### The Impact of Evidence Summaries on LIS Practitioners

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### **Background & Problem**

 Gap between research and practice in library and information studies (LIS)

(Booth, 2003; Crowley, 2005; Genoni, Haddow, & Ritchie, 2004; Turner, 2002)

- Only method likely to improve communication is "inclusion of research reports in (...) publications frequently read by practitioners." (Haddow & Klobas, 2004)
- Evidence Based Library and Information Practice journal, 2006-
  - ~10 Evidence Summaries published each quarterly issue

## **Research Objectives**

To investigate the **impact** of evidence summaries on library and information professionals and their practice

- Validate a tool to assess impact
- Determine how and why readers of evidence summaries use these
- Understand how evidence summaries impact knowledge, practice, users

### Methods

Mixed-methods design

Phase 1: Development and face-validation of tool

Phase 2:

Survey questionnaire to readers (QUANT)

 Phase 3: Interviews (QUAL)

# Findings (Phases 1 & 2)



#### Development of Impact Assessment Method

Grad, R., Pluye, P., & Beauchamp, M.-E. (2007). Validation of a method to assess the clinical impact of electronic knowledge resources, *e-Service Journal*, *5*(2), 113-135.

#### Evaluate e-Therapeutics Highlight

I C

For acute uncomplicated low back pain, NSAIDs are effective for pain relief, particularly during the first few weeks, but there is no evidence that one NSAID or COX-2 anti-inflammatory is more effective than another. Therefore, when selecting an NSAID, consider tolerability, patient contraindications, and cost. There is moderate evidence that NSAIDs are not more effective than acetaminophen for back pain. Given the greater safety profile compared to NSAIDs, a trial of acetaminophen, or acetaminophen with codeine is a reasonable option in acute uncomplicated back pain.

Q1.What is the impact of this e-Therapeutics Highlight on you or your practice? While the default option is 'No', please consider whether a 'Yes' or 'Possibly' response is more appropriate.

My practice is (will be) changed and improved	1			Yes	No	Possibly
If Yes, what aspect will be changed or improve	d?			~	~	<u> </u>
	Yes	No	Possibly			
Therapeutic approach?	0	۲	0			
Disease prevention or health education?	0	۲	0			
Other?	0	۲	0			
I learned something new				0	۲	0
I am motivated to learn more				0	0	0
This information confirmed I did (am doing) th	ne righ	nt thing		0	0	0
I am reassured				0	0	0
I am reminded of something I already knew				0	0	0
I am dissatisfied				0	0	0
There is a problem with this information				۲	Õ	õ
	Yes	No	Possibly			
Too much information?	0	۲	0			
Not enough information?	0	$\odot$	0			
Information poorly written?	0	$\odot$	0			
Information is too technical?	0	$\odot$	0			

#### http://iam2009.pbworks.com/

Development of Impact Assessment Method

8 Referring back to the Evidence Summary you named above, what impact did it have Only answer this question if the following conditions are met: * Answer was 'Yes' at question '1 [Eligibility]' (Have you ever read an Evidence Summary in the journal, Evidence Based Library at Please choose all that apply:	for you? *
* Answer was 'Yes' at question '1 [Eligibility] (Have you ever read an Evidence Summary in the journal, Evidence Based Library a	
	nd Information Practice?)
My practice was (will be) improved	
My practice was (will be) improved	
I learned something new I recalled something I already knew	
<ul> <li>It prompted me to investigate more</li> </ul>	
It confirmed I did (I am doing) the right thing I was reassured	
I was dissatisfied: There is a problem with the presentation of this Evidence Summary I was dissatisfied: I disagree with the content of this Evidence Summary	
It is potentially harmful It is potentially harmful	
ILIS DOIENUAIV NARMIUI	
Other:	
Other:     Other:	nd Information Practice?) a
Other:     Other:	nd Information Practice?) a
Other:  You reported: My practice was (will be) improved.  What did you (will you) do differently after reading the Evidence Summary? *  Only answer this question if the following conditions are met:  Answer was 'Yes' at question '1 [Eligibility]' (Have you ever read an Evidence Summary in the journal, Evidence Based Library at Please choose all that apply:  Change my service approach	nd Information Practice?) a
Other:     Other:	nd Information Practice?) a
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Other:     Other::     Other:::     Other:::     Other:::     Other::::     Other::::::::::::::::::::::::::::::::::::	nd Information Practice?) a
Other:     Other:	nd Information Practice?) a

10 You reported: I was dissatisfied; There was a problem with the presentation of this Evidence Summary.

Which of the following problems did you encounter? \*

Survey Respondents



Country



Number of Evidence Summaries Read in Past Year



## **Title of Evidence Summary**

- 25 different evidence summaries were identified
- Decline in Reference Transactions with Few Questions Referred to Librarian when the Reference Desk is Staffed by a Paraprofessional (8)
- The Presence of Web 2.0 Applications Is Associated with the Overall Service Quality of Library Websites (6)
- Google Scholar Out-Performs Many Subscription Databases when Keyword Searching (4)
- Statistical Measures Alone Cannot Determine Which Database (BNI, CINAHL, MEDLINE, or EMBASE) Is the Most Useful for Searching Undergraduate Nursing Topic (4)
- A Graduate Degree in Library or Information Science Is Required, but not Sufficient, to Enter the Profession (3)

Reason for Reading Evidence Summary

n=62

	Freq.	%
For general interest or curiosity	15	24%
For personal continuing professional education	18	29%
To answer a specific question or address a specific issue in my practice	21	34%
Other	8	13%

When the Evidence Summary was Read



### Cognitive Impact

	Freq.	%
My practice was (will be) improved	11	13%
I learned something new	36	42%
I recalled something I already knew	14	16%
It prompted me to investigate more	23	27%
It confirmed I did (I am doing) the right thing	17	20%
I was reassured	13	15%
I was dissatisfied: There is a problem with the presentation of this evidence summary	1	1%
I was dissatisfied: I disagree with the content of this evidence summary	0	0%
It is potentially harmful	0	٥%
Other	9	10%

Cognitive Impact: Presentation Problem

"You reported: I was dissatisfied; There was a problem with the presentation of this Evidence Summary. Which of the following problems did you encounter?"

	freq.	%
Too much information	0	0%
Not enough information	1	1%
Information is poorly written	0	0%
Information is too technical	0	0%
Other	0	0%

Cognitive Impact: Disagree with Content

"You reported: I was dissatisfied; I disagree with the content of this Evidence Summary. Which of the following content elements did you disagree with?"

	Freq.	%
The structured abstract did not adequately explain the original study	0	0%
The writer of the evidence summary presented incorrect information	0	0%
The commentary was overly negative	Ο	о%
The commentary was not critical enough	0	0%
The writer of the evidence summary did not place this study in context	0	0%
Other	0	о%

### Practice Impact

"You reported: My practice was (will be) improved. What did you (will you) do differently after reading the Evidence Summary?"

	Freq.	%
Change my service approach	5	6%
Change my approach to collections	1	1%
Change my management approach	4	5%
Change my approach to teaching	4	5%
Change my professional approach	4	5%
Other	3	3%

### Community Impact

"If reading this Evidence Summary resulted in some change to your individual practice, do you think it led to an impact on anyone within the community you serve or environment in which you work? Please explain in the comment box."

### None

- Hypothesized future/potential impacts on users
- Reinforced cognitive or practice impacts, not user outcomes
- 5 reported actual impact at this level:
  - Change in teaching LIS students
  - Observed (anecdotal) changes

### Discussion

- One evidence summary assessed per respondent
- Cognitive impact comparable to findings in Grad, Pluye, et al. (2006)
- Practice impact two-tiered?
- Low community impact

## Conclusion

- Tool validation
- Cognitive impact
- Practice impact
  - Individual
  - Collective/immediate environment
- Difficult to assess impact on community/users

### **Next Steps**

### Phase 3:

- Contact 24 respondents who agreed to be interviewed
- Further validation using CIT in interviews
- Conduct survey again once validated with larger sample

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