CHLA 2019 CONFERENCE CONTRIBUTED PAPERS / ABSC CONGRÈS 2019 COMMUNICATIONS LIBRES

CP = Contributed Paper

CP1. Research Data Management Librarian Academy

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Introduction: Many librarians are active participants in their institutions' research lifecycles. Their expertise captures scientific knowledge as it is being created to manage and record it for later dissemination, but their skills with managing research data vary greatly. For librarians to lead research data management (RDM) solutions, they may need skill development. **Description:** Several librarians studied the need for an RDM Librarian Academy. The development team includes librarians from Harvard Medical School, Tufts Health Sciences, MCPHS University, Boston University School of Medicine, Northeastern University, Elsevier, and Simmons University. The team compiled an inventory of existing courses and conducted a needs assessment through interviews, surveys and focus groups to identify gaps in current training offerings and to identify what librarians need for their success. The team also surveyed library and i-school educators. **Outcomes:** The needs assessment indicated librarians feel they want to be part of research teams to assist with managing research data, but they often feel they don't have the needed skills or confidence to do so. They prefer to learn through online modules and at their own pace. A training program is being developed to meet these expressed needs. The program will include 6-7 online training modules and will be offered to anyone across the globe for free. If continuing education credit is desired, Simmons University will offer such for a fee. **Discussion:** The inventory of available trainings guided the development of the training modules to address gaps in current offerings.

CP2. Allied Health Professionals as Information Mediators: Information Practice in a Community Centre

Sara Sharun
Mount Royal University

Introduction: This exploratory study describes the information world of staff at a community health centre serving vulnerable youth. It aims to illustrate key aspects of allied health professionals' information practices and develop a picture of workplace information literacy (IL) in a community healthcare setting. **Methods:** Semi-structured interviews were conducted with nine Youth Support Specialists and Medical Office Assistants at a youth health centre in Calgary, Alberta. **Results:** Staff highly valued their relationships with each other, community agency partners, and clients when seeking, evaluating, and using information. Specific information practices were dependent on their level and type of professional experience; and were determined above all by personal relationships. Staff described themselves as navigators who used their strength in relationship building and their understanding of the health and social care system—and their clients' place within that system—to inform their information practice. Major themes that emerged from the interviews were valuing information, navigating the landscape, and developing capacity. **Discussion:** This study is a first step towards generating a richer description of professional information literacy in a healthcare setting, based on healthcare workers' descriptions of their experiences of this phenomenon. This understanding of socially-situated information practices may inform approaches to IL instruction and support for professionals in navigator or mediator roles. Future

research will continue to examine the role that non-medical healthcare staff have in supporting and developing health literacy for clients, and the role that Librarians may have in preparing these staff members for that role.

CP3. Are University Libraries Supporting Medical Student Wellness? Results from an Exploration of Library Social Media

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Introduction: Academic libraries that support medical schools must provide certain services that are in line with Canadian accreditation standards. These standards exist within twelve checklists and are overseen by The Association of Faculties of Medicine of Canada. Checklist #12 pertains to medical student health and well-being. The literature shows that libraries have diversified their services to meet a variety of patron needs, including wellness. Therefore, to strengthen the library's role in the accreditation process, we investigated to see if academic libraries that support medical schools are actively engaging in student wellness. **Methods:** A scan of social media accounts for all medical school campus libraries across Canada. Instagram, Facebook, and Twitter accounts were checked daily during the months of November 2018 and February 2019. Data was collected then analyzed by identifying common themes related to events, services, etc., that were being promoted at the different campuses. **Results:** Results indicate that some libraries actively promoted student wellness during our collection time frame, while others did not. Common themes found in the data include—among others—recreation, pet therapy, and strategies for positive self-management. **Discussion:** Academic libraries that actively promote student wellness can demonstrate to their medical schools that they can support accreditation on a deeper level. Regardless of who we support, it is important to remind our faculties that we can serve them in non-traditional ways that create a lasting impact.

CP4. MEDLINE vs. PubMed in Literature Searching

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Background: In conducting comprehensive literature searches, multiple database searches are generally performed to ensure optimal retrieval. The value of searching both MEDLINE and PubMed is routinely discussed by information specialists internationally on listservs although no definitive general consensus has been reached. In 2010, CADTH presented a filter developed to capture the 2% of documents found in PubMed that were not in the Ovid version of MEDLINE (https://www.cadth.ca/media/is/Search-dev/Missing2_CHLA_ABSC_Poster.pdf). This year, an exploratory research project was undertaken to assess changes in the gap of coverage between Ovid MEDLINE All and PubMed since that time. **Objectives:** The authors will discuss the preferences of searchers with regards to searching MEDLINE and PubMed, identify coverage overlap between both sources, and promote discussion on whether information specialists should still utilize both databases to ensure comprehensive searches. **Description:** There are numerous advantages and disadvantages to using either MEDLINE or PubMed for complex literature searches. The findings of this exploratory project show that in terms of coverage overlap PubMed includes very few additional citations compared to Ovid MEDLINE All, mainly those items added to PubMed within the past couple of days. However, searchers may still wish to use both databases when conducting comprehensive literature searches. We will delve into reasoning behind why searching both databases might be appropriate. Issues that affect preferences will also be discussed, including search platform capabilities, alerts processing, citation software concerns, and coverage of health technology assessments reports and other grey literature in PubMed.

CP5. Can PubMed's Best Match Algorithm Place the Eligible Studies of Systematic Reviews in Ranks 1- 50?

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Introduction: Solutions like crowd screening and machine learning can assist systematic reviewers with heavy screening burdens, but require training sets containing a mix of eligible and ineligible studies. This study explores using PubMed's Best Match algorithm to create small training sets containing at least 5 relevant studies, which we considered to the be minimum required. **Methods:** Five systematic reviews were examined retrospectively. MEDLINE searches were converted and run in PubMed. Position of included studies was noted under both Best Match and Most Recent sort orders, as were the number of included studies in ranks 1-50. **Results:** Retrieval sizes for the systematic reviews ranged from 151-5086. The number of relevant studies ranged from 8 to 129. Median ranking of relevant records was higher in Best Match in all cases. Best Match placed a total of 25 relevant records in the first 50, at least 2 for each systematic review. Most Recent sorting placed 9 relevant records in the first 50, with none in the first 50 for 2 reviews. Although Best Match sorting outperformed Most Recent in all cases, Best Match placed 5 or more relevant records in the first 50 only twice. **Discussion:** The Best Match sort in PubMed improves the ranking and increases the proportion of relevant records in the first 50 records, but may not provide enough true positives for an effective systematic review training set. However, if investigators need to identify relevant studies for training, investigator screening of PubMed records ranked by Best Match may be the most efficient approach.

CP6. It's Not the Most Credible, But I Use it Anyway: How Millennials Evaluate and Select Everyday Health Information Sources

Joan Bartlett, Cynthia Kumah & Aaron Bowen-Ziecheck
McGill University

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 the digital information, and may share misinformation among themselves. In the first phase of ongoing research into millennials' information behaviour, we found inconsistency between the resources judged most credible for health information (experts, scholarly books and journals, and government or university websites) and the resources used most frequently (friends and family, experts, and well-known websites). **Methods:** The first phase of this research yield 3 565 survey responses from McGill University undergraduate students. The second phase involves ongoing semi-structured interviews with the same population, to further investigate the survey findings. Questions include why the resources used most frequently to find everyday health information are not those judged most credible, and how and why credibility judgments are made. We anticipate reaching data saturation with 15-25 participants. **Results:** Interviews and data analysis are in progress; preliminary interview results will be presented. **Discussion:** We will discuss the implications of the results, including those relating to information literacy, and consumer health information services. Ongoing and future research will also be discussed.

CP7. Evaluation of Health Information 'On the Go'

Cynthia Kumah & Joan Bartlett
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Introduction: Previous research shows 98% of millennials between the ages of 18-24 own smartphones; while they use smartphones to search for health information almost as frequently as they do computers, little is known about how they evaluate information found on the smartphone. The goal of this study is to understand how millennials evaluate health information found on their smartphones. The work reported here is part of a larger study into information use and well-being among millennials. **Methods:** Data were collected using semi-structured interviews with 27 participants (undergraduate students ages 18-24). Questions focused on the preferred device for health information searching and how participants evaluated the information found on the device. **Results:** Preliminary results indicate that although majority of millennials use their smartphones to search for health information, most of them do not evaluate information found on them. The choice of the smartphone as the preferred device for information on the go may have influenced users to think the information found on them can also be used "on the go," without applying the due diligence commonly used in computers. Users overly depend on the underlying technology to automatically retrieve credible information from them. **Discussion:** Millennials are not evaluating health information found on smartphones. To help overcome this problem, health information professionals need to find ways of providing credible health information on mobile devices, and to support millennials (among others) to evaluate what they find.

CP8. The Creation of a Policy for Systematic Review Services and its Impact in a Hospital Library

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Introduction: Until recently, Information Specialists (IS) at our health sciences library did not uniformly approach the communication, documentation, or co-authorship criteria for conducting systematic review services with clients. To improve and standardize our service for each search request, we developed the Systematic Review Search Services Policy; a formal document was created outlining our systematic search policies, procedures, workflows, deliverables, and co-authorship criteria. A Memorandum of Understanding (MOU) was prepared for agreement between the IS and Principal Investigator. **Description:** The Systematic Review Search Services Policy was implemented in September 2018, following a review of practices at other institutions, the literature, an analysis of our existing procedures, consultation with the Research Department, and corporate approval. **Outcomes:** Our initial feedback from research teams with whom we work has been very positive. The clarity of roles and responsibilities from the initial stages of the systematic review process has meant ISs spend less time explaining the services we provide, and the MOU outlines straightforward criteria for co-authorship. To date (February 2019), the policy has been successfully implemented 13 times, with co-authorship agreed upon in 12 cases. **Discussion:** The creation and implementation of a policy has added rigour, standardization, and professionalism to the systematic review services the library offers. We are now gathering feedback from a post-review survey and collecting statistics on the uptake, time spent, and frequency the process leads to a successful publication.

CP9. Untapped Potential: Examining the Role of Library Technicians in Knowledge Synthesis Projects

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Introduction: The field of knowledge synthesis is increasingly drawing on library services to support it. This project aims to investigate 1) the extent to which library technicians are currently collaborating with librarians as part of the systematic review process and 2) the potential for further involvement. A literature review was conducted and both librarians and technicians were surveyed to gauge both present involvement and overall interest. **Methods:** A detailed literature review was conducted in MEDLINE (Ovid platform), and Library and Information Science Abstracts (EBSCO platform) using related subject heading and keyword terms. Grey literature was also searched for relevant conference abstracts and other research. No language, geographical, or publication year limits were placed on the search. Additionally, an electronic survey has been developed and tested, using both qualitative and quantitative queries. This survey will be distributed to library communities in early 2019. **Results:** To date, 333 articles have been screened and reviewed for relevance. Very little discussion regarding library technicians current or potential involvement in systematic reviews was found. Results from the survey are forthcoming (June 2019). **Discussion:** The literature indicates that library technicians are performing traditional roles such as document retrieval, interlibrary loan, and photocopying for systematic reviews. However, there has been little to no published discussion regarding the evolving profession of library technicians and their potential for deeper collaboration in the systematic review process. This is an area that requires further exploration given the changing landscape and skill set of this profession.

CP10. Réflexion Stratégique des Bibliothèques Médicales du CHU de Québec - Université Laval

Zorica Djordjevic & Katia Boivin
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Introduction: Les bibliothèques médicales évoluent dans un environnement complexe et doivent s'adapter face aux développements technologiques et aux besoins évolutifs des utilisateurs. À la suite d'une fusion récente et dans la perspective de la construction d'un nouveau complexe hospitalier, une réflexion stratégique devenait impérative pour les cinq bibliothèques de l'établissement. L'objectif était de définir des orientations stratégiques guidant le développement des bibliothèques. **Description:** Afin d'alimenter la réflexion, une revue de la littérature grise et scientifique a été effectuée. Ensuite, les données recueillies ont été confrontées ou corroborées lors d'entrevues des principales parties prenantes. Finalement, les orientations stratégiques ont pu être dégagées de cet exercice en intégrant en complément, une analyse des forces, faiblesses, opportunités, et menaces. **Résultats :** 49 personnes ont fait partie des consultations et la démarche de réflexion stratégique a permis de dessiner des orientations alignées sur une vision contemporaine et innovante des bibliothèques. Quatre orientations stratégiques ont été déterminées, soient: Renforcer l'offre de service en recherche documentaire et en formation; Moderniser l'espace-bibliothèque; Faire connaitre et reconnaître les services; Développer une offre de service pour les patients. **Exposé:** La démarche a permis, au-delà des objectifs initiaux, de mobiliser l'ensemble de l'organisation autour de la grande pertinence des services de bibliothèque médicale.

CP11. Comment Faire Vivre les Collections Littéraires dans les Bibliothèques Universitaires de Santé?

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Dans les bibliothèques reliées aux facultés intégrant une orientation Narrative-based Medicine ou une approche Medical Humanities dans leur cursus, elles sont un support direct aux enseignements. Mais, lorsque ces ancrages ne sont pas formalisés, quel service peut-on développer pour faire vivre ces collections ? Une bibliothèque universitaire a mis au point un séminaire interactif avec un principe simple : susciter l'échange d'idées entre étudiants à partir de sa collection littéraire. Le module est inséré dans une unité d'enseignement de la première année de bachelier en faculté de médecine et en faculté des sciences de la motricité (kinésithérapie) mais peut se décliner et s'adapter à d'autres niveaux de formation. Le bibliothécaire compile une série d'extraits abordant des thématiques souhaitées et validées par l'enseignant (représentation métier, relation avec le patient, etc.). La séance (souvent en grand groupe) est animée par le bibliothécaire, les extraits s'enchaînent et une application de sondage permet aux étudiants de réagir directement et anonymement via les smartphones. Une heure trente suffit pour initier une réflexion qui se poursuivra avec le professeur au-delà du séminaire. Le dispositif est économiquement intéressant à plusieurs niveaux: pour le titulaire, qui puise peu sur son capital d'heures de cours et pour la faculté, qui ne doit pas engager puisque le séminaire est considéré comme un service pris en charge par le personnel de la bibliothèque, au même titre que les formations en Information Literacy. Les résultats du sondage d'appréciation demande aux étudiants directement après ces séances encouragent à poursuivre.

CP12. Alerte Ebola au CHUM! Rôle du Spécialiste, Gestion de l'information en Situation de Désastre (DIS)

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Centre Hospitalier de l'Université de Montréal

Lors du Congrès des Professionnels de l'Information (CPI) du Québec d'octobre 2017, l'équipe de la Bibliothèque du CHUM avait présenté son projet de développer le rôle du spécialiste de Gestion de l'information en situation de désastre (Disaster Information Specialist: DIS). Après un bref rappel de la mise en place de ce service, nous saisissons l'opportunité du Congrès de la CHLA/ABSC pour relater les journées du 6 et 7 décembre 2018 quand après la théorie, nous sommes passés de la simulation à la réalité. Nous ferons état de la chronologie des événements: Comment avons-nous vécu cette vraie Alerte? Qu'est-ce qui a fonctionné? Ce que nous devons améliorer? Quel a été la réaction de nos collègues à ces rôles et services?

CP13. Opening a Virtual Library Service by Closing Hospital Libraries: Improving Access for Clinicians in a Health Authority

Carol Cooke & Christine Shaw
University of Manitoba

Introduction: Economic factors, online availability, and access were key drivers in the decision by a Canadian university and its affiliated health authority to close eight hospital libraries and merge them into one virtual library service. This case study describes the processes and considerations both for closing library spaces and transitioning to a new virtual library service. **Description:** The hospital libraries were closed and transitioned to a virtual library service within a six-month period. The new virtual library service—launched in January 2018—offers document delivery, literature searching, online training, and

access to electronic resources licensed for health authority staff. This service is staffed by four librarians and four library technicians and is physically located in the university's health library. Patrons access the Virtual Library's resources and services through the virtual library's website. **Outcomes:** Access to electronic resources and services was expanded across the health authority's clinical programs from approximately 5 000 patrons to just over 20 000. Service uptake data and a cost review of the transition will be presented. **Discussion:** No librarian wants to close one library, let alone several. Economic factors pressure health sciences libraries to adapt to new fiscal realities. In the health sciences, online availability and patrons' desire for access at the bedside result in the need for libraries to respond to patron driven needs. A virtual library service is one response to the alignment of these factors. The lessons learned from this experience will inform others facing hard decisions.

CP14. Has Our Big Idea had a Big Impact? User Satisfaction Survey for a Health Sciences Library Outreach Service

Orvie Dingwall & Christine Neilson
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Introduction: Manitoba's Health Information and Knowledge Network (MHIKNET) was launched in 2009 to provide library services to Manitoba Health and rural health professionals throughout the province. As the service prepared to celebrate its 10th anniversary, we sought a better understanding of users' satisfaction to assist in identifying the service's strengths and weaknesses, and to inform future service improvements. **Methods:** After receiving ethics approval, health professionals eligible for the library service were invited to complete a short online satisfaction survey. The survey was designed to gauge respondents' degree of familiarity and satisfaction with the service in general, and the four core services: literature searches, document delivery, current awareness, and education and training. A combination of open-ended and closed questions were used. **Results:** There were 198 survey respondents, which is an estimated response rate of 8%. The majority of respondents (75%) were employees of Manitoba Health and its two provincial facilities, while the remaining respondents (25%) worked in rural health regions. **Discussion:** The response rate was low, particularly from the rural health regions, demonstrating a need to improve communications and outreach to those who are eligible for MHIKNET. Overall, survey respondents indicated that they value MHIKNET, and that the four core services saved them time, helped them stay up to date, and influenced their work.

CP15. Language Used on Library School Websites: Are we Missing Out on Recruiting Librarians with a Life Sciences Background?

Victoria Eke, Tabatha Plesuk & Janice Kung
University of Alberta

Introduction: The majority of students obtaining library degrees have undergraduate degrees in the Humanities, English, or Education. Studies published throughout the 1950s imply that a liberal arts education is the most appropriate preparatory area of study for prospective information studies students. Does the language used on library school websites to attract potential students align with these findings and inadvertently discourage students from non-arts disciplines from applying? Does having a health-related educational background benefit library graduates when embarking upon a career in the health sciences? **Methods:** This two-part study includes a scoping review and content analysis. We conducted a scoping review by searching major library databases to examine whether or not library schools encourage potential applicants with diverse educational backgrounds to apply for admission. Through a content analysis of the websites of 60 North American ALA-accredited institutions, we identified language used to recruit prospective students. We also evaluated the desired qualifications from recent Canadian health

sciences librarian job postings to determine how often employers seek candidates with a health sciences educational background. **Results:** Scholarly literature on the topic is limited. Findings suggest library school websites seldom encourage applications from candidates with non-arts educational backgrounds. Approximately 20% of job postings have a preference for individuals with health sciences-related educational backgrounds. **Discussion:** The common themes across the two-part study indicate that educational diversity is not a priority for library school recruitment or academic literature. The implications for hiring requirements for health sciences librarian positions are discussed.

CP16. What Employers Really, Really Want: Investigating Desired Qualifications in Health Sciences Library Job Postings

Lydia Thorne
University of Ontario Institute of Technology

Introduction: Health sciences librarianship is a rapidly changing profession that requires unique skills and experiences for information professionals to perform at the highest level. But what core competencies are employers looking for and are there any recurring themes? To understand how the role of the health sciences librarian is evolving, this study examines required and preferred qualifications by Canadian institutions for professional employment in academic and specialized health sciences libraries. **Methods:** A content analysis of job postings from January 2017 to December 2018 helped to determine the most desirable qualifications for health sciences librarians. Job announcements were collected from various online sources, including the University of Toronto's Faculty of Information iSchool job site, Partnership Job Board, and canmedlib listserv archives. Two reviewers independently coded each position and discussed discrepancies until a consensus was reached. Advertisements were analyzed for eight variables: job closure date, position title, job status, type of library, geographic location, required years of experience, subject background, and qualifications. **Results:** 59 job listings met the inclusion criteria. Most job advertisements for health sciences librarians asked for previous health sciences library experience. In addition, required and preferred qualifications listed in job postings differed based on library type and job status. **Discussion:** This research will be of interest to library science students interested in pursuing a career in health sciences librarianship, current job seekers, and employers hoping to attract qualified candidates to fill health library positions.

CP17. Organizational Dynamics with StrengthsFinder® Facilitation

Gabriel Rios & Hannah Craven
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Introduction: Team building is a crucial investment to any library. It increases communication, trust, and collaboration while minimizing conflict. It is the director's responsibility to create an environment conducive to collaboration. The purpose of this trial program is to present strategic steps toward building an effective team and to present techniques on becoming a successful contributor on an existing team. Previous organizational-level facilitation was done, establishing core values. The current focus uses the industry standard tool StrengthsFinder to help staff understand their preferences and how they can be most supportive of others. **Description:** New hires have been informed of prior staff development and current core values. Individuals will complete the StrengthsFinder inventory and go over their results with a facilitator. The facilitator will then work with the library staff to show the different perspectives and preferences of their fellow coworkers. Pre- and post-team evaluation results will be measured. In this presentation, the director will describe the greater mission behind this exercise, which is ultimately to foster bonds and create a more efficient work place environment. A new faculty hire will describe their experience becoming an effective team member pre- and post-inventory facilitation.

Outcomes: Recognize the importance of industry standard tools, such as StrengthsFinder, to encourage team building. Illustrate the library director's role in the building of an effective team. Discuss strategies to become an effective contributor of a team as a new librarian. Translate the trial program to one's own institution. **Discussion:** Results are pending.

CP18. The Picture of Health (Libraries): An Examination of the CHLA/ABSC Annual Conference Program, 2013-2018

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Introduction: What are the emerging trends and conversations in health libraries? Which topics have continued to evolve, and which activities are dwindling? Who are the players discussing the challenges we face, and what does that tell us? This paper will identify the trends in Canadian health information settings and among health library professionals by examining CHLA/ABSC Annual Conference programs from 2013-2018 to reveal where we've been, where we're headed, and who's leading the way. **Methods:** CHLA/ABSC Annual Conference programs from 2013-2018 were retrieved from the CHLA/ABSC website. Each program was reviewed, and the following session details captured: year, conference location, session block theme, session title, session format, primary language. Additionally, 1-3 themes/categories were assigned to each session using a controlled vocabulary based on the session abstract/description. Speaker information was also recorded: organization name, organization type, city and province, position/title. All details from each conference program were transcribed and organized in Microsoft Excel. Analysis was carried out on the six years of data to identify themes over time regarding the sessions and speakers represented at the CHLA/ABSC annual conference. **Results:** Consistently programmed topics included efforts to demonstrate value and impact (of the library, services, collections), approaches to evaluating library services, highlighting collaboration and partnerships, teaching and instruction efforts, as well as exploring user information needs and seeking behaviours. Further details and trends will be explored. **Discussion:** Aside from general interest, these findings remind us of the value in sharing our activities for inspiration, knowledge exchange, and peer-to-peer learning in our professional community.

CP19. Comparing the Efficacy of De-duplication Methods in Ovid, EndNote and Covidence

Sandra McKeown
Queen's University

Introduction: Searching multiple databases when conducting systematic review searches can result in hundreds and even thousands of duplicate search results. Researchers often use citation management programs and systematic review software to identify and remove duplicate records. The accuracy of any automated de-duplication process is crucial because removing records that are not true duplicates (false positives) could result in missing eligible studies for the review. This is the first study to evaluate the accuracy and efficiency of de-duplicating in the systematic review software Covidence, in comparison to Ovid and EndNote. **Methods:** A systematic search was executed in four databases on the Ovid platform: MEDLINE, Embase, PsycINFO, and the Cochrane Central Register of Controlled Trials. The combined search results were exported to an Excel spreadsheet where duplicates were identified manually to create a benchmark for evaluation. The benchmark set of records was compared to the de-duplicated sets of records obtained from Ovid, EndNote, and Covidence. **Results:** EndNote returned a substantially higher number of false negatives (records that should have been removed but were not) than Ovid and Covidence. The number of false positives and negatives varied by de-duplication method. Overall, Ovid and Covidence performed very well. Reviewing the false positives and negatives from each de-

duplication method provides insight on the types of records that can be problematic for automation. **Discussion:** Researchers using Covidence need not remove duplicates in EndNote beforehand, as previously recommended. Researchers using EndNote to screen results can reduce the number of false negatives by de-duplicating across Ovid databases first.

CP20. Reporting of Searches for Randomized Controlled Trial Protocols in Cochrane Systematic Reviews

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Introduction: Conduct and reporting guidelines for systematic reviews of interventions mandate that clinical trial registries be searched in order to compile a complete listing of published and unpublished studies. But guidance on the utilization/reporting of trial registry records (TRR) and published protocols (PP) is limited. We evaluated a sample of Cochrane systematic reviews to describe how reviewers report searching for TRR and PP in the methods and whether TRR/PP, when found, are clearly documented in the search results, flow charts, discussion and conclusions. **Methods:** We searched the Cochrane Library for systematic reviews of interventions for the August 2015-16 period. A block random sample (stratified by Cochrane Review Group and as drug/non-drug interventions) of the identified Cochrane reviews were screened. We sampled with replacement to achieve a sample of 20% of the retrieved reviews. Systematic reviews evaluating intervention efficacy with at least one RCT were included. Reviews were screened by two independent reviewers at title/abstract and full-text stages. Quantitative and qualitative data about TRR/PP use were extracted independently by two authors. Disagreements were resolved by consensus. **Results:** We found 904 reviews of which 177 were included after block random sampling and screening. Analysis will be completed by January 2019. **Discussion:** Understanding how reviewers report TRR/PP in systematic reviews of interventions can aid in the development of best practices to supplement existing guidelines and increase our understanding of patterns of adherence to conduct and reporting guidelines (e.g., MECIR).

CP21. What's New in the Cochrane Handbook? Highlights from Chapter 4: Searching for and Selecting Studies

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Introduction: Cochrane Reviews take a systematic and comprehensive approach to identifying studies that meet the eligibility criteria for the review. Members of the Cochrane Information Retrieval Methods Group (IRMG) have recently updated the Cochrane Handbook chapter on methods for searching and selecting studies. The chapter reflects the IRMG's aim to provide practical support for the development of information retrieval techniques for information searchers. **Methods:** This presentation will introduce participants to the Cochrane Handbook's updated guidance on searching and selecting studies for Cochrane reviews. We will highlight current issues in searching for studies and describe the main sources of potential studies. We will discuss the latest guidance on how to plan the search process, design and carry out search strategies, manage references found during the search process, correctly document the search process and select studies from the search results. **Results:** This version of the Cochrane Handbook has integrated the Methodological Expectations for Cochrane Intervention Reviews (MECIR) framework, which specifies "mandatory" and "highly desirable" standards for various aspects of Cochrane review conduct, including searching. However, this version is written for a wider audience of anyone working in the area of systematic review searching. Software for reference management and

study selection is discussed, as well as the value of peer review for electronic searches. The practical content found in this chapter will help searchers balance the thoroughness of the search with efficiency and will be useful to those who want to provide comprehensive searching service.