Health Sciences Library

Annual Report
2010-2011

Penny Logan, Manager Library Services
For the period April 2010 - March 2011
## TABLE OF CONTENTS

**EXECUTIVE SUMMARY** .......................................................................................................... 3  
**COLLECTIONS** ......................................................................................................................... 4  
  - **BOOK COLLECTION** ........................................................................................................... 4  
  - **JOURNAL COLLECTION** ..................................................................................................... 4  
  - **DATABASES** .......................................................................................................................... 4  
**SYSTEMS** .................................................................................................................................. 5  
**EQUIPMENT** ............................................................................................................................... 5  
**SERVICES** .................................................................................................................................... 5  
  - **ONLINE SEARCH SERVICE** .................................................................................................. 6  
  - **TRAINING** ............................................................................................................................. 6  
  - **CIRCULATION** ...................................................................................................................... 8  
  - **REFERENCE QUESTIONS** .................................................................................................... 8  
  - **INTERLIBRARY LOANS** ....................................................................................................... 8  
  - **ONLINE SEARCHES** .......................................................................................................... 8  
  - **WEBSITE HITS** ................................................................................................................... 8  
  - **TRAFFIC** .............................................................................................................................. 8  
  - **HIGHLIGHTS** ....................................................................................................................... 8  
**FACILITIES** .................................................................................................................................... 9  
**PERSONNEL** .............................................................................................................................. 9  
**INTERNAL/EXTERNAL COMMITTEES AND ACTIVITIES** ..................................................... 10  
**HEALTH SCIENCES LIBRARY BUDGET FISCAL 2011** .......................................................... 11  
**LOOKING AHEAD TO 2012** ..................................................................................................... 11  
**APPENDIX A** ............................................................................................................................. 12  
  - **HEALTH INFORMATION LITERACY PLAN** ...................................................................... 12  
**APPENDIX B** ............................................................................................................................. 31  
  - **BUSINESS PLANNING SUBMISSION 2011-2012** ............................................................. 31
Executive Summary
Just as society was focused on ‘social networking’ this year,\(^1\) so Library activities concentrated on connecting with others and using specialized Library skills to enhance the work of other departments in Capital Health.

The Library met several of its long-term goals including the introduction of offsite access. This allows our users access to all the Library’s subscriptions from anywhere, and was possible because of very amicable, professional and concerted joint effort between the IT Department, the Web team, and the Library. This is a significant extension to Library services - the result of a lot of effort, but minimal cost.

The Library is working collaboratively with many departments on several different projects. The Citizen Engagement and Accountability portfolio has been looking for a way to connect with citizens who are keenly interested in helping to make Capital Health a better institution. The Library is helping this effort by creating a Customer Database that will organize the list of citizens who are interested in helping deliver on Our Promise. At the same time, the Library gains more flexibility and knowledge about the software that we use for our Library catalogue.

The Library has been asked to develop online e-learning modules for other departments. Library staff acquired considerable skills and abilities while creating the Evidence-Informed Decision Making module, and this is an opportunity for the Library to contribute to the wider Capital Health community. This is also an excellent example of how sharing skills with other departments saves everyone time and money.

Speaking of saving money, in the past 2 years departments have cancelled $57,990 worth of journals and textbooks because they now rely on the Library’s online subscriptions. This is an excellent example of how Library Services saves money institution-wide.

Capital Health Library Services continues to work with the IWK Library, the Kellogg Library and the Department of Health on the Virtual Health Library of Nova Scotia project. On June, 24, 2010, the Academic Council voted to support the next phase of this project; that is, hiring a consultant to develop a business plan.

New services, new partnerships, new areas of growth – this past year’s activities have resulted in movement ahead on all fronts, and exciting prospects for the coming year.

\(^1\) Time Magazine (2010). Mark Zuckerberg Person of the Year 2010. “For connecting more than half a billion people and mapping the social relations among them, for creating a new system of exchanging information and for changing how we live our lives, Mark Elliot Zuckerberg is TIME’s 2010 Person of the Year”. Retrieved from: http://www.time.com/time/specials/packages/0,28757,2036683,00.html
**Collections**

**Book collection**

The Library now has a collection of more than 2200 electronic books as this format becomes an increasingly important part of the collection. Prices are slightly higher than the paper versions, but e-books have the advantage of being available 24 hours a day, 7 days a week, can be read by more than one person at a time, and can be accessed from any computer with an Internet connection.

The move to e-books has an overall money-saving affect on Capital Health. For example, in 2004, individual departments spent $51,600 on paper copies of the Compendium of Pharmaceuticals and Specialties (CPS) an essential item for all health care personnel. The Library now has online access to the e-CPS. As a result, units are now ordering far fewer paper copies. This has meant a reduction in costs to Capital Health of $32,490.

**Journal collection**

Most of the Library’s journals are now available in electronic format. Also, we have consolidated the licenses so that we have a single entry point available to all our users and to all the Libraries. We undertook a pilot project at the NSH Library to discard paper journal holdings wherever we have e-access. This worked very well and we will look at launching a similar project at the other libraries.

Again this year, we notify departments when we see that they are paying for a paper subscription when the Library has a subscription to the electronic version of a journal. For this year departments ceased subscriptions worth $11,792. In the past two years Departments have ceased subscribing to $25,500 worth of journals preferring, instead, to rely on the Library’s electronic subscription.

**Databases**

This year, a new databases web page was designed to support EZ Proxy access. Library staff maintain the page, changing and adding links as necessary. Several new databases were added this year: The Database on Online Health Statistics is a free resource from the Institute of Health Economics in Alberta. The Synopsis Project is also free and is a joint project that brings together information about gambling and addiction. New Evidence-based resources are: OT Seeker - a database of evidence-based material in the area of Occupational Therapy and PEN- Practice based Evidence in Nutrition that provides knowledge pathways for dietetics. Grey Matters – Grey literature checklist - is an excellent tool from the Canadian Agency for Drugs and Technologies in Health (CADTH) that streamlines the search process for researchers needing grey literature.
**Systems**

Off site access using EZ proxy was accomplished this year. Mike Thibodeau, Project Manager with Information Technology Services was instrumental in finding server space, and Darryl Corkery developed the separate Databases page and spreadsheet of URLs that were necessary for EZ proxy to work. Bill Fancy, Library Technician, manages the links on the Library catalogue and the databases page. This access has been very successful, and has been very well-received by Library users.

The next required system for the Library is a ‘Link Resolver”. This software is standard in modern libraries and makes access to the Library’s subscriptions ‘seamless’ from any web page. One practical benefit for our users will be when they are searching Google, and there is a link to an article - so long as we have a subscription - our users will be able to get to the full text ‘instantly’. Our relationship with the journal vendor, EBSCO, should allow us to implement this system at very little cost.

**Equipment**

The Library acquired a laptop and projector for use at the Nova Scotia Hospital computer lab. The computer lab is unique on the Dartmouth site and this equipment is essential for classroom teaching, and for use in public displays and workshops.

**Services**

The Library was mentioned in the 2010-2013 Capital Health Business plan in this quote:

> “Promoting evidence-informed practice Capital Health is committed to enhancing evidence-informed decision-making in health care practice and education. Advances in information technology allow patients, families, clinicians and researchers to access a myriad of health and wellness information. Typically, only a small proportion of this information is valid, reliable and relevant to learners’ needs. To help learners sort through information, focus on relevant findings and theories, and have the skills to critically appraise new medical practices, treatments and information, the Capital Health Library has proposed developing a framework and tools for evidence-informed decision-making. These tools and education modules will ensure that both clinical and administrative decisions are based on evidence.”

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The combined Library/Evidence-Informed Decision Making (EIDM) Committee proposal was partially successful because a Clinical Research Librarian was appointed. A copy of the Business Planning document is attached in the Appendix.

Online search service

In the spring of 2011, the Library welcomed Robin Parker, Clinical Research Librarian. Robin shares her time with the Nova Scotia Cochrane Research Centre, the Research Methods Unit and Capital Health Library Services. Along with Katie Hollohan, Librarian Educator, the Library now has enough Librarians to support an online search service. We will design an online search form incorporating evidence-based principles and monitor usage over the coming year. This is a service that is typically provided by a Hospital Library, and we look forward to growth in this area.

Training

Katie Hollohan took on the role of Librarian Educator in December 2010. The Training program now follows an Information Literacy model with graduated courses building on each other. Users can follow the program with courses like “Skills for Life: Becoming a Savvy Searcher” through specialty courses like RefWorks Skills. Katie’s Health Information Literacy Program document is attached as Appendix A.

Library staff training

The world of Library cataloguing is changing, and libraries will be required to use new standards. The “Resource Description and Access” (RDA) model will replace the Anglo-American Cataloguing Rules 2 (AACR2) standard in the near future. The Capital Health Library signed up for a 3-part webinar about RDA, and we made this available to other local libraries. Participants attended from the IWK, the Department of Labour and Environment, and Colchester Regional Health Authority. The topics are: Using RDA; RDA: Designated for Current and Future Environments and RDA Vocabularies in the Semantic Web.

Outreach

In April, 2010, the Orthopedic nurses used the Library’s computers at the Dartmouth General Hospital for focus groups to evaluate their new website. This was a good use of the Library’s computers, provided the feedback that the Orthopedic nurses needed, and shows the need for computer laboratory access for all areas of the Capital Health community.

On Thursday, May 6, 2010, the Library hosted a booth at the District Department of Family Health and Primary Health Care Spring Forum that was an excellent opportunity to liaison with the family physicians who now have access to Capital Health’s Library resources.

The Library was again involved in the Orientation program for Residents developed by Medical Education and held on July 6, 2010. Residents received an overview of Library Services, and a Tips and Tricks handout emphasizing ways to save time when searching for Evidence. In
addition, the Library provided technical support for each of the sessions, ensuring that speakers’ PowerPoint slides were pre-loaded on a Library laptop computer and that all necessary Internet/Intranet connections were working. The Library is grateful to be included in the Orientation for Residents, as a sizeable proportion of this group are new to Capital Health. This is an excellent opportunity to provide them with information about the Libraries’ programs and services.

At the Research Expo on September 23, 2010, the Library again had a booth, and we were able to provide an iPod as a prize. Margaret Pitts-Lesnick, a nurse in the Cardiology department, won the iPod. This is a very popular session for us, and we get a lot of ‘business’ as a result of the Research Expo.

Capital Health presented a poster and pamphlet display for the Grad Follow-up session held on October 19th and 27th, 2010. This session was developed for nurses by the Professional Practice portfolio, and we received several calls as a result of this display.

The Capital Health Library sent 100 discarded books to Khandahar University as part of the Books with Wings project. We received confirmation that the books arrived in January 2011, along with a very thoughtful thank you note. This is an on-going effort for the Libraries as we ensure that books that have value are re-purposed when we refresh the collection.

Penny Logan and Katie Hollohan were invited to present to the Brown Bag Luncheon series at the School of Information Management on Thursday, February 10, 2011. This series provides an opportunity for students of Library and Information Science to hear from speakers who are working in the profession. For this session, the day to day activities in a Hospital Library were presented and there were questions and discussion with students who have an interest in the field.

Penny Logan has been working with Dr. Janet Howse and the Supportive Care team to develop a collection of books and DVDs of interest to cancer patients. This collection will be ordered, catalogued and processed by the Library so that they can be borrowed by patients. The newly designed space for this Patient Resource Centre is expected to be open in the summer of 2011.
Capital Health Library Services  
2010-2011

<table>
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<tr>
<th>Service</th>
<th>Count</th>
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</thead>
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<tr>
<td>Reference Questions</td>
<td>9,558</td>
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<tr>
<td>Interlibrary Loans</td>
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<td>Online Searches</td>
<td>95</td>
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<td>Website Hits</td>
<td>87,814*</td>
</tr>
<tr>
<td>Traffic</td>
<td>168,819</td>
</tr>
</tbody>
</table>

- # of visitors (count divided by2)

* E-mail from Darryl Corkery, Web Coordinator, August 11, 2011

**Highlights**

Statistics from the Library’s website are new to the Library Services statistics table this year. The Library’s work is increasingly online, and the Library continues as one of the top 5 most-visited websites among all of Capital Health’s 3000+ web pages.

The numbers for Circulation and Reference questions have remained stable over the past few years. Interlibrary Loan statistics continue to rise. As Capital Health moves to require Evidence in decision making, the Interlibrary Loan service remains one of the most-required activities for the Library.

The number of visitors, however, is the most remarkable statistic as it has reached an all-time high. We started counting numbers of people through the Library doors in 2004. For that first complete year, our numbers were 100,663. In the past 7 years, the volume of users coming to the Library has increased by 67.7%. This is a highlight because, during this same time period, the Library has made most of our materials available electronically from any desktop. This follows the noted trend of “Libraries as place”. Even though most of our material can be accessed without a visit to the Library, the Library is still a place for meetings, where users logon to computers, and where staff comes to find a quiet reading area – away from the very noisy and public areas on the hospital wards.

These increasing numbers of visitors are putting pressure on the computers we have available, and we are getting increasing demands for wireless Internet access. These will be priority areas in the coming year.

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Facilities

**Dickson Library**
The Dickson Library staff are working on a facilities plan to provide more room for users, more computers and a computer lab within the Library. This will require careful de-selection of the journal collection, and re-arrangement of shelving, and will be possible depending on budget constraints.

**Dartmouth General Hospital Library**
On March 18, 2011, there was a break-in at the Dartmouth General Hospital Library. Most of the electronic equipment was disturbed, but nothing was taken. Two computers, the people counter and the fax machine had to be reconnected, and one monitor had to be replaced. The maintenance team did a wonderful job removing the very stubborn fingerprint dust. In consultation with Security, a new lock was purchased for the Library and a proper book drop was put in place.

**Halifax Infirmary Library**
Two new pictures were donated to the Infirmary Library to replace the elegant, but dated pictures from the Canadian National Hotels. The trim around the windows and doors in the Library was painted to cover scuffs, and to make the move from bright orange to more neutral and updated light brown that matches the trim paint in the Hospital foyer.

**Nova Scotia Hospital Library**
The Nova Scotia Hospital Library has had a noticeable increase in the number of visitors. In the 2009-2010 year, 8,944 people visited the site. In 2010-2011, that number increased to 15,948 an increase of 78%. Some of this increase can be explained by groups are using the computer lab situated within the Library. There is another difference that should be noted - that inpatients are coming to the Library to use the computers. Sometimes they come on their own, but some units are sending patients with nurse escorts. The notion is to help patients get used to using computers to find jobs, find accommodation, and to get comfortable with computers in real life. All this is preparation for inpatients to make a comfortable adjustment to home life, and supports Capital Health’s Promise in a tangible way.

Personnel

Diane Lawson, Library Clerk at the Halifax Infirmary, attended the “5S” education session and used that knowledge to implement her own 5S project in her workspace. The 5 S’s are: Sorting, Straightening, Systematic cleaning, Standardizing and Sustaining. Diane’s project was submitted to Performance Excellence to be added to the spreadsheet of other 5S projects undertaken in Capital Health.

Verona Leslie is putting her considerable software skills into creating online learning modules for other groups in Capital Health. Rachel Green, who had retired from the Library, is working part-time to backfill for Verona, and Rachel’s salary is being paid by the departments that have commissioned the modules.

Barbara Stailing, who worked as temporary Librarian Educator in the fall of 2009 returned to Capital Health to spearhead the Citizen Engagement and Accountability department’s Customer Database project. Barbara worked from August 2010 to March 2011 on this project with David Barteaux from the Dickson Library. Barbara’s salary was paid by the Citizen Engagement and Accountability department.
This year we had several changes to the Library personnel roster. Kris Holman resigned in April, 2010. Bill Fancy, Library Technician at the Dickson Library, was the successful candidate to fill Kris’s position at the Infirmary Library. Vivien Gorham was hired in September, 2010 to fill Bill’s position at the Dickson. Vivien is a graduate of the Nova Scotia Community College (NSCC) Library and Information Technology program, and has several years experience in a variety of different kinds of Libraries.

Seana Collins resigned in August, 2010, and Katie Hollohan was hired as the Librarian Educator in December. Katie is a graduate of both the NSCC Library Technician program, and the McGill University School of Information Studies. Katie comes to us with lots of experience, most recently as Outreach Services Librarian with the Annapolis Valley Regional Library.

Library Staff, April 1, 2011:
- David Barteaux, Library Technician – Dickson
- Joan Briand, Library Clerk – Nova Scotia Hospital
- Carrie Burke, Library Technician – Dickson
- Rachel Green – Library Technician - Infirmary
- Katie Hollohan, Librarian Educator – Dickson
- Bill Fancy, Library Technician – Infirmary
- Vivien Gorham, Library Technician – Dickson
- Diane Lawson, Library Clerk – Infirmary
- Myrna Lawson, Library Technician – Nova Scotia Hospital
- Verona Leslie, Library Technician – Infirmary
- Penny Logan, Manager Library Services
- Robin Parker, Clinical Research Librarian

**Internal/External Committees and Activities**

The Library continues to contribute to the Nova Scotia Cancer Patient Education Committee, the Atlantic Health Knowledge Partnership, the Dalhousie Library Committee, the Nova Scotia Hospital Mental Health Research Committee, and the Capital Health Educators Committee.
Health Sciences Library Budget Fiscal 2011

<table>
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<tr>
<th>2010-2011</th>
<th>Dartmouth General Hospital</th>
<th>Dickson &amp; Infirmary</th>
<th>Nova Scotia Hospital</th>
<th>Total</th>
</tr>
</thead>
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<td>$535,525</td>
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<td>Total</td>
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<td>$1,079,613</td>
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<td>$1,374,721</td>
</tr>
</tbody>
</table>

Looking Ahead to 2012

The Library has many pressures – to provide more computers, to provide wireless access, to provide the same services and products with no increase in budget. We hope to be able to provide wireless access in the coming months. Link resolver software will smooth some of the remaining bumps we have on the road to easy, reliable remote access for our users.

The cost of subscriptions increases between 7 and 15% every year. The Library’s budget, however, does not increase. The Library carefully looks at usage statistics and every year we cut the titles that are used the least. This means that every year there are fewer resources for our users. We are encouraged that Academic Council continues to support the Virtual Health Library of Nova Scotia (VHLNS). The VHLNS, we hope, will help the Library provide continued access to the widest range of materials in these tight budget times.

Penny Logan, Manager Library Services, Capital Health
Appendix A

Health Information Literacy Plan

Developed by Katie Hollohan, Librarian Educator, January 2011
Introduction
Since 2003, Capital Health, Health Sciences Library has offered training and guidance regarding Library and electronic resource use. Offering this service in pre-planned courses, custom group sessions, and one-on-one sessions, the Health Science Library has become a beacon for those interested in acquiring the skills necessary to access the most up to date, authoritative information.
In order to remain relevant, the Training Program at Capital Health – Health Science Library- must continue to evolve as technology changes and Capital Health as an institution changes. This document outlines a framework in which revision can take place, while also providing a solid foundation from which to edit existing training sessions and add new topics and tools as needed. This foundation is strongly influenced by Our Promise, and seeks to support the missions and goals of Evidence-Informed Decision Making (EIDM). This document and related materials are not static, and are revised in accordance with the outlined objectives July-August of each calendar year.

Build Staff Searching Skills / Work with the Community / Encourage Research
Information Literacy / Need
This plan is in keeping with the definition of “information literacy” outlined by The American Library Association (ALA). ALA defines information literacy as “the ability to know when there is a need for information, and to be able to identify, locate, evaluate, interpret and apply information” American Library Association. Progress Report on Information Literacy: An Update on the ALA Presidential Committee on Information Literacy: Final Report March 1998 http://www.ala.org/ala/acrl/acrlpubs/whitepapers/ALA_print_layout_1_192685_192685.cfm
This plan also seeks to incorporate The Medical Library Association’s (MLA) more specific definition of information literacy in regards to health information. MLA defines health information literacy as “the set of abilities needed to: recognize a health information need; identify likely information sources and use them to retrieve relevant information; assess the quality of the information and its applicability to a specific situation; and analyze, understand, and use the information to make good health decisions” Medical Library Association. Resources: Health Information Literacy. Definitions. (2003) http://www.mlanet.org/resources/healthlit/define.html

This plan frames information literacy sessions within a culture of EIDM. Health information literacy, and information literacy in general, play an important role in EIDM and The Royal College of Nursing echoes this importance in their own set of information literacy standards (RCN 2 2011). In order for staff to effectively participate in an environment that is evidence
based, staff must be information literate. The link between a need for information literacy in carrying out EIDM is seen from many essential perspectives, from nurses to mental health workers (Tanner, Pierce, & Pravikoff 2004). In fact, Cobus (2008, pp. 28) claims that “curriculum-integrated information literacy is one avenue to continue successful education of public health professionals”.

In the context of EIDM, the need for information literacy also extends to patients. According to Schardt, “the logical and necessary extension of this support for EBP [evidence based practice] for medical, nursing, and allied health professionals is to help consumers think more critically about the evidence used to substantiate medical claims” (2010). Since evidence informed decision making seeks to include the patient in health care decisions, it is essential that patients understand what reliable information is and how to access it, as well.

**Target Populations**
Training sessions are open to all Capital Health staff. Currently, our main service groups, in order, are: nurses, physiotherapists, mental health professionals (social work, psychology, and counselors), occupational therapists, and pharmacist. This ranking is based on observation since the inception of the Training Program, as well as statistical analysis of the use of Library materials by profession (Supplement A). Statistics regarding Training Session requests and use by profession/users will be tallied each year beginning September 2011. A session evaluation (Supplement B) will seek to capture this information.

**Information Literacy Challenges**
Inherent in the above needs are several challenges. These challenges include, but are not limited to:

- **Understanding the position of the health care professional** - Not all health care workers are the same, and therefore do not have the same needs when it comes to information resources. While there are some resources that will be useful to most health care professionals, not all health care professionals ask the same questions. Alternatively, differing health care professionals may ask the same question but are seeking answers from their respective perspective and require different levels of information (Supplement C).

- **Promotion of Resources** - Currently, promotion of the training and education program is done through the Health Sciences Library web page, Volunteer Services, and posters presented within the Library proper. An effort should be made to form connections with different departments and professional groups within Capital Health, and have promotional posters and brochures displayed at sites outside the Health Sciences Libraries as well.

- **Navigation to Resources through Library Web Page** – Layout of Library web site and resources must be consistent with training session presentations. Having a consistent look to each page on the website is essential to providing resources that are convenient and easy to use. Training information must be in keeping with website presentation and vice versa. Work must be done on bringing essential documents and guides to easy
access points for the user, and corresponding training resources should be provided to lead users through website navigation.

- **Funding / Staffing** – composition, implementation and review of this plan currently requires the time of the Librarian Educator and a part-time Library technician. Additional courses offered biannually are done so by the Clinical Research Librarian. In order to effectively carry out plan objectives connections must be made with other departments and adequate time allotted to involved parties in reviewing and developing effective training.

**Standards**

Three sets of standards were used to develop goals/outcomes for the training and education program: *The Association of College and Research Library’s Information Literacy Competency Standards for Higher Education*, *The International Society for Technology in Education’s Educational Technology Standards* and *The Royal College of Nursing’s Competences for Finding, Using and Managing Information*.

The following standards have been adapted from each original work to apply to health professionals at Capital Health.

1. The information literate health professional understands his/her information need, and can locate an access point to begin searching (ILCSEH 2, RCN Comp. 1)
2. The information literate health professional understands search terminology, develops answerable questions, develops a search strategy and carries out an effective search (RCN Comp. 3)
3. The information literate health professional locates, organizes, analyzes, and evaluates information sources from a variety of formats and technologies (ETS 3, RCN Comp. 2, RCN Comp. 4)
4. The information literate health professional evaluates information effectively and incorporates information seeking skills into his or her knowledge base and value system (ILCSEH 3, RCN Comp. 4)
5. The information literate health professional, individually or as the member of a group, uses information effectively to accomplish a specific purpose (ILCSEH 4, RCN Comp. 1)
6. The information literate health professional understands and uses technology systems, and selects the use of specific technologies and applications effectively and productively (ETS 6)
7. The information literate health professional understands issues of copyright and access, avoids plagiarism, and uses knowledge ethically (RCN Comp. 5)
8. The information literate health professional manages accessed information effectively (RCN Comp. 6)
9. The information literate health professional exhibits a positive attitude toward using information resources that supports collaboration, learning and productivity and transfers this attitude and knowledge to the learning of new skills and technologies (ETS 5,6, RCN Comp. 2)
Outcomes
Based on the above standards, as a result of the training and education program health professionals:

- **1. Understand how to locate and navigate the Health Sciences Library Web Page (Standard 1)**
  - A. The health professional will understand how to effectively navigate to the Library website and how to find desired resources supported by the Health Sciences Library

- **2. Understand essential search terminology and use this terminology to form a relevant and answerable question (Standard 2)**
  - A. The health professional will understand search terminology and concepts such as Boolean searching and truncation
  - B. The health professional will utilize the PICO method of question formation and develop answerable and relevant questions

- **3. Develop effective search strategies and alter a search strategy depending on the information required (Standard 2, 4, 5, 6)**
  - A. The health professional will understand the difference between using Internet search engines, like Google, to search and using an online Library catalogue or database (e.g. PubMed) to search
  - B. The health professional will develop effective search strategies when searching within specific databases

- **4. Solve problems as they arise. The health professional will explore records for individual items and can evaluate item-related information and its applicability to his or her information request (Standards 2, 3, 4, 6)**
  - A. The health professional can review search results and locate further details on individual items
  - B. The health professional can obtain full-text articles online, and can locate articles without direct link to full-text through the Library catalogue or LoansomeDoc
  - C. The health professional understands how to look at an information resource and evaluate its appropriateness in relation to his or her search strategy

- **5. Understand issues of copyright and plagiarism, as well as the utility of managing accessed references (Standards 7, 8)**
  - A. The health professional understands the concept of intellectual property and copyright and the need to cite sources clearly and consistently
  - B. The health professional understands how to use citation management software (RefWorks) to manage references

- **6. Exhibit a positive attitude regarding the use of Capital Health, Health Science Library Resources and learning new searching skills in general. The health professional encourages fellow professionals to utilize Library resources and try**
new technologies. The health professional understands how being an effective information searcher influences evidence-informed decision making (Standard 9)

- A. The health professional has a positive response to the training programs offered by the Library, and training evaluations reflect this
- B. The health professional refers colleagues to training sessions and the Library in general to learn new skills

Training Session Offerings and Curriculum (Supplement D)
The curriculum for the training and education program reflects the standards and objectives laid out above. Each current session offering is listed. For each session, specific outcomes are referenced and explanations are given for how each outcome is met in the session. Indicators of each outcome are also outlined.

One-on-One Sessions
Staff may contact the Library at any time with a one-on-one session request. Requests are forwarded to the Librarian Educator. Sessions will be developed and scheduled in consultation with the person requesting the session.

Group Orientated Sessions / Requested Sessions
Groups may contact the Library at any time with a group session request. Requests are forwarded to the Librarian Educator. Sessions will be developed and scheduled in consultation with the group requesting the session.

Evaluation and Revision
In a 2003 review of studies focusing on the utility of information training sessions directed at health professionals, Garg & Turtle state that while there is inconsistent evidence as to what degree Library training sessions are useful it is clear that such sessions do have an effect on health professionals. Through this analysis, Garg & Turtle suggest that this alone makes delivering training sessions to health professionals worth doing, however, more rigorous studies are needed to truly validate the cause {2003}. The authors recommend that new training sessions should be considered and developed in an experimental nature with “built-in evaluation strategies to prove local effectiveness”. Thus, this plan seeks to follow these recommendations by remaining open to revision based on yearly analysis of the success of the training program.

Yearly Analysis – Methods
Data for yearly analysis is obtained by three methods:

Participant Evaluations
At the end of each session, participants are asked to fill out an evaluation form. This form seeks to gather information regarding staff perceptions of the session delivered. Was it useful? What changes can be made?

This evaluation also seeks to capture population information concerning session attendance. That is, what occupational groups are attending sessions most frequently? This will allow revision of the information literacy program to focus on including sessions and relevant examples to high use groups.
Instructor Reflections
At the end of each session, the instructor fills out a reflection form. At the end of each calendar month, reflections are compiled into a single document. Upon yearly revision, all monthly reflection summaries are reviewed in conjunction with participant evaluations.

Recommendations for 2012-2013
Based on the current state of the training and education program there are several areas that need improvement and development. The following points are provided as a suggestive list of areas where work needs to be done. This list is ordered by number to convey priority.

1. Development of User Group Specific EIDM/Point of Care Sessions
   Currently, a very broad session review EIDM principles and resources for point of care offered through the Library is available. It would be beneficial to form contacts with representatives from the top user groups mentioned in this plan (nurses, rehabilitation therapists, mental health workers, and pharmacists) to aid in the development of user group specific sessions. If possible a working group could be created, and regular meetings held.

2. Critical Appraisal/Thinking Focused Sessions
   Library training has traditionally focused on using the appropriate resource effectively to obtain accurate information. There is a deeper level to evaluating evidence once it is found through a resource like PubMed; the process of Critical Appraisal. The Library has a role to play in developing staff skills in critical thinking, and developing such sessions in combination with the Clinical Research Librarian would add more research support throughout the institution.

3. Web Resources, Consistency and Layout
   The Health Sciences Library website should consciously be checked and updated to reflect user needs and the information conveyed and requested in training sessions. A clear site that is easy to navigate will save time in the classroom because it will remove the need to illustrate steps to locate relevant access points and documents.

4. Patient Resources/Education / Connection with Public Libraries
   As stated by Schardt (2011), the success of evidence informed decision making necessitates involvement of the health information literate patient. The Library must develop avenues to reach out to patients and provide opportunities to gain these skills. One interesting avenue may through training pharmacists and forming connections with public libraries. “For consumers to truly engage in using evidence to help inform their decision making, they need to value the use of evidence in making those decisions“(Schardt, 2011).
References


Pravikoff, D. S., Tanner, A. B., & Pierce, S. T. (2005). Readiness of US nurses for evidence-based practice: Many don't understand or value research and have had little or no training to help them find evidence on which to base their practice. *AJN the American Journal of Nursing, 105*(9), 40.

### Supplement A
Capital Health District Health Authority Nova Scotia, Canada -- Full-time Equivalents 2001-2002

<table>
<thead>
<tr>
<th>Profession</th>
<th>FTE’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing</td>
<td>2838</td>
</tr>
<tr>
<td>Healthcare employees</td>
<td>2909</td>
</tr>
<tr>
<td>Office employees</td>
<td>1314</td>
</tr>
<tr>
<td>Support</td>
<td>921</td>
</tr>
<tr>
<td>Executive</td>
<td>11</td>
</tr>
<tr>
<td>Managers/Non-union</td>
<td>801</td>
</tr>
<tr>
<td>Total Count</td>
<td>8794</td>
</tr>
<tr>
<td>Physicians</td>
<td>914 (includes honorary)</td>
</tr>
<tr>
<td>Residents</td>
<td>447</td>
</tr>
<tr>
<td><strong>TOTAL CDHA</strong></td>
<td><strong>10,155</strong></td>
</tr>
<tr>
<td>Average FTE’s(excluding physicians and residents)</td>
<td>6966.66</td>
</tr>
<tr>
<td>Average Employee Count (excluding physicians and residents)</td>
<td>8638</td>
</tr>
</tbody>
</table>

### Capital Health District Users of Health Sciences Library Material

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>2838</td>
</tr>
<tr>
<td>Allied Health</td>
<td>2909</td>
</tr>
<tr>
<td>Physicians</td>
<td>914</td>
</tr>
<tr>
<td>Residents</td>
<td>447</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7108</strong></td>
</tr>
</tbody>
</table>
### Supplement B

**Topic:**

**Date:**

**Group/Department:**

**Occupation:**
- [ ] Physician
- [ ] Nurse
- [ ] Rehabilitation Therapist (RT, OT, PT)
- [ ] Pharmacist
- [ ] Mental Health Worker
- [ ] Other: ___________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The content of this session met my expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The content was organized and easy to follow</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am likely to use the handouts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The presenter was knowledgeable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There was enough time for questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am likely to use some of the information from this presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Was any of the material presented new to you?**
- [ ] Yes, totally new
- [ ] Yes, somewhat new
- [ ] No, nothing new

**How did you find the pace of the session?**
- [ ] Just right
- [ ] Too fast
- [ ] Too slow

**What did you think of the quantity of information presented?**
- [ ] Just right
- [ ] Too much
- [ ] Too little

What would you like to see added, dropped or changed?

How did you hear about this session?

Other Comments, suggestions:

---

Please complete and return at the end of the session or send to Katie Hollohan, Librarian Educator, Health Sciences Library, Room 5107 Dickson Building. OR by email: katie.hollohan@cdha.nshealth.ca
Supplement C
Information Needs of Main User Groups

Nurses
In a 2005 study analyzing patterns of information use by nurses, Dee & Stanley (2005) found that nurses chose information resources based on “perceived convenience, reliability and ease of use”. The nurses in this study, and related studies cited in the work of Dee & Stanley, tend to utilize print sources and to seek the opinion of colleagues over electronic resources (2005). In addition to these perceptions, the authors found that lack of time, searching skills and training options were major barriers in Library use by nurses (Dee & Stanley, 2005).

IMPLICATIONS: Since nurses (as well as other health professionals) tend to seek information that is easy, convenient and reliable it is up to the Library to provide training that addresses these concerns. More broadly, training must be marketed with these ideas in mind. Showcasing Library staff as colleagues who can be approached with research or practical questions may help to increase the use of electronic resources, and Library resources in general.

Occupational Therapists, Recreation Therapists, Physiotherapists
In a 2010 review of studies regarding the information seeking habits and needs of occupational therapists, physical therapists, and speech-language pathologists (rehabilitation therapists) Kloda & Bartlett found that rehabilitation therapists are unaware of many online sources for answering clinical questions. Much like nurses as outlined by Dee & Stanely (2005), rehabilitation therapists also rely heavily on print resources and the advice of colleagues. Although studies have shown that information obtained through the Library can influence and inform the practice of rehabilitation therapists, these same studies also show that many rehabilitation therapists are unfamiliar with popular resources such as PubMed.

IMPLICATIONS: Rehabilitation therapists, much like nurses, need to be marketed to and presented with material that is easy to access and reliable. Rehabilitation therapists also need to be shown how various electronic resources (from popular general resources to subject specific resources) can positively influence day-to-day practice and patient care. Work needs to be done on locating resources that are geared towards rehabilitation therapists and courses created with the needs of this group in mind.

Mental Health Workers (Social Workers, Psychologists, Councilors)
Wheeler and Goodman, in a 2007 issue of Health & Social Work, provide a critique of EIDM as it relates to mental health workers. The authors claim that work needs to be done if mental health workers are to actively seek evidence based information for clinical questions. Wheeler and Goodman claim that mental health workers are different from other health workers in that less evidence based information is available for them to put into practice. This, according to the authors, results in a reluctance amongst Mental Health Workers to seek evidence based information. Wheeler and Goodman (2007) state that in addition to marketing resources and providing training to mental health workers regarding EIDM, information professionals must also engage mental health workers in the creation of research and the publication process.

IMPLICATIONS: Information seeking skills, as those needed by rehabilitation therapists and nurses, are required by this group, but there is also a need to encourage mental health workers to add to the body of mental health knowledge in order for EIDM to be accepted by the profession.
as a whole. The Library must actively engage this group in the publication process, as well as participate in research oriented groups focused on mental health.

Pharmacists
In an attempt to measure pharmacists Internet knowledge and search skills, Petrson-Clark, Aslani & Williams (2010) found that there is a strong need for pharmacists to develop information literacy skills particularly in the areas of locating reliable information on the Internet and in aiding consumers with health information requests. The authors caution that pharmacists, like many occupational groups, have varied levels of need in terms of training and that this must be considered when providing information literacy instruction.

**IMPLICATIONS:** Petrson-Clark, Aslani & Williams (2010) see pharmacists as a bridge to patients in terms of EIDM. That is, because pharmacists “frequently counsel consumers on medicines, and have consumers present to them with information the obtain on the Internet” providing health information literacy training targeted at pharmacists addresses the need to more actively reach out to patients as consumers of health information” (pp. 209). The Library must seek to actively engage pharmacists with the intent of reaching consumers, and to do so in a way that includes public libraries.

**Supplement D**

*Searching*

**Skills for Life: Becoming a Savvy Searcher**

**Description:** Have you ever wondered how some people can find information so quickly? This interactive session will introduce you to the world of information searching. You will gain essential knowledge necessary to make the most of your time searching. Search terminology will be explored, as well as the difference between searching for information on Google and searching Library supported resources like PubMed. By outlining resources and services offered to you through the Health Sciences Library, this session will arm you with concepts to use throughout your career in acquiring, accessing, and appraising information.

**Recommended for:** Capital Health Staff interested in becoming better searchers and developing new skills that can be used when searching for any type of information. Concepts and skills conveyed in this session will be used in all sessions offered.

**Duration:** 60 minutes

**Objective:** This session aims to provide staff with background knowledge, in an effort to prepare for future sessions. This session acts as an introduction to all other sessions offered. It introduces concepts of preliminary (scope) searching and precision searching, as well as Boolean operators. This session connects searching for information with both the Library and evidence-informed decision making.
Outcomes Addressed / Indicators:

1A—Participants are guided to the Health Sciences Library site and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page

- **Indicator** - Instructor observes class as understanding how to access the home page.
  Instructor notes observations at the end of session

2A—Participants are guided through an example that is first searched in Google and then in a Library supported resource, such as PubMed, wish search terminology highlighted throughout. Differences in results and search strategy are clearly highlighted

- **Indicator** – Instructor emails participants a search question the day before the session with instructions to generally search for information on the topic. The session starts with discussion about participants methods to answering the question. The question is then searched in both Google and PubMed with differences highlighted. Instructor should prompt participants with questions along the way to ensure participants understanding.
  Instructor notes observations at the end of session

4AB—Participants are shown how to access results in different formats, as well as how to locate the article in full-text through Capital Health. If the full-text is not available online, alternative methods of obtaining articles are illustrated

- **Indicator** – Instructor observes class as understanding how to access full-text, and how to obtain non-full -text articles through other methods

6AB—Connections between Library services and evidence informed practices are highlighted during the session and participants are encouraged to take the EIDM module offered by Capital Health

- **Indicator** - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues

10 Steps to Literature Searching

**Outline:** Are you familiar with basic searching concepts, but need help organizing your search strategy? Are you having difficulties with navigating all of the aspects involved in effectively searching the health science literature and keeping track of the articles you acquire? 10 Steps to Literature Searching gives you a step-by-step method for approaching your literature search, from question formation to effective reference management. This session will help you develop effective key concepts, translate key concepts into database specific terminology, use Boolean logic and truncation, and document your results. Examples from PubMed will be used to illustrate the process.

**Recommended for**: Capital Health Staff interested in forming effective search questions and strategies and better managing the process of literature searching. **Skills for Life: Becoming a Savvy Searcher** is recommended, but not required, as preparation for this session.

**Duration:** 60 minutes
**Objective:** Provide staff with a framework for developing effective search strategies. Further develop the concepts of preliminary (scope) searching and precision searching. Further develop an understanding of effective use of Library related resources, and an understanding of the link between Library support and evidence-informed decision making.

**Outcomes Addressed / Indicators:**
1A— Participants are guided to the Health Sciences Library web page and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page
   - **Indicator** - Instructor observes class as understanding how to access the home page. Instructor notes observations at the end of session

2AB, 3AB— Both preliminary (scope) searching and precision searching are explored and the benefits of each are highlighted. An example in PubMed is contracted with the class, and strategies for combining terms and search sets with Boolean logic are explained
   - **Indicator** – Instructor observes class as understanding the importance of each type of search. Instructor notes observations at end of session

4AC— Participants are asked to review search results as a group. Participants are encouraged to view results in abstract view to get a good idea of what the article is about. MeSH terms associated with a given article are explored. Constructing MeSH terms with subheadings is explained, with advantages and disadvantages highlighted.
   - **Indicator** – Instructor observes class as understanding how to review results, and how to add subject headings effectively. Instructor notes observations at end of session

6AB – Connections between Library services and evidence informed practices are highlighted during the session and participants are encouraged to take the EIDM module offered by Capital Health
   - **Indicator** - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues

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**RefWorks**

**RefWorks: Getting Started**

**Outline:** Have you ever found a great reference, and then lost an essential piece of article information when it came time to format your paper with a citation style? Are you having trouble keeping track of articles on a variety of different topics? This session will not only guide you through the steps to creating a RefWorks account, but we’ll take you through the process of entering references, creating folders, sharing folders and formatting a bibliography. All the tools necessary to get your research organized!

**Recommended for:** Capital Health Staff interested in learning to use citation management software.
Duration: 60 minutes

Objective: Illustrate setting up an account in RefWorks and basic functionality of RefWorks (setting up folders, entering a reference, importing a reference, sharing folders). This session will give the basic skills to get started using RefWorks upon completion of session. This speaks to the needs of the user groups at Capital Health, as suggested by a review of the literature regarding information needs of information professionals. Issues of copyright and plagiarism will be discussed in the context of citation management.

Standards Addressed:
1A — Participants are guided to the Health Sciences Library web page and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page
   • Indicator - Instructor observes class as understanding how to access the home page.
     Instructor notes observations at the end of session
5 AB — The connections between properly managing all reference types and carrying out effective research are highlighted. The usefulness of having trusted references stored in one location for consultation, etc. is also touched on.
   • Indicator - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluations gauge the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues
6AB – Connections between Library services and evidence informed practices are highlighted during the session and participants are encouraged to take the EIDM module offered by Capital Health
   • Indicator - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues

RefWorks: Time Saving Tools and Tips

Outline: RefWorks provides a variety of tools to aid in managing your citations, that are free for Capital Health Staff. This session will guide you through the use of Write-N-Cite, RefGrab-it and RefMobile. You’ll learn how to install and use all of these tools to help you keep track of in-text citations, save webpages as references, and access your RefWorks account from your web-connected phone.

Recommended for: Capital Health Staff interested in RefWorks provided tools and their use. Recommended as a follow up to RefWorks: Getting Started.
Duration: 60 minutes

Objective: Aid health professionals in utilizing the tools offered by RefWorks to better manage and access references. To convey the utility of such tools in acquiring information in an easy and reliable manner. This speaks to the needs of the user groups at Capital Health, as suggested by a review of the literature regarding information needs of information professionals.

Standards Addressed:
This session builds on knowledge gained in the RefWorks: Getting Started, therefore, the standards and related indicators are in keeping with RefWorks: Getting Started.

PubMed

PubMed: Essential Aspects

Outline: Are you interested in learning more about PubMed? This session will introduce you to the essential aspects necessary to navigate and locate articles in PubMed. You will be guided through a basic search, learn how to apply limits, and access full-text articles. PubMed tools Single Citation Matcher and Clinical Queries will also be highlighted.

Recommended for: Capital Health Staff who are first time PubMed users. This session will also touch on navigation and new features, so those who are unfamiliar with changes in PubMed may gain useful information as well.

Duration: 60 minutes

Objective: To introduce new Capital Health users to the PubMed interface, and guide them through a basic search. Participants in this session will learn how to access a full-text article through PubMed and apply limits to narrow results. For situations where full-text is not available, participants will learn to request items through LoansomeDoc through the order option. Participants will gain useful guidance for navigating changes in the PubMed interface and the use of new features.

Standards Addressed:
1A— Participants are guided to the Health Sciences Library web page and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page
   • Indicator - Instructor observes class as understanding how to access the home page. Instructor notes observations at the end of session
4AB – Participants understand how to form a basic, but effective search in PubMed. Setting limits to narrow results is also understood, as well as locating relevant documents and obtaining articles.
   • Indicator – Instructor observes class as understanding how to get results from a basic search, and how to obtain the full-text of the article online through Capital Health (if available) or a paper copy through LoansomeDoc
6AB – The participant is satisfied with the knowledge gained through the session, and is more comfortable with PubMed. The participant is aware of the connections between Library services and evidence informed decision making

- Indicator - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues

PubMed: Carrying out an Effective Search

Outline: Having trouble getting the results you want in Pubmed? This session will guide you through the process of creating an effective search strategy in PubMed. You will be guided through the creation of both a preliminary and a precision search, how to find and use MeSH subject headings, and the effective use of MeSH subheadings. Many health science databases are modeled after PubMed. Getting a handle on how to form an effective search strategy in PubMed will allow you to develop skills that are directly translatable to searching in other databases.

Recommended for: Capital Health Staff familiar with PubMed, but looking to learn more effective searching techniques. Recommended as a follow up to PubMed: Essential Aspects, Skills for Life: Becoming a Savvy Searcher, and 10 Steps to Literature Searching.

Duration: 60 minutes

Objective: The aim of this session is to guide participants through a strategic approach to searching PubMed. This session will translate searching concepts into practice, by highlighting searching broadly (preliminary) and searching precisely. The use of combining both types of searches to get relevant results will also be highlighted. The concept of narrowing a search is also touched on, with special attention to MeSH subheadings and their proper use. This session prepares the participant for effectively retrieving results in PubMed, as well as provides a working example that can be translated to other resources.

Standards Addressed:
1A — Participants are guided to the Health Sciences Library web page and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page

- Indicator - Instructor observes class as understanding how to access the home page. Instructor notes observations at the end of session

2B – Participants are taken through the steps to develop a searchable question and create key concepts based on this question.

- Indicator – Instructor observes class as understanding the importance of each type of search and the use of concepts such as Boolean operators and truncation. Instructor notes observations at the end of session
3B – Participants are shown how to develop an effective search strategy using Boolean operators and truncation in PubMed. Combining with both AND and OR is highlighted and explained
   • Indicator - Instructor observes class as understanding develop an effective search strategy and enter it into PubMed

4AC – MeSH terms associated with a given article are explored. Constructing MeSH terms with subheadings is explained, with advantages and disadvantages in terms of results highlighted.
   • Indicator – Instructor observes class as understand how to review results, and how to add subject and subheadings effectively. Instructor notes observations at end of session

6AB – The participant is satisfied with the knowledge gained through the session, and is more comfortable with effectively searching PubMed. The participant understands how to search in a step-by-step fashion and is able to use MeSH subject headings and subheadings effectively.
   • Indicator - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues

**PubMed: Time Saving Tools and Tips**

**Outline:** Do you have a search topic that you continuously want the latest information on? Are you looking for a better way to manage your results in PubMed? This session will guide you through the use of the PubMed tool My NCBI. You will learn how to save references, create results collections, produce a bibliography, and create custom filters.

**Recommended for:** Capital Health Staff with a good knowledge of PubMed. Recommended as a follow-up to PubMed: Carrying out an Effective Search.

Objective: This is a how-to session for those interested in using the feature “My NCBI” offered by PubMed. The intention of this session is similar to that of the RefWorks sessions, in that participants are encouraged to use tools offered by Library supported resources to save time and make searching and accessing trusted resources convenient. This speaks to the needs of the user groups at Capital Health, as suggested by a review of the literature regarding information needs of information professionals.

**Standards Addressed:**

1A— Participants are guided to the Health Sciences Library web page and given tips on effectively accessing the page. All handouts explain how to access the Health Sciences Library page
   • Indicator - Instructor observes class as understanding how to access the home page. Instructor notes observations at the end of session

5AB — The connections between properly managing all reference types and carrying out effective research are highlighted. The usefulness of having trusted references stored in one location for consultation, etc. is also touched on.
   • Indicator - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluations gauge the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The
evaluation includes a question regarding if participant will recommend Library sessions to colleagues

6AB – Connections between Library services and evidence informed practices are highlighted during the session and participants are encouraged to take the EIDM module offered by Capital Health

• **Indicator** - Evaluations are given out at the end of the session to be submitted to the instructor. Evaluation gauges the degree to which the participant enjoyed the session and how much useful information the participant gained from attending the session. The evaluation includes a question regarding if participant will recommend Library sessions to colleagues
Appendix B

Business Planning Submission 2011-2012

Evidence Informed Decision Making Program
Business Planning Submission Template 2011/2012

This template can be saved as a Word Document. Final VP submissions can be uploaded to: BP2012@ch-itssp01.cdha.nshealth.ca

This template can be saved as a Word Document

Background

Proposals should be results-oriented leading to a significant, sustained change within Capital Health. They will be ranked for their ability to transform and support the work of Capital Health. In developing submissions, proponents are encouraged to collaborate and take a system-wide perspective. It is critical that the proposal development phase include all those who may affect and be affected by a particular project or decision.

Capital Health’s decision to change its business planning process is part of its continuing commitment to “give life” to its values and goals, as articulated in Our Promise, the five strategic streams and the 2013 Milestones. The organization developed an approach that integrates the perspectives of ethics, evidence and economics. Attention is focused on connecting what is valued and believed important (the ethics) to what is best practice (the evidence) and what is spent (the economics).

Please limit narratives and use bullets for brevity (3,000 word count limit). The review process may require the submitting team give a 15 minute presentation supporting its initiative to the Review Panel.

<table>
<thead>
<tr>
<th>Initiative Title:</th>
<th>Evidence-informed Decision Making Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief Description (max 255 characters):</td>
<td>Program to train, educate and support staff and students in their move to Evidence-informed decision making. One coordinator of Evidence-Informed Decision Making (EIDM) and support for the Research Librarian position at the Research Methods Unit</td>
</tr>
<tr>
<td>Prepared By:</td>
<td>Penny Logan, Shaun Black, Elsie Rolls</td>
</tr>
<tr>
<td>Date of Submission</td>
<td>January 29, 2011</td>
</tr>
</tbody>
</table>
Fit with organizational oversight group:

- Clinical Flow and Operations Group (CFOG)
- Ambulatory Care Task Force
- Model of Care Task Force
- Operating Room Executive
- Medication Reconciliation Group
- Primary Health Care Plan
- Community Health Care Plan
- Co-Leadership Group
- Other (please specify)

Evidence-Informed Decision Making Adviso

Date of review by appropriate organizational Group: January 29, 2011

Service Area/Program:

These programs have worked together to put this proposal together: Medical Education, EIDM Committee, Point of Care Research Education Program, Decision Support, Learning and Development, Research, Executive Management, Board, Professional Practice, EXTRA candidates, Addiction Protection and Treatment Service. However, this initiative applies to all the organizational oversight groups as we expect our practices and decisions to be evidence informed - including all employees and managers in all areas of Capital Health in both clinical and non-clinical areas.

Lead

Penny Logan, Shaun Black, Elsie Rolls

Director(s)

Marilyn Swaffer, Director Medical Education
Elsie Rolls, Director Veterans Services
Lisa Underwood, Director Research Services

Physician Co-Lead(s)

Dr. Sam Campbell, Dr. Brendan Carr, Dr. Rick Gibson, Dr. Raymond LeBlanc, Dr. Laurie Mallery, Dr. Steven Soroka
**Milestone(s) Impacted:**
(Address each of your targeted milestones under the appropriate section below. Use CTRL + Click to select multiple items)

- Improved overall recruitment/retention rates
- 90% of formal leaders consistently demonstrate transformational leadership
- Improved self confidence in managing chronic conditions
- 25% increase in use of web-based technologies
- Resourced the information Management Strategic Plan

**Accreditation / Regulation(s) Impacted:**
This project is essential to meeting the following Required Operational Practices (ROPs)

**Patient Safety:**
implementing organization-wide client safety initiatives, accessing evidence and utilizing best practice

**Infection Control Guidelines:**
The organization is aware of and follows evidence-based international, federal, and provincial or
territorial infection control guidelines.

Falls Prevention Strategy

Evidence-based approaches to reducing falls and fall injuries can increase quality of life for long-term care residents and acute care patients and reduce costs associated injury repair and extended lengths of stay and due to serious injury related to falls.\(^1\)

VTE prophylaxis

The team identifies clients at risk for venous thromboembolism (DVT and PE) and provides appropriate evidence-based, VTE prophylaxis.

Criteria

The criteria are structured on the 3E framework (Ethics, Evidence & Economics). Use one or two sentences to describe the fit under each criterion based on ethics, evidence and economics. Where appropriate include a statement regarding the risks anticipated if the initiative is NOT supported. Under the appropriate section outline how the initiative will address specific milestone targets.

1) Who needs to be included in this initiative?
   Describe Briefly including all portfolios / services consulted through the initiative development and implementation: Collaborating portfolios must append a supporting letter from the appropriate director(s)

Most of Capital Health will be impacted by this initiative. As one of the over-arching requirements, EIDM is a major section of the Systems and Frameworks necessary for all parts of the 2013 Milestones because all these Milestones must be evidence-based

? Ethics:  
This project will allow Capital Health the resources necessary so that all staff will have the skills to make evidence-informed decisions. This project will meet the need to match the expectation of our teams having evidence skills, to the obligation the organization has to develop and nurture this new organizational competence.

? Evidence:  
The initiative will impact those listed by ensuring there are EIDM training programs – both online and in-person. As needs are developed, the EIDM Coordinator can develop training programs and develop resources for training. The Research Librarian will support Systematic Reviews and develop specialized training for researchers
with highly sophisticated needs.

“In fewer than 20 years, evidence-based medicine (EBM) has gone from a tentative name of a fledgling concept to the fundamental basis for clinical practice that is used worldwide” ².

“Similarly, implementing EBP within a health care organization is seldom a single action but rather involves a well designed, comprehensive plan and stepwise process involving multitude of dissemination and implementation strategies.” ³.

Milestone: Resourced the information Management Strategic Plan – p. 16 Online access to Library services

Economics:

This initiative will have a positive impact on those listed because there will be training programs in place and available. People will not have to spend time trying to find training they need. There will be regularly advertised training schedules. These training programs will be developed in-house saving money for CDHA. Depending on the qualifications of the Coordinator, there may be a need to fund their attendance at an Evidence-informed decision making week-long workshop to get high-end skills for Teaching EIDM. Between the EIDM Coordinator, the Research Librarian and current Library staff, a single point of contact will be developed for staff needing help with literature searches. This access to expert searchers is a core library service⁴ that has been lacking. This initiative will allow this knowledge translation activity to be provided in a sustainable way. It is cost efficient to train locally as there is a high cost for people to seek training externally. There is the added benefit that “Internal teachers act as role models who lead by example and enforce the corporate culture and develop the future leaders” ⁵.

Collaboration List
(supporting directors):

Marilyn Swaffer, Director Medical Education
Elsie Rolls, Director Veterans Services
Lisa Underwood, Director Research Services
Mary Ellen Gurnham, Executive Director, Professional Practice
Trevor Briggs, Director Addiction Prevention and Treatment Services

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<th>Available Points</th>
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<td>Optimizes collaboration across portfolios and the continuum of care</td>
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### Transforming Person Centered Health Care Experience

**How does this initiative improve the patient experience?**

The patient experience will be improved in all areas as each person in Capital Health understands and implements the best available evidence in delivering care and services. To get to a world-leading haven, we must not rely on the ‘old ways’ there must be a constant drive to find out how to do things better.  

Basing our work on the evidence, affects healthcare delivery because we can:

- eliminate ineffective activities (saving money),
- avoid testing, treatments and approaches which have not worked elsewhere, and
- shorten the implementation time for new and effective approaches

Some examples:

From the clinician side: an Occupational Therapist who wants to understand best practice for music therapy; the Nurse who needs to know the latest Best Practice; the Physician instructing Residents in how to critically appraise articles.

From the administration side: Questions from the Board about how to move the organization forward on a leadership program; the Manager who needs access to the latest Conference Board of Canada document; the Director and Medical Director who need to determine how to improve access and flow; the Vice President who is enrolled in the EXTRA program.

From the financial side: The Manager who wants to evaluate recruitment and retention plans; the systems analyst who needs access to the very latest analysis of work-life balance.

From the community Programs side: the CHB coordinator who wishes to know the most effective interventions to engage the community (or ways to motivate the community to be more active)  

Every activity in Capital Health needs to understand the application of appropriate evidence. The EIDM coordinator will ensure that this education is available, and required by everyone in Capital Health. The Research Librarian will help deliver that education and be part of the team of accessible expert searchers to provide guidance and help.
**Milestone:** Improved self confidence in managing chronic conditions

<table>
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<tr>
<th>Ethics:</th>
<th>The outcomes will include patients and clients receiving the most appropriate and best treatment with care that includes patients and clients wishes, appropriate utilization of resources (human, financial, physical, etc), and improved recruitment and retention of employees.</th>
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<tr>
<td>Evidence:</td>
<td>The Center for Health Policy Research's stated goals for EBM include the following: (a) to enhance the quality of care by providing clinicians with information on which to base their clinical decisions; (b) to ensure that individual patient care is based on the most up-to-date evidence and results in the best possible outcomes; (c) to encourage physicians to maximize the likelihood of positive outcomes over many patients rather than just the patient at hand; (d) to minimize the gap between research and practice. The Institute of Medicine pointed out three categories of problems related to this research practice gap: the overuse of some health care interventions (particularly in circumstances where they are not effective); the underuse of interventions (that are proven to be effective but are not applied appropriately); and the misuse of interventions (particularly when the evidence of effectiveness is unclear and leads to wide variations of practice).</td>
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| Economics: | The benefits will be satisfied citizens who are engaged in decisions about their healthcare, and a realization by providers that 'more' healthcare is not necessarily better care. “When physicians are unsure of the best course of care, many tend to increase treatment under the assumption that more care creates better outcomes. However, in the Dartmouth Atlas Project’s most recent report, researchers found that more...
intensive care does not always lead to better outcomes. Indeed, mortality is often higher in areas in which more resources are used, with variations in severity of illness only accounting for only a small fraction of the observed variation in mortality.\textsuperscript{9}

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<th>Transforms patient access/flow improving patient experience</th>
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| Citizen and Stakeholder Engagement and Accountability

2) How does this initiative support patients in self care & health maintenance? How was the patient perspective included in this process development?

One of the basic tenets of Evidence-informed decision making is involving patients/residents/clients in care decisions. Evidence alone is never sufficient to direct decision making. Rather, it must be put into context with a person’s values. FROM: \url{http://www.mclibrary.duke.edu/subject/ebm/overview/evidencecycle.pdf}

As CDHA clinicians understand the full impact of EIDM, the receivers of care and services - individuals and their families - will be fully involved in clinical decisions.

Support to front-line caregivers (who are stakeholders) will allow them to better identify and adopt evidence-based practices (or give up those that are no longer evidence based).

In addition to patients and families becoming fully involved in clinical decisions as we understand the full impact of EIDM, there will be greater public participation in decision making in general perhaps even in administrative areas such business planning.

? Ethics:

The outcomes that will arise from this initiative are:

- improved care experience
- More involved patients/residents/clients
- Collaboration and dialogue amongst members of the interdisciplinary care team
- Increased dialogue, with members of the interdisciplinary team providing the evidence to the care receivers to assist the person(s) to make decisions about the ‘best’ treatment from the person’s point of view.
Evidence: The basis of the claim of improved patient experience comes from the Institute for Healthcare Improvement document that identified as “one of the primary drivers” that improves the patient experience is:

“The care team instills confidence by providing collaborative, evidenced-based care.”

Economics: The benefits manifest themselves for the patient/resident/client and/or the healthcare system with more involved care recipients, and often a desire for ‘less’ treatment, not more, with the resultant cost-savings. Reductions may also be realized as treatments and activities that are evidence based and best practice may reduce lengths of stay. (Improvement in indicators such as infection rates, injuries related to falls, etc.)

Innovating Health and Learning

3) How does this initiative improve the service delivery and optimize technology?

All courses will be delivered through the library’s training program which has a combination of laboratory and online training. This will optimize technology as online modules are developed and made available on the Internet so that they can be shared world wide.

Milestone: Improved overall recruitment/retention rates

4) What innovative or learning benefits will be realized through this initiative?

Learning benefits include developing knowledge of e-learning concepts within the CDHA, using software that acts with the already-owned Learning Management System (LMS). The Library has piloted this software and worked closely with HITS, so that output is normalized to already-accepted standards, and with Leadership, RNPDC etc. to ensure EIDM is included in all learning opportunities. A course will be implemented to teach others how to develop e-learning modules, increasing the capacity within CDHA.

Ethics: Outcomes will be improved care and service delivery experience for clients, more knowledgeable clinicians, clients included in healthcare
decisions.

Evidence:
The basis for this claim is summed up in these quotes below about how relying on evidence results in improved care and service delivery. These quotes come from the Nursing literature, from health administration, and also from a Cochrane review – the medical side.

“Important patient safety, comfort and satisfaction outcomes can be improved through the utilization of innovative evidence-based nursing strategies. These strategies are cost neutral and have significant impact on the healthcare experience of hospitalized patients.”

and

“In sum, ignoring evidence-based theory is no longer defensible in medical decision making and health, regardless of whether the focus is on research or on practical applications.”

and

“Use of evidence based decision aids has been shown to lead to improvements in patients’ knowledge, better understanding of treatment options, more accurate perception of risks, and reduced demand for elective procedures.”

Organizations are moving quickly to E-learning because it is a cost-effective way to meet the training needs of an institution.

“And keep in mind that not all calculated cost savings are transferred to the bottom-line. These “savings” may instead allow for the ability to focus those limited education resources to more meaningful educational sessions like improved patient quality of care and safety.”

And, Toyota, the beacon of cost efficiency estimates a 60% saving on training costs with e-learning.

Economics:

<table>
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<tr>
<th>Is this an innovative approach to delivering health care, education or research?</th>
<th>2</th>
<th>4</th>
<th>6</th>
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<th>Available Points</th>
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<td>Critical to 2013 Vision</td>
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Sustainability
### 4) How will this initiative support sustainable healthcare?

Online courses are a responsible and cost-saving use of resources. As CDHA employees use Evidence to make decisions about our healing spaces, equipment, environment, staff and health care delivery, we will be making informed choices.

#### Ethics:

The benefits from this initiative will be healthier patients who are involved in their healthcare.

#### Evidence:

Even in facility design, if reliable evidence is used, the result is more effective health services delivery.

#### Economics:

The Ontario Ministry of Health and Long-term care notes Evidence-based care is essential in its Excellent Care For All (ECFA) Strategy document:

“Evidence-Based Care also supports better use of health care resources by focusing resources on delivery of care that is known to be effective…. by reducing the rate of avoidable hospitalization.”

“The ministry needs to ensure that scarce health dollars are focused on the delivery of quality, evidence-based services to Ontarians.

“The ECFA strategy supports a shift toward funding for health care based on evidence-based practices. Funding would be directed to those areas demonstrated through evidence to produce the greatest value, without compromising access to health care services established by experts to be medically necessary.

… focusing on reducing expenditures on specific testing and interventions shown to be clinically ineffective or inappropriate.”

---

### 5) How does this initiative foster transformational leadership?

By providing training in the fundamentals of evidence-informed decision making for all
areas of Capital Health, and in later stages, these courses could be available to the wider world. This program will positively impact staff by ensuring they have the skills to work in an evidence-based environment. The close association with the Research Methods Unit will ensure a co-ordinated approach and no duplication in these activities.

**Ethics:**
This will improve the patient experience because all staff from clinicians to Board members understand and implement the principles of Evidence-Informed Decision Making in every day clinical and management decisions.

**Evidence:**
“ The recent push toward evidence-based decision making in medicine suggests that even incomplete or provisional evidence (expressed as probabilities) can be valuable in less structured, ambiguous decision environments. Indeed, …, head-to-head comparisons in which algorithmic, evidence-based techniques are evaluated against impressionistic and intuitive judgments of experts show that algorithmic techniques often provide better results, even in unstructured decision contexts …”

**Economics:**
This benefit will manifest itself in a team of leaders who work every day from the evidence-informed philosophy, and a patient population that gets the best, appropriate and sustainable health care.

Courses will be accredited for continuing education credits such as CME points for physicians, or for MOC credits for the Canadian College of Health Leaders. These positions will support learning and use of evidence for staff and for the learners at Capital Health and ensure all have access to EIDM experts.

**Milestone:** - 25% increase in use of web-based technologies

**Ethics:**
The benefits that will be realized in terms of our research and academic mandates are the development of a professional quality training program.

**Evidence:**
We base this on the requirement for most health care professionals to maintain some academic credential or continuing education requirement.
“Ensure that managers get ongoing leadership training.”

**Economics:**

This benefit will manifest itself in improved recruitment/retention of staff.

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<th>Advances our education and research missions</th>
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### Financial / Volume Impacts

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<th>Fiscal 2012/13</th>
<th>Fiscal 2013/14</th>
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<td>Capital - Describe:</td>
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<td></td>
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<tr>
<td>Expenses - Describe:</td>
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<tr>
<td>Cost Recovery / Revenue Describe:</td>
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<td>No impact on patient</td>
<td>No impact on patient</td>
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Will any funding be reallocated from within your portfolio? 100% (10 points); 90% (9 points); 80% (8 points); 70% (7 points); 60% (6 points); 50% (5 points); 40% (4 points); 30% (3 points); 20% (2 points); 10% (1 point) 4.5

66% funding for Research Librarian from Cochrane Group, and the Research Methods Unit, cubicle and data line; database costs 43%

**Describe financial requirements in detail:**

EIDM Coordinator $70,000 plus benefits (30%) $21,000 = $92,500

1/3 of the salary for Research Librarian $23,000 plus benefits (30%) $7,000 = $30,500

Cost recovery:

Two databases (EMBASE and ABI Inform) are required to support EIDM. Innovation and Learning will cover that yearly cost of $25,000.

66% ($62,000) of the Research Librarian salary is paid by the Cochrane Group and the Research Methods Unit + cubicle and data line $2507 in year one = $64507; $62,000
year 2. *It may be possible to recover some costs from this project if we make the training available at a fee to outside groups ($2000) in year 3.

_________________________

Capital expense: Cubicle $2180 data line $327 = $2507

Year one - possible need to fund attendance at a week-long EIDM workshop for Coordinator. $3,000

Year 1,2: Costs to certify the courses for CME points $500

Minor travel. $1,000, Telephone: $240 per yr; Desktop $192 per year = $1432

Year 1: $3000 + $500 + $1432 = $4932

Year 2: $500 + 1432 = $1932

Year 3 $1432

? How will this initiative prove its value (return on investment)? When will the return be realized:
Year 1 (10 points); Year 2 (8 points); Year 3 (5 points); Beyond Year 3 (0-4 points);

There will be a return on investment in time people spend looking around to find the best evidence. This program will provide one-stop for training in EIDM. There will be a return on investment in recruiting and retention with a program that supports EIDM skills. ROI in one year. 10 points

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**Proposed Implementation Plan**

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<thead>
<tr>
<th>Action Plan</th>
<th>Year 1:</th>
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<tr>
<td>1. Three (3) EIDM modules online and working within one year</td>
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<td>2. Modules accredited for CME and other professional accreditation points</td>
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<tr>
<td>3. Expert Search referral service developed between EIDM, Library Services and Research Services</td>
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<td>4. Pilot project in place EIDM training for Mental Health/Addictions</td>
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<td>5. Assessment of specialized research needs complete</td>
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## Business Plan Template 2011/12

| Year 2: | 1. Two (2) additional EIDM modules online and working by end of year two.  
2. Classroom training in how to create an e-learning program using LMS delivered  
3. Implementation Research training program developed  
4. All Mental Health/Addictions staff completed core EIDM training |
|---|---|
| Year 3: | 1. Specialized EIDM programs developed  
   -EIDM for Management  
   -EIDM for Policy Development  
2. Specialized Research programs part of regular orientation for all researchers |

### Outcomes / Measures

**(Include expected outcomes, measures and timeline)**

3 courses working by end of year 1  
All Managers, Directors, VPs and Board completed EIDM course by end year 2  
[Milestone: 90% of formal leaders consistently demonstrate transformational leadership]  
Introduction to EIDM required module for all incoming CDHA employees by end of year 3  
How to create an e-learning course developed by end of year 2  
All Mental Health/Addictions staff completed core EIDM training by end of year 2  
Specialty programs up by end of year 3

### Dissemination Plan

**(how will this work be shared with the others within the district / province / country)**

- Updates in Capital Health News  
- Updates on the CDHA website  
- Paper submitted re EIDM to Canadian Health Libraries Association journal  
- Poster/paper presentation re EIDM to Canadian Health Libraries conference  
- Paper submitted regarding e-learning to an e-learning journal

### Research References

5. Galanaki E, A decision model for outsourcing training functions: distinguishing between generic and firm/job- specific training content. International Journal of
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<td>17. Keller, Amy Beth. Evaluating evidence for credibility, acceptability and</td>
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<td>actionability: findings from visits with three Pebble Partners. Healthcare Designe, Vol 10 (110 pp 18-23</td>
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