

LIHNNK UP

**Library and Information Health Network
Northwest Newsletter**

BY HEALTH LIBRARIES, FOR HEALTH LIBRARIES

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This issue of the newsletter has some great examples of exciting new developments at some of our acute trust library services, some of which were short listed for the recent LIHNN quality awards.

In a time of change for the NHS undergoing yet another major organisational upheaval it is refreshing to hear of some initiatives where library services are expanding activity in a challenging environment of pressure to make efficiency savings.

Chris Thornton says goodbye to **Rini Banerjee** who has served in NHS libraries for over 30 years. Rini has witnessed some major changes in the landscape of academic publishing and how health care professionals have been able to access the content in print and online. We all wish Rini the best of wishes for her future plans.

Debra Thornton reports on the excellent high quality work being delivered by the library in supporting the governance function at Blackpool Teaching Hospitals. Incidents, claims, complaints, and PALS reports are analysed and reported in a newsletter.

Tracey Pratchett reports on the successful start to a new journal club for FY1 doctors, as well as picking up the

Directors of Health Libraries Annual Prize for 2012.

Victoria Treadwell describes her work as a clinical librarian working with the Anaesthetics department including a trip to Delhi to attend a medical conference. Continuing an international theme **Paula Elliott** tells of a piece of African artwork that has its place on the walls of Trafford Library. **Fariba Mahjoob** writes about the librarians' role in systematic reviews and meta analysis.

Jo Whitcombe has written up a study recently published in *Health Information and Libraries Journal* about a piece of qualitative research aimed at finding out how doctors were using the point-of-care product UpToDate to answer clinical questions and to list any benefits derived from the information provided.

This issue has highlighted the high quality and practice of health library services in the North West and should give encouragement that librarians can adapt in times of change.

Steve Glover

EDUCATION BUSINESS MANAGER
THE CHRISTIE NHS FOUNDATION TRUST

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SETTING UP A FOUNDATION DOCTORS JOURNAL CLUB

Throughout the year I deliver approximately five training sessions on the Foundation Year 1 training programme which gives me the opportunity to build relationships and provide support during this challenging first year.

Those sessions typically would include:

- An Introduction to the library and e-resources
- Literature searching
- Reflective writing
- Getting published
- Critical appraisal

At the 2012 induction I asked if anyone would be interested in attending a journal club and they all signed up, with one of the juniors particularly interested in taking a lead role in the project. He is on the academic track so it is great for his portfolio, and develops skills in statistics and teaching. This article outlines our model and discusses some of the lessons learned during the process.

Planning

We were lucky to be able to co-opt some time from the existing training programme, and support from the programme tutor was imperative to the success of the journal club. The junior responsible for facilitation selected a paper of interest and we both appraised it using a CASP tool. We then met to discuss the paper and some of the issues identified, which was really good preparation, and the paper was disseminated to the group two weeks in advance of the session. We decided that I would attend the session and complete a teaching observation form so that the junior would have feedback for his portfolio, and he also developed a basic survey using SurveyMonkey to obtain feedback from his peers. There are twenty juniors in the group

so we decided not to use a CASP tool but split the group into three small groups which would discuss the methodology, results and implications for practice

The first session

The first session went really well, largely because the article selected was very pertinent to practice on the ward although the excellent facilitation provided by the junior had a role to play too. There were lots of interesting discussions and the groups highlighted a number of issues that we hadn't considered which was great. There were also queries regarding some of the terminology used e.g. what is an equivalence trial? What is the difference between an ITT and APP analysis? We were able to research these during the session which made it very interactive; notes were taken throughout the session and collated by the junior.

Sharing the results

I was very keen to ensure that discussions were captured and recorded and we discussed how we could make these available to the other group members. I have been following the Twitter journal club @twitjc #twitjc, a virtual journal club which 'meets' on a Sunday night to discuss a pre-selected article, with specifically selected questions. They make the results of their discussions available via a web site at <http://www.twitjc.com> which has a good archive of previously discussed articles. We decided against using the intranet as people could only access this at work and decided to set up an open blog at: <http://uhmbtjournalclub.wordpress.com> Currently, we only have the information relating to our first session online, but hopefully we will build a resource which

will be useful to ourselves and others.

Challenges

Although the first session was great, we did encounter a few small issues along the way. Firstly, although people are keen to participate, we are struggling to enlist volunteers to facilitate future sessions, so the same junior doctor will facilitate week two.

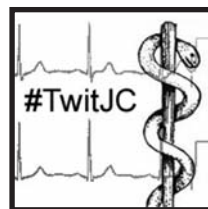
The second challenge has been maintaining momentum; initially we wanted to run the journal club every six weeks but that hasn't been realised. Finally, it was difficult getting people to complete the survey which is important to ensure that the facilitator has feedback for his portfolio.

Lessons learned

This has been a very rewarding experience for me as not only has it provided an ideal opportunity for me to develop my critical appraisal skills, teaching observation skills and blogging skills, it has also helped me to learn more about clinical issues relevant to this group and has strengthened the supportive relationship. I think there have also been a number of 'rewards' for the lead junior doctor in addition to the obvious critical appraisal and statistics skills development. He has developed experience of teaching/facilitation and received formal feedback for his portfolio, experience of setting up and managing a blog, and is keeping up to date with relevant research.

Tracey Pratchett

CLINICAL LIBRARIAN
UNIVERSITY HOSPITALS OF MORECAMBE BAY
NHS FOUNDATION TRUST



THE DIRECTOR OF HEALTH LIBRARIES ANNUAL PRIZE: 2012

Last year I was delighted to be asked by the Library Information Health Network North West (LIHNN) Committee to give a personal prize to someone in the network who has contributed to the profession and the network.

In thinking about this I recognised that LIHNN is much bigger than just its NHS members - it includes library services in universities, charities and from national bodies with a North West base.

This means that the annual Director's prize could go to anyone from those sectors.

contributes, in some way, to the network!

I'm delighted to announce then that the second annual Director's award goes to Tracey Pratchett, Clinical Librarian at the University Hospitals of Morecambe Bay, who I think all will agree richly deserves it.

I've awarded the prize to Tracey because she goes above and beyond the things that are in her job description; she provides leadership and inspiration; and she speaks with a practical and grounded voice on how to put ideas in to action.

In terms of the north west she has been part of the horizon scanning group; she has chaired the Clinical librarians

presentations at conferences and workshops.

And beyond all of that, if any more were required, I'd like to share some personal endorsements from a variety of Tracey's colleagues:

- Tracey is a highly enthusiastic, engaging and professional member of LIHNN.

"Tracey is both liked and respected, for me she is someone who epitomises what the network is all about."



Tracey Pratchett receiving award

The other thing I had to think about was all the different people that make up the network. I tend to meet and get to know our Library Managers - but I don't think the prize always has to be about "managers" and "people who have been around for a long time".

And so, with those caveats, I thought about who has contributed to the profession and to the network, and it's clear that this is not always going to be easy, because of course everyone

Group, co-leading on the development of MAP (the alignment toolkit) and has been part of the research into clinical librarian roles that won last year's LIS Research Coalition prize. She is also involved in the work of the Quality Group, where she has proved to be, not least, an excellent minute-taker!

Tracey has also published a wide range of articles and made numerous

- She is always willing to share her own experiences and work collaboratively with others.
- She is actively engaged in a number of LIHNN groups including Clinical Librarians and the Trainers Group where she is willing to turn her hand to anything from taking minutes, setting up wikis, sharing good practice and even crawling under tables to fix lap tops!
- Tracey is someone who gets things done and inspires others to do things.
- She is both liked and respected, for me she is someone who epitomises what the network is all about.

That seems like a very fitting note on which to close, and it only remains for me to personally congratulate Tracey on her achievements – long may they continue!

David Stewart

DIRECTOR OF HEALTH LIBRARIES NW



Improving Safety using a Knowledge Management Approach

The monthly 'Learning from Incidents and Risks Committee' at Blackpool Teaching Hospital meets to help improve reporting and learning across the Trust.

The monthly 'Learning from Incidents and Risks Committee' at Blackpool Teaching Hospital meets to help improve reporting and learning across the Trust. All incidents, claims, complaints and PALS reports are analysed at the meeting and collated into a monthly Newsletter, which the library designs, produces and publishes. This newsletter is then circulated to all staff by the Communications Team and is reported on across the Trust at each team's monthly governance meetings. The newsletter discusses learning from incidents, complaints and claims as well as signposting staff to new evidence, best practice and patient safety events. The library manager was instrumental in reconfiguring the remit of the group to include:

- Best practice stories from around the Trust
- Quality Improvements within the Divisions

- Evidence updates related to patient safety and human factors.
- Examples from other Trusts and organisations (e.g. learning from Mid Staffs)
- Occasional surveys to encourage staff involvement in the process.

The library is regularly contacted for help with similar projects and has led to us being involved in many Trust-wide projects such as a dementia training programme; patient safety (human factors) training; e-learning support and involvement in evidence based policy review groups.



Sharing learning from incidents is an NHSLA requirement. Prior to the library's involvement the Lessons Learned newsletter was simply a list of incidents and errors which didn't inspire people to change their practice or look for ways to improve safety. Using a knowledge management /

journalistic approach we have turned it into an engaging newsletter which hopefully raises awareness of the importance of sharing knowledge and learning from the past.

NPSA six monthly data shows that our reporting rate is improving in comparison with other acute Trusts and the harm rate is being more accurately reported. The library is receiving more requests to provide information about patient safety and methods of improving safety and quality in various departments across the organisation. Several patient safety and patient improvement programmes are being introduced and the library has been invited to become involved in many of these.

Debra Thornton

KNOWLEDGE AND LIBRARY SERVICES MANAGER,
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST



NEW ARTWORK UNVEILED

AT TRAFFORD LIBRARY

A new piece of artwork with an African influence has just been unveiled in Trafford Library, much to the appreciation of staff and visitors who attended an informal event over coffee and biscuits.

Brian Chapman, Director of Lime Arts, introduced the piece to staff and spoke about its origins.

The painting, named "Animal Batik", was created in Zimbabwe where it was spotted by a member of the Lime Arts team at a market while visiting the country.

The painting is part of a series of three and it's hoped the two remaining pieces will also find homes in non-clinical areas.

Paula Elliott

LIBRARY MANAGER
(I work Thursday, Friday and alternate Wednesdays)
TRAFFORD LIBRARY

*Brian Chapman with
Trafford Library Manager
Paula Elliott (L) and Chris
Thornton, Head of Library
Services, CMFT*



From Wirral to Delhi...

...and back again

I've worked with the Anaesthetics department since 2009, attending ward rounds in Critical Care, delivering training and supporting the Anaesthetics Journal Club. In October 2012 I was lucky enough to be invited to Delhi to talk about my experiences at the 5th SAARC Critical Care Congress & 2nd International Conference on Recent Advances in Anesthesiology (INCRAA).

I also presented a poster at the *1st International Conference on Evidence-Based Healthcare (ISEHCON)* which was by chance being held in Delhi at the same time. Three months since my

The first conference, INCRAA, was organised by the All India Institute of Medical Sciences (AIIMS). Following my presentation about supporting decision-making on the ward, delegates from India,

Pakistan, Canada and Nepal expressed a great interest in the role of the Clinical Librarian. I quickly discovered that there is no equivalent role in India and everyone I spoke to was fascinated by the concept. I received invitations to other countries to speak, to train their staff and several people asked if I offer literature searching services via email!

As part of the trip I was given a tour of the All India Institute of Medical Sciences (AIIMS), the most prestigious public hospital in India.

AIIMS is considered the premier medical

training ground in India and attracts hundreds of applicants to join its training programme each year.



My poster and me...

return, I thought it was about time to look back on that experience and reflect on what I've learned, personally and professionally.

The hospital treats about 1.5 million outpatients and 80,000 inpatients each year. Visitors and patients from Delhi and surrounding villages congregate in the shade of the hospital awaiting appointments and visiting times.

I was given a tour of the huge hospital complex, the highlight for me being the hospital library. I met the Chief Librarian who was thrilled to have unexpected visitors from the UK. He provides a reference service from within the library and he was intrigued at the idea of the librarian being on the ward to support clinical decision making.

He assured me that his library faces the familiar challenges of how best to promote ebooks and where to store an ever-expanding book and journal collection. It was a strangely familiar sight to see groups of doctors studying between piles of journals.

At the second conference, ISEHCON, I presented a poster about the role of the Clinical Librarian in the Anaesthetics department. Speakers included

delegates were evidence based medicine educators working in academic environments. The conference gave me an understanding of how a more formal and holistic framework of

evidence based healthcare might be implemented within an organisation. I realised that although providing Clinical Librarian services at the bedside is valuable, there's potential for the Clinical Librarian to support all activities within a department, and if some measure of cost savings can be demonstrated to the organisation, then all the better.



Studying in the library

Professor Paul Glasziou and Dr Gordon Guyatt (who is attributed with coining the phrase 'evidence based medicine') and most of the

Continued over...

From Wirral to Delhi... and back again

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It also struck me that the potential for health librarians to provide training on critical appraisal techniques and research methodologies is greater than I thought.

So, what are my take home messages from the whole experience?

1. Sometimes it's necessary to blow your own trumpet

I am naturally quite shy and don't relish being the centre of attention. But having to submit an abstract, secure funding, apply for a visa, travel overseas to meet new people and present in front of hundreds of international delegates required me to be more assertive and outgoing than I usually am.

Sometimes it's difficult to imagine that your ideas and work are something that other people would want to hear about. But health libraries are exciting and innovative, and people are interested in finding out more.

2. Venturing outside libraryland can be an effective marketing tool

This was a totally different experience to attending a librarians conference and allowed me to have conversations that I would never normally have; I spoke to doctors from India, Pakistan, Nepal and Sri Lanka about what it means to be a Clinical Librarian in the UK and advocated the benefits of libraries in healthcare. The trip has also raised the profile of the library service within the Trust. I liaised with the Marketing and Communications department who helped to create some publicity surrounding the trip and published a piece in the Trust newsletter.



With M K Vishwakarma, Chief Librarian, AIIMS



All India Institute of Medical Sciences

3. Preparation is more crucial than ever when presenting at an overseas conference

I am someone who likes to be organised, so I rehearsed my presentation repeatedly before arriving in Delhi and spent many hours tweaking the presentation. I also produced and filmed a short video of my work on the ward round in Critical Care which I incorporated into the presentation.

Since I was presenting a poster at the second conference, I also had to design, print and organise funding for that too. I hadn't fully appreciated how time-consuming the preparation was going to be, and it's certainly something I'll be more realistic about if I ever get the opportunity again.

4. Distance gives you the perfect opportunity to reflect

I found that being away from work, but engaging in professional activities, afforded me some valuable time to consider my career from a distance. Usually when I'm travelling abroad I'm on holiday and trying to forget about work!

Continued over...

From Wirral to Delhi... and back again

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This was quite a different experience; I brainstormed project ideas with my colleagues on the plane journey, discussed health information issues with senior doctors and I used hotel room time to write a reflective log. It felt at times like an intensive professional development bootcamp!

I sincerely believe that presenting at a conference is a fantastic way to develop a wide range of professional skills and knowledge. I'm hoping to submit my Chartership portfolio soon and I thought it would be useful to summarise the wide range of activities and skills that I feel I have developed as a result of the conference trip.



Activity

Skills developed

Abstract submission

Abstract writing, poster design, use of film and media

Preparation and organisation

Negotiation, influencing, selling, writing sponsorship applications, budget management, Powerpoint, teamwork, time management

Conference attendance

Advocacy, communication, public speaking, promotion, networking, wider perspective on healthcare issues

Return to work

PR, marketing, presentation, report writing, reflective writing, evidence based librarianship

As well as being a hugely motivating experience for me personally and professionally, the trip was an opportunity to advocate outside libraries and convince others of the innovative and forward thinking nature of our profession; a truly once-in-a-lifetime experience.

Victoria Treadway

CLINICAL LIBRARIAN
WIRRAL UNIVERSITY TEACHING
HOSPITAL NHS FOUNDATION TRUST

UPTODATE

Evidence-based medicine is the cornerstone of modern clinical practice. However, clinicians do not always have the time to search the databases, find and appraise the best quality evidence and then apply it to patient care in real time.

Recent years have seen the development of a number of electronic resources designed to help clinical staff access evidence-based information at the point-of-care.

A study recently accepted for publication in *Health Information and Libraries Journal*, undertaken by myself and John Addison (from Pennine Acute NHS Trust) and Steve Glover (from Christie NHS Foundation Trust) examined how *UpToDate*, one of the leading point-of-care decision support tools, is used by doctors across the North West.

Everyone working in the NHS is feeling intense financial pressure and librarians are frequently asked to take a long hard look at their procurement processes and justify their decisions.

As health librarians, we have a responsibility to ensure that we select appropriate resources in order that

substantial evidence to support our procurement decision.

WHAT WE DID

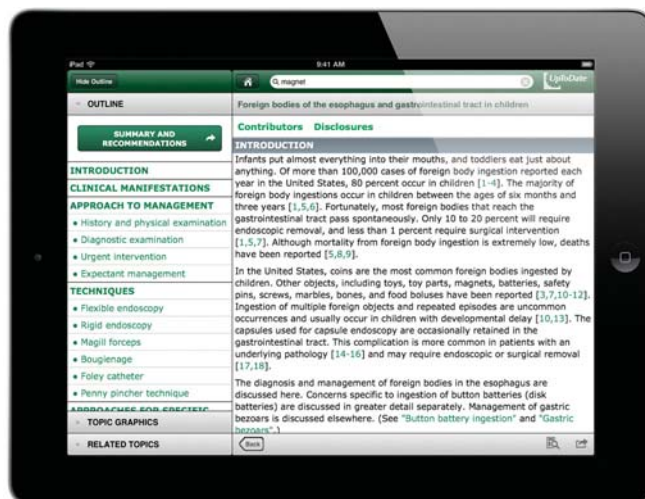
We utilised our network of contacts across North West health libraries to distribute the questionnaire across organisations which had a subscription to *UpToDate*. We hoped that this approach would gather more robust data and therefore provide more powerful evidence.

The questionnaire went beyond the usual user satisfaction survey to look at use of this particular resource and its perceived impact upon patient care by looking at how it is used by doctors in our region. Respondents were asked to describe a situation in which they had used *UpToDate* and if they could identify any benefits gained from its use.

WHAT WE FOUND

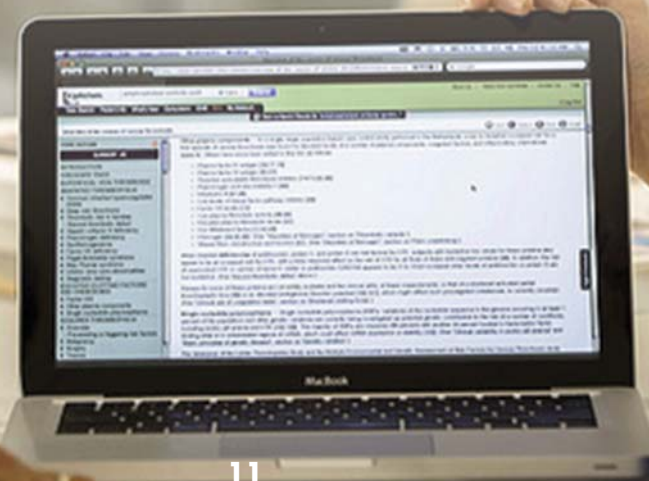
Of the 299 respondents, 79% had used *UpToDate* in the course of their work. We had many responses from higher grade clinicians which surprised us.

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clinical staff can access current, quality medical literature to support their day-to-day practice and ongoing professional development.

We knew that *UpToDate* had been well received in our respective organisations. We had plenty of quantitative data relating to use of *UpToDate* which could be used to illustrate value for money, but such figures do not show why the tool is being used and how the information is then utilised in clinical practice. In addition, we had plenty of positive anecdotal evidence from our users. We knew that we needed more



UPTODATE

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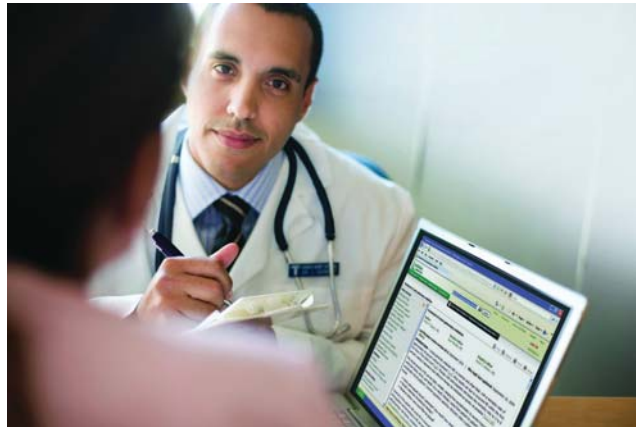
This was perhaps due to the research methodology as it has been suggested that consultants are more likely to access their trust email accounts on a regular basis. It is possible that a focus group would have been useful to capture data from other clinical staff.

Many respondents felt that using *UpToDate* had reduced delays in diagnosis and commencing treatment for their patients. The potential for creating cost-savings for trusts were highlighted as 52% of respondents suggested that unnecessary diagnostic tests had been avoided by using this resource to inform the course of patient management.

The responses showed that staff use point-of-care tools in a variety of ways. As well as supporting the clinical decision-making process, it can serve as a reference tool, provide new knowledge to support CPD, and can be used to provide information suitable for patients.

The study concluded that by using *UpToDate* clinical staff obtained easy and speedy access to expert

information which informed patient care decisions, and they felt that their patients received quicker access to appropriate diagnosis and treatments. In turn, this could impact positively upon the whole patient care process, reducing unnecessary costs and decreasing overall length of stay.



WHAT CAN WE DO WITH WHAT WE FOUND?

We hope that this study contributes to a growing evidence base upon which future purchasing decisions for our service and other library services may be based. Of course, this is just one study relating to one resource, and further investigation may be beneficial as information resources and technology continue to develop.

At Pennine Acute we are also using the data from this study to help inform our marketing strategy as the study showed that there are other user groups that could benefit from using a point-of-care resource who may not necessarily be aware of our subscription.

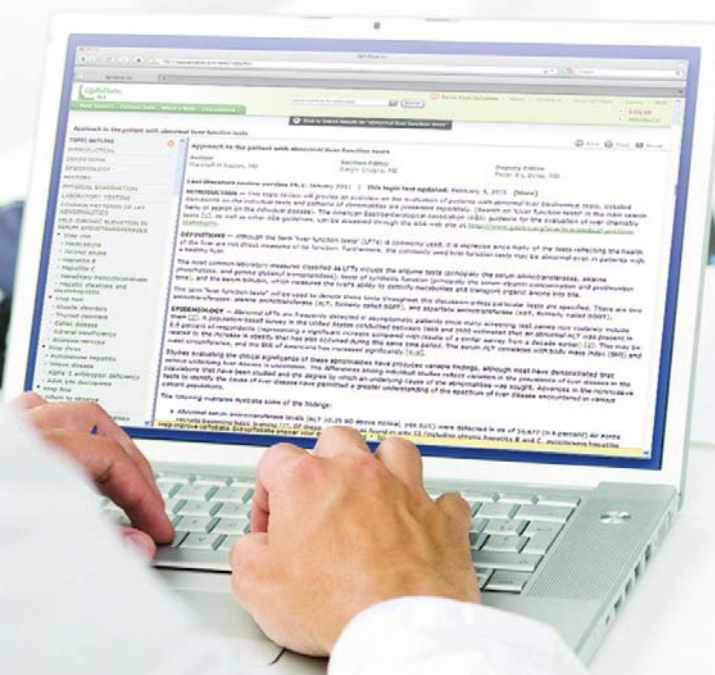
Perhaps studies such as this can be used to influence the future development of the tool as user behaviours and preferences are fed back to point-of-care tool providers.

Our thanks go to all our colleagues in the region who were kind enough to help with the distribution of the questionnaire throughout their trusts.

For those who would like to learn more about this study and the use of point-of-care decision support tools, keep an eye @PAT_Libraries on Twitter or contact star of stage and green-screen John Addison via John.Addison@pat.nhs.uk for more details.

Jo Whitcombe

ASSISTANT CLINICAL LIBRARIAN
PENNINE ACUTE HOSPITALS NHS TRUST





Beyond the literature search:

A Librarian's role in Systematic Reviews or Meta-Analysis projects

Introduction

Making informed decisions and keeping up-to-date with current medical literature makes systematic reviews of paramount significance to healthcare professionals.

Health librarians carrying out research in their domain of expertise, understanding the search scenario, defining questions, developing a protocol, search strategy, conducting complex searches in multiple databases and transferring bibliographic data into a reference manager software, as well as qualitative/quantitative evidence synthesis and publication of the manuscript, librarians who know the "nuts and bolts" of complex and systematic searches, in addition possessing knowledge management and information organisation skills can play a crucial part in a systematic review process. These were the reason for the recent training session arranged by LHHN at Library and Information Resources Centre Clinical Sciences Centre University Hospital Aintree.

What is a systematic review?

A systematic review attempts to identify, appraise and synthesize all the empirical evidence that meets pre-specified eligibility criteria to answer a given research question. Researchers conducting systematic reviews use explicit methods aimed at minimizing bias, in order to produce more reliable findings that can be used to inform decision making. (Section 1.2 in the Cochrane Handbook for Systematic Reviews of Interventions)

The stages of Systematic Review:

1. Protocol

A public record of how the authors aim to answer the research question - a predefined plan which describes the proposed approach, outlining the 'question', detailing the criteria for inclusion of studies. It explains the process for identifying, assessing and summarising studies in the review.

Sources for protocols framework/examples:

- PROSPERO
www.crd.york.ac.uk/PROSPERO/
- The Cochrane Library Database of Systematic Reviews
www.thecochranelibrary.com/

2. Literature Search

Having developed a checklist, the next step is to conduct comprehensive and systematic searches electronically and manually, including conference proceedings / hand searching / contacting experts / grey literature / websites / research registers, etc. and documenting search history as well as search terms.

Sources for literature search include:

- ASSIA (Applied Social Sciences Index and Abstracts)
- CareData

Continued over...

Beyond the literature search

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- CINAHL (Cumulative Index of Nursing and Allied Health Literature)
- Cochrane Library
- EMBASE
- ERIC (Educational Resources Information Center)
- HDA Evidence Base
- HDA HealthPromis
- HMIC (Health Management Information Consortium)
- Internet
- ISI Social Science Citation Index
- ISI Science Citation Index
- MEDLINE
- MEDLINE In-Process & Other Non-Indexed Citations
- NRR (National Research Register)
- PsycInfo
- SIGLE (System for Information on Grey Literature)
- Sociological Abstracts
- ZETOC (British Library Electronic Table of Contents).

3. Study Selection

Screening retrieved studies during the previous stage against predefined inclusion/exclusion criteria according to the review protocol is carried out, whilst recording details such as allocating ID number, citation details, etc. are essential.

4. Data Extraction

At this point, the project team attempt to obtain the necessary information and findings from the studies which have been included during study selection with the aid of various tools (software/excel/word/access) and templates.

5. Quality Assessment

Appraisal and valuation of results determines whether they can be considered reliable sources to guide Systematic Review team.

"The validity of a systematic review ultimately depends on the scientific method of the retrieved studies and the reporting of data." (Margalot, Z. 2007)

The Jadad score and the T.C. Chalmers score are two examples of quality assessment instruments.

Some sources for Quality Assessment (available freely on the Web) include:

- CASP www.casp-uk.net/
- CEBM www.cebm.net/index.aspx?o=1157
- How to Read a Paper (BMJ series) www.bmj.com/about-bmj/resourcesreaders/publications/how-read-paper
- Glasgow University www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/ebp/checklists/#d.en.19536
- GRADE (useful for quality assessment of RCTs for Systematic Reviews) www.gradeworkinggroup.org/publications/index.htm

Critical Appraisal Databases

- BestBETs www.bestbets.org/database/browse-critical-appraisals.php
- DARE www.crd.york.ac.uk/crdweb/SearchPage.asp
- OT CATs www.otcats.com/

6. Synthesis of the Results

Summarising and explaining the evidence from multiple included studies - *"Data that are very conflicting and widely variable should not, under most circumstances, be combined numerically."*

(Margalot, Z. 2007) - therefore the team at this stage summarises heterogeneous data qualitatively.

This key element (Synthesis) brings together findings, addressing questions such as:

Are results of different studies similar? / How can dissimilarities be explained?

7. Writing and Publishing

The authors interpreting the findings provide a description of all the work included in the review.

Discussions in this section mainly include:

- Summarising findings
- Developing theories
- Comparing findings
- Evaluation of the overall quality of included work
- Support a specific theory or model
- Outline shortcomings and problems in that particular systematic review
- Questions for future work
- Conclusion

Guidelines for writing Systematic Reviews, including word count and referencing style can be found at: www.prisma-statement.org/

Finally, librarians can play a pivotal role in a Systematic Review as biased or erroneous searches, study selection or data extraction devalues the results.

Continued...

Librarians approached by systematic reviewers for involvement in a review project should not be shy to negotiate authorship or costing up front. (McGowan, J. 2005)

Fariba Mahjoob

LIBRARY AND KNOWLEDGE SERVICE
ALDER HEY CHILDREN'S
FOUNDATION TRUST
fariba.mahjoob@alderhey.nhs.uk

Useful links:

The Cochrane Library www.thecochranelibrary.com/
Campbell Collaboration www.campbellcollaboration.org/

Acknowledgement:

Special thanks to Michelle Madden, Clinical Information Specialist at Library and Information Resources, Aintree Hospital for the informative training session and learning material provided.

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Margaliot, Zvi, Kevin C. Chung.(2007) "Systematic Reviews: A Primer for Plastic Surgery Research." PRS Journal. Vol 120(7), pp:1840

FAREWELL TO RINI...



Rini with the current (central based) library team at CMFT

The team at Central Manchester University Hospitals NHS FT said a fond farewell to Rini Banerjee who retired in January.

Rini worked in health libraries in the North West for over 30 years, having spent nearly six years at the Christie Hospital prior to starting at what was then the Jefferson Library at Manchester Royal Infirmary in 1986.

During her time here, initially as Assistant Librarian and latterly as Librarian, Rini was responsible for or involved in a series of moves (both of

the MRI archives and of the library itself). She has witnessed the merger of separate libraries at the MRI, St Mary's, Manchester Royal Eye Hospital, Booth Hall, Royal Manchester Children's Hospital and latterly, Trafford Hospitals into a single service.

Rini is joining her husband, Sankar, in retirement, and they are hoping to spend much of their time in India as well as travelling far and wide to new and exciting destinations. With her son, Rishi, she is also heavily involved in participating in and co-producing concerts featuring Indian music and

dance drama which should keep her quite busy and allow her to say, as all retirees seem to do, 'I don't know how I ever found the time to go to work...'

Rini has been an integral part of the team and will be sadly missed by library staff and users alike. We are very grateful to Rini for all she has done during her years of service and wish her well for the future.

Chris Thornton

HEAD OF LIBRARY SERVICES
CENTRAL MANCHESTER UNIVERSITY
HOSPITALS NHS FOUNDATION TRUST

Editor's Column

How you can contribute to the Newsletter

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

What could you write about?

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

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

Format of contributions and other "rules"

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

PDF copies of back issues and indexes to the newsletter are available at:
http://www.lihnn.nhs.uk/newsletter/lihnnk_up_archive.html

Contributions should be submitted to:

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About Library and Health Network North West (LIHNN)

Website: <http://www.lihnn.nhs.uk> for details of the groups and their activities

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