Aim

This bulletin is designed to help healthcare library staff deliver Knowledge for Healthcare by keeping us up-to-date with the knowledge needs, preferences and behaviours of healthcare staff, students, patients and the public.

Sources scanned

Sources scanned include ALIA, BNI, CILIP weekly news and Update, CINAHL, Embase, Emerald Insight, ERIC, Google Scholar, HLG news, HMIC, Knowledge for Healthcare Blog, LISA, Medline, MLA news, NICE Information Services Bulletin and PubMed.

Creators

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Healthcare Workforce

Modeling Keyword Search Strategy: Analysis of Pharmacovigilance Specialists' Search of MedDRA Terms

Source: Studies in health technology and informatics

Publication date: 2019

In the information retrieval task, searching and choosing keywords to form the query is crucial. The present study analyzes and describes the keywords' search strategy into a thesaurus in the field of pharmacovigilance. Two ergonomics experts shadowed 22 pharmacovigilance specialists during their daily work. They focus on the strategies for searching and choosing MedDRA terms to build pharmacovigilance queries. Interviews of four pharmacovigilance specialists completed the observations. Results highlight that, for unusual or complex searches, pharmacovigilance specialists proceed iteratively in three main phases: (i) preparation of a list of terms and of evaluation criteria, (ii) exploration of the MedDRA hierarchy and choice of a term, and (iii) evaluation of the results against the criteria. Overall, the search and the choice of keywords within a thesaurus shares similarity with the information retrieval task and is closely interwoven with the query building process. Based on the results, the paper proposes design specifications for new interfaces supporting the identification of MedDRA terms so that pharmacovigilance reports searches achieve a good level of expressiveness.

You can read the full text here.

Invaluable Resources

Source: Clinical journal of oncology nursing

Publication Date: February 2019

As an oncology nurse and lifelong beneficiary of libraries and librarians, I know that libraries provide a solid foundation to frame our points of view, practice strategies, and policies. Even in this age of "just Google that," any sturdy, scholarly response is rooted in the literature, relying on libraries or, in this day and age, information resources. But, let's face it, the most robust access to any library system is not possible without the help of an expert navigator: a librarian who knows how to mine information and package it for our own needs.

You can read the full text here.

Medical Librarians Can Help Providers Improve Clinical Decision-Making and Education

Source: Pediatric annals

Publication date: February 2019

Some of my favorite people are librarians who work in hospitals and in medical schools. What medical providers may not be aware of is what it takes to become a medical librarian and what an asset they can be in terms of improving the care of our patients.

You can read the full text here.

The ever developing role of the librarian and information professional

Source: Business Information Review

Publication date: November 2018
This article is a reflection on some recent research I have conducted working with CB Resourcing (a specialist recruitment consultancy focusing in the areas of information, records and knowledge management, research and analysis, librarianship, technology and digital recruitment) and Chartered Institute of Library and Information Professionals (CILIP) into skills requirements in the Higher Education (HE) sector library and information management field. In the following text, I will be discussing what the findings were and how they compared with our own BIR annual survey conducted by Denise Carter of DCision Consult. I have specifically looked at the areas around the skills and skills gaps in the library and information profession only from the BIR annual survey.

If you have access to this journal you can read the full text here.

Systematic review searches must be systematic, comprehensive, and transparent: a critique of Perman et al

Source: BMC public health
Publication date: February 2019
A high quality systematic review search has three core attributes; it is systematic, comprehensive, and transparent. The current over-emphasis on the primacy of systematic reviews over other forms of literature review in health research, however, runs the risk of encouraging publication of reviews whose searches do not meet these three criteria under the guise of being systematic reviews. This correspondence comes in response to Perman S, Turner S, Ramsay AIG, Baim-Lance A, Utley M, Fulop NJ. School-based vaccination programmes: a systematic review of the evidence on organization and delivery in high income countries. 2017; BMC Public Health 17:252, which we assert did not meet these three important quality criteria for systematic reviews, thereby leading to potentially unreliable conclusions. Our aims herein are to emphasize the importance of maintaining a high degree of rigour in the conduct and publication of systematic reviews that may be used by clinicians and policy-makers to 7.

If you have access to this journal you can read the full text here.

Demystifying Literature Reviews: What I Have Learned From an Expert?

Publication Date: 2019
As a theory-based journal, Human Resource Development Review (HRDR) has published a large number of literature review articles; this type of research accounts for the majority of manuscripts we receive on a monthly basis. However, based on my three-year experience as the journal’s associate editor and then as editor for the past one year and a half (since July 2017), and including my assessment of journal publications, I notice a certain degree of inconsistency across published literature reviews. In addition, a number of literature review submissions are often desk rejected because of an insufficient or weak description of the literature search process, or a lack of solid understanding of the adopted research methods. In fact, I find many authors claim the use of integrative or systematic literature review, without demonstrating adequate knowledge of this research methodology. Finally, it seems there are a variety of terminologies used to describe reviews, which has caused some confusion about each type. Therefore, as the foundation for this editorial, in the fall of 2018, I conducted a two-hour face-to-face interview with an expert of literature reviews—Ms. Margaret Foster, my colleague at Texas A&M University. This editorial consists of three sections: a brief introduction to Ms. Foster; highlights of the interview; and my learning takeaways. Also to add the educational component to this editorial, Foster and I recommend some “must-read” publications on different types of reviews.

If you have access to this journal you can read the full text here.
Predatory publications in evidence syntheses

**Source:** Journal of the Medical Library Association  
**Publication date:** 2019

Objectives: The number of predatory journals is increasing in the scholarly communication realm. These journals use questionable business practices, minimal or no peer review, or limited editorial oversight and, thus, publish articles below a minimally accepted standard of quality. These publications have the potential to alter the results of knowledge syntheses. The objective of this study was to determine the degree to which articles published by a major predatory publisher in the health and biomedical sciences are cited in systematic reviews.

Methods: The authors downloaded citations of articles published by a known predatory publisher. Using forward reference searching in Google Scholar, we examined whether these publications were cited in systematic reviews.

Results: The selected predatory publisher published 459 journals in the health and biomedical sciences. Sixty-two of these journal titles had published a total of 120 articles that were cited by at least 1 systematic review, with a total of 157 systematic reviews citing an article from 1 of these predatory journals.

Discussion: Systematic review authors should be vigilant for predatory journals that can appear to be legitimate. To reduce the risk of including articles from predatory journals in knowledge syntheses, systematic reviewers should use a checklist to ensure a measure of quality control for included papers and be aware that Google Scholar and PubMed do not provide the same level of quality control as other bibliographic databases.

If you have access to this journal you can read the full text [here](#).

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**Patients and the Public**

Assessment of patient information needs: A systematic review of measures

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Background Providing patient information is a central aspect of patient-centered care. Fulfilling personal information needs has positive effects on several health-related outcomes. Measurement instruments help to identify individual information needs in an effective way. The present study gives an overview of existing information needs measures and further evaluates the quality of their psychometric properties and their psychometric studies.

Methods We conducted a systematic search on psychometric studies of measures that assess information needs in PubMed and Embase. Furthermore, we carried out a secondary search with reference and citation tracking of the included articles. Title, abstracts and full texts were screened by two independent reviewers for eligibility. We extracted data on content of the measures, validation samples and psychometric properties. In addition we rated the methodological quality with the COSMIN checklist and the quality of psychometric properties with the criteria of Terwee and colleagues. Results 24 studies on 21 measures were included. Most instruments assessed information needs of patients with cancer or cardiac diseases. The majority of the instruments were in English language and from western countries. Most studies included information on internal consistency and content validity. The ratings showed mixed results with clear deficiencies in the methodological quality of most studies. Discussion This is the first systematic review that summarized the existing evidence on measures on patient information needs using two instruments for a systematic quality assessment. The results show a need for more psychometric studies on existing measures. In addition, reporting on psychometric studies needs to be improved to be able to evaluate the reliability of the psychometric properties. Furthermore, we were not able to identify any measures on information needs for some frequent chronic diseases. Other methods to elicit information needs (e.g. open-ended interviews, question prompt sheets) could be considered as alternatives if sound measures are missing.

You can read the full text [here](#).

**Patient information needs in upper gastrointestinal cancer: what patients and their families want to know**

**Source:** ANZ journal of surgery  
**Publication Date:** Jan 2019

BACKGROUND: The treatment of upper gastrointestinal cancer (UGIC) patients is complex. Patients are often elderly, comorbid as well as nutritionally depleted and treatment involves multimodality therapy incorporating chemotherapy, radiation therapy and surgery. The pre-treatment information requirements of UGIC patients are not clear but crucially important in ensuring they complete treatment successfully.

METHOD(S): A systematic review of the English language literature was performed to determine the specific information needs of patients with UGIC.

RESULT(S): Following abstract review and comprehensive analysis six articles were included. UGIC patients nominated information regarding post-operative recovery, quality of life, expected survival, management of post-operative symptoms and coping strategies for insurance and financial issues, relationships and family as being most important to them. Patients’ families nominated information on the effects of diagnosis on patient well-being over the ensuing months and detailed information on available support.
services as being most important. One-on-one consultations with senior medical staff were the preferred method of information transfer followed by web-based information services.

CONCLUSION(S): For effective treatment of UGIC patients, physicians and surgeons must address issues pertaining to quality of life, finance and relationships and may require specific training, or administrative support, in these areas.

You can read the full text [here](#).

**Health literacy in pressure injury: Findings from a mixed-methods study of community-based patients and carers**

*Source:* Nursing and Health Sciences  
*Publication Date:* Mar 2019

The present study, drawn from a larger mixed-methods case study, provides insights into the health literacy of community-based patients with pressure injuries, and their carers, and critically analyzes the patient information resources available; crucial because health literacy is associated with patient care and outcomes for patients. Two datasets were used to better understand patient literacy in relation to pressure injury: (i) narratives from patients and carers; and (ii) analysis of patient education resources. Narratives were subject to content analysis and patient education resources available to the patients were analyzed drawing on the Simplified Measure of Gobbledygook, the National Health Service Toolkit for Producing Patient Resources, and compared to an internationally-advocated pressure injury leaflet. The study findings indicated that despite leaflets broadly meeting required production and content guidelines, patients appeared to poorly engage with these materials and demonstrated limited health literacy in relation to pressure injury. Although improvements in leaflet production and readability might be advantageous, emphasis should remain on quality patient–healthcare professional relationships to enable tailored patient education that can enhance awareness and engagement with treatment and prevention interventions.

You can read the full text [here](#).

**Impact of patient information leaflets on doctor-patient communication in the context of acute conditions: A prospective, controlled, before-after study in two French emergency departments**

*Source:* BMJ Open  
*Publication Date:* Feb 2019

Objective In the context of acute conditions seen in an emergency department, where communication may be difficult, patient information leaflets (PILs) could improve doctor-patient communication (DPC) and may have an impact on other outcomes of the consultation. Our objective was to assess the impact of PILs on DPC, patient satisfaction and adherence, and on patient and doctor behaviours. Design Prospective, controlled, before-after trial between November 2013 and June 2015. Setting Two French emergency departments. Participants Adults and adolescents >15 years diagnosed with ankle sprain or an infection (diverticulitis, infectious colitis, pyelonephritis, pneumonia or prostatitis). Intervention Physicians in the intervention group gave patients a PIL about their condition along with an oral explanation. Main outcome measures 7-10 days later, patients were contacted by phone to answer questionnaires. Results were
derived from questions scored using a 4-point Likert scale. Main findings Analysis of the 324 patients showed that PILs improved the mean DPC score (range: 13-52), with 46 (42-49) for 168 patients with PILs vs 44 (38-48) for 156 patients without PILs (p<0.01). The adjusted OR for good communication (having a score >35/52) was 2.54 (1.27 to 5.06). The overall satisfaction and adherence scores did not show significant differences. In contrast, satisfaction with healthcare professionals and timing of medication intake were improved with PILs. The overall satisfaction score improved significantly on per-protocol analysis. When using PILs, doctors prescribed fewer drugs and more examinations (radiology, biology, appointment with a specialist); the need for a new medical consultation for the same pathology was reduced from 32.1% to 17.9% (OR 0.46 [0.27 to 0.77]), particularly revisiting the emergency department. Conclusion In emergency departments, PILs given by doctors improve DPC, increase patients' satisfaction with healthcare professionals, reduce the number of emergency reconsultations for the same pathology and modify the doctor's behaviour. Trial registration number NCT02246361.

You can read the full text here