

## Library Services: Evidence Updates

**What is it:** an email service to let you know whenever we find high impact publications in your area(s) of interest.

**Why use it:** to see the latest high-level evidence in your field.

**How it works:** we tailor your Evidence Updates profile to suit your needs. For example, you could receive everything published on obstetrics or limit down to just receive things related to gestational diabetes.

**The content:** current policy documents and the latest summarised evidence so that you will not be inundated with primary research articles.

**Accessing content:** the update emails will contain clickable access links. Simply login with your Trust PC login when prompted to either access the full text or submit a request for access.

<b>Name</b>		<b>Department</b>	
<b>Job title &amp; role</b>	(this will help us understand your evidence update needs)		
<b>Email</b>		<b>Telephone</b>	
<b>Work address</b>	(your primary/main location)		

- I understand and agree to my data being held in accordance with the Data Protection Act (1998) on KnowledgeShare.
- I agree that my contact details and interests can be made visible to all members of KnowledgeShare in order to promote knowledge sharing (this is purely optional).

Age Groups (tick as many as apply)	Settings (tick as many as apply)	
<input type="checkbox"/> Adults <input type="checkbox"/> Children & adolescents <input type="checkbox"/> Neonates <input type="checkbox"/> Elderly	<input type="checkbox"/> Hospital ward <input type="checkbox"/> Outpatients <input type="checkbox"/> ED <input type="checkbox"/> Intensive care <input type="checkbox"/> Theatre Other (please specify):	<input type="checkbox"/> Community <input type="checkbox"/> GP <input type="checkbox"/> Prehospital <input type="checkbox"/> End of life care – community <input type="checkbox"/> End of life care - hospital

**Conditions/diseases (to get you started, we've suggested a few terms - tick any that apply and/or specify others, but most importantly explain your interests in your own words below)**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Dehydration  | <input type="checkbox"/> Kidney failure        |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Dementia     | <input type="checkbox"/> Muscular dystrophies  |
| <input type="checkbox"/> Breast cancer           | <input type="checkbox"/> Depression   | <input type="checkbox"/> Myocardial infarction |
| <input type="checkbox"/> Burns                   | <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Sepsis                |
| <input type="checkbox"/> Cataracts               | <input type="checkbox"/> Dysphasia    | <input type="checkbox"/> Stroke                |
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Urinary incontinence  |
| <input type="checkbox"/> COPD                    | <input type="checkbox"/> Impetigo     | <input type="checkbox"/> Vertigo               |
| <input type="checkbox"/> Other: (please specify) | <input type="checkbox"/> Infertility  |  |

**Please explain in your own words your interest(s) in specific conditions/diseases:**

**Professional interests (to get you started, we've suggested a few terms - tick any that apply and/or specify others, but most importantly explain your interests in your own words below)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accident prevention                 | <input type="checkbox"/> Human factors           | <input type="checkbox"/> Patient experience   |
| <input type="checkbox"/> Continuing professional development | <input type="checkbox"/> Integrated care         | <input type="checkbox"/> Qualitative research |
| <input type="checkbox"/> Discharge planning                  | <input type="checkbox"/> Managing/leading people | <input type="checkbox"/> Risk management      |
| <input type="checkbox"/> Falls prevention                    | <input type="checkbox"/> Managing revalidation   | <input type="checkbox"/> Safeguarding         |
| <input type="checkbox"/> Other: (please specify)             |  | <input type="checkbox"/> Use of technology    |

**Please explain in your own words your professional interests:**

*NB. conditions/diseases or professional interests must be completed*