval methods publications are identified by running topic-specific search strategies in selected relevant databases. A structured appraisal is created for all publications fulfilling the SuRe Info inclusion criteria. The key messages from the appraisals are summarized into topic-specific chapters. **Outcomes:** Fourteen chapters are now available on SuRe Info, with others currently in development. SuRe Info chapters cover 2 types of categories: 1) general search methods used across all health technologies, such as strategy development and search filters, and 2) methods used when searching for specific aspects of health technologies, such as clinical effectiveness, safety and economic evaluations. References at the end of each chapter are linked to appraisals of included publications. Links to full-text are provided when freely available. **Discussion:** SuRe Info offers research-based advice for everyday searching issues. With updates every 6 months, SuRe Info seeks to help information specialists stay current in the latest developments in the field. It provides easy access to summaries of current methods papers and supports timely uptake of potential new efficiencies in information retrieval practice.

CP21. Fishing for Grey Literature: What Are We Catching in CADTH's Rapid Response Service?

Melissa Severn, Kelly Farrah, Caitlyn Ford, Suzanne McCormack, Aleksandra Grobelna, David Kaunelis

Canadian Agency for Drugs and Technologies in Health, Ottawa ON

Background: At CADTH, considerable effort is made to retrieve grey literature for rapid reviews published as part of the Rapid Response (RR) Service. The searching process to capture this information is guided by the RR checklist, which is a 46-item sub-set of CADTH's Grey Matters tool. The objective of this study is to measure the value of the RR checklist for finding relevant documents. **Methods:** We conducted a retrospective analysis of 71 rapid reviews published from April to September 2016. The number of grey literature documents captured by the RR checklist was compared with how frequently they were cited in these reports. The type of grey literature document cited was recorded as well as the publisher. **Results:** Of the 1893 documents found through the use of the RR checklist, 324 (17%) of those documents were cited in our sample of rapid reviews. Guidelines were the most frequently cited type of grey literature document (41%). The cited grey literature came from 192 publishers, 20 of which are on the RR checklist. Documents found using the RR checklist accounted for 23% of the total literature cited. **Discussion:** The grey literature search process as guided by the RR checklist identified additional relevant documents; however, there is opportunity for improvement in precision rates. The variety of grey literature publishers can make it difficult to rely on a checklist of individual websites to capture relevant grey literature. Strategies that focus on utilizing search engines and grey literature databases more effectively may need to be developed.

CP22. Visualizing History of Medicine Collections: Improving Discovery of Special Collections and Access to Full Text

Chelsea Ambler, University of Calgary, Calgary AB

Introduction: Five History of Medicine Collections (4625 titles), held at the Health Sciences Library and Special Collections (University of Calgary), are available for mediated in-library research use. Discovery is achieved through the OPAC and library orientation for the History of Medicine program. Many titles are available digitally. However, access is through multiple sources and their discoverability is limited. Through interactive visualization, this project aims to promote discovery at the collection level and to improve digital access. **Description:** Building from previous explorations of visualization tools, Tableau was selected to produce 3 interactive visualizations: a timeline, author ranking, and subject classification map. Each visualization allows exploration at the collection level while highlighting individual titles with connections to catalogue records and digital access. A Microsoft Access database created using MARC records underpins the Tableau visualizations. Digital access was supplemented with HathiTrust and other sources. **Outcomes:** We received positive feedback from faculty on preliminary visualizations. These were later introduced in the History of Medicine Program's Fall 2016 library orientation. Currently, select titles are being digitized to fill gaps in Full Text Access and additional visualizations have been planned for future implementation. Supplementation from HathiTrust and other sources increased digital access from approximately 67 to 1658 titles. **Discussion:** Visualization, and Tableau in particular, has been used in collection and service analysis. While research exists on visual interfaces to improve discovery, the application of Tableau for this purpose has not yet been documented. Tableau offers the ability to create custom visualizations for collection discovery and supplementation without visualization programming language experience or complex integration with other library systems.

CP23. Colour Our Collections: Using Adult Colouring as Outreach in a Health Science Library Rare Books Collection

Laura Hamonic, Liz Dennett
University of Alberta, Edmonton AB

Introduction: A simple, cost effective method for engaging students and promoting use of our health sciences library's rare books collection was sought. An environmental scan of other special collections libraries' programs resulted in our decision to capitalize on the adult colouring trend. **Description:** Colouring pages were created by a practicum student, who digitally traced images from special collection books using an Intuos tablet and MyPaint. These colouring pages were released both in the library and online. In the library, a reproduction of the original document was posted above a table containing copies of the colouring pages and colouring supplies. Patrons were encouraged to colour the page and post their artistic efforts beside the original. Patrons were also provided with information on visiting the special collection. **Outcomes:** We began releasing pages in March 2017 and as such do not have outcomes to report yet. We plan to use 4 metrics to evaluate the program: the number of pages distributed in library, number of pages downloaded, number of coloured pages posted, and the number of users of the special collection stating they became aware of it through the colouring pages display. We will also have a comments board and use social media to collect patron reactions to the project and will report on the total cost of the project.

CP24. A Mixed Methods Approach to Evaluating Point-of-Care Tools

Andrea McLellan, Stephanie Sanger
McMaster University, Hamilton ON

Introduction: Academic Health Sciences Libraries invest thousands of dollars to license point-of-care tools for the primary purpose of teaching students and residents how to utilize evidence-based resources in clinical practice. Though recent studies have compared product features, none have offered guidance on how to make localized collection decisions. This mixed methods study, situated at a large academic health sciences library, was designed to assess the value and sustainability of point-of-care tools using methods that were guided by the local needs of students and early career health professionals. **Methods:** Products were selected for inclusion if they were current institutional subscriptions. A rubric for the evaluation of breadth, editorial quality, evidence-based methodology, timeliness, and content presentation was developed using existing rubrics and modified through consultation with clinical faculty. The evaluation of "breadth" was tailored to local needs by conducting vertical analysis of sample query data, in which data were (1) categorized by type of information using UMLS taxonomy and (2) coded by topic using ICD-10. Data were analyzed for frequency and co-occurrence by using Spearman's rank correlation coefficient. Sustainability was assessed based on a longitudinal examination of inflation trends and the ease by which use data could be obtained. **Results:** The results analysis will be presented in terms of value and sustainability. **Discussion:** In this study we employed methodologies novel to the field of collection development. The results of our analyses will inform collection evaluation and decision-making for point-of-care tools for a library's specific user group.