LIHNNK UP

SCHOOLS OUT...

School may be out but the three Rs are in as Research, Residentials and Remembrance all feature in this Summer bumper issue and the network is as busy as ever.

Fear not – whatever the weather, come rain or shine, LIHNNKup is here and packed with innovation, collaboration and great tips and advice on all manner of library and information issues from across the region.

Research features heavily in the issue as **Steve Glover** and **Jo Whitcombe** recount their experience of delivering a presentation on search methodology at the Clinical Librarian's Conference in Edinburgh. **Emily Hurt** also knew she just HAD to be at the EAHIL/ICAHIS/ICLC workshop where she discovered to be 'research minded is to be open-minded'. **Michelle Bond** also shares top tips gleaned after a Researcher asked for support with a meta-ethnography. Staff at Keyll Darree have also been doing a bit of research of their own. **Stacey Astill** tells how they have been delving into their inter-library loan statistics to help improve their service.

Teams have also been looking at branding – **Steve Collman** shares his experience of a two day residential thinking about Brand DNA as representative of the ethos of a service and the importance of knowing your product. In Bolton **Dawn Grundy** and **Paula Elliott** are refreshing and rebranding a collaborative scheme for staff working in the NHS, public health and social services.

Remembrance is another theme in this issue. **Adrienne Mayers** explains the three year process of planning an event to commemorate WWI and **Chris Thornton** and **Mandy Beaumont** share fond memories of their late friend and colleague **(Catherine) Linda Riley** - both of which leave a lasting legacy.

As always staff have been out and about sharing knowledge and collaborating – I ask if we are now ready for eBooks after the study day in Warrington and **Victoria Treadway** explains how the Moving into Management LIHNN residential helped quash some of her fears as she embarks upon a career move. **Cath Harris** recounts tips learned about impact, promotion and transferable skills at the annual LIHNN Big Day Out where staff shared experiences from other library settings including the Ministry of Justice and Public Libraries. Elsewhere in Public Libraries **Sue Williamson** highlights the great work being done to support Health and Wellbeing and reaching those hardest to reach.

Jo Whitcombe and **Emma Child** outline the challenges and opportunities of working on Systematic Reviews as well as offering practical advice - there's also a reminder that NICE Evidence Search includes a filter for Systematic Reviews.

This issue also features new resources and new starters. **Steve Glover, Valerie Haigh** and **Donna Schofield** have been trialling EBSCO's new Discovery service allowing users to search across all library content and we say hello and welcome to **Nicola Gregory** and **Helen Kiely**.

Finally our regular feature 'The Land of Geek' focuses on Metrics and the Modern Health Care Librarian as **Steve Glover** and **Matt Holland** look at tools that can help give you a picture of your library in numbers #makingdatacount.

Katie Nicholas
LIBRARY ASSISTANT, MANCHESTER MENTAL HEALTH & SOCIAL CARE TRUST

IN THIS ISSUE

International Clinical Librarian Conference 2015

This year's International Clinical Librarians Conference (ICLC) took place in Scotland as part of the larger European Association of Health Information and Libraries (EAHIL) Conference 2015 held at the University of Edinburgh.

This allowed delegates to attend three conferences in one as the International Conference of Animal Health Information Specialists (ICAHIS) also held their conference resulting in over 250 delegates from a large number of countries gathering at a single venue to share ideas and present the latest research in their fields. The over arching theme of the three day event was research focused with some high profile keynote speakers including Alison Brettle from the University of Salford.

Having participated in a Stillbirth Priority Setting Partnership (PSP) we had submitted an abstract to the conference organising committee and were rewarded by being selected to deliver an oral presentation on the ICLC programme. The ICLC programme was conducted over the first morning of the opening day.

The session was facilitated by our clinical librarian colleagues from the University Hospitals of Leicester, Louise Hull and Pip Divall and included speakers from the United States, United Kingdom, Australia and Turkey.

Blair Anton, Associate Director, Clinical Information Services, Johns Hopkins Medical Institutions

delivered the keynote paper. Blair's team had spent 48 hours on an intensive care unit conducting an observational study on the type of clinical questions that arose on the unit over four continuous shifts. These were then analysed to see how they were answered. As it was an observational study the team did not answer the questions but recorded data around who asked the question, what was the type of query, and did it get answered.

The majority of questions were around treatments and interventions and not diagnosis. Some questions were either not answered or resolved themselves over the time of the study.

Catherine Voutier presented a paper or how to organise an online journal club to support health librarians in Australia and how this was managed via a web based solution.

Old College Library, University of Edinburgh

EAHIL + ICAHIS + ICLC
Edinburgh 10-12 June 2015

We presented our work on the Stillbirth PSP which was outlined in a previous issue of LIHNNK UP. Our presentation focused around the methodology we used to manage the 261 searches on stillbirth that we had to deliver in 5 weeks and how the results were shared with the Stillbirth PSP steering group. The 11 priorities identified for future stillbirth research have now been published on the James Lind Alliance website (http://www.jla.nihr.ac.uk/)

Gussun Gunes from Istanbul, Turkey presented on supporting nursing research and the challenges that presents in a Turkish health library setting. In addition to searching the main stream bibliographic databases such as CINAHL and PubMed there are a number of Turkish language indexes that can be searched to find relevant published research.

Tom Roper and Kathryn Cook from Brighton & Sussex University Hospitals NHS Trust presented a research paper measuring the impact of the clinical librarian service. Kathryn, a medical student from Brighton and Sussex Medical School, undertook a study to measure the impact of the clinical librarian led literature searching service by following the results of searches that ended up in documentation such as audits, guidelines, and peer-reviewed publications.

Edinbugh Student Union

Jo Whitcombe presenting at ICLC 2015 Edinburgh

The session was completed by Imrana Ghumra who talked about the role of the clinical librarian within the new *Knowledge for Healthcare* strategy.

The ICLC 2015 was a fascinating programme within a larger EAHIL conference. In 2016 the ICLC will form part of the Medical Library Association Conference 2016 in Toronto, Canada. Our participation in the conference in Edinburgh was funded by the income generated from our support of the Stillbirth PSP.

**Steve Glover &
Jo Whitcombe**
CENTRAL MANCHESTER
UNIVERSITY HOSPITALS

Save the Date

2016 Joint MLA/CHLA/ABSC/ICLC Annual Meeting and Exhibition

May 13-18, 2016
Toronto, Ontario, Canada
Fairmont Royal York and the Metro Toronto Convention Centre

Research-mindedness:

When I initially saw the announcement for the EAHIL+ICAHIS+ICLC work-shop my first thought was 'I want to go!'

The title was *Research-minded: supporting, understanding, conducting research.* I had been in my post for about 9 months and was starting to think about how I could go about undertaking research. I was also beginning to develop a relationship with one of my Trust's Academic Research Nurses, with a view to being the library liaison person for the Research & Innovation department. The workshop was a perfect opportunity for me to develop my skills and build on my existing knowledge.

I knew there would be bursaries available, so I compulsively checked mailing lists until one from CILIP Health Libraries Group was announced. They were offering five people a free place at the workshop along with £200 expenses, which would just about cover rail fare and accommodation. I had to send off my CV and a 500 word statement explaining why I wanted to attend and how I would share my experiences as a result of attending. A word of advice about bursaries of any type – apply for them! Even if you think you haven't got a hope in hell of landing one, it's good practice all the same and you never know, you might just get lucky. I had an email shortly after the closing date saying that I had been successful – so now the fun of planning my workshop experience began! Trying to narrow down my choice of sessions was ridiculously hard. It's the kind of situation where you really need a Time-Turner or some sort of clone, so you can attend more than one at the same time. I made my decisions based on what I thought would be most practical and of benefit to my role and research aspirations.

Rather than give you a blow-by-blow account of each one, I'll sum up what I think were the most salient points and direct you towards some further reading, so that if a topic piques your interest you can go away and find out

a bit more about it. I hope you find it useful.

Planning Your Research Project
Dr Hannah Spring

This was a very practical workshop, as Hannah outlined the process you need to go through before setting out on a research journey, and then got us thinking about a fictitious research scenario and finally our own potential research projects. I think the following were the most useful tips:

The Old College, University of Edinburgh

- It's worth investing time in the research design stage of your project as it can avoid errors later.

- We have to be able to justify our choices in research – as long as we know why we're using a certain method, then that's ok. In order to conduct effective research you need to use a methodology that fits what you're researching, rather than one you think will be easy!

- Case studies are often a good place to start if you're new to research. They're small, quick to put together and can be useful for disseminating good practice.

Further reading: Hannah highly recommends using the HEALER Research Toolkit, which is available freely at
http://researchflowchart.pbworks.co

It was put together '…to help librarians in the health sector to carry out research from small-scale, local service evaluation through to much more formal research'.

Qualitative research methods: interviewing as a way of learning and knowing
Johanna Rivano Eckerdal

This was a keynote speech rather than a practical workshop, but I found it so interesting I thought it was worth sharing. Johanna described her experiences of interviewing teenagers about contraception, and talked about the qualitative research process and how it can lead us to learn all sorts of things that we weren't expecting. She referred to the work of Kvale & Brinkmann, who developed two metaphors of the interviewer, one as miner (a person who collects knowledge) and one as traveller (a person who creates knowledge as part of a journey).

- To be open minded is to be research minded.

- As researchers we often set out to find out what people think, but people very rarely say what they think.

- All research has limitations. If we expect research (particularly interviews) to always give definite answers, we will be disappointed.

Further reading: As well as Kvale & Brinkmann's book *InterViews: learning the craft of qualitative research interviewing* (a 3rd edition was released last year, published by SAGE), Johanna recommended Elliot G. Mishler (1991) *Research interviewing: context and narrative*, Harvard University Press.

Using action research in practice – Dr Hannah Spring

Another very practical workshop, which I came away from thinking, "I could do this!" Hannah talked us through the basics of action research, explained what it was and was not and then got us thinking about practical scenarios.

It's easier than you think

- Action research is open-ended, it doesn't begin with a fixed hypothesis but rather an idea, developed by you, the researcher.

- It is a systematic procedure of evaluation to demonstrate clear evidence of progress, learning and application of new learning.

- It's reflective – you're putting into practice a change in the way you work, but you are documenting your evaluation and changes in practice along the way.

Further reading: A colleague of Hannah's, Jean McNiff, is the doyenne of action research and has lots of resources available on her website: www.jeanmcniff.com. For a short and sweet overview of what action research is and isn't, try this YouTube video by ResearcherRagan:
https://www.youtube.com/watch?v=ZHiZdh85R3w

Social Network Analysis – what, why and how?
Dr Louise Cooke

This was the one session I went into with an open mind, as I had no concept of Social Network Analysis (SNA) or any idea of how it would be useful within a LIS research field. Louise talked around SNA as a methodology and then gave us some very interesting examples of how it can be used to further understand communities of practice and help support them.

- It's not just about Facebook! It focuses on the relationships between entities rather than the properties of entities (for example, how a class of students relate to each other – friend, acquaintance, study partner? Etc.)

- Citation analysis is a form of SNA

- There are lots of tools to help you draw data out – Louise uses UCINET, which can be downloaded for free for 90 days:
http://analytictech.com/products.htm

Further reading: For examples of SNA case studies (including a really interesting one on discovering communities of practice at IBM), have a

look at: www.orgnet.com/cases.html. For a freely available online textbook about analysis of social networks, by Hanneman & Riddle (2005), visit http://faculty.ucr.edu/~hanneman/

Focus group interviews
Professor Ina Fourie

Another practical session where we work very hard in small groups, Ina managed to de-mystify the focus group process and provide us with some very practical advice on running them and analysing the data they produce. She

The National Museum of Scotland

deserves an award for the best handouts – we had two, a 'hands-on' version which was full of useful diagrams and questions to ask and a 'take home' version which was slightly more detailed and academic.

- If you want to run a focus group on quality or evaluation, then get someone outside your department to facilitate it. If you ask people face to face to evaluate the service you provide, then they will just say nice things!

- When organising a group, remember that people's time and work commitments are more important than the data you want to collect. You will have to fit in around them – providing lunch can sometimes work as people have an incentive to attend (free sandwiches!) and are more likely to

have an hour to spare at lunchtime than any other time of day.

- Always take notes, even though you are recording the discussion. You can pick up on things that are non-verbal, such as body language, and notes can help you when typing up transcripts. It's best to have two facilitators present, one to lead the discussion and the other to make notes.

Further reading: Ina didn't suggest any particular further reading, and her handouts were so comprehensive it didn't really feel like we needed any! However, she did refer to Richard Krueger several times, and his book *Focus groups: a practical guide for applied research* has just been published in a fifth edition by SAGE.

As is usual with any kind of conference or learning experience, I came away with a dozen ideas buzzing round my head and lots of enthusiasm and confidence that will hopefully help me carry them forward to fruition. I think the amazing Edinburgh sunshine helped, but the overall atmosphere was one of great optimism and empowerment. I had lots of conversations with fellow delegates about how the workshop had made research seem achievable, and that we were discovering how essential it was for our profession and our employing organisations. It's not only about proving our worth, but showing each other what we're doing, what works and what we've learnt along the way. We do that already locally, so why not formalise it a little and turn it into published research?

Emily Hurt
ASSISTANT CLINICAL LIBRARIAN,
LANCASHIRE TEACHING HOSPITALS
NHS FOUNDATION TRUST

At the time of writing this article the presentations for each session were not yet available on the web, but I'm sure if you keep an eye on https://eahil2015.wordpress.com, they'll be up soon.

E-Books are we ready yet?

Compose new Tweet ✕

Deep is dead. Smartphones rule. Reading Behaviour has changed. Could eBooks satisfy user need for quick info? Forgotten already? #readyyet15

📷 Add photo   📍 Location disabled   0   ✍ Tweet

In Professor David Nicholas' fantastic keynote speech he set the tone for the day. In an information climate where 'deep is dead' and smartphones rule how can we respond and stay in touch with our users? And what role do eBooks play?

Put simply - to understand 'how people use e-books we need to understand first how they use the web'. Humans are digitally promiscuous, hyperactive multi-taskers and having the internet at our fingertips suits us. Quickly searching a keyword on Google gives us millions of hits instantaneously and we average a measly 2.2 words per query. We skim this information and move on to the next source in a horizontal movement shying away from the vertical in-depth searching of the past. As a result we aren't retaining information in the same way and our memory is the worse for it.

eBooks still have issues with digital visibility and access but with more options for consumer-friendly formats and abstracts becoming increasingly important their potential is clear and arguably unexploited in health libraries. Professor David Nicholas' full presentation can be found here http://ciber-research.eu/

Opening the morning with these shrewd insights and big questions was a catalyst for discussion for the remainder of the day. Delegates were given the choice of 8 workshops to attend ranging from user needs and expectations, promotion, usability, eBooks in the academic sector, publishing and impact. The workshops were quite informal encouraging discussion and one delegate commented that 'it was great to see and meet so many colleagues from another region and to listen and exchange ideas'.

The workshops I attended were filled with discussion, enthusiasm and debate which is I'm sure indicative of other delegates experience of the day. Claire Honeybourne introduced EBSCO's new App and her workshop included lots of discussion surrounding Discovery Services and their potential benefits. The importance of presentation was pinpointed reminiscent of the keynote where Professor Nicholas suggested eBooks are consumer driven and can/should be displayed in a sort of eShop Window.

Myself and Patrick Glaister's sessions included an overview of usability theory looking at evaluation tools that anyone can try such as Cognitive Walkthroughs and Heuristic Evaluation as well as more formal User Testing. Tom Kelly (E-Services Librarian) commented that he 'liked the idea of Cognitive Walkthroughs' as it was a method of evaluating eBooks and websites that he hadn't come across before.

We asked some of our delegates to do small user testing tasks and this proved highly informative – the results gave immediate, crucial feedback that can be passed on to providers to help enhance usability. We plan on running more user testing over the summer and will include the results on the eBook matrix as well as sharing feedback with providers http://resources.lihnn.nhs.uk/wiki/EBooks.MainPage.ashx

Maria (Elsevier) found the day 'very enjoyable' and reiterated the importance of 'raising awareness of how to deliver and market e-books services'. She attended the University of Manchester's workshop on their pilot project Right Here, Right Now. In response to students' learning styles changing some core eBooks were made available in line with the 'Hidden Costs Policy' and staff found usage increased. Crucially a dialogue with tutors and students was fostered and maintained to promote eBook offerings. Staff plan on developing this project by engaging with suppliers.

Stephen Ayre (Library Manager) attended Steve Glover's workshop on driving users to content which gave useful ideas for promotion such as tweeting eBooks - an idea he felt his own library could adopt. Emily Hopkins' workshop 'Bridging the Gap' offered 'a chance to share ideas' around user needs, expectations and perceptions. Throughout the day staff also kept up the conversation on social media using the #readyyet15

CHFT NHS Library and 14 others follow
Stephen Molloy @Stephen198 · Jun 4
#readyyet15 Really enjoyed the e-books study day. Lots to think about. Particularly how to engage different groups of service users.

Emily Hopkins @emilylovedhim · Jun 4
Still pondering UI/UX stuff and implications of 'more of less' content use. Fab day at #Readyet15, really enjoyed meeting non-NW people!

Clinical Librarians and 11 others follow
Jason Curtis @librarian_jason · Jun 4
Thoroughly enjoyed today's e-book study day and learnt lots - thanks to LIHNN/Yorks and Humber for putting it on #readyyet15

UKMedLibs and 22 others follow
WilliamHarveyLibrary @GEHLibrary · Jun 4
Worcs. EBL PDA 1000s of titles, most usage is brief snippets. #readyyet15

Patrick Glaister and 2 others favourited
Dan Livesey @DanLive · Jun 4
Almost ready for @LibraryPatrick and @katien52 introducing the Ebook Matrix #readyyet15

Emily Hopkins favourited
Katie @katien52 · Jun 4
First workshop this morning on #usability and #ebooks. Great discussion on importance of a user-centric approach #readyyet15 workshop 2 nxt!

The day ended with a Q and A panel formed from the leaders of each workshop and led by David Stewart. This allowed delegates to regroup following the events of the day. Questions about the implications of 'digital by default' as part of Knowledge for Healthcare were raised as well as wider questions about shared eBook provision across NHS libraries.

So are we ready yet? The day certainly showcased some of the innovative ways we are already engaging users with eBooks and strengthened crucial ties between suppliers and librarians. Study days like this help us prepare for the challenges of digital provision and share best practice as our roles as information professionals continue to evolve in a shifting technological landscape.

Katie Nicholas
MANCHESTER MENTAL HEALTH AND SOCIAL CARE TRUST

Feedback:

"Professor Nicholas' talk was thought provoking about how information provision is changing information seeking behaviour."

"Really useful to have discussion about the issues facing libraries and publishers with eBooks. Was good to have publishers there as well and not just in a "selling" capacity."

"This was an excellent event with some really top quality speakers and workshops. It is a great example of how we can share knowledge and learn from each other."

"I got lots of ideas about how we could do things differently, particularly marketing our eBook collection. I also picked up tips on how to evaluate websites which will be useful in making decisions."

Brand Up and Be Counted

21-22 May 2015

This was a two day residential near Warrington, aiming to get people thinking about what branding is, what it means to them and how they can use the theory to improve the branding of their own services.

The course started by explaining the theory of branding: what it is, what different brands mean to different people, and how a brand is different from a product. Put basically, a brand is like a mental image you have of how good or bad something is: people had very different mental images when they compared a brand like Lush to one like Bodycare (without judging either, of course!).

A brand is an organisational identity, a philosophy if you like: the collective sum of an organisation, encompassing its personality, ethos, people and products, skills and experiences.

Day One:

We learnt how to create Brand DNA through a pyramid structure:
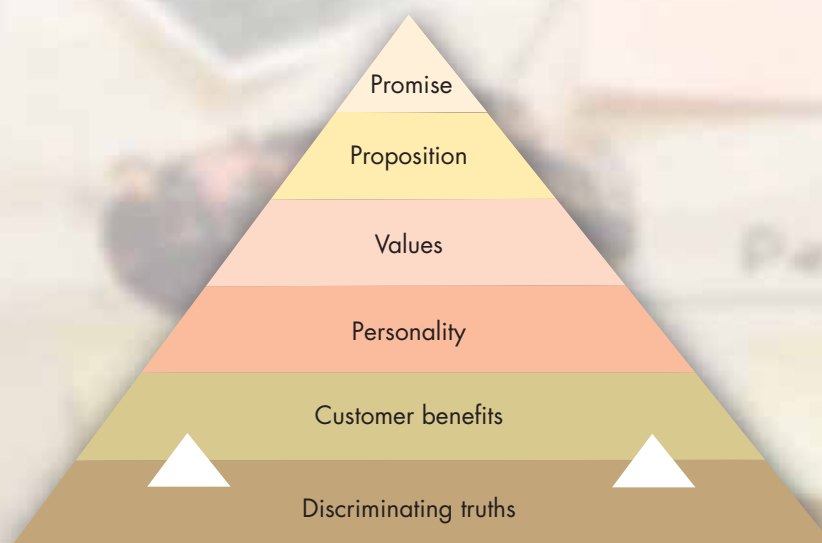
Starting from the bottom:

- Discriminating truths are the hallmarks of a unique brand; the things that people most remember to make you/your brand distinctive and memorable. They need to be differentiating, credible, relevant and compelling to others. When creating brand DNA, around four of these discriminating truths is perfect.

- Benefits for customers are brought about directly by the discriminating truths: what inherent value do the truths provide to prospective service users?

- Brand personality: what adjectives would you use to describe the brand, if it were a person?

- Brand values: the centre of the moral compass that guides the brand's decisions and actions.

- Brand proposition: what the brand offers to the world, in a nutshell. A single-minded idea that explains the brand's unique role.

- Brand promise: this is the distillation, the couple of words that lie at the heart of the brand to show its value.

A personalised Brand DNA pyramid

Day Two:

We looked at brand architecture and how we view different brands as they're marketed to us. There are different branding levels:

- Monolithic – e.g. Ryanair. There are no sub-brands such as Ryanroad or Ryanrail

- Sub-branded – Nivea is a brand that contains a wide variety of products, but all are firmly placed under the Nivea banner.

- Endorsed brand – Nestlé is a well-known company and brand, but many of its products are now brands in their own right: KitKat, Aero, Perrier Water, Findus.

- Free-standing - these brands come under the umbrella of an overall company or brand, but aren't necessarily associated with it and tend to be thought of as individual brands. Quite often free-standing brands within the umbrella are actually in competition with each other. For example, Wall's and Magnum are competing brands under the umbrella of the Unilever brand.

The main part of the day was a field trip to Warrington's Golden Square shopping centre, where we went round the shops in pairs or groups looking at the branding, seeing what struck us, what we liked and didn't like, and what we could take away with us to improve our own brands.

(Brand DNA pyramid, from top to bottom:)
Promise
Proposition
Values
Personality
Customer benefits
Discriminating truths

Gil Young and I bounced ideas off each other and it made me realise what directions I could take with my own service branding: showing honesty, trust, ethics, personalisation and other attributes I've learnt I want to see in brands. I was first to give a five minute presentation on my experiences and conclusions when we all got back, which was nervewracking but fun at the same time. I'm realising I can expand my website branding and I'm already looking into other outreach services across the country once again to see if I can make any improvements to my own.

The residential overall was a fascinating revelatory experience, and I must say I'm grateful to the person who dropped out and gave me the opportunity to learn so much. I'd also like to thank Amanda Stearn for leading it and making it such a fun and informal couple of days. It seems branding can be a positive thing after all – you just have to use it responsibly!

Steve Collman
OUTREACH LIBRARIAN
CHESHIRE EAST

Mary Hill investigating Golden Square's shops and services

HELP@Bolton

Changing Landscapes and Revolving Doors

The year's 2004 and library staff from the University of Bolton, Royal Bolton Hospital and Bolton PCT launch a scheme for Bolton based healthcare workers to access facilities at their respective services. The scheme was part of a wider collaborative scheme at the University known as BLAG (Bolton Libraries Access Group), which also covered sixth forms and the public libraries in the borough.

Fast forward 10 years and the NHS landscape has changed - Bolton PCT Library has closed, new health facilities such as Bolton One have opened. Time for a new vision for new times! So, library staff from the hospital and the University got together to look at refreshing and re-launching the scheme.

Following positive and energising discussions with partners (including Bridgewater – thanks to Gil Swash; Wrightington, Wigan and Leigh – thanks to Cheryl Dagnall; and Bolton Public Health – thanks to Michael Cook), a new scheme for anyone working in the NHS, public health or social services who lives in Bolton was born.

Branded HELP@Bolton (standing for something like Health Education Libraries for Professionals/People) and with some fresh promotional material, the main offer is:

University of Bolton Library
- Access during staffed hours
- Borrow 5 items for 3 weeks
- Study spaces
- Print journals for photocopying (charges apply)
- Eduroam wifi (for staff who are also students at a UK university)

Education Centre Library, Royal Bolton Hospital
- Access during staffed hours
- Borrow 4 items for 4 weeks
- Study spaces
- Print journals for photocopying (charges apply)
- Broadband PCs and wifi (free)

So what's next for HELP@Bolton?

This year we plan to take HELP@ Bolton into the community, raising awareness of the scheme by marketing it to community staff in their workplaces. And this is where you might be able to HELP. If you have staff working in your organisation who live in Bolton, please tell them about the scheme. A leaflet and PowerPoint slides are available from: paula.elliott@boltonft.nhs.uk

Dawn Grundy
UNIVERSITY OF BOLTON

Paula Elliott
BOLTON NHS FT

WWI commemorative

Liverpool Medical Institution

From 2-4 October 2014, a WWI commemorative event was held at Liverpool Medical Institution (LMI). This was the culmination of three years' of preparation, plotting and planning, with one or two unsuspecting friends and colleagues who I had enticed into helping me. It was a great success and we had a rollercoaster of a time organising it.

It had seemed a really good idea at the time. It was 2011 when I attended a motivational talk on marketing and event organising and thought "I can do that!" The theme of the talk had been that you can organise a very big event if you allow yourself enough time. Think big and then think even bigger.

A lightbulb went on in my brain. From nowhere came the idea to 'do' something to commemorate the start of WWI and to celebrate the advances of military medicine. Why not show where military medicine was in 1914 and then compare and contrast with where it was in 2014? In addition, I wanted to put trenches into the LMI car park to act as a timeline. Visitors would go in at 1914 and come out in 2014. Sounds like a plan; all I had to do was make it happen.

I received verbal approval of my ideas from the committees of the LMI but there was no rush of support or interest in the project. No problem. It did take a long time and a lot of telephone calls to create the

framework of the event. I was fluid and open to ideas and suggestions from others who had much more experience in this sort of thing than I had. I needed a partner, and I needed a partner who was in a position to provide those trenches!

The British Army was the obvious choice, but I spoke to so many army officers from different regiments that I was beginning to wonder if there would ever be an outcome. Fate

Below: The Samaritan Hospital, 36 Upper Parliament Street, Liverpool

Above: French soliders recuperating at Royaumont. Courtesy of Frances Ivens

stepped in. One of my many messages and requests for advice or help had been passed to Major Ron Russell via a complicated route. Ron was looking for a partner to work with

on a WWI commemorative event and he was based with 208 Field Hospital (Liverpool) Volunteers. We both were looking for the same thing and realised we were in a position to work together.

208 Field Hospital were able to provide professional staff to deliver a series of lectures and to design and create a trench, they had access to historical items in their resource centre for 1914 displays and access to 2014 military medical vehicles and equipment. The LMI provided the venue and items from our historic medical collections, and I project managed and co-ordinated the event together with organising all the publicity and promotion. We worked very well together, and both sides had input in the shape of the event.

There were hiccups along the way, but we took it slowly but surely and made our arrangements around medical staff from 208 going to Afghanistan and other commitments. The three years was only just the right amount of time we needed.

Plans were made and changed and tweaked and discarded and in the summer of 2014 I had the opportunity to apply for Heritage Lottery Funding. This would enable us to enhance our plans even more and provide something lasting. I had to give it a go and apply.

Over the three days of the event we hosted an estimated 800 visitors to the LMI. The event provided a series of eight lectures based on the theme of **Then and Now: Military Medicine 1914 – 2014**. These were aimed at professional medics

and the public; displays of personal items belonging to Noel Godfrey Chavasse, many rarely seen in public; military uniforms from the 1914 period; a hands-on collection of WWI items to be picked up and looked at, on loan from Chester Military Museum; displays from the LMI collections of important Liverpool doctors of the time and their contributions to WWI; a Home Front display; filmed interviews of staff from the School of Tropical Medicine talking about the more unpleasant side of trench warfare. Lastly there was the trench – the pièce de résistance of the whole event. We even had a 'genuine' WWI officer talking to our visitors about injuries and life in the trenches and at the other end of our timeline we had modern soldiers and army medics talking about warfare today and how military medicine has advanced.

We invited VIP guests and were delighted when the Lord Lieutenant and the High Sherriff accepted.

Thanks to Heritage Lottery Funding we offered volunteering opportunities to Liverpool students and to interested people who had been to the LMI for an Historic Building Tour, we also advertised for members of the public to come along and be part of the team for the three days. I trained and supported 18 volunteers. I was able to employ an event co-ordinator who was absolutely brilliant (Meg also volunteers with me) and who was able to take a lot of the final arrangements from me as I still had to run the library and I was only there part-time. Meg had brilliant ideas for advertising and promoting the event.

I was interviewed live on Radio Merseyside and was also invited to BBC Radio4 Woman's Hour. I was sure that this was pre-recorded, but no, this was also live. No pressure then. We knew that the event was unique, but Meg and Woman's Hour saw something that I hadn't. As

part of our research we had been looking for Liverpool doctors who had all been members of the LMI and who had made significant contributions to medicine at the time. We easily found two male doctors but I wanted a balance and looked for two women too. 1914 was a time when women were very much the minority in the medical world, but we found what we were looking for, inspirational women.

Woman's Hour was most interested because I am female, the present Colonel of 208 Debbie Telford is female and we had discovered the stories of female Liverpool doctors and one in particular interested them, Frances Ivens. We were able to talk about **Then and Now** to Women's Hour listeners and tell the stories of medical women in WWI and today. Oh yes, and also promote the event!

We had a lot of fun and it

was over too quickly. Thanks to Heritage Lottery funding there is a lasting legacy. For approximately the next two years the lectures, photographs, interviews and more will be available on the LMI website http://www.lmi.org.uk scroll down to the **Then and Now** image.

The interviews with staff from the Liverpool School of Tropical Medicine cover the topics of vermin, influenza, trench foot, health and wound infection, shell shock and the work of the Liverpool School of Tropical Medicine during WWI. http://www.lmi.org.uk/LibraryAndArchives/RecentExhibitions/ThenandNowWW1Exhib/TrenchHorrors.aspx each short interview lasts about five minutes

Photographs are liberally scattered throughout the event webpages and if you wish to hear the Woman's Hour interview, there is a link to it in the Frances Ivens section http://www.lmi.org.uk/LibraryAndArchives/RecentExhibitions/ThenandNowWW1Exhib/Ivens.aspx scroll to the bottom of the page and follow the instructions

Thanks to our funding we have pull-up displays on our four Liverpool doctors – Sir Robert Jones, Noel Godfrey Chavasse, Frances Ivens and Mary Birrell Davies. If you wish to borrow one of them, or all of them, then please get in touch. I look forward to hearing from you.

A lot of work and a lot of fun but totally exhausting. Would I do it again, of course! There are already plans afoot ….

Adrienne Mayers (Mrs)
LIBRARIAN
LIVERPOOL MEDICAL INSTITUTION

LIHNN Big Day Out

This year's LIHNN Big Day Out was held at the nautically themed Liner hotel in Liverpool.

The aim of the event is to give LIHNN members time away from the day job to share experience with each other, and the programme for the day was structured around a series of short presentations from different people on a variety of subjects with time allocated for discussion and knowledge sharing amongst delegates.

The day started off with a session from Claire Bradshaw from the NHS North West Leadership Academy on transferable skills. The session was based around getting us all to think about our transferable skills, identifying our skills, behaviours and knowledge, and thinking about how we might apply and develop these in our careers. Claire asked us to write down three skills, three areas of knowledge and three behaviours that we have, doing it individually first and then working together on our tables to discuss this further. It can be quite difficult to think about what your skills and areas of knowledge are and we all found that it was much easier once we started discussing this with others and had help in thinking of some ideas! The next part of the session was around considering how our skills and experience might transfer to a different role, sector or organisation etc., the gaps in our skills and knowledge, and what we might do to fill these gaps and develop.

Following on nicely from Claire's session were two short presentations from Dan Livesey and Emma Child on working in different sectors and moving across to healthcare libraries. Dan previously worked in Public Libraries before working for the NHS and during the presentation he reflected on aspects of the work that were similar in both sectors, as well as the different challenges experienced in the NHS and new skills that he has developed in his current role. Emma previously worked at the Ministry of Justice department in London before taking up her current role at University Hospital Aintree. She spoke about the type of work she did at the MoJ, the types of enquiries that the library there deal with as well as the

differences in the two environments. It was really interesting to hear about other people's experiences in different sectors and consider not only the differences, but the similarities in the work.

Nicola Broughton spoke about using Instagram to promote the work of the FADE Library in a colourful presentation which also demonstrated the creative use of rubber ducks! For anyone who is not aware, Instagram is a social networking site for sharing images and videos – like a photographic version of Twitter. The FADE library use it to promote their grey literature collection using the hashtag #fiftyshadesofgreyliterature, as well as using it for general library promotion.

Patrick Glaister was involved in the next two presentations. The first was on the very innovative use of competitions by the Pennine Acute Library to engage and market the service to new users. During December PAT Libraries had an advent calendar competition on their website. Users had to click an advent calendar window each day for a chance to win an Amazon voucher, encouraging users to visit the library pages frequently. The Valentines competition invited staff to write a love letter or romantic tweet to the Library with the winning entries being published on the Library website and winning a prize. Both competitions had good responses and gave the library exposure to new members. All entries were followed up with an email inviting participants to register for the library, or if they were already members, remind them of the services.

Patrick also presented with Katie Nicholas from Manchester Mental Health on the E-Book matrix project which they are currently working on together. They gave an update on the work that has been done on the project so far and outlined plans of what they are doing next. They have recently sent out a new survey on the use of e-books in NHS libraries so if you haven't already, please fill in the survey: https://www.surveymonkey.com/r/HH7L63X

Lunch was served in the restaurant of the hotel and provided further opportunities for networking with fellow delegates. I'm fairly new to the network so this was a chance to talk to some people I hadn't met before in an informal setting and find out more about both them and their libraries. The food was excellent and it was nice to take a breather to digest the learning from the mornings' sessions.

The first session after lunch was with Lisa Jeskins from Lisa Jeskins Training on the benefits of getting involved in professional networks and volunteering. Lisa is an information professional and freelance consultant who has been heavily involved in professional networks being the Chair of the LILAC Committee and Conference Officer for the CILIP Information Literacy Group. Lisa gave an engaging presentation talking about the skills and experience she has gained from her voluntary roles and how these have enriched her professional development and helped her in her career. She then directed us to do an exercise looking at some job descriptions for voluntary roles which gave us the opportunity to think about the experience we would gain from volunteering and how this might assist us in developing our own careers or gaining promotion. You can gain experience of activities such as budgeting, people management, event planning and organisation and networking that you might not get to do in your day-to-day job and volunteering can provide a bridge between your current role and the next step up.

Next up was Liz Hedgecock with a presentation on Randomised Coffee Trials, a novel activity for encouraging knowledge sharing across an organisation. Staff members apply for the scheme and are randomly paired up with another participant to meet for coffee and a chat about their role in the organisation. Liz reported that it was a simple activity to run – all she had to do was send an email inviting people to participate, pair people up and they survey them afterwards for feedback. Nearly 10% of the organisation chose to participate and the feedback Liz received showed that it had a high impact. So high impact for little effort! It sounds like a great idea for encouraging knowledge sharing though I think it probably works better

in smaller organisations based at one or two sites. My Trust covers the whole of Lancashire over 400 sites so I think it would be difficult logistically to implement this myself.

John Gale spoke about tailoring resources at the JET Library with the aim of engaging hard to reach groups and underserved areas in the Trust. His idea was to create a PowerPoint presentation which looks like a tablet screen with buttons linking to websites or further information slides. This can then be used to make training sessions more engaging and participant-focussed, as participants can choose which button they want to click on, or for providing tailored information on the website. Emily Hurt gave a very engaging presentation on using the Pomodoro Technique to manage time. In essence the Pomodoro Technique advocates doing 25 minutes focussed work and then taking a 5 minute break, so that larger pieces of work are broken into chunks and made more manageable. During the 25 minutes of work you should be totally focussed on

the task you are doing – no checking emails, eating or getting distracted by things in the office! During the 5 minutes you should do something active, getting up and moving around. After scaring us all with statistics that people who have sedentary lifestyles are more likely to die of 'death from all causes' it really made me think about how I manage my time and I've been loosely trying out the technique in the past couple of weeks.

The final session of the day was from Mary Hill, newly appointed Library Operations Manager at The Christie, on Measuring Impact. These days it's imperative that we can demonstrate the impact of our services, not only for the LQAF but also to evidence the value of our services to our own organisations, and the people who run our organisations who may not be users of our services or understand what we do. Impact is often intangible and it can be difficult to show on paper. Mary discussed some of the strategies she has used to collect examples of impact and how she has used these to demonstrate

value, via systematically gathering evidence using a variety of methods such as surveys, case studies and structured interviews.

The day was rounded off with further refreshments and a final opportunity to talk to fellow delegates and reflect on the day. Overall I found the event really useful. It was great to hear about experiences and innovative ideas from other people within the network, and I've taken quite a few ideas back to the office with me to share with my team and try out. But most of all it was really valuable to have the opportunity to network. Most of us work in small teams, and like me, may be the only one in a team at a particular grade or doing a particular role. Having the opportunity to talk to my peers, make new contacts and learn from their experiences was the highlight of the day.

Cath Harris
OUTREACH LIBRARIAN, LANCASHIRE
CARE NHS FOUNDATION TRUST

(Catherine) Linda Riley
12th January 1951 – 13th May 2015

Linda was already an established and well respected library manager at Blackburn when I first met her in early 1996.

I seem to remember spending a lot of my early days on the phone to Linda. From the very first, she proved herself to be generous with her help and advice. That was the hallmark of her contribution to the North West and to the profession at large. If someone needed a draft strategy, a business plan, a service restructure, some suggestions for a new library build, Linda had not only already 'been there, done it, and got the T-shirt' but was happy to share that knowledge and expertise. The advice she gave was always sound. She had a knack of getting right to the hub of an issue. This was a skill that Linda used to great effect on a number of professional committees, including the LIHNN Co-ordinating Committee.

Linda put her heart and soul into developing the library service at Blackburn from very small beginnings, in somewhat cramped surroundings, into something that she and her team could be very proud of. During a

lifetime of service at Blackburn, she made and maintained many friendships among the staff. It is perhaps fitting that she ended her days at the Royal Blackburn Hospital, being treated by some of the very nursing and medical staff that she had helped to train.

Linda and I worked closely together on various committees. However, as well as colleagues, we were 'conference buddies'. Whether in London, Edinburgh, Belfast or Cardiff, Linda had always scanned the conference programme in advance and worked out where we might possibly just squeeze in some 'retail therapy'. Although Linda undoubtedly worked hard, leading a successful team at Blackburn and gaining a first class honours degree, an MA by research and Chartered status along the way, she was someone who knew how to enjoy herself as well. Witty and cheerful, she was quick to laugh and was generally just fun to be around.

Those of us who were fortunate enough to have her as a close friend as well as a colleague, will know that she was as generous in her support

on a personal level. When I came to retire at the end of December 2013, one of the presents Linda gave to me was a bangle inscribed with this motto: *'There is no gift as precious as a friend'*. For me, that perfectly sums her up. RIP, my friend.

Chris Thornton
FORMERLY HEAD OF LIBRARY SERVICES
AT CENTRAL MANCHESTER
UNIVERSITY HOSPITALS

"I will always remember Linda as a dedicated library professional who wanted to do the best she could for her Library Service but was also willing to share her knowledge and experience with her colleagues. On a personal note I will miss Linda's friendship, kindness and especially her wicked sense of humour which could always be relied up on to liven up any meeting or gathering."

Mandy Beaumont

A **healthy** library

The perception of the role of public libraries does not always include an appreciation of the work we do supporting the health and well-being agenda. Here in St Helens, we do a lot in this area and so here is a flavour of what goes on.

As well as the public library service, I am also responsible for Adult and Community Learning (ACL) and Arts and Culture within the Borough and this opens up so many options. With 13 libraries across the Borough and 96% of residents living within two miles of a library, we are ideally placed to offer access for health professionals to reach everyone in the Borough.

Statistically, there are more people out of work in St Helens than in the rest of the NW Region (24% of households in St Helens

have no employed adults. This compares with an average of 20% in the North West and 17% in England as a whole). Over a quarter of children (26.9%) in St Helens live in poverty and overall the health of children and young people is worse than the England average. In addition, almost one quarter of St Helens population have a registered disability and the mental health of our population is a particular concern. All of these statistics indicate that there is a huge challenge for the Borough in the health arena.

So much of what library services do to meet this challenge is aimed at ending feelings of isolation, of having nowhere to go, nothing to do and no reason to get up! Partnership working is key to this. We work with Public Health and Adult Social Care and Health to ensure that what we do reaches those who most need support. We hold major

events to support national schemes such as World Mental Health Day and the International Day for Older People. We frequently combine these with author events and last year were lucky enough to host Matt Haig, author of Reasons to Stay Alive who cited reading as a major factor in helping him to overcome depression and suicidal tendencies. We also then take the opportunity to offer our libraries as venues for major health checks, such as blood pressure and cholesterol checks and the opportunity to give out information on cancer and other major health issues.

A key initiative for libraries is Reading Well: Books on Prescription. This is a national scheme and consists of a list of books recommended by professionals in the field for common mental health conditions including anxiety, depression, phobias and some eating disorders. Administered by the Reading Agency, in the first year of the scheme it has reached

275,000 people nationally with book-based cognitive behavioural therapy.

In January 2015, the Reading Agency launched Reading Well: Books on Prescription for Dementia, which again is a list of books providing help and support for people with dementia, carers of people with dementia and anyone who would like to find out more about the condition or is worried about symptoms. The booklist is divided into four categories: information and advice; living well with dementia; support for relatives and carers; and personal stories. It also helps people discover other library wellbeing services including Reading Well Mood-boosting Books and reading groups. St Helens Library service has had 13 complete sets of the books on both lists (one for each library in the Borough) funded by Public Health. In the autumn, we expect the launch of a further scheme dealing with mental health issues in young people.

We are about to introduce a similar scheme called Arts on Prescription. Funded by Public Health, this is an initiative to explore how participation in the Arts can provide therapy through creative workshops. Health professionals and partners will be able to refer people, but individuals will also be able to self-refer.

Our big Arts in Libraries project, Cultural Hubs, funded by Arts Council England, has, as one of its target audiences, those in receipt of the services of Adult Social Care or who are about to access those services. Through all art forms, such as drama, music, digital and visual art, we have

been working with groups to encourage them to participate in and to attend arts events in our libraries. As an example, through the mediums of drama and stand-up comedy, local groups have been encouraged to explore their issues around mental health and dependency and to gain in self-esteem and confidence. We have also explored the stigma attached to mental health conditions and

raised awareness to help to banish this. A highlight was the performance of Jess Thom, known professionally as Tourettes Hero, who performed her one woman show, "Backstage in Biscuit Land", about living with Tourettes syndrome in Central Library last year to great acclaim.

Our Cultural Coordinator is funded by ASCH and has a remit to focus on older

people and isolation. He organises social and cultural events and activities, encouraging group therapy, reminiscence and karaoke sessions.

In ACL, we concentrate on reaching those who are hardest to reach in the Borough and encouraging them through small steps back into learning. Again, we aim to build self-confidence and self-esteem and encourage learners to take on new challenges. Courses on Cooking on a Budget, Stress Less, Positive Thinking and Starting Life On Line are all delivered in the Borough and we have recently received a grant to focus learning on those with mild to medium mental health issues. Watch this space!

Staff in St Helens Libraries and ACL are trained as Dementia Friends and we have a Dementia Champion; we will be expanding numbers this year. Central Library is a refuge in the Safer in Town initiative and all our libraries are collection points for the Food Bank and centres where Winter Warmth packs are given out to those in need. Through our Home Delivery Service for the housebound we also act as a safeguarding channel for the vulnerable and often elderly citizens as well as providing social interaction.

This is a lightning tour through some of what we have achieved in the last year. Health support is a key area for us and one which I hope to develop and expand, building on a rich portfolio of activity.

Sue Williamson
HEAD OF LIBRARY SERVICES
ST HELENS COUNCIL

Moving into Management LIHNN residential

Having recently returned to work following maternity leave into a new library manager role, the Moving into Management residential course couldn't have come at a better time for me.

Having spent 6 years as a Clinical Librarian (a role which I have loved and could have carried on doing forever!) it is the start of a new career chapter for me. As with all periods of change, it has been accompanied by moments of self-doubt and soul-searching: Would I enjoy managing a service as much as I'd enjoyed being on the 'frontline' of the service? How would I make the transition from being 'one of the team' to leading the team? Where on earth do I start? I arrived at the two day course hoping for answers to all of these questions.

Thankfully, Deborah Dalley's extensive experience and wisdom helped to steer me through these sticky issues. Covering topics such as problem solving, time management, giving feedback and delegating effectively, the course content was valuable not only to new managers like me, but also those librarians aspiring to management positions in the future.

Deborah encouraged us to be reflective about our own personal attributes and working style, which I found extremely helpful at a time when I'd been wondering, 'What sort of manager do I want to be?'. It turns out I'm predominantly a divergent thinker, which explains why I sometimes get frustrated with processes that are followed because 'we've always done it that way'. In terms of communication, I'm a high 'feeler' (someone who places high value on people rather than things); which makes sense because I usually need to discuss ideas with others before reaching a way forward. I doubt I would have paused during my working day to undergo such self-analysis, so it was useful to have time away from work to consider these issues.

As well as self-examination, Deborah encouraged us to consider the culture in which we work. Is genuine feedback welcomed by managers in your organisation? Are fun and creativity encouraged? Do you solve problems as a team? Looking at practical ways to cultivate some of these qualities in a team helped me to design a lengthy (some might say ambitious!) action plan to be put into place once I was back at work.

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"I feel energised and prepared, and part of me feels that I might actually enjoy it as well."

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Fast forward a fortnight, and the learning from the course continues to infiltrate my consciousness on a daily basis as I navigate my way through the first few weeks in my first management role. I've tried to tackle my action plan head on. I've introduced regular, scheduled one-to-ones with all my team members, which are helping me understand workload pressures, discuss alternative ways to solve problems and listen to concerns and suggestions. I've also been having scheduled one-to-ones with my line manager which aid my understanding of organisational pressures and strategic direction. In my first one-to-one with my line manager I presented our service priorities for the next six months, which hopefully helped her to understand the direction I want to move in. It certainly helped me anticipate our potential challenges over the next few months.

I've been trying to practise some of the practical things that I learned too. I gave some positive, structured feedback to a team member who had really helped me. I've been asking, 'What can I do to make your life easier?' at the end of one-to-ones to try and encourage people to give me feedback. I've been using a daily 'to do' list in addition to my 'master' list and have tried 'closing the day' – both workload management techniques that were suggested during the course. Having identified that we could be using our team meetings more effectively, I've scheduled a problem solving activity for our next meeting and I've been delegating some admin work to one of my team. These are just small changes, but I hope they'll continue to have an impact.

The thought processes that I worked through during the two day course really did set me up for implementing changes practically back at work. In addition I met with Gil at HCLU just days after the course, who coached me through my next steps and action plan as part of the support that HCLU are offering to new managers. I found that invaluable, and sharing my action plan with someone else means that I have even more incentive to work through it!

Back at work, I no longer feel daunted and overwhelmed by the new challenge ahead; rather I feel energised and prepared, and part of me feels that I might actually enjoy it as well.

Victoria Treadway
LIBRARY & KNOWLEDGE SERVICE LEAD
WIRRAL UNIVERSITY TEACHING
HOSPITAL NHS FOUNDATION TRUST

Looking for good quality **systematic** reviews?
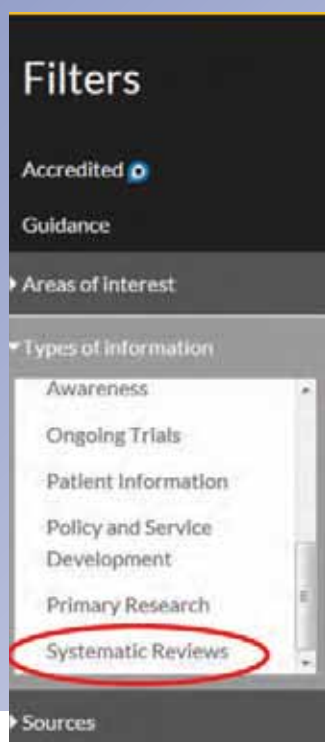
NICE Evidence Search allows you to search for systematic reviews from a range of sources all in one place (www.evidence.nhs.uk)

Evidence Search includes systematic reviews from Cochrane, DARE and other providers. Following the closure of the DARE service, systematic reviews published in PubMed from 1 January 2015 are now added to NICE Evidence Search, making Evidence Search a good place to start when looking for good quality systematic reviews.

Every week we search PubMed using the systematic review filter and apply criteria for selecting systematic reviews. A review is

included if it is published by a journal which conforms to the preferred reporting items for systematic reviews and meta-analyses (PRISMA) standard. If not published by one of these journals, a systematic review is deemed reliable if the abstract reports the use of inclusion/exclusion criteria, confirms two or more sources have been searched, and incorporates a synthesis of included studies.

To find all included systematic reviews within Evidence Search, enter your search terms into the search engine, and then apply the 'Type of Information' filter *systematic reviews* to your results (click on the Type of Information filter on the left hand side of the results screen, then scroll down and click on Systematic Reviews).

N E W   S T A R T E R S

Nicola Gregory

I graduated from my first degree in Philosophy in 2001 and completed an MA in Philosophy in September 2014.

I attained my Postgraduate Diploma in Library and Information Management from MMU in 2008, whilst working as a library assistant at a large public library. Once qualified, I spent some time working as a Learning Resource Manager in a high school and from there moved into my last most recent role as Assistant Librarian at an FE College.

My role at the College included providing information skills training to

staff and students, liaising with academic staff regarding the purchase of resources and promoting resources to increase usage. Working at the College has given me a solid professional basis from which to progress into the more specialised role of Assistant Clinical Librarian at Warrington and Halton NHS Trust (WHH).

I spent seven years working at the College before I was fortunate enough to attain my current position, which I started in May 2015. As this is the first time I have worked in the health sector, there is a lot to learn. It has already been a steep learning curve but I am relishing the challenge and I love the fact that I learn something new every day. I am excited to see what the future in NHS libraries holds for me.

The support I've received from my team at WHH and from colleagues in the LIHNN network has been invaluable. Thank you all for making me feel so welcome!

Nicola Gregory
ASSISTANT CLINICAL LIBRARIAN
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(01925) 664214

Helen Kiely

I have recently started at Warrington & Halton NHS Foundation Trust as the Library & Resources Officer.

Previously, I was already working at the trust as Medical Education Course Administrator, and working as a library assistant at Halton Lea Library at weekends. I am finding the experience of both my previous roles extremely helpful in my new post, though still have a lot to learn!

I graduated from Lancaster University in 2008 with a BAHons in Media and Cultural Studies and have recently completed my MA in Social and Cultural Theory at Staffordshire University via distance learning. I'm now hoping to study for an MA in Library & Resources Management in the near future.

Helen Kiely
LIBRARY & INFORMATION OFFICER
WARRINGTON & HALTON HOSPITALS
NHS FOUNDATION TRUST

Identifying the evidence for systematic reviews:

Morning session:

Earlier this year I was lucky to receive HCLU funding to attend a course on systematic reviews in the Centre for Reviews and Dissemination (CRD), York. The course attendees had a range of experience in relation to working on systematic reviews and I considered myself to be very much a new starter in this area. I had done a few searches for systematic reviews, ranging from being involved right from the start as part of the project team to helping struggling clinicians who needed assistance with reviews which were already underway, but felt that I needed a better understanding of the whole process and how a librarian can contribute to the different stages in order to work more effectively on such projects.

The morning session started with Carol Le Febvre (LeFebvre Associates) giving a brief explanation of what a systematic review is and why it may be undertaken, referring candidates to The Cochrane Handbook and the CRD's *Guidance for Undertaking Reviews* for further reading.

"A systematic review attempts to collate all empirical evidence that fits pre-specified eligibility criteria in order to answer a specific research question."

(Cochrane Handbook for Systematic Reviews of Interventions, 2011, 1.2.2)

Through a group discussion we identified the key opportunities and challenges that working on a systematic review can present for the information professional.

Kath Wright (CRD, York) gave a very insightful presentation on the role of the information specialist in systematic reviews. Whilst she referred primarily to her own experiences at CRD York, the principles were easily generalisable across the different healthcare and education settings the course delegates were drawn from.

Alcuin building, York University

Although information professional involvement will vary according to the needs of each project she identified the key stages of involvement.

- **Before the start of the project:** being involved at the start gives you the opportunity to contribute to the proposal, defining the project boundaries and scope.

- **At start of project:** as an information professional you can provide expert advice on which resources should be used when searching and how the output will be downloaded.

- **At the end of the project:** librarians can produce accurate reference and bibliography lists and contribute to the search methods section for any reports or publications.

The discussion which followed was around the need for accurate and realistic costing and effective workload management. This was of particular interest to me as our service at Central Manchester has recently undertaken a number of external search projects which we had to ensure would not impact negatively upon the day-to-day working of the service in terms of finance or productivity.

The session on systematic review search techniques took a rather basic look at the steps involved in undertaking a literature search from developing the search question, determining which resources to use during the search, and putting the question into a PICO format. As this course had been advertised as being aimed at people who undertook literature searches on regular basis, I personally felt that this part of the course was unnecessary.

The practical session in which we reviewed a search strategy reminded me of the value of collaboration in order to benefit more fully from the professional knowledge and expertise we hold as librarians. This was a formal exercise in getting a fresh pair of eyes to look over a search strategy to weed out simple typos and mistakes; something which we tend to do more informally in our day-to-day search activities.

For me, the presentation on methodological search filters was perhaps the most interesting session, as it demonstrated the impact that using different search filters during a literature search can have on the results generated. The sample search strategy we were shown used a database RCT limit (2299 results), then two separate Cochrane Highly Sensitive Search

CHALLENGES:	OPPORTUNITIES:
Managing the expectations of others & their understanding of what you can (realistically) offer	Gain a better understanding of the systematic review process
Managing your own workload effectively	Raise the profile of your service amongst potential new user groups
Establishing trust across the team	Demonstrate the value of the service
Maintaining effective & sustainable communications & working relationships	Highlight staff expertise
	Gain project management experience

An introduction for information professionals

strategies for RCTs (sensitivity-maximising version = 13308 results; sensitivity and precision-maximising version = 4307 results). When asked what one should do when faced with such different search yields, Kath Wright suggested that the final decision relating to which set of results to use in the review would come down to the systematic review team as a whole. The take-home message from this session was that whilst using the database-set limits may be useful for a quick and dirty scoping search, they were neither robust nor accurate enough to be used as part of the search strategy for a systematic review.

The final session of the morning was on peer review of search strategies in which Carol Le Febvre gave a brief overview of PRESSforum. This is a registration-only online resource which

can offer (and sometimes what it cannot realistically offer too) at each stage, and to continue to use the collective knowledge and expertise of the NHS librarian community to aid my own professional development, something I feel that we encourage and do very well across the LIHNN region.

PROS:	CONS:
■ Open and transparent	■ The time required to register & submit a search for evaluation
■ Supports professional development	■ The time lag between upload and receipt of feedback (if any) from others
■ Introduces new search concepts & resources	
■ Benefit from knowledge of experienced searchers	

allows librarians to submit search strategies for systematic reviews in the hope that other more experienced information professionals will provide constructive critiques and learn by critiquing the searches submitted by other librarians. I registered for this resource once I returned home, and whilst I found things such as the search checklist useful for self-critiquing a search strategy, I found the actual platform to be a little clunky and have not had the time to upload any search strategies.

The key things I took away from this day were the need to be involved at the very start of a systematic review project, ensuring that I effectively communicate what the library service

Jo Whitcombe
ASSISTANT LIBRARIAN
CENTRAL MANCHESTER UNIVERSITY
HOSPITALS NHS FOUNDATION TRUST.

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Afternoon Session:

One month into my role as a new healthcare librarian I was thrown into the deep end when a doctor asked me to carry out the search strategy, and contribute to the sifting of results, for a systematic review. Before then I didn't really know what a systematic review was, but I quickly had to find out how it differed from a regular lit search and decipher exactly what my role should be. Let's just say it was a baptism of fire, so when the course at York CRD was advertised I was definitely going to attend.

During the afternoon session we looked in detail at the PICO model and worked in groups to design a search strategy for a real life review protocol. We also learnt about different reference management systems and their usefulness for storing, sorting and removing duplicate records – especially useful when you have more than 500 hits on HDAS and the remove duplicates button is rendered obsolete!

However, the highlight of the afternoon for me was learning how to use a test set. This is when you test to see if a group of papers that you would want, or expect, your search strategy to retrieve from a database are included in the results. It's a rough measure of how well the search strategy is performing. If your search strategy picks up all the test set articles, fantastic! If it doesn't then you can use the missing abstracts to help identify additional keywords and enable you to modify your search.

You could do this by downloading your database results in batches of 200 and using Ctrl+F to search for the key titles. But try doing that for 2,000+ results – not recommended! The beauty of the test set is its simplicity:

A trial of the EBSCO Discovery Service

across three large acute hospitals in Manchester

Background

EBSCO Discovery Service (EDS) allows library users to search across all your online content whether ebooks, ejournals, or databases, and also your online OPAC. In late 2014 following a bid to the Health Education North West (HENW) Forerunner Fund three trusts in Manchester, Central Manchester University Hospitals (CMFT), Salford Royal Foundation Trust (SRFT), and the University Hospital of South Manchester (UHSM), made a decision to trial EBSCO Discovery in 2015.

Setting up your EDS prior to going live

Once the purchase orders were raised and we got the go ahead from EBSCO we were handed over to their EDS setup team in Ipswich, Massachusetts to begin the process of setting up the EDS environment. This involved activating databases such as Medline Complete, CINAHL with Full text, and all our online content from National level such as the BMJ Journals, to regional collections like the Oxford Medicine Online ebooks, and our local online journal and ebook packages. We were given templates for holding information and these could be populated by downloading collections from the OCLC Knowledge Base.

The other element of setup is deciding on the aesthetic look of your home page which allows you to customise a search box and place links to other resources. It is also possible to incorporate widgets from other products such as Clinical Key, UpToDate, and Twitter.

Go Live

Once you go live and the site is accessible to users you are then handled by EBSCO Customer Services who will make any holdings updates or changes to your landing page. From the CMFT perspective we found it easier to Go Live as soon as possible and make changes once you are using the EDS with your customers. At UHSM we waited until we had overcome most of the technical issues with set-up before going live in February 2015. We were slow to complete the questionnaires for

Fig 2 – Discover eBooks via the AtoZ search or browse option
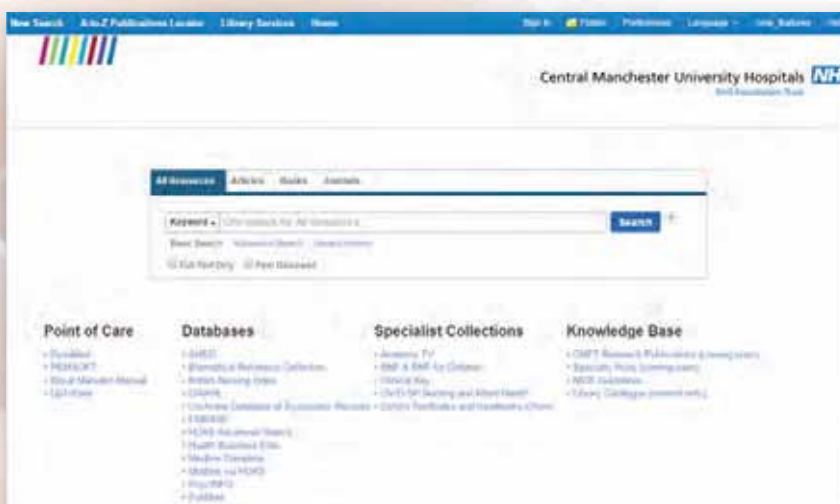
customisation and content due to time-restraints. Once we were satisfied with the content, had set up the automatic daily updates from the physical catalogue (SoftLink-Liberty) and the appearance of the landing page was acceptable we went live. At SRFT time restraints led to delays in completing our customisation of EDS, and the loading of our electronic links, however we were able to utilise the time to buy-in an automated EDS connector, OAI-PMH harvesting tool, from our catalogue provider Souton, which enables an automated weekly upload of out catalogue holdings direct to EDS. SRFT access to the EDS went live for Athens users at the end of March.

Fig1. CMFT Home Page

Identifying the evidence for systematic reviews:
An introduction for information professionals

...continued

1. Run your search strategy

2. Create the test set using the UIs of the papers you want to find

3. Combine the last set in the search strategy with the test set using AND

4. If the number of records decreases by 1 then 1 record from the test set isn't being identified etc.

Working on that first ever systematic review my nagging doubt was 'what if my search isn't robust enough?' and 'what if I am missing prominent papers?' The test set helps eliminate that doubt by proving the strength of your search to yourself and the rest of the review team.

The only danger of the test set is the temptation to amend your strategy to pick up every paper at the detriment of a significant increase in results, but this is something you can discuss with your colleagues.

Since attending the course I have been involved in 3 more systematic reviews. I am now much more confident in establishing my role from the beginning. Now that I appreciate the amount of work that goes into a systematic review, I am also more comfortable asking for acknowledgement of my contribution or even authorship of papers. As a result working on SRs is now something I really enjoy working on and find very rewarding.

The course will run again on Tuesday 15th September 2015, 9.15 am - 4 pm

http://www.york.ac.uk/crd/training-services/identifying-the-evidence/

Emma Child
CLINICAL INFORMATION SPECIALIST, AINTREE UNIVERSITY HOSPITAL

Real life example of a test set I carried out for a systematic review scoping search. It shows that out of a test set of 12 papers, my search strategy included 8 papers. 4 of the papers were not retrieved by my search strategy.

Discovering content

In addition to housing all your resources in one place EDS brings your print and ebook content into the results of subject searches across all the databases. You also get a comprehensive A-to-Z listing of all content, or book content if you decide to filter. This is very useful for discovering ebooks as the NICE Evidence journals and databases page does not provide an ebook A-to-Z that includes regional and local ebook holdings.

The use of widgets in our EDS can also fast link users to specialist resources such as Clinical Key at CMFT and you also have the freedom to send users to HDAS, ProQuest OR Ovid if the prefer to execute and advanced search on a native interface.

Similar but Different

Each of the pilot sites, CMFT, SRFT, & UHSM have got a slightly different EDS based on local preferences. The CMFT EDS has no print books indexed where as UHSM has their Liberty OPAC included in search results.

At UHSM we were able to add a field named "Available in Library Print Catalogue" so that users can search print only or remove them from their search results. Each unsubscribed record in the search results has a link to our online ILLs request page. This both reduces user frustration when they are unable to access the full text and advertises our ILLs service.
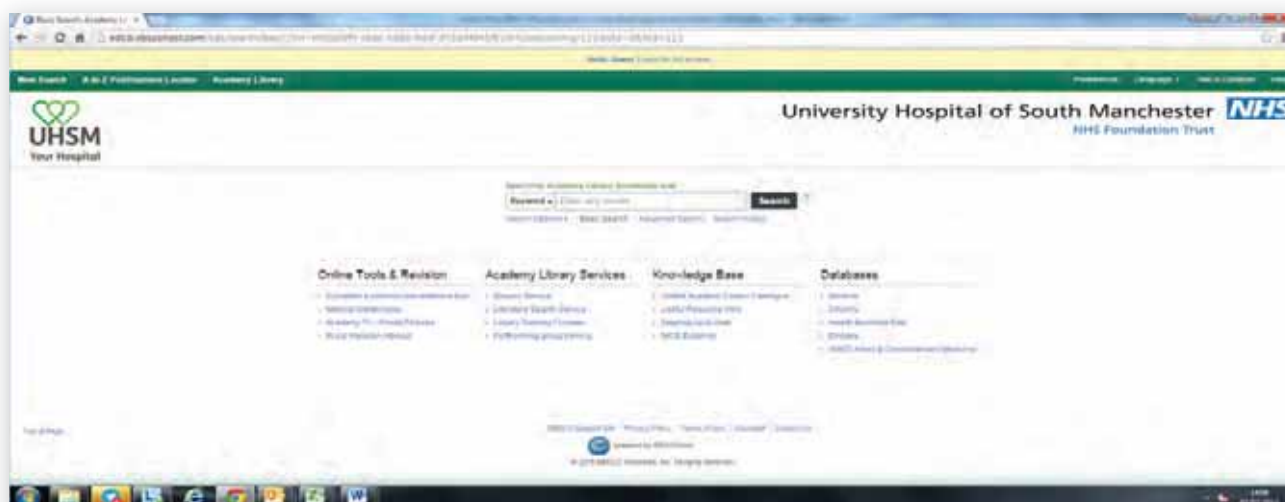
You can also switch on searching, linking, and display preferences.
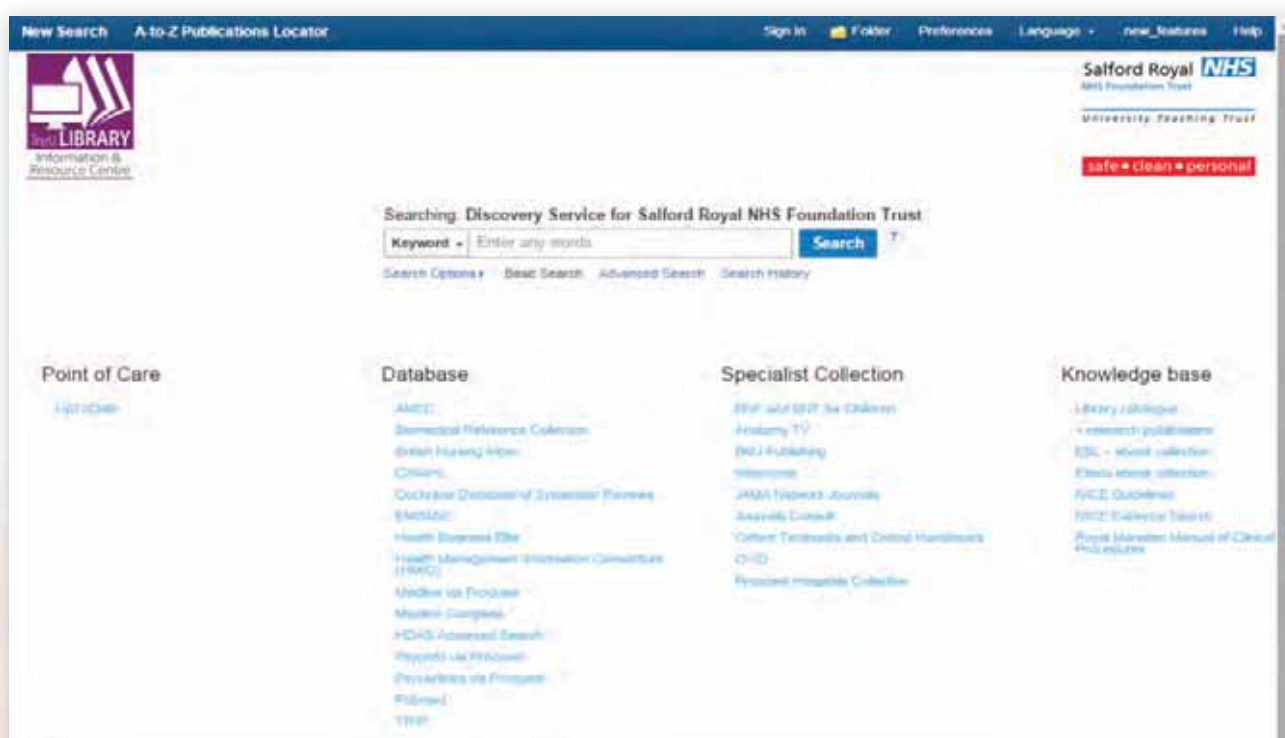
continued...

Fig 3. UHSM results showing ILL requesting function

A trial of the EBSCO Discovery Service
across three large acute hospitals in Manchester

UHSM screen shot 1 – showing login option from public EDS view

SRFT EDS Home page

...continued

Another option is to allow your EDS to be accessible with or without a password barrier and force logins at the publishers' site when accessing a resource once discovered. At UHSM we decided to make the landing page public but with the option to login before proceeding with their search.

At SRFT IT restrictions have meant that Guest access is not yet enabled, leading to a delay in launching EDS as our external website entry point.

Monitoring Impact and outcomes

The most important impact or outcome at the end of the 12 month period will be an increase in resource usage for all content whether it was purchased nationally, regionally, or locally. We intend to carry out some research as to the impact of the EDS implementation gather both quantitative and qualitative feedback from both library staff at the three sites and users experience of using the EDS environment. Anecdotal

feedback from CMFT users has been very positive and there has been a quantifiable increase in ebook usage. The period January–June 2015 showed a 30% increase in Ebook usage for the same period in 2014. At SRFT we are collecting qualitative feedback whilst showing readers how to access EDS as opposed to normal catalogue access and gaining comments such as: "I love it! That's much better." and have used both staff and reader comments to populate a continuous project development and maintenance plan.

Steve Glover
CENTRAL MANCHESTER UNIVERSITY HOSPITALS

Valerie Haigh
SALFORD ROYAL FOUNDATION TRUST

Donna Schofield
UNIVERSITY HOSPITAL OF SOUTH MANCHESTER

Advanced search page

Results screen

THE LAND OF GEEK

METRICS AND THE
MODERN HEALTH CARE LIBRARIAN

The topic of this issue's Land of Geek column is Metrics. After all those years with photocopied forms and five bar gates, suddenly it's never been easier to count things, or to have things counted for you.

The question is, what do you count and why? These are 10 metrics that you can, or should count, that will give you a picture of your library in numbers. These will liven up your annual reports and reviews and most importantly tell you and your users something about your library.

1 Twitter Analytics

A very interesting development by Twitter, perhaps indicative of the move from geeky tool to mainstream media channel. This is metrics heaven. As well as Tweets, Followers, Following you have stats about your Twitter Account, individual Tweets and Followers. The most interesting fact that I thought I would never know 46% of @NWASLibrary followers are based in the North West of England. Clearly there are dangers in having such a wealth of data, it may just be too much. Anyone you report to might wonder what Tweet impressions were? The result of bird attacks? However, it could be useful in justifying the energy you put into the library Twitter account, and demonstrating the reach and impact of your social media communication activities.

Resource: Twitter Analytics
https://analytics.twitter.com

2 Demographics

Demographic data can demonstrate who you are reaching within your organisation. It's useful to know anyway. You can aim to reach such a user community and then evidence the effect using numbers. We had so

many enquiries from department X, or region y. It can also tell you by default who are your low or non-users. This data is easier to collect at source, but it will be embedded in other systems if you have the key. Typically an email address for each enquirer allows you to access data stored in the email system. Just as an example. A pre-occupation for NWAS LKS is the geographical distribution of users, since one of the defining characteristics of the organisation is its geographical spread, from Crewe to Carlisle. Collecting geographical data on enquirers, and knowing the distribution of staff across the regions that comprise NWAS, allows the Library to demonstrate the service is evenly delivered across the North West.

3 Required LQAF metrics

Some metrics you have to have. I may have been unfortunate in missing an LQAF metric in the past, shades of Lady Bracknell. It might be useful to spell out the ones that are required for LQAF. For the record they are:

- **General Enquiries**. For example, respond to enquiries in person, via phone or e-mail within two days; 95% of the time.
- **Document Supply:** For example, supply any document (Inter-Library Loans) within two days or contact service users to explain any delay; 95% of the time.
- **Mediated Searches:** For example, respond to search requests in person, via phone or e-mail within two days or to a negotiated deadline; 95% of the time.

Not required, but mentioned in the advisory note on *Collection Development Policy Framework* produced by the LIHNN Quality

Group (www.lihnn.nhs.uk/index.php/lihnn/lihnn-groups/quality), are Key Performance Indicators. See the section on Evaluation and Review.

4 Open Athens

Open Athens measures a core activity for libraries, access to electronic resources. It's about us, giving us data for our libraries and comparative data across the North West region. Readers of LIHNNK UP will know this was the topic of the *Last Land of Geek* column (Holland & Glover 2015). Just to recap, this referred to measuring the number of registered users against the total number of staff (potential users) as a percentage. Call it Reach. The suggestion here is that we can take this a bit further.

Frequency Distribution
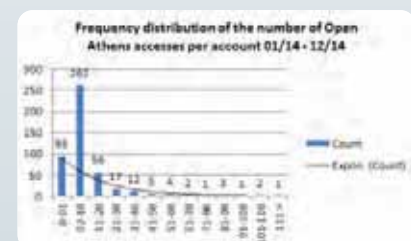
Sourced from the Open Athens Administration Module. This distribution gives your distinctive usage profile. Probably not a surprise. Some people use Open Athens a lot. Most people don't. Giving the distinctive long tail. Or does it? You will have to measure it to find out.

Intensity Ratio

Well, it has to be called something. It measures the number of Open Athens accesses each month as a ratio of the Open Athens accounts over time. It's easy to compile and create on an Excel spreadsheet.

There is one a basic truth. The more registered Open Athens users you

Open Athens Intensity Ratio 2014
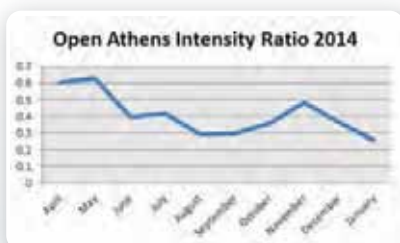
have and the more accesses to resources through Open Athens the higher your metrics will go!

5 LQAF Score

Your LQAF Score is a metric too, but it's a big hitter. There is some discussion about this on the Clinical Librarians Blog (Holland 2015).   One to use with care, but clearly a score that is externally validated is going to carry a lot of weight.

6 Client Feedback Scores

Libraries provide a number of services to our clients such as information skills training, literature searches, current awareness services, inter-lending & document supply. Gathering feedback on impact, satisfaction, and quality provides quantifiable metrics that can be gathered easily with tools such as Survey monkey.   Likert scores can be used to create comparator data that can be graphed on MS excel and used with service targets

Literature searches - Client satisfaction rating
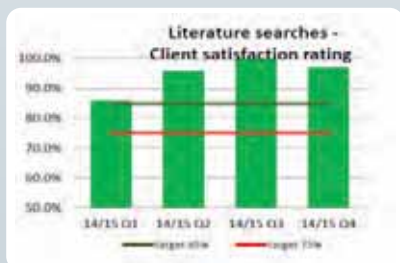
7 Trust corporate metrics

Good metrics to use with managers include some standard Human Resource, Organisational Development, and Finance metrics. These are usually available to

managers from ESR or regular reports and include:

- KSF Compliance (target 100%)
- Mandatory Training Compliance (target 100%)
- Sickness rates (usually each trust will have a target around 4% or lower)
- Budget performance (usually trust finance departments will have a service tolerance)

8 Resource use measured by value

When we purchase resources locally or via a consortium you can create a "cost-per-use" metric for ejournals, ebook, and database usage. This cost-per-use metric can be used to assess whether the resource has been a value for money purchase compared with sourcing the information from alternative sources such as document supply or loan. These metrics calculated at journal title or book title level can be useful in aiding renewal or purchasing decisions.


E-Resources cost per usage

9 Resource use measured by uptake

In situations where usage data is available but cost-per-use data is not easily ascertained due to resources being purchased regionally or nationally you can use downloads and compare quarterly figures to see if usage is increasing or decreasing over time. These usage figures are available for most national products such as CINAHL, ProQuest, and the BMJ journals as well as regional collection data on the LIHNN website.

10 Collection Development metrics

There are a number of metrics that can be used for collection development in addition to usage data. There are benchmarking such as the BMA Core Books list to assess the quality of your collection. You can also have service metrics such as time from acquisition to the stock being processed and made available.

Orthopaedics measured against BMA core list
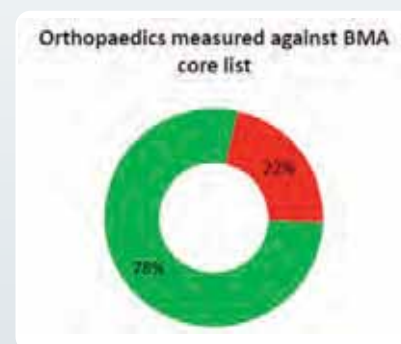
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Holland, M., 2015. It's quality assurance Jim, and it's pretty much as expected. [Blog Post]. Available from: https://lihnnclinicallibs.wordpress.com/2015/04/17/its-quality-assurance-jim-and-its-pretty-much-as-expected-by-matt-holland/
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[Accessed 02 July 2015].

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Supporting a researcher with their
meta-ethnography!

Recently I was asked by one of my Psychology academics for support with a meta-ethnography she was conducting.

I of course said an enthusiastic "yes!" but then realised that I had no idea what a meta-ethnography was…. As this type of research is becoming more common, particularly in health areas, I thought it would be useful to share my experiences, and how I supported the researcher with their search strategy.

The very first thing I did was to do some of my own research. I ran some simple searches on our catalogue and discovery system to find out first, what a meta-ethnography was, and then for tips on searching for studies.

So… what is a meta-ethnography?

To over-simplify, it's a way of comparing qualitative research studies against each other, synthesising to find new conclusions and research questions. As qualitative studies generally can't be compared due to the differing methodologies and interpretation. Noblit and Hare theorised a "translation theory of explanation in which the metaphors or themes of each study would be translated into the terms of the other studies" (Noblit, in Given, 2008), allowing comparison. The meta-ethnography entry in the *Sage Encyclopaedia of Social Science Research Methods* (Lewis-Beck, 2004) is useful for further quick explanation. The key thing to remember, though, is that the studies used need to be sufficiently similar for the research outcome to be meaningful. This presents challenges when searching for studies.

What's special or different about searching for studies for a meta-ethnography?

There are a number of difficulties in searching for qualitative literature vs quantitative. One is that qualitative studies generally don't have the same format of title and abstract that you will find for most clinical studies. So your keywords may not appear in the title or abstract – the title might be something irrelevant and flowery rather than descriptive. Keyword searching is thus less effective than it is for other types of search so you may need to be more creative or widen your search to full text.

There are two approaches to searching for studies for a meta-ethnography – either data saturation (whereby you search and scan articles until you 'feel' you've reached the limits of what's out there) or systematic (logging keywords and looking through databases in a systematic and replicable way). For librarians searching on behalf of clients, the second option would seem to be the most useful.

Top tips

The top tips I gleaned from my research are:

- Need to select databases carefully, consider coverage to ensure getting a good range – not just using clinical databases

- Think carefully about keywords used and where to search for them – you might need to search full text rather than just title and abstract, use free text as well as thesaurus terms

- Need to search grey lit, hand search journals, use personal contacts and citation/reference searching to ensure full coverage

How can I find out more?

There's a book by Noblit and Hare (1998) called *Meta-ethnography: Synthesizing qualitative studies*, which I found useful as a starting point. The following articles I also found helpful, particularly the article by Atkins et al.

Atkins, S., Lewin, S., Smith, H., Engel, M., Fretheim, A. and Volmink, J. (2008) Conducting a meta-ethnography of qualitative literature: Lessons learnt. BMC Medical Research Methodology, 8(21).

Britten, N., Campbell, R., Pope, C., Donovan, J. Morgan, M. and Pill, R. (2002), Using meta ethnography to synthesise qualitative research: a worked example. Journal of Health Services Research & Policy, 7(4), 209-215.

Wright, J.M., Cottrell, D.J., and Mir, G. (2014) Searching for religion and mental health studies required health, social science and grey literature databases. Journal of Clinical Epidemiology, 67(7), 800-810.

A final point – whilst, like me, you may not have heard of a meta-ethnography before, searching for studies for one is well within the skillset of librarians. I researched and learned this within an afternoon so I'm sure you can too. My researcher has yet to get back to me to confirm her article has been accepted, but I'm keeping my fingers crossed!

Michelle Bond
LIBRARIAN FOR FACULTY OF SCIENCE, LIVERPOOL HOPE UNIVERSITY

INTER LIBRARY LOAN STATS
AT KEYLL DARREE

Since 2013 we have been collecting statistics which let us know what the material we supply via the inter library loans scheme is being used for.

You are probably used to the emails from Keyll Darree asking for a bit more information about the requests. Thank you to everyone who takes the time to reply!

Why do it?

At Keyll Darree we think it's important to know how our service is working, so that we can continually improve it. By looking at these statistics we are able to assess the ways in which our resources are being used, and attempt to target relevant library users in a more direct way - promoting it to those who are undertaking relevant activities to the groups most likely to use the system, and those who are underusing the loans system too.

Gathering the Information:

When sending inter-library loans a message is attached by all library assistants (this was initially trialled by one library assistant, until April 2014).

It reads:

"As part of our library service evaluation, if possible could you please tell us how this resource will be used?"

So far, we have received replies to 38.5% of books, articles, and other resources sent. Although this is relatively small it still provides us with an insight into the ways in which the resources we provide are being used by those to whom we supply them, and the users we are supplying to.

When emails are returned with information about how a resource will be used, staff then classify this and record it on the inter library loans spreadsheet, there are monthly, yearly, and cumulative statistics.

The Results:

Inter Library Loans Usage Statistics for Keyll Darre Library: November 2013 - March 2015
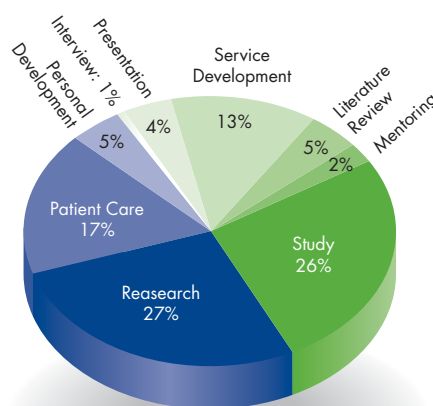
The above graph represents the breakdown of uses for 305 of the 792 inter library loans requests we filled between November 2013, and March 2015.

229: Nov 2013 – March 2014

563: April 2014 – March 2015

792: Total period

- It is clearly visible that study and research are our largest areas for inter library loans – representing 53% of the replies we received cumulatively.

- Patient care also represents a significant portion of the responses, totalling 19%.

We initially hypothesised that research and study would be the most regularly used areas, which is clearly the case, however we did not realise the significance of other areas such as patient care, and personal development.

Limitations:

Although this process is useful, there are some limitations which have been evident through our collection.

- Sometimes the staff requesting items do not know what resources are being used for, and therefore cannot respond.

- Sometimes, replies are not clear as staff are only given a vague idea of what resources are being used for.

- We have a system in place whereby three staff are classifying the information and it is therefore open to interpretation. To attempt to limit this issue, we developed the initial categories using the wording in the responses, and most replies about the usage of statistics fit into one of these areas.

- Some responses can be for multiple reasons – literature reviews for study, for example. In this case the primary aim needs to be assessed so that the response can be classified on the statics form.

- This is a self-selecting group of respondents, and therefore there is much more information available than we receive.

Conclusion:

Looking back over our data, we have found it particularly useful to understand the different types of request we are receiving, and how this information is being used. It is positive to know the areas that our resources are useful for, and to consider an update of resources in areas where there is lowest usage.

Next time you use Keyll Darree, please consider letting us know how the resource will be used if the information is available.

Stacey Astill
SENIOR LIBRARY ASSISTANT

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:

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About Library and Health Network North West (LIHNN)

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