CHLA 2018 CONFERENCE CONTRIBUTED PAPERS / ABSC CONGRÈS 2018 COMMUNICATIONS LIBRES

CP = Contributed Paper

CP1. How to (Easily) Prove That People Think We're Awesome

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Vancouver Coastal Health

Introduction: Literature searches are the most important value-added service our library provides. Quantifiable data is regularly gathered for each literature search performed, but measurable outcome-related feedback from patrons is harder to obtain. After consulting the literature and seeking input from colleagues, we devised an easy to implement procedure that has enhanced our data collection activities, capturing the value and impact of library services. **Description:** Two weeks after literature search results are delivered, patrons receive an automated email inviting them to complete a brief, anonymous survey on the timeliness, relevance, and intended use of their research results. Patrons can also provide additional comments and suggestions. The email mentions the search topic as a memory prompt but is otherwise generic. We decided on a two-week delay between sending the results and the survey email; enough time to review results yet not so long as to hamper recall. We review responses monthly, and incorporate the data into our annual reports. **Outcomes**: Response rates since implementation in 2014 have averaged 59%. We receive positive comments about our services, useful information regarding how people discover our libraries, and reasons people request literature - to support direct patient care, program planning, professional development and clinical research. **Discussion**: The automated feedback procedure is now an important part of our regular workflow. Information collected using the survey has provided us with rich data to inform strategic planning and advocacy endeavors, and it demonstrates the value and impact of the library from the perspective of clinicians, managers and administrators.

CP2. The Information Assessment Method: Over 15 Years of Research Evaluating the Value of Health Information

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Introduction: The Information Assessment Method (IAM) is a unique theory-driven validated questionnaire used to evaluate health information outcomes from the viewpoint of information users (clinicians, managers, patients, general public). **Description**: IAM allows information users to rate specific health information content online (e.g., a webpage), stimulate their reflection, and collect feedback comments. Consequently, ratings and comments can be used by information providers to improve content. IAM is based on a theoretical model of information outcomes organized in four levels: situational relevance, cognitive impact, use, and health outcomes of information. The IAM questionnaire has been validated for different audiences using participatory mixed methods studies, therefore integrating quantitative survey data with qualitative insights. **Outcomes**: Six audience-specific IAM versions are currently used. For example, IAM-physician has been implemented by the Canadian Medical

Association (CMA) since 2009. 22,000 CMA members use IAM to rate daily InfoPOEMs (Patient-Oriented Evidence that Matters) as part of continuing medical education. Since 2014, IAM-parent has been implemented with an online parenting information resource (Naitre et Grandir) and 55,000 questionnaires have been completed so far and contributed to improving Naitre et Grandir content. Other versions include IAM-pharmacist, IAM-manager, IAM-survivor and IAM-heart. **Discussion**: IAM stimulates reflective learning and collects user-generated content-specific constructive feedback. It is useful to both information users and providers as it facilitates a two-way knowledge translation between them. Moreover, IAM ratings have been used to identify InfoPOEMs about tests or treatments considered unnecessary by clinicians, in line with the international 'Choosing Wisely' campaign.

CP3. Recovery-oriented Collection Development: Results of a Qualitative Study on Mental Health Information Needs in a Patient Library

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Centre for Addiction and Mental Health

Background: Client libraries represent effective tools for responding to the information and educational needs of the clients they serve. A quality improvement project was conducted to evaluate the utility of the client library at the Centre for Addiction and Mental Health (CAMH) and to collaborate with main stakeholders in the creation of a consumer health collection. **Objective**: To understand the health information needs of CAMH clients, and their families to inform the development of a consumer health collection in a mental health care setting. **Design and Methods**: Our qualitative approach included one-on-one semi-structured interviews with clients (n= 11), families (n= 8), health care providers (n= 7) and two focus groups with library volunteers (n= 7). A pilot collection was presented in these sessions to foster discussion. **Results**: Participants expressed a need for health information to be presented in multiple formats and represent diverse voices. Participants also discussed how access to information is empowering and contributes to a client's or family member's overall knowledge of their illness or condition. Though information needs were well articulated, it was evident that our library has a dual role in serving the recreational and information needs of clients and families. **Discussion**: Our findings uncovered intriguing revelations around the meaning of the client library for patients and families in a mental health care setting and the need to meet their information and recreational needs. Further, gaps in our pilot collection signal a need to engage end-users in the development of consumer health collections.

CP4. Développer une collection de livres numériques dans un établissement de santé et de services sociaux au Québec

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CISSS de Lanaudière

En 2015, le gouvernement québécois, par la loi 10, a modifié l'organisation du réseau de la santé et des services sociaux. En bref, tous les établissements d'une même région administrative ont été fusionnés. Par exemple, dans la région de Lanaudière, six établissements ont été réunis pour en former un seul : le Centre de santé et de services sociaux de Lanaudière. Le regroupement inclut plus de 61 installations dispersées sur un territoire de plus de 12 000 km2. Comme les services de santé et de services sociaux de la région, les bibliothèques du CISSS de Lanaudière ont également dû fusionner leur offre de service. Un

des défis majeurs rencontrés par la nouvelle bibliothèque unifiée du CISSS de Lanaudière a été de trouver des moyens de desservir une clientèle très diversifiée, aux besoins différents et sur un territoire très étendu. Le développement d'une collection de livres numériques accessibles à tous en tout temps est ainsi devenu une priorité. Plusieurs possibilités différentes ont été étudiées afin d'arriver à développer ce type de collection. Différents fournisseurs ont été contactés. Différents types de collections numériques et leurs plateformes ont été testées et évaluées (Clinical Key, ProQuest Ebook Central, Acces Medecine, Cantook). Les divers types de connexion (ex reconnaissance IP ou ID) pour l'utilisateur ont aussi été analysées.

CP5. Promoting Positive Mentoring Relationships Among Academic Librarians: A Qualitative Case Study

Diane Lorenzetti, Elizabeth Oddone Paolucci, Bonnie Lashewicz, Ann Casebeer, K Alix Hayden, Tanya Beran
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Introduction: While formal peer mentoring may promote collaborative learning, and further professional development and career outcomes in academia, few studies have explored the perspectives of individuals who have participated in these programs. The objective of this study was to explore the formal peer-mentoring experiences of academic librarians. **Methods**: A qualitative case study methodology enabled an in-depth exploration of a research-focused group peer-mentoring program in a North American academic library. Program participants included ten academic librarians at various career stages. Program documentation, observational field notes, and participant interviews formed the data inputs for this study. Qualitative thematic analysis techniques were used to analyze study data. **Results**: Our analysis of study data suggests that academic librarians view peer mentors as fundamental to their ongoing professional development. While participants valued opportunities to develop skills, build relationships, and share their expertise with others, many felt unprepared, and unsupported, in their efforts to engage in these relationships. Common barriers to participation included a lack of mentorship training, and the need for role clarity, and dedicated time. Competing organizational priorities also appeared to influence individual attitudes towards, and limit participation in, peer mentoring. **Discussion**: The findings from this study highlight the role of peer-mentorship in academic librarians' professional development, and the extent to which program design and organizational culture can impact participation in, and satisfaction with, formal mentoring programs. Participation in peer mentorship may be contingent upon explicit efforts to mitigate individual, program-level, and organizational barriers to mentorship engagement.

CP6. Library as Space: Rant 'n Roar Old School (How People Really Use Hospital Library Spaces)

Sandy Iverson, Zack Osborne
St. Michael's Hospital

Introduction: The Health Sciences Library at St. Michael's Hospital (a large teaching hospital) encompasses three unique but adjacent physical spaces: Library, Information Commons, and Computer Lab. Hospital leadership frequently asks library staff: 'who uses your spaces?'. To answer this question and gather evidence that would inform a redesign of the library's spaces and services, the library

conducted a simple space survey. **Methods**: The paper-based survey focused on understanding who uses the spaces, the purpose of their visit, and their use of each space. Responses were collected daily over two separate weeks in two different months to ensure a cross-section of opinions and staff were represented. Subsequent focus groups explored more in-depth what clients believe would improve the spaces. **Results**: Spaces are used by both students and staff almost equally. Among other findings, the spaces are sought-after for computer access, and visitors use the space more for work-related activities than study-related activities. A substantial number of people use the spaces for personal relaxation; the most valued asset of the spaces was quiet. **Discussion**: While library staff were aware that their library was busy, the data gathered from this project deepened staff understanding of how clients use library spaces and will inform future service and space planning. Survey results were communicated to the institution using a variety of methods, but most heavily via social media and library's communication channels. The goal of this assessment project was to keep it simple, because surveying clients (and reporting results) doesn't have to be elaborate.

CP7. Using Online Technology to Help Advanced Practice Nursing Programs: A Survey of Current Librarian Practice in Canada

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Introduction: Some Advanced Practice Nursing (APN) programs are moving many or all of their classes online. To meet the research and instruction needs of these students, some nursing librarians are using technology for virtual research and instruction. This study was designed to assess the extent to which nursing librarians in North America are providing virtual research and instruction services for APN students. **Methods**: A ten question, IRB-approved survey to determine how librarians are providing services for APN students at their universities was announced in October 2017 through several health sciences librarian listservs. The survey ran for four weeks. Data were analyzed using Qualtrics and Excel. **Results**: Ninety-seven complete responses were received. Nine responses were Canadian, representing universities in six Provinces. The majority of Canadian respondents (56%) indicated that their universities' APN programs were conducted entirely in-person and the majority of the librarians (78%) indicated that they generally provide library instruction in person. Most librarians indicated that they have provided research assistance through some virtual method (phone or email) and some have also used online chat (56%) and video chat (33%). Nearly all Canadian librarians indicated that they feel comfortable using technology to provide research assistance and instruction. **Discussion**: Many opportunities exist for nursing librarians to use technology to provide virtual research assistance and library instruction. Greater promotion of these alternate methods can supplement traditional in-person services, providing greater flexibility for the busy schedules of graduate nursing students. Some outreach may be necessary to highlight the advantages of virtual services.

CP8. Effectiveness of Teaching an Alternative Framework for Question Formulation in Occupational and Physical Therapy: RCT

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Introduction: In educating students in the health professions about evidence-based practice, instructors and librarians typically use the PICO (patient, intervention, comparison, outcome) framework for asking clinical questions. A recent study, however, found that in the clinical setting, occupational and physical therapists' clinical questions did not conform to the PICO framework. A new, alternative framework was consequently proposed for the rehabilitation professions. This study looks at its effectiveness in an educational setting. **Methods**: We conducted a randomized controlled trial with students in occupational therapy (OT) and physical therapy (PT) enrolled at McGill University to determine if the alternative framework for asking clinical questions was effective for identifying information needs and searching the literature. Students were randomly allocated to either a control or intervention group to receive two hours of face-to-face information literacy instruction from a librarian on formulating clinical questions and searching the literature using MEDLINE. The control group received instruction that included the PICO question framework and the intervention group received instruction that included the alternative framework. **Results**: A total of 63 students participated in the study. Results will compare recall, precision, and F-measure in the control and intervention groups as well as information literacy self-efficacy. In addition, the perceptions and experiences of learning the alternative clinical question framework, gathered in focus groups, will be reported. **Discussion**: Results from this study are expected to demonstrate the feasibility of using a new, alternative question framework in guiding OT and PT students and clinicians in formulating clinical questions.

CP9. Exploring the Potential of Library Clinics in Nursing Curricula to Develop Evidence-Based Practice (EBP) Skills

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Introduction: Introduction: Fostering critical thinking skills and iterative strategies is integral to nursing education. Just-in-case workshops/lectures do not teach skills that nursing students can easily apply to complex scenarios. Individual consults more effectively tie learning to practice but are less efficient. We explore the potential of library clinics to support EBP/IL competency development with a just-in-time, inquiry- and case-based, student-led approach similar to consults. **Methods**: This is a sequential exploratory mixed methods study. Participants include undergraduate (FTE ~600) and graduate (FTE ~80) nursing students. All receive a lecture/workshop, optional consults, and an online course guide. Students may attend unlimited library clinics. The librarian keeps a journal. An end-of year questionnaire gathers quantitative and qualitative student feedback, whether or not they attended clinics. Self-selection allows comparison of four cohorts: attended clinic, attended consult, attended both, and attended neither (control). **Results**: September-December students attended 5 clinics (N=38, 7.6/hour), and 28 consults (N=29, one/hour); workshops/lectures did not meet student needs, but they did not know about/have time to attend clinics. January-February students attended 11 clinics (N=61, 5.5/hour), and five consults (N=5, one/hour); student feedback is pending launch of the second end-of term questionnaire. Journal data forthcoming. **Discussion**: Data to date demonstrates the importance of scheduling according to student needs and tying clinics to assignments, and suggests that clinics result in successful learning outcomes, meet needs not addressed by workshops/lectures, and are more efficient than consults. Experienced librarians teaching large numbers of students/using an inquiry or case-based approach should consider clinics.

CP10. Explaining the Method Behind the Madness: 3-part Series on Comprehensive Searching for Knowledge Syntheses

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Introduction: Many graduate students are being encouraged to conduct a systematic or scoping review. We found in consultations that these students are unprepared and often resist the searching techniques we teach as 'above and beyond' what is necessary for publication; therefore, learning outcomes for this workshop series stress students' critical understanding of the why, how and to what ends the search for a knowledge synthesis (KS) affects the overall quality of their review. **Description**: This workshop was designed for graduate students and consists of three 2.5 hour sessions. In these interactive sessions, students practice an objective, structured method for developing exhaustive search strategies; identify potential sources for bias in their search and develop strategies to mitigate them; and evaluate search methods. Our 'hidden agenda' is to equip students to reduce research waste by improving the quality of methods reporting, and reduce bias introduced through poor searches. **Outcomes:** Feedback from the popular workshop is gathered from a 'ticket out the door' evaluation and a reflection questionnaire. Insights from the questionnaire indicate that the series meets the 'hidden agenda', encouraging us to investigate the impact of librarian instruction on graduate students' attitudes and practices conducting comprehensive searches for KS. **Discussion**: We increased the workshop duration, advanced the content, and added more engaging activities. By explaining exhaustive search techniques through the lens of reducing bias and increasing reproducibility and transparency, the instructors have anecdotal evidence to indicate that students are listening.

CP11. Design and Validation of a Search Filter for LGBTQ+ Populations

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Introduction: The health of LGBTQ+ people is a subject area that is challenging to search due to variant and changing terminology. This presents a challenge when developing comprehensive searches for systematic reviews. The objective for this project is to develop and validate a PubMed search filter to identify research concerning LGBTQ+ populations for systematic reviews. **Methods**: We searched for systematic reviews on LGBTQ+ topics and extracted the included studies from a selection of recent reviews in order to use relative recall to test sets of search terms. The resulting citations were split into a development set and a validation set of over 500 citations each. The citations were also categorized by subgroups included in the study, such as gay men, lesbians, bisexuals, transgender people, or combinations of groups. We tested combinations of index and text word terms in PubMed and used the development set to create and calculate the precision, sensitivity, and recall of three search filters: sensitive, specific, and a balance of the two. Search filters were also developed for the various subgroups. The final search filters were then tested against the validation set to confirm the performance measures. **Results**: We created a test set and a validation set of gold standard citations using the relative recall method. The search filters and their performance metrics will be presented. **Discussion**: A validated search filter is an easier and more reliable approach to retrieve relevant literature for reviews on topics related to this minority population.

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CP12. Bridging the Concept Gap: Assessing the Impact of Proximity Operators on Retrieval, Recall and Precision in SR Searches

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Introduction: The Cochrane Handbook recommends that searches for systematic reviews (SR) be designed according to the following structure: controlled vocabulary terms and text words for each concept are combined with the Boolean 'OR' operator. Sets for each concept are then combined with the 'AND' operator, resulting in a set where each reference contains at least one term from each concept. While the Handbook concedes that, when available, the use of proximity operators results in greater precision than the use of the 'AND' operator alone, they are typically used to combine text words within individual concepts (e.g. patient* adj3 anxiety), rather than across concepts (e.g. diabetes adj3 metformin). This study investigates how the use of proximity operators to combine text word searches across concepts impacts retrieval, recall and precision in SR searches. **Methods**: the original Medline searches within a sample of SRs were re-executed for the purpose of calculating recall and precision. Once replicated, the structure of the original MEDLINE strategies was modified using proximity operators (3 degrees of proximity were tested: adj10, adj5 and adj3) to combine text word searches across concepts. Recall and precision of the original search and modified searches of each SR were calculated and compared.

CP13. Evidence-based Evaluation of Sustainable Synthesis Review Service Models: The University of Saskatchewan Context

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University of Saskatchewan

Introduction: Increasing demand for synthesis review (SR) support has led us to define these services at our institution. We plan to develop and implement a new service model based on (1) SR activity at our institution over the past 10 years, and (2) models of SR services in the profession. **Description**: We currently support SRs as an extension of our liaison program, however there is not a consistent approach across the library. To understand the local context, we analyzed reference statistics over a 1-year period and conducted an analysis of our institution's publications over the past 10 years. To investigate potential models, we identified current and emerging SR service models by: reviewing the published literature and surveying Canadian librarians. **Outcomes**: Analysis of the local context indicated that: faculty who undertake SRs are predominantly from Health Sciences colleges; the number SRs has increased significantly since 2007; and librarians are infrequently co-authors. In a 6-month period, liaisons provided 70 consultations/collaborations supporting 28 reviews. The literature review identified various service models (e.g., fee-for-service). The survey results will be collected by March 2018. We will present a summary of the identified models and their applicability for our local context. **Discussion**: By collecting SR statistics we gained an understanding of the breadth of local demand and workload. While we have identified various models, we lack clarity about their effectiveness. The survey results will enrich our understanding of the available models in the Canadian context.

CP14. An Environmental Scan of Systematic Review Support Service Models

Christine Neilson, Nicole Askin, Lisa Demczuk, Tania Gottschalk, Andrea Szwajcer
University of Manitoba

Introduction: Librarians at our institution are experiencing increasing requests to support systematic reviews (SR). In seeking a new service model, we undertook a review of current SR service models with these objectives: 1) determine the volume of SR output from our institution; 2) identify academic libraries offering SR support services; and, 3) describe the different service models and their characteristics. **Methods**: SR publications affiliated with our institution were identified through a bibliographic database search. An environmental scan identified libraries with SR services through: a search for published literature and hand-search for conference material; analysis of websites from Association of Faculties of Medicine of Canada (AFMC) member libraries, the U15 academic libraries, and libraries identified in a general online search; follow-up interviews with the directors and/or staff of AFMC libraries.Data from the scan were collected in Google sheets and characteristics of SR services were extracted using a tested Google form. **Results**: The number of systematic reviews produced by our institution has grown steadily over the past 10 years. We identified 62 libraries offering SR services. Tiered models providing services for different needs and audiences were prevalent. Varying facets of service included the level of librarian involvement, cost, disciplines served, modes of intake, and formal agreements. **Discussion**: We predict that demand for SR support at our institution will continue to grow, both in- and outside the health disciplines. Our analysis of existing SR service models provides a guide for developing and implementing an evidence-informed, formal SR service model at our institution.

CP15. Sharpening the Other Side of the Dual Edged Systematic Review Sword: Expecting More from Our Users

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Introduction: Librarians are often well prepared before meeting with researchers to discuss their knowledge syntheses needs, specifically systematic reviews (SRs). However, what are the expectations we place on our users to come prepared? **Methods**: We completed an environmental scan of select medical library websites in the United States, Canada, the United Kingdom, and Australia, examining academic, government and hospital libraries. We searched for information about systematic reviews including guides, services, forms and documents that were required to be filled by users before meeting with a librarian. **Results**: Preliminary results indicated that there are few institutions that have clearly delineated their expectations of the user before meeting with a librarian for planning a systematic review. Libraries that had more comprehensive systematic review information available to users were more likely to require users to complete a form prior to meeting with a librarian. Most Canadian academic libraries had a consultation form requirement. Australian academic libraries had more interdisciplinary guides on systematic reviews. **Discussion**: A similar level of preparedness expected from librarians when planning a systematic review should also be extended to users. By delineating what is expected from users ahead of time, both members can properly plan. We have created a set of best practices for SR services, bringing together all relevant information found on forms, documents, and websites from our scan, in the hope of providing the health librarianship community with guidelines they can adapt and implement within their institution or organization.

CP16. When Health Professionals Rant and Roar for Free Continuing Education: The Development of a Virtual Provincial CE Series

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Introduction: A provincial health sciences library outreach service previously faced technological and financial barriers that prevented the provision of regular, accessible, and substantive education sessions to its clients. Recent improvements to provincial broadband and technologies accessible in rural areas created the opportunity to launch a free health information literacy education series to health professionals throughout the province. The content, timing, and delivery of the series was informed by a 2016 survey that explored the education needs of outreach clients. **Description**: Three hour-long education sessions were piloted in summer 2017: Introduction to outreach services, UpToDate, and Google searching. Sessions were presented both in-person and virtually. Participants were invited to complete an assessment survey after each session. Following a successful pilot series, fall and winter curricula were developed, featuring topics selected based on the 2016 survey and ongoing client feedback. **Outcomes**: The education series has proven to be sustainable and popular. Due to client demand, virtual sessions were offered twice and the webinar technology needed to be upgraded to provide more seats for attendees. Post-session assessment surveys indicate that attendees learned valuable information and are interested in attending future sessions. Regular promotion of the sessions has led to increased requests for outreach services. **Discussion**: A province-wide continuing education series for health professionals is feasible, sustainable, and addresses previously unmet client needs. Outreach services will continue to offer summer, fall, and winter education series, incorporating continuous input and feedback from clients.

CP17. ECHO HIP: Phase 1: A Needs Assessment for Continuing Professional Education for Health Information Professionals

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Project Extension for Community Healthcare Outcomes (Project ECHO) is an innovative clinical education and tele-mentoring model that aims to democratize knowledge and build capacity in the healthcare workforce. ECHO uses a hub-and-spoke model to connect rural and under-served areas (spokes) to learn from each other and from inter-professional specialists (hub). Primarily focused on health care provider education, the ECHO model has not yet been applied to health librarianship. ECHO has the potential to be leveraged by health information professionals (HIP) to share best practices, develop specialty expertise and create a virtual community of practice. Each ECHO session is comprised of a didactic presentation, and case-based learning. To better understand the needs of HIPs and develop a curriculum, a needs assessment survey was developed and conducted. The survey focused on the need for a telehealth-based model of continuing education (CE) for HIPs across Canada, and what topic areas should be considered. Based on preliminary data (n=46) 61% of respondents would likely attend ECHO sessions for HIPs, with an additional 35% uncertain. Preferred frequency of sessions is monthly. Didactic topics of greatest interest were literature searching, emerging technologies and evidence-based librarianship. All respondents, so far, have been from medium or large urban centers. There is definite interest in pursuing CE for HIPs based on the ECHO model. One limitation of the survey is the lack of respondents from small/rural communities, which may be addressed once data collection is complete. Future steps include determining funding models and infrastructure, and exploring multilingual options.

CP18. A Description of Evidence Gathering for a Metanarrative Review on Patient Engagement in Health Professions Education

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Introduction: A metanarrative review is a knowledge synthesis methodology examining how a topic is conceived, researched and developed across and within academic traditions. In this paper we will describe the evidence gathering process used by a team that is examining how patient engagement in health professions education has been conceptualized, theorized, and investigated. **Methods**: The information gathering process for a metanarrative review is iterative and ongoing, requiring a variety of tools and strategies. Central to the goal of a metanarrative review is identifying a diverse range of sources including databases, experts, stakeholders, key authors, and research centres or bodies of literature. **Results**: Initial steps involved searching bibliographic databases in medicine, education, social sciences, and history. Searches were based on terminology and authors sourced from the team, known literature, and consultations with experts and stakeholders. As the results were screened, grouped into themes and discussed, the team found new questions, terminology, concepts and angles that invited deeper examination. Over the course of the review, the team also used reference lists, citation searching, Google N-gram, and discussions with both experts and stakeholders to develop an understanding of how patient engagement in health professions has been theorized over time and across research traditions. **Discussion**: The process of information gathering for a metanarrative review is complex, requiring decisions at many points about what is needed, how to find it, and when to stop. Each metanarrative review's methods must be flexible and guided at each stage by what is found in the earlier stages.

CP19. Managing Health Information for Renal Patients: A Model of Clinical Consumer Health Collaboration

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Introduction: The information needs of people with Chronic Kidney Disease (CKD) are extensive and constantly changing. Recognizing this, the Renal Program at a large urban hospital enlisted an in-house consumer health librarian to create an information delivery tool that could inform patients at any point in their care continuum. Combining the clinical team's subject knowledge and the librarian's expertise in health literacy and information management, a strong partnership was formed and an innovative resource was created. **Description**: An information-management structure was created by consulting a multi-disciplinary group of clinicians who outlined the care continuum.   Then, the team collaborated to refine the structure, establish core areas of care and gather relevant resources to support these.   A low-cost internet-based tool was chosen to organize and house the resources. The tool was extensively redesigned to enhance usability and ease of navigation. The tool was tested by both end users and clinicians to ensure it met patient needs. **Outcomes**: Users strongly endorsed the tool, stating it was 'long overdue' in providing easy-to-navigate, single point access to information that could be used even as their needs changed. The tool can also be quickly changed or edited as new resources are identified. **Discussion**: This collaboration serves as a model for clinical-consumer health partnerships. Together, the team successfully brought quality health information to a large and diverse patient population and created a tool that can be replicated in other patient care areas.

CP20. In Primary Health Care, What Are the Outcomes of Using Online Consumer Health Information?

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Introduction: The use of online consumer health information (OCHI) usually improves knowledge, participation in healthcare, and health outcomes. However, little is known about these outcomes in a primary care setting. Our objectives are to revise an initial framework on OCHI outcomes and identify strategies to prevent negative OCHI outcomes. **Methods**: A systematic mixed studies review informed an interpretive qualitative study. Review: Six bibliographic databases were searched using a strategy developed by four librarians. Two independent reviewers selected and critically appraised included studies. Using thematic analysis, harmonization of themes, and a framework synthesis, we produced a revised framework of OCHI conditions and outcomes. Configurational Comparative Method (CCM) was used to investigate the association between three conditions (health literacy, health status, confidence in OCHI) and positive/negative outcomes. Qualitative study: Interviews with 19 OCHI users and 10 health care practitioners and health librarians explored negative outcomes in-depth. Three qualitative researchers performed a thematic analysis and identified potential preventive strategies. **Results**: In 65 included studies, we identified 31 outcomes and 21 conditions, which were then defined and included in the revised framework. Preliminary CCM results linked high literacy or high confidence with a positive outcome. In the qualitative study, we found three dimensions of OCHI 'tensions' (internal, interpersonal, service-related) and three main preventive strategies (providing reliable OCHI sources, teaching consumers how to evaluate OCHI sources, encouraging consumers to discuss OCHI). **Conclusion**: The results help us understand the outcomes of OCHI use and support the key role of health librarians in preventing negative OCHI outcomes.

CP21. How Do Millennials Find Health Information? A Study of Everyday-life Health Information Seeking

Joan Bartlett, Jamshid Beheshti, Cynthia Kumah, Anna Couch
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Introduction: Past research indicates that millennials rely heavily on information obtained from the web and social networks, but also that they may not be able to judge the authenticity, validity and reliability of digital information, and may share misinformation among themselves. As part of a larger study to understand millennials' information behaviour, we present preliminary findings of research into their health related everyday-life information seeking. **Methods**: Data collection used an online survey of all McGill University undergraduate students, and obtained 3565 usable responses. Questions included how often respondents used specific information resources, and how they judged the credibility of information. Demographic variables included age, program of study, and previous information literacy training. **Results**: When looking for information relating to everyday health concerns, the three most frequently used resources were friends and family, experts (e.g., health professionals) and well-known websites (e.g., WebMD), while the top three most credible resources were experts, scholarly books and journals, and government or university websites. The most highly rated factors in judging credibility were whether the information was consistent with that from other sources, whether the information was up-to-date, and the quality of the language. Google was the most frequently used website. **Discussion**: The findings highlight a disconnect between participants' assessment of the credibility of a source, and their choice to use it. They also suggest a need for information literacy education relating to everyday-life contexts;

academic health sciences libraries should consider student life and outreach programs to address students' everyday health information needs.

CP22. Core Entrustable Professional Activities (EPAs) and Librarian Involvement in Competency-based Medical Education

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In May 2014, the Association of American Medical Colleges (AAMC) published the Core EPAs for Entering Residency. In spring of 2016, the American Association of Health Sciences Libraries (AAHSL) formed a task force to evaluate how the new Core EPAs could impact the engagement of librarians in medical school curriculum development, teaching, and assessment. The task force's first charge was to libraries participating in Core EPA activities and develop a methodology to characterize the nature of participation. The second charge was to map and cross-reference the Association of College & Research Libraries (ACRL) Framework to the Core EPAs and existing competencies. First, a survey was developed and sent to medical schools via the AAHSL listserv in fall of 2016. Results were analyzed using SPSS, and a statistician was consulted. Second, task force members used inter-rated reliability to map the ACRL Framework to relevant EPAs and ACGME Common Program Requirements. The survey results have been analyzed, and follow up interviews will commence in the winter of 2017. Generally, librarians are involved in teaching and assessment of EPA 7, forming a clinical question and retrieving evidence, and to a lesser degree in EPAs 9 and 6, but overall involvement and awareness of EPA domains remains low. Trends identified in the data can help medical librarians broadly plan how they could use EPA's, to identify areas for librarians to impact medical school curricula. Our data demonstrates that EPAs can be a powerful tool to increase information literacy activities in a curriculum.

CP23. Roles, Methods, and Values in Teaching Evidence-Based Medicine: Roaring or Silent Librarians?

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Introduction: Teaching evidence-based medicine (EBM) is often a vital and substantial portion of medical libraries' instructional programs. Yet teaching EBM has presented challenges for both medical librarians and medical school faculty, ranging from finding time in the curriculum to faculty's lack of EBM knowledge and skills, as well as difficulties in students' mastering EBM skills and in librarians' being included in EBM curricula. This qualitative study investigated effective educational approaches, including the role of librarians, in teaching EBM. **Methods**: Using a grounded theory approach, semi-structured interviews at multiple institutions were conducted in person with librarians and faculty involved in teaching EBM at schools of medicine and other health sciences. Questions included:

Where/when in the curriculum are EBM topics introduced (e.g., PICO, literature searching, and critical appraisal of evidence?) With sophisticated tools such as UpToDate available, is there still value in students learning EBM skills? What specific teaching methods are used; how do you know whether they are effective? To what extent are librarians involved in the curriculum; why (or why not)? Two reviewers are independently coding interview data using MAXQDA and will subsequently reconcile differences and reach a consensus on themes. **Results (preliminary)**: 90 interviews were completed at sixteen institutions in the Pacific Northwest. Interviewees stated that more robust and standardized EBM curricula and addressing the perceived lack of EBM relevance to students are needed. Medical faculty and librarians expressed different perspectives on librarians' roles and value in teaching EBM.

CP24. One Year Evaluation of the CHLA/ABSC Knowledge Synthesis Interest

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Introduction: Many information specialists in Canada play a role in supporting knowledge synthesis (KS) activities, such as the production of systematic reviews, scoping reviews, and health technology assessments. A significant number, however, find themselves working in relative isolation from other KS librarians. Although international interest groups are available, there were no groups specifically for Canadian health information professionals working in KS to discuss methodological issues and provide mutual support. **Description**: In November 2016, a group of librarians reached out to CHLA/ABSC membership to discuss the formation of a KS Interest Group (KSIG). A formal proposal was submitted to the CHLA/ABSC board, and approved at the February 2017 board meeting. Following an online survey to determine member priorities, the group began work on a variety of activities to facilitate member communication and continuing education. **Outcomes**: The survey highlighted a desire for continuing education activities, and a need for a community of practice for librarians involved in KS. A series of regularly scheduled webinars and CHLA/ABSC accredited online journal club sessions was established, and work on other projects is ongoing. We will conduct a follow up survey in early 2018 to evaluate member satisfaction with KSIG activities and identify future directions for the group. **Discussion**: KSIG has made strides towards creating a connected community of Canadian librarians working in the KS field. The group's strength lies in an engaged membership. The 2018 survey results will guide future KSIG activities and provide insight into the ongoing support needs of librarians.

CP25. The Way Forward in Reconciliation Through Indigenously-authored Children's Literature

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Introduction: Improving Indigenous health in Canada means understanding reconciliation as it is presented through an Indigenous lens. Storytelling is a way that many Indigenous peoples pass on history, traditions, knowledge, and wisdom from one generation to another. Truth and Reconciliation content presented in children's fictional works by Indigenous authors can provide an accessible starting point for anyone wishing to build awareness and cultural competence in Indigenous health. This paper is Part 2 of a two-part study addressing residential school experiences and the reconciliation process as they appear in children's books authored by Canadian Indigenous peoples. **Methods**: The Amazon 100 Bestseller Canadian Indigenous Story Books list was sampled over a seven week period;

additional titles were gathered from publishers, academic and public library book lists. Books were screened and we determined their relevance to the 10 Principles of Reconciliation and the 94 Calls to Action, identified themes, and then organized books according to those themes. **Results & Discussion**: Participants in this session will gain an appreciation for the breadth of Indigenous children's publication in Canada. They will also have access to a thematically-organized list of over 100 fictional works for children and youth, created by Canadian Indigenous authors and/or illustrators. This content can be used to discuss Principles and Calls to Action set out by the Truth and Reconciliation Commission. This is a practical tool that can be used by diverse groups looking for stories that promote awareness, discussion, understanding of residential schools, their legacy, and the way forward.

CP26. Towards Better Collaboration between Librarians and Faculty in Program Reviews: A Case Study in the Health Sciences

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Introduction: This paper investigates academic librarians' perceptions that they are marginalized by faculty during academic program reviews and recommends ways for more effective collaboration. It contributes to the body of knowledge about librarians' roles in program reviews by providing direct and empirical measures to triangulate prior perception-based investigations that rely on surveys and interviews. It summarizes limitations of the current institutional quality assurance process, as well as benefits to be gained by integrating librarians more fully. **Methods**: The paper describes a case study at a Canadian university where the documents produced as part of the program review process for ten graduate programs in the health sciences were analyzed using corpus tools and techniques (e.g. keyword generation, key-word-in-context analysis). For each program, the volume and nature of the discussion involving libraries was examined in six documents: self-study, library report annex, site visit itinerary, reviewers' report, academic program's response, and final assessment report. **Results**: Empirical corpus-based evidence validates the findings of prior perception-based studies and confirms that health librarians currently have a minor role in program reviews. The results suggest that programs are not currently putting their best foot forward during program reviews, but this could be improved by including librarians more fully in the program review process. **Discussion**: Best practices and gaps emerged, prompting five recommendations for policymakers and practitioners for ways in which academic librarians can collaborate more closely with faculty to play a more meaningful role in the program review process.

CP27. Identifying Challenges and Facilitators Facing Early Career Researchers When Conducting Systematic or Scoping Reviews

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Introduction: Librarians often guide early career researchers (ECRs), including graduate students, through many of the steps required when undertaking a systematic or scoping review. There are many similarities in the questions posed by ECRs during consultations with librarians. Librarians could enhance their support to ECRs by pinpointing the challenges that ECRs face at each step of the review process, and developing ways to overcome these challenges to facilitate participation by ECRs in the systematic or scoping review process. **Methods**: We conducted a scoping review to identify the challenges and facilitators that impact the level of preparedness of ECRs and graduate students conducting or participating in systematic or scoping reviews. Our hope is that by pinpointing these challenges, we can

create better resources and tools for ECRs to navigate more seamlessly through the systematic or scoping review lifecycle. We also want to determine the facilitators that may already be available. **Results**: Final results of this study will be presented at the CHLA conference in May 2018. **Discussion**: At each stage during the systematic or scoping review cycle, different challenges can arise, especially for a novice researcher. This scoping review would be one of the first to cover this topic in a systematic way. Results would be of interest to librarians and the wider research community in health sciences and medicine, particularly educators.

CP28. Factors Associated with Search Strategy Reporting in Published Network Meta-Analyses

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Introduction: A new knowledge synthesis technique called network meta-analysis (NMA) is becoming increasingly popular. As with other types of knowledge synthesis studies, search reproducibility in NMAs is critical; presenting a full electronic search strategy from at least one database allows researchers and reviewers to assess the comprehensiveness of the search and the potential for bias. This study examines the association between the presence of at least one full electronic search strategy and factors such as documented librarian involvement, pharmaceutical company involvement, consulting company involvement, publisher policies regarding article length, and relative journal importance. **Methods**: The study builds on a previously published dataset that includes all NMAs published prior to July 2015 [Li et. al. 2016, doi: 10.1371/journal.pone.0163239]. Searches developed by Li were rerun in order to retrieve citations entered from 9 July 2015 to 31 December 2016. After de-duplication, two reviewers independently screened the search results to determine if they met the eligibility criteria. Reviewers then extracted data from all published NMAs identified for inclusion (n = 1202). Logistic regression will be performed in order to identify factors associated with search strategy reporting.

CP29. Mapping of Methodologies Used in Retraction Reviews

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Introduction: The impact of retracted publications has been studied across disciplines using various review methods often with limited search documentation, making replication and validation difficult. Retraction studies have been explored in some biomedical disciplines but not all. This project aims to map the methodologies used by retraction reviews in health sciences, as well as identify best practice and subject gaps. **Methods**: We searched Medline, Embase, and CINAHL using a mix of controlled vocabulary and keywords to capture reviews of retracted publications. We used Covidence to screen titles and abstracts through full-text review screening. Articles synthesizing or reviewing retracted publications were included while individual retraction studies were excluded. Data extraction focused on search methodology, discipline/subject, reason for retraction, and data management/analysis. **Results**: After removing duplicates, 3343 results remained for title/abstract screening. We conducted full-text screening of 83 articles and selected 54 studies for data extraction. Preliminary results show low use of reproducible methods. Several studies offer a minimum level of reporting, indicating only the name of databases searched and keywords used. **Discussion**: Librarians have expertise documenting searches in other contexts (i.e. systematic reviews) and this pre-existing knowledge will contribute to developing

reproducible search strategies and methods in retraction studies. This paper maps the existing literature and methods used in reviews of retracted publications. It provides both librarians and biomedical researchers with knowledge on the gaps in methodology and insights into which biomedical disciplines are lacking retraction reviews.

CP30. Turning a Negative Into a Positive: The Case of a Failed Search Filter Project

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Introduction: Research projects fail all the time: here is our story. The amount of literature published every year grows rapidly. This presents challenges for staying up to date. One tool used to narrow search results while maintaining relevance is search filters. We decided to design a filter for locating systematic review methodology articles in Ovid Embase. **Methods**: The PubMed Systematic Review Methods Subset was used as a Gold Standard. Development, calibration and validation samples were chosen and relevant records identified in Embase, where available. Embase records were saved and exported to VosViewer for text analysis to inform term development. **Results**: After months of work, including data collection, data visualization, preliminary analysis, and consultation with experts, we determined that the filter could not be completed. The project was a failure. **Discussion**: The dissemination of failed research is becoming more common, particularly in the health sciences, due to growing awareness of the importance of publication bias related to failed clinical trials. Within the field of library research there is little available related to failed research projects. This has several negative impacts - including the chance that doomed programs or studies will be repeated, or that researchers who have experienced failure will be hesitant to try again. In order for library research to continue to grow we must acknowledge (and perhaps even roar about!) our failures alongside our successes to promote a culture that is accepting, forgiving, and even inspired by the studies that do not turn out as planned.