International Clinical Librarian Conference 3-4th Oct 2019, Manchester

The 10th ICLC was held 2 days in the Science Museum at Manchester, an appropriate venue given the inspiring talks and ideas on display. It was an action packed programme consisting of 30 talks and 4 workshops demonstrating how innovative, creative and collaborative health librarians can be. It's impossible to do justice to all the presentations so this report will summarise the talks that resonated with me on the following themes; Clinical Librarianship, Collaboration, Expert Searching, Technology and Teaching

Key note speech

Sue Lacy Bryant, Health Education England: *Implementing the Topol review – moving with the times*

Sue posed interesting questions of the implications of the Topol review in preparing the healthcare workforce to deliver the digital future.

- How will technology impact and change information professionals' role and function in next 20 yrs
- What are the implications for skills needed
- How will this affect selection, education and training of the workforce (in 2032 approx 50% of the current workforce will still be employed. This has training implications to improve digital skills)

These changes will need to be supported by real word evidence, looking at clinical efficiency, cost effectiveness followed by practical knowledge transfer, highlighting the need to maximise the use of evidence and best practice. There are important legal and ethical implications as well as well as the potential for increasing health inequalities, training for data governance will be crucial. The latest information can be found on the HEE Website, following Sue, Eric Topol and #TopolReview on Twitter, and via the Knowledge Management bulletin. Her quote of the conference *"evidence does not speak for itself"* means we still need people to mediate (sift, review and appraise) reinforcing our role as advocates for evidence. Knowledge for Healthcare are developing a strategy for implementing Topol. Librarians' traditional role is likely to continue and are likely to become more closely aligned with data analysts. The profession will need to *hire for attitude* and *train for skills*, recruiting those with strong ability to forge relationships and cope with change (a trait emphasised on Day 1 by two talks on the perceptions of and role of clinical librarians, see below). Globally professional bodies are already looking at the digital future for libraries including ALA's Centre for Future libraries, Libraries for embedding digital innovation, CILIP will publish their review on the implications of Topol in April 2020. Health librarians need to consider these in light of the upcoming changes

- *Service offer* How will we offer services to clinical staff
- *User needs* anticipate changes in user needs and preferences

- *Knowledge services* (workforce redesign and role of NHS Librarians in 2029)
- *What are we doing*
- *What's going to be needed*

A copy of the Topol review can be found [here](#)

Clinical Librarianship

There were two talks on broadly similar themes of what it takes to be a CL**.** In *Perceptions of clinical librarians* **Sarah Rudd and Samantha Harding (North Bristol NHS Trust)** conducted a survey on CL and other LKS staff to compare their perceptions of the tasks they do and key attributes needed for the role. Generally non CL staff have a good idea of what the role entails and strong overlap of the personal characteristics needed. These included inquisitiveness, integrity, persistence and diligence. This was complemented by the *CL guide to winning friends and influencing people* a joint presentation by **Liz Hunwick (Basildon & Thurrock)** and **Rebecca Parrot (Princess Alexandra Trust)** describing their contrasting experiences integrating a CL service into the Trust despite offering similar services. They gave an interesting spin on the topic discussing the analysis in light of their Myers Brigg profiles (INFJ vs ENTJ). Their takeaway message: Integration and acceptance into established clinical teams is not a given. Networking with individual staff, search skills and professionalism are very important but also the ability to cope with the clinical aspects and not be intimidated by senior clinical staff. Other characteristics needed are positivity and engagement, personality, trust, confidence and a can do attitude.

Are the right people in the right role? Key are the personal attributes and soft skills as its all about building relationships. Clinical librarians are a potentially unique subset of librarians in this regard (and often) most important aspect such as the skills can be readily taught. Visibility, friendliness and the ability to develop relationships is crucial. This was a nice warm-up to the conference and was reflected in many of the talks and strongly reiterated in day 2 in Sue Lacey Bryant's keynote speech calling for future recruitment to "hire for attitude" as skills can be trained

Impact of CL services in Derby **Lisa Lawrence (Derby & Burton)** presented data from a national study on the CL service in Derby. The results show that time saving for clinical staff was invaluable, and CLs help improve their knowledge, skills and confidence and support patient care. Her advice, was to keep doing more of the same –spend time on ward rounds and get involved with the clinical teams.

The lightning talks demonstrated how diverse the Clinical Librarian role can be with CLs popping up in all sorts of places

- Improvement Librarian supporting Trust Quality Improvement teams
- Bedside delivery of critical appraisal training to haemodialysis expert patient to aid Trust policy and guidelines development from the patient perspective
- Trial service embedded in the Emergency Dept from Jenny "ask me anything" Moth
- Assisting teams involved in Emergency planning for the Brighton Marathon
- Private sector (evolving from a small team supporting local R&D Unit to global role in company)
- Supporting quality improvement teams
- Embedded into Arms Length bodies

Collaboration

***Shy bairns get nowt* Sarah Gardner (Doncaster & Bassetlaw)**. Sarah discussed the formation of MATCOP a community of practice for librarians supporting the development of Trust maternity guidelines. With the ethos of *do one and share* the group share search queries, swap bulletins, and search sources. The group have recently been given funding by HLG to further develop their evidence packets.

***Bulletin bulletin points* Carolyn Smith (U Oxford)** gave her three top tips for creating, rebranding and using bulletins to maximise limited time. 1) *don't make extra work* – determine if there really is a need, reuse what's already been done (with permission and acknowledgement of course), and rebrand to suit your house style. 2) *Use IT to reduce the workload* - saving search strategies, and utilising tech tools such as mail merge in Word to personalise messages and OMMA to merge word and outlook and *3) Phone a friend ,* get help, use your library champions, share the load with colleagues (locally and nationally)

Expert Searching

***Geographic filters* Lynda Ayiku (NICE**) Lynda provided some helpful advice on creating geographic filters. To date there are only 3 validated geographic filters available for Africa, Spain and the UK. The UK filters, designed for Medline & Embase, were created by the team at NICE. Lynda defined the difference between a published strategy and a search filter, a strategy which has been tested and validated. She delivered practical advice on how to go about validating filters, something we feel we should do but rarely have the time to. The presentation concluded by providing reassuring advice from the experts that what we're finding is also the case elsewhere: you won't find everything; You will always retrieve irrelevant results and the importance of keeping filters up to date to remain valid and fit for purpose

Compliance to PRISMA in search methods of systematic reviews Kristy Rickett (U Qld). Of the 749 reviews assessed, 125 acknowledged library input (21 with authorship and 60 acknowledgement). There were no surprises that having a librarian involved greatly improved PRISMA compliance. Her suggestions on what librarians can do include: watch for the new PRISMA guideline extension for searches PRISMA-S ; peer review search strategies for systematic reviews; research search methodology and refer authors to the PRISMA explanation paper rather than the checklist to help improve reporting compliance.

Don't forget the grey Isla Kuhn (U Cambridge) Isla gave practical tips and some new resources for finding that elusive grey literature. The latest version of the Cochrane Handbook mandates searching reference lists of included studies and the trial registries and contacting relevant authors but further delving into the grey is only highly desirable. However we find when dealing with non–intervention reviews grey literature is needed. Searching the grey literature can be complex with unique issues relating to bulk importing, identifying and appraising references. Isla often uses a pragmatic approach, using collaborations such as the Richmond Group of Charities or the Shelford group of NHS Trusts to prioritise website to search. She recommends appraising grey lit publications using tools such as the AACODS checklist (Tyndall 2010); others have recommended the popular *CRAAP test* (Blakeslee 2004)

General

Library language as a barrier: **Helen Kiely, (Mersey Care NHS Trust)** Like all professions we all naturally use jargon and slang for abbreviation and precision but this can prevent staff from understanding who we are and what we actually mean. This survey found few NHS staff knew what "open Athens" actually means so there is a need to reconsider what language to use if the message is not retained. Their survey showed there was even a lack of consistent terminology used between LKS staff. She found 1 paper on this written in 1986 – a call for us as a profession to make changes and improve clarity (too much assumed knowledge as you cant assume shared experience equates to universal understanding). You can read her paper in HILJ https://doi.org/10.1111/hir.12328

Rosalind McNally (Penine NHS Trust) explored the **OVID pharmacovigilance tool** for exploring adverse events. The tool comprises a Widget to use with search builder filtering results for adverse drug reactions, and AEs with medical or surgical devices. The tool is ideal for scoping the scale of a search and determining the volume of literature with a query.

Technology

Emily Alagha (Georgetown University) *Alexa are vaccines safe* gave a fascinating talk which suggested that the biggest pandemic threat is misinformation online. Most adults will check online for health information. In 2018 her team tested 3 voice activated systems Siri, Google Answers and Alexa. Both Siri and Google understood 94% of the questions asked and sourced their answers from CDC, answering briefly and redirecting users to the website. The most popular Alexa only understood the question 25% of the time and sourced Wikipedia reading the answers in full. Emily highlighted the study limitations and implications. Information professionals have a role to play to get better results and increase transparency with the technology for consumer health information. I'm looking forward to reading the full paper in BMJ
https://informatics.bmj.com/content/26/1/e100075.info

Farhad Shokraneh (Cochrane Schizophrenia group) demonstrated *2D search A platform to design validate and, save and share search strategies* Farhad's webinar demonstrates how the 2Dsearch software can improve search reproducibility, reduce strategy errors created by Boolean logic, translating search syntax and aid sharing. The programme helps autotranslate searches into other databases, can detect errors and line duplications; it also has the potential for teaching Boolean logic. Further information is available at. https://www.2dsearch.com/

Rosy Bennett (R Surrey Hospital) gave an interesting talk on using **Twitter for Oncology Journal Club** great analysis of pros and cons and their experience using this medium.

Teaching and Learning

Rebecca Lavanie David (Nanyang Tech Uni Singapore) discussed close partnerships with her talk **Med Libs, educators and faculty for info literacy in medical education.** Rebecca had identified similar and obvious gaps in the information literacy of Yr 4 medical students undertaking a 6 week research project (problems scoping literature, basic Boolean and database skills were all needed for assessment, writing and citing). She worked closely with faculty to develop a stepped approach embedding IL training each year from Yr 1 to year 4 . The team found e-learning IL skills was not effective as it was voluntary, done once with insufficient data. The programme has been running for 5 years now and results of embedding IL into the undergrad medical curriculum will be published soon. Watch this space

Lightning learning: A collaboration **Margaret Theaker (Kettering)** developed a project with the senior clinical educator to get junior doctors thinking outside the box. They created a format for 5 minute paediatric ward round and a template with summary of results circulated via a whats app group. These followed a format similar to East Midlands Emergency Medicine training #EM3. She found having a presence in the dept was vital when questions arise as they are easily forgotten by clinicians due to work commitments.

The ICLC is a friendly, inspiring event highlighting what Health Librarians can achieve. The recurring motifs involved sharing and collaboration with other information professionals, clinical staff, and proactively increasing visibility and presence. The talks showed how Health Librarians are still valued and needed. There were great ideas on display for improving and developing services as well as the recurring theme to keep doing what we do, do it more and do it well.

I'd like to express my thanks to YOHHLNET for their generosity in providing the bursary that allowed me to present my work on realist reviews to the clinical librarian community. I'd also like to thank all the presenters at ICLC who introduced me to my new favourite twitter account @FakeLibStats

Further information and insightful comments from ICLC 2019 can be found at;

- Conference site http://www.uhl-library.nhs.uk/iclc/
- #ICLC19
- @ClinLib_Conf

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