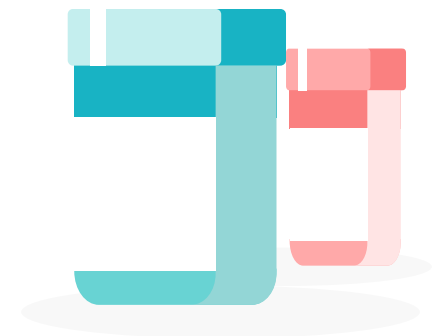
Several colorful pills (red and blue) are scattered across the top of the slide.

Preceptor Connection: Library Resources that puts Information at your Fingertips and Searching Refresher

Janice Kung

Sperber Health Sciences Library,
University of Alberta
Aug 30, 2023



A collection of teal and white medical icons including a stethoscope, a syringe, a heart with an ECG line, a pill, and a microscope, arranged on the left side of the slide.

Library Resources Overview

U of A

Pharmacy and Pharmaceutical Sciences

Search this Guide

Search

[Home](#)

[Ebooks \(Textbooks\)](#)

[Citation Help and Course-specific resources](#)

[Mobile Apps](#)

[Reference Management Software](#)

[Online Dictionaries](#)

[Pharmacy Resources & Patient Info](#)

[Key Journals](#)

[Librarian](#)



Article Databases ie. Non-Preappraised Research

- [PubMed \(with links to UofA e-journals\)](#)
- [MEDLINE \(1946-present via Ovid\)](#)
- [Scopus](#)
- [EMBASE](#)
- [Web of Science - All Databases](#)
- [SciFinder-n](#)
- [CINAHL Plus with Full Text](#)
- [PsycINFO](#)
- [Google Scholar](#)

Drug Information

- [CPS Full Access](#)
Includes CPS Drug Information, critical updates such as warnings, advisories, and drug shortages; and useful tools such as medical calculators, Clin-Info, Pill Identifier, and Lexi-Interact drug interaction checker.
- [Lexicomp](#)
Comprehensive drug information tool for use at the point of care. Contains drug monographs, modules for drug interactions, identification, calculations, toxicology, patient education, and natural products. A mobile app is available for download.

Search Across the Hierarchy of Evidence

- [TRIP Pro \(Medical Database\)](#)
- [ACCESSSS Federated Search](#)

Summaries & Guidelines

- [DynaMed](#)
DynaMed is an evidence-based clinical point-of-care tool. [Click here for instructions](#) on how to download the mobile app to your phone.
- [ClinicalKey](#)
- [Tools for Practice](#)
- [CPG Infobase: Clinical Practice Guidelines](#)
- [NICE Guidelines](#)

Preappraised Resources

- [Cochrane Library](#)

Attention: Preceptors!

[Apply for U of A Library Access!](#)

Clinical Preceptors: 120 days
Clinical Academic Colleagues: 3-year rolling term

Wealth of journals & Resources!

Increased access to journals, probably unavailable in your pharmacy.

E.g. DynaMed, Lexicomp, Embase, Scopus, and more!



Preceptor Library Access Form



Library Access Form For Preceptors

Please note the following information is being requested so we can ensure you are entered into our human resources database at the University of Alberta 1) accurately; and 2) without making a duplicate entry. Once you are entered into our database, you will then be recognized as a Clinical Preceptor and given a CCID which will enable electronic library access. All of these fields must be completed in order for you to be assigned a CCID in our database.

Once approved, library access is granted for 120 days (except for CAC appointed preceptors).

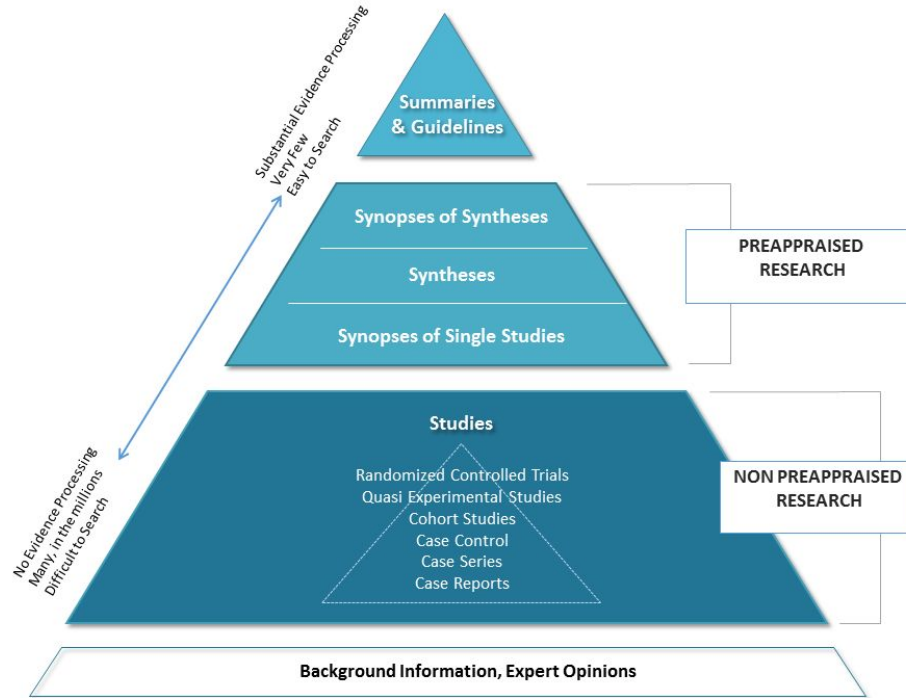
First Name *	Last Name *
<input type="text"/>	<input type="text"/>
Maiden Name (if applicable)	Date of Birth *
<input type="text"/>	<input type="text"/>
E-mail *	Phone *
<input type="text"/>	<input type="text"/>
Gender Identity *	Gender Pronoun
<input type="text"/>	<input type="text"/>
Home Address *	
<input type="text"/>	



Searching

Basic vs. Advanced

Levels of Evidence



Adapted by L. Tjosvold from: Agoritsas T, Vandvik P, Neumann I, Rochweg B, Jaeschke R, Hayward R, Guyatt G, McKibbin K. Finding Current Best Evidence. In: Guyatt G, Meade MO, Rennie D, Cook DJ. eds. JAMA evidence Using Evidence to Improve Care. New York, NY: McGraw-Hill; 2014.

A collection of teal and white medical icons on the left side of the slide, including a stethoscope, a syringe, a heart with an ECG line, a pill, and a microscope.

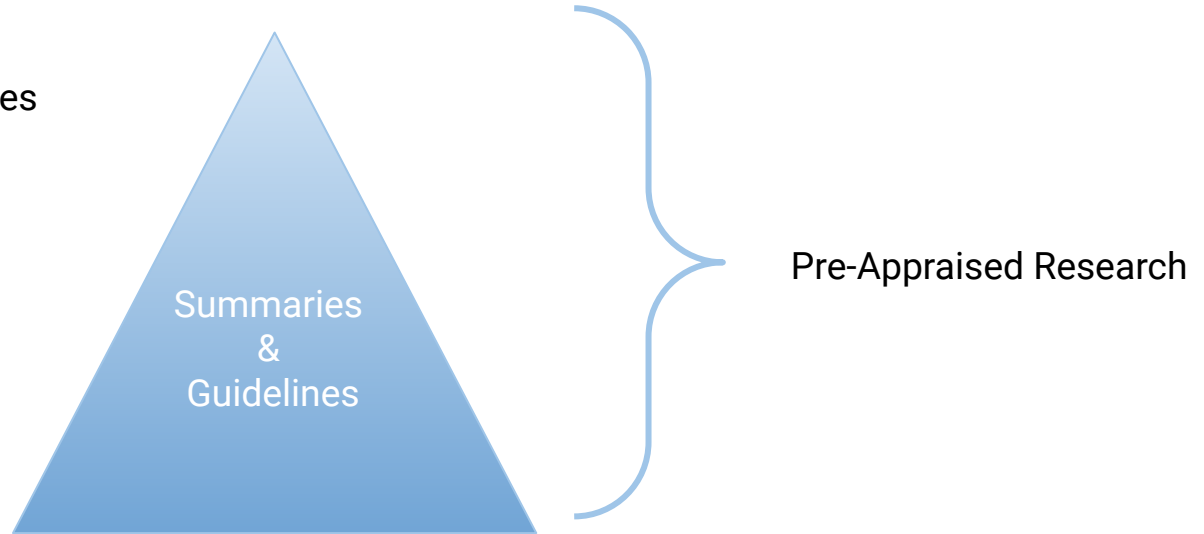
Clinical Searching

Basic

Levels of Evidence & Clinical Searching

Evidence based summaries
& clinical guidance

- TRIP
- Lexicomp
- Dynamed
- CPS



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All | Potentially Practice-Changing Only

Evidence • Updated 29 Aug 2023

addition of outpatient gabapentin to standard multimodal pain management may not reduce time to opioid cessation in patients with severe acute pain after cesarean birth (Anesth Analg 2023 Jun 1)

[View in Cesarean Birth](#)

Evidence • Updated 29 Aug 2023

addition of liraglutide to lifestyle intervention may improve weight loss at 24 weeks in adults with poor weight loss and suboptimal glucagon-like peptide-1 (GLP-1) response \geq 1 year after metabolic surgery (JAMA Surg 2023 Jul 26)

[View in Bariatric Surgery in Adults](#)

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Health Equity Evidence • Updated 29 Aug 2023

persons with self-reported history of cardiovascular disease from upper-middle- or high-income countries reported to have higher aspirin use for secondary prevention compared with low-income countries (JAMA 2023 Aug 22)

[View in Antiplatelet and Anticoagulant Drugs for Coronary Artery Disease](#)



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Announcements

DynaMed Content Eligible for DEA Training Requirements

AMA PRA Category 1 Credit™ activity, designated by Baylor College of Medicine, is eligible for 0.5 credits of education in pain management and the prescription of opioids. See [eligible course list](#) or browse the [Substance Use and Addiction Medicine specialty](#)

DynaMed Approved by the Federation of the Royal Colleges of Physicians

DynaMed is now approved as source of CPD credit for members of the three Royal Colleges of Physicians in the UK. Read the [press release](#).

Management of Dyslipidemias

Topic Updates Images Tables About



SECTIONS:

Overview

Related Topics

Diagnostic Considerations

Risk Stratification

Lifestyle Modifications

Treatment Guideline Recommendations

Medications

Quality Improvement

Guidelines and Resources

Patient Information

References

< Previous Section Next Section >

Overview

- **dyslipidemias** cover a range of lipid abnormalities which may include any combination of
 - increased
 - total cholesterol (generally ≥ 240 mg/dL [6.2 mmol/L])
 - low-density lipoprotein (LDL) cholesterol (generally > 160 mg/dL [4.14 mmol/L])
 - triglyceride levels (generally > 200 mg/dL [2.3 mmol/L])
 - decreased high-density lipoprotein (HDL) cholesterol levels (generally < 40 mg/dL [1.03 mmol/L])
- **lipid screening** - recommendations for adults differ by professional organization, but screening adults every 4-6 years between the ages of 20 and 79 years is reasonable, with strongest evidence for screening in patients ≥ 40 years old and with certain comorbid conditions
- for patients requiring screening as listed above or in patients with established cardiovascular disease or with certain risk factors
 - **recommended tests include** total cholesterol, LDL cholesterol, HDL cholesterol, triglycerides, and non-HDL cholesterol
 - **tests that may be considered** in specific patients or under specific circumstances include lipoprotein a [Lp (a)] and apolipoprotein B
 - obtain blood sample under **fasting conditions if possible** (ideally after 12 hours of fasting), but assessment of cardiovascular risk appears to be similar in fasting and nonfasting patients as long as triglyceride level is < 500 mg/dL
- hypercholesterolemia
 - lifestyle changes recommended by American College of Cardiology/American Heart Association (ACC/AHA), European Society of Cardiology/European Atherosclerosis Society (ESC/EAS), and National Institute for Care Excellence (NICE) include

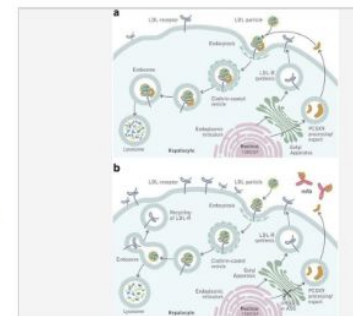
TOPIC EDITOR

Fatima Cody Stanford MD, MPH, MPA, FA-
FACP, FTOS

DEPUTY EDITOR

Peter Oettgen MD

Images



Mechanism of action of PCSK9 inhibition

Tables

 **Dietary Recommendations to Lower Total Cholesterol & Low-density Lipoprotein Cholesterol**



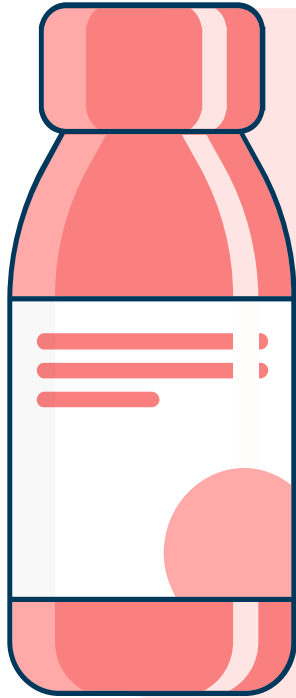
Searching for Research Purposes

Advanced

Steps in a Systematic Search

1. Clearly describe research question
2. Identify concepts in the research question
 - (PICO, highlight concepts on paper)
3. Write concepts into circles
4. Identify synonyms for each concept
5. Combine search concepts using appropriate operators (AND, OR)

Sample Research Question



You're tasked with creating guidelines for the management of dyslipidemia and the prevention of cardiovascular disease in adults by pharmacists.

How would you develop a comprehensive literature review?

Identify Concepts in Research Question

P Population or Problem

I Intervention

C Comparison

O Outcomes

S - Study design

T - Time

S - Setting

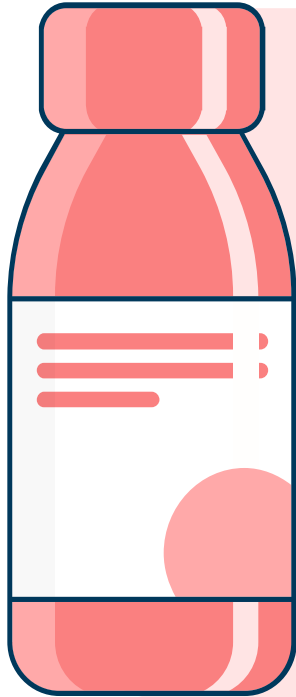
Another Way to Break Down Research Questions

What are the experiences of pharmacists working in disaster settings (e.g. wildfire emergencies)?

P Population or Problem	Pharmacists
C Concept	Experiences
C Context	Disaster settings

PICOS	Ask yourself:	Example:
Population (patient)	How would I describe a group of patients similar to mine? <i>What main problem am I studying?</i>	
Intervention (drug, procedure, etc.)	Which main intervention, am I considering?	
Comparison (optional)	What is the main alternative to compare with the intervention?	
Outcome	What can I hope to accomplish, measure, improve or affect?	
Study design	What study design would provide the best level of evidence for this question?	

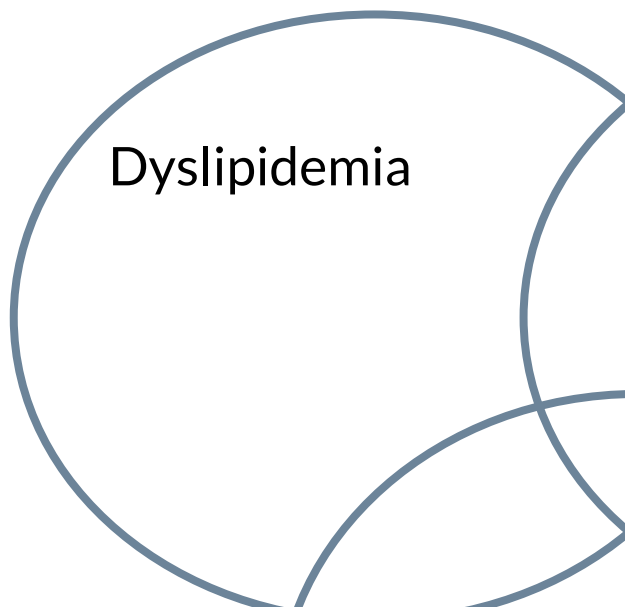
Sample Research Question



You're tasked with creating guidelines for the management of **dyslipidemia** and the prevention of **cardiovascular disease** in adults by **pharmacists**.

How would you develop a comprehensive literature review?

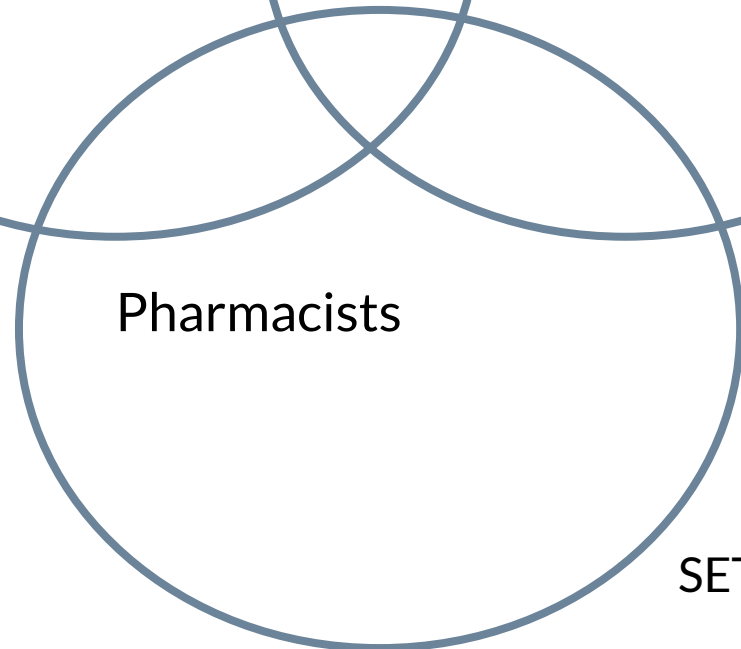
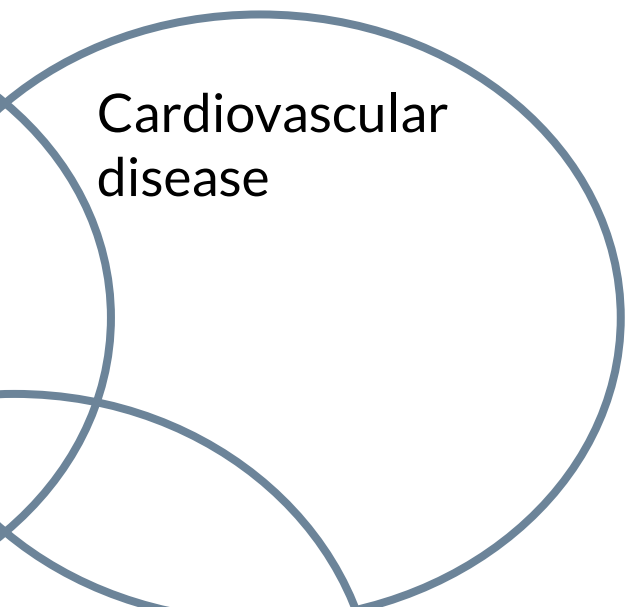
SET 1



Dyslipidemia

Cardiovascular
disease

SET 2

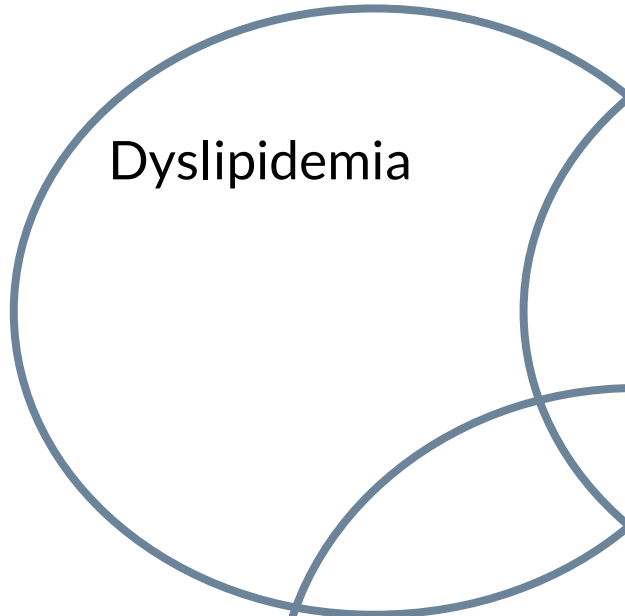


Pharmacists

SET 3

**Move Major Concepts
to Bubbles**

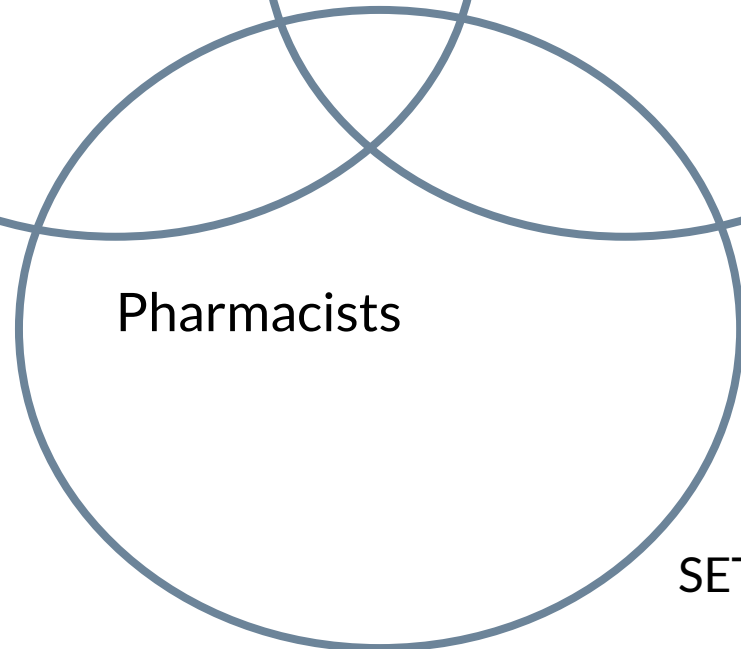
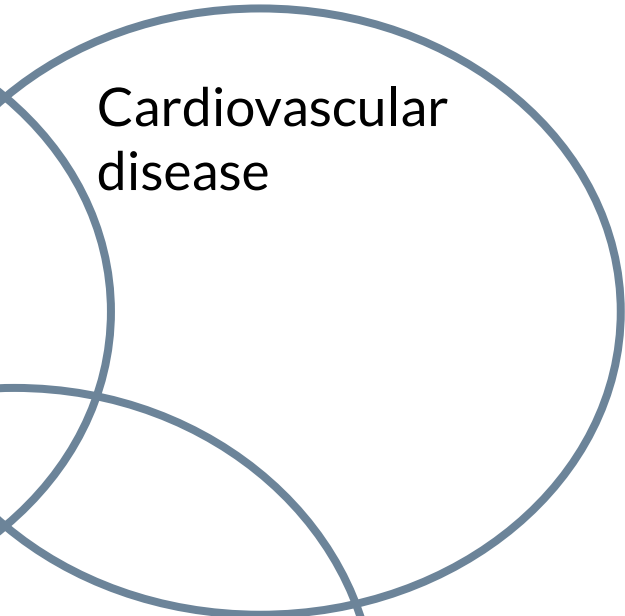
SET 1



Dyslipidemia

Cardiovascular
disease

SET 2

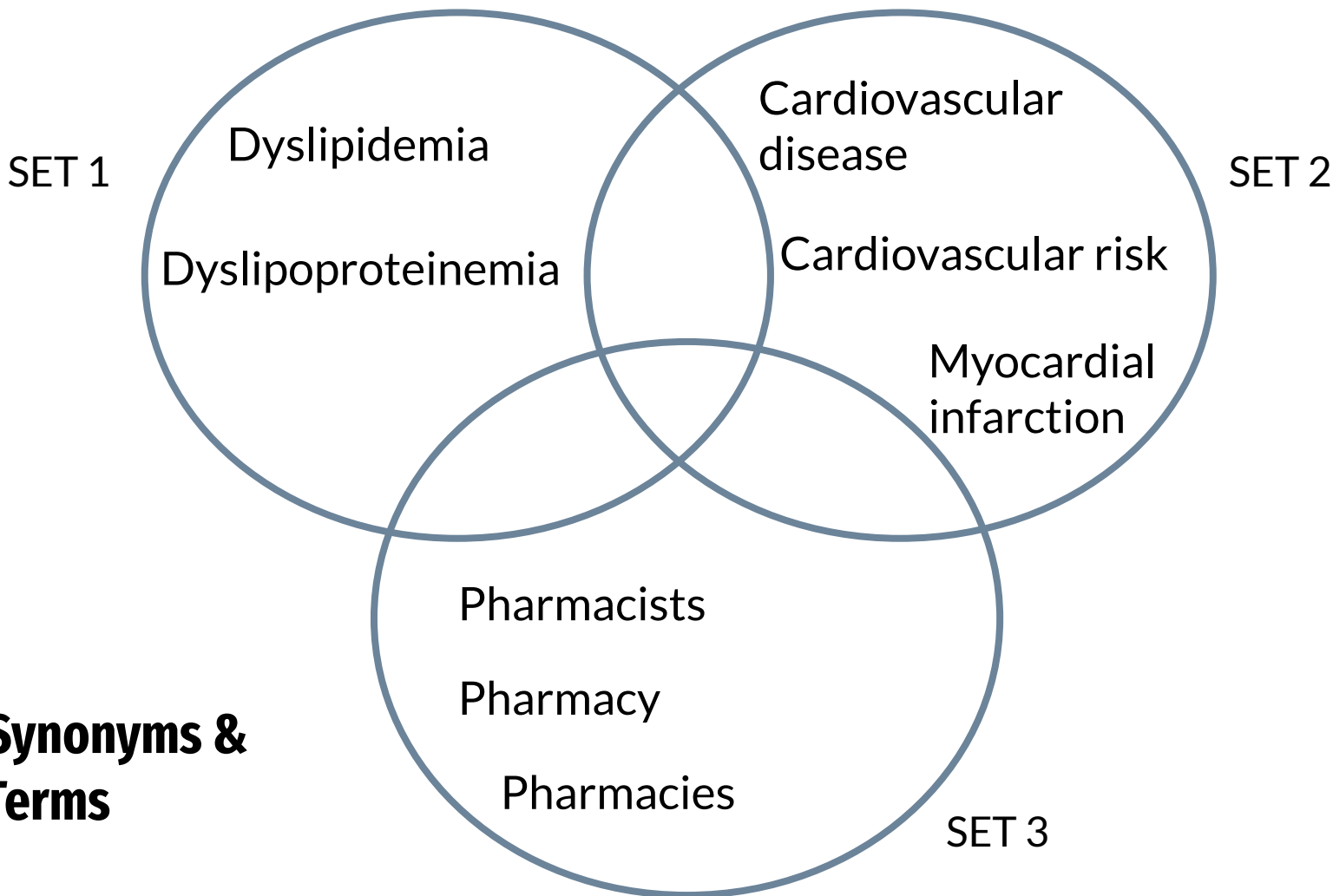


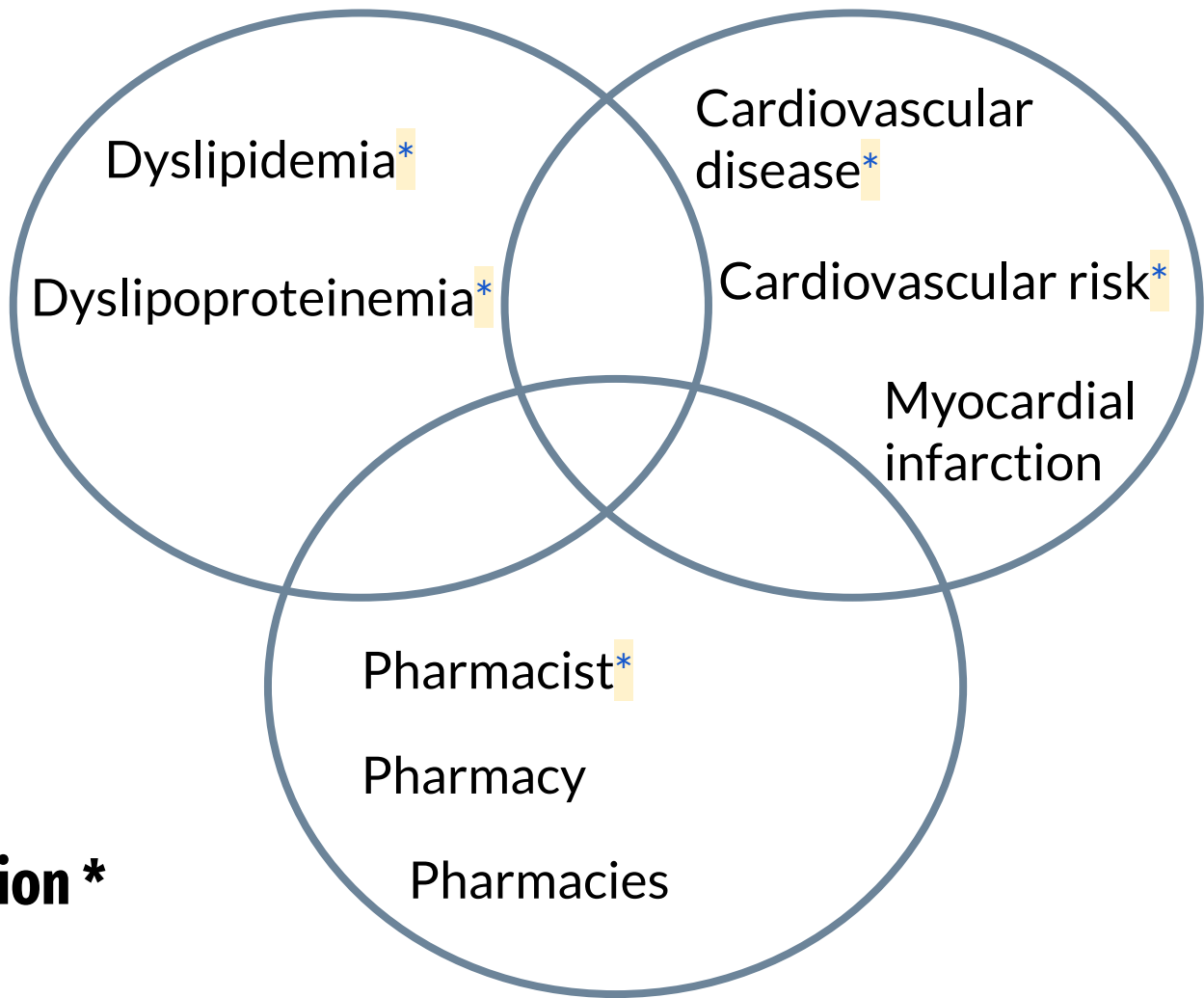
Pharmacists

SET 3

**Identify Synonyms &
Related Terms**

Identify Synonyms & Related Terms





Don't forget!
Use truncation *

How to Develop a Better Search?

Truncation: kidney* = kidney, kidneys

→ Be careful that the root word is not too short! e.g. rat*

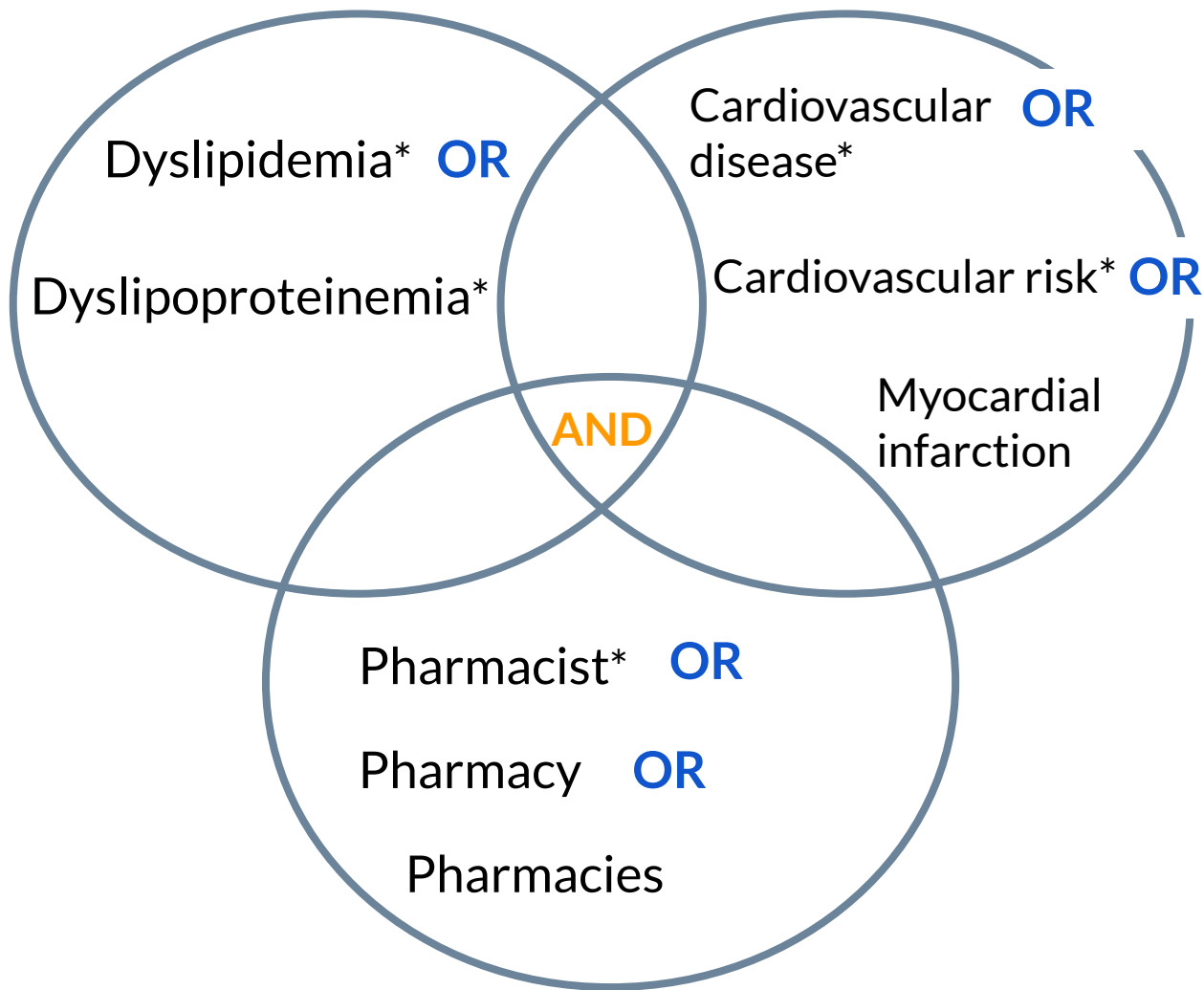
Synonyms: cancer, neoplasms, tumor, malignancy

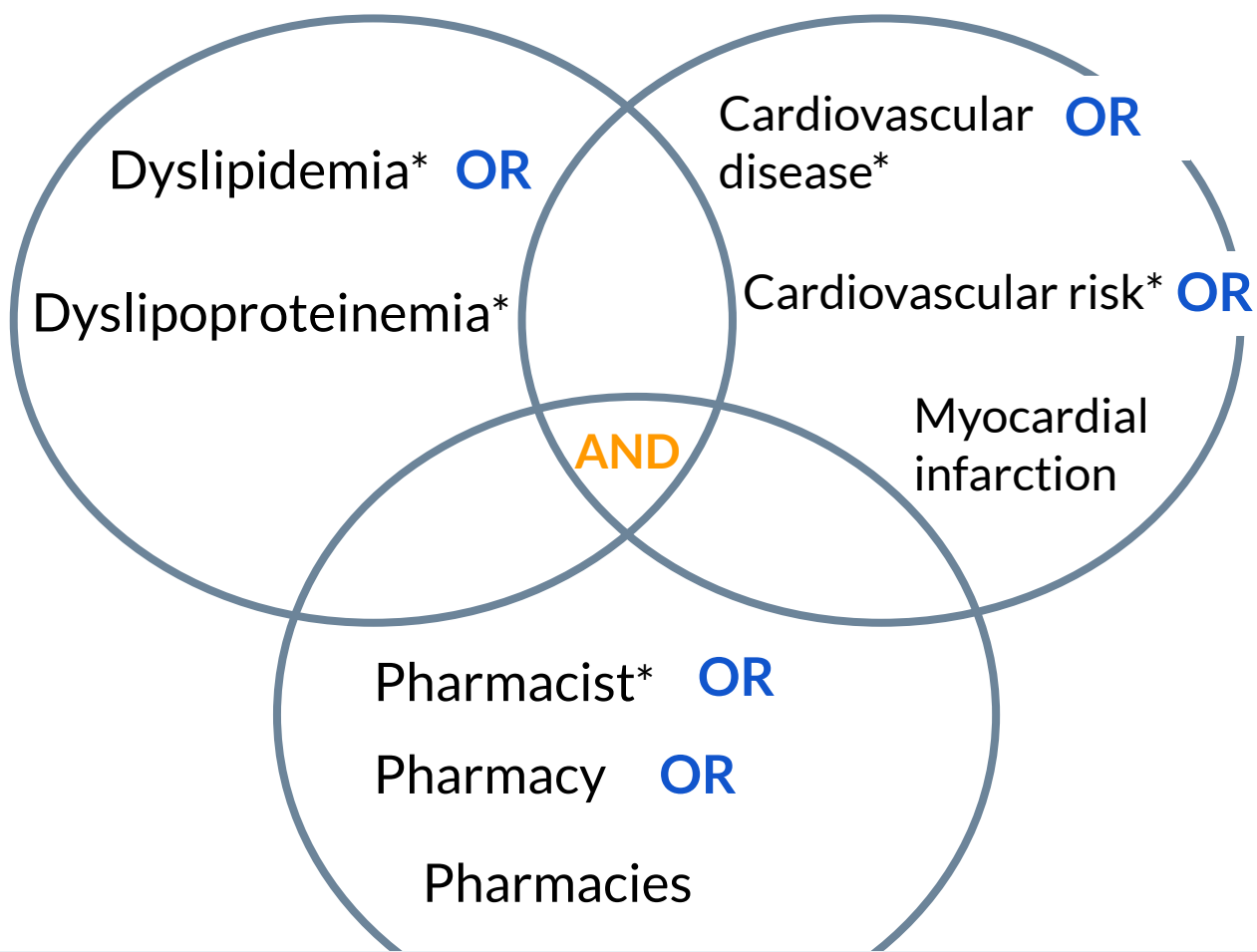
→ Can be true synonyms, subtypes/examples, methods

Antonyms: barriers/facilitators, success/failure

Alternate spellings: optimise, optimize

Trade names/Generic names: Tylenol vs. acetaminophen





OR = More (dyslipidemia* OR dyslipoproteinemia*)

AND = Less (dyslipidemia* AND cardiovascular disease* AND pharmacist*)

Combine Terms: Boolean Operators

Operators tell the database exactly how to combine terms:

- Synonyms are combined with **OR**
- Different Concepts/Sets are combined with **AND**

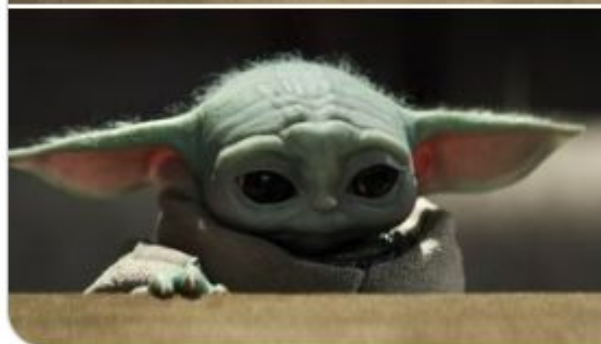
(dyslipidemia* **OR** dyslipoproteinemia*) **AND** (cardiovascular disease* **OR** cardiovascular risk* **OR** myocardial infarction) **AND** (pharmacist* **OR** pharmacy **OR** pharmacies)

Before Going to MEDLINE..



Subject Headings!

 Sa-co  @GroguLov  18 mai
#Grogu  #TheMandalorian 



 3

 152

 790

 15,4 k



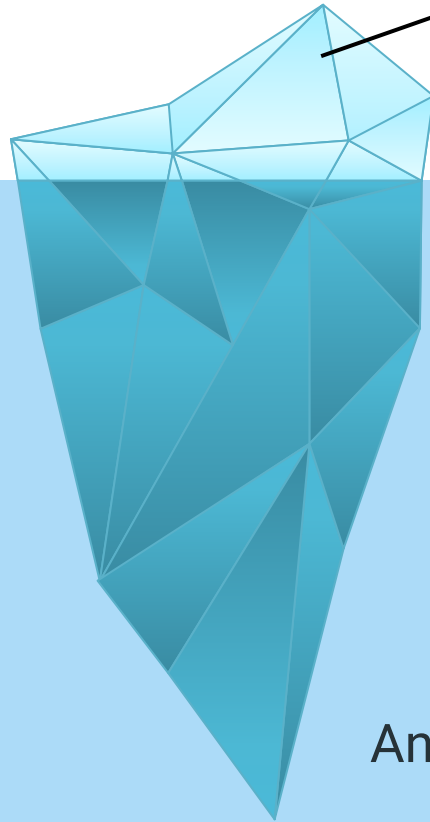
Search History (12) ^

<input type="checkbox"/>	# ▲	Searches	Results
<input type="checkbox"/>	1	exp Dyslipidemias/ or dyslipidemia*.mp.	112863
<input type="checkbox"/>	2	dyslipoproteinemia*.mp.	866
<input type="checkbox"/>	3	1 or 2	113213
<input type="checkbox"/>	4	exp Cardiovascular Diseases/ or cardiovascular disease*.mp.	2820473
<input type="checkbox"/>	5	cardiovascular risk*.mp.	84484
<input type="checkbox"/>	6	myocardial infarction.mp. or exp Myocardial Infarction/	282839
<input type="checkbox"/>	7	4 or 5 or 6	2870376
<input type="checkbox"/>	8	exp Pharmacists/ or pharmacist*.mp. or exp Community Pharmacy Services/	49294
<input type="checkbox"/>	9	pharmacy.mp. or exp Pharmacy/	75584
<input type="checkbox"/>	10	pharmacies.mp. or exp Pharmacies/	20378
<input type="checkbox"/>	11	8 or 9 or 10	105796
<input type="checkbox"/>	12	3 and 7 and 11	327

MEDLINE Search Tips

- Search keywords one at a time, line by line
- Include subject headings where relevant, “tags”
 - Use **Scope Notes** to find more keywords
- **.mp.** = Keyword search, machine reading “many places” of the record
- **.ti.** = Search only in the **title** of the article
- Save your search!

MEDLINE



Pubmed

CINAHL

Embase

Web of Science

Scopus

Interdisciplinary
database.

Strength in the
biomedical literature.

And others... (grey literature)

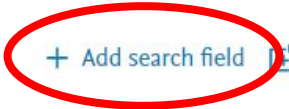


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Search within Article title, Abstract, Keywords	Search documents * dyslipidemia* OR dyslipoproteinemia*
AND	
Search within Article title, Abstract, Keywords	Search documents cardiovascular disease* OR cardiovascular risk* OR myocardial infarction
AND	
Search within Article title, Abstract, Keywords	Search documents pharmacist* OR pharmacy OR pharmacies



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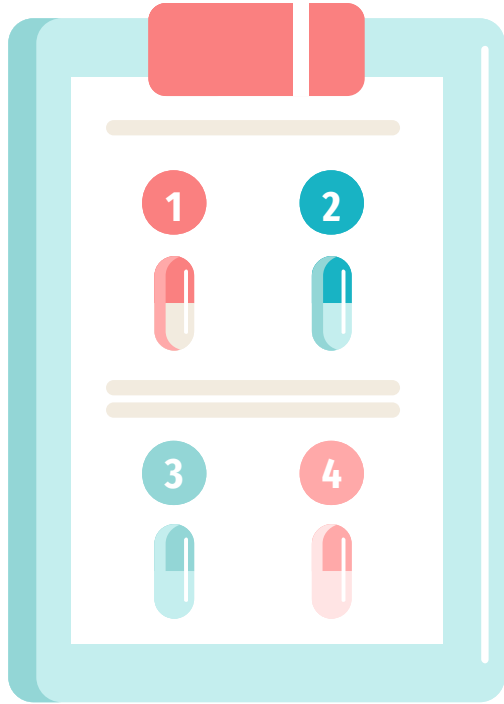
 

	Document title	Authors	Source	Date (newest)	Date (oldest)	Citations
<input type="checkbox"/> 1	Review • Open access 2018 practice guidelines for the management of arterial hypertension of the European society of cardiology and the European society of hypertension ESC/ESH task force for the management of arterial hypertension	Williams, B., Mancia, G., Spiering, W., ...Aboyans, V., Desormais, I.	Journal of			498
	Show abstract   Related documents		36(12), pp.			
<input type="checkbox"/> 2	Article Rationale and design of the International Verapamil SR/Trandolapril Study (INVEST): An Internet-based randomized trial in coronary artery disease patients with hypertension	Pepine, C.J., Handberg-Thurmond, E., Marks, R.G., ...Volkers, P., Zellig, P.	Journal of the American College of Cardiology,	1998		124
	Show abstract   Related documents		32(5), pp. 1228–1237			
<input type="checkbox"/> 3	Article Prevalence of comorbid hypertension and dyslipidemia and associated cardiovascular disease	Johnson, M.L., Pietz, K., Battleman, D.S., Beyth, R.J.	American Journal of Managed Care,	2004		94
	Show abstract   Related documents		10(12), pp. 926–932			

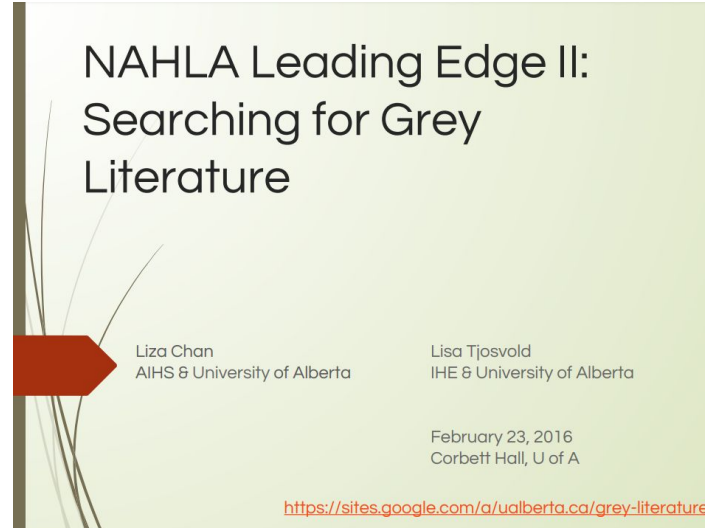
Grey Literature

- Literature *not* published by an established publisher (e.g. not books, journals, magazines)
- Includes:
 - Government reports or research institutes
 - Conference abstracts
 - Theses/dissertations
 - Websites
 - Clinical trials registers → Cochrane Library
- Why Grey Literature?
 - Minimise publication bias

Grey Literature Searching Guide



Click on the link above for more tips!



A collection of teal and white medical icons including a stethoscope, a syringe, a heart with an ECG line, a pill, and a microscope, arranged on the left side of the slide.

Citation Managers

Keeping Track of your Literature

Citation & Reference Management

Choosing Reference Management Software

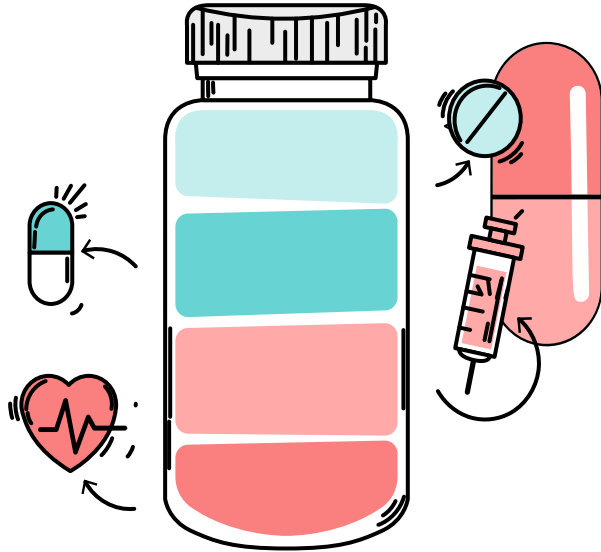
The University of Alberta Library does not recommend or endorse any particular product, but we have gathered information on some of the most popular options for reference management software: [EndNote](#), [Mendeley](#), and [Zotero](#).

Use the following comparison tables to help you decide which one might work best for you. Software features change regularly, so if you find additional or conflicting information, please [contact us](#).

Summary of Best Features and Drawbacks

	EndNote 20	EndNote Basic	Mendeley	Zotero
Best features	<ul style="list-style-type: none"> Can store 10,000+ references and PDFs Deduplicates large numbers of references Many reference types (helpful for accurate citation) Highly customizable Ability to work offline 	<ul style="list-style-type: none"> Free Cloud-based Many reference types (helpful for accurate citation) 	<ul style="list-style-type: none"> Free (up to 2GB of online storage) User-friendly interface Ability to work offline 	<ul style="list-style-type: none"> Free (up to 300 MB online storage) Open source User-friendly interface Imports accurate metadata for a wide variety of source types Ability to work offline Integration with multiple word processors
Drawbacks	<ul style="list-style-type: none"> Price (~\$140) License tied to one device Steeper learning curve than other options No Google Docs integration (only MS Word and LibreOffice) 	<ul style="list-style-type: none"> Limited storage capacity Limited citation styles and no custom style editing No PDF annotation No Google Docs integration (only MS Word and LibreOffice) 	<ul style="list-style-type: none"> Small number of reference types Limited group sharing for free accounts No Google Docs integration (only MS Word) 	<ul style="list-style-type: none"> Limited free cloud-based storage Works best with one primary workstation

Further Questions?



Janice Kung, MLIS

University of Alberta Library
janice.kung@ualberta.ca

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