LIHNNK UP

CROSSWORD CLUES

One of the problems of doing crosswords is that you think in terms of clues:

"Fantastic achievement by North West healthcare librarians (6 - 7)."

Moving on, what's in this edition?

The Oxford HLG conference figures prominently. I couldn't go, so it's really useful to read LINNKUP to find out what I missed. **Jane Roberts** writes up an anatomy of a conference presentation on MAPP. Welcome to new starter **Patrick Glaister**. **Susan Smith** tells stories the benefits of networking and talking to promote libraries and knowledge. App app hurray for **Angela Hall** for her app success. **Clare Payne** engages us with stories from the HLG conference with a little help from the little people.

The Land of Geek, **Matt Holland**, asks what we should tell new authors about Gold Open Access. Stockport Library open days take us back to the future with Yorik the 3D skull. Alas I did not know him.

On to the HLG section. Lots of lovely pics of Oxford. **Steve Collman** takes us on a delegates perspective. See #HLG2014 for a summary of the information shared on Twitter. You will see some familiar names here. Can't believe how many freebies you can acquire at a conference. **Mary Hill** guides us through how to present at HLG. Useful reading if you plan to present a paper at the 2015 Umbrella conference in Liverpool, yeah, yeah, yeah, yeeeeah.

Finally, read about information sources on Ebola from **Steve Glover**.

Sorry did I forget the answer, *"Bumper Edition"* of course!

Matt Holland

MAPping your way to a successful conference presentation

I was lucky enough to receive funding from LIHNN to attend this year's HLG conference in Oxford.

Having attended the previous HLG conference in Glasgow in 2012 I knew it would be an eventful few days packed with interesting talks and debates. I was also speaking at this year's conference for the first time. This article is a reflection on how I prepared for and delivered my presentation.

The Background

For the past year I have been a member of the Making Alignment a Priority (MAP) toolkit steering group. The toolkit has recently been expanded and 10 new content editors from across the country have been recruited to the project. We felt the work we are doing was well worth sharing with the wider health library community so submitted an abstract to present at HLG which was accepted in February 2014. The overall aim of our presentation was to discuss the challenges and benefits of collaborating across regional and national boundaries using the MAP toolkit as the backdrop. With this in mind we approached the content editors looking for a volunteer to co-present with me. Leanne Kendrick, Library Services Manager from the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust stepped up and agreed to co-present with me.

Preparation

Preparing the content of the presentation took around 4-6 weeks. I put together a draft outline which I shared with Leanne and the rest of the content editors during one of our teleconferences. Once we were happy with the outline we started to put the content together. One of the issues I had when putting the outline together was how long the presentation had to be. We had been given a 30 minute slot and I initially planned a 30 minute presentation. After talking to colleagues I quickly realised this was too long as I hadn't accounted for introductions by the chair and questions at the end. With this in mind I reduced the presentation outline to 20 minutes.

Due to the nature of our topic I wanted to include comments from the content editors on how they had benefited from being involved in the MAP project. Before our June teleconference I liaised with Tracey Pratchett and Leanne to come up with a list of questions to ask the content editors. Their responses made up part of the content of the presentation and I also added a slide at the end of the presentation with a selection of their comments.
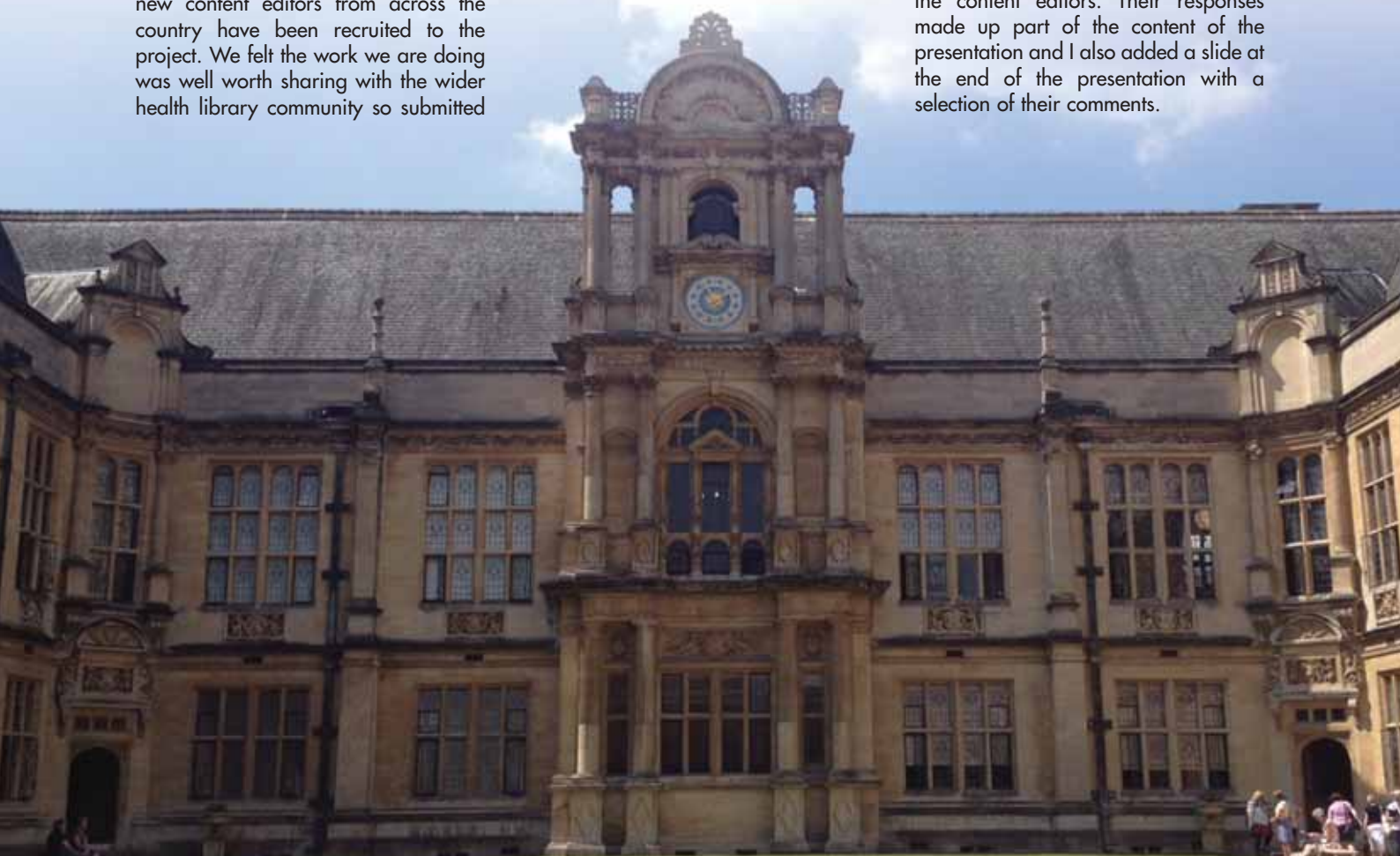
Armed with my script I attended a presenting course run by Deborah Dalley in Manchester on the 3rd July. The event was aimed at members of LIHNN who were presenting at HLG. The day gave me an opportunity to practice my presentation (this was the first time I'd practiced it out loud) in front of my peers and gain feedback. Although it was daunting standing up with only a script and no slides I found the course invaluable. I had the opportunity to practice in a safe environment and received constructive feedback which led to me altering the content of my presentation slightly ensuring it was focusing on issues around collaboration and not just talking about the MAP project.

Putting the slides together took longer than I anticipated (a whole weekend-with breaks to watch the Wimbledon finals!) as I wanted to make sure there wasn't too much text on my slides. One of the things I learnt from Deborah's course was reading text from a slide actually reduces the audience's attention as they're using the same part of their brain to listen as well as read. I used a mixture of text, images, graphics and charts on my slides to help ensure as many of the seven intelligences were stimulated another tip I picked up from the presenting course.

After integrating the script with the slides it was time to practice. Leanne and I had three teleconferences to put together the content and practice the presentation. This was one of the most challenging aspects of preparing for this presentation; neither of us had met face to face to prepare the content and slides, it was all done via e-mail or teleconference. Luckily we did manage a quick run through face to face the night before which went smoothly although it did feel a bit odd practicing in my hotel room talking to a wall.

Delivery
After months of preparation the day had finally arrived to give our presentation. We were thankfully in one of the smaller rooms in the Examination School and around 30 people attended the session with plenty of North Westerns in the audience for moral support! The first few minutes

were a bit nerve wracking but after we'd covered the first couple of slides I began to relax more and dare I say … enjoy it! Remembering to smile and look at the audience when talking to them were two things I took away from the presenting course and something I had in the back of my mind whilst presenting. I also took in a copy of the

The room where we delivered our presentation

Leanne and I looking more relaxed after delivering our presentation

slides and some cards with bullet points of the script which I referred to from time to time. The presentation lasted around 25 minutes with one question from the Chair at the end.

Feedback
Overall I received positive feedback on both my presenting skills and the content of the presentation from my peers. A few commented on the way Leanne and I delivered the presentation noting that the transitions between us

worked well. We were both really pleased with these comments as we had only practiced the presentation face to face once. Another colleague, who was peer reviewing my presentation for my Chartership portfolio, commented on the fact I made regular eye contact with the audience and appeared relaxed and confident (although I wasn't feeling it at first!). One of the things that could have been improved upon was the timing of the presentation-we did run over by about 5 minutes which left little time for questions at the end.

Reflection
On reflection I'm really pleased I volunteered to speak at this year's HLG conference. Whilst I'm used to standing up in front of an audience to train or deliver inductions at work it felt a lot different presenting to my peers at a national conference. One of the things that struck me was how long it took to prepare the material for the presentation. Although this was partially due to the fact my co-presenter was in Norfolk up until now I didn't appreciate how much effort goes into preparing for a 20 minute conference presentation. However I think the key to the success of our presentation was down to all the preparation and practices which took place in the lead up to the conference. I found the presenting course organised by Gil Young and run by Deborah Dalley invaluable. It provided a safe environment in which to practice my presentation and provided an opportunity to gain feedback from my peers on how to improve the presentation. It also gave me confidence in myself and my presentation knowing I had tried it out in front of an audience before the conference. Presenting at a national conference was a daunting prospect; however with lots of preparation and support from my co-presenter Leanne, colleagues at work and in the wider LIHNN network I felt able to deliver an informative and (hopefully) entertaining presentation.

Jane Roberts
OUTREACH LIBRARIAN, SALFORD ROYAL NHS FOUNDATION TRUST

Save the date!

Join us at St George's Hall, Liverpool next July

Umbrella, the cross-sectoral conference of the Chartered Institute of Library and Information professionals, returns to the North West once again in 2015. It will take place at St George's Hall, Liverpool on 2-3 July, 2015. This follows on from the success of Umbrella 2013 in Manchester, where a number of North West health library staff kindly helped out as conference volunteers or shared their conference experiences in LIHNNKUp. No doubt there will be a call for volunteers to help ensure the conference runs just as smoothly closer to the time. Watch this space!

Jo Whitcombe
CLINICAL OUTREACH
LIBRARIAN, CMFT

NEW STARTER **Patrick Glaister**

After spending a long time working in bookshops and university administration I decided about four years ago to pursue a career in library and information work.

My first role in libraries was at Burnley central library as a part time library assistant. Two months after having taken this job I managed to secure a graduate traineeship at Aberystwyth University Library. The year in West Wales was fantastic and I was given an excellent grounding in library work within the academic environment. I got to work in all four departments of the library: electronic services, collection management, customer service and academic liaison librarian.

I finished my traineeship and headed back up North and signed up for the Library and Information Management Masters at MMU in 2012. Whilst studying on the course I worked in a number of part time roles within libraries. I worked in a college for international students called INTO Manchester as a library assistant and Moodle administrator.

I helped train staff on using the Virtual Learning Environment and taught information literacy skills classes to students. I also worked at the University of Leeds library as a weekend library assistant.

I left INTO Manchester to join the University of Manchester as a purchasing assistant in collection management at the beginning of 2013. Whilst writing up my dissertation in the summer I took on a temporary contract as a web content assistant at University of Leeds library and helped set up a number of the web pages for special collections. I continued at the University of Manchester library after finishing my dissertation but was redeployed to special collections at John Rylands Library on Deansgate. It was such a wonderful library to work at and it was so nice going out into the historic reading room first thing in the morning to retrieve books, although I've got to say it can be quite creepy when you retrieve items from the old cellar of the library – there were rumours it was haunted.

My role here at Pennine is my first professional position and I took it on in April 2014. It has a rather grand title: Specialist Librarian:

Online Resources and my role is wide and varied. I look after the library intranet site, the external website, online resources (such as ebooks/ejournals) and also maintain the library management system Heritage. Everyone here has been so nice and welcoming and it is a great team of people I work with across the three sites.

I'd always had a desire to work within health libraries ever since writing an essay on the sector during my Master's degree. I think the networks in place and the people who are part of those networks in the North West are fantastic and there seems to be a real spirit of collectivism and also the desire to improve themselves and their services. I hope to bring the skills and experiences to this role I have learnt from my time in academic libraries and look forward to a long a rewarding career within health libraries.

Sowing the seeds to
grow your library profile

This is an article that has been kicking around and I have put off for a while. The key reason for the delay is that I keep thinking 'what have I actually achieved'!

What I'm going to share are some stories of library potential, not the sort that are particularly good for adding to your Library Quality Assurance Framework (LQAF) impact studies, but important little pieces which can impact on the library, Trust staff and on patients.

The first example I have is a tale from the CILIP Umbrella Conference back in Manchester, February 2014. Normally when I attend a conference I write up little articles on each talk and share around the library staff. This time I spread the word to targeted colleagues within the Trust e.g. social media to the communications team, talk from the Information Commission to Integrated Governance and e-learning to Post Graduate, Practice Education Facilitators and Learning & Development. In response to the shared learning, I received the usual thank you and some follow up questioning. Integrated Governance however took it a stage further and asked me to present and discuss my views on the presentation with their Information Governance team. At that point we weren't embedded in the organisation and it helped provide an introduction to key people in the team and improve relations with them. The actual project planned from the initial discussion fell through, but it still has improved library standing within the organisation.

Sometimes being friendly & chatty in the library can help, as our next example shows. There is a project I'm working on within the organisation which requires the use of volunteers. One day the volunteer manager, brought down one of the volunteers to join the library (we provide them with full membership of services). She told me a tale of a patient with dementia she

was assigned to and how communicating some of the most basic needs could be challenging. Later that day we had a visit from one of our regular Speech and Language Therapists (SLT) about the issue and she offered to provide picture boards to volunteers and family so patients could communicate if they wanted tea or coffee etc. Now the volunteer's manager is aware of the service and can direct the volunteers if they have similar needs in the future.

My third example of libraries sharing knowledge is more recent and its full impact won't be known for some time. This year I managed to get a place on the organising committee for an annual healthcare exposition to show case Trust research and clinical audits. The organising committee were disheartened that there was only one submission for the student poster prize. As a librarian in a partnership service with the University of Chester, I was aware that the nursing students submitted posters as an assignment around the same time as the Expo and approached a senior lecturer to see if there was a way to co-ordinate. Through this conversation the Clinical Effectiveness Team were invited to attend final year student presentations on service development from observations within the Trust. Clinical Effectiveness and I were asked to present to the same group the next day on how they can use Trust support services to implement their ideas when they take a post later in the year, with a view to present the impact of their service improvement projects at next year's Expo. It is hoped that this partnership will continue and help increase the number of nurses within the Trust engaging in service improvement and research.

The last example was one I shared at a knowledge management session by Shelley de Kock (Leeds Community Healthcare NHS Trust) & Nicola Walsh (NICE) at the July 2014 Health Libraries Group (HLG) Conference, Oxford and what has prompted this write up. What is key in my mind is the power of

stories. These are tales which show libraries making connections outside of the library, impacting on patient care and service delivery. It's the kind of stories that Executives like to hear to make a point about the value of the service.

These actions are also simple to do as it just involves listening to someone's problems and thinking I know someone that can help. Anyone answering library enquiries is in a position to help, it's not just something for library managers! Like gardening some of them are fairly instant and results are visible in a few weeks, but other times they might need more nurturing and pruning before they blossom.

What also struck me as I started to type, is a lot of these stories can be generated through tacit knowledge of our organisations. As promoters of knowledge management, isn't there something more proactive we can do? I'm sure you can use my little stories to help improve services within your own organisations. I'm also sure that all library services will have similar stories. If you have any other examples of links you have helped create, email susan.smith@chester.ac.uk and we can see if we can start collecting and sharing some positive tales.

We are just looking for stories of a few lines similar to those above – no great time consuming epistles. We just ask that you try to make them anonymised; in some instances it may be wise to ask permission of the people involved before using them. All stories will be shared through the Making Alignment a Priority (Map) Toolkit blog under KM stories (http://maptoolkit.wordpress.com/useful-resources/km-stories) and will be tweeted via @Map_toolkit.

Susan Smith
SENIOR LIBRARIAN
MID CHESHIRE HOSPITALS
NHS FOUNDATION TRUST

Celebrating Success!

Following on from the last LIHNNK up article, the Royal Liverpool Emergency Medicine Handbook App (Project Managed by Angela Hall, Library Service Manager) has been awarded the 'Chief Executive's Award' and the 'Star of the Night' award in the Royal Liverpool & Broadgreen University Hospitals NHS Trust's annual 'Make A Difference' Awards ceremony. In addition, Appitized won the MOMAS award for the best marketing of an App in the public sector.

Aidan Kehoe, Chief Executive explained why it won these awards: *"The ED app provides clear benefits to our staff and patients in improving the quality of care whilst providing a more efficient way of working. It supports our culture of learning and in creating the app, the team demonstrated enthusiasm and commitment to our values, going above and beyond to deliver a product of exceptional quality. This app demonstrates our commitment to working with our staff and investing in the latest technologies to improve patient care."*

Scan to download

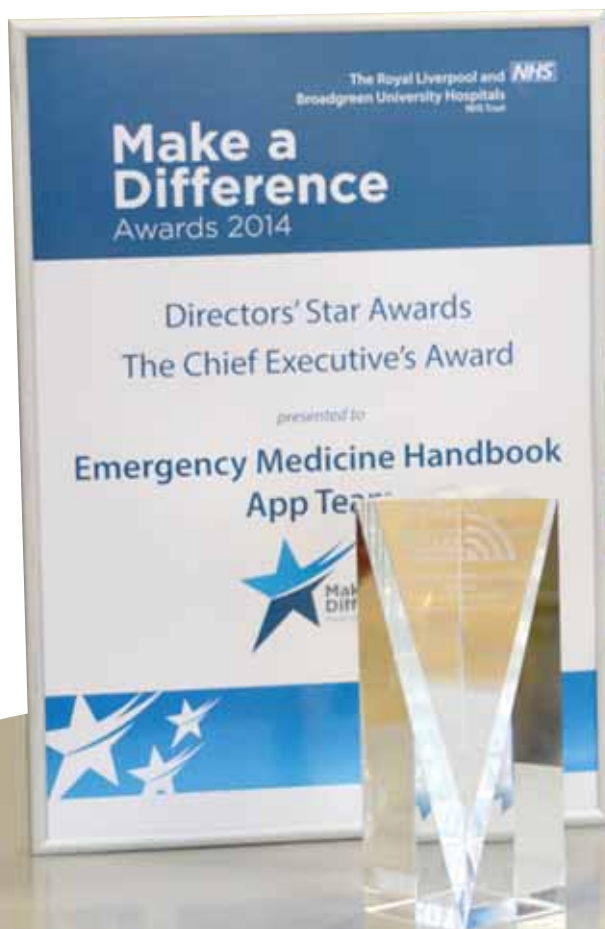No scanner? Goto qrpal.com

BELOW:

Prof. Arpan Guha, Director of Medical Education & Associate Medical Director with Ray & Angela

The Royal Liverpool Emergency Medicine Handbook App

Angela Hall, Library Service Manager & Ray Raj, Consultant in Emergency Medicine along with contributors to the App.

The Royal Liverpool and Broadgreen University Hospitals NHS Trust

Make a Difference
Awards 2014

Directors' Star Awards
The Chief Executive's Award

presented to

Emergency Medicine Handbook App Team

Make a Difference

The Royal Liverpool and Broadgreen University Hospitals NHS Trust

Make a Difference
Awards 2014

Star of the Night Award

presented to

rgency Medicine Handbook App Team

Make a Difference

STAFF AWARDS 2014

Learning from HLG 2014
and Amelie, 2³⁄₄

On 21st July, my niece Caitlin was born at the John Radcliffe in Oxford.

On the 23rd July, along with 300 others, I attended the Health Libraries Group (HLG) Conference at Oxford University Examination Schools. My excitement about the 2 events, my proximity to Caitlin and the promise to spend some time looking after her nearly 3 year old sister Amelie that weekend, all began to blur into one.

What did I take away from both?

Make learning fun – but not too fun

After making tea for an invisible bear and a knight with replica broccoli and bananas, tidying up was met with an emphatic 'No'. We quickly turned this into a game by seeing who could put things back into the box the quickest – job done! This immediately backfired as Amelie promptly upended the box and emptied all the contents out with the excited request 'Again!' **Sarah Chaney, Audience Engagement Manager at the Royal College of Nursing** had far greater success in her workshop **'How engaging are you? Understanding and reaching your audiences'**. She presented a simple but highly effective game that got all participants laughing and debating as we had to decide whether an outlandish sounding theory was a) believed in the past but since debunked b) current and evidence based c) completely made up. The game was aimed at nursing students and was of course intended to get them thinking about verifying the evidence behind interventions. I came away from this talk really inspired with plans to do something very similar and also slightly worried about faecal microbiota transplantation.

Repackaging - it's all in the name

Looking through some colourful plastic dinosaurs at an early morning car boot sale, we came across a fairly dull, grey specimen 'This one's a diplodocus' I proffered to Amelie; 'No, she corrected, it's a Storm Tiger.' A Storm Tiger!? Awesome! I saw it in a new light and had to have it, parting eagerly with my 20p. Whether we should stop using the word library or librarian and start using descriptions that better describe what we are for has been debated for an age. It came up at

Jane

Tracey and Joanne

CILIP Umbrella and again at HLG in the soapbox session by **Amanda Minns - Are you a librarian or an information manager/information scientist/ printed book lending barista?** I certainly fall on the side of using terms that tell our users what we actually do, or that go further and describe the benefits we can provide for them; selling the sizzle not the sausage. Literature searches or the term Outreach Librarian mean little to our

staff, Evidence Reviews and Clinical Evidence Specialist however are much more meaningful and resonate with their world. It's still not exciting as Storm Tiger but its getting there.

'To walk in others shoes you must take your own off first'

The need to articulate the value of what we do through the language we use was also echoed by **Mary Dunne, Health Research Board**, in her talk, **Liberate your inner librarian: create a value proposition**. Taken from the business world, a value proposition is a statement made to stakeholders outlining the value that a service will deliver to them. Part of getting to this point is finding out what really matters to our stakeholders. One of the advantages of following #HLG2014 on Twitter was that you could still pick up on the real gems from other speakers. So although I wasn't in Mary's talk, when her approach to establishing user needs was tweeted in the quote: 'To walk in others shoes you must take your own off first', this resonated with me immediately. In our service we do try through focus groups and getting out into clinical teams, to get an understanding of the needs of our staff and to gain a realistic idea of where evidence fits into their working lives. However I'm sure we still come to these interactions with a sense of who we are and what we can do. Perhaps to get a true picture we should take off our KLS shoes entirely – try to shed any expectations and any desire to promote our services and just try to experience what our staff do. In my ward visits I no longer go along armed with a presentation of e-resources and services. I go to the ward manager and ask them about what matters to them at that moment, what are the pressing issues on the ward and then have a think about what we've got that could help them and if there is no fit, what we could create to meet this need. By attending with no fixed agenda but just

listening to the reality of our staff's work, I'm coming back with heaps more actions and a far better connection made with that team. My shoes may be partly off but there's still a way to go.

Innovative Access - overcoming barriers

There's a section of the fridge that Amelie is allowed to help herself to if she's feeling peckish. It's full of healthy snacks like carrots and fruit. Amelie had been given several foil covered chocolate chickens and after wolfing down a couple with impressive speed the rest were placed somewhere safe to be rationed out. Amelie managed to hunt these down, carefully moved them to her section of the fridge and hey presto had now legitimised full, uninhibited access to chocolate chickens whenever she wanted.

Thinking innovatively and changing where we store information to make it more accessible were a clear theme in the presentation by Steve Glover, Christie School of Oncology on Integrating an online decision support tool into a clinical systems portal at an NHS Trust. Rather than remaining as a standalone decision support tool that clinicians would have to make a point of accessing, UpToDate has been successfully integrated into the Christie clinical web forms and patient record. Now at a single click, context specific information can be pulled up or a condition search performed, placing UpToDate on a far more accessible platform, right at the point of care.

The North West was well represented at HLG 2014 and I went to several inspiring talks that Amelie's insight didn't quite transfer to. I left the talk on Managing Information flows in critical times by Joanne Shawcross and Tracey Pratchett, University Hospitals of Morcambe Bay NHS Foundation Trust, awed by the incredible amount they had achieved. By stepping up to take charge of cataloguing and indexing records to ensure the documentation required by an independent investigation was fully retrievable, they clearly raised the KLS's

profile, allowed individuals to see the skills of KLS professionals in a new light and undoubtedly strengthened their place in the organisation as an essential service.

Clare

A talk by Jane Roberts, Salford Royal NHS Foundation Trust and Leanne Kendrick, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, 'MAPping professional collaboration': described The challenges and benefits of professional teamwork to develop

an online toolkit.' Combining innovative use of technologies, enthusiasm, hard work and obvious people skills the team readily overcame the challenges of collaborating across regional and national boundaries and achieved some highly valuable work.

Anne Webb, The Christie and Steve Glover spoke about the support they provide for research and development including the massive undertaking of setting up and managing the Christie Research Publications Repository. This left me wondering whether this was something our Trust would value and moreover whether we could actually do it? Kieran Lamb and Lis Edwards, from the Cheshire and Merseyside Commissioning Support Unit described their approach to compiling synthesised evidence reviews to support commissioning. It was fascinating to learn how they go about this but disconcerting to hear that Commissioners want case studies and do not give much weight to the hierarchy of evidence. I also believe there was a cracking talk by Clare Payne, Mersey Care, describing the use of change methodology to engage with staff in devising new products to meet their needs, but can't confirm this.

So what did I learn from HLG 2014 and Amelie?

The names we use matter; making things fun can help to get ideas across; we need to think outside the box / fridge in making our resources accessible; let's take our librarian shoes off and do not sit on the invisible bear.

Presentations from the conference are available from:
http://www.cilip.org.uk/health-libraries-group/events-conferences-and-seminars/conferences/hlg-conference-2014/hlg or Googling HLG 2014 presentations.

Clare Payne
OUTREACH LIBRARIAN,
MERSEY CARE NHS TRUST

GOLD OPEN ACCESS
WHAT DO WE TELL THE "NEW" AUTHORS?

How do we talk to users about Gold Open Access publishing? Chances are the ones that ask the library are not savvy repeat authors.

They are the early career researchers, occasional authors, clinicians or AHP's (Allied Health Professionals; Nurses, OTs, radiographers, physiotherapists etc.) publishing material from a research degree.

Don't mention the citation advantage

The citation advantage is the idea that publication in an Open Access format will increase citations. This is contested space. A search on the topic reveals some dense and fairly voluminous research that might generate more heat than light for the mathematically literate health care librarian, let alone the mathematically challenged health care librarian or the naive potential author.

It might be prudent also to manage expectations. The statement that if you publish in an Open Access journal you are more likely to be cited is harder to justify for new authors. Somewhere between 90% and 12% of papers will never be cited, again contested space with wide variations between disciplines. Most papers that are cited are only cited a few times. Only the good and the great get significant citations.

We should consider our own position too. We want to encourage a purist approach to citation. One in which we, Librarians answer the question about access. You, the library user, find the references you need and we will supply the papers. That runs counter to the argument that Open Access papers, available at the click of button, are more likely to be cited.

Is there a better way?

Yes, there are better and more immediately relevant arguments to try.

1 Open Access journals set a lower threshold than some pay for view journals. This argument needs to be slightly nuanced. What your potential author might hear is that it is easier to publish in Open Access journals. That's not quite it. Open Access journals, for example BMJ Open or Sage Open, don't apply the criteria of a major contribution to the literature. A methodologically sound, well written paper that has some additional/-incremental contribution to make and passes peer review will be published.

2 Open Access is mandated or very strongly encouraged by research funders, universities and authorities responsible for research assessment. This might not mean much to the new author, but it is relevant to clinicians and AHP's who move between clinical practice, teaching in higher education or research organisations now or in the future.

3 Open Access interfaces well with social media. New authors may be fluent social media users; it's certainly a skill that should be encouraged to promote their research. For those who use Twitter, blogs and other social media for professional and research purposes it's better to talk about their new paper with a click through to the full text, than a click through to a demand for $35 or one of those Open Athens accounts. No groaning at the back please.

4 Open Access provides a better fit with altmetrics (i.e. alternative metrics). This might be a hard sell. It may be the only metric they have heard of is the Impact Factor of the journal they aim for, citation counts or citation derived metrics like the h Index. Not such a stretch now that Google Citations calculates your h index for you, all be it on some very speculative data, and altmetrics counts your Twitter mentions, your downloads and your presence on other social media. These metrics are quicker and more immediate than citation data, which may, or may not, come later.

5 Open Access does have a wider reach. Colleagues working in Western medical organisations won't appreciate the problems of access in developing countries. Open Access, it is worth pointing out, is open to all whatever their location. In other words, it's good to share. This may be more of a factor for colleagues from outside the UK/EU or those working with co-authors overseas.

You should probably add some words of warning and advice too.

1 Plan early to publish and build in the cost of Article Processing Fees (APCs) into grant applications or negotiate a funding source for the cost of publication. Some users may expect the Library to meet these costs.

2 Beware of predatory journals. Best advice is to check with your Library if you are unsure.

3 There is an alternative Green Route to Open Access.

Do you want to know more?

Altmetrics: a manifesto
Available from:
http://altmetrics.org/manifesto

Finch Report: Report of the
Working Group on Expanding Access
to Published Research Findings –
the Finch Group
Available from:
http://www.researchinfonet.org/
publish/finch

HEFCE: Open Access Research
Available from:
http://www.hefce.ac.uk/whatwedo/
rsrch/rinfrastruct/oa/

JISC: Open Access
Available from:
http://www.jisc.ac.uk/whatwedo/topics
/opentechnologies/openaccess.aspx

Top 10 tips on how to make your
open access research visible online.
Brian Kelly
Available from:
http://www.jisc.ac.uk/blog/
top-10-tips-on-how-to-make-your-
open-access-research-visible-online-
26-oct-2012

Wikipedia: Open Access.
Available from:
http://en.wikipedia.org/wiki/
Open_access

Matt Holland
NWAS LKS

A skull, a time machine and plenty of bookmarks!

by **Stephen Edwards**, Assistant Librarian, Stockport NHS Foundation Trust

The Trust Open Day

A skull proved to be a star attraction for the library service at this year's Stockport NHS Foundation Trust open day. Placed just by the library entrance, it immediately caught the eye of visitors as they entered.

> **In keeping with the day's Back to the Future theme we were even able to offer a time machine, thanks to our colleagues at Stockport Public Library... ...The boxes contained a variety of resources to help trigger memories of the past.**

A second look was usually sufficient to establish that it wasn't genuine. It sometimes took a little more persuading for everyone to accept that it had actually been printed out. However, the accompanying display about 3D printers contained sufficient evidence to persuade even the most sceptical.

It's now possible to print a titanium hip joint, though the cost will have to fall significantly before the technique is widely used. However, as some of our other attractions such as the Whack-A-Bone and Poke-A-Muscle games from Anatomy Arcade demonstrated, what was once sophisticated technology can soon become an everyday diversion.

We combined the high tech elements with more traditional activities. Younger visitors enjoyed colouring vital organs and identifying where in the body they could be found.

Meanwhile, adults rose to the challenge of dating the photographs in our picture quiz.

In keeping with the day's Back to the Future theme we were even able to offer a time machine, thanks to our colleagues at Stockport Public Library. We've worked closely with them to establish a Self-Health collection and for the open day they loaned us one of their reminiscence boxes. The boxes contain a variety of resources to help trigger memories of the past.

Overall, the day proved a great success for the Trust with around a thousand people dropping in to take a look at the attractions. For us it was a chance to explain to members of the public how the library can contribute to medical services. There was the additional benefit of a steady stream of Trust colleagues looking around, interested in finding out more about the service.

Publicising Stockport NHS Foundation Trust's library service

Adult Learners' Week

We'd previously had a chance to engage with colleagues in an earlier promotion for Adult Learners' Week. Working with the Practice Education Facilitators on a shared stand provided an ideal opportunity to promote the range of library services.

Usefully, it took us outside the confines of the library base at the education centre. That meant there was an improved likelihood of speaking to people outside our usual core constituency.

There were a couple of sessions held in the Trust restaurant, as well as one away from the hospital, at one of the community bases. This time there was a free raffle which proved invaluable in gaining the initial interest of passers-by.

We used these sessions to point to aspects of the service that potential users might not have considered. For instance, we highlighted evidence that reading fiction can have positive benefits for clinical skills, developing qualities such as empathy and understanding (see poster). With over 100 contacts the exercise definitely raised the profile of the service and emphasised the various ways we could assist anyone engaged in any kind of learning.

Top Tips

Not everyone will have a skull produced on a 3D printer. But there are certain approaches that anyone can adopt, to ensure success:

- Join up with colleagues from another department - it widens the pool of potential participants and embeds the library in the organisation as a whole

- Offer giveaways - if you have them, bookmarks, pens or post-it notes are all popular

- Run a prize competition - it engages interest and attracts passers by

- Provide an activity - as with the competition, it draws people in

- Promote outcomes not services – people don't want to search databases; they do require quality evidence to support patient care or service development.

BACK TO THE FUTURE OPEN DAY SAT 19TH JULY

CONGRATULATIONS!

Jane Fletcher from Central Manchester University Hospitals who married her fiancée Craig on 4th July 2014

The HLG

I'd been looking forward to this year's HLG conference, having enjoyed attending my first in Glasgow in 2012.

But this year's conference turned out to be so much more than just a series of lectures and updates: my adventures before, in between and after the official conference fill a whole other article. Keep an eye out!

I made it to the Examination Halls quite early on Thursday morning. Amy Roberts, Outreach Librarian at Warrington and Halton, was there too and we went round the stalls looking for freebies. After we'd been round and seen everyone once, someone pointed out that we needed to collect signatures from them for the chance to attend the next conference for free! Back to each stall we went. It took the whole two days to get all the signatures. What an adventure…

The conference itself had a mixture of speakers over both days of varying qualities. I very much enjoyed some of them: for example, Jenny Craven's talk about getting more in-depth feedback from information skills training should help improve my own service.
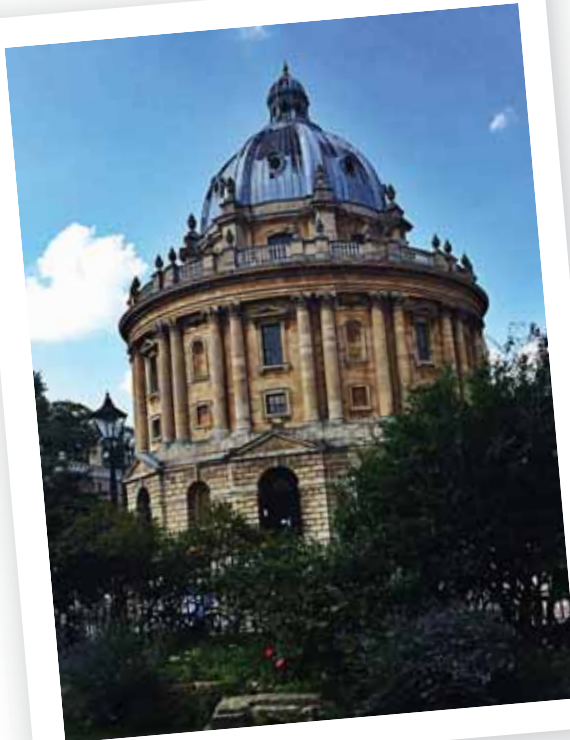
One slightly disappointing talk was about the setting up of an online library management system within a Trust. It would have been more interesting if the speaker had explained the aspect in which it was a novelty, but unfortunately it came across as if it was a totally new and unique idea. I felt this slightly detracted from the presentation.

Shelley de Kock and Nicola Walsh talked about knowledge management within health libraries, which is something that East Cheshire is currently looking into, and hopefully we may find something of use in their presentation.

The Thursday evening meal was fantastic, and I was especially impressed by the system of coloured dots used to show the serving staff the different dietary requirements. I hadn't noticed until someone pointed it out. I also enjoyed the talk from the town crier, who had fascinating and hilarious anecdotes to share.

On the Friday, I enjoyed Mary Hill's talk about using technology to make inductions more interesting, through the

conference

use of clicker machines to vote on questions and get feedback, though unfortunately this technology is probably too expensive for some services – my own included, more's the pity.

Finally, Sabelo Mapasure gave a fascinating talk on strategies to engage GPs in library services, hoping it would help me in my own role. Their project looked into the methods libraries use to make contact with GPs for training needs and use of services. I vaguely wondered whether asking other library services rather than GPs themselves would be more effective, but the project team appear to have found some interesting and useful results.

The food at the conference was delicious, and I was particularly impressed by the vegetarian options that were available – I actually felt like the organisers had put some thought into them.

On a final note, I'd like to say a big thank you to all the organisers of the conference, and the speakers and stall holders, for giving up their time to make the event such a success. I look forward to finding out if my place at the next conference will be paid for…

Steve Collman
COMMUNITY OUTREACH LIBRARIAN,
EAST CHESHIRE NHS TRUST
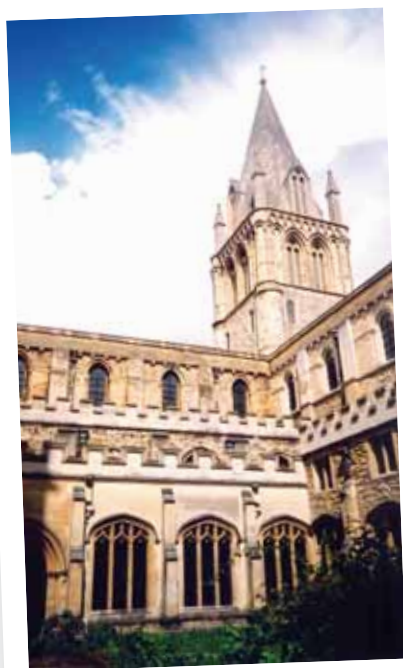
Health Libraries

Hello **#HLG2014** Let the information sharing commence

Currently listening to Lynsey Hawker discussing promoting a library service through implementation of a web-based LMS #HLG2014

Lunch time launch between 11-2, the whole trust invited #HLG2014 New ways to communicate

Icons mean users recognise monthly bulletins as being from the library #HLG2014

Here's the library @behlibrary #HLG2014

You can view the BEH library website by visiting: beh.2471ib.com/behlib/

Paul Herbert & Sandra Davies now talk about actionable knowledge in NHS Scotland #HLG2014

Clinical Enquiry and Response Service clear.scot.nhs.uk #HLG2014

How can knowledge be made actionable - checklists, prompts, mobile devices #HLG2014

National Early Warning Score (NEWS) Sepsis App, Clinical Knowledge Publisher tool for pathways #HLG2014

Final session of day one of if #HLG2014 is How engaging are you? Understanding and reaching your audiences from Royal College of Nursing

Audience engagement is a two way process-we can learn too #HLG2014

RCN use card based game (and it was fun) as basis for information searching sessions #HLG2014

Let day two of **#HLG2014** commence

Kieran and Lis are up next discussing co-production of evidence resources of value to commissioners #HLG2014

Mendeley was used to create collaborative reference list #HLG2014
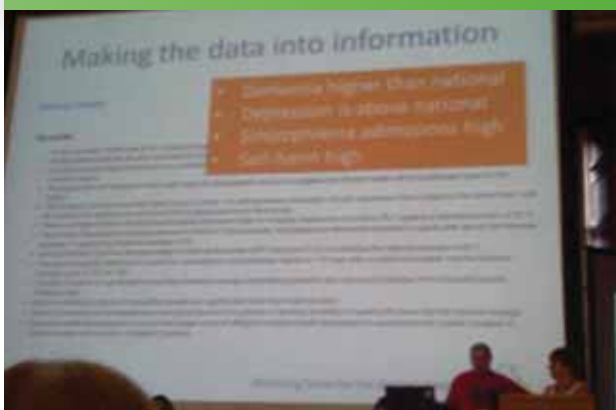
Providing knowledge and evidence to support commissioning decision is the next talk #HLG2014 #Transformation

CCGs are not obliged to use Commissioning Support Units #HLG2014

Evidence products include basic search, reviews that summarise & briefings that synthesise with local data & highlight implications #HLG2014

Daily Health Bulletin and Commissioning Bulletin are produced #HLG2014

No longer have a physical library, want to invest in more e resources #HLG2014

Closed social network site for CSU staff called Yammer is used #HLG2014

Group Conference

Mark Ingram discusses the rise of video publications next #HLG2014

Science has progressed but publishing hasn't -JoVe

Video mirrors manuscript - abstract, introduction, protocol, results, discussion #HLG2014

Steve Glover & Anne Webb now discuss developing library services to support Research & Development developing relationships #HLG2014

Funding from R&D helped fund Christie repository of current and archived articles. #HLG2014

It is five years since the Christie Repository launched

BMC Open Repository software means the repository is quick and easy to develop

Addresses difficult to check as address of only first author recorded by PubMed #HLG2014

Tracey Pratchett & Joanne Shawcross from Morecambe Bay discuss managing information flows in critical times #HLG2014

The Trust is currently subject to an investigation into maternity and neonatal services so an internal investigation project team, including
two librarians as information and Document Specialists has been set up

Information specialists teamed up with communication and HR #HLG2014

Cataloguing the collection. Investigation evidence included patient records, meeting notes #HLG2015

View of librarians in the organisation has changed drastically. #HLG2014

Home from #HLG2014 and a weekend in Oxford. Check out all my freebies.

Amy Roberts
OUTREACH LIBRARIAN, WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST

HLG presenting: Start thinking about 2016 now!

I have now spoken twice at HLGs and also presented posters. So how do you get to do this?

Sometime in the autumn of the year before the conference you will have to submit an application to present a poster or give a presentation. My view is it does not have to be ground breaking work but it needs to be of interest to other health librarians, with an aspect of being novel.

Apart from one of the posters, I would say that I felt that my submissions were long shots, so don't be afraid to have a go. The worse that can happen is that it is rejected - and nobody needs to know as it would be between you and the selection committee.

The submission form guides you through the process and the information required. It starts with what will be covered. Make this snappy as it will be this that initially hooks them.

The Glasgow conference had a science theme and the submission was about collaborative working so we came up with the title **Self health isotopes – more than one solution to a collaborative project**. We already had them thinking positively about us! Then you have to identify your audience and finally say how it contributes to health librarianship. In Oxford, I spoke about using clickers for our doctors' induction; the whole induction was a quiz. You can see this isn't ground breaking but it was novel and was supported by a literature search. Plenty of people have used voting systems in inductions but normally as a minor element to check understanding.

Assuming you have been successful you now have to put your presentation together. This year Gil Young offered a day course on doing this. I believe this was very useful but unfortunately I was about to go on holiday so had already submitted my presentation. Submission has to be done in advance so give yourself plenty of time. For me the key elements are a clear story which gets across your learning points; big, bold, brassy slides that are easy to read at a distance; humour early on. In Glasgow, I had a natural humour point as any good Glaswegian or Taggart fans will tell you Maryhill is an area in the West End of Glasgow.

Your final hurdle is to give your presentation. For many this is the worse part. Well, I have sat there and hoped for an audience but please let it be small. One thing you can count on will be support from your North West colleagues. Just remember you have got this far, so somebody thinks it worthwhile.

Practice in advance and check timings. Be aware where you can cut it short should you have less time. Don't read out from a script but use flash cards if you must. I always aim to have enough on my presentation to trigger what I want to say so I can just talk about it naturally. I always do a run through in the break beforehand just to check everything is in order. If you are doing anything fancy it would be worthwhile to check earlier to make sure the technology works. We were actually using the clickers and creating a slide but I managed to have the company who produce the software to come along and help …. But that is another story.

So be brave and start to think about HLG 2016. Maybe it will be your turn to present.

Mary Hill
LIBRARY MANAGER,
STOCKPORT NHS FOUNDATION TRUST

Example of an early slide where humour plays a role:

When this appeared, I asked for a show of hands which in the context of clickers is amusing. It was also referred to in a later slide when it demonstrated a point

These come up as separate items on a click. The last one comes up with the image and I make a comment about no sleeping pups in the induction. Also everyone loves a puppy.

Let's set the scene
How many of you have used a voting system professionally?

- August medical induction is via market stalls in individual rooms
- August 2013 first time asked to participate
- See groups of up to 12 for 15 minutes before switch round
- Remit to make it interesting

Ebola:

Information sources listed on the NWAS Library and Knowledge Services website

The Ebola outbreak in West Africa continues to rage, with the number of people infected roughly doubling every 3 – 4 weeks. More than 8,000 people are thought to have contracted the disease, and almost half of those have died, according to the World Health Organization.

Although these estimates are already staggering, the situation on the ground means that not all cases and deaths are being reported, so the true extent is likely to be much greater. [Nature 514, 284–285 (16 October 2014) doi:10.1038/514284a]

Shortly after the outbreak was declared by the World Health Organization as a major disaster Matt Holland put out a call for resources and as usual LIHNN Librarians delivered in a timely fashion. Here is a short synopsis of the available resources listed.

Related terms
These are related and alternative terms for Ebola.

- Ebola Virus Disease
- Ebola Hemorrhagic Fever
- Ebola Haemorrhagic Fever
- Viral Haemorrhagic Fever
- Viral Hemorrhagic Fever

Guidelines
The UK Government, NHS and Public Health England has in place guidelines for the assessment, identification and management of Ebola Virus Disease. These guidelines are being updated and new guidelines issued. Check the Public Health England [PHE] for current information.

- Ebola virus disease: clinical management and guidance [PHE] Links to all current guidelines.
- Management of Hazard Group 4 viral haemorrhagic fevers and similar human infectious diseases of high consequence: September 2014
- Viral haemorrhagic fevers risks assessment algorithm: Version 3: 11.08.2014

Websites
These websites give publicly available information from Government and relevant agencies. These include:

UK Government Response
https://www.gov.uk/government/topical-events/ebola-virus-government-response

Public Health England
Ebola:
https://www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance

Viral Hemorrhagic Fever:
https://www.gov.uk/government/collections/viral-haemorrhagic-fevers-epidemiology-characteristics-diagnosis-and-management

NHS Choices
Ebola Virus Disease:
http://www.nhs.uk/conditions/ebola-virus/Pages/Ebola-virus.aspx

International Organisations
A number of international agencies are involved in the management of Ebola outbreaks. *The World Health Organisation* [WHO] provides international co-ordination and monitoring. The agencies of other governments for example *Centres for Disease Control and Prevention* [CDC] provide information and support. NGO's such as *Médecins Sans Frontières* deliver frontline care.

World Health Organisation [WHO]
- Ebola Fact Sheet
http://www.who.int/mediacentre/factsheets/fs103/en/

- Viral Haemorrhagic Fevers Topic Page
http://www.who.int/topics/haemorrhagic_fevers_viral/en/

- WHO Statement on the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa
http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/

Centres for Disease Control and Prevention [CDC] [US Government]
Ebola Haemorrhagic Fever:
http://www.cdc.gov/vhf/ebola/

Médecins Sans Frontières [NGO]
Ebola Emergency
http://www.msf.org.uk/ebola

Free to access sources
To support research on Ebola a number of publishers have made relevant content for free access.

- BMJ Ebola Virus Disease
http://www.bmj.com/ebola

- Oxford University Press resources for Ebola World Health Emergency Articles are free to access worldwide until 25 November 2014.
http://www.oxfordjournals.org/en/our-journals/medicine-and-health/ebola.html

- Science [AASS]
http://www.sciencemag.org/site/extra/ebola/

Open Access sources
PLOS One is an Open Access journal, no user name or password is required to see the contents. Just click through to see the full text.

- **PLOS One Ebola Virus**
http://www.plosone.org/browse/ebola_virus

- **PLOS One Hemorrhagic Fever Viruses**
http://www.plosone.org/browse/hemorrhagic_fever_viruses

News
Find out the latest news on Ebola from the web and through social media. The following links provide access to popular sources.

- News Feed This links to Google.
Google may be blocked on some NHS networks.
- BBC News. Ebola Outbreak. Special Report
http://www.bbc.co.uk/news/world-africa-28754546
- Twitter Hashtag #ebola - This links to Twitter.
(Twitter may be blocked on some NHS networks).

ProMed
ProMED-mail - the Program for Monitoring Emerging Diseases - is an Internet-based reporting system dedicated to rapid global dissemination of information on outbreaks of infectious diseases and acute exposures to toxins that affect human health, including those in animals and in plants grown for food or animal feed. Electronic communications enable ProMED-mail to provide up-to-date and reliable news about threats to human, animal, and food plant health around the world, seven days a week.
http://www.promedmail.org/

Summary
These websites are freely available and provide news and information aimed at the public as well as healthcare workers. Expect more academic resources to be made available free of charge if the outbreak continues to expand towards Christmas 2014 and beyond.

Matt Holland
NORTH WEST AMBULANCE SERVICE

Steve Glover
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Editor's Column

How you can contribute to the Newsletter

All members of LIHNN are welcome to contribute to LIHNNK Up. We particularly encourage contributions from para-professional staff and anyone who has not previously written for publication. Members of the Editorial Board would be pleased to "mentor" new writers and provide advice on what makes a good readable contribution.

What could you write about?

Really it is up to you as we are looking for topics of interest to health library staff. It could be:

- something new that you have used or your library has introduced
- an overview of a piece of software such as a social media tool
- lessons learned (good or bad) from doing something differently in the library
- good news that you want to share with LIHNN
- an account of events and courses attended. For conferences and courses please include what you found most valuable and what you will do differently from having attended the event or course.

Format of contributions and other "rules"

1. Please send your documents as Word (i.e. either .doc or .docx) files.
2. Photos and artwork should be submitted in JPG format. Please don't embed them in the Word documents. They should be submitted as separate files with a meaningful caption.
3. Don't forget your name, location, title of article and date of article.
4. Please give full details of events, courses and conferences attended. This should include:
   - The name of event and location
   - Date of event
   - Name of organising or sponsoring body
   - Details of how any support materials can be obtained e.g. website urls
   - Full references to any published reports, articles etc.
5. All acronyms should be written out in full for the first occasion they are used in the text.

PDF copies of back issues and indexes to the newsletter are available at: http://www.lihnn.nhs.uk/index.php/lihnn/lihnnk-up/read-the-newsletter

Contributions should be submitted to:

lihnnkup@lihnn.nhs.uk

For queries please contact:
gary.sutton@whh.nhs.uk
Tel: 01925 664226

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