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Proceedings

“*Evidence based medicine*” (EBM) was defined by David L Sackett et al. in BMJ in 1996 as “*the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient*”.

Practising evidence based medicine means *integrating individual clinical expertise with the best available external clinical evidence from systematic research*.

“*Evidence based health care*” (EBHC) extends the scope to those making decision about not just individual patients, but also populations, and hereby it includes not only the evidence for effectiveness of healthcare, but also other implications such as for example costs.

“*Health technology assessment*” (HTA) is a comprehensive systematic evaluation of the assumptions for, and consequences of, the application of health technology. This means analysing, structuring and synthesising the best available evidence – in a systematic and transparent way – not about the effectiveness of the technology only, but also about consequences for the patient as well as organisational and financial aspects of the technology. HTA was introduced in a few countries in the early 1980’s and is now an internationally well-known approach to providing input for decision-making – both at the clinical, administrative and political level.

The process of both EBM, EBHC and HTA integrates good old traditional librarian concepts, such as collecting, structuring, and finding information as well as documenting what and how was done. So let’s take a look at the librarian – that worked in the (medical) libraries just a few decades ago, when EBM was introduced:

The librarian was female, about 50 years old, she managed an "exclusive club" - that were probably for physicians only. The library was a very tidy place with perfect order on the shelves, and if asked, the librarian would know exactly where to find the requested book or journal. She rarely came out of the library, and it is probably fair to say that librarians had a rather dull and dusty image.

At present, the librarian is probably still female, but she is not a librarian only, she is also a searcher, teacher/trainer, interdisciplinary collaborator, and she is curious and interested in developing the library and it’s services. But when it comes to “know how” within the field of information and documentation – for example literature searching - she still believes she can do better than other professions.

From the user’s point of view, access to best available evidence for patient care – in due time for clinical decisions - has become much easier during the 1990’s. It is possible to use library services from outside the library, mainly because of the increasing access to databases and electronic collections through local networks and the Internet. The library provides user education introductions and courses on how to search the databases and find the articles in full text, and even

though many users forget most of it within a very short time from the courses, they believe in “learning by doing” – and why shouldn’t they – they always find *something* relevant – and within a short time frame.

So why ask a librarian?

The answer is not that we librarians know better, but that multidisciplinary collaboration is fruitful. And why don’t *we* ask them if we can “join them” out there, where and when they need our skills? A mixture of the better of the two disciplines – the expertise of the health professionals (the specialist) and the systematic approach of the librarian (the generalist) – has shown to make a difference when practising an evidence-based approach. A few examples:

- The Cochrane Collaboration: many review groups include librarians
- A large number of national HTA institutions around the world employ librarians
- The NHS in the UK has supported a number of projects - e.g. the “Library Support for Evidence-based Health Care” in the Northern and Yorkshire Region. Also projects to promote evidence-based practice for general practitioners have been set up
- The HELSKO project in Norway is a multidisciplinary project group that promotes EBHC
- In Canada, a clinical partnership project has been introduced to promote evidence-based practice at a hospital in Montreal

Multidisciplinary collaborations provide a number of challenges, as well as benefits for librarians.

Looking at the challenges:

Basic knowledge:

It is no longer sufficient to maintain the basic knowledge about information and library sciences.

We must be willing to learn about scientific and clinical areas as well. We must know about the basic principles of critical appraisal, epidemiology, statistics, scientific research processes, and also the structure of the health care systems in our countries, medical terminology etc. to understand the background of our users.

Interdisciplinary collaboration:

We must achieve knowledge about project work and be willing to participate in and manage projects with participants from several disciplines.

What do our users need:

Prior to decisions about introducing new services or developing existing services, we must be better at analysing the information needs of our users. Analysing the use and usefulness of existing services could provide this information - by surveys, by library user groups, focus group interviews etc.

Documentation (incl. impact):

- of services: documenting when and how services was conducted and delivered. If possible, seek information from users about the impact of the services – was it used, was it useful etc.
- of own decisions: apply the principles of evidence-based medicine into decisions at our libraries

Evidence-based librarianship:

Practise what we tell others to do (seek evidence and apply the best of it before making decisions)

Marketing skills:

Come out of the library – tell our organisations about our services and – not least – the usefulness and impact on the organisation’s activities, and be able to document it!.

Getting more experienced in multidisciplinary collaboration and in practising the aspects of EBM - and hereby developing our expertises further - a number of benefits will be gained:

- Our knowledge about several scientific disciplines and their approaches will increase
- Our profile will be heightened within the organisation
- We will be partners in projects instead of passive provider of information
- An integration of information skills into clinical setting will start
- Librarians (information skills) will show to have an impact on patient care
- We will achieve knowledge about and skills to conduct research within librarianship
- These activities will support our continuing professional development

So the answer to the question “Is EBM a fairytale for librarians?” must be an Yes, and looking into the future, it is likely to expect that health librarians are moving from library services to decision support services.

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