LfN Libraries for NURSING

Autumn Study Day 2000:
How do you manage?
A practical day on managing staff and managing your managers!!

For Membership details contact:
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LfN Libraries for NURSING

• Spring Study Day 2000:
• ICM2 sponsored place! Come to the study day and we'll enter you into the draw, the winner will be announced on the day! The odds are definitely better than the National Lottery!

We're on the WEB!
Visit the LfN site at :
http://www.la-hq.org.uk/groups/hlg/lfn.html

WE NEED YOUR INPUT!
INFORMATION FOR SUBMISSION:

If you'd like to submit an article/news item to the Bulletin just send the document to:

rebecca.davies@swansea.ac.uk or by post to:
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Any version of WORD or a rtf file is fine. We'd like a greater number of contributions from LfN members and any information on the following themes would be especially appreciated (short items are very welcome!):

- BOOK Reviewers needed – and you get to keep the title you choose to review !!!! Contact Rebecca with your selection! Cheaper than amazon.com!

LfN Libraries for NURSING

Volume 19 Issue 1 & 2
1999

BULLETIN – Double Issue

INSIDE THIS ISSUE

LfN EXCLUSIVE!
BNI is coming to OVID!
Read more in the review of OVID's contribution to the study day ... p.13

FINAL LFN BULLETIN OF THE MILLENIUM – WE LOOK BACK!

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The RCN Libraries

Bulletins Through the 90's - a Personal Review.

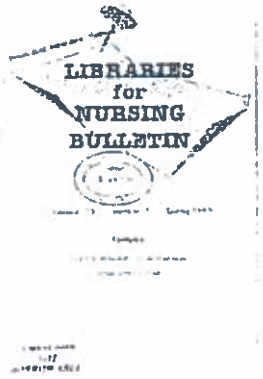
Rebecca Davies
LfN Chair, Health Science
Librarian, Uni. of Wales Swansea.

In our millennium edition of the Bulletin we are taking a look back through the last decade of LfN...
And in the same way that when I started to work with nurses it was in a School of Nursing, then a Department of Nursing and Midwifery, then the Department of Nursing, Midwifery and Health Care and now we are back to School, with the School of Health Science - the Bulletin contributions seem strangely familiar! Will we be writing about Peach in the same way that we were writing about the brave new P2K?

NIS Newsletter (Nursing Information Subgroup) Vol 11 No 1 Spring 1991
Contributions included:
The piloting of Project 2000 and Scotland's preparation for P2K.
Early indications of LINC's yet to come in a call for input into a set of "standards" for nursing libraries, with some very familiar headings from Paul Moorbath on:

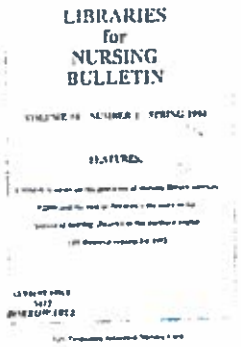
1. Services
2. Buildings and accommodation
3. Stock
4. Teaching role
5. Staff development
6. Finance and
7. Quality assurance

NIS Newsletter Vol 12 No 2 Summer 1992
Project 2000 reading lists, results of a questionnaire to P2K colleges, with Sociology and Psychology titles topping the list. Librarians working with nurses remember opening boxes and boxes of psychology and sociology textbooks – what types of boxes will we be opening post-Peach?



The newly renamed Libraries for Nursing,1993 in Vol 13 No 1 report the start of the NURLIS II project. The agenda for the Spring Study Day is given... on Setting Standards, with talks from the ENB on Educational Audit, CoFHE and nursing and the NURLIS I project.
De Philip Cheung writes an article reflecting on the report "Library and Information services to support P2000". I found this report to be one of the most useful documents to introduce me to nursing librarianship.

The LfN Bulletin 14 (1) 1994 featured the LfN financial report, the story so far of P2000 and the role of libraries by Maurice Wakeham and a survey of Nursing Libraries in the Northern Region by S.M. Childs. Union's view of the provision of Nursing Library services was given by Rob Baughan. He stated the UNISON believes that "Nursing Libraries have been underfunded and neglected for too long" p.13. That's a useful quote for the library committee!



"Nursing Libraries have been underfunded and neglected for too long" p.13. The LfN Bulletin 14 (1) 1994

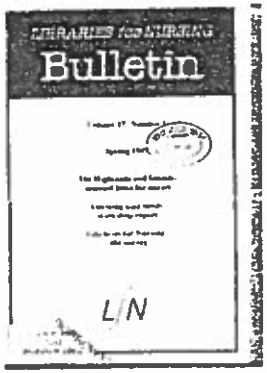
In Spring 1995 (Vol 15 no 1) the LfN focussed on the study day concerned with "Trained nurses: no money, no entry?". Veronica Frasier asked for an agenda item to be included in our most recent committee meeting (Nov 1999), and this helps demonstrate that there is yet to be a totally satisfactory answer to this question. In Swansea we've gone down the route of SLA's with all of the educational sites within NHS trusts, but this doesn't solve the problems facing the nurse in a private nursing home...

In 1996 (Vol 16 no 2) the Bulletin had an international flavour, with a report on Library use by nursing researchers in Spain by Rosa de Dios. The theme of research was continued in a paper on partnerships with research workers by Sandra Jowett.

MILLENIUM BULLETIN REVIEW CONTINUED....

In Vol 17 no 1 the Bulletin focussed on "The Highlands and Islands" internet links for Nurses with Amanda Richardson, and the survey of Libraries for Nursing which asked members about their use of the Bulletin and the future of LfN. By volume 18 Winter 1998 we were talking about NELH – a topic also covered in this issue by Rod Ward and Sarah Stephens...

Nursing and library provision, an eternal debate!



BOOK REVIEW – book supplied by

M&K Update Ltd
Station Court
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NE49 9HN

Norman, Sandy. 1999. ***Copyright in health libraries***. 3rd. ed. London.
Library Association Publishing. £9.95. ISBN: 1856043231.

Veronica Rowland, Librarian
The Emma Ferbrache Nurse Education Centre Library,
Princess Elizabeth Hospital, Guernsey

Norman has long been a respected authority on Copyright, formerly at the Library Association headquarters and now working freelance. Any publication of hers, therefore, is of particular importance to librarians, anxious not to fall foul of Copyright Law. This edition is timely, with regard to ongoing international discussions which may result in a tightening up of the law, in the age of the digital environment. These two aims; of guidance for librarians and consideration of the international picture, are stated in the preface to the third edition.

The format is unchanged but a new section has been added which gives an international perspective on intellectual property laws. There is new guidance on licensing and a section on database regulations. The greater emphasis on issues of the electronic age makes this edition appropriate for all workers in the information field.

Aware of the speed at which events can change, Norman gives the address of a Library Association website where information on Copyright is is kept current :-
http://www.la-hq.org.uk/lapublishing

Although many healthcare libraries enable customers to do their own photocopying Norman points out that staff have a duty to prevent copyright infringement by making clients aware of the rules, by, for example, displaying relevant information by the photocopier.

Health librarians are not alone in their struggle to enable students to use photocopying fairly for purposes of study, in the spirit of the Copyright Act of 1988. This Act allowed for copying by students and researchers, with an emphasis on Fair Dealing. EBLIDA among other groups is campaigning in Europe to keep those freedoms, which at this present time are in danger of being lost.

Having studied the section on Inter-library copying for stock - I am still not sure if it is permissible to keep a file of photocopied articles for students on a course. According to Norman it is legitimate (p 17/18). But, on my postgraduate diploma course in 1993, my tutor said it was not. What do other libraries do?

There are several mentions of the need for the library providing a photocopy to charge for the costs involved, plus an amount towards the "general expenses of the library". This varies from place to place and can be a bone of contention, which has to be resolved by each individual library. There is no definitive guidance.

Norman deals with specific situations which are likely to arise in the daily work of a health studies librarian. These include such topics as the production of multiple copies for the purpose of study by a committee (rather than a private individual) (in some circumstances), the practice of copying Contents pages for current awareness purposes (ditto) and the making of duplicated copies for a journal club (don't!).

The appendices include a sample copyright declaration form, useful addresses and a definition of prescribed libraries and archives. There is a list of statutory material and further reading plus a good index. This book is a "Must Have" for all health librarians.

PERSONAL SELF-DIRECTED LEARNING PROJECT

Extracts from a nurse's account of learning to use the CD-ROM in the Nurse Education Centre Library - 1998

Submitted by Veronica Rowland, Librarian
The Emma Ferbrache Nurse Education Centre Library
Princess Elizabeth Hospital, Guernsey

The following was submitted by a nurse to a self directed learning project, and is reproduced with her permission. She worked on the project with Veronica Rowland at Guernsey.
We felt that it was particularly interesting as it provides insight into information seeking behaviour, and the learning objectives and outcomes could be useful when planning teaching /training sessions.

Introduction

"I want to conquer the fear of failure and enhance my abilities to access research data and thus make better nursing decisions."

The Code of Professional Conduct (UKCC 1992) requires the registered nurse to be accountable for his/her practice. To be accountable, nurses must be able to explain their choices, actions and omissions throughout their decision-making process. When looking at areas on which to base this project, the author has tried to incorporate this interpretation within the choice of subject and the subsequent learning project.

The chosen subject will be centred on the use of the CD-ROM in the Nurse's Library. This choice was initially guided by personal negative past experiences that resulted in failure to get a successful result at the time, but also an unwillingness to use one again. I want to conquer the fear of failure and enhance my abilities to access research data and thus make better nursing decisions.

Aim

To increase personal skills in the use of the CD-ROM computer within 6 weeks.

Objectives

At the end of 6 weeks I will :-

1. Be able to demonstrate how to access the CD-ROM effectively without supervision.

2. Have considered and discussed the advantages and disadvantages of the CD-ROM.

Action Plan

1. Consider resources available to achieve the aim and objectives.

2. Carry out a library index search (written) and read about nurses' use of computers.

3. Seek assistance from the librarian and discuss my learning needs.

4. Ask for a one-to-one lesson from the librarian on how to use the CD-ROM.

5. Review and revise Action Plan.

6. Look at, discuss and decide on further learning needs.

7. Evaluate and assess the learning achieved.

8. Devote a minimum of 1 hour per week on the CD-ROM without supervision for 4 weeks.

9. Revise Action Plan.

10. Discuss with librarian the aim and objectives of this self-directed learning project.

11. Demonstrate that Objective 2 has been covered.

12. Evaluate the learning project, including some assessment.

13. Conclusion.

14. Present work to course tutor.

Action Plans

1. Resources: CD-ROM computer

Motivation
Time
Looking/Listening skills
Peer support
Librarian – positive attitude
Research literature
Communication skills
Feedback
Practice
Availability of demonstrations
Others skilled in its use

2. Library

Basing the use of CD-ROM and use of technology for accessing information by nurses, on which to start, time was spent in the library looking for research literature, on these subjects. This was done by using the library index and by looking at recent articles and studies in various nursing journals. These provided further references within them. A selection was chosen, to be read and incorporated into the rationale for choice of a self-directed learning project. Throughout this reading, the overwhelming consensus would appear to be that of the importance of the use of information technology within evidence-based nursing practice.

"Throughout this reading, the overwhelming consensus would appear to be that of the importance of the use of information technology within evidence-based nursing practice."

3. Librarian

I approached the librarian about my personal learning needs for this project, by asking to speak to her privately. The outline of the project was then discussed and we negotiated the amount of input I would need from her. We decided on an initial 1 hour session for an introduction to the CD-ROM. This was scheduled for the following week.

The choice of the project was necessary, I felt, to gain several things:-

a). It was an opportunity to "admit" a learning need, and to state how I felt about a personal challenge.

b). The librarian had the necessary skills in the use of the CD-ROM.

c). I felt that I needed a physical demonstration in its use, rather than a list of written instructions.

d). To an extent, I could control how I learnt the skills and knowledge that I lacked, and the environment in which I did it.

e). It would give me confidence knowing I could ask for assistance as and when it was needed.

"It would give me confidence knowing I could ask for assistance as and when it was needed"

Advantages and Disadvantages of the CD-ROM

The advantages and disadvantages have been considered and discussed throughout the project with my course tutor, Librarian, peers and others. This brief written paper will reflect only a personal view, which commenced with my own perception in the choice and introduction of the subject.

Advantages

1. A most obvious advantage would appear to be that of having the potential to gain access to a huge database within the CD-ROM. This can then eliminate the need to carry out a paper-based search within the library. In theory, therefore, this way of accessing data frees the individual from the tedium of unsuccessful searches uses library skills only.

2. Use of the CD-ROM can also save time by giving quick access to abstracts on various topics. This facility allows the user to read through and decide the relevance of an article instead of having to read the whole item.

3. The database contains work throughout the wide field of nursing journals, including those readily available within, or close, to the library itself.

4. CD-ROM software appears reasonably up-to-date.

5. CD-ROM software is found in all major, and most nursing, libraries.

6. CD-ROMs can be used 24-hours a day on some sites. Usually, no charge is made for use.

7. Using CD-ROMs can facilitate interest in the use of computer technology generally.

8. Many librarians will instigate searches on behalf of clients unable to reach the library.

Information gained from the CD-ROM can be kept and used for reference, or built upon, or used in clinical practice.

Disadvantages

1. Despite being consumer-oriented, a degree of knowledge and skill is needed to use any computer as a tool. This can be quite daunting to those with limited or no computer skills.
2. Time needs to be spent either practising, or being shown how to use the CD-ROM, to gain competencies.
3. Strategies have to be learnt, including the ability to organise knowledge, identify appropriate keywords, and how to narrow and widen searches.
4. Often, abstracts are accessed which have no relevance, or are unobtainable.
5. Abstracts might be missed by the inappropriate choice of keywords.
6. To gain the full use of the CD-ROM appears to need considerable time and practice. This needs motivation and the availability of the CD-ROM; and possibly another person skilled in its use, who is willing to act as a facilitator in this area.

CONCLUSION

The project worked very well. By choosing a new skill, which I really did need to know about for my personal and professional development, I gained a very positive outcome from the experience.

While the actual learning involved in the project has been, and, I am sure, will prove to be of huge benefit in the future, the project itself has given me a lot of satisfaction Also my clinical practice will benefit, particularly in the area of teaching and assessing.

Autumn Study Day Attendees heard a OVID exclusive.....

OVID will be offering BNI in the spring!

We are hoping that they will be able to come along to our spring study day, but following the general reaction at the autumn study day OVID will have a queue of us (along the lines of the Harrods sale!) as soon as BNI is available.

"OVID will be offering BNI in the spring!"

We were also fortunate to be given passwords to try out all of OVIDs online products for 2 weeks - and got to see that the "futures bright, the futures full text". OVID are also going to offer librarians the opportunity to select specific titles to be accessed in full text – with no minimum number of titles. This might help those stretched budgets.
I'd love to hear from a LfN member who currently subscribes to the Nursing Collection, does it reduce ILLs? Are students only using the Nursing Collections as it's so convenient and missing other references? This would be an excellent review for the Bulletin!

Nursing Colloquium and NeLH

Fri 26th November 1999

BMA House Tavistock Square, London

A personal review by Rod Ward, Lecturer, School of Nursing and Midwifery, University of Sheffield
and Sarah Stephens, Midwifery Lecturer, School of Nursing and Midwifery, University of Sheffield

"Do the Nursing professions understand and agree with the way forward?"

This colloquium was organised with the expressed intention to explore and ascertain the necessary elements that will contribute to the design, development and implementation of the National Electronic Library for Health (NeLH) for the nursing professions.

The areas it was intended to address include:

- Ensure a full understanding of the potential scope of the NeLH
- The process for building the NeLH and links to existing services
- Access to the NeLH
- Ownership and Sponsorship

Some questions posed for participants in the Colloquium included:

Do the Nursing professions understand and agree with the way forward?

What are the mechanisms for securing user involvement in the design and development stage and who needs to be involved?

Are nursing knowledge needs known and what supporting information is available?

How useful is paper? - what are the problems of coping with present resources of knowledge and how do nurses, midwives and health visitors keep up to date?

What is known about physical access and the impact on education and training?

Further background information about the NeLH can be obtained from: http://www.nelh.nhs.uk

The joint chairs for the day were: Marie Washbrook (Nursing Professions Advisor for NHS Information Authority) Muir Gray (NeLH Project team leader)

The intention was to have a series of short presentations followed by general discussion.

Welcome and Introduction Muir Gray

Muir gave a humorous view of the arrival of the information society from an industrial society and speculated where we are going next - perhaps to a fundamentalist society? He drew an analogy between evidence based medicine and alternative approaches with it's lack of evidence base but much greater popularity. Will we end with a vitamin shop in every hospital foyer?

Information for Health Marie Washbrook

Marie placed information for health in its political context describing supporting documents and organisations. She reinforced the importance of nursing professions' contribution, which was illustrated by the wide attendance, showing a refreshing development from the early stages of NeLH development.

Knowledge management

The NeLH - Muir Gray

Muir described criticisms of the current access to information/guidelines etc and raised some of the issues surrounding the informed patient. He described the 4 floors analogy of the NeLH (now reduced to 3 as the patient floor becomes part of NHS direct). He also touched on the early work on Virtual Brach Libraries and Information Cafes for specific professional groups. He highlighted the problems of peer review and knowledge selection - that is already exercised in publication and libraries as opposed to censorship. He described how choices about patient care were based on evidence, but also on the patient's values and condition and suggested that the NeLH needs to strive for greater consideration of the latter 2 in addition to the evidence. Discussion centred around selection and updating of material and the role of the NeLH as a provider/commisioner of information or providing an index of pointers to information provided by others.

One delegate who argued for a freer and more open access policy walked out suggesting that the decisions had already been made.

Further discussion about relationships with social services information and other services highlighted some of the issues still to be addressed.

Existing Library resources - Veronica Frasier (Library Advisor)

Veronica described current library provision across the NHS identifying resourcing problems and the relationship with HE She set out barriers, drivers and opportunities to moving forward electronic access within NHS libraries.

Access and Use at Home - Rod Ward

My presentation can be downloaded from http://www.shef.ac.uk/~nrtrw/nelhn.htm)

It highlighted the different cultural and technical considerations which may be needed for access outside NHS work - however it was generally accepted that most nurses accessed from home rather than via NHS net.

NHS/DOH view and Nursing Web Site - Monica Duncan

Monica described how the technology can provide a vehicle for accessing evidence for practice and CPD/PREP. She explored the immediacy of nurses information needs and said it was not minute to minute or diverting them from patient/client care. She explored joint decisions about reasonable use and the utility/relvance of information but was worried about it slowing us down. She used an acronym R.A.T.S. to describe what information should be:

- Relevant
- Accessible
- Timely
- Succinct

She outlined future developments for a nursing web site - but didn't promise any particular dates.

Skills for Information Management

Informatics - Rod Ward

I outlined the IT and IM skills needed in my presentation which can be downloaded from http://www.shef.ac.uk/~nrtrw/nelhn.htm

MIDIRS - an example - Mary Stewart (Editor) and Kathy Levine (Librarian MIDIRS)

Midwives Information and Resource Service (MIDIRS) has been running for 15 years with a database (70,000 refs) and digest service. It's a charitable organisation and is resourced purely by the subscriptions of users. If their information was to be incorporated into the NeLH this would create a serious resourcing problem and the financial models for this sort of service need to be addressed. The "informed choice" leaflets were used as an example that would be ideal to circulate, but the financial implications (no income) would cripple the organisation.

Professional Contributions to the NeLH - what the professional oragnisations do?

CPHVA - Gill Adams

Gill described a survey of their members relating to what they want from NeLH - key point being about fast and equitable access. The other issues were set out by the knowledge floor (including professional facts), knowledge management floor, and know how guidelines.

RCN - Kate Clark (Information Services librarian)

Kate described the RCNs focus groups on information services and the current development of an RCN Information Strategy.

RCM - Ann Jackson-Baker (Director English Board)

Ann questioned the UK wide remit of NeLH, and described the RCMs proactive approach including the delivery of study days for managers. The RCM web site will soon be available.

Summary and the next steps

Muir summarised some of the issues from the day - and said that discussions would continue.

Evaluation forms were distributed inviting further contributions.

General comments

Interesting discussion which started to show the wide range of information needs and potential contributions which could be made by the nursing professions.

More discussion of the content would have been useful, but maybe this will be the next step. Many of the issues will require both time and resources but the potential is there for collaboration between members of the different professions and groups and the NeLH project team.

I would advise anyone interested whether you, or any organisation you belong to, attended the meeting, to visit the NeLH building site and join the mailing list (details at: http://www.mailbase.ac.uk/lists/nelh/) to influence developments so that it meets the needs of the nursing professions.

If you would like further information or to discuss the issues raised please contact: Rod.Ward@sheffield.ac.uk

LINC Health Panel
Research in the workplace award:

The results of the LINC Health Panel's Research in the Workplace Award for practitioner-led
research by health librarians as announced at yesterdays Bishop Lefanu Lecture are as follows:

In 4th Place: Maureen Forrest, Donald Mackay and Team from Cairns Library, Oxford -
Informing the Community: a study to identify the current and future information needs and resource requirements of community health workers in Oxfordshire.

In 3rd Place: Eve Hollis, Steve Ashwell and Team from Oxford Region - VaMP: Virtual
Meetings Project.

In 2nd Place: Valerie Trinder, Anne Jones & Sarah Cohen from Plymouth Hospitals Trust -
A Self Assessment Tool on Literature Searching Skills for Health Professionals.

And the Winner is:
Michelle Kirkwood and Anne Wilson from Glasgow Royal Infirmary - A Delphi study to determine research priorities and the corresponding evidence base in North Glasgow hospitals.

Congratulations to Michelle Kirkwood who receives over £2,000 towards her project.

Five other entries were also received and the field was a strong one. Detailed feedback will be provided to all nine applicants.

Thanks to the judging panel, John Van Loo and Christine Urquhart, with myself as Chair.

Why not try for yourself next year?

Andrew Booth
Chair of LINC Health Panel Research Working Party

NOTE FOR EDITORS:
The Research in the Workplace Award has been set up by the LINC Health Panel to encourage the development of practitioner led research. A sum of over £2,000 has been made available this year for a single research project by the Health Libraries Group, IFM Health Care, UMSLG and UHSL with support from Libraries for Nursing. In this the first year of the Award we received nine good

quality entries which were judged by a panel comprising :
Andrew Booth, John Van Loo and Christine Urquhart.
These outline proposals included 3 covering nursing, two for patient information, two for literature searching, one covering IT and covering community health. Geographically they came from Oxford 3, Trent 1, London 1,
North West 1, South and West 1, Scotland 1 and Wales 1.

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- Spring Study Day 2000:
- ICML sponsored place!
- Come to the Libraries for Nursing Spring study day and we'll enter you into the draw, the winner will be announced on the day! The odds are definitely better than the National Lottery!

Evidence-Based Health Care CD-ROM - a Review

Jim Moore
Librarian, Redbridge Health care Trust

This is produced by the Critical Appraisal Skills Programme (CASP) and the Health Care Libraries Unit at Oxford. Its aim is to "help people develop skills in finding and critically appraising evidence about effectiveness, in order to promote the delivery of evidence-based health care".

You purchase a CD-ROM and an accompanying workbook, which together enable you to work through a series of six fairly self-contained modules. The modules are: Introduction; Asking the question; Finding the evidence; Statistics made simple; Appraising a Randomised Controlled Trial; Appraising a review.

"I highly recommend this package"

The package assumes no prior EBM knowledge, and only basic computer skills - mainly the use of the mouse. The interactive CD is attractively presented on screen, with clear instructions and a logical progression of ideas. The user is first helped to frame a clear question about health care, then to devise an appropriate search strategy. When 'finding the evidence', you can choose to learn about Medline searching on OVID, SilverPlatter or PubMed interfaces, and the package also teaches Cochrane searching. The critical appraisal sections contain a step-by-step worked example, and then there are a number of practice articles in the workbook, that you can work through at your leisure. Inputting your answers into the package, enables you to see where you went wrong.

I highly recommend this package. It has been well thought out and designed, with many attractive features - such as the hypertext link from any technical term to an on-line glossary, and the ability to link up to the internet. All professional health staff would benefit from completing the first three modules, and the later modules are invaluable for senior clinical staff, would-be researchers and audit staff.

An email discussion: search engines, quality, and consumer information on the internet

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Introduction

The world wide web is a vast and rapidly expanding resource. Publicly indexable webpages have increased from at least 320 million in December 1997 to about
800 million by July 1999 (1). A report in October 1998 estimated that nearly 7.5 million people, representing 16 % of UK adults, had used the Internet in the last six months. This compared with 12.4% or 5.4 million in the previous six months (2). A recent market research report estimates that the number of UK households with internet access will double in the next four years (3). There is not equal access: UK households with internet connections in 1998-99 range from 1-4% in the lowest income groups to 32% in the top income group (4).

"The world wide web is a vast and rapidly expanding resource"

There has been concern about the content of some health websites, and various quality criteria have been suggested for evaluating them (eg 5,6,7). It is these criteria I am evaluating for my Information Science dissertation. I need to use a search engine which will retrieve websites of all levels of quality, so quality checking gateways such as OMNI, Health on the Net, and Healthfinder (8) will not be an option.

I sent an email to three mailbase discussion lists likely to include relevant information professionals to find out what they would use (9,10,11). The question I sent was unusual for these lists as it was hypothetical and excluded the subject gateways:

'I am about to do some research about quality criteria for assessing medical/ health websites. The scenario will be an LIS professional looking for a website with information on a condition. Non technical level ie suitable for patient/ public/ consumer/ junior PAM student. I need to use a search engine to find some sites to assess, and want some idea of what YOU would do. So if you were looking for such information on condition X (and there wasn't anything on a quality checked gateway such as OMNI, Healthfinder, Health on the Net or Medical Matrix):
1. Which search engine would you use?
2. Would you just search for 'condition X' or would you add more search terms?'

Results

29 members replied, several in their own time from home. This cannot be

seen as a representative sample, but does give some useful information. All quotes are from the email replies.

Question 1: Which search engine would you use?

The number in brackets after the resource name indicates number of times mentioned (some people listed more than one).

Search engines and URL

- Alta Vista (13) www.altavista.com/
  including Alta Vista advanced (1)
  Alta Vista was placed at the top and bottom of lists when searching several search engines (see below), but others gave it as sole source. '..being the largest search engine and usually yields good results'. 'It seems to produce good results though there is the usual headache of wading through lots of sites, though I often use domain:uk to reduce the quantity found if a UK slant is appropriate.'

- Yahoo (7) www.yahoo.com/
  including Yahoo health (1)

- Northern Light (4) www.northernlight.com/
  including Northern Light power/advanced search (2) '..sorts hits into folders.'
  'I like Northern Light's power search capability. It allows you to limit your search to particular types of Web sites (government, academic, etc.), dates, etc.'

- Google (4) www.google.com
  'I have had a lot of luck with - even with single word searches. Nice uncluttered front end too, although I have no idea who is responsible or the way it works.'

- Hotbot (3) www.hotbot.com/

- Ask Jeeves (3) www.askjeeves.com/
  '..natural language searching an advantage.'
  ' If I got nothing I might try Ask Jeeves- because I find that 'he' sometimes succeeds where others fail.'

- FAST/ All the web (2) www.alltheweb.com/

'It has had good reviews so I feel I ought to use it, but I'm a bit slow to change my habits.' (Another person also mentioned not having checked other sites in depth yet).

- Metacrawler (1) www.go2net.com/search.html

- Oingo (1) http://oingo.com

"Question 1: Which search engine would you use?"

- Infoseek/Go (1) www.go.com/

Comments:

- 'Yahoo and Hot Bot (because these two attracted the most stars* in an article about search engines & health information in: John Scott Cree and Ron LeBruin "The search for the best search engine" Library technology 3 (3) June 1998, 45-47. (This is the insert in the LAR). They checked for target home pages in the health subject area on given days in September and November 1997.'

- '..search a minimum of 3.'

- 'My favourite is HotBot, but I use AltaVista and FAST as well if I get nowhere. Perhaps for a general enquiry (i.e. not needing to restrict results by domain or file type etc.) I would choose AltaVista first.'

- 'I would use more than one search engine. I think there are more than 1 billion pages on the internet and the largest search engine (Fastsearch) only covers about 200 million. Alta Vista covers around 140-160 million. There is some overlap however a good deal of unique material can be found on different search engines.'

- 'If I were looking for sites in general, I'd go and use Yahoo, because most of the public (I guess) are familiar with Yahoo and my guess is they'd start there. Personally, I'm an Alta Vista Fan.'

- 'I suggest that my physicians categorise their inquiry into one of the following before searching:
  1. General medical information or consumer information
  2. Support groups or other resources
  3. Medical literature or evidence
  4. Someone with medical expertise
  By doing this, they can select a site or search engine that will best meet their needs.'

'I would use more than one search engine"

Order of searching multiple sites (where specified):

- Northern Light / Alta Vista
- Northern Light / HotBot / Alta Vista
- HotBot / Alta Vista and Fast; but Alta Vista first if general enquiry
- Alta Vista / Metacrawler / Google / Oingo / Yahoo
- Alta Vista / WWW Virtual Library / Yahoo Health
- Yahoo and HotBot / Ask Jeeves

Meta-search engines

'Search engines are dead. Long live meta-search engines!'

- Searches.com (1) www.searches.com

- Copernic (2) www.copernic.com 'I have the trial version, ... it is brilliant in that it searches so many other engines.' 'There is a piece of software called copernic that searches using your terms entered into the top 10 www search engines and collates the results from all of the search engines. It is an excellent way of condensing a search.' [Unfortunately, use of Copernic now requires downloading software from the internet to a PC with Windows NT or similar]

- Dogpile (2) www.dogpile.com

- Simplifynet (1) www.simplify.net/

'One physician likes Simplifynet . You input your request, and Simplifynet sends your search to a number of commercial search engines (GoTo, Yahoo, Altavista, etc.). You can then check your results on each very simply.'

Other sites mentioned

- Www Virtual Library for Health (1) http://vlib.org/Medicine.html

- Medscape (1) www.medscape.com/

- Achoo (1) www.achoo.com/

- Patient UK(1) www.patient.co.uk/

- Health Education Authority (1) www.hea.org.uk

- MedLINEplus (1) www.nlm.nih.gov/medlineplus/

'My first suggestion for a lay-person would be to visit MedLINEplus.'

- Office of Rare Diseases (1) http://rarediseases.info.nih.gov/ord/

- DISCERN www.discern.org.uk

'..DISCERN is a project in progress to provide a tool to assess consumer health information sites.'

- Internet Detective www.sosig.ac.uk/desire/internet-detective.html

General comments

- 'I must admit that disease info isn't something I search for often, but if it were then I would probably have a handful of favourite sites (not search engines as such, but sites with good collections of documents) that I would look in. A bit like going to a specialist cheese shop instead of just to the cheese counter at Sainsbury's.'

- 'I would also direct the patron to print resources such as medical dictionaries and encyclopedias as well as Merck (both print and online) and regular encyclopedias.'

- 'A very good and recently updated site which looks at the capabilites of various search engines is available at http://www.lib.berkeley.edu/TeachingLib/Guides/Internet/FindInfo.html#Outline
This compares a selection of good search engines.'

- 'I suggest that my physicians categorise their inquiry into one of the following before searching.
1. General medical information or consumer information
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By doing this, they can select a site or search engine that will best meet their needs.'

- 'After searching the gateways, I find no particular search engine my best option. Unless the question is particularly Canadian, in which case there are a couple of engines particular to that instance.'

- 'My approach is to go first to our own library's compendium of sites, which is partially homemade and partially links to the gateways. This can be found at: www.library.dal.ca/kellogg/internet/internet.htm Then I go through the list of search engines at our university library site: www.library.dal.ca/general/searchtools/searchtools.html Sometimes, with particularly difficult topics that yield very little, I move pretty quickly to engines like Dogpile and Metacrawler. Most of the time, I find there are too many peripheral at best hits and the restrictions available through the various "ADVANCED" engines do little to bring things back into context.'

- 'Yahoo and Hot Bot (because these two attracted the most stars* in an article about search engines & health information in: John Scott Cree and Ron LeBruin "The search for the best search engine" Library technology 3 (3) June 1998, 45-47. (This is the insert in the LAR). They checked for target home pages in the health subject area on given days in september and November 1997.'

- '1. Simple enquiry using Altavista (or any other competent search engine); if neccessary, adding words to refine search if there are lots of 'hits';

2. Gain an overview of the differing perceptions adopted by a range of sites that profess knowledge in the subject matter e.g. from 'establishment' sites to those preferring 'alternative medicine', observing the extent of reliance on evidence in each case;

3. Simple enquiry on Medscape's Whole Text Articles/News/Patient

Information;

4. The act of undertaking 1 - 3 above usually suggests links to the most currently useful global or national websites dedicated in whole or in part to the subject in hand, be they recognised organisations, or dedicated 'amateur' sites (the latter often run by people who have the condition, or who have a relative who has the condition; either way, their dedicated interest invariably adds useful perspectives and 'wisdom' to our response).

Clients are then presented with a manageable spread of information, whose depth and technicality varies according to their need and capability. This includes available and meaningful data (and including the absence of data!) on pros, cons, success rates, etc. In my experience, virtually all clients, regardless of education or perceived 'intelligence' - express strong identification at this point with one or more specific perspectives. Invariably, their reasons are sound and straightforward to them, even if they are not what would suit me or the next person! Usually, the client expresses interest in obtaining more information on a small number of specific aspects to the condition, which can be addressed by:

5. Detailed search on the specific aspects using Medline, and Medscape whole text articles;

6. Ad hoc web pages (articles, user groups, etc.) from any source on the specific aspects, using Altavista, or any preferred search engine'.

"Clients are then presented with a manageable spread of information..."

Question 2: Would you just search for 'condition X' or would you add more search terms?

Of those who replied to this question, 7 said they would search for 'condition x' only, at least initially. One would search for 'condition' and 'intervention'.

- 'It depends on what I was looking for - I would start by just searching for conditton X, but would then expand it, so if I was looking for say, autism, I would also search under mental health, autism, children, autism etc.'

Search strategies to increase relevance of results if too many hits were retrieved:

- adding the search terms 'patient' or 'consumer'
- limiting results to UK (2)
- adding more terms if term has other non-medical meanings
- 'Within other sites I may find terms for this condition that are also used and try them.'

Search strategies if few relevant results retrieved:

- search with synonyms/ related terms
- check spelling in medical dictionary
- Yahoo/Alta Vista: '. I would use the condition itself only. Depending

on how much appeared and what I was doing it for I would limit to UK material.'

- 'I think to get some 'bad' sites as well as poor, you'd have to do a simple search on just the condition, without extra search terms, after all, not many public use extra search skills.'
- 'If nothing appeared anywhere I would go away and think about it, possibly look in a medical dictionary to check the terminology.'

General comments

- 'Surprisingly difficult to answer. since your scenario specifies a less routine condition than others I guess condition X to start with. Then I'd either look to narrow it or to try out as many lay synonyms / 'hot' aspects as possible. Depending on what it is, I might have checked the NORD site before starting to 'surf' . This is not what you asked for but-fact is that by this point I'd be looking for what I could find, and I wouldn't be looking for quality filters. I'd expect to screen the findings and then discuss issues around authority, bias, currency etc. with the client - just as I would if handing out the address of a self-help group or printed information. I'd do that even if I found it through one of your "quality checked gateways." In practice, I can't seemyself working methodically through any appraisal tool (Discern, or any of the listings cropping up in The Lancet, CHiQ [13] or whatever).'

- 'You will note I reject the notion that health sites should in effect be simply categorised as "good" or "bad". There are no doubt some "bad" ones around, but are they truly "bad", or just saying things that some clinicians do not personally agree with?'

- 'I would delve deeply into to the DISCERN web site for guidance. I would also consult the printed version of Internet Detective. These are both tools to help assess quality of information available on the Internet.'

Other information

- Mark Dunan sent me an extract from a forthcoming book he is involved in that looks really promising; 'The POPPi Guide- Practicalities of producing patient information' (Kings Fund, early 2000).

- A useful overview site is Search Engine Watch (12).

- The Centre for Health Information Quality is doing a lot of work in this field (13).

I also received some very useful information on the topic of my research, including a list of guidelines developed by someone whose job is searching for health info for the public, and a brief,clear summary of the literature. The author of that comments 'as for assessing heath sites, you are walking into a minefield!'

References

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7. Murray, P et al (97) Web site reviews and evaluations. Nursing Standard Online, JULY 30/VOLUME 11/NUMBER 45/1997 at www.nursing-standard.co.uk/vol11-45/ol-art.htm

8. Brief information and links for these quality checked gateways is at www.bl.uk/services/stb/weblink.html

9. Lis-medical at www.mailbase.ac.uk/lists/lis-medical/

10. Info-allied-health at www.mailbase.ac.uk/lists/info-allied-health/

11. Quality-consumer-health-info at www.mailbase.ac.uk/lists/quality-consumer-health-info/

12. Search engine watch at http://searchenginewatch.com/

13. Centre for Health Information Quality at www.chiq.org.uk/

All urls in this article were correct at 25/11/99

Acknowledgement
I am very grateful to the members of lis-medical, info-allied-health and quality-consumer-health for their replies.

"Would you credit it?"
Libraries for Nursing Autumn Study Day
A report by Jim Moore
Librarian, Redbridge Health care Trust

The Charter Mark Scheme

Jacqueline Mather, Charter Mark Assessor, gave us a very clear outline of the purpose, content and process of the government's Charter Mark Award. Jacqueline started by saying that Charter Mark is the only award that concentrates on public services from the users' viewpoint. As such, it is a relevant award for Libraries. There is an initial payment of £25 for the information pack, which enables you to prepare your service for the award, but after that, Charter Mark is free. Any size department can apply, so long as it is a public service, and has its own allocated budget. The award lasts for 3 years.

The Charter Mark Assessors evaluate each service using the following ten criteria, and they stress that their evaluation is carried out from the user perspective.

1) Set standards
2) Be open and provide full information
3) Consult and involve
4) Encourage access and promotion of choice
5) Treat all fairly
6) Put things right when they go wrong
7) Use resources effectively
8) Innovate and improve
9) Work with other providers
10) Provide user satisfaction

Once you have ensured that your service meets these criteria, you make an application, consisting of a twelve page report accompanied by no more than an A4 boxfile of supporting evidence, (reports, publications, surveys, etc.). The report and evidence is carefully read, before an Assessor arranges a day visit to the service. All applicants, whether successful or not, get a written feedback report. There is a right to appeal.

"Charter Mark 2000: your questions answered"
Available from: Service First Unit, 0345 22 32 42

Implementing Charter Mark

Margaret Forrest, Librarian at the Health Education Board Scotland, then gave a very helpful presentation on how she and her staff had

approached applying for Charter Mark. The Library at HEBS had decided to apply because they wanted a more objective measurement of the quality of their customer service, recognition of what they were already doing, a structure and focus for developing the service, and the help and advice that Charter Mark offers. Margaret felt Charter Mark was a win-win scheme: application cost only £25; the process of preparing to apply benefited the library's members; the Assessor's visit was very worthwhile; even if you failed to win the award, the written feedback report provided helpful guidelines on how to further improve the service.

Margaret felt that winning the award had a number of benefits. It raised awareness of excellent customer care, improved the service for library members, was very good for team-building with staff and members, raised the library's profile within and beyond the parent organisation, gave a wonderful sense of achievement.

LinC Health Panel Accreditation Scheme

After a good lunch, Valerie Trinder, Library Services Manager at Plymouth Hospitals Trust, described how the NHS Regions had felt the need for a national standard of accreditation for health Libraries, and this had led to the establishment of a Working Party. The NHS Library Adviser had got involved, and the link was also made with LinC, to encourage a national view.

A provisional checklist was piloted in the Trent Region and the Cairns Library, Oxford. The resulting document, published in 1998, is designed to be applicable to all health libraries - whether in the NHS or HEI. It was recognised, however, that sector-specific toolkits would be useful, and therefore Valerie prepared one for NHS trusts.

The Accreditation process involves working through the checklist and evaluating your service. Since this is Library accreditation, attention is paid to all aspects of a library service - the day to day, the management and the strategic. For each section of the checklist, questions must be answered, and evidence provided. Once this is complete, LinC-trained Assessors will visit to evaluate the service.

Accreditation of Library and Information Services in the health sector: a checklist to support achievement.
Available from the King's Fund
Accreditation of Library and Information Services in the health sector: implementation guide and toolkit ofr libraries in NHS Trusts.
Available from South & West Health Care Libraries Unit