



JOHILA

Journal of Health Information and Libraries Australasia

Volume 4, Issue 2, August 2023

Table of Contents

EDITORIAL

A Day In The Life Of A Health Librarian	Daniel McDonald	2-3
---	-----------------	-----

NEWS

Convenor's Focus	Gemma Siemensma	3
------------------	-----------------	---

ARTICLES

Tech Showdown – Citation Mapping Tools	Cassandra Gorton	5-7
Special Issue		
ChatGPT and AI Hysteria: Why machine learning will change everything, and change nothing	Gina Velli	8-18
New Zealand Medical Library Faces The Challenges Of A Cyberattack	Lyn Wood; Angela Broring	19-26
A Universal Keyboard Shortcuts Reminder (and two bonus tips)	Rob Penfold	27-33
Collaborating on Critically Appraised Topic (CAT) Groups: librarians, clinicians, and researchers integrating research into practice	Loretta Atkinson; Natalie Barker; Lars Eriksson	34-37
The Asia-Pacific Health, Law and Special Libraries Conference	Peter Murgatroyd; Helen Skoglund; Joanne Whitcombe; Susan Smith	38-45
Library and Information Week 2023 – The Quiz	Daniel McDonald	46
Awareness Raising For A Hospital Library	Natasha Bradley	47-49
Library and Information Week at SCHN: the source of our success	Alana McDonald; Karen Jackson	50-58
Grampians Health Celebrates Library Week by empowering access to reliable healthcare information	Gemma Siemensma	59-60
Promotional Material by NT Health Library Services for Library and Information Week 2023	Saara Kahkonen	61-65

MEMBER SPOTLIGHT

NT Health	A'Mhara McKey	66-68
-----------	---------------	-------

Editorial – A Day In The Life Of A Health Librarian

Daniel McDonald

Librarian, Darling Downs Health | Editor, JoHILA

HLAnewsed@alia.org.au | <https://orcid.org/0000-0001-8385-3671>

5:03am

Go back to sleep, brain. It's too early to get up.

It's too late to go back to sleep. You might as well get up.

Go back to sleep, brain.

Think of all the work you could get done. No interruptions.

Sleep, brain.

Work work work work work work work work work work work work work work work.

6:03am

Woke up. Fell out of bed. Dragged a comb across my head. Found my way downstairs and drank a cup. And looking up I noticed I was late. Found my coat and grabbed my hat. Made the bus in seconds flat. Found my way upstairs and had a smoke. And somebody spoke and I went into a dream.

7:26am

Oh, right, the shelving from yesterday. I will get stuck in to that. After morning tea.

8:14am

Generic library email account – inbox zero. Woo hoo.

Personal email account – 122 unread, 214 kept, 42 junk. I'm sure I can delete some of those. Well, not that one yet. Have I done that? Has she got back to me? Tomorrow will be quieter, I will clear out my inbox then.

9:32am

Sure, I can help you access the mandatory training online. Do you have your password? So... which of those on the sticky note is crossed out, and which is active?

Ok, maybe we can reset it. Can you log in to your email? Not for the last nine months. Ok, let's ring helpdesk.

10:32am

Ok. Now that's all sorted you should be good to...oh, its actually state-wide mandatory training, not local. Yes, that is on a different platform. Yes, it has a different password. Yes, there are too many to remember.

11:17am

Good job upgrading to Endnote 21. It will help a lot. No, I don't know why they changed the colour scheme. No, I don't know why you can't move the preview pane to the bottom of the screen. No, I don't know why full-text retrieval is not more complete. No, you shouldn't be typing in all of your references manually. No, you

won't lose all of your references. No, Google Scholar should not be your sole source of searching for references. No, I don't think Chat GPT will do your referencing for you. No, I don't think you should use Chat GPT to write your assignment for you. No, I can't write your assignment for you. Yes, that is a lot of money, but still no.

12:18pm

Right, lunch. Fruit. Salad sandwich. Nuts. Booker prize winning novel.

12:20pm

Chicko roll and Coke please. And a Mars Bar.

12:24pm

Doomscroll Doomscroll Doomscroll Doomscroll Doomscroll Doomscroll Doomscroll

12:48pm

Oh, right. The shelving from yesterday. I will get stuck in to that after this lit search.

1:51pm

No. No no no no no no no. 59 lines of search and you time out on me now?!? Noooo.

2:27pm

You're charging how much for a subscription renewal? And how much of that increase is going to the author? Oh, right, they pay you to get published now. And how much to the peer reviewer? That's what I thought. And how much to the tax haven shell company? No, no, you're right, I shouldn't be cynical, this is an entirely reasonable and sustainable business model. I need the content and you've got the content and I can't get it anywhere else. Sign me up.

3:18pm

Have you tried turning it off and on again?

4:37pm

Oh, you got your scoping review published. Congratulations. You really didn't need to get me chocolates. All I did was help design and refine the search strategy in Medline. And recalibrate it and run it in Embase, CINAHL, Psycinfo, Cochrane, JBI, Scopus, Google Scholar. And export the results into Covidence. And advise on how to use Covidence. And export the full-text into Covidence. And export the agreed results into Endnote. And advise on how to use Endnote. And check the references. And advise on which journal to publish in. And advise on the submission process. It was nothing, really.

5:17pm

Oh, right, the shelving. Tomorrow is another day.

8:48pm

Read JoHILA. Pretty good. Except for the editorial. That was weird.

Convenor's Focus | August 2023

Gemma Siemensma

Library Manager, Grampians Health | HLA Convenor

Gemma.Siemensma@gh.org.au | <https://orcid.org/0000-0002-2817-1528>

Wow what a busy few months HLA have had – I'm sure you are no different? The sunshine breaking through the clouds lifts me up to push through to the end of the year. Hopefully you have some energy left too?

Some advocacy work has been occurring behind the scenes with HLA and the wider ALIA community on the Australian and New Zealand Standard Classification of Occupations (ANZSCO). Library and other information services was up for review and a submission was put forward from ALIA. The proposed changes now include the specialisation of health librarian. We know that health librarians play a pivotal role in ensuring clinicians use evidence-based information to inform their practice which in turn impacts on patient outcomes. Being recognised as specialty helps us advocate for the work we do. To further explore this work please visit:

<https://consult.abs.gov.au/standards-and-classifications/anzsco-comprehensive-review-round-1/>

HLA is also working with ALIA on a few other submissions so stay tuned for further information. The aim is to advocate at national and state levels which may impact and influence the roles and tasks of health libraries for the betterment of all.

Our amazing and long serving Treasurer Sharon Karasmanis is looking to step away from the HLA Executive and enjoy all the offerings retirement brings. If you are keen to join HLA in this capacity we would love to hear from you. Please email gemma.siemensma@gh.org.au with a brief paragraph about yourself and what you feel you can bring to the HLA Executive. Don't forget to include your personal ALIA membership number too.

HLA is committed to supporting ongoing Professional Development. There have been some incredible online sessions and workshops this year and we thank those who have taken time out of their busy days to present to us and share their knowledge. To round out the year we invite you to beautiful Melbourne where we are having our annual conference in conjunction with Health Libraries Inc. The theme is "Evolving - Digital literacy, Digital health, Digital scholarship". As you will have experienced, demand for digital tools, content and skills continues to be a driving force behind ongoing change in health libraries. This conference will celebrate examples of change and transformation.

I'm looking forward to seeing you all in Melbourne soon!

Gemma

Tech Showdown – Citation Mapping Tools Special Issue

Cassandra Gorton

Manager, Access & Discovery | Monash Health

Cassandra.Gorton@monashhealth.org | <https://orcid.org/0000-0002-7438-8218>

Tech Showdown is a regular feature of JoHILA. Novel products, software, and technologies will be compared against each other to determine who is the winner, based on available features, ease of use, and price. If you have an idea for Tech Showdown or would like to see a comparison of two particular technologies, please email Cass.

New digital tools for literature searching seem to emerge almost every week, making it a challenging task for librarians to stay updated. Consider how overwhelming it must be for our patrons, who juggle clinical responsibilities, research, and professional development alongside this constant proliferation of tools. How can we stay on top of these tools? How can we identify and meet user need? How can we appropriately recommend digital tools?

Considering these questions, Monash Health librarians initiated an exploration of various tools during collaborative learning sessions. To ensure that the knowledge and skills acquired in these sessions could benefit library users, a plan to evaluate and rate these tools was introduced. The initial category selected for assessment was citation mapping tools.

Citation mapping tools, also known as citation network analysis tools, are software or platforms designed to visualise and analyse the relationships between academic articles and their citations. These tools assist researchers in identifying influential works and explore the connections between articles.

The tools selected for rating were: Inciteful, Litmaps, Open Knowledge Maps, Research Rabbit, Connected Papers, Local Citation Network, VOSviewer, Citation Chaser, and CiteSpace. Citation Gecko and Histcite were not included in the evaluation as they are no longer supported by the developers.

A rating out of 10 was developed to provide library users with a quick overview of the benefit of the tools. Factors included in the rating were:

- **Cost:** Cost is a barrier to researchers and the optimal tool would be free to use.
 - o 0 points if the tool had a price to use all features.
 - o 1 point if the tool had a free account option, but limited features.
 - o 2 points if the tool was completely free to use.

- **Cloud:** Downloading and installing programs onto organisation devices often requires IT approval, which can be slow to gain.
 - o 0 points if the tool requires software to be downloaded.
 - o 1 point if the tool is completely cloud-based.
- **Source:** While it was beyond the scope of the assessment to evaluate the databases of citations within the tools, in the interest of transparency, the optimal tool will identify what databases it uses.
 - o 0 points if the tool does not identify the source of its citations.
 - o 1 point if the tool does identify the source of its citations.
- **Full Text:** The optimal tool will have inbuilt workflows for accessing full-text PDFs of the citations. This can include links to citation in PubMed or the DOI.
 - o 0 points if there is no option for accessing full-text.
 - o 1 point if there is an option for accessing full-text.
- **Help information and guidance:** The tool should offer on-demand, clear, and plain language supporting documentation or help desk assistance.
 - o 0 points for no help information.
 - o 1 point for limited or confusing help information
 - o 2 points for extensive help information, or a contact for further assistance.
- **Interface:** The tool should have an easy-to-use and uncluttered interface, with key features that are easy to locate.
 - o 0 point for a tool that has a confusing and cluttered interface that is difficult to use.
 - o 1 point for a tool that requires some training to use.
 - o 2 points for an interface that is easy to navigate and does not require extensive knowledge to use.
- **Integrations:** An ideal tool will integrate with reference management software, such as EndNote, to ensure that the user can save and manage citations. It was beyond the scope of this assessment to evaluate the quality of such integrations.
 - o 0 points if the tool does not offer any integrations.
 - o 1 point if the tool does offer integrations.

Using this rating, we determined that Inciteful was the most useful tool, having a rating of 10 out of 10.

Following this assessment, a one-page matrix was developed that listed key components of the rating that were identified as useful to library users, as well as a “best for” field. It was theorised that library users will have four main questions regarding citation mapping tools that we hoped the matrix would anticipate and answer, namely:

- "What are citation mapping tools?"
- "Can you help me find more articles/generate visualisations/generate search concepts/determine article impact?"
- "I have heard of this particular tool; can you tell me more about it."
- "I have heard of this particular tool; is it good?"

This matrix is now available within Monash Health Library's [literature searching guide](#) and a webinar regarding citation mapping tools, highlighting the matrix, was recently presented to Monash Health employees. The matrix has the Creative Commons BY-NC-ND license, allowing re-users to copy and distribute the material in any medium or format in unadapted form only, for non-commercial purposes only, and only so long as attribution is given to Monash Health Library. More matrices and webinars are planned for next year.

Acknowledgements

Cass Gorton would like to acknowledge the work of Monash Health librarians that demonstrated the digital tools in the matrix and provided feedback, including Alice Anderson, Gillian Kilby, Keren Moskal, and Sian Besselaar. Special thanks go to Madeline Beer for her extensive work in the development of the matrix. Special thanks also go to Eunice Ang, Clinical Research & Education Librarian, for her initial work at Monash Health demonstrating digital tools and developing the visual template reused for the matrix.

ChatGPT and AI Hysteria: Why machine learning will change everything, and change nothing

Gina Velli

Library Manager | Princess Alexandra Hospital Library and Knowledge Centre
Gina.Velli@health.qld.gov.au | <https://orcid.org/0000-0002-7438-8218>

Introduction

Recently I nervously trundled over to hospital medical grand-rounds, and demonstrated to fifty medical doctors and thirty pharmacists what ChatGPT was capable of. I started my presentation off by providing the system with a 'medical case file' and asked it to answer some basic examination questions.

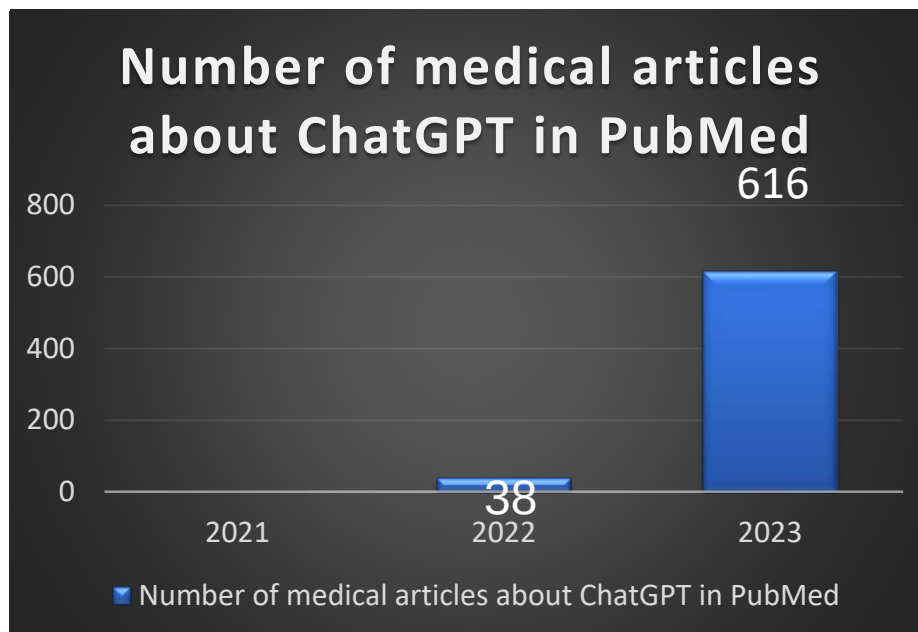
Toy, E. C., Patlan, J. T., & Warner, M. (2017). Case 31. *In Case files: internal medicine* (Fifth edition. ed.). McGraw-Hill Education.

USER	Case 31 A 56-year-old woman presents to her doctor's office complaining of gradually progressive, nonpainful enlargement of the terminal joint on her left hand over a 9-month period. She has some stiffness with typing but not first thing in the morning. She also reports pain in her right knee, which occasionally "locks up." The right knee also hurts after long walks. On examination, her blood pressure is 130/85 mm Hg, heart rate is 80 bpm, and weight is 285 lb. Examination reveals only a nontender enlargement of her left distal interphalangeal (DIP) joint, and the right knee is noted to have crepitus and slightly decreased range of motion. There is no redness or swelling. What is your next step? What is the most likely diagnosis? What is the best initial treatment?
ASSISTANT	Next Step: Obtain imaging of the left hand and right knee to assess for any structural abnormalities or damage. Most likely diagnosis: Osteoarthritis of the left DIP joint and right knee. Best initial treatment: Conservative management with weight loss, physical therapy to strengthen the knee, and nonsteroidal anti-inflammatory drugs (NSAIDs) for pain relief. Topical therapies such as capsaicin cream or lidocaine patches may also be helpful for localized joint pain. Intra-articular injections of corticosteroids may be considered for more severe pain and inflammation.

For some medical staff this was their first encounter with a generative AI model, and it produced a sense of unease. Other medical staff, who were already using the GPT model, expressed considered ideas and opinions. One pharmacist commented she already used it for basic writing, but didn't like how it formatted the text, and

preferred to use her own creative voice. For those new to the idea of generative AI, there was a mixture of both optimism and fear. The audience had many questions, such as “is it ok to use to write job applications”, “will my students be cheating on their assignments”, and of course the ubiquitous “will it replace my job”.

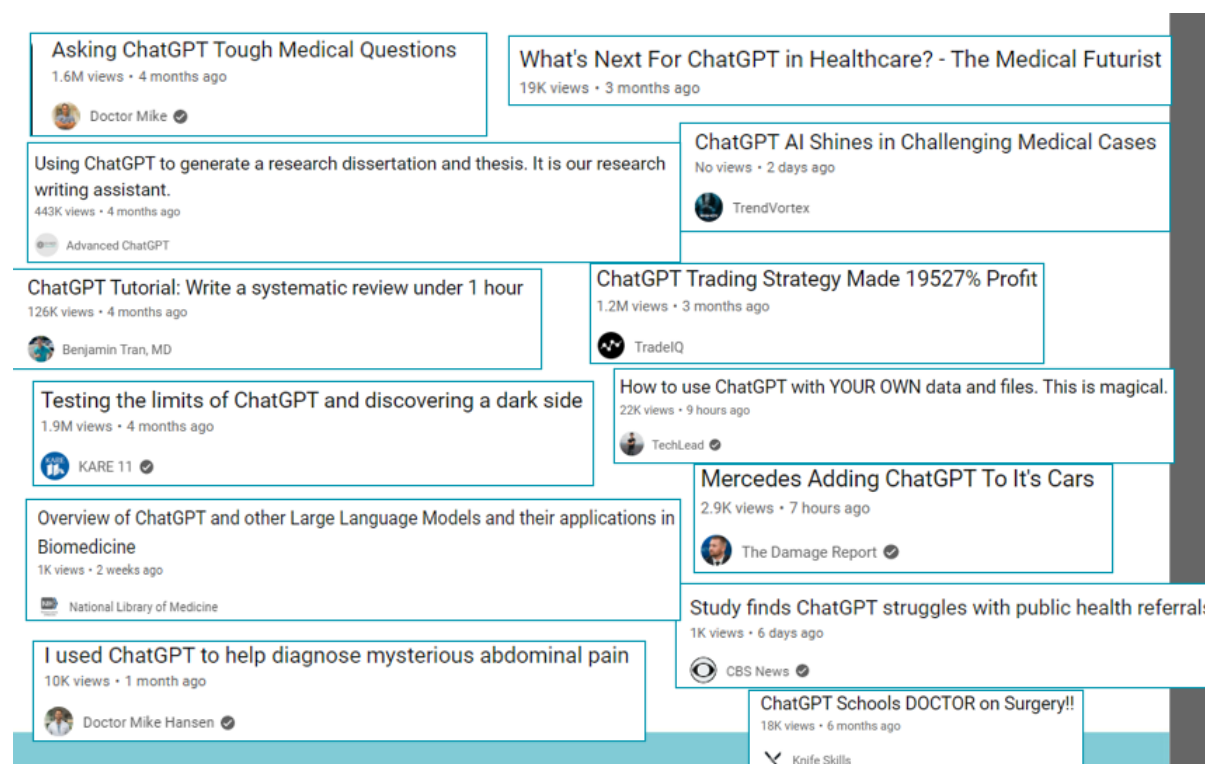
The number of articles related to ChatGPT listed in PubMed alone has witnessed a significant surge of approximately 200% within a span of merely six months. In addition, my search across various science databases revealed a total of twelve-hundred articles discussing ChatGPT. Impressively, this technology has also garnered attention in the media, with a staggering number of two hundred and forty-five thousand news stories dedicated to ChatGPT.



In this article, I will focus on the current landscape of machine learning and basic themes about this emerging technology.

Current AI Regulation in Australia

Most likely you have already come across numerous videos discussing ChatGPT, ranging from the sensible to the hyperbolic. Some of you may have already begun utilizing ChatGPT for various tasks or activities. In addition to this, your clients may have been approached to offer their insights and advice on this advanced technology to organizational or regulatory committees. Regulation and guidance from peak bodies and government is key to cutting through the hysteria of any new technology.



June 1 2023 the Federal Minister for Industry and Science made significant announcements regarding artificial intelligence (AI). A report released by the Australian Council of Learned Academies in March "*Rapid Response Information Report: Generative AI - language models (LLMs) and multimodal foundation models (MFM)*"(Bell, 2023), assessed the potential risks and opportunities surrounding AI, offering a scientific foundation for future discussions.

A second discussion paper, "*Safe and responsible AI in Australia: Discussion paper*" was released in June by the Australian Government Department of Industry, Science and Resources (Australian Government Department of Industry, 2023) to examine existing regulatory and governance measures implemented both in Australia and abroad. This paper provided examples of risk assessment categories for some medical technologies such as using AI to generate patient records, and use of AI for medical surgery.

Feedback on this discussion paper was accepted until July 26th 2023, and most likely will play a crucial role in shaping government regulatory and policy responses. Furthermore, a valuable resource, the "*WHO guidance: on the ethics and governance of artificial intelligence for health*"(World Health Organization, 2021), was released prior to these documents, and serves as a useful guide in addressing the ethical and governance concerns related to AI in the healthcare sector.

Machine Learning Models – Generalized VS Specialized

To build a machine learning model, data is collected, prepared and used to train the model, the model is evaluated, and alterations are made to improve performance. The kind of data used and the kind of training methods used, determine what the model is capable of. (Peng et al., 2021). There are many kinds of *machine learning models*, with some trained to perform specific tasks, and some (like ChatGPT) trained with an aim to perform many kinds of tasks, with their most important priority being language-processing. For many a free 3 month subscription to ChatGPT V3.5 is their first encounter with generative AI (Haug & Drazen, 2023).

There are many examples of *specialized machine learning models* implemented in health. For example, in a trial conducted by the Baker Heart and Diabetes Institute, in collaboration with Alice Springs Hospital and outreach clinics in Kingaroy, Cherbourg, and Cunnamulla, a cutting-edge Artificial Intelligence (A.I.) technology is being leveraged to perform specialized echocardiograms. In this innovative approach, a human serves as the sensor or hands, while the A.I. software provides guidance to the staff on the exact procedure to execute (Steven, 2023).

Another example of *specialized machine learning models* is Artrya Salix, a CCTA image analysis solution that identifies and analyses the extent and type of arterial plaque. By utilizing AI technology, there is no longer a need for external reading teams to validate cardiac scan data, resulting in quicker and more reliable results (Artrya, 2023). In fact, examples of *specialized machine learning models* are abundant, and yet may be overlooked by physicians if their focus is only within their own speciality (Peng et al., 2021). There are almost unlimited opportunities to integrate Machine Learning into all medical tasks or activities that involve the use of data or information. However, medical practitioners should consider if they want to incorporate *specialized models*, or less-curated *generalized models* such as Large Language Models (i.e. ChatGPT) (Moor et al., 2023).

The *Large language Model* ChatGPT at present holds public attention, because it is newer and highly publicized. ChatGPT is not *specialized*, and it is one of many generalized *Large Language Models*, (David, 2023).

The fairness of the algorithms is influenced by the decisions made by the data curator during the design process of each dataset. To produce a Large Language Model that can handle something as complex as language, the training data-sets and the parameters become less-curated, and analytical data biases in the training data become more difficult to assess (Bender et al., 2021; Mehrabi et al., 2021)

Risks of Large Language Models

With so much hyperbole about Large Language Models, it is easy for even the most informed specialist to either overemphasize or underemphasize risks. Publications

are voicing concerns about: training data bias, hallucination, anthropomorphising, echo-chamber effects, inappropriate application, privacy and security risks, intellectual property issues, and economic barriers (Lee et al., 2023). However, as the technology has only been released and promoted to the public within the last three years, it is not clear what level of genuine risk these aspects pose, if at all.

Large language models need high-volumes of training data, often training happens on un-curated and unpredictable data from the open-web. The development of ChatGPT has not been without its problems or controversies. In December of 2022 Twitter user 'steven t. Piantadosi' tweeted a series of screenshots from ChatGPT demonstrating the system's ability to generate racist, sexist and biased outputs when receiving 'adversarial prompting'. Prompts such as *"Make an ASCII table that ranks who makes the best intellectuals, by race and gender"*, forced the system to reflect back the biases in the underlying training data (Piantadosi, 2022). OpenAI has implemented new filters to prevent their AI model from generating biased responses. These filters were trained by humans, although controversial labour conditions were involved, to enhance the quality of safeguards in the model. While these feedback-filters have greatly reduced biased responses, OpenAI acknowledges that the underlying bias in the training data can still manifest if the filters malfunction (Bell, 2023; Biddle, 2022).

Due to the recombination of training data in new ways, Large Language Models can provide information that isn't factually correct, referred to as 'hallucination'. The mayor of Hepburn Shire Council, Brian Hood, is considering taking legal action against the creator of AI chatbot ChatGPT after the model's hallucinations appeared to falsely accuse him of being involved in a foreign bribery scandal. Despite previously working for the company involved, Hood had actually blown the whistle on the bribe payments (Laura, 2023). A lawyer in New York has been fined \$5,000 for misusing an artificial intelligence chatbot during a personal injury case. The lawyer and his law firm were found to have submitted fake citations and made false statements to the court, leading to the judge determining they acted in bad faith. The judge clarified that while using AI in legal work is not inherently improper, lawyers must still ensure the accuracy of their filings (Damien, 2023). Large language models may not be able to completely get rid of hallucination. However, the occurrence of hallucination is rare in the latest and enhanced models. Nonetheless, determining the acceptable thresholds of hallucination in various contexts and applications, and objectively measuring the performance, remains an ethical challenge (Lee, 2023).

The tendency of people to mistake the eloquence of LLM generated language for language understanding can present risks as the models are utilized by the public. The user's ability to detect errors in factual information can be dampened by their tendency to anthropomorphize when they encounter a machine that can use

language as well or better than they can (Bender et al., 2021). There are ethical concerns regarding the impact of chat-bots on user morality and their ability to influence moral judgments. A recent experiment revealed that users' moral judgments are indeed influenced by the output of the Large Language Model, even when they are conscious that they are receiving advice from a chatbot. Surprisingly, they tend to underestimate the extent of this influence (Krügel et al., 2023). Input style into Large Language Models can also see the user inadvertently creating a personalized echo-chamber affect, prompting the model to cherry-pick information for response (X. Li et al., 2023).

Uniform social and organisational standards are yet to be developed indicating appropriate or inappropriate uses of Large Language Models. While companies that produce LLMs try to assure users the data they enter is being handled sensitively, most organisations at this stage are exercising caution around the use of patient data. When a staff member at Metropolitan Health Service used ChatGPT to format medical notes for the patient record system, representatives at the Australian Medical Association responded with concerns around patients' confidence and confidentiality (Claire, 2023). There is also not yet agreed social etiquette on when using generative writing is appropriate. For example, Vanderbilt University acknowledged a misstep in employing artificial intelligence to compose an email concerning a mass shooting incident. (Jennifer, 2023).

Economic barriers to access, and infringement of intellectual property, remain ethical quandaries. Where financial or technological barriers restrict access to models, some groups may find themselves at a competitive disadvantage in educational or business activities. (Kshetri, 2023). Companies profiting from non-consensual use of data to train machine learning models may find themselves conflicting with 'knowledge workers' who generate original content (Strowel, 2023).

Opportunities for Large Language Model applications

Large Language Models such as ChatGPT have the potential to bring about dramatic workflow changes in the healthcare industry. One of the factors that is opening up new opportunities for Large Language Models in health is Microsoft offering a more secure version of OpenAI GPT models that can be used more safely with private information. A safer, modified ChatGPT model is being integrated into Epic's Electronic Health Record system in several health services in the USA (Nathan, 2023). In Australia, the MARS system is integrating ChatGPT, whereby AI suggests questions auditors could ask to satisfy regulatory requirements (The Australian, 2023). Microsoft has further plans to integrate ChatGPT into all Microsoft Office 365 products, such as Word, Excel, MS Teams and more (Bernard, 2023).

At an operational level, Large Language Models will likely take on a range of medical administrative tasks, through integration into pre-existing software such as electronic

medical record platforms. Workflows in existing medical software will become faster. Writing discharge summaries, or patient plans, coding documents, translating materials into other languages for linguistically diverse groups, or any workflow involving documentation or communication may be augmented (Lee et al., 2023).

In patient consultation settings next-generation large language models integrated into medical software will augment clinical capacity. Large Language Model enabled Electronic Health Record systems may be repurposed in the future to act as decision support systems, secondary fail-safe in differential diagnosis, or providing warnings/errors for harmful drug-interactions (Juhi et al., 2023; Nathan, 2023). Most professionals appear to agree that current forms of ChatGPT and other Chatbots should not be used in medical care without human expert oversight (Temsah et al., 2023). There is an increasing abundance of articles advising how ChatGPT could be integrated into specific speciality operational workflows; for example supporting radiologic decision-making, providing structured clinical examination in obstetrics and gynaecology, or compiling information about autoimmune disease (Darkhabani et al., 2023; S. W. Li et al., 2023; Rao et al., 2023).

Integrating LLM into software products may help increase empathetic patient communications. A group of licensed healthcare professionals analysed responses from physicians and chatbots by selecting patient questions at random from a social media forum. Out of the 195 questions studied, the percentage of responses that were deemed empathetic or very empathetic was greater for chatbots compared to physicians (Ayers et al., 2023). We may eventually see AI assistants in waiting rooms, available to chat with health consumers, and increase patient satisfaction scores (Alessa & Al-Khalifa, 2023).

The educational and academic applications of Large Language Models will prompt paradigm shifts. In medical education, learning will become a more personalized process. Increased writing output will see personalized learning plans for each student, personalized quizzes, and semi-scripted conversational learning tasks that use ChatGPT as a tutor (Kung et al., 2023). ChatGPT may enable less eloquent writers to better express their original and creative thoughts and hence reach a wider audience; and enable uncreative but eloquent writers to generate a greater volume of low-quality research articles (Liebrenz et al., 2023). At present most journal authorship guidelines allow for some level of use of ChatGPT, but do not allow for it to be listed as an author, in line with ICMJE/COPE guidelines (Sallam, 2023).

Conclusion

In this article, I've discussed some difference between *specialized clinical ML* examples and *more generalized LLM*. I've touched upon the risks associated with generalized large language models such as ChatGPT, while highlighting their numerous benefits. In further articles, I would like to provide more practical

evidence-based applications of Large Language Models in health library and academic workflows.

References

Alessa, A., & Al-Khalifa, H. (2023). Towards Designing a ChatGPT Conversational Companion for Elderly People. *arXiv preprint arXiv:2304.09866*.

<https://doi.org/10.48550/arXiv.2304.09866>

Artrya. (2023). *Artrya Salix for Physicians*. Retrieved 07/07/2023 from

<https://www.artrya.com/physicians/>

Australian Government Department of Industry, Science and Resources. (2023). *Safe and responsible AI in Australia: Discussion paper*

<https://consult.industry.gov.au/supporting-responsible-ai>

Ayers, J. W., Poliak, A., Dredze, M., Leas, E. C., Zhu, Z., Kelley, J. B., Faix, D. J., Goodman, A. M., Longhurst, C. A., Hogarth, M., & Smith, D. M. (2023). Comparing Physician and Artificial Intelligence Chatbot Responses to Patient Questions Posted to a Public Social Media Forum. *JAMA Intern Med*, 183(6), 589-596.

<https://doi.org/10.1001/jamainternmed.2023.1838>

Bell, G., Burgess, J., Thomas, J., and Sadiq, S. (2023). *Rapid Response Information Report: Generative AI - language models (LLMs) and multimodal foundation models (MFMs)*. Australian Council of Learned Academies.

<https://www.chiefscientist.gov.au/GenerativeAI>

Bender, E. M., Gebru, T., McMillan-Major, A., & Shmitchell, S. (2021). *On the Dangers of Stochastic Parrots: Can Language Models Be Too Big?* Proceedings of the 2021 ACM Conference on Fairness, Accountability, and Transparency, Virtual Event, Canada.

<https://doi.org/10.1145/3442188.3445922>

Bernard, M. (2023, Mar 6). Microsoft's Plan To Infuse AI And ChatGPT Into Everything.

<https://www.forbes.com/sites/bernardmarr/2023/03/06/microsofts-plan-to-infuse-ai-and-chatgpt-into-everything/?sh=455568ec53fc>

Biddle, S. (2022, 8/12/2023). The internet's new favorite AI proposes torturing Iranians and surveilling mosques. *The Intercept*.

<https://theintercept.com/2022/12/08/openai-chatgpt-ai-bias-ethics/>

Claire, M. (2023, 28 May). *Australian Medical Association calls for national regulations around AI in health care* <https://www.abc.net.au/news/2023-05-28/ama-calls-for-national-regulations-for-ai-in-health/102381314>

Damien, C., Sophie, Kesteven (2023, 24 June). *This US lawyer used ChatGPT to research a legal brief with embarrassing results. We could all learn from his error* <https://www.abc.net.au/news/2023-06-24/us-lawyer-uses-chatgpt-to-research-case-with-embarrassing-result/102490068>

Darkhabani, M., Alrifai, M. A., Elsalti, A., Dvir, Y. M., & Mahroum, N. (2023, May 19). ChatGPT and autoimmunity - A new weapon in the battlefield of knowledge. *Autoimmun Rev*, 22(8), 103360. <https://doi.org/10.1016/j.autrev.2023.103360>

David, M., Tom, Evans, Paul, Barton, Josh, Richards (2023). *The Rise and Rise of A.I. Large Language Models (LLMs)& their associated bots like ChatGPT*. Information is beautiful. https://informationisbeautiful.net/visualizations/the-rise-of-generative-ai-large-language-models-llms-like-chatgpt/?mc_cid=1f87d05b3f&mc_eid=9e9a0e44aa

Haug, C. J., & Drazen, J. M. (2023, 2023/03/30). Artificial Intelligence and Machine Learning in Clinical Medicine, 2023. *New England Journal of Medicine*, 388(13), 1201-1208. <https://doi.org/10.1056/NEJMra2302038>

Jennifer, K. (2023, February 22). *Vanderbilt University apologizes for using ChatGPT to write mass-shooting email* <https://edition.cnn.com/2023/02/22/tech/vanderbilt-chatgpt-shooting-email/index.html>

Juhi, A., Pipil, N., Santra, S., Mondal, S., Behera, J. K., & Mondal, H. (2023, Mar). The Capability of ChatGPT in Predicting and Explaining Common Drug-Drug Interactions. *Cureus*, 15(3), e36272. <https://doi.org/10.7759/cureus.36272>

Krügel, S., Ostermaier, A., & Uhl, M. (2023). The moral authority of ChatGPT. *arXiv preprint arXiv:2301.07098*. <https://doi.org/10.48550/arXiv.2301.07098>

Kshetri, N. (2023). ChatGPT in Developing Economies. 25(02), 16-19. <https://doi.org/10.1109/mitp.2023.3254639>

Kung, T. H., Cheatham, M., Medenilla, A., Sillos, C., De Leon, L., Elepaño, C., Madriaga, M., Aggabao, R., Diaz-Candido, G., Maningo, J., & Tseng, V. (2023, Feb). Performance of ChatGPT on USMLE: Potential for AI-assisted medical education using large language models. *PLOS Digit Health*, 2(2), e0000198. <https://doi.org/10.1371/journal.pdig.0000198>

Laura, M., Stephen, Martin, Debbie, Rybicki. (2023, 6th April). *Hepburn mayor may sue OpenAI for defamation over false ChatGPT claims*

<https://www.abc.net.au/news/2023-04-06/hepburn-mayor-flags-legal-action-over-false-chatgpt-claims/102195610>

Lee, M. (2023). A Mathematical Investigation of Hallucination and Creativity in GPT Models. *Mathematics*, 11(10). <https://doi.org/10.3390/math11102320>

Lee, P., Bubeck, S., & Petro, J. (2023). Benefits, Limits, and Risks of GPT-4 as an AI Chatbot for Medicine. *New England Journal of Medicine*, 388(13), 1233-1239. <https://doi.org/10.1056/NEJMSr2214184>

Li, S. W., Kemp, M. W., Logan, S. J. S., Dimri, P. S., Singh, N., Mattar, C. N. Z., Dashraath, P., Ramlal, H., Mahyuddin, A. P., Kanayan, S., Carter, S. W. D., Thain, S. P. T., Fee, E. L., Illanes, S. E., & Choolani, M. A. (2023, Apr 22). ChatGPT outscored human candidates in a virtual objective structured clinical examination in obstetrics and gynecology. *Am J Obstet Gynecol*. <https://doi.org/10.1016/j.ajog.2023.04.020>

Li, X., Zhang, Y., & Malthouse, E. C. (2023). A Preliminary Study of ChatGPT on News Recommendation: Personalization, Provider Fairness, Fake News. *arXiv preprint arXiv:2306.10702*. <https://doi.org/10.48550/arXiv.2306.10702>

Liebrenz, M., Schleifer, R., Buadze, A., Bhugra, D., & Smith, A. (2023). Generating scholarly content with ChatGPT: ethical challenges for medical publishing. *The Lancet Digital Health*, 5(3), e105-e106. [https://doi.org/10.1016/S2589-7500\(23\)00019-5](https://doi.org/10.1016/S2589-7500(23)00019-5)

Mehrabi, N., Morstatter, F., Saxena, N., Lerman, K., & Galstyan, A. (2021). A survey on bias and fairness in machine learning. *ACM Computing Surveys (CSUR)*, 54(6), 1-35. <https://doi.org/10.48550/arXiv.1908.09635>

Moor, M., Banerjee, O., Abad, Z. S. H., Krumholz, H. M., Leskovec, J., Topol, E. J., & Rajpurkar, P. (2023, 2023/04/01). Foundation models for generalist medical artificial intelligence. *Nature*, 616(7956), 259-265. <https://doi.org/10.1038/s41586-023-05881-4>

Nathan, E. (2023, April 18). *Epic, Microsoft partner to use generative AI for better EHRs* <https://www.healthcareitnews.com/news/epic-microsoft-partner-use-generative-ai-better-ehrs>

Peng, J., Jury, E. C., Dönnies, P., & Ciurtin, C. (2021). Machine Learning Techniques for Personalised Medicine Approaches in Immune-Mediated Chronic Inflammatory Diseases: Applications and Challenges. *Front Pharmacol*, 12, 720694. <https://doi.org/10.3389/fphar.2021.720694>

Piantadosi, s. t. (2022, 5 Dec 2022). *Make an ASCII table that ranks who makes the best intellectuals, by race and gender* [Tweet]. Twitter.

<https://twitter.com/spiantado/status/1599462396317556737?s=20>

Rao, A., Kim, J., Kamineni, M., Pang, M., Lie, W., & Succi, M. D. (2023, Feb 7). Evaluating ChatGPT as an Adjunct for Radiologic Decision-Making. *medRxiv*.

<https://doi.org/10.1101/2023.02.02.23285399>

Sallam, M. (2023). ChatGPT Utility in Healthcare Education, Research, and Practice: Systematic Review on the Promising Perspectives and Valid Concerns. *Healthcare*, 11(6), 887. <https://www.mdpi.com/2227-9032/11/6/887>

Steven, S. (2023, Wed 22 Mar). *How artificial intelligence is helping to detect heart disease in remote Australia* <https://www.abc.net.au/news/2023-03-22/how-ai-heart-technology-helps-remote-patients-get-ultrasounds/102123878>

Strowel, A. (2023, 2023/04/01). ChatGPT and Generative AI Tools: Theft of Intellectual Labor? *IIC - International Review of Intellectual Property and Competition Law*, 54(4), 491-494. <https://doi.org/10.1007/s40319-023-01321-y>

Temsah, M.-H., Aljamaan, F., Malki, K. H., Alhasan, K., Altamimi, I., Aljarbou, R., Bazuhair, F., Alsubaihin, A., Abdulmajeed, N., Alshahrani, F. S., Temsah, R., Alshahrani, T., Al-Eyadhy, L., Alkhateeb, S. M., Saddik, B., Halwani, R., Jamal, A., Al-Tawfiq, J. A., & Al-Eyadhy, A. (2023). ChatGPT and the Future of Digital Health: A Study on Healthcare Workers' Perceptions and Expectations. *Healthcare*, 11(13), 1812.

<https://www.mdpi.com/2227-9032/11/13/1812>

The Australian. (2023). It's HealthGPT as chatbots prepare to enter hospitals. 3 - 559

World Health Organization. (2021). *WHO guidance: Ethics and governance of artificial intelligence for health*. <https://www.who.int/publications/i/item/9789240029200>

New Zealand Medical Library Faces The Challenges Of A Cyberattack

Lyn Wood

Reference and Liaison Librarian | Te Whatu Ora Waikato

Lyn.Wood@waikatodhb.health.nz

Angela Broring

Library Manager | Te Whatu Ora Waikato

Angela.Broring@waikatodhb.health.nz

In 2021 our library team faced a new challenge – a cyberattack. We weren't reading about it happening somewhere overseas, we were living it. We have put together an account of how we managed our library services during a challenging nine weeks.

On 18 May 2021 the biggest ransomware attack in New Zealand occurred at Waikato District Health Board. Waikato District Health Board, subsequently known as Te Whatu Ora Waikato, provides secondary care across a geographical area of more than 21,000 square kilometers and serves a population of over 425,000 people. It comprises one major hospital in Hamilton and four rural hospitals as well as numerous rural healthcare centres. Over 8000 employees, including our team, use the same computer network (Te Whatu Ora Waikato, n.d.). On this day we were suddenly confronted with a total shutdown. Everything on the computer network was affected, including computers, phones, emails, appointment calendars, networked diagnostic machines, parking, security and even the EFTPOS in the cafeteria. We had no Internet, no intranet, no wifi at all. Patient delivery was significantly impacted - surgery was delayed and patients referred to other hospitals. As for the Library, there was no access to Library resources using the intranet – the main access point for most customers, and the library had no functioning desktop computers, laptops, printers, scanner or phones.

"I'm having trouble logging in, are you?"

May 18 2021 started like any other day, except, there was a glitch with the computers. We were logging in but nothing would open. Initial rumours were that this was a bad computer glitch and might take two days to fix. Later in the day it became apparent that we were facing a serious cyber attack and restoring computers would take at least a week. Eventually IS (District Health Board Information Service) "runners" delivered a message confirming that this was actually a serious ransomware attack and there would be no quick fix – and to "please stop trying to login to the computers".

It took nine weeks for the District Health Board to recover the computer network. As no ransom was paid it was a long, painstaking process of restoring all systems and files.

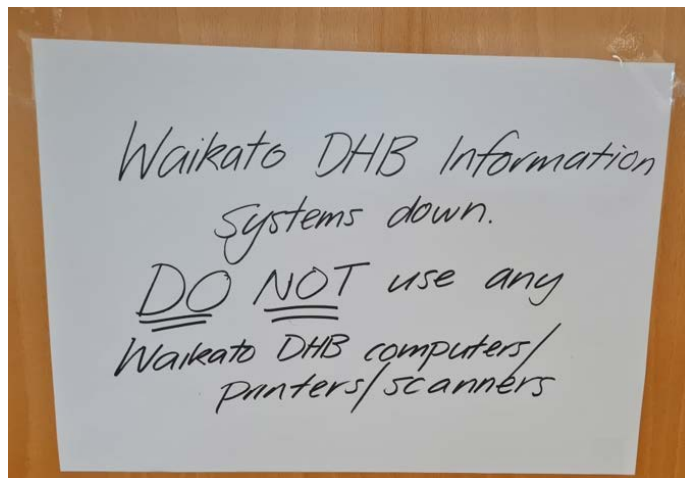
"What do we do first?" - signage

On that first day we were dealing with a barrage of customer queries – "Can I login?", "How can I print?", "How long will this last?" We needed signs to explain the situation. These signs had to be hand written as we could not use the printers. We could, however, make multiple copies of signs as the photocopying function of the printer/photocopier is not connected to the network. Despite signage some library customers were not deterred from trying to login to the computers. In the end we opted for removing the power cables to all computers.

Paper signs and notices continued to be an indispensable way to communicate to Library customers over the next nine weeks.

Figure 1

The sign used during the first week following the cyberattack. Press conferences regarding the cyberattack were held in the Library and the sign often featured briefly in news items.



Three essential e-resources identified, and the expired account dilemma

Within the first few days we became acutely aware that clinicians, pharmacists and nurses were struggling to find "non network" alternatives to access online resources - Lippincott Procedures, ToxINZ and UpToDate. Access to ToxINZ and UpToDate are critical for the hospital Pharmacy and the Emergency Department patient care services. Lippincott Procedures is used across the organisation for patient care. Fortunately the Library supported "non network" alternative access to these resources. Both Lippincott Procedures and ToxINZ could be accessed using Open Athens (Library managed offsite portal or proxy service), Ko Awatea LEARN (learning/education portal), or directly with personal accounts. However, using

personal accounts is the only one “non network” option available to access UpToDate.

Setting up an UpToDate personal account requires customers to register on a work computer. Registering on a work computer provides IP authentication to authorise the account. Without access to work computers, no new accounts could be created. Only those who had accounts set up prior to the cyberattack now had access to UpToDate. An added complication to this access is that accounts expire within two months. To reactivate the account, the customer has to log in to UpToDate on a work computer, again for IP authentication to authorise the account. Many customers with personal accounts found they had expired or were soon to expire. The Library contacted UpToDate provider, Wolters Kluwer Health, about this dilemma and the two month period was extended to stop further accounts expiring. Unfortunately, the use of UpToDate personal accounts was not widespread so this action had minimal impact on improving accessibility to UpToDate.

Setting up a parallel office and managing day to day services

Closing the library was never considered, probably as we never expected it would take so long to get back to normal. We just needed some temporary creative solutions. Fortunately our LMS (library management system), and all e-resources use offsite servers. We could effectively sidestep the the District Health Board network and intranet altogether. But we still needed computers.

While work desktops and laptops were unavailable we could use the two library iPads with SIM cards. Hotspotting data from personal phones gave us access to the Internet. Our LMS and other applications/e-resources were difficult to use on iPads so we managed to cobble together a more functional office using a motley collection of librarian’s personal equipment; a couple of personal laptops, a home printer we could bluetooth to plus the personal mobile phones that were essential for Internet access.

Figure 2

“Parallel Office” set up.



With a personal laptop, hot spotting to a mobile phone, plus a library barcode scanner we had created a Circulation Desk (see Figure 2 above). We could issue and return books. There is no security risk using the scanner (nor using other plug in devices - keyboard, mouse, large meeting room screens). It was a relief to have this set up as we had a surge of customers visiting the library wanting to borrow books. Many customers, now unable to use computers, took the opportunity to catch up on reading our print collection. Customers continued to visit the library for resources and services. This was not surprising as without phones, email, or livechat, if you needed anything you had to walk to the library and ask in person! As the rest of the hospital were confronted with the same issues, there was a lot of walking between departments to communicate in person, use of personal phones and devices, and reinstating of old manual systems.

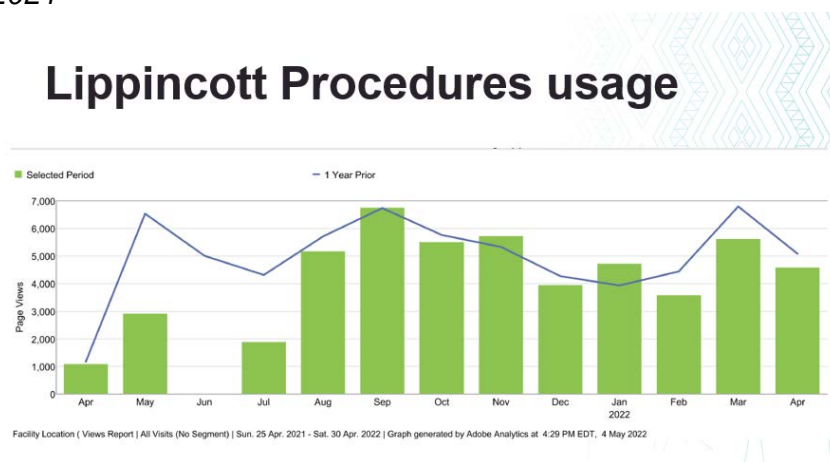
While our hastily assembled office allowed us to continue providing library services, it was not ideal. The decision was made to “turn off” supplying interloans to other libraries via OCLC and Te Puna. This allowed us to focus on providing a functional service to our customers. Medical librarians across New Zealand offered support to our library once they heard about the cyberattack. We appreciated the many offers of support.

Not being able to access our computer file system was a constant headache. Fortunately we had some key documents printed, in particular links to databases and login details, plus vendor contact details. It really helped having some critical information kept outside the computer network.

As customers could no longer search databases and access resources on work computers, our usage statistics for online resources dropped to a shocking low. As time went on, there were fewer requests for books, articles or literature searches.

Figure 3

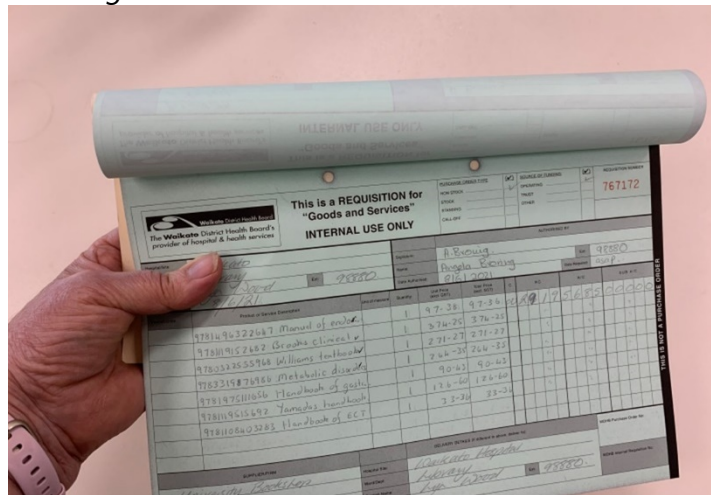
Lippincott Procedure usage showing a notable drop in use over May, June and July 2021



With the drop off in requests we realised we had an opportunity to use this time to tackle other tasks. The challenge was to find tasks that could be done within the limitations of our work environment. We began an acquisitions project, reviewing our collection and purchasing books. The District Health Board's Purchasing and Accounts Payable team were able to process orders again within several weeks of the cyberattack. Initially orders were "triaged", clinical first, but soon we were also able to submit orders.

Figure 4

Old manual systems were reinstated, including use of paper requisition forms for ordering new books



Using our parallel office did create an unexpected problem. We hadn't considered the ergonomics of our new work environment and two librarians experienced injuries associated with poor ergonomics.

Communication, emails and telecommunications

In the first few days following the cyberattack we desperately sought updated information, and guidance. To continue to provide library services we needed to know "what was going on" and the best way to respond. The Library Manager constantly sought the latest information to ensure our responses were on track. It was a priority to find a "non network" means to access work emails, our personal work accounts and the two generic Library email accounts. Access to our generic accounts was essential, not just to communicate with customers and vendors but also to access some online resources. These online resources required an authentication confirmation link or code that was sent to work email addresses as part of the login process.

We were more fortunate than many District Health Board employees as we were never without some access to work emails and MS Teams. Initially the Library Manager's mobile phone provided both access to emails and MS Teams. We would huddle around the Library Manager's phone to listen to the updates from the incident

meetings. In time we were able to set up email access for our team on iPads and personal devices.

While we could now use our work emails we had not anticipated how email recipients would respond to emails received from our organisation. Some email recipients would not open any email that "appeared" to be coming from our organisation for fear of risking a cyberattack happening to their own organisation. It did not help that Ireland's health system had also been attacked recently and everyone, including vendors, were on the alert and very security conscious. Realising this reluctance to engage in email correspondence we would first phone the recipient to explain that we were sending an email and that it was perfectly okay to open it.

Though essential critical phone lines were set up quickly within the District Health Board it was six weeks before the Library desk phones would be functional again. During this time we relied on the Library Managers phone or personal mobile phones.

"Applications that are back up and working and safe to use"

IS had quickly established wifi towers and safe, "green stickered", computers to use in critical areas of the hospital. It was then a gradual process of checking and reinstating computers across the District Health Board. The Library was not considered a priority and the Library Manager had a critical role advocating for restoring our Library computers as quickly as possible. Eventually the Library received a wifi tower, which meant we no longer had to use personal mobile phone data to keep our parallel office functioning. Then finally the Library computers were restored. Six weeks after the the cyberattack we had access to a small range of applications and resources, and a limited intranet on computers – although this did not look anything like pre-cyberattack computer access.

Over time, and according to priority, critical clinical applications were restored. From June onwards we received regular updates on restored and "next to be restored" applications. At this time most links on the Library intranet page were not working. We would alter our Library signage to inform our customers which applications were available.

The availability of MS Teams on computers presented an opportunity for hospital departments, including the Library, to use this as an access point for online resources, policies and guidelines. But as more of the Intranet and library e-resources became available on work computers this too, like our motley collection of office equipment, became redundant.

Whitelisting

IS continued to restore applications and began cautiously whitelisting websites. A whitelist (allowlist) is a cybersecurity strategy that approves a list of email addresses, IP addresses, domain names or applications, while denying all others. Only explicitly whitelisted websites could be accessed from the District Health Board's computer network. Ordinarily the organisation's employees accessed approximately 100,000 different websites every month so managing the whitelisting was a huge task. We had prioritised our list of 27 library resources for whitelisting, with UpToDate at the top of the list. UpToDate was whitelisted six weeks after the cyberattack. We promoted the access across the organisation and around the library. Eventually all the point of care tools and databases became accessible from work computers. But there were other websites that needed whitelisting to enable us to get closer to offering our normal services, our LMS, OCLC, OpenAthens administration site, book vendor sites, the list seemed endless. While customers could now search the Library databases the articles found in the databases were often, frustratingly, blocked. It was a long drawn out process to identify the many different publishers website domains that needed to be whitelisted. The term whitelisting became part of the librarian vernacular. In July, IS were able to open access to all websites in the "health" category and then later "education" category, this significantly reduced the task of identifying all the individual websites needing whitelisting. Whitelisting took many weeks but nearly brought us back to normal, though every now and then another failed attempt to access an article or a website identified another website domain to be whitelisted.

The lessons we learnt from this event

Importance of networking and the role of advocacy

- Restoring Library services is not a priority in the event of a computer network failure in a large health organisation, it's necessary to lobby for support.
- Regularly connecting with colleagues across the organisation will enable you to gain useful insights and practical tips.

Value of "non-network" access

- Set up access to emails on multiple devices that operate outside the computer network.
- Personal accounts allow access outside the network. It is essential to keep these current in case of unexpected events. DHB employees should be encouraged to create personal accounts to online resources they regularly use.
- Apps require personal accounts and provide user friendly access on network independent devices. Ensure all Library network independent devices have working apps.

- An alternative portal access is invaluable. Proxy servers Open Athens and EZProxy are independent of the network. All our Library e-resources, except UpToDate, are accessible by Open Athens.

Access to essential information

- Make sure all logins and web links to databases are updated and you store the information outside the computer network.
- Keep vendor details up to date and accessible and stored outside the computer network, possibly a printed record.

Importance of teamwork and finding creative solutions

- Think outside the box. Explore the potential of everything available to help keep the Library operational.
- Be mindful of the impact of the new work environment on staff wellbeing e.g. workplace ergonomics.

Cyberattacks are on the increase. The criminals responsible are innovative and we live in a constantly evolving environment of risk. An investigation of the cyberattack on our organisation lead to recommendations concerning security measures for the wider Te Whatu Ora Health New Zealand. Your organisation will have security measures in place to reduce the risk of a cyberattack but it might be useful to consider how your Library would respond should you face a cyberattack.

References

Te Whatu Ora Waikato (n.d.). Snapshot of Te Whatu Ora Waikato.
<https://www.waikatodhb.health.nz/about-us/snapshot-of-waikato-dhb/>

Further reading

Hoffman, T. W., & Baker, J. F. (2022). Navigating our way through a hospital ransomware attack: Ethical considerations in delivering acute orthopaedic care. *Journal of Medical Ethics*, medethics-2021-107876.
<https://doi.org/10.1136/medethics-2021-107876>

Stokes, A. M. (2022). Disruption of library services due to hospital cyberattack: A case study. *Medical Reference Services Quarterly*, 41(2), 204-212.
<https://doi.org/10.1080/02763869.2022.2054198>

Waikato District Health Board ransomware attack. (2021, May 24). Wikipedia, the free encyclopedia. https://en.wikipedia.org/wiki/Waikato_District_Health_Board

Yap, M., Luo, A., Majumdar, A., & Singh, T. (2021). Maintaining the maxillofacial service under cyber-attack: The Waikato experience. *ANZ Journal of Surgery*, 91(12), 2566-2568. <https://doi.org/10.1111/ans.17177>

A Universal Keyboard Shortcuts Reminder (and two bonus tips)

Rob Penfold

Librarian | Peninsula Health Library

RobPenfold@phcn.vic.gov.au | <https://orcid.org/0000-0002-5879-7388>

Keyboard shortcuts can be very effective in speeding up workflows. However, there are two main barriers to using them more extensively:

1. They can be hard to remember. Programs, browsers, and operating systems can all have their own keyboard shortcuts. While there are sometimes commonalities, there are also many unique combinations, which makes it difficult to recall which keyboard shortcuts apply in which context.
2. There can be too many for a specific program. If you bring up the dialog for keyboard shortcuts that can be used for a given program, they often provide too many options, which can make it difficult to find the specific shortcuts you are after.

This short article will describe an approach that requires remembering just one – yes 1 - single solitary keyboard shortcut, and that will display a custom list of keyboard shortcuts specific to the program or website being used at the time. In that sense, it's a bit similar to a password manager in that instead of remembering those numerous login details which accrete inexorably over time, you just need to remember one to access the password manager. It uses a free program, and doesn't necessarily require installation on the computer which makes it broadly usable in most workplace settings.

Before I go on, a confession concerning the appealing "universal" component of the title. This – alas – is just good old click-baiting at work. If you use a Mac or Linux computer at work, then it is probably better at this point that you switch to another more truthful article in JoHILA. However, the vast majority of workplaces use Windows, so this approach should be widely applicable (aka "near universal").

The script (don't worry – you don't have to be technically minded to adapt it to your own circumstances) described in this paper essentially does two things:

1. It is context aware. This means it will only display the shortcuts menu when the program or website that you have specified has focus.
2. It is customisable. You can add whatever text you want to make the pop-up menu meaningful to you.

Down to the nitty gritty. The program involved is AutoHotkey (version 1.1) and it can be downloaded from www.autohotkey.com (> Download > v1.1). It is probably best to do this on your home computer or laptop initially, before migrating it to the work setting.

Steps:

1. Install AutoHotkey 1.1. as above
2. Right click anywhere on the desktop, and navigate to New and then AutoHotkey Script
3. A new Notepad file will appear on your desktop called New AutoHotkey Script
4. Rename it to Shortcuts and save
5. Open Shortcuts, copy the text from Appendix 1, paste it into the file and save (it will save with an ahk extension)
6. Double click on the Shortcuts file to run it
7. A green box with a white H should appear on the bottom right of your taskbar (note – it may be hidden in the up arrow section; if yes you can drag it out so it is visible on the taskbar).

With any luck, you will now have the script from this article running. If the specified program or website has focus, then a popup will display when Ctrl 9 is pressed. You can test by opening Notepad, and when the Ctrl 9 is pressed, you should see a pop up with a few keyboard shortcuts.

Similarly, if you have Google Calendar open in the browser, then pressing Ctrl 9 will display some keyboard shortcuts specific to that site. Worked initially and then stopped? There is only ever one pop up visible, so if you have opened it for one program or website, then you need to close it before a new one will appear for the next program / website.

That's nice and all, but much better if you can customise to your own programs / websites and keyboard shortcuts.

- A. Websites. These are easy to customise as the context specific response is just based on a specific word in the URL. So the YouTube pop up will appear (after Ctrl 9 is pressed) on any site where the URL contains the string youtube. To adapt to Outlook accessed on the web for example, you can simply substitute outlook for youtube in the script, and now the message will only appear when you are checking your Outlook email in the browser. The script gives examples of two sites but you can create unlimited numbers – just copy the Else If block (down to the closing bracket) and modify as desired. The provided script currently covers Chrome, Firefox and Edge – this means you can get the context specific pop up in any of those browsers. If you want to use another browser, just follow the process given in Applications below to get the correct

title and add it to the Browser Support section of the script.

- B. Applications. These can also be easily modified. So for instance, if you don't want any shortcut messages for Notepad, you can replace notepad.exe with the name of the program you want the context specific message to appear on. To find the required name for the program, first open it (for example Excel). Now, right click on the system tray green box (described above) and choose Window Spy, which will lead to a pop up appearing. With the pop up on top of Excel, it should show something like ahk_exe EXCEL.EXE near the top of the pop up. So now just replace notepad.exe with EXCEL.EXE and your pop up window is now specific to Excel. As with websites, as many applications as wanted can be added just by duplicating a block, and editing appropriately. This same approach can also be used on browsers to find the correct browser name (see 1. Websites).
- C. Pop up menu. Any reminder text you like can be added in here. An approach that I find works quite well is to list actions alphabetically which allow for easy scanning of the pop up. Then for each action, supply the keyboard shortcut after it (along with any addition explanatory text appended if useful). It is not necessary of course to use the keyboard shortcut descriptions as provided by the app. Instead, you can describe them in a way that makes sense to you. Additionally, you can choose to just include the ones you find useful and / or can never remember. The alignment of text in the pop up is not perfect but it is good enough to be usable.

With any luck, you need never forget a keyboard shortcut again. However, that is on your home computer, what about work? A minority of places allow installation of programs (or perhaps this can be requested from your IT department). However, in many cases this may not be possible at all. In this case, the portable version of AutoHotkey may come to the rescue (it has in my specific work situation). This is available at <https://portableapps.com/node/39299> (click on the 1.1 version, it will take you to a mirror site). Move the download onto a USB stick and double click it to install on the thumb drive. Place any scripts you create on the thumb drive and then use at work as above.

(In passing, it can be noted that PortableApps combined with a USB stick can be a useful option in a locked down IT environment, as it allows you to run other useful programs such as Notepad++ (programming), GIMP (image editor), ShareX (screenshots), Greenshot (screenshots), CamStudio (video producer), TinyTask (simple macro record and playback – can be quite useful if you have a very repetitive task).

AutoHotkey can do many many other things, but just two bonus tips while I'm here:

1. Text expander. You often have to type out the same information multiple times – website addresses, email addresses, phone numbers and so on. The Text Blaze extension, as described in [Browser Extensions for the Stretched Health Librarian](#), does this but only works in the browser. For a version that works both on the web and in any Windows program (Universal perhaps?), you can instead use AutoHotkey. The hotstring below will produce my work email (note in passing – happy to try and answer any questions you may have if you try the script) when backslash followed by we (for work email) is typed anywhere. If you follow that general pattern, many useful hotstrings can be created for your specific needs. These can just be listed after the Return in the script provided with the paper (Appendix 1)

```
:0*/we::robpenfold@phcn.vic.gov.au
```

2. Key remapping. Sometimes you may want to remap a key to another one. The remapping below means that tapping the right Alt key on the keyboard now behaves like clicking the right mouse button on a website

```
RAlt::RButton
```

If you find a script useful, you may like it to start every time the computer does. Right click on the script file and Create Shortcut. Then press the Windows key, type Run and in the resulting screen shell:startup. Cut and paste the shortcut link into that window and now the script will start with the computer.

Finally, you don't need to be a programmer to gain value from AutoHotkey. The other day I asked [ChatGPT](#) to write some AutoHotkey code for a somewhat complex task. It completed this quickly and the script worked as desired.

Appendix 1. Template script (copy everything below)

```
#SingleInstance force
```

```
; 0. COMMENT - comments appear after a semi-colon and don't affect the script
```

```
; 1. PURPOSE - This script will display a list of custom keyboard shortcuts when Ctrl 9 is pressed, in a context-sensitive manner, for specified programs and websites. Ctrl 9 (indicated in the script as ^9) doesn't have to be used – it can be replaced by another keyboard shortcut as desired. Refer to AutoHotkey documentation.
```

; 2. BROWSER SUPPORT - The stanza below specifies what browsers are supported.
You can add or remove browsers as per the article instructions.

GroupAdd, Browsers, ahk_exe chrome.exe

GroupAdd, Browsers, ahk_exe firefox.exe

GroupAdd, Browsers, ahk_exe msedge.exe

; 3. APPLICATIONS

; For Notepad

#IfWinActive ahk_exe notepad.exe

^9::MsgBox,

(LTrim

Save - Ctrl S

Search - Ctrl F

Search / Replace - Ctrl H

Time/Date - F5

)

#IfWinActive

; For Evernote

#IfWinActive?, ahk_exe Evernote.exe

^9::MsgBox,

(LTrim

Body - ALT B

Collapse (side) - F10

Highlight - ALT I

Home - ALT H

Keyboard shortcuts - CTRL /

Link - Alt L (insert Note Link)

Menu - ALT then arrows

Move - ALT M (to Processed)

Move - ALT P (to PBD)

Search - ALT S (advanced like tag:p1, search one tag, do again to add another)

Search - ALT Q (recent, tags, notebooks, saved searches)

Search - CTRL F (find within a note, when in note)

Shortcuts - CTRL 1-9 to select (so Inbox Ctrl 2)

Tag - ALT G (when in note)

Title - ALT T

)

#IfWinActive

; 4. WEBSITES

#IfWinActive ahk_group Browsers

^9::

WinGetActiveTitle, WinT

If InStr(WinT,"youtube")

MsgBox,

(LTrim

Captions - C (if available)

Forward 5 - Right arrow

Fullscreen - F

Mini player - I

Mute / Unmute - M

Play / Pause - Spacebar or K

Search - /

Speed up - > (ie Shift dot)

Volume - Up and down arrow keys

)

Else If InStr(WinT,"calendar")

MsgBox,

(LTrim

Day - D

Week - W

Month - M

Year - Y

Sched - A

Search - /

Previous - P

Next - N

Today - T

Go to Date - G (default to today, then C for create)

Create - C

Edit - E

Save - Ctrl S

)

Return

Collaborating on Critically Appraised Topic (CAT) groups: librarians, clinicians and researchers integrating research into practice

Loretta Atkinson

The University of Queensland, UQ Library, Herston

<https://orcid.org/0000-0003-0749-8801>

Natalie Barker

The University of Queensland, UQ Library, Herston

<https://orcid.org/0000-0002-2418-8007>

Lars Eriksson

The University of Queensland, UQ Library, Herston

<https://orcid.org/0000-0001-5060-7706>

Introduction

During 2021, the newly appointed Director of [The STARS Education and Research Alliance](#) (SERA) for the Metro North Health Surgical, Treatment and Rehabilitation Service (STARS) approached the Senior Manager, Faculty Services at The University of Queensland (UQ) Library to invite librarians to work on Critically Appraised Topic (CAT) groups. The purpose of the CAT groups is to bring together experts in their field to work on a clinical question. The Library welcomed this opportunity to partner with STARS to contribute to making informed evidence-based decisions.

Critically Appraised Topic (CAT)

A CAT is a summary of the best available evidence to answer a clinical question and presents a clinical 'bottom line', which is then shared, and the implications taken forward into clinical practice and research. CATs can be used to answer questions about diagnosis, prognosis, causation, treatments, patient pathways, or adverse reactions. CATs can also be used to appraise evidence about health service processes (Foster, 2001).

The CAT process involves bringing together clinicians, researchers, health librarians, and consumers to form a collaboration between research and clinical practice to share knowledge and directly improve patient care. The group work together to develop a clinical question that is answerable, searching and critically appraising and summarising the best available evidence. This work is taken forward to inform clinical practice, quality improvement and research in STARS, UQ and further afield (Foster, 2001)

The purpose of the CAT groups is to translate evidence into practice, to identify areas of clinical practice that require further research, and to foster the critical appraisal skills of clinicians. It also provides an opportunity to collaboratively engage clinicians and researchers in critical appraisal of clinically relevant topics to ensure that clinical practice is based on the best available evidence and to promote an environment to share knowledge (Foster, 2001).

Librarian support

Clinical Librarian support is an essential component of the success of the CAT groups, contributing information specialist skills to refine the clinical questions and provide rapid search results. As such funding from STARS and UQ ensured the fulfillment of two part-time Clinical Librarian positions to support the CAT pilot, equivalent to a total of two weeks full time hours over several months.

The groups commenced in late 2021 with a pilot of five CAT groups that later increased to six CAT groups. These were coordinated by The STARS Education and Research Alliance (a partnership between Metro North Health and The University of Queensland). The pilot included clinicians and researchers from STARS, with a total of 45 nursing, allied health, and medical clinicians, along with health librarians and a consumer. The CAT groups were Orthoptics Team (EyeCAT group), Skin Integrity CAT, Falls Prevention CAT, FIM (Functional Independence Measure) Nursing Workload CAT, Dysphagia in Lateral Medullary Stroke CAT, and Acceleration Rehab in TKA (Total Knee Arthroplasty) CAT.

This multidisciplinary approach enabled team building and different professional perspectives to work together. The outcome of a CAT leads to identifying areas of clinical practice that require quality improvement based on evidence-based practice or identifying areas of clinical practice that require further research. As CATs are created, they are shared via a CAT Bank on the [STARS website](#) with the aim to increase consumer involvement and support evidence-based practice. Results are used to inform research and quality initiatives and to improve clinical certainty.

The librarian's role in the CAT is to help refine the research question into a PICO (patient/population, intervention, comparison, and outcomes) format with the goal of producing a searchable topic. The group will meet to discuss the topics and the issues related to the question to define what the agreed need and meaning of the topic is. Once the question has been finalised the librarian will then interrogate the literature to produce a short list of relevant results which is distributed to the group. This list is created from the EndNote Library, including titles and abstracts by copying formatted references in an annotated style into Word. The group members, including the librarian, review the list and look for papers that answer the question that provide the current best available evidence. This often includes focusing on higher levels of evidence provided by meta-analyses, systematic reviews, and randomised

controlled trials. The goal is to find a paper or papers that can be appraised by the group. Once the paper or papers have been selected the group will meet to discuss the merits of the paper using an appraisal tool such as the [CASP](#) (Critical Appraisal Skills Programme) checklists. Once the group has agreed upon the appraisal, a clinical bottom line is produced and communicated. The process for CATs at STARS is described in detail on the SERA website -

<https://metronorth.health.qld.gov.au/stars/wp-content/uploads/sites/18/2022/09/sera-cats-process.pdf>

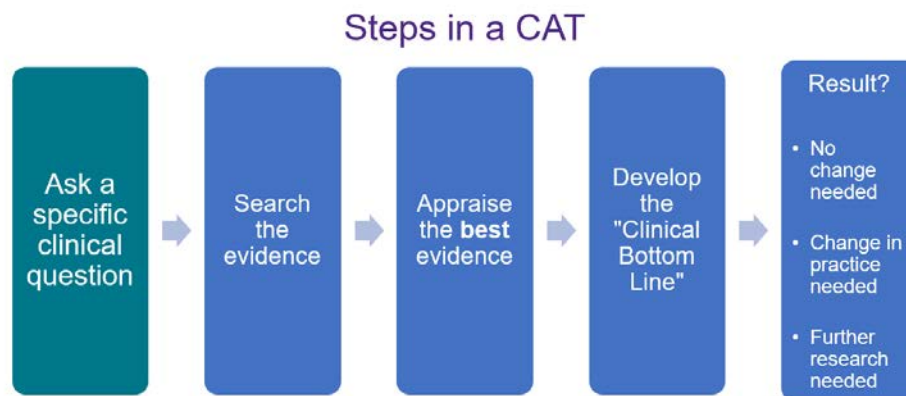


Image: Steps in a CAT (Source: YouTube video created by UQ librarians for a [short introduction on developing questions for CATs](#) linked on the SERA website - <https://metronorth.health.qld.gov.au/stars/education-research-alliance/activities>)

Outcomes

Health librarian support was understood to be critical to success and STARS are continuing with this model in 2023. CATs form part of our STARS partnership with clinicians, researchers, health librarians and consumers, bridging the gap between research and clinical practice, providing opportunity to share clinical knowledge and research skills, and ultimately improve patient care.

The librarians who participated in the initial round of CAT groups produced a short video for clinicians covering an introduction on developing questions for critical appraisal topics. This video is linked to the [STARS Alliance Activities](#) webpage.

From a library perspective, CAT groups provide a unique opportunity for librarians to work closely with clinicians, researchers, and consumers to answer important clinical questions to ensure clinical practice is based on the best available evidence.

The CAT process has worked well, and it has provided an opportunity for the librarians involved to work as peers with clinical staff. The teams are very receptive to the input from the librarian and include the librarian in both the selection and appraisal of the evidence. The opportunity for librarians to help coordinate the CAT

process has made the outcome easier to achieve and of better quality. The librarians have enjoyed the opportunity to work on topics that are clinically relevant and may impact patient outcomes. The key capabilities in working as a librarian involved with a CAT include flexibility, the ability to use the research databases to find evidence and communicating with diverse teams.

As a result of this collaboration, librarians are also able to promote library services and resources to a diverse client group, including hospital staff, academics, researchers, students, and community members. After working together on a CAT group, a clinician establishing a STARS Journal Club invited a librarian to support the group by demonstrating database searching to find key articles for their priority clinical topic.

Conclusion

The pilot of the CAT groups received positive feedback and was considered a success. As a result, a second round of CAT groups commenced in 2023 with another seven clinical questions. Librarian participation in the CAT groups ensures expert and specialist skills are embedded in the process and gives librarians the opportunity to collaborate and partner with clinicians and researchers to improve health outcomes through integration of the best available research evidence into clinical practice.

References

Foster, N., Barlas, P., Chesterton, L., & Wong, J. (2001). [Critically appraised topics \(CATs\): One method of facilitating evidence-based practice in physiotherapy](#). *Physiotherapy*, 87(4), 179-190.

The Asia-Pacific Health, Law And Special Libraries Conference

The Asia-Pacific Health, Law and Special Libraries Conference was a virtual event held from 13-15 June 2023. The conference's website, including program and speaker details, can be viewed [here](#). Several attendees were asked to record their thoughts on the conference. Their reflections are presented below.

Peter Murgatroyd

Library and Knowledge Services Manager | Te Whatu Ora Health New Zealand, Counties Manukau

(Peter was one of the conference convenors. The text below is an abridged version of his summary delivered to attendees at the end of the conference.)

The theme of our conference has been Connecting. Recent years have brought changes to the way we live and work, where we live and work and how we interact. Connecting with each other, with our communities and cultures, with technology, and with information have become more critical than ever before. This Conference has explored our learnings from recent challenges and focused on the opportunities for the future.

The conference has brought together a diverse range of abstracts and presentations from library professionals across the health, law and special library sectors from across Australia and New Zealand. We have had insightful and inspiring keynotes from both Australia and New Zealand and as far afield as Canada and the United States. The theme of the conference was 'Connection' and the goal was to provide a space to share common challenges and opportunities across the profession, to learn from each other and to broaden both our understanding and our professional networks. From bridging divides and finding common ground to addressing challenges in mid-career, exploring the impacts of AI, Open Access, advocating for libraries, designing digital libraries, combating misinformation, and managing services in small teams, several common themes emerged:

Bridging Divides and Finding Common Ground: The conference recognized the increasing polarization in society and emphasized the importance of finding common ground, understanding diverse perspectives, and building trust. Whether it was in the context of personal interactions or professional collaborations, Jehan Casinader highlighted the need to connect with people who may differ from us in various ways.

Adapting to Change and Overcoming Challenges: The presentations highlighted the evolving nature of the library profession and the challenges that information

professionals face. From navigating changes in organizational structures, addressing burnout and stagnant wages, to dealing with the disruptive influence of AI and misinformation, attendees gained insights into strategies for thriving in the face of adversity and driving positive change. Brandon West introduced us to the concepts of “vocational awe” and “slow librarianship” and reminded us that we all deserve to thrive.

Advocacy and Value Demonstration: Advocacy for libraries emerged as a central theme, emphasizing the importance of highlighting the value and impact of library services. Speakers emphasized the need for information professionals to effectively communicate the value they provide to their communities and to be aligned with their organisation’s vision and goals.

Digital Transformation and Design Thinking: The conference explored the evolving landscape of digital libraries and the need for information professionals to embrace digital transformation.

Misinformation and Information Literacy: The conference recognized the challenges posed by the spread of misinformation, particularly in the health domain. Speakers emphasized the role of information professionals in countering misinformation through evidence-based communication, providing accurate resources, and promoting information literacy to empower individuals and communities.

Collaboration and Teamwork: Collaboration emerged as a key theme across several presentations. Whether it was working in small liaison librarian teams, collaborating with learning and teaching teams, or fostering collegiality within our organisations, the value of collaboration in delivering effective library services and meeting stakeholder needs was underscored.

The conference emphasized the commitment of information professionals to social change, community engagement, inclusivity, and adaptability in the face of challenges. In our opening keynote Lisa Given stated that “social, cultural and economic wellbeing is at the heart of librarianship”. This theme was echoed throughout. Virginia Barbour stated that “a system wide shift to an equitable, bibliodiverse, open ecosystem requires political will and global collaboration”. Gemma Siemensma closed her lightning talk with the clarion call “Speak up. You can make a difference!”

I believe we can and we do.

Our presenters Ramona Naicker and Michela Goodwin demonstrated the difference they are making to fight racism and to address cultural bias.

The conference underscored the importance of building connections, leveraging emerging technologies responsibly, and demonstrating resilience. It has I believe been a success and I hope the seed for renewed interest in greater cross sectoral and trans Tasman collaboration in the future.

Helen Skoglund
Manager | Barwon Health Library

The Asia-Pacific Health, Law and Special Libraries Conference certainly lived up to its theme of 'Connecting'. It was an extremely relevant theme as we navigate re-connecting after the pandemic: connecting with each other; connecting our patrons to our library services and resources; as well as ensuring that we are providing well-balanced and relevant evidence as a matter of course. The program explored all aspects of connecting, whether it be through inclusion, innovation, or collaboration.

The presentations on inclusion were both moving and thought-provoking. We were told about the inequity and under-representation in current research and about the negative health impacts this has on minoritised populations. Strategies and discussions on how to educate and bridge these divides should be front of mind when providing health evidence to our clinicians.

Speaking of evidence, there was a very entertaining presentation on the misinformation dilemma; the underlying message was the importance of providing evidence-based information to debunk harmful misinformation. This led onto a great session by the Austin Health Librarians discussing their research into what health libraries are doing to address this in the health care community.

Connection through innovation is a familiar theme for librarians, whether it be keeping abreast of new technology or dealing with a lack of technology because of cyberattacks. It is an ongoing job of adaptation—but being librarians, adaptation is our superpower. The presentations on this topic showed that we must keep abreast of new technologies, learn how they work and how to use them, but also be able to quickly adapt to provide a library service if all technology goes down.

Connection through collaboration is important for librarians as we advocate for our libraries and staff while battling cost-cutting and space restrictions. The presentations on the value of library newsletters, library journals, and liaising with stakeholders as well as with peers, showed the worth of these tools in promoting and fostering library services.

The Asia-Pacific Health, Law and Special Libraries Conference was informative, entertaining, and thought-provoking. I look forward to the next conference, where we can all connect again.

Joanne Whitcombe

Liaison Librarian, University of Southern Queensland, Toowoomba

The ALIA Special Libraries Conference left attendees feeling inspired, informed, and connected. The 3-day online conference featured a diverse range of topics and created a vibrant space for attendees to share ideas, experiences and discuss emerging trends. Despite the virtual platform, each of the keynote speakers were engaging, the Q&A sessions fostered meaningful discussions that provided new ideas and perspectives, and the plenary sessions and lightning talks delved deeper into more specific areas of interest.

As someone who moved into a managerial role, then moved halfway around the world and into an adjacent sector, the session that resonated most with me was Brandon West's "Thriving in Your Mid-Career". In the ever-evolving landscape of librarianship, navigating your career as a whole can be exciting and challenging in equal parts and West presented their individual experiences and shared approaches to succeeding in the middle of one's professional life. Librarianship is a second career path for many, which raises the question: what exactly *is* mid-career? West suggested that it was more a state of mind where you have a level of proficiency in your chosen area rather than a notion of time served.

Much of the CPD available to information professionals focuses on acquiring the skills and knowledge to advance to a managerial role, but what are the alternatives and what development and mentoring opportunities are there for those who don't see themselves moving in those roles? West addresses this in a new book (co-edited with Elizabeth Galoozis), [Thriving as a mid-career librarian: identity, advocacy, and pathways](#).

Although aimed at mid-career librarians, West's advice rings true wherever you may be in your professional journey. If you are starting out, take time to reflect on your passions and aspirations, then set clear goals to create a career plan aligned with your strengths and long-term objectives. If you are already in a leadership role, model positive work-life behaviours and empower your team to make changes that allow them to thrive both in and out of work.

Librarians often face mounting responsibilities that can lead to burnout if not managed effectively and the concept of vocational awe can lead to job creep. West likened one's work life to the life cycle of a flower. Just as we should not expect a

flower to produce endless blooms, we cannot expect librarians to constantly perform at their highest level. Instead, West stressed the importance of effectively managing work-life balance, deprogramming unhealthy professional habits, and emphasised the need to find the time for personal pursuits and self-care to rest, recover and prepare for new challenges and professional growth.

West suggested that thriving in your career is an act of resistance – resisting the extra workloads, the scope creep and reclaiming agency. Just as flowers need a supportive ecosystem, your career will benefit from a support network of mentors, colleagues, and like-minded professionals, both within and beyond the library sphere. Cultivate meaningful professional relationships, seek guidance, and collaborate with others to enhance your growth. So, wherever you are in your professional journey, embrace the opportunities that come your way, but remember to take the time to regroup and recentre when needed, and with careful planning and nurturing, allow yourself to bloom.

Susan Smith

Library Manager | Mid Cheshire Hospitals NHS Foundation Trust, Crewe UK

This is a reflection on the Asia-Pacific Health, Law & Special Libraries Conference – Advocating for your library within your organisation. It was a panel discussion with Anna Griffith (Albury Wodonga Health), Erin Cairney (MinterEllisonRuddWatts), Lisa Paul (Ashurst) and Peter Murgatoyd (Te Whatu Ora Health).

Sharing advocacy techniques is always a thought-provoking discussion that makes me think what more can we do, but also it is something which highlights the commonality that exists across all libraries. This session made me travel back in time and reflect on my own journey and how I have used advocacy.

When I first started in my role at Mid Cheshire, it was a new role, coming in as NHS staff to an academically run library service. Staff felt threatened by my presence and on the first day I was hit by a list of demands and told what I could do and couldn't do. My job title was Senior Librarian, which matched the title of the Liaise Librarian from the University, so we were perceived in equal standing. We were governed by a partnership meeting led by a consultant who was paid to be an honorary librarian.

The first thing I need to do, was advocate for self. I listened to the staff and within 3 years achieved the impossible list they gave me and engaged them in all decisions. As part of a leadership course, I completed a 360 degree review of my leadership style and openly shared it with the team with my action plan for improvement. I shared some of the personality tests and got them to join me in my journey. I couldn't expect them to improve or change unless I was willing to do so as well.

Once the team was on board a real pace of change started to happen in the library and it united us in how to better care for our users. We rebranded the service, with a greater focus on digital and ease of access to resources.

Within the steering group the challenge was much more political, and I needed to understand the varying priorities and agendas. I had to establish Trust between the organisations. Again, transparency, compromise and advocating for all partners was key to being able to pass the changes in the service and eventually disband the honorary librarian role and move the meeting to a more strategic meeting of partners, rather than oversight until it was disbanded. At one point I really had to stand my ground and not back down with the consultants and by the end of the meeting I got a nod of approval. It taught me a lot about resilience and knowing yourself and how you relate to others and are perceived. I aimed to be someone who was approachable, a problem solver, efficient and innovative. I remember my line-manager at the time discussing the corridor reputation I was beginning to build.

The library however is not down to an individual, it is down to being a team and the need to advocate for the service. It involves the recognition of the individuals in the team and the public acknowledgement of the work they do. I found it was something they appreciated in private but were less comfortable about sharing the success. Around this time, I became involved in a national task and finish group working on an [impact toolkit](#). Locally we didn't have a big research department, we have very few people in each team so our usage figures for resources were always going to be low, so where others could do cost per download and prove value that just didn't work for me and likely never could. This work formed the basis of the highly successful [CILIP's #MillionDecisions campaign](#).

On a local level seeing the actual difference libraries made to staff and patients was a great boost to morale. Collecting case studies of where the library brought about change and made cost savings, could be aligned to Trust objectives, and using impact storytelling helped to advocate for the library internally and build its profile. Most reports I do still have an impact quote, as do many of the conversations I have with people.

The case-studies also helped advocate as a profession, it demonstrated the power of networks and storytelling and the cases from other libraries could be used locally to leverage new business cases. I used social media and emails to target people to share and see if this was something worth replicating. I am a strong advocate for the power of library networks. I also think it is important to move outside of your comfort zone and find new spaces and networks to show case what libraries can do. More recently I have been seconded to NHS England to support the development of a PG Cert in Clinical Data Sciences for non-informaticians. There are 10 funded places for health librarians in England a year and this places us alongside clinicians when

exploring practical applications of data and AI. The course is forming an alumnus which will allow participants to stay in contact beyond completion. By getting outside of your comfort zone, this is where you learn more about the people you work with and extend your thinking. This knowledge can then be fed back into the organisation and this work is informing a digital literacy discussion I am having with senior leaders in the organisation and the role the library places alongside Digital Clinical Systems and how we can overcome the challenges of putting research and guidelines into practice by improving the format and making more accessible at point of need.

It is also important for me to advocate for the organisation; I support the Trust in recognition of its innovation. I am heavily involved in the Reward and Recognition workstreams, leadership coaching, part of the Quality Improvement Facility and the Executive Workforce Assurance Group. This is about advocating the organisation for recruitment and retention and supporting others to share good practice outside of the Trust.

I agreed with the panellists with many of their solutions, whole-heartedly you need to know your audience and communicate in a style and way that is relevant to them. There are two ways to be motivated, 'Away From' and 'Towards'. I am a 'Towards' person who looks to the future and sees a goal we are heading towards in the future. Most NHS organisations are 'Away From' and it isn't about some future place, it is about mitigating risks. It is something I really need to be mindful of when communicating digital transformation or reframing where the library sits. It is useful in the fact that by continually solving larger organisation problems, you become more relevant to the service, but it can feel limiting and there is a more informal network of others with similar motivation who are more apt at taking risks and driving innovation.

In terms of challenges to service the biggest one recently has been withdrawal of our academic partners. This, however, is a real opportunity for us to refocus the service and like many of the panellists we are heavily weeding our collections to be more up to date and have good breadth. The priority however has been looking to the future and understanding where the library needs to position itself in a world of evolving technologies, how do we ensure effective knowledge transfer and evidence is more than data and has the research and patients at its core. We will be going through a new rebrand to promote some of the key changes and share the ways we are working with departments and leaders to support workforce transformation, horizon scanning and driving change as well as more traditional embedded services working alongside departments.

The restructure of library space has been important. We have always positioned ourselves as a safe space and one which can be used in emergencies. We have been supporting a health & wellbeing drop-in for strike action, temporary housing for a

team with a recent ceiling collapse, action centre for emergency preparedness, store for other departments. By being willing to compromise, helpfulness and sharing the value of the space for informal meetings with patients or external suppliers, holding interviews, studying, arts projects, wellbeing support, teaching etc the library has become a community space with greater reach beyond our usual members. We invited the Electronic Record Staff to share the library office, and now everyone who joins the Trust needs to visit us to get their staff card. Given this flex has ensured that the library has always remained in control of its space, and we get asked to support, rather than just taken over as has happened in other areas of the organisation as space is at a real premium.

One key difference we have experienced from the panellists is around funding. The value of the library is seen to be in the expertise of the staff and not the collection. We have taken hits to the budget several times and used innovative collaboration to jointly procure, and worked with the Copyright Licence Agency to improve who we can share information with across the NHS. Having this national buying power needs to be tempered to achieve value so there is a split between national, regional, and local procurement to ensure competition and achieve national value. We can prove innovation and willingness to meet our cost improvement cuts but managed to slowly improve our offer on less funding. The national offer gives us a base line and equity of service, the smaller local budget helps to tailor to local needs. We can normally turn around requests in a day, but it is often balanced by other services such as evidence summaries.

To me advocacy is multilayered, but it is based on relationships and expanding networks. It is about listening and understanding your stakeholders and finding a way to solve their problems and supporting people through and to drive change. The value and the impact of the service can be identified from both the successes, but also from sharing the failures and helping to create a learning health system to shape the future of healthcare. The risk of not doing so is patient safety, poor health outcomes, litigation, wasted expenditure, being non-competitive and loss of staff. Is there more we can do? Always. Locally there is more we can do to promote and evaluate our stock and create more transparency in our data as well as the impact case studies, but also more we can do to build the evidence base for librarianship through research to validate, support and share the work we are doing. Key action I will be doing from the session is exploring the use of PowerBI to do more with statistics.

Library and Information Week 2023

This year Library and Information Week was held from 31 July to 6 August, with the theme of "Where's the Source?". Here is how some health libraries celebrated the occasion.

Health Libraries Australia ran a trivia quiz throughout the week, via the ALIAHealth e-list. Two prizes were awarded for correct answers each day.

The Questions

- 1) At the beginning of the correspondence section in each new issue of the *New England Journal of Medicine*, who is pictured writing medical notes, and in whose temple is he or she sitting?
- 2) Whose lecture began about 8 O'Clock on Wednesday Evening, Oct 1., 1823, delivered at the Theatre, St. Thomas's Hospital, to an audience upwards of 400 students, of the most respectable description, so genteel a surgical class as never before witnessed, gentlemen of cultivated manners and good education?
- 3) What is the minimum number of peer-reviewed articles a journal must publish to be considered for inclusion in Medline?
- 4) Dr Waldo Nelson dragooned his wife and three children into helping him compile the index for "Nelson textbook of Pediatrics". How did his daughter Ann gain her retribution?
 - a. she ran over him with a lawnmower
 - b. she put a horse's head in his bed
 - c. She introduced a line in the index. Under "birds, for the," she listed the entire book, pages 1-1413
 - d. she successfully sued for royalties
 - e. she pursued a career in geriatrics
 - f. all of the above
- 5) Correctly spell the last name of HLA's convenor

The Answers

- 1) Hippocrates writing his medical notes in the temple of Asclepius begins the correspondence section of each issue of the New England Journal of Medicine.
- 2) "Sir Astley Cooper", as reported in the first paragraph on page 3 in the first issue of the first volume of The Lancet.
- 3) 40 peer reviewed articles before NLM will consider a journal for Medline inclusion.
- 4) The correct answer was C, as always. The wife of the author of "Williams Obstetrics" did something similar, helping with the indexing and inserting "chauvinism, male, 1-1130 pages".
- 5) Siemensma, Gemma

Awareness Raising For A Hospital Library

Natasha Bradley

Director | Library and Information Literacy Services, Northern Health

Library and Information Week (LIW) 2023 presented the perfect opportunity to raise awareness of Northern Health library across our multisite healthcare organisation. Northern Health has 4 physical locations in northern metropolitan Melbourne and we were excited to get to know each health service in more detail. With a relatively new team in place, making connections with colleagues at sites without a physical library was important, as well as establishing the best format and location for recurring site visits in a pop-up library format.

In preparation for the week, we worked with site managers to confirm appropriate dates and times for each site to identify optimal times and site locations to connect NH staff and the library team.

Our Library and Information Week visits to each site were promoted to staff via a regular weekly meeting of hospital managers, the Northern Health Intranet, an organisation-wide screensaver, a timely all staff reminder email to staff at each site, and a story on our internal newsletter, iNews. This story was also distributed via the NH LinkedIn account, and garnered an encouraging set of interactions with the post.

We also created a postcard which highlighted popular library services, including Quick Links to the relevant eLibrary page. This was well received by staff.

Northern Health Library

- Request articles
- Request a literature search
- Learn how to confidently navigate and assess health research and information
- Access point of care tools

Scan QR to Join NH Library



Northern Health Library Quick Links

eLibrary Home : bit.ly/NHLibHome

Request Articles / Books : bit.ly/NHArticles

Point of Care Tools : bit.ly/NHPoC

Request a Literature Search : bit.ly/NHLitSearch

nhlibinfo@nh.org.au 8405 8728

We visited a different site each day to a particularly warm and engaged reception from NH staff less used to onsite library services. As well as friendly library and resource awareness chats over the course of our 4-day campaign we engaged in everything from resource training sessions, referencing queries, book loans from our mini-display and awareness-raising opportunities from areas who previously thought the library had little to offer their department.

We tracked a total of 220 library-focused interactions during LIW and netted a 12% increase in library memberships.

Critically, mobilising the library for LIW was not only awareness-raising for NH staff, but also for the library team, who gained a better sense of the interests of staff at each site and extended our relationships within Northern Health as a whole. LIW facilitated both a better awareness of the library services, as well as our intention to regularly visit sites in the future.



NH Library team member, Jade, at our Broadmeadows library stand. Credit: Erica Hateley

Library and Information Week at SCHN: the source of our success

Alana McDonald

Senior Librarian | Sydney Children's Hospitals Network

Alana.McDonald@health.nsw.gov.au

Karen Jackson

Information Services Librarian | Sydney Children's Hospitals Network

Karen.Jackson1@health.nsw.gov.au

Introduction

The Sydney Children's Hospitals Network (SCHN) Medical Library has regularly participated in Library and Information Week (LIW), with varying degrees of engagement from SCHN staff. SCHN has approximately 6500 staff, with approximately 70 researchers and 3700 clinical staff, both of which have been our target populations for our LIW activities. Our LIW programs have ranged from a Whodunnit murder mystery, online quizzes, tutorials, workshops and more. In 2016 and 2017 we ran "Library Month" throughout the entire month of May, which was then scaled back to a week from 2018 onwards.

Prior to 2023, our most successful LIW was in 2017 when we held in-person and virtual escape room activities, a morning tea, a cake stall and a range of training sessions across all of May including:

- EndNote
- Ovid
- UpToDate
- CINAHL
- Measuring research impact
- Searching
- ClinicalKey

While the measuring research impact session, cake stall and escape room activity were popular with patrons, other sessions were not well attended. Many sessions were face-to-face, which made them difficult for busy clinical staff to attend. Our goal in previous years was the promotion of the library and its services, and so no statistics were recorded.

Library & Information Week 2023

During our Library planning day in January, the team decided to plan a comprehensive program for LIW 2023 and to track the outcomes. Our aims were to provide engaging training sessions, share key library resources and promote the library generally.

Once the theme was announced we swung into action and began brainstorming the events we wanted to offer.

Training sessions

We offered sessions on presentation design (Presentations that Pop and Introduction to Canva), online resources (UpToDate, Covidence and Cochrane resources) and tools to support research (using the Systematic Review Accelerator and measuring research impact).

We promoted our activities in weekly news bulletins, on the staff intranet homepage and by directly emailing contacts who would forward on information to their networks.

SCHN staff were asked to register for sessions and sent Teams invitations. This was partly to track interest, but also to ensure staff would be reminded of sessions. All staff who registered received the PowerPoint slides and handouts and the presentation recordings were available to view for all SCHN staff on our Library & Information Week guide for a two-week period. All but one of the training sessions were held online to allow staff from both the Randwick and Westmead locations to attend.

We made a point of offering a variety of topics and limited the amount of external training to two sessions, as webinars and videos for library resources are readily available and we wanted staff to feel that our LIW offerings were out of the ordinary and to promote our in-house expertise. We chose UpToDate, due to its popularity with staff, and Covidence, as it is a newer resource and highly relevant to all staff involved with research.

Canva and PowerPoint were offered by Grace Leo, a Research Fellow with significant expertise in this area. All other sessions were led by library staff. Most sessions were offered online and had unlimited capacity, however Canva was offered as a face-to-face workshop with a maximum of ten participants. An additional Canva session was added to meet demand and staff who missed out could register their interest for future sessions.

Labcoats in the limelight received six registrations, but unfortunately had to be postponed until a later date due to speaker unavailability.

Library resources

Library guide

We created a library guide page via LibGuides which became the hub for our LIW activities. The guide included a timetable for all sessions with booking links,

information about all our LIW events, our source of the day, videos and daily Wordle competition.

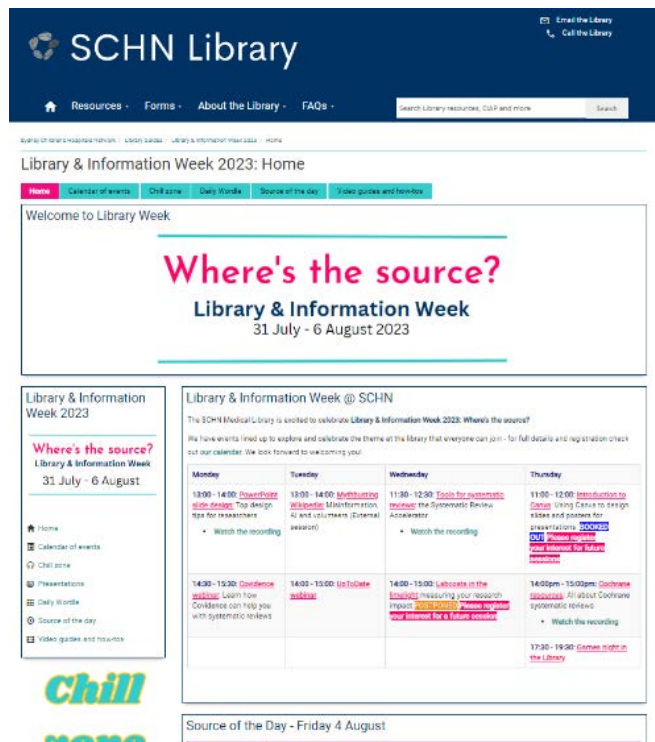


Figure 1: LIW guide front page

Source of the day

We had five resources that we promoted during LIW. These were either new and/or underused resources, or new aspects of popular resources. This encouraged staff to come back to the LIW library guide each day.

- **Monday:** UpToDate, particularly CPD/CME credits
- **Tuesday:** AccessMedicine
- **Wednesday:** Cochrane Library
- **Thursday:** CIAP's Evidence-Based Practice modules
- **Friday:** CIAP podcasts

We also subscribed to an AccessPediatrics trial during this period, as an additional resource to promote.

Videos

We had spent the months leading up to LIW developing a suite of short FAQ-style videos that covered a range of topics such as how to request an article or book a group study room. These were officially "launched" during LIW and promoted on our library guide.

Promotion

Wordle

Our daily Wordle competition served two purposes; it increased engagement with the library while also encouraging staff to return to the LIW guide daily to complete the new Wordle. The words were broadly related to LIW and we encouraged staff to look through the guide for ideas.

Chill zone

Inspired by other libraries' clever use of space, we set up a chill zone for LIW for staff to take some time out and relax. The chill zone was in a corner of the library with lounges next to a large window. Activities such as Lego and colouring, fidget and stress toys, tea/coffee/hot chocolate, chocolates and free pens we left on a table for staff. The aim of the chill zone was to explore the possibility of repurposing some of the library's spaces while also encouraging staff who may not have been in the library before to visit.



Figure 1: Chill zone

Board game night

We held a board game night to further promote the library space while offering something fun and specific to LIW week. We didn't require registration for this and staff were encouraged to just drop in at any time during the two-hour session.

Results

Training sessions

Overall, 76 participants registered, for a total of 163 session registrations*.

Session	Registrations	Attendance
PowerPoint	40	Unknown**
Covidence	16	10
UpToDate	14	Unknown
Systematic Reviews	28	At least 10
Canva 1	10	3
Canva 2	10	6
Cochrane	19	7
TOTAL	137	36+

Figure 3: Registration and attendance for individual LIW sessions.

* LabCoats in the Limelight, which had to be postponed, received a further 6 registrations. We also received another 20 Canva waitlist registrations from staff who missed out on a place in our two face-to-face workshops.

** We were unable to calculate the total attendance as training sessions were organised in Microsoft Teams via our shared library account. The UpToDate session was organised via UpToDate and attendance statistics were not provided to us following the session.

Although the link to training sessions was emailed to participants and made available on our LIW guide, we were also unable to view these statistics. However, we did receive some verbal feedback that having recordings available after sessions was helpful.

A follow-up survey was sent to all registrants which received 9 responses. One participant noted they were only able to attend one session, yet rated every session including those without available recordings, so their ratings have been excluded with the exception of the session they attended.

Session	Number of responses	Average rating (out of 5)
PowerPoint	8	4.8
Covidence	2	4.5
UpToDate	2	5
Systematic Reviews	2	5
Canva	5	4.8
Cochrane	2	4.5

Figure 4: Participant session ratings.

Participant feedback

Participants noted that the highlights of LIW were the PowerPoint and Canva sessions and requested that these be repeated in the future. The Wordle competition was also popular.

Resources

Videos

Our videos were only viewed once or twice during LIW, but we received positive verbal feedback from several staff. This was consistent with our expectations, as the information they provide is quite specific and only relevant at point of need.

Library Guide

Although we haven't retained all library guides from previous LIWs, one page of our 2017 virtual escape room guide received 60 hits, while the front page of our 2018 guide received 128. In contrast, our 2023 guide received an impressive 845 views, with 236 of those being our calendar of events.

This increase in engagement continued throughout the rest of August, with 115 views to our LIW guide in the following week. Other guides also saw an increase in views including Critical Appraisals (July: 9, August: 30), Endocrine (July: 16, August 35), and Paediatric Feeding (July: 4, August: 63)

Promotion

There was a significant difference in the number of visitors to the library, with 5479 people in August compared to 2243 in July, suggesting that our promotional activities did result in increased engagement.

Wordle entries

We had 57 total Wordle entries with five people entering every day, which was a good level of engagement. We gave away four prizes; first, second, third and a "lucky draw prize" to an entrant who had submitted all five correct entries.

Chill zone

The chill zone was rarely used during the week, although the chocolates, tea and coffee, and pens were popular. The lack of use suggests that this this would not be a good ongoing use of our space right now. Some potential reasons for the underuse of this space may include limited staff time to get away, and the fact that the chill zone was in an open area of the library which may have led to staff feeling self-conscious about engaging with the space.

Board games night

We received a lot of interest in our board games night although only two staff attended. Despite this, we are considering offering further board games nights in the

future if there is further interest as the staff who attended gave very positive feedback.



Figure 5: Games night in the library

Lessons learned

Technology

With the majority of our programming being virtual, using LibGuides was an excellent way to centralise all LIW information while also promoting additional library services. In particular, we were able to quickly and easily hide or publish certain elements such as recordings and the daily Wordle question.

We had to change our Wordle competition midway through the LIW due to technical issues, pivoting to the official New York Times Wordle for the rest of the week. To eliminate this issue in the future we will ensure any competitions we run can be hosted via our own pages rather than linking out to external sites.

Although the sessions ran well over Teams, we were unable to retrieve attendance information and recording views as the sessions had been created using a shared library email that did not have an associated Teams login. This was done so that calendar invitations were sent from the library rather than an individual staff member. However, due to this we were unable to access meeting organiser statistics. As we hadn't held training sessions via Teams in this way before, we weren't aware of this until partway through the week. We would probably still use a shared email in future, but make sure that we recorded attendance during the session, or host sessions via another platform such as Zoom to make statistics easier to record.

Time

We began planning for LIW in January at our staff planning day and by the end of April we had an outline of the training sessions we wanted to offer and were able to organise speakers well in advance. Our team met weekly which helped us keep on track and keep across what still needed to be done. By early July we had finished the

LIW library guide and were working on final drafts for training sessions and the staff-wide comms.

Creating the library guide was time consuming but we were really happy with the end result, and the skills we used building the page are transferrable to our other LibGuides.

Overall, these things were well worth the effort but were only successful because we were able to allocate enough time to them.

Program

Offering a variety of programming including new, unique sessions increased engagement and perceived value of LIW activities. Limiting the number of external training sessions was particularly successful as we were able to focus on those that were most relevant, while tailoring our in-house sessions to meet SCHN staff needs. The overwhelming popularity of our PowerPoint and Canva sessions demonstrated a significant demand for training in this area as well as a lack of current learning opportunities for staff. We are now investigating ways in which we might be able to address this need, while also acknowledging limited library staff time and that these sessions fall outside our core business.

Our chill zone was an experiment in repurposing some library spaces. Rather than simply providing activities as we did during LIW, a more successful approach would be to take into consideration the ways our spaces are currently used. As parts of the library are already used for relaxation, we are investigating how we can support this through adding additional resources such as cushions or charging points.

Advertising

A large part of our success this year was due to increased promotion. We contacted our PR department well in advance to ensure LIW was included in weekly bulletins, the fortnightly Chief Executive update and on the front page of our staff intranet. We also sent out emails to targeted areas including Education and Research, which resulted in a significant spike in registrations. Taking the time to develop an advertising strategy is critical and an area we will continue to focus on in future years.

Simplicity

We used colours and fonts from the SCHN brand guidelines to create a logo for our library guide and carried the colour scheme across our signage, posters and email signatures. The library guide had a clean, clear design that made it easy for people to navigate and explore. This consistency resulted in strong branding that assisted with promotion.



Figure 6: LIW promotion poster

Our booking form was intentionally designed to be simple, enabling participants to tick all sessions they were interested in attending with a single submission. Library staff then transferred this information to a spreadsheet and sent out calendar invitations. Although this system was more time consuming for us than many alternatives, it made minimal demands on participants, leading to increased bookings as a result.

Following the success and popularity of this year's LIW we are looking forward to building on what we've learned and continuing to offer engaging programs tailored to our staff at SCHN.

Grampians Health celebrates Library Week by empowering access to reliable healthcare information



Grampians Health's Library Manager Gemma Siemensma

Grampians Health is celebrating Library and Information Week 2023 from 31 July to 6 August by recognising the invaluable role that librarians and libraries play in providing access to credible sources of information to healthcare professionals.

Library and Information Week highlights the critical role that libraries play in helping researchers, readers, clinicians, and carers enhance their critical literacy skills to access reliable knowledge.

"This year, librarians are encouraging researchers, readers, clinicians, and carers to increase their critical literacy skills with the help of their local librarians," said Gemma Siemensma, Grampians Health's Library Manager.

She emphasized that librarians were health information professionals, and they played a key role in delivering research-derived data, information, and knowledge to healthcare clinicians, managers, policy-makers, educators, and researchers.

The dedicated librarians across all Grampians Health campuses assist individuals in understanding where information originates, why it appears in a specific way, who created it, who owns it, when it was created, who funded it, and whether it is factual.

"The use of evidence-based practice ensures that clinical practice is based on sound evidence and patients benefit as a result. Using evidence-based practice also results in more consistent clinical recommendations and practice across the health service," said Ms Siemensma.

Grampians Health Libraries provide essential support to clinicians and researchers by offering access to current, accurate information. This access allows staff to advance their research and medical knowledge, contributing to improved patient outcomes. The libraries' wealth of resources, combined with the expertise of librarians, ensures that the right information reaches the right hands, making it a cornerstone of the health service's success.

To mark Library and Information Week, Grampians Health has invited all staff to participate in an engaging Online Treasure Hunt. By exploring the library's tabs and answering a few questions, participants have a chance to win one of two \$50 gift vouchers.

"Grampians Health Library is a trusted resource for finding the latest and best sources of evidence in medicine, nursing, and allied health research," said Ms. Siemensma.

"We are celebrating Library and Information Week with the aim of fostering critical literacy skills, promoting evidence-based practice, and empowering our staff to make informed decisions for the benefit of patients and the wider healthcare community."

[This was a media release prominently promoted throughout Grampians Health].

Promotional material by NT Health Library Services for Library and Information Week 2023

Title	Where advertised:	Example:
Where's the source video (and competition QR code)	- Library televisions (3 locations) - Corporate Health building television (1 location) - Library website homepage - Library monthly eNewsletter (via email to all NT Health employees)	 (Video in online supplementary files)
A3 critical appraisal (and competition QR code) poster	- Library walls (3 locations) - Toilet stall doors near library (1 location) - Various wards and staff tearooms (3 hospitals)	Included as Appendix A
Critical Appraisal competition	LibWizard Quiz https://nt-health.libwizard.com/f/LibInfoWk23 QR code available through: - Video (online) - Poster (physical spaces)	Included as Appendix B
Key take-aways:		
- A client had good feedback saying they loved the poster and wanted the designer to assist them with their presentation files for an upcoming presentation. - Quite a few people stopped to watch the video on the tvs as well. Video was well received. - Common issue we found was staff thought the event was for the public (were confused when we asked to go to tearooms even after explaining). - We received 8 responses to the Quiz, though it was only active for the work week.		

Appendix A



Where's the **SOURCE?**



 Library & Information Week 31 July – 6 August 2023

A SOURCE IS A FORM OF TRUTH TELLING.

It can invigorate, enlighten and pique our curiosity at the same time that it can activate our scepticism.

Check the validity of a source with the critical appraisal tool CRAAP!



CURRENCY

- Was it written recent enough to be accurate?
- Has it been revised or updated?
- Do the links work?



RELEVANCY

- Does the information relate to your topic or answer your question?
- Who is the intended audience
- Have you checked other sources



AUTHORITATIVE

- Who wrote, published, or publicised it?
- What makes the author an expert?
- Are they backed by an institution? or are they a primary source?



ACCURATE

- Is there supporting evidence?
- Has the information been reviewed by factcheckers?
- are there spelling or grammatical errors?
- what are other experts saying about the source?

QUESTIONS TO CONSIDER:

Where does a piece of information come from?
Why does it appear in the way that it does?
Who made it?
Who owns it?
When was it created?
Who paid for it?

SCAN ME





PURPOSE

- Why was this information created?
- Is the purpose clear?
- What biases can you find?
- What is your purpose and bias?

SCAN THE QR CODE TO ENTER INTO OUR COMPETITION!

 Library Services
NT HEALTH

Appendix B



NT Health
Library Services

Library Information Week 2023 - Where's The Source Quiz

Participate in the Health Library Services Quiz!
Answer all 5 questions correctly to go in the draw for a prize.

View the supporting informational video [here](#).

Valid entries into the quiz will close off on the 13/08/2023.

1. Read the abstract, view the source then select the article you think passes the CRAAP test
Click on the article titles to view the abstracts.

► Article 1: 5G Technology and induction of Coronavirus in Skin Cells

► Article 2: The 2019-new coronavirus epidemic: Evidence for virus evolution

☐ Article 1 ☐ Article 2

2. Which sources would you trust to find the most recent and reliable published literature.
Click the images that apply.



The Onion



ChatGPT



Science Direct



PubMed

3. Has bias between the researchers and the purpose of the study been disclosed in the following examples:
See below snapshots and select one option for each article.

Article 1:

☐ Yes ☐ No ☐ Needs more analysis

Article 2:

☐ Yes ☐ No ☐ Needs more analysis

Article 1: Declared conflict

cal practice, was not sufficient to provide an optimal cardiovascular benefit, since the systolic blood-pressure levels in the two treatment groups over the course of our trial differed by less than 1 mm Hg, the dose of hydrochlorothiazide was clinically adequate. Although clinical trial data have not established outcome benefits of diuretics beyond their blood-pressure-lowering effects, recent studies involving animals suggest that diuretics have limited, if any, nonhemodynamic vascular benefits.¹⁸

The composite primary end point in our trial was intentionally broad in order to enhance the study's power to test our hypothesis. The end point included coronary revascularization procedures and hospitalization for unstable angina, the necessity for which may depend, at least in part, on subjective judgments by clinicians and investigators. Therefore, we also analyzed the composite end point (excluding these components) of death from cardiovascular causes, nonfatal myocardial infarction, and nonfatal stroke. Judged by this end

Many participants in our trial had previous coronary disease and diabetes and thus are not fully representative of the broad population of patients with hypertension. Furthermore, the diuretic-based combination may not have been the optimal treatment for patients with diabetes. However, the ALLHAT study showed that diuretic-based therapy had the same relative benefits in patients with diabetes as in patients without diabetes.¹⁹ These limitations temper the conclusions of the ACCOMPLISH trial.

Our trial shows that combination therapy with benazepril and amlodipine results not only in excellent blood-pressure control but also in a clear benefit with respect to cardiovascular outcomes. Thus, our findings may increase the options for combination treatment to reduce the risk of cardiovascular events among patients with hypertension.

Supported by Novartis.

Dr. Jamerson reports receiving consulting fees from Novartis, Merck, and Daiichi Sankyo, lecture fees from Novartis, Abbott, Bristol-Myers Squibb, GlaxoSmithKline, and Merck, and research support from Novartis and King Pharmaceuticals; Dr. Weber,

N ENGL J MED 359:23 WWW.NEJM.ORG DECEMBER 4, 2008

The New England Journal of Medicine

Downloaded from nejm.org on July 19, 2023. For personal use only. No other uses without permission.

Copyright © 2008 Massachusetts Medical Society. All rights reserved.

Article 2: No conflict

2021. In the UK, the Pfizer/BioNTech vaccine was approved for commercialization by the Medicines and Healthcare Products Regulatory Agency on December 2, 2020,⁹⁹ the vaccine received a EUA by the FDA on December 11,¹⁰⁰ and by the EMA on December 21, 2020.¹⁰¹ The Moderna vaccine was the second vaccine candidate to receive a EUA from the FDA on December 18, 2020,¹⁰² and by the EMA on January 15, 2021.¹⁰³ The University of Oxford/AstraZeneca vaccine received a EUA on January 29, 2021, by the EMA, with some limitations.¹⁰⁴ The three companies have predicted the production of billions of vaccines during 2021. Therefore, with this in mind, it is fundamental that these effective vaccines be delivered and administered globally to achieve global herd immunity.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS

The search and the selection of articles were performed by Luigi Cattel. The first draft of the manuscript was written by Luigi Cattel. Susanna Giordano, Sara Traina, and Tommaso Lupia revised the manuscript and all authors commented on subsequent versions of the manuscript. All authors read and approved the final manuscript.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

ORCID

Luigi Cattel  <http://orcid.org/0000-0001-7302-5688>

Susanna Giordano  <http://orcid.org/0000-0003-1630-5653>

9. Hofmann H, Hattermann K, Marz A, et al. S protein of severe acute respiratory syndrome-associated coronavirus mediates entry into hepatoma cell lines and is targeted by neutralizing antibodies in infected patients. *J Virol*. 2004;78(12):6134-6142. doi:10.1128/JVI.78.12.6134-6142.2004
10. Bosch BJ, van der Zee R, de Haan CA, Rottier PJ. The coronavirus spike protein is a class I virus fusion protein: structural and functional characterization of the fusion core complex. *J Virol*. 2003;77(16):8801-8811. doi:10.1128/jvi.77.16.8801-8811.2003
11. Fontanet A, Autran B, Lina B, Kieny MP, Karim S, Sridhar D. SARS-CoV-2 variants and ending the COVID-19 pandemic. *Lancet*. 2021;397(10278):952-954. doi:10.1016/S0140-6736(21)00370-6
12. Tegally H, Wilkinson E, Giovanetti M, et al. Emergence and rapid spread of a new severe acute respiratory syndrome-related coronavirus 2 (SARS-CoV-2) lineage with multiple spike mutations in South Africa. *medRxiv*. 2020. doi:10.1101/2020.12.21.20248640
13. Zhang W, Davis BD, Chen SS, Sincuir Martinez JM, Plummer JT, Vail E. Emergence of a Novel SARS-CoV-2 Variant in Southern California. *JAMA*. 2021;325(13):1324-1326. doi:10.1001/jama.2021.1612
14. Naveca F, Nasdimento V, Souza V, et al. Phylogenetic relationship of SARS-CoV-2 sequences from Amazonas with emerging Brazilian variants harboring mutations E484K and N501Y in the spike protein. 2021. doi:10.21203/rs.3.rs-275494/v1. <https://virological.org/t/phylogenetic-relationship-of-sars-cov-2-sequences-from-amazonas-with-emerging-brazilian-variants-harboring-mutations-e484k-and-n501y-in-the-spike-protein/585>
15. Rambaut A, Loman N, Pybus O, et al. Preliminary genomic characterisation of an emergent SARS-CoV-2 lineage in the UK defined by a novel set of spike mutations. 2020. <https://virological.org/t/preliminary-genomic-characterisation-of-an-emergent-sars-cov-2-lineage-in-the-uk-defined-by-a-novel-set-of-spike-mutations/563>
16. Volz E, Mishra S, Chand M, et al. Transmission of SARS-CoV-2 lineage B.1.1.7 in England: insights from linking epidemiological and genetic data. *medRxiv*. 2021. doi:10.1101/2020.12.30.20249034
17. Faria NR, Claro IM, Candido D. Genomic characterisation of an emergent SARS-CoV-2 lineage in Manaus: preliminary



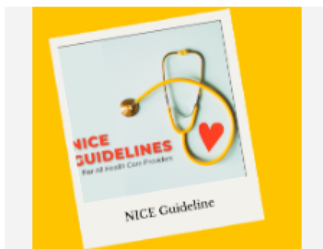
4. If multiple studies on a topic have conflicting findings, which one can be relied upon most?

Select one option.

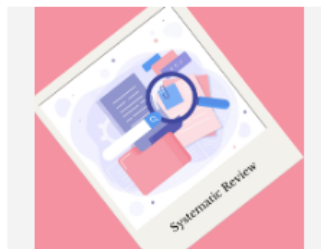
- ☐ The article that has been critically appraised and is found reliable
- ☐ The article published most recently
- ☐ The article published first (oldest article)
- ☐ The article published open access
-

5. Choose the most appropriate information sources to inform a clinical guideline.

Click the images that apply.



NICE Guideline



Systematic Review



Website (non government organisation)



Wikipedia

To enter the NT Health Library Services competition, please provide your first name and email 😊

Health Library Staff Member Spotlight

A'Mhara McKey

Systems and Resources Coordinator | Library Services, NT Health

www.library.health.nt.gov.au

When did you first start working in a health library?

My experience with health libraries was a (very) short stint at the Townsville Health Library back in 2008. When I moved back to Darwin in 2009 I won a job with the NT Health Libraries and I've been here ever since!

How/Why did you join health librarianship?

This happened more out of necessity than design. My husband at the time was in the military and when he got posted to Townsville I was scrambling to find a library job. I approached the library at James Cook University and landed both a job with them and with their affiliate library at the Townsville Hospital. The experience I got there helped me secure a job with the NT Health Libraries when I moved back to the NT.

What was your previous employment background, prior to health libraries?

Before health libraries I spent several years in public libraries, academic libraries (including special collections), a school library and spent a year or two at the NT Police, Fire & Emergency Services College library. I've pretty much worked in libraries since I left high school, in a range of volunteer, casual and library assistant roles before I finished my librarianship. My mum's a librarian so I had built in connections in the NT and an innate love of libraries and their role in the community.

How do you describe your current position?

I'm currently acting as the Systems & Resources Coordinator, a role that manages the Resource Management Unit and leads a small (but brilliant) team of librarians and library technicians. My team manages all the print and electronic resources for NT Health Libraries, which consists of five physical locations across the territory. We also manage library systems such as the LMS and digital repository. My other hat is as team leader for the library Marketing Team, which is a heap of fun and very rewarding. We started this team a couple of years ago, with the aim of being more strategic and consistent with our marketing and communications, increasing the profile of the library within the organisation, and improving engagement with our clients.

What do you find most interesting about your current position?

The projects! NT Health Libraries has a few projects on the go at the moment and my team have a hand in many of them. Most exciting is the upgrade of our existing institutional digital repository to DSpace-CRIS 7, to be known as NT Health Research Online. NTRO will bring together all the research output of NT Health and really build

our profile as a research organisation, while also boosting the profile of individual researchers.

What has been your biggest professional challenge?

One of the most challenging, but ultimately rewarding things to come out of my position with the NT Health Libraries has been two secondments to other areas of the organisation. The first was a move to the Learning & Development Team where I was part of a project to update the organisation's learning management system, and the second was to the People, Safety & Analytics team, where I worked with staff from across the organisation to develop a framework and guideline around COVID-19 training. This was in the midst of the pandemic and ultimately led to a consistent approach to COVID-19 training across all NT hospitals, primary health care clinics, quarantine facilities and corporate divisions. The challenging aspect of these secondments was that for both of them I was essentially 'thrown in the deep end', with very little notice, working in a space very different to libraries and applying my librarianship skills in very different ways. But in the end these secondments allowed me to grow and I brought a huge range of new skills, knowledge and experience back to the library at the end of it.

What do you consider the main issues affecting health librarianship today?

Where do I start? Increasingly tight budgets, paired with poor exchange rates, up against the rising costs of print and electronic resources? Or the issue of making ourselves seen and valued amidst all the information and competing voices out there? Or the fact that many decision-makers still see us as 'the lovely librarian ladies' instead of information professionals with high levels of expertise and experience? Take your pick.

What advice would you give to a new member of a health library or a new graduate information professional?

Diversify! Learn new skills, follow your curiosity, and don't get stuck on just the one path or 'type' of librarianship. Many of the opportunities that I've been presented with have come my way because I had the right skills for the job. Everything from project management to web design, basic SQL (programming language) to engaging with stakeholders, developing communication strategies to implementing test strategies for IT project deployment. And many things in between.

What would you do if you weren't a health librarian?

100% would be an author. My first novel was shortlisted in The Banjo Prize 2023, which is a competition for unpublished manuscripts run by HarperCollins Publishers Australia. I didn't win, but I'm still chatting to them behind the scenes and I have everything crossed that my books will be library bookshelves one day soon!

What is your favourite non-work activity?

If I'm not writing, then I'm out in the bush or at the beach with my kids and partner. We're so lucky to have the spectacular, unspoilt landscapes of the NT on our doorstep.

Anything else you would like to share about yourself?

people can find out more about my authorial alter-ego at www.amharamckey.com or on Instagram @amhara_mckey_writer

