This monthly Current Awareness Bulletin is produced by the Library, Musgrove Park Academy to provide staff with a range of stroke-related resources to support practice. It includes recently published guidelines and research articles, news and policy items.

This guide provides a selection of resources relevant to the subject area and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

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Issue 12
August 2016
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During 2015-6 the library team introduced a number of new current awareness bulletins as a result of feedback from staff. Along with the fortnightly Library Alert monthly updates were produced for:

- Dementia
- Stroke
- End of life
- Sign up to safety
- Mentorship
- Cancer
- ITU

While we had some feedback that these bulletins were useful, we felt due to the cost in library staff time, it would be better to have more detailed evidence. We circulated the survey via email to the various email lists, added a link on the Library webpage and also put reminders in the Library Alert and Staff Bulletin. During the month when we received 211 replies on all bulletins covering both Taunton and Somerset and Somerset Partnership staff.

The final report can be found here.

The MPH Staff App has specifically been produced and designed to offer both current and future employees relevant information related to their work. Whether seeking information about policies and procedures, following us on Twitter or even taking advantage of special offers, all can be found here.

Library monthly current awareness bulletins are also available.

To download, please follow this link.

Please note- The app has not been created by the library. If you have any problems downloading or accessing the app then you will need to contact the IT department.
This is a list of journal articles on the topic of stroke. Some articles are available in the library or online via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

Please note that abstracts are not always available for all articles.

**Title:** What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis.
**Author(s):** Plant, Sarah E.; Tyson, Sarah F.; Kirk, Susan; Parsons, John
**Source:** Clinical Rehabilitation; Sep 2016; vol. 30 (no. 9); p. 921-930

**Title:** Tracking patterns of needs during a telephone follow-up programme for family caregivers of persons with stroke.
**Author(s):** Bakas, Tamilyn; Jessup, Nenette M.; McLennon, Susan M.; Habermann, Barbara; Weaver, Michael T.; Morrison, Gwendolyn
**Source:** Disability & Rehabilitation; Sep 2016; vol. 38 (no. 18); p. 1780-1790

**Title:** Effectiveness of a fall-risk reduction programme for inpatient rehabilitation after stroke.
**Author(s):** Goljar, Nika; Globokar, Daniel; Puzić, Nataša; Kopitar, Natalija; Vrabič, Maja; Ivanovski, Matic; Vidmar, Gaj
**Source:** Disability & Rehabilitation; Sep 2016; vol. 38 (no. 18); p. 1811-1819

**Title:** Stepped psychological care after stroke.
**Author(s):** Kneebone, Ian I.
**Source:** Disability & Rehabilitation; Sep 2016; vol. 38 (no. 18); p. 1836-1843

**Title:** Barriers to medication adherence for the secondary prevention of stroke: A qualitative interview study in primary care
**Author(s):** Jamison J.; Sutton S.; Graffy J.; Mullis R.; Mant J.
**Source:** British Journal of General Practice; Aug 2016; vol. 66 (no. 649)

**Abstract:** Background Medications are highly effective at reducing risk of recurrent stroke, but success is influenced by adherence to treatment. Among survivors of stroke and transient ischaemic attack (TIA), adherence to medication is known to be suboptimal. Aim To identify and report barriers to medication adherence for the secondary prevention of stroke/TIA. Design and setting A qualitative
interview study was conducted within general practice surgeries in the East of England, UK. Method Patients were approached by letter and invited to take part in a qualitative research study. Semistructured interviews were undertaken with survivors of stroke, caregivers, and GPs to explore their perspectives and views around secondary prevention and perceived barriers to medication adherence. Key themes were identified using a grounded theory approach. Verbatim quotes describing the themes are presented here.

Results In total, 28 survivors of stroke, including 14 accompanying caregivers and five GPs, were interviewed. Two key themes were identified. Patient level barriers included ability to self-care, the importance people attach to a stroke event, and knowledge of stroke and medication. Medication level barriers included beliefs about medication and beliefs about how pills work, medication routines, changing medications, and regimen complexity and burden of treatment. Conclusion Patients who have had a stroke are faced with multiple barriers to taking secondary prevention medications in UK general practice. This research suggests that a collaborative approach between caregivers, survivors, and healthcare professionals is needed to address these barriers and facilitate medication-taking behaviour.

Title: Global and regional effects of potentially modifiable risk factors associated with acute stroke in 32 countries (INTERSTROKE): a case-control study

Author(s): O’Donnell, M. J et al

Source: Lancet; Aug 2016; vol 388 (no. 10046); p.761-775

Abstract:

BACKGROUND:

Stroke is a leading cause of death and disability, especially in low-income and middle-income countries. We sought to quantify the importance of potentially modifiable risk factors for stroke in different regions of the world, and in key populations and primary pathological subtypes of stroke.

METHODS:

We completed a standardised international case-control study in 32 countries in Asia, America, Europe, Australia, the Middle East, and Africa. Cases were patients with acute first stroke (within 5 days of symptom onset and 72 h of hospital admission). Controls were hospital-based or community-based individuals with no history of stroke, and were matched with cases, recruited in a 1:1 ratio, for age and sex. All participants completed a clinical assessment and were requested to provide blood and urine samples. Odds ratios (OR) and their population attributable risks (PARs) were calculated, with 99% confidence intervals.

FINDINGS:

Between Jan 11, 2007, and Aug 8, 2015, 26 919 participants were recruited from 32 countries (13 447 cases [10 388 with ischaemic stroke and 3059 intracerebral haemorrhage] and 13 472 controls). Previous history of hypertension or blood pressure of 140/90 mm Hg or higher (OR 2·98, 99% CI 2·72-3·28; PAR 47·9%, 99% CI 45·1-50·6), regular physical activity (0·60, 0·52-0·70; 35·8%, 27·7-44·7), apolipoprotein (Apo)B/ApoA1 ratio (1·84, 1·65-2·06 for highest vs lowest tertile; 26·8%, 22·2-31·9 for top two tertiles vs lowest tertile), diet (0·60, 0·53-0·67 for highest vs lowest tertile of modified Alternative Healthy Eating Index [mAHEI]; 23·2%, 18·2-28·9 for lowest two tertiles vs highest tertile of mAHEI), waist-to-hip ratio (1·44, 1·27-1·64 for highest vs lowest tertile; 18·6%, 13·3-25·3 for top two tertiles vs lowest), psychosocial factors (2·20, 1·78-2·72; 17·4%, 13·1-22·6), current smoking (1·67, 1·49-1·87; 12·4%, 10·2-14·9), cardiac causes (3·17, 2·68-3·75; 9·1%, 8·0-10·2), alcohol consumption (2·09, 1·64-2·67 for high or heavy episodic intake vs never or former drinker; 5·8%, 3·4-9·7 for current alcohol drinker vs never or former drinker), and diabetes mellitus (1·16, 1·05-1·30; 3·9%, 1·9-7·6) were associated with all stroke. Collectively, these risk factors accounted for 90-7% of the PAR for all stroke worldwide (91·5% for ischaemic stroke, 87·1% for intracerebral haemorrhage), and were consistent across regions (ranging from 82·7% in Africa to 97·4% in southeast Asia), sex (90·6% in men and in women), and age groups (92·2% in patients aged ≤55 years, 90·0% in patients aged >55 years). We observed regional variations in the importance of individual risk factors, which
were related to variations in the magnitude of ORs (rather than direction, which we observed for diet) and differences in prevalence of risk factors among regions. Hypertension was more associated with intracerebral haemorrhage than with ischaemic stroke, whereas current smoking, diabetes, apolipoproteins, and cardiac causes were more associated with ischaemic stroke (p<0.0001).

INTERPRETATION:

Ten potentially modifiable risk factors are collectively associated with about 90% of the PAR of stroke in each major region of the world, among ethnic groups, in men and women, and in all ages. However, we found important regional variations in the relative importance of most individual risk factors for stroke, which could contribute to worldwide variations in frequency and case-mix of stroke. Our findings support developing both global and region-specific programmes to prevent stroke.

Title: Prior Antithrombotic Use is Associated with Favorable Mortality and Functional Outcomes in Acute Ischemic Stroke


Source: Stroke; Aug 2016; vol. 47 (no. 8); p. 2066-2074

Abstract: Background and Purpose - Antithrombotics are the mainstay of treatment in primary and secondary prevention of stroke, and their use before an acute event may be associated with better outcomes. Methods - Using data from Get With The Guidelines-Stroke with over half a million acute ischemic strokes recorded between October 2011 and March 2014 (n=540 993) from 1661 hospitals across the United States, we examined the unadjusted and adjusted associations between previous antithrombotic use and clinical outcomes. Results - There were 250 104 (46%) stroke patients not receiving any antithrombotic before stroke; of whom approximately one third had a documented previous vascular indication. After controlling for clinical and hospital factors, patients who were receiving antithrombotics before stroke had better outcomes than those who did not, regardless of whether a previous vascular indication was present or not: adjusted odds ratio (95% confidence intervals) were 0.82 (0.80-0.84) for in-hospital mortality, 1.18 (1.16-1.19) for home as the discharge destination, 1.15 (1.13-1.16) for independent ambulatory status at discharge, and 1.15 (1.12-1.17) for discharge modified Rankin Scale score of 0 or 1. Conclusions - Previous antithrombotic therapy was independently associated with improved clinical outcomes after acute ischemic stroke. Ensuring the use of antithrombotics in appropriate patient populations may be associated with benefits beyond stroke prevention.

Title: Prestroke Vascular Pathology and the Risk of Recurrent Stroke and Poststroke Dementia


Source: Stroke; Aug 2016; vol. 47 (no. 8); p. 2119-2122

Abstract: Background and Purpose - Improved short-term survival after stroke has necessitated quantifying risk and risk factors of long-term sequelae after stroke (ie, recurrent stroke and dementia). This risk may be influenced by exposure to cardiovascular risk factors before the initial stroke. Within the population-based Rotterdam Study, we determined the long-term risk of recurrent stroke and dementia, and the proportion of recurrent strokes and poststroke dementia cases that are attributable to prestroke cardiovascular risk factors (ie, the population attributable risk). Methods - We followed up 1237 patients with first-ever stroke and 4928 stroke-free participants, matched on age, sex, examination round, and stroke date (index date), for the occurrence of stroke or dementia. We calculated incidence rates in both groups and estimated the individual and combined population attributable risk of prestroke cardiovascular risk factors for both outcomes. Results - Beyond 1 year after stroke, patients retained a 3-fold increased risk of recurrent stroke and an almost 2-fold increased risk of dementia compared with people without stroke. In total, 39% (95% confidence interval, 18%-66%) of recurrent strokes and 10% (95% confidence interval, 0%-91%) of poststroke dementia cases were attributable to prestroke cardiovascular risk factors. These percentages were
similar for first-ever stroke and dementia in the matched stroke-free population. Conclusions - Long-term risks of recurrent stroke and poststroke dementia remain high and are substantially influenced by prestroke risk factors, emphasizing the need for optimizing primary prevention.

Title: Family History and Risk of Recurrent Stroke


Source: Stroke; Aug 2016; vol. 47 (no. 8); p. 1990-1996

Abstract: Background and Purpose - The association between family history of stroke and stroke recurrence remains unclear. Methods - Using a web-based multicenter stroke registry database, information on history of stroke in first-degree relatives was collected prospectively for acute ischemic stroke patients who were hospitalized within 7 days of onset. The collected information was categorized as follows: type of the affected relative(s) with stroke (paternal, maternal, sibling, or 2 or more) and age of the relative's stroke onset (<50, 50-59, 60-69, and >70 years). Stroke recurrence was captured prospectively using a predetermined protocol. Subgroup analyses were performed according to the patient's age at the index stroke. Results - Among 7642 patients, 937 (12.3%) had a history of stroke in their first-degree relatives and 475 (6.2%: 201 within and 274 after 3 weeks from index stroke) experienced stroke recurrence (median follow-up, 365 days). In multivariable Cox proportional hazard models, overall family history was not associated with stroke recurrence (hazard ratio, 1.08; 95% confidence interval, 0.81-1.43). However, the details of their family histories, including relative's age at stroke onset (<50 years: hazard ratio, 2.14; 95% confidence interval, 1.004-4.54) and stroke history in a sibling (hazard ratio, 1.67; 95% confidence interval, 1.09-2.58), were independently associated with stroke recurrence after adjusting for potential confounders. The associations appeared to be stronger in young adults with stroke (age, <55 years) than in older stroke patients. Conclusions - This study suggests that elevated risks of recurrent stroke are associated with having relatives with early-onset stroke and siblings with stroke histories, implying that additional precautions may be needed in such populations.

Title: Risk of hip fracture following stroke, a meta-analysis of 13 cohort studies.

Source: Osteoporosis international : a journal established as result of cooperation between the European Foundation for Osteoporosis and the National Osteoporosis Foundation of the USA; Sep 2016; vol. 27 (no. 9); p. 2673-2679

Author(s): Yuan, Z-C; Mo, H; Guan, J; He, J-L; Wu, Z-J

Abstract: This study systematically reviews prospective and retrospective cohort studies evaluating the risk of hip fracture following stroke. Stroke survivors are at high risk of hip fracture and had a 1.5-fold increased risk compared to stroke-free men and women of the same age. Hip fracture often occurs in ageing and female stroke patients. We performed a meta-analysis to summarize evidence from prospective and retrospective cohort studies about the risk of hip fracture following stroke. We identified English and non-English publications in MEDLINE and EMBASE using stroke and fracture as keywords to 31 December 2015. The data of the incidence of hip fracture were extracted to calculate raw incident rate in stroke survivors as well as risk of hip fractures in strokes comparing populations using a random-effects model. Subgroup analyses were performed to identify the potential influence of some factors. Six prospective and seven retrospective cohort studies were included, involving 512,214 stroke patients with 22,559 hip fractures. The pooled prevalence of hip fractures was 4.87% (95% CI, 4.05 to 5.68%) in stroke patients. We conducted subgroup analysis according to sex, age, duration of follow-up, study design, and region, which showed that female (vs. male) stroke patients older than 70 years (vs. those less than 70 years) and duration of follow-up more than 2 years (vs. those less than 2 years) have higher proportions of hip fractures. Four studies showed that stroke patients had a significantly higher risk of hip fracture compared with the general population, while the other study had a non-significant higher risk. The overall prevalence of hip fracture was 3.28% (3431 of 104,646) in stroke patients and 2.83% (36,493 of 1,287,726) in general population, respectively, and the unadjusted combined relative risk of hip fracture was 1.54 (95% CI, 1.06-2.25). Hip fractures often occur in ageing and female stroke patients.
Title: Paradoxical Motor Recovery From a First Stroke After Induction of a Second Stroke: Reopening a Postischemic Sensitive Period.

Author(s): Zeiler, Steven R; Hubbard, Robert; Gibson, Ellen M; Zheng, Tony; Ng, Kwan; O'Brien, Richard; Krakauer, John W

Source: Neurorehabilitation and neural repair; Sep 2016; vol. 30 (no. 8); p. 794-800

Abstract: Prior studies have suggested that after stroke there is a time-limited period of increased responsiveness to training as a result of heightened plasticity—a sensitive period thought to be induced by ischemia itself. Using a mouse model, we have previously shown that most training-associated recovery after a caudal forelimb area (CFA) stroke occurs in the first week and is attributable to reorganization in a medial premotor area (AGm). The existence of a stroke-induced sensitive period leads to the counterintuitive prediction that a second stroke should reopen this window and promote full recovery from the first stroke. To test this prediction, we induced a second stroke in the AGm of mice with incomplete recovery after a first stroke in CFA. Mice were trained to perform a skilled prehension (reach-to-grasp) task to an asymptotic level of performance, after which they underwent photocoagulation-induced stroke in CFA. After a 7-day poststroke delay, the mice were then retrained to asymptote. We then induced a second stroke in the AGm, and after only a 1-day delay, retrained the mice. Recovery of prehension was incomplete when training was started after a 7-day poststroke delay and continued for 19 days. However, a second focal stroke in the AGm led to a dramatic response to 9 days of training, with full recovery to normal levels of performance. New ischemia can reopen a sensitive period of heightened responsiveness to training and mediate full recovery from a previous stroke.
If you are unable to find a book, or require a book that is not on this list, please ask library staff who will be able to locate the book for you using interlibrary loan.

Please note that some books detailed below may not be available in your local library and would need to be ordered for you.

Some books from our electronic book collection - click on book cover and log in with your OpenAthens password to browse free online or to request access.

**Ischemic stroke therapeutics**
*Turan, T et al*
*2015*

*From the back of the book:*
This complete resource captures state-of-the-art strategies and the accelerated pace of discovery that is revolutionizing what is known about ischemic stroke and its treatment. Therapeutics for acute management, secondary prevention, recovery, rehabilitation, asymptomatic cerebral ischemia, and implementation of stroke systems of care are all discussed in this comprehensive yet practical guide. Chapters are authored by leading academicians with extensive clinical practice experience from all over the world and feature the scientific evidence behind prevailing therapeutic strategies for managing ischemic cerebrovascular disease. The specialist or general practitioner will gain critical knowledge in stroke management, current clinical challenges and promising new therapies under investigation.

**Neuropsychology of cardiovascular disease**
*Elias, M et al*
*2015*

*From the back of the book:*
Cardiovascular disease (CVD) is the leading cause of morbidity and mortality in the United States and most westernized nations. Both CVDs and their risk factors confer substantial risk for stroke and dementia, but are also associated with more subtle changes in brain structure and function and cognitive performance prior to such devastating clinical outcomes. It has been suggested that there exists a continuum of brain abnormalities and cognitive difficulties associated with increasingly severe manifestations of cardiovascular risk factors and diseases that precede vascular cognitive impairment and may ultimately culminate in stroke or dementia. This second edition examines the relations of a host of behavioral and biomedical risk factors, in addition to subclinical and clinical CVDs, to brain and cognitive function. Associations with dementia and pre-dementia cognitive performance are reported, described, and discussed with a focus on underlying brain mechanisms. Future research agendas are suggested, and clinical implications are considered. The volume is a resource for professionals and students in neuropsychology, behavioral medicine, neurology, cardiology, cardiovascular and developmental psychology, and for other physicians and health care professionals who work with patients with, or at risk for, CVDs.
*NEW*

Cochrane Clinical Answers

Cochrane Clinical Answers covers 32 Clinical Specialties and provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane systematic reviews. They are designed to be actionable and to inform decision making at the point of care. Each Cochrane Clinical Answer contains a clinical question, a short answer, and an opportunity to ‘drill down’ to the evidence from the Cochrane Review. The evidence is displayed in a user friendly format, mixing narrative, numbers and graphics. The target audience for Cochrane Clinical Answers is healthcare practitioners and professionals, and other informed health care decision-makers. Cochrane Clinical Answers have been developed by Cochrane Innovations Ltd. and Wiley Online Library.

August 2016

In people with stroke, how does resistance training affect outcomes?

In people with stroke, how does cardiorespiratory training affect outcomes?

GUIDELINES


NICE Guidelines

Current Guidelines

IPG561: Transcervical extracorporeal reverse flow neuroprotection for reducing the risk of stroke during carotid artery stenting- June 2016

IPG548: Mechanical clot retrieval for treating acute ischaemic stroke- February 2016

QS99: Secondary prevention after a myocardial infarction- September 2015

QS100: Cardiovascular risk assessment and lipid modification- September 2015

TA355: Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation- September 2015

UPTODATE & DYNAMED PLUS
What's new from our clinical decision-making tools on the topic of stroke.

**UpToDate – Access for Musgrove Staff only**

**DynaMed Plus – Access for Somerset Partnership Staff only**

Please contact library staff for details on how to access these resources; you will need an Athens password if accessing from home.

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**REPORTS, PUBLICATIONS AND RESOURCES**

**NICE Pathway on Stroke**

**UK Stroke Forum - hosted by Stroke Association**

**Stroke Association website** - contains information about support groups, conferences, fundraising, research and professional advice including toolkits and posters.

**The Sentinel Stroke National Audit Programme - 2 reports**

**Post-acute organisational audit**

Presents the findings on the organisation of care for stroke survivors once they leave hospital. The audit highlights the number and location of post-acute stroke services across the UK and outlines what a patient might expect in accessing these services.

**Is stroke care improving? The second SSNAP annual report**

The second annual SSNAP report reveals today that despite steady progress in stroke care, further work needs to be done to ensure that patients have access to key interventions and assessments when they are admitted to hospital.

**Raconteur Report - Understanding Stroke**

Stroke is one of the biggest health issues people face today, taking a life every 13 minutes and costing the nation an estimated £9 billion a year in health and social costs. Yet the condition ranks low in terms of public perception and research funding, and the UK lags behind some other nations in improving patient outcomes. This report highlights the need to raise research funding, along with awareness of the condition, and identifies key risk factors. It also showcases major technological and medical breakthroughs.

**What if everyone over 55 was offered a pill to prevent heart attacks and strokes?**

The NHS if… is a collection of essays that explores hypothetical scenarios and their impact on the future of health and care. This essay, written by Richard Smith, looks at the cost of cardiovascular disease and whether prescribing polypills as a preventative measure could save lives.

**Geriatric and Stroke Medicine – Ward Collaborative**

The Geriatric and Stroke Medicine (GSM) wards at Sheffield Teaching Hospitals include Brearley 5,6,7 and Robert Hadfield 5 and 6. They provide ongoing care for elderly patients with dementia and patients that have suffered a stroke. The GSM wards established a microsystem improvement team. This is a multidisciplinary team of staff, meeting on a weekly basis to improve the quality of care for
patients. This microsystem was part of the year-long Microsystem Coaching Academy Ward Collaborative.
The latest from popular Twitter pages dedicated to stroke:

PLEASE NOTE LINKS WORK BETTER IN CHROME BROWSER

**Stroke Association** [@TheStrokeAssoc](https://twitter.com/TheStrokeAssoc)
**World Stroke Campaign** [@WStrokeCampaign](https://twitter.com/WStrokeCampaign)
**Sign Against Stroke in Atrial Fibrillation** [@signagnststroke](https://twitter.com/signagnststroke)
**Different Strokes- Support for Younger Stroke Survivors** [@diffstrokes](https://twitter.com/diffstrokes)

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**TRAINING & NETWORKING OPPORTUNITIES, CONFERENCES, EVENTS**

**Stroke Association- Events for Professionals** - ongoing events throughout the year

**10th World Stroke Congress** - 26th-29th October 2016, Hyderabad, India
**European Stroke Conference** - 24th-26th May 2017, Berlin, Germany

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**LITERATURE SEARCH SERVICE**

Looking for the latest evidence-based research but haven’t got time to trawl the databases?

Do you need a literature search carried out?

Do you need to find evidence to support an improvement?

Do you want to know how something has been done elsewhere and whether it worked?

Library staff provide a literature search service for busy clinicians who are pressed for time.

To request a search please complete and return the appropriate form, providing as much information as possible. Alternatively if you would like an assisted search training session, where we will sit down with you and go through the steps of a literature search, then please contact the library.

*Musgrove staff click [here](#) to access literature search form
*Somerset Partnership staff click [here](#) to access literature search form

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**TRAINING AND ATHENS**
Most electronic resources are available via an Athens password. You can register for this via the Library intranet page, or from home at www.swice.nhs.uk and following the link for Athens self-registration.

Please note that registering from home will take longer as it will need to be verified that you are NHS staff/student on placement.

The library offers training on how to access and use Athens resources, as well as an introductory course on critical appraisal. You can book a course through the Learning and Development intranet page, or by contacting the library directly.