

HYPOTHESIS

THE JOURNAL OF THE RESEARCH SECTION OF MLA

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HYPOTHESIS:
The Journal of the Research
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Message from the Chair

- submitted by Martha R. (Molly) Harris, AHIP

At this time of the year, the Research Section is always heavily involved in all aspects of the MLA Annual Meeting, and MLA'06 is certainly no exception. Please note the schedules as posted elsewhere in this issue for the Section Business Meeting as well as for two informal meetings. A representative from MLA Headquarters will be joining us at the Business Meeting. I would like to personally invite interested members of the Research Section to attend any of these meetings, in particular the Section Business Meeting, so that we may receive your input. Be sure to note the times of the two programs sponsored by the Research Section - "Tools to Assist the Underserved Librarians" and "Research 101 Toolbox."

As you know, a major activity of the Research Section at every annual meeting is the judging for the research awards. Since we will be judging research-oriented papers at all of the section programs, and since the number of research-oriented posters continues to grow every year, we rely heavily on recruiting an ample number of volunteer judges to insure that we do not miss a well done paper or poster. We deeply appreciate the work of these volunteers and value their continued support.

This year the Awards Committee developed separate evaluation forms for the papers and posters to accommodate the differences in their formats. The committee also developed accompanying sets of instructions to guide judges. The committee studied many of the evaluation guidelines posted on various MLA chapter websites and selected the South Central Chapter's (SCC) evaluation and instruction forms to use as the basis for the revised Research Section forms. The SCC Research Committee agreed to our use of its forms as a basis for our revision.

Research Section officers and committee chairs continue their work to meet our primary goal for this year -- revising and updating the Research Section website with information of value to us. Each of the officers and committee chairs is developing a revised statement describing the role of the specific office or committee to update the section's procedure manual. We want to make the web site a resource for all our members as well as for the several MLA chapters' research committees who depend on our work to serve as a guide to their activities.

See you in Phoenix!
Molly

HYPOTHESIS. The Journal of the Research Section of MLA

<<http://gain.mercer.edu/mla/research/hypothesis.html>>

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Editor

Priscilla Stephenson, AHIP
UTHSC Health Sciences Library
VOICE: (877) 747-0004
E-MAIL: pstephenson@utmem.edu

Anne Brice
Public Health Resource Unit
Institute of Health Sciences
E-MAIL: anne.brice@ihs.ox.ac.uk

Ruth E. Fenske, PhD, AHIP
Grasselli Library
John Carroll University
E-MAIL: rfenske@jcu.edu

Editorial Board

Kristine M. Alpi, MPH, AHIP
Weill Medical College of Cornell
Univ., Samuel J. Wood Library
E-MAIL: kalpi@att.net

Ellen Crumley
HealthInfo & Searching Practice
Inc.
E-MAIL: ecrumley@telus.net

Lee McCarley
Mercer Univ. School of Medicine
E-MAIL: mccarley_lr@merc.edu

Leslie Behm
Main Library
Michigan State University
E-MAIL: behm@pilot.msu.edu

Ellen Detlefsen, DLS
University of Pittsburgh
School of Information Sciences
E-MAIL: ellen@mail.sis.pitt.edu

Elizabeth (Beth) Schneider, AHIP
Treadwell Library
Massachusetts General Hospital
E-MAIL: eschneider1@partners.org

Jon Eldredge, PhD, AHIP
Health Sciences Library
University of New Mexico
E-MAIL: jedredge@salud.unm.edu

Ann C. Weller, AHIP
Library of the Health Sciences
University of Illinois at Chicago
E-MAIL: acw@uic.edu

Officers & Executive Committee

Chair
Martha R. (Molly) Harris
aggie2005mom@yahoo.com

Governmental Relations Liaison
Ophelia Morey
otmorey@buffalo.edu

*Evidence Based Librarianship
Implementation*
Jon Eldredge, Chair
jeldredge@salud.unm.edu

Chair-Elect and Program Chair
Mary Jackson
mjackson@library.tmc.edu

Hypothesis Editor
Priscilla Stephenson
pstephenson@midsouth.rr.com

International Research Collaboration
Jon Eldredge, Chair
jeldredge@salud.unm.edu

Secretary/Treasurer
Susan Lessick
slessick@uci.edu

Web Site Editor
Allan R Barclay
abarclay@library.wisc.edu

Membership
Diane Cooper, Chair
cooperd@mail.nih.gov

Section Council Representative
Ruth Fenske
rfenske@jcu.edu

Committee Chairs
Awards
Carol Gilbert, Chair
cgilbert@providence-hospital.org

Practice Guidelines Advisory
Dawn Littleton, Chair
littleton.dawn@mayo.edu

*Immediate Past Chair
and Nominating Comm. Chair*
Elizabeth H. Wood
ewood@coh.org

Bylaws Committee
Peggy Mullaly-Quijas, Chair
mullaly-quijasm@umkc.edu

Research Resources
Leslie Behm, Chair
Behm@pilot.msu.edu

*Nominee to the MLA Nominating
Committee*
Francesca (Fran) Allegri
allegri@unc.edu

Continuing Education
Claire Twose, Chair
ctwose1@jhmi.edu

Research Results Dissemination
Liz Bayley, Chair
bayley1@mcmaster.ca

Chapter Research Committees Report - submitted by Leslie Behm, Column Editor**Data Analysis of Consumer and Patient Health Questions
Using Geographic Location and NLM Medical Subject Headings**

- submitted by Sandy Oelschlegel; Martha Earl, AHIP; Jenny Cole
Preston Medical Library, UT Graduate School of Medicine, Knoxville TN

In October, 2004, Preston Medical Library received a Research Project Grant from the Southern Chapter of the Medical Library Association to complete an analysis of questions received by the library's Consumer and Patient Health Information Service.

Preston Medical Library has provided a Consumer and Patient Health Information Service in Knoxville, Tennessee since 1993. Beginning in 1999, a form has been completed for each question received, recording the name, address, and telephone number of the requestor, as well as the topic of each request. In 2003, when the new library director arrived, she unearthed a box of old information request forms and saw these as a research opportunity. As we reviewed the forms, we started asking questions and developing those questions into two hypotheses:

- Outreach programs increase the number of consumer requests.
- The health topics of consumer requests most often correlate to the top five disease states in Tennessee (heart disease, cancer, stroke, chronic lower respiratory disease, diabetes).

Methodology

The study was a retrospective analysis of the data from consumers in East Tennessee who used our CAPHIS between 1999 and 2004.

Considerations in designing the database included a concern for consumers' privacy and the ability to make data entry easy and accurate. The funds received from the SC/MLA grant went entirely to the database designer, who created multiple tables to isolate the personal data and created data integrity features such as "forms" and "active queries." The designer implemented a password security system and data entry protocols to ensure data entry consistency.

PubMed's MeSH Database was used to establish standardized medical subject heading terms for the consumer topics. In order to ensure that the selected MeSH headings were correct, three librarians cross-checked the selections. A total of 2,254 consumers were entered into the database with 3,430 MeSH and 128 non-MeSH keywords.

Results

To test our first hypothesis, "Outreach programs increase the number of consumer requests," we collected participants' ZIP codes and dates of all outreach programs in the 1999-2004 time frame. Then we queried the database on how many calls had been received from each ZIP code for three months prior to and after the event. The results showed that when we were able to measure the effects in a discreet population, there was an increase in calls to the service. Other events, when people came from a variety of locations to a central training site, such as the public library, did not show an increase.

In interpreting these results, we drew two conclusions. First, the lack of impact of "Train the Trainer" outreach actually indicated success, since those sessions were designed to decrease calls by increasing local expertise. Second, when people came from various locations to attend a centralized session, we were not able measure the increase, since we had not collected the participants' ZIP codes.

In order to correlate the consumer calls to the top five disease states, we established the percent of questions for each disease and compared this to the percent of the diseases in Knox County as reported by the Tennessee Department of Health. The queries for cancer, stroke, and lung disease showed a positive correlation, while the number of queries for heart disease and diabetes did not correlate with the incidence of these diseases in our area.

There is a need for further investigation in order to determine why there were fewer questions than expected for heart disease and diabetes. One possibility is that educational material is more widely available on these two topics through physicians' offices and association brochures.

Outcomes

Changes in marketing Preston Medical Library's Consumer and Patient Health Information Service have already been implemented in order to have more effective local impact. Direct delivery of redesigned brochures

(Data Analysis – continued on page 7)

Report from Brisbane:
Third International Evidence Based Librarianship (EBL) Conference
 - submitted by Jon Eldredge, PhD, AHIP;
 Chair, International Research Collaboration Committee

Question: What do kangaroos, koalas, and the Third International EBL Conference have in common?

Answer: All three were present in Brisbane, Australia for four days during October, 2005.

The Third International EBL Conference reflected the growing breadth and depth of EBL on the world stage. In contrast to the past EBL conferences held in England and Canada, this conference was attended by a large number of librarians and informaticists from outside the health sciences. Several nations not represented at past EBL conferences were in attendance, including Brazil, China, the Czech Republic, Fiji, and New Zealand. Eight associations, including the MLA Research Section, sponsored this four-day event in Brisbane, one of Australia's largest and fastest growing cities.

The emphasis on applied research continued to dominate the Third International Conference. The program offered enough variety in content to hold everyone's interest throughout the conference, however. There were several keynote sessions on broad, theoretical issues to stimulate deeper thinking by participants. Immediate Past MLA President Joanne Gard Marshall gave a thought provoking keynote session on the North American experience with EBL. Dr. Marshall also offered some insights on the future of EBL by summarizing the discussions of the MLA Research Policy Task Force. It might be recalled that the 1995 MLA Research Policy anticipated the emergence of EBL.¹ Concurrent paper sessions occurred throughout the mornings and afternoons during all days of the conference. There were staffed poster sessions at various junctures, and continuing education sessions presented subjects of researching information literacy, needs analysis, and evaluating library resources and services.

Papers presented at the conference were selected by a peer review committee composed of librarians from around the world. Abstracts of all papers are available at the Third International EBL Conference website under the "Papers" link at:

<http://conferences.alia.org.au/eb12005/index.html>. Among the many papers presented, the following are recommended for health sciences librarians and informaticists:

- ***Evidence to Support Strategic Decision Making for Health Care Information Services*** - Alison Brettle, Claire Hulme, Paula Ormandy Health Care Practice, R&D Unit, University of Salford, UK; <<http://conferences.alia.org.au/eb12005/rettle.pdf>>
- ***Exploring Evidence Based Information Literacy*** - Catherine Clark, University of Western Australia; <<http://conferences.alia.org.au/eb12005/Clark.pdf>>
- ***Decisions, Decisions – Libraries, Bandwagons and Clinical Decision Support Systems*** - Cheryl Hamill Fremantle, Hospital and Health Services, Australia; Cecily Gilbert, Sir Charles Gairdner Hospital, Australia; <<http://conferences.alia.org.au/eb12005/Hamill.pdf>>
- ***Effective Methods for Teaching Information Literacy Skills to Undergraduate Students*** - Denise Koufogiannakis, University of Alberta Libraries, Canada; <<http://conferences.alia.org.au/eb12005/Koufogiannakis.pdf>>
- ***Why Don't Mental Health Staff Use Library Services?*** - John Loy Avon & Wiltshire Mental Health Partnerships, NHS Trust, UK; <<http://conferences.alia.org.au/eb12005/Loy.pdf>>
- ***Can the Quality of Literature Searches be Measured and Improved?*** – Jessie McGowan, Institute of Population Health, University of Ottawa, Canada; Margaret Sampson, Children's Hospital of Eastern Ontario Research Institute, Canada; Carol Lefebvre, UK Cochrane Centre, UK; <http://conferences.alia.org.au/eb12005/McGowan_2.pdf>
- ***Issues and Problems for Librarians' Conducting Research - an Example of a Randomised Controlled Trial Comparing the Effect of e-Learning, with a Taught Workshop, on the Knowledge and Search Skills of Health Professionals*** - Nicola Pearce-Smith, Department of Knowledge and Information Sciences, Supporting Public Health (NHS), UK; <<http://conferences.alia.org.au/eb12005/PearceSmith.pdf>>

(Third International EBL Conference - continued on page 5)

Third International EBL Conference - continued from page 4)

- **Developing Library Marketing Strategies Based on Statistics** - Yoo-Seong Song, University of Illinois at Urbana Champaign, USA;
<<http://conferences.alia.org.au/eb12005/Song.pdf>>
- **E-Learning versus Workshops to Teach Critical Appraisal to Health Professionals** - Linda Ward, University Hospitals of Leicester NHS Trust, UK;
<<http://conferences.alia.org.au/eb12005/Ward.pdf>>

One conference session focused upon the establishment of a new EBL journal at the University of Alberta. *Evidence Based Library and Information Practice*, <<http://ejournals.library.ualberta.ca/index.php/EBLIP>>, will be a peer-reviewed journal featuring both original research and summaries of available evidence on given subjects.

The EBL Conference Local Organising Committee, co-chaired by Queensland University of Technology Professors Gillian Hallam and Helen Partridge, provided several social events throughout the Conference to allow participants opportunities to socialize and continue their discussions in relaxed settings. Throughout the conference, during both mornings and afternoons, all work stopped in the tradition of past EBL conferences for 30-minute tea times, allowing participants to unwind and network with colleagues. The third evening featured a dinner and party aboard an old riverboat, the Kookaburra Queen, that cruised up and down the river alongside the dramatic Brisbane nighttime skyline.

MLA Research Section members will be excited to learn that the Fourth International Evidence Based Librarianship Conference will be held in the U.S. in May, 2007 in Chapel Hill, North Carolina.

Reference

1. Medical Library Association. Using scientific evidence to improve information practice; MLA research policy [monograph on the Internet]. Chicago: Medical Library Association, 1995, updated 5 April 2005 [cited 2006 Feb 14]. Available from:
<<https://www.mlanet.org/research/science4.html>>.

TRANSFORMATIONS A-Z

Phoenix 2006 Research Section Programs and Meetings

- submitted by Mary Jackson,
Program Chair

Thank you for your overwhelming response to my plea for volunteers. More of you volunteered than we had tasks to perform now, but I hope you won't mind if we keep your name on our list. I am sure that there will be more opportunities for you to serve at MLA.

I have requested several rooms to be used for business and informal meetings. We have been scheduled as follows:

Research Section Business Meeting
Monday, May 22, 2006, 4:30 pm – 6:00 pm
Convention Center: Prescott Room 6

Research Section Informal Meeting
Monday, May 22, 2006, 6:00 pm – 8:00 pm
Hyatt Regency Phoenix: Borein Room B

Research Section Informal Meeting
Wednesday, May 24, 2006, 7:00 am – 9:00 am
Convention Center: Yuma Room 34

All of the rooms will accommodate up to 20 participants comfortably. We will also have a room on Sunday, May 21 to use between 10:00 am and 2:00 pm to discuss our judging criteria for the paper and poster sessions.

Our first section program on Sunday, May 21, 2:00 pm – 3:30 pm, is "Tools to Assist the Underserved Librarians." Susan Barnes, University of Washington, Health Science Center, Seattle, will moderate this session.

The second session is scheduled for Tuesday, May 23, 2:00 pm – 3:30 pm, will be "Research 101 Toolbox," Molly Harris will moderate the session.



Research Section Mid-Year Report

- submitted January 1, 2006 by Molly Harris, AHIP, 2005-2006 Chair

The following is a report to date as of January 1, 2006 of section activities which have addressed the following MLA Strategic Plan Goals and Objectives:

Goal 1: Recruitment, Membership and Leadership in the Profession

The Research Section Awards Committee annually recognizes quality research oriented contributed papers and posters presented at the MLA Annual Meeting. Cash awards of \$100 for 1st place and \$50 for 2nd place and honorable mention, as well as certificates, are presented to the winners.

At the MLA '05 in San Antonio, TX, the Research Section judges evaluated 62 contributed papers and 184 posters representing 15 different program session disciplines. MLA'05 marked the first year that the Hospital Librarian Research Award and \$100 cash prize was presented to the best research oriented poster submitted by a hospital librarian. Results of the 2005 Research Awards as well as descriptions of the MLA'05 sessions sponsored by the Research Section were published in the *MLA News* as well as in *Hypothesis*, *The Journal of the Research Section of MLA*.

The Section determined that out of the 14 MLA Chapters, only 5 have Research Committees. We will contact these Committees to request that they link to the Research Website. We will also contact the 9 Chapters who do not have a Research Committees to offer our advice and support in creating and maintaining a research program.

Objective b: promote exploration of new health information professional roles, knowledge and skills to better serve society.

Objective c: promote mentorship and leadership opportunities to support the development and flourishing of 21st century health information professionals

GOAL 2: Life Long Learning

The Research Section will sponsor 2 programs for the MLA'06 Annual Meeting including: "Research 101 Toolbox" which will instruct researchers in determining needs assessments and outcome measures, and "Tools to Assist Underserved Librarians," which will show how to acquire the skills and resources needed to conduct research. In addition, the Section will co-sponsor "Public Health Librarianship" which will describe the tools necessary to practice evidence based librarianship.

The following research-oriented continuing education courses will be offered at the 2006 MLA annual meeting:

- *Doing It Right: Supporting Systematic Reviews with Expert Searching and Project Management Skills* (CE 704)
- *Introduction to Medical/Health Care Informatics for Librarians* (CE 703)
- *Qualitative Evidence: Practical Methods to Gather and Analyze Information Behavior and Attitude Data* (CE 700)
- *Research for Beginners: Seven Steps to Success* (CE 701)
- *Understanding Health Care Literature: A Primer for Working with Evidence Based Health Care Principals* (CE 702)

Objective a. extend the range of education programs available for health sciences librarians and other providers of health information.

Objective b. expand the market for its education programs to include other librarians, students, health professionals, and the public to promote access and use of quality health information.

GOAL 4: Creating and Communicating our Knowledge

The Continuing Education Committee has begun work on a project to enhance MLA members' understanding of evidence based librarianship through an online discussion group, accredited for MLA CE contact hours credit. A roster of interested participants has been created based upon responses to a notice previously published in *Hypothesis*. A bibliography for the sessions has been created, funding has been arranged to cover the fee, and materials have been reviewed by the co-convenor prior to the submission to the MLA office on 01/03/06 to receive approval for CE credits.

Work has begun to update and expand the Research Section's Web site by updating the listing of officers and committee chairs and posting the results of the 2005 Research Awards. We will continue working on a procedure manual.

Andrea Ball resigned as the editor of *Hypothesis: The Journal of the Research Section of MLA* after the Fall 2005 issue. Priscilla Stephenson transitioned into the

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position throughout the year. Print publication was ceased, and *Hypothesis* is now available only online (unless a hard copy is requested) <<http://gain.mercer.edu/mla/research/hypothesis.html>>.

Objective a: promote and support health information research and Evidence Based librarianship

Objective c: use, and support members' use of, advanced information technologies to manage and disseminate health information.

MOTION

This report is for information only and does not require any action by the Board of Directors.

Respectfully submitted Martha R. (Molly) Harris, Chair 2005-2006

Research Section Officers and Committee Chairs:

Chair - Martha R. (Molly) Harris

Chair-Elect and Program Chair - Mary Jackson

Immediate Past Chair; Nominating Committee Chair - Elizabeth H. Wood

Secretary/Treasurer - Susan Lessick

Section Council Representative - Ruth Fenske

Section Nominee to the MLA Nominating Committee - Francesca (Fran) Allegri

Hypothesis Editor - Priscilla Stephenson

Web Site Editor - Allan R. Barclay

Awards Committee Chair - Carol Gilbert

Bylaws Committee Chair - Peggy Mullaly-Quijas

Continuing Education Committee Chair - Claire Twose

Evidence Based Librarianship Implementation Committee Chair - Jon Eldredge

Governmental Relations Liaison - Ophelia Morey

International Research Collaboration Committee Chair - Jon Eldredge

Membership Committee Chair- Diane Cooper

Practice Guidelines Advisory Committee Chair - Dawn Littleton

Research Resources Committee Chair - Leslie Behm

Research Results Dissemination Committee Chair - Liz Bayley

(Data Analysis - continued from page 3)

now supplements outreach programs. Training for library staff has included a review of resources available on the most requested health topics.

For additional information about this study contact Sandy Oelschlegel: <soelschl@mc.utmck.edu>.

References

1. Burroughs CM. Consumer and public health: evaluation in health information outreach programs. *Ref Serv Rev.* 2004;32(1):64-8.
2. Hollander SM. Providing health information to the general public: a survey of current practices in academic health sciences libraries. *Bull Med Libr Assoc* 2000;88(1):62-9.
3. Pifalo V, Hollander S, Henderson CL, DeSalvo P, Gill GP. The impact of consumer health information

provided by libraries: the Delaware experience. *Bull Med Libr Assoc.* 1997;85(1):16-22.

4. Stephenson PL, Green BF, Wallace RL, Earl MF, Orick JT, Taylor MV. Community partnerships for health information training: medical librarians working with health-care professionals and consumers in Tennessee. *Health Info Libr J* 2004;21:20-6.
5. Brantz MH, Forsman R. Classification and audiovisuals. *Bull Med Libr Assoc.* 1977 Apr;65(2):261-4.



News from the Field - ISTA becomes LISTA

- submitted by Ruth Mitchell, Cochrane Renal Group,
Centre for Kidney Research, Children's Hospital at Westmead, New South Wales, Australia

Since late 2005 EBSCO has been providing LISTA, the Library, Information Science and Technology Abstracts database as a free resource through its EBSCOhost service. LISTA was formerly ISTA (Information Science and Technology Abstracts), and according to EBSCO, indexes over 600 periodicals, including 121 new titles, plus books, research reports, and conference proceedings. Its subject coverage, starting in the 1960s, includes "librarianship, classification, cataloging, bibliometrics, online information retrieval, information management, and more." It can be accessed directly via

<<http://www.libraryresearch.com>>.

LISTA indexes 42 of the 54 journals included in the information science and library science subject area in *Journal Citation Reports - Social Sciences Edition* of ISI's Web of Knowledge. LISTA is the only one of the main library and information science literature databases (i.e., LISA, LLIS, Current Awareness Abstracts) to index the *Journal of the American Medical Informatics Association*, ranked fourth according to ISI's Impact Factor.

While researching LISTA, I also looked at the three other main commercially available library and information science literature databases available, and their details are summarized below:

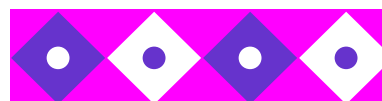
- *Current Awareness Abstracts: Library and Information Management Literature* - Aslib / Emerald, 400 periodicals from 1988 onwards
<<http://www.emeraldinsight.com/info/journals/aa/caa.jsp>>
- LISA: Library and Information Science Abstracts - CSA, 440 periodicals from 1969 onwards
<<http://www.csa.com/factsheets/lisa-set-c.php>>
- LLIS: Library Literature and Information Science Index - HW Wilson, 400+ periodicals from 1984 onwards, 300+ books per year, conference proceedings and theses
<<http://www.hwwilson.com/databases/liblit.htm>>

LISA and LLIS provide complete lists of the periodicals they index on their websites, and EBSCO emailed me the LISTA periodicals list on request. *Current Awareness Abstracts* lists only about 50 of the journals it indexes. LISTA and LLIS give information about which years of a journal have been in-

dexed and which titles are peer-reviewed. Only LISTA indicates whether periodicals are core, priority, or only selectively indexed. LISTA also includes the names of conference proceedings covered.

A check of the *Journal Citation Reports - Social Science Edition* for the fifty-four journals included in the 'information science and library science' subject area identified thirty-one titles indexed in each of three databases: LISTA, LISA, and LLIS. There were ten titles indexed in two of the three databases, and one additional title was indexed in one database. Twelve journals were not indexed in any of these files, including five from the top ten as ranked by ISI Impact Factor: *Annual Review of Information Science and Technology*, *Information Systems Research*, *MIS Quarterly*, *Information Management (Amsterdam)* and the *Journal of Management Information Systems*. *Current Awareness Abstracts* includes three of these in its brief list, although not the highest ranking title, the *Annual Review of Information Science and Technology*.

Researchers needing a thorough search of the library and information science literature should search at least two of the above databases, especially to locate information from the "grey literature."



EBLIG to Celebrate First Birthday at CLA

Attendees at the annual meeting of the Canadian Library Association this June, are invited to an EBLIG breakfast meeting. The meeting will be held on Friday, June 16 from 7:30-9:00am at the Westin Hotel, Ottawa, in the Confederation 1 Room.

Members will review the past year's activities and celebrate EBLIG's first birthday. For more information, contact Co-Convenor Virginia Wilson, MA MLIS, SHIRP/Saskatchewan Health Information Resources Partnership Health Sciences Library, Saskatoon, SK - (306) 966-8739; <www.shirp.ca>.

Research Section Awards for Papers and Posters

New Judging Forms to Debut in Phoenix

-submitted by Carole Gilbert, AHIP; Chair, Awards Committee

After several years of revision, the new criteria for awards for research-based papers and posters presented at the annual meeting of the Medical Library Association are in place. The new criteria, based on the work of the South Central Chapter Research Committee, are intended to make judging easier for the judges, provide a mechanism to judge all presentations using the same criteria, and to make judging more objective.

The Research Section awards prizes for the best research papers and posters presented at MLA's annual meeting. The Section makes awards for first and second place and for honorable mention. An additional award is presented to the hospital librarian presenting the best research project.

The new evaluation criteria will be used for the first time at the annual meeting in Phoenix. The volunteer judges who score the papers and posters presented at MLA in Phoenix have already completed the preliminary screening of all abstracts and identified those that are research-based and eligible for awards. The criteria can be used by MLA members submitting papers and posters at chapter and state meetings as well as for the MLA annual meetings.

The instructions for papers and posters are below, and the scoring sheets are on pages 14 and 15. Comments and suggestions are welcome.

When you plan your itinerary of programs at MLA, be sure to look for research-oriented papers and posters and consider volunteering to help judge them. Many hands (and opinions) make light work! To volunteer, contact Carole Gilbert <carole.gilbert@providence-stjohnhealth.org> to help with posters, or Molly Harris <aggie2005mom@yahoo.com> to help with papers.

Instructions for Reviewers of Papers and Posters

Members of the Research Section Awards Committee and other volunteers from the Section, form a team of peer reviewers who judge papers and posters presented at the Medical Library Association Annual Meeting.

Monetary awards, sponsored by the Research Section, are awarded to the top three presenters whose papers or poster presentations exemplify valid research relevant to health

sciences libraries or librarianship. First, second, and honorary mention awards are presented.

Members of the Research Section who have had a paper abstract selected for presentation must recuse themselves from judging papers at that conference. Similarly, Research Section members presenting a poster at the meeting are excused from judging posters at the same conference

PROCESS:

Paper and poster abstracts are submitted to the MLA National Program Committee Awards Committee. Abstracts must be submitted in structured abstract format. Abstracts for presentation are selected by MLA Committees responsible for program content. After the abstracts have been accepted for presentation, time is allotted for submission of the final abstracts with final results and conclusions. The abstracts are then posted on the MLA Annual Meeting Website. The Chair of the Research Section Awards Committee notifies the panel of judges when the abstracts are available. The list of abstracts is divided among the volunteer reviewers for screening, and a copy of the Evaluation Form is distributed. The purpose of this evaluation tool is to facilitate the judging process and to provide the means for a systematic, fair, peer-reviewed evaluation process for judging research papers and posters on validity, methodology, bias, and presentation quality.

Reviewers electronically access the abstracts, select papers that identify the type of research being conducted, and follow a research abstract format. They use the first section of the evaluation form, 'Category A: Abstract Content,' to screen the abstract. The rating scale ranges from 5 to 1, with 5 being very good and 1 being poor. Instructions for using the form are as follows:

1. Give only one rating to each criterion.
2. Include remarks about the strengths or limitations of the abstract.
3. Questions, observations, and other notes concerning clarification of data are noted in the Comments section.
4. Upon completion, the forms are returned to the Research Section Awards Chair electronically.

(Instructions for Reviewers –continued on page13)



Literature Review

—submitted by Ruth Fenske, PhD, AHIP
Grasselli Library, John Carroll University,
University Heights, OH

These eight studies are just a small sample of the many interesting studies of relevance to health sciences librarianship that have appeared in the literature in the last few months. I would encourage all of you to dip into the literature and to think about the methodology and believability of the results of the studies you read.

Two studies ostensibly on librarians' interactions with users have appeared:

Curry A, Copeman D. Reference service to international students: a field stimulation research study. *J Acad Librariansh.* 2005 Sep; 31(5): 409-20.

Newell TS. A new visual communication concern for librarianship: messages articulated through reference Web photographs. *Ref User Serv Q.* 2005 Fall;45(1):54-64.

Newell begins with a lengthy literature review and explanation of his theoretical approach (visual grammar theory), and then describes how he searched Google to find 430 images on library Web sites depicting dynamic interactions between reference librarians and users. He then selected a random sample of fifty public library images, fifty academic library images, and fifty special library images for inclusion in the study. Most special library images were from subject specific libraries in academe. Newell used visual content analysis to determine the level of power, knowledge, activity, distance and warmth in the interactions. Inter-rater agreement was 100%. Chi square and contingency tables were used in the analysis.

With regard to the findings for special libraries in this study, special library images tended to show the librarian and user as being equally powerful, equally knowledgeable, and equally active. Special librarians and their patrons showed far personal distance between each other, and special librarians demonstrated medium warmth. The author remarks that the finding of far personal distance is surprising for special libraries, where small groups of users and librarians generally form cohesive groups that have frequent contact with each other over a period of time.

It is important to remember that this study concerns only the images of librarian-user interaction that libraries *choose* to present on their Web pages. In most cases, the situation was probably posed for the camera.

Even if the photographer snapped normal activity, the library would choose the most flattering image for use on its Web site. As the title indicates, this is a communications study. A suggested improvement for this study would be to study librarian-user interaction with visual content analysis of candid photos of interactions snapped at random times.

Curry and Copeman studied reference interactions between international students and reference librarians by having an international, female, MLIS-degreed, volunteer proxy, who spoke with a heavy accent, approach twenty librarians in eleven Vancouver, British Columbia area libraries (with the prior approval of their library directors). Immediately after each encounter the proxy filled in a checklist of seventeen questions, wrote a detailed narrative of the reference encounter, and indicated the elapsed time, satisfaction with the answer, and willingness to return to the same librarian. Willingness to return was highly correlated with satisfaction. Detailed analysis showed that the reference librarians generally did a good job in assisting the proxy with her reference question.

In many ways, this was not a true test of interaction between reference librarians and international students. The authors consider the fact that the proxy has an MLIS to be an advantage. However, she undoubtedly was more positive about what the librarians did, because she had been educated to act in a similar way.

These two studies illustrate the importance of thinking about the real focus of a particular research project. One should be cautious in believing these results truly reflect how reference librarians interact with users.

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A number of articles on consumer health have appeared. Most of these authors point out the importance of addressing issues in consumer health information seeking, considering the pervasiveness of the consumer health movement.

Bhavnani SK, Bichakjian CK, Johnson TM, Little RJ, Peck FA, Schwartz JL, Strecher VJ. Strategy hubs: domain portals to help find comprehensive information. *J Am Soc Inf Sci Technol.* 2006 Jan 1;57(1):4-24.

Borman CB, McKenzie PJ. Trying to help without get-

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ting in their faces: public library staff descriptions of providing consumer health information. *Ref User Serv Q.* 2005 Win;45(2):133-46.

Harris R, Wathen EN, Chan D. Public library responses to a consumer health inquiry in a public health crisis: the SARS experience in Ontario. *Ref User Serv Q.* 2005 Win;45(2):147-54.

Hong T. The influence of structural and message features on Web site credibility. *J Am Soc Inf Sci Technol.* 2006 Jan 1;57(1):114-27.

Zeng QT, Tse T. Exploring and developing consumer health vocabularies. *J Am Med Inform Assoc.* 2006 Jan-Feb; 13(1):24-9.

Zeng QT, Crowell J, Plovnick RM, Kim E, Ngo L, Dibble E. Assisting consumer health retrieval with query recommendations. *J Am Med Inform Assoc.* 2006 Jan-Feb;13(1):80-90.

Zeng and Tse pave the way for the research studies by making the case for developing a consumer health vocabulary. Not only is there a vocabulary gap between providers and consumers, but there is wide variation among consumer health vocabularies, due to differences in background. The authors describe consumer health vocabularies as "flexible, dynamic, and complex."

Traci Hong, of the Tulane University Department of Community Health Services, reports on a major study of Web site credibility. In reviewing the literature on Web site credibility, she points out that credibility arises not only from the traditional attributes of the content of the message, currency, and author qualifications, but also from structural features of Web sites such as navigation tools, third party endorsement, advertising, and domain name. Eighty-four volunteer student participants did two Web search tasks on smoking cessation. One task was to find information on a specific, named program for smoking cessation. The second task asked for a more general search on methods of smoking cessation. Hong carefully details the development of her measures, experimental procedures, and data analysis.

Hong determined that . . .

- message features are positively associated with Web site credibility perceptions
- Web structural features do not significantly predict Web site credibility perceptions
- domain names predicted credibility perceptions for the general the specific search task and the presence of advertisements did not predict credibility perceptions.

"The presence of quotations/testimonials, statistics, authorship, source reference, information currency, and

information selection criteria in Web sites was positively associated with Web site credibility." Perhaps this finding is unique to the health-related and personal consequence information context? The author speculates that there might be a hierarchy of message evaluation in which message features are evaluated prior to evaluation of structural features of the Web site in the health domain, but not in other domains. All in all, this is a well-executed study. One wonders why it was not published in a community health journal or *JAMIA*, and why *JASIST* placed it toward the back of the issue.

Bhavnani, of the University of Michigan School of Information, and six co-authors looked at how experts search for health information on melanoma and then developed a domain portal called Strategy Hub for novice searches to use when searching. They posit that the path to finding comprehensive, accurate health information is not merely finding relevant information, but also knowing how to prioritize the search when there are multiple relevant sources. They cite thirty-year-old sources in the literature of library instruction which counsel going from the general to the specific when working in a familiar area.

More recently (1995), Florance and Marchionini posited that physicians use either an additive or recursive strategy when given a question and a set of medical articles. In the additive strategy, physicians went straight through the stack of articles. In the recursive strategy, physicians moved back and forth among the articles. In a 2001 study, Bhavnani found that when using the Internet, domain experts had recognizable search procedures that enabled them to find comprehensive domain information quickly and effectively. When searching outside their domain of expertise, the domain experts relied on the order of hits provided by the search engine. When searching within their areas of expertise, domain experts appear to use a set of ordered subgoals. First they accessed a particular genre of site known to lead to reliable general information in that domain. That site pointed to more specific sources. They then looked at the more specific sources in a logical order. Finally the domain experts verified the accuracy of the information through a suitable verification process. When medical librarians were asked to look for information on flu shots, they started with MedlinePlus, a general domain portal known to provide reliable links to more specific information. Bhavnani et al. maintain that Google gives no indication of reliability, but that it points only to the relevance of the question asked. On the other hand, MedlinePlus points to reliable sources but gives no guidance about which links to visit, or in what order.

The Strategy Hub was designed to address this problem and to incorporate the search procedures used by expert searchers. Their specific subject was melanoma. In this

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article they detail the development of taxonomy of search procedures for melanoma information and generalize it in the presentation of two templates in the Appendix. The two templates develop either from an overview of relevant facts to details of specific facts, or they start with basic concepts about a topic and then learn more general information about the topic.

Florance and Marchionini used these templates to design the Strategy Hub, which is basically a directory of diseases. Pop-ups give brief definitions of each disease. Once a disease is selected, the steps of the search procedure appear. As each step is selected, an ordered list of subgoals is displayed. Eventually a page with the actual content comes up in a new window. The previous window stays on the screen to remind the user of the context of the current display.

Fifty-nine first-year nursing students were paid \$25 each to participate in an evaluation of the Strategy Hub. Each subject searched either a diagnosis question or a treatment question. Tools were the Strategy Hub, MedlinePlus, and any other search tool, such as Google, chosen by the subject. After searching, subjects wrote an essay answer to the search question, took a ten-item multiple choice test, and rated satisfaction with the search, trust in the sites visited, and their certainty about the correctness of their answer. After using the Strategy Hub, they were asked to rate the helpfulness of the order of the steps and the information at each step. They had thirty-five minutes to complete the search and the written evaluation. They also recorded the total task time.

Statistical analysis of the data showed that essay answers to the treatment question were significantly better when using the Strategy Hub than when using either MedlinePlus or any of the students' tools of choice. Answers to the diagnosis question were better with the Strategy Hub than with MedlinePlus or any tool of choice, but there was a statistical significance only with MedlinePlus. For the multiple choice test, Strategy Hub users did significantly better than both MedlinePlus users and tool of choice users on the diagnosis question. On the treatment question, Strategy Hub users did better, but not significantly better. There was no significant difference in satisfaction with the search results. Searchers were satisfied with their searches and showed high certainty about their answers' correctness even when they obtained poor results. Searchers had the greatest trust in the MedlinePlus site. Strategy Hub subjects found the order of the steps and information provided in each step of the procedures helpful, because they provided a structure that helped guide the search. They conclude that the Strategy Hub improved the ability of novice users to find comprehensive answers when searching in an unfamiliar domain. They performed extensive post hoc analysis of all results which will help

guide future experiments on the use of the Strategy Hub. The authors believe the Strategy Hub is scalable to other topics and domains.

Zeng et al. believe that consumers tend to do short and simplistic searches when looking for health information. Consumers' limited knowledge of medical vocabulary exacerbates the situation. In order to address these issues, the authors developed the Health Information Query Assistant. This system is built on the principles of query expansion, in which more terms are added to the original inquiry. They reviewed various query suggestion methods and developed a method that they believe provides users with "recommendations that reflect their mental models while avoiding being limited by users' recall abilities." The method involves treating "semantic distance between concepts as fuzzy concepts." The system identifies medical concepts that are semantically related to the original query and suggests them to the user. They describe their concept mapping techniques and calculations of semantic distance.

The system was evaluated by 213 subjects recruited at a community college. All subjects had some experience with the Internet. Subjects each searched one of two standard questions and a health question of their choice. Half received query recommendations and half did not.

Statistical analysis shows that users of the Health Information Query Assistant were slightly more satisfied with the search experience, but not significantly so. Query success was defined as having one or more relevant documents in the top ten search results. Users of the query assistant were statistically significantly more successful than the control group. Users of the system did better at answering the search question, but not statistically significantly so. They do not report the results for the self-selected search question. They provide an extensive discussion of the limitations of their study.

Bhavnani et al. talk about the importance of assessing both retrieval and comprehension of relevant content. In this case, subjects retrieved at least one relevant document but were not able to comprehend and apply what they found in answering the search questions. Zeng et al. mention that over 40% of their subjects were not native-speakers of English.

Turning to two qualitative research studies, Bowman and McKenzie looked at library staff members' descriptions of providing consumer health reference services. They describe their method as a "discursive approach that focuses on linguistic rather than cognitive processes." They used Potter and Wetherell's analytic framework which focuses "not on truth or accuracy of any account, but on the ways that account is constructed and the functions it is meant to perform." Transcripts of in-depth interviews with six staff members (four professional and

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two non-MLS) from Ontario public libraries of various sizes produced seventy-four accounts about providing consumer health information. The interview schedule is appended. Zeng et al. divide their discussion into barriers that precede the user's visit to the library, barriers associated with the user's encounter with the librarian, and barriers associated with the librarian's response to the user's question.

In their conclusion, they reflect on how this study of what staff says compares with other studies in which the user is the focus. Zeng's study shows that both groups tried to portray themselves in a positive light and neither group acknowledged the perspective of the other group. Library staff were more cognizant of barriers that arose before the user came to the library. Reported conflicts between probing to clarify the question and protecting the patrons' privacy surprised the authors. Staff members ascribed interpersonal elements of the reference transaction as being within their control, while matters of staffing, time, collection, physical layout, funding, and coordination with other institutions as being beyond their control.

As was true in the first set of articles I reviewed, these researchers did not study the user-staff member interaction directly. Instead, their focus is on the accounts themselves as the primary object of research rather than seeing them simply as a better or worse representation of the true nature of the reference transaction. Their final conclusion is that "these differences in interpretive repertoire indicate very different ways of discursively structuring the problem." They feel that their method helps in identifying potential areas of conflict and leads to new strategies for overcoming barriers between users and librarians.

Finally, Harris, Wathen, and Chan evaluate the response of Ontario public libraries to the 2003 SARS crisis. They point out that there is a growing call for trained intermediaries to assist consumers who are seeking health information, in order that the consumer find complete and accurate information and pointing to public libraries and librarians as the proper agency for this role.

The authors contacted a random sample of sixty-nine public libraries shortly after declaration of the crisis. A library science student called the reference desk at each library or sent an e-reference request and asked a standard question about the symptoms and contagion of SARS. The student recorded the specific answer given and noted referrals made, follow-up questions asked by the staff member, and whether the staff member was a librarian, library assistant, or clerk.

They found that only 26% of the staff members asked questions to give context to the question. They also did not ask the caller if they had answered the question. Only three libraries had information on their Web sites

two weeks after declaration of the crisis. All but one did suggest at least one source of information. Fifty-five percent suggested specific resources by giving a URL, a document, or the name and number of an organization to call. Forty-three percent suggested general sources, such as newspapers, the Internet, or the government. Most of the responders were librarians. Thirteen percent gave quasi-medical advice. The authors say their results call into question the wisdom and ability of public libraries providing health information, particularly in a time of flux. Some public libraries made complete and appropriate referrals, and others did not. After citing an NLM study that shows that 20% of public library questions are health related, they suggest that public libraries become more cognizant of their role in the provision of health information. The role of the librarian in the delivery of consumer health information should be mandated in public libraries' strategic plans, and it should be a priority. Public library staff members need to be trained to respond to health questions, and directors should provide the resources necessary for staff to receive needed training. In their last sentence, the authors point out that if libraries don't do the job of delivering consumer health information, others will.

The fact that six studies have appearing on consumer health information demonstrates that the library and information science community is responding to the increase in access to health information on the part of the general public. The six studies raise relevant issues and provide research evidence which documents the issues and moves toward improvements, if not solutions.

(Instructions for Reviewers - continued from page 9)

Prior to judging at the MLA Annual Meeting, the forms will be distributed to the volunteer judges for completion of the evaluation process, according to these instructions:

1. Circle the number that best describes the quality and relevance of the paper or poster presentation and appropriate handouts.
2. Provide a summary statement highlighting the strengths and limitations; provide positive critique.
3. Return the completed forms to the Awards chair following the presentation of the paper or poster, if possible, but at least before leaving the annual meeting.



MLA Research Award: Contributed Paper Judging Evaluation Form

Paper Number/Title: _____
 Author: _____ Presenter _____
 Type of Research _____

To evaluate a paper systematically, circle the number that best describes the degree to which each criterion is met. The rating scale ranges from 5 to 1. (5=very good, 4=good, 3=average, 2=passable, 1=poor, NA=not applicable) Give only one rating to each criterion. Include remarks about the strengths or limitations of the abstract, the overall quality of the paper and the presentation points covered.

Category A: Abstract Content (50 points)						
1	Is there a clear hypothesis? (question/purpose)	5	4	3	2	1 NA
2	Is the environment/population (setting/participants/resources) clearly defined?	5	4	3	2	1 NA
3	Is the abstract clear and logical?	5	4	3	2	1 NA
4	Is the method valid?	5	4	3	2	1 NA
5	Is the research thorough and systematic?	5	4	3	2	1 NA
6	Does the design (methods/description) test the hypothesis?	5	4	3	2	1 NA
7	Do the results accurately reflect the evidence? (appropriate analysis of data)	5	4	3	2	1 NA
8	Can the results be replicated? (reliability)	5	4	3	2	1 NA
9	Does the author draw accurate conclusions? (supported by data, avoiding biases)	5	4	3	2	1 NA
10	Do the conclusions answer the research hypothesis?	5	4	3	2	1 NA

After reading/evaluating the abstract, write questions, observations, notes, or additional data that need clarification when attending the paper session:

Category B: Presentation and Validity (30 points)						
11	Is the paper presented in an organized, easily understood manner?	5	4	3	2	1 NA
12	Does the presenter communicate significant knowledge of the research?	5	4	3	2	1 NA
13	Does the research add to health science libraries/librarianship body of knowledge?	5	4	3	2	1 NA
14	Are the visuals (graphs, charts, tables, etc.) useful? (represent the data)	5	4	3	2	1 NA
15	Does the content of the paper flow logically and informatively?	5	4	3	2	1 NA
16	Does the paper accurately reflect what was summarized in the abstract?	5	4	3	2	1 NA

Comments:

Category C: Implications and Summary (20 points)						
17	Are handouts relevant?	5	4	3	2	1 NA
18	Is the paper topic relevant and of immediate interest to health science librarians?	5	4	3	2	1 NA
19	Does the presenter reflect upon the results? (expected/unexpected implications)	5	4	3	2	1 NA
20	Does the presenter plan/recommend future activities?	5	4	3	2	1 NA

Comments/Suggestions:

MLA Research Award: Contributed Poster Judging Evaluation Form

Poster Number/Title: _____
 Author: _____ Presenter: _____
 Type of Research: _____

To evaluate a poster systematically, circle the number that best describes the degree to which each criterion is met. The rating scale ranges from 5 to 1. (5=very good, 4=good, 3=average, 2=passable, 1=poor, NA=not applicable) Give only one rating to each criterion. Include remarks about the strengths or limitations of the abstract, the overall quality of the paper and the presentation points covered.

Category A: Abstract Content (50 points)						
1	Is there a clear hypothesis? (question/purpose)	5	4	3	2	1 NA
2	Is the environment/population (setting/participants/resources) clearly defined?	5	4	3	2	1 NA
3	Is the abstract clear and logical?	5	4	3	2	1 NA
4	Is the method valid?	5	4	3	2	1 NA
5	Is the research thorough and systematic?	5	4	3	2	1 NA
6	Does the design (methods/description) test the hypothesis?	5	4	3	2	1 NA
7	Do the results accurately reflect the evidence? (appropriate analysis of data)	5	4	3	2	1 NA
8	Can the results be replicated? (reliability)	5	4	3	2	1 NA
9	Does the author draw accurate conclusions? (supported by data, avoiding biases)	5	4	3	2	1 NA
10	Do the conclusions answer the research hypothesis?	5	4	3	2	1 NA

After reading/evaluating the abstract, write questions, observations, notes, or additional data that need clarification by viewing the poster:

Category B: Overall Appearance (30 points)						
11	Does the display attract and hold viewer's attention?	5	4	3	2	1 NA
12	Is the script visible from 4 to 5 feet away?	5	4	3	2	1 NA
13	Is the display free of unnecessary detail?	5	4	3	2	1 NA
14	Are the graphs, charts and tables useful? (represent the data)	5	4	3	2	1 NA
15	Is the poster information organized and clear?	5	4	3	2	1 NA
16	Does the poster accurately reflect what was summarized in the abstract?	5	4	3	2	1 NA

Comments:

Category C: Implications and Summary (20 points)						
17	Are handouts relevant?	5	4	3	2	1 NA
18	Is the poster topic relevant and of immediate interest to health science librarians?	5	4	3	2	1 NA
19	Is there reflection upon the results? (expected/unexpected implications)	5	4	3	2	1 NA
20	Is there mention/recommendation of future activities?	5	4	3	2	1 NA

Comments/Suggestions: