

Healthcare Library

OPERATING OUTSIDE LIBRARY WALLS

Making sure people have the information they need, when they need it, where they need it in the format they find the most useful

CLINICAL LIBRARIAN PROJECT

**Evaluation Report
January 2004**

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ABBREVIATIONS

CHI	Commission for Health Improvement
CILIP	Chartered Institute of library and Information Professionals
CL	Clinical Librarian/Cinical Librarianship
CL Service	Clinical Library Service
CLP	Clinical Librarianship Project
EBM	Evidence based medicine
EBP	Evidence based practice
LIS	Library and Information Service
MD	Multi-disciplinary
NEHL	National Electronic Library for Health
NKS	National Knowledge Service
PCT	Primary Care Trust
PDU	Practice Development Unit
RDU	Rehabilitation Development Unit
SchARR	School of Health and Related Research, University of Sheffield
SLA	Service Level Agreement
WDC	Workforce Development Confederation
WEHT	Winchester and Eastleigh Healthcare NHS Trust

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1. EXECUTIVE SUMMARY

UK Government NHS plans include a very strong focus on healthcare governance, evidence-based practice and commitment to life long learning.

Evidence from the UK, USA and elsewhere clearly demonstrates that Clinical Librarianship (CL) is a highly effective response to the demands of healthcare governance, evidence-based practice and problem-based education.

CL takes the information specialists of the WEHT Healthcare Library team “outside of the library walls” and provides an “information brokerage service” for busy clinicians tailor-made to their needs in their place of work.

CL has a proven track record of successfully meeting increased demand for information. It has developed worldwide over the last 30 years as a service working in tandem with the traditional educational role of Library Information Services (LIS)

CL has been piloted in WEHT over the past two years. The project has been very successful with every part of the service expanded and developed beyond its initial remit. There is strong support from both clinicians and library staff for the continuation of the service, and there is growing interest in the development of a full CL service within WEHT.

CL now needs to be fully developed for the whole Trust. The next steps to achieve this need to be:-

- 1) Strengthen and make more permanent the existing CL service
- 2) Develop a full service in one division. Which division needs to be agreed
- 3) Look at the impact of extending the service on the skill mix of the WEHT Healthcare Library professionals and develop the appropriate training and individual CPD plans.
- 4) Review the way funding is currently accessed, from all eligible funding authorities, to support the additional resources that CL will require to be fully successful for WEHT.

This report supports these findings, and the following recommendations, with details of the evidence obtained at WEHT, and in other hospitals both nationally and internationally. It includes an evaluation of the Clinical Library Service project supported by Winchester and Eastleigh Healthcare Trust and funded by the Hampshire and Isle of Wight Workforce Development Confederation.

2. RECOMMENDATIONS

1. Commit to a fully funded and developed CL Service at WEHT

- Follow the CHI recommendation.
- Benefit and learn from good practice elsewhere.
- Link to the WEHT vision and strategy for 2006.
- Raise the profile of librarians & librarianship

2. Develop & run a full scale CL Service in one division

- Appoint a lead Clinical Librarian with responsibility for CL service.
- Study the Trust in detail to survey and establish staff needs: approach university librarianship department for a scoping survey.
- Using this information identify division with most potential – willing to lead and champion CL, and with staff keen to innovate and experiment.
- Plan most effective way forward with the divisional clinical staff backed by survey information.
- Ensure project is multi-disciplinary with involvement of doctors.
- Examine in depth how to overcome the barriers hindering the information seeking behaviour of clinicians.
- Involve CL professional in multi-disciplinary meetings or particular groups.

3. Develop CL Service Plan

- Define clear vision and objectives.
- Prepare Action Plan with targets and timescales.
- Include in Trust Library & Information Services Strategy.
- Set up Steering Group for CL Service: add it to Terms of Reference for Library and Information Development Group.
- Steering Group responsibility gives “ownership” of CL Service and so maintains focus on service development to ensure constant and consistent planning, and promotion.
- Include regular internal and external evaluation of service.

4. Maintain and expand current CL Services

- Reaction of WEHT staff is that they do not want to lose the CL.
- WEHT clinicians and librarians already seeing ways to use CL service further.
- All evaluations elsewhere are positive about value of CL Service & recommend continuation.
- Develop CL Service to respond to build-up of work in current project.
- Develop a current awareness service to help clinical staff keep their knowledge up-to-date, both as an individually tailored service and as a general one of paper or electronic bulletins.
- Review training programme for healthcare staff and its content.
- Build on new project with “Gastro Girls”.
- Build on current contacts with other PDU’s.
- Support particular projects – patient information, guidelines, and pathways.

5. Develop e-communications

- Provide necessary tools for librarians - laptop, bleep, mobile phone – so always contactable even on the move and on-call.
- Develop evidence-based web page to encourage search for information and use of expert librarians to support finding knowledge.
- Improve and modernise current library web pages.

6. Strengthen marketing & promotion to raise awareness

- Prepare a marketing and promotion plan.
- Use every opportunity to meet with Trust staff and support Trust events.
- Use new Internet / Intranet to full advantage.
- Regular use of Commute.
- Advertise at all important points in the hospital.
- Get messages across – however much training you have in IT, information seeking, and critical skills, it is still OK to ask for help.

7. Review Staffing and Librarian roles

- Appoint a qualified librarian to the specific post of CL.
- Expand CL role of each Librarian to strengthen CL capabilities.
- Complete a skills audit.
- Review staffing levels and ensure appropriate skill mix.
- Rethink responsibilities and allocation of duties.
- Use opportunity for re-structuring.

8. Review CPD of Librarians

- Prepare a training plan for LIS, using the skills audit.
- Develop individual CPD plan for each year.
- Identify ways to widen new skills such as Trust course on project management or shadowing Trust staff.
- Upgrade or strengthen current professional skills, such as critical analysis and advanced searching, through refresher courses.
- Develop involvement in evidence-based librarianship.
- Support new CILIP revalidation programme.

9. Seek support of WEHT and WDC for the development of the CL Service

- Continue efforts to find funding for a permanent CL Service
- Influence the bidding process internally and with the WDC with view to changing the criteria for bids, so that support services have better access to funds.
- Gain support for such bids by actively promoting the CL Service as one supporting ALL staff and so contributing to the agendas of many projects and targets across the Trust.

3. BACKGROUND

Healthcare Libraries today: the need for change

There are strong drivers for innovative practice and working differently and supporting busy clinicians in their workplace:

- UK Government NHS plans include a very strong focus on healthcare governance, evidence-based practice and commitment to life long learning.
- To support this policy of an information-led NHS the Government is providing a central web-based National Knowledge Service, and funding the development of the NHSU. Both development teams include Librarians.
- Government policy clearly views healthcare libraries, as Specialist Libraries with expert staff, vital to providing local support for these services.
- It also sees LIS as meeting the demands of expanding medical education with its use of problem based learning.
- CHI has advised all Trusts to develop a CL service. It recommended that all learn from the leading example of CL in this country, University Hospitals of Leicester.
- CL developed internationally in direct response to the demands of healthcare governance, evidence-based practice and problem-based education.
- Research, including that of the British Library, demonstrates that health libraries and librarians are best value for providing literature of high clinical quality.

Clinical Librarianship: what is it and what can it offer?

There is no one definition of clinical librarians. WEHT Librarians and clinicians recognise the value of multi-professional team-working, and the need for flexibility.

Clinical Librarians:

- challenge conventional working practices, making LIS a frontline service to work alongside clinical colleagues.
- provide a flexible, tailor made priority “information brokerage service” for busy healthcare professionals, providing knowledge at the point of need and outside the library walls.
- provide high level visibility of the Trust’s library information experts in the clinical setting, bridging the divides and breaking down barriers to finding information.
- allow rapid response to questions and the need for knowledge at the exact moment that it occurs.
- respond to and meet the modernisation agenda of NHS, as well as the vision and aims of WEHT.

4. CLINICAL LIBRARIANSHIP AT WEHT

The Library Team, aware of the potential of CL to meet the demands of a changing NHS, wanted to develop this new service within WEHT, and so a CL Service has been piloted in the Trust since 2001 (see Appendix 1 "Background to CL Project at WEHT"). The current model directly supports clinicians with Librarians joining meetings and workshops that aim to develop evidence-based good practice and improve standards. This closer collaboration has led to an expansion of the CL role at the request of the clinicians, has impacted on clinical projects, and has encouraged Librarians to further review how best to provide a CL Service. For all this success the Service has not yet integrated sufficiently for CLs to be part of MD teams or clinical meetings

WEHT Librarians fully support a CL Service

- They are aware of the changing work environment.
- They want to participate fully in the modernisation agenda.
- They recognise the need to:-
 - Align with the Vision & Strategy of WEHT.
 - Support the WEHT response to government policy & documents.
 - Give full support to the enquiry –based learning approach.
 - Extend the CL Service to PCTs and other stakeholders.

Current CL Model in Place at WEHT

(See Appendix 2 "Projects supported by the CL team" for full details of each project supported in past 18 months).

- Support for accreditation process of PDU's.
- Support for particular groups such as journal clubs and workshops.
- Being present in wards at specified times.
- Being directly involved in Trust projects such as development of policies, pathways or guidelines.
- An outreach librarian has been in place longer and has provided valuable experience towards the development of the CL Service.
- Further knowledge has been gained through shadowing & presence on wards.
- Presentations promoting CL have been made to the Management Board, Library and information Development Group and CAD's.
- Several meetings & events attended, including start-up of Critical Care PDU.

Progress of Project

Extended role for Librarians (see Appendix 1 for full details)

- CL role has expanded and strengthened at the instigation of the participating clinicians.
- CL has been added to the original Terms of Reference of PDUs.
- CL has been invited to visit wards and attend staff meetings.
- CL has been included in one group's steering committee organising evidence based workshops.
- A continuation of service requested even though accreditation achieved.
- Remit of projects have changed to include additional services and support.
- CL contributes fully to all discussions and future plans as respected voice of professionalism.

Impact on clinical projects

- The Melbury Lodge workshops aim at specific outcomes from their projects and to implement evidence-based, best practice. Subsequent library searching has contributed to projects on cognitive training, post traumatic stress training days, development of family intervention, and BDI (suicide and depression).
- CNS PDU has had library support for projects on succession planning, electronic records, and staff appraisal.
- RDU PDU asked for information on stroke rehabilitation and the extended role of therapists.
- CL fully involved in choosing articles for the journal club and the subsequent discussions, which resulted in policies and procedures such as nil by mouth, use of eye drops and hand-washing.
- In Clifton Ward topic based work that contributes to improving practice is also using information found by CL.

Recognition for EBM

- Both clinicians and librarians feel that the use of the CL Service in the process offered a quality check on the standard of information used and validated evidence-based practice.

New Project: “The Gastro Girls”

- Following their participation in the CNS PDU, and a CL presentation to the Library and Information Development Group, the Gastroenterology CNS team suggested a CL Service to directly support their work.
- Information requested by them and found by the LIS team would be fed into the department’s MD meetings. They believed that this step by step approach will be the best way to demonstrate the value of CL Service.

Impact on LIS

- An Away-day was arranged to discuss the role of CL now and in future, as well as to review working practices.
- Commitment to CL has been written into the LIS Strategy 2003-2005.
- Named librarians have been allocated to each division.
- Healthcare Library now has a representative on the PDU Steering Group.
- Contact has been made with other PDUs.
- CLs are seeing an increased use of their services via phone/email.

5. FINDINGS AT WEHT: CLINICIANS

- All clinicians are very positive about the value that the CL Service adds to their work. They are already planning and putting into action ways of strengthening and extending their use of the service.
- Now that they have the service they do not want to lose it, and several expressed fears that it may be discontinued. They felt this would be a regressive step, detrimental to how well they use their time and access information, and to the increased confidence they now have both in the evidence found and in asking for Library support.
- Time management is a vital issue for clinicians. All clinicians recognise the need for information to support evidence-based practice and life-long learning, yet all felt their busy schedules made it difficult to investigate resources in depth. They also felt overwhelmed by the amount of information available and the frequent changes in databases. All had IT skills, but IT was not seen as the only solution.
- The CL Service is seen as a way to helping resolve these pressures, providing an effective way of validating evidence, managing information overload, accessing ever changing resources, and keeping up-to-date.
- Working together in a clinical environment has led to a much greater understanding of the skills and support a Librarian can offer. In many instances changing the clinicians' negative perception of Librarians. A CL Service was viewed as a great way to raise the profile of the Healthcare Library Team and what it can offer.
- The advantages of having a named librarian to directly work with has given confidence to the clinicians as well as greatly encouraged them to ask for help. The clinicians also feel that the Librarian is on their side, responding more accurately to their needs with a better understanding of what the clinician wants to achieve.
- There was opposition to participation in ward rounds, but this was not due to professional concerns about non-clinician involvement. Ward rounds were considered too narrow a scenario that would restrict dissemination of information to as many people as possible.
- However there is very strong support for Librarians to be present in clinics, outpatients and at MD meetings, as visibility would ensure use of the CL service as well as rapid access to it. It would also widen the multi-professional make up of any team, and allow more people to benefit from the CL Service.
- Clinicians felt that for successful involvement in the clinical setting Librarians need to strengthen their skills, improve marketing and promotion, and review the provision of training.
- For more details see Appendix 3 "Clinician interviews: comments and quotes".

6. FINDINGS AT WEHT: LIBRARIANS

- The Healthcare Library team want CL to continue and expand to become a permanent service. Working on the project has strengthened the Librarians' opinion that CL will be a valuable new service for the Trust. It also meets the aims of the Healthcare Library to become more directly involved with the frontline clinical work of the Trust.
- For Librarians it has added an exciting and rewarding dimension to their existing conventional role of supporting education and providing training within the Library environment.
- Working as a CL has provided many opportunities and advantages that would not otherwise be available. Being part of clinical teams and visiting clinical colleagues in their workplace has led to a more interactive working relationship. It provided an insight into how the Trust operates. Librarians feel they know the clinical staff better and have a clearer understanding of what they want to achieve. There have been more chances to identify needs, respond quicker and offer greater support.
- Interestingly the hands-on approach of CL has been a far more effective and practical way of demonstrating the Librarians' skills and the potential of the Library Service, than any other way of advertising. In turn visibility and participation has also led to a better use of the Library Team. The role of each CL has expanded with clinicians involving the Library Service more in their day-to-day work.
- Such rewards add to job satisfaction, as do the more intense use of professional skills. This benefited the professional development, morale and team work of the Library Service
- However there have been frustrations and challenges. They felt marketing could be stronger and planning more focused. There were concerns about adapting to the new role, organising time and managing resources. All recognised the need to learn new skills as well as regularly refresh .
- The CL role challenged each Librarian about what they wanted from their profession. While the majority enjoyed the role immensely, others felt the role was not for them even though they achieved success in it and wanted the service to continue. A staff review was seen as a way forward to use the current team to best effect and to identify future needs of the CL Service.
- For more details see Appendix 4 "Librarian interviews: comments and quotes".

7. SHARING GOOD PRACTICE: LEARNING FROM OTHERS

The experiences of clinicians and librarians at WEHT very much reflected the experiences of clinicians and library professionals elsewhere – almost uncannily so given the smaller scale of the project at WEHT.

(See Appendix 5 “Methodology of Evaluation” and Bibliography)

A. COMMISSION FOR HEALTH IMPROVEMENT

- Views LIS as an essential part of the healthcare governance agenda, requesting library accreditation documents as part of the evidence prior to inspection visits
- Includes comment on LIS provision and standards in all reports.
- CHI recommends that the rest of the NHS should learn from the highly rated CL Service at University Hospitals Trust Leicester,

B. WHY CLINICAL LIBRARIANSHIP? WHAT DOES IT PROVIDE FOR USERS?

CL contributes to healthcare governance and evidence-based practice

- Provides a service targeted at supplying up-to-date information from a variety of sources in a pressurised environment
- Focuses on access to information and evidence at point of care
- Encourages and supports healthcare professionals’ provision of evidence-based healthcare, providing a quality check on the information available
- Provides expert training in acquisition, development and use of new skills in searching and critical appraisal for those wishing to do their own research

CL succeeds

- Adds value both to work of clinicians and to Library service
- Meets aims and objects of employing organisation
- Responds to rapidly changing NHS and modernisation demands
- Encourages use of quality evidence
- Extends education into the workplace
- Supports daily working practices and evidence based practice
- Speeds up provision and dissemination of information
- Improves access to knowledge
- Provides an expert team to quickly and accurately access resources.
- Helps clinicians resolve problems of workload pressure and time shortages, so they can focus on decision making and service provision

CL gives direct support of information experts

- Precise identification of information needs, by using reference enquiry skills
- Tracking down of most appropriate resources to match needs
- Use of high level IT skills to trawl resources for best available information
- Use of expert critical skills to analyse resources and information to ensure quality
- Dissemination of only the most succinct overview of appropriate information
- Service provided where clinicians provide patient care

CL responds well to national drivers for change

- Continuously changing context of healthcare services, Library and Information services, and government policy.
- Rapid progress in medical sciences and medical practice.
- Governance and audit agendas.
- Constant pressure faced by all clinicians to keep up with ever expanding knowledge in printed and electronic form
- Development of and continuous changes to structured databases
- Rapidly developing IT

CL responds to challenges facing clinicians

- Recognised and documented barriers to clinicians finding evidence,
 - Time
 - Access to IT
 - Workload pressures
 - Culture of working practices
 - Confidence in own skills
 - Knowledge of all resources available and their quality
- For all the mastery of information seeking and commitment to EBP that clinicians may have, research is beginning to show that they are being overwhelmed by the information explosion,
- CL offers one very effective way of overcoming these barriers, while supporting and strengthening clinical expertise, for informed and evidence-based clinical judgement and decision making.

CL is flexible to different ways of working

- A variety of models, not only between countries but also within individual hospitals, shows how flexible and responsive CL can be to differing organisations and needs
- Library teams can provide all or some of following services (in addition to those already provided by LIS at WEHT), mixing and matching according to departmental, divisional or individual needs:
 - Attendance at ward rounds, multidisciplinary meetings, and/or clinical audit groups
 - Literature searches in wards and clinics
 - A current awareness service
 - Evidence-based practice web pages
 - Analysis of the information found and writing of digests, backed by “gold standard” full text article. (See NELH “Hitting the Headlines” for a good example of this)
- At all times the focus is to quickly provide evidence based information at the point of need when it is needed - to break down barriers by taking the LIS into the workplace, instead of remaining within its own walls

C. WHY MOVE AWAY FROM “HEALTH” TO “CLINICAL” LIBRARIAN?

- Provides a proven and effective response by the Library profession to meet modern day NHS needs.
- Ensures a flexible service that can be tailor made to the exact needs of a ward, department or division while offering greater choice to clinicians.

- Provides Library staff with more opportunities to work alongside their Trust colleagues, to support them with the challenges and pressures they face while becoming more knowledgeable about of the Trust.
- Meets the need for information often generated such as in team meetings, but where no-one is designated to follow through on questions.
- Ensures Trusts use the knowledge and information experts already available to them, and which various national reports emphasise as vital to clinical governance, so ensuring the quality of information for EBP.
- Helps encourage a perpetual sense of enquiry in all staff, by giving better support to lifelong learning, development of evidence-based practice and the enquiry-based model of medical education,
- Answers effectively the need identified by various healthcare professions for an information team to provide evidence and to help cope with information overload. Yet these same professions fail to recognise they already have a ready-made team on site, the Librarians.
- Raises the visibility, profile and image of Library and information team.
- Helps get message across that LIS can work anywhere in the Trust for clinical as well as non-clinical staff, for all disciplines and at all levels.

D. CAN WEHT DO WITHOUT CL?

The Library Team has considered various ways of responding to the changing NHS. The Team could remain within the Library walls and choose one or more of the following options to strengthen current services:

- develop a virtual library
- extend the enquiry service
- develop current awareness service
- heavily promote national services such as NELH
- increase training opportunities to encourage staff to do all their own searching
- make optimum use of all IT tools available

All represent positive action, effective improvement and added value. They

- Address the modernisation agenda
- Ensure the availability of knowledge
- Provide a solution to budget limitations
- Effectively use national services
- Update and upgrade the training of clinicians

But it is a limited agenda that does not address all the new demands for information.

- It does not provide all the achievements of CL
- It fails to answer the wider issues and concerns that CL can respond to
- It relies heavily on IT skills and tools at a time when there is increasing concern that such skills, as essential as they are, are not providing the expected results in effectiveness and knowledge.

CL cannot answer all of the challenges facing the modern day clinicians, but it can offer some of the support they deserve in meeting the demands made on them.

The Library Team at WEHT, being “modern excellent and ambitious “, want to provide all the above AND develop CL. This would give the best value service for ALL staff at WEHT as well as for other stakeholders.

8. FUNDING and POLICY

- Funding issues have to be resolved so that LIS at WEHT can positively respond to national and international medical library and information developments.
- The importance of CL is recognised worldwide. It is actively promoted in the UK by the Government, NELH and SchARR. Its value has been recognised by CHI.
- Efforts to create national core services, such as NELH, have demonstrated a government belief in the absolute necessity of information, and the vital role of librarians in the development of such services. Yet Government policy also clearly supports a continued role for librarians at local level as well – it does not believe that the National Knowledge Service negates the allocation of money or the development of LIS at a local level.
- Yet surprisingly despite all of this and the many evaluations considering CL services to be a success, some CL services have been discontinued for lack of funding. However where Trusts and WDCs have shown commitment there is an increasing number of CL appointments.
 - CL is a highly effective but labour intensive service. Its availability therefore depends on additional staffing and funding. In WEHT it requires the permanent appointment of an additional full-time qualified information professional to lead CL in the Trust.
 - WEHT LIS efforts so far have been on a limited scale due to short-term funding. Library staff has shared the role of CL with some success, but it has to be admitted that this is putting pressure on workloads and stretching resources, to the point some services will have to be dropped or restricted.
 - In common with other NHS LIS staff there is frustration at the failure to address issues of funding. The changes in the NHS and the development of a healthcare governance agenda demand a wider view of LIS beyond its usual role of supporting medical and nursing students. LIS is needed by all staff as they meet the demands of evidence-based practice as well as lifelong learning.
 - These same changes, as well as knowledge management developments, make it a good time for the Trust and WDC to review the needs of the staff they employ and represent. As other areas demonstrate obtaining funds at a local level is vital to the development of CL, and is dependent on local policy and strategy as well as on local interpretation of national policy and strategy.
 - At the same time there needs to be a better way for LIS at WEHT to access available funds, and in particular to obtain recurring money. The criteria for bids this year effectively nullified efforts for LIS funding. It is recognised that LIS is up against the competing needs of individual departments yet it also needs to be recognised that LIS supports ALL staff and so can contribute to agendas of many projects and targets across the Trust.

APPENDIX 1

BACKGROUND TO CL PROJECT AT WEHT

CL at WEHT

Project began in June 2001 with the support of the Clinical Governance Committee, and with the appointment two months later, of a CS Librarian, Helen Carter. At the end of 6 months Helen submitted an Interim Report, recommending the continuation of the service, but recognising that Confederation Funding essential

A bid was made for further funding, but delays in allocation meant the CL Project was disrupted although 2 librarians added to their workload and continued the work with RDU and Melbury Lodge. A fuller service commenced in September when notification of funding was received, unfortunately only for 6 months, and Linda Lawson was appointed CL.

CL Project 2002-3: taking the Project forward

A meeting of the Librarians focused on how to develop CL

Concerns addressed

- How to follow through on the recommendations of the Interim Report.
- How to prevent the loss of skills, contacts, momentum and development as had happened with the departure of Helen
- How to counter funding issues due to difficulties in obtaining long-term funding
- How to further develop CL beyond the Interim Report

It was decided that the Project should

- become a team project with each librarian taking on part of it and with Linda as project manager. Regular review meetings to evaluate progress would be held.
- continue to support the multi-disciplinary projects, RDU PDU and Melbury Lodge, but on wider and firmer basis
- be advertised to attract new projects, preferably multi-disciplinary ones
- look at CL as an integral part of future healthcare library work, and how to achieve in the overall in the overall LIS strategy
- include a review of Librarians' working practices
- encourage professional development of librarians, in line with the skills needed for CL
- develop knowledge about CL nationally and internationally
- lead to an evaluation report about the impact and value of CL in this Trust as well as elsewhere

APPENDIX 2

PROJECTS SUPPORTED BY THE CL TEAM

Clifton Ward

Lead: Janet Vincent

Clinical Librarian: Sue Stevenson

Responding to the article in Commute, Janet requested that IT training be given to the staff of Clifton Ward. This started with healthcare assistants coming to the Library each Thursday afternoon. Later it was decided to transfer the training to the ward, as this meant staff used their time more effectively, and were learning in the same environment as they would use the skills. Once there, the librarian found that her visibility encouraged others to ask for help. She also became aware of opportunities that needed library support, so she was able offer help. Consequently the CL role evolved into more of an information service for all grades of staff, supporting clinical provision, ward projects and courses as well as training. The CL was available in the ward once a week at a designated time, although all staff are encouraged to contact her at any time.

CNS PDU

Lead: Carol Fielding

Clinical Librarian: Linda Lawson

The CNS Group formed to provide opportunities to discuss and contribute to managerial issues that CNS' face. It contributes to various nursing committees, responds to Trust strategy and policy, and discusses reaction to hospital activities and events.

The Group has also developed into a PDU and is currently working towards accreditation with Bournemouth University. After seeing the article on CL in Commute the Group Leader realised what support could be offered and its value to the various projects planned by the Group. The Library was asked to give support at the monthly meeting to offer advice as to the way forward and to search for relevant information.

The Librarian attended both the business part as well as the PDU section of the meetings, so she could get to know the nurses and to understand better their role and work. As a result support has been given on managerial issues as well as on PDU projects, and also to individual nurses to support their professional development or good practice within their speciality. She has also attended the 2 away days in January & August 2003, to help with the compiling and development of submission documents for accreditation. The Group's Terms of Reference now includes a Librarian in its membership.

Melbury Lodge, West Hampshire Mental Health Trust

Lead: Helen Moss

Clinical Librarian: Anne Lancey

Helen Moss first approached the LIS Manager, Brenda Goddard, about developing a small Learning Resource Room at ML, to help strengthen evidence-based practice. This discussion revealed the wider possibility of CL, and Helen Carter was asked to train nursing staff in search skills so that they could better participate in the Journal Club set up to promote evidence-based practice. Helen describes her role in her Interim Report.

The club was so successful that it expanded into a morning workshop with a broader multidisciplinary membership, including not just ML nurses and care assistants but also doctors, community staff, psychiatrists, disability workers, therapists, and social workers.

Discussions with librarians led to Anne Lancey as Clinical Outreach Librarian developing a wider CL role in support of these workshops, participating in the sessions so that she can search for information for the meetings, and also provide further information in response to debate & discussion at the meetings.

The Workshops are now managed by a Steering Group, which the Clinical Librarian was invited to join. As a result of the focus interview Helen Moss was seeing other possibilities for developing the CL role.

Nurse Journal Club

Lead: Jan Kimble & Sue Wolstenholme

Clinical Librarian: Liz Land

The Journal Club was set up for all nurses to help with CPD and to promote evidence-based patient care. Topics cover general nursing issues, both clinical and managerial. They approached The Library and Information Services Manager to ask for support. Jan has also trained as a librarian and so recognised the value of such support, but the Commute article encouraged the nurses further.

It was agreed that a named Librarian would support and attend the monthly meetings. Liz's involvement soon extended beyond the literature searching role. She helps with publicity, identifying articles to be discussed, the distribution of this material and the booking of venues. The club operates informally with the focus on discussion in which Liz takes full and equal part, offering a valuable non-clinical opinion. The members believe the group's success owes much to the Librarian's unifying role.

RDU PDU

Lead: Avril MacDonald

Clinical Librarian: Brenda Goddard

Being an avid supporter of Library services, Avril felt such services had a vital role to play in a PDU. Helen Carter describes how she supported this multi-disciplinary group in her Interim Report.

When Helen left the Trust, Brenda, decided to add to her workload as the Library and Information Services Manager, and take over the role. She has always strongly believed in CL as the way forward for healthcare librarianship, and has promoted the CL project for over 3 years. So she felt that it was only right to personally participate in the project. She has supported the PDU at fortnightly meetings, providing information for projects, giving advice as to available resources and offering help when she saw the opportunity arise.

The PDU received accreditation in April 2003. It will continue as a developer of best practice, and Brenda has been asked to continue supporting the group.

APPENDIX 3

CLINICIAN INTERVIEWS: comments and quotes

A. REACTIONS

CL SERVICE is highly valued

- Don't want to lose it
- Want to see service strengthened & widened - to learn what can really be done

Skills of Librarians are better understood

- Have a greater understanding of expertise, skills & competencies of librarians
- Seeing skills in action has been highly effective way to understand value of staff and their work

Big value in having a named Librarian

- Having someone who understands work is a great confidence booster
- Encourages you to ask for help and use other library services
- A named librarian acts as an advocate:
 - Identifying resources otherwise unknown
 - Developing own tailor-made service
- Easier to ask for help – more confidence to be a fool with someone you know

There is a role for librarians in the clinical setting

- Preferred in MD, nursing teams and clinical meetings
- Little support for attendance at ward rounds
- Visibility is essential - if librarian not visible then she/he will not be consulted

Clinicians have significant problems trying to research own information

- Time is precious – workloads are heavy so if information is not sought immediately it is rarely sought at all.
- CL will both save time and encourage seeking of information in support of evidence based practice
- Access to IT is limited – PC's shared so can't always access at right time.
- Even if IT skills good enough not sure would use them – time, interest, better things to do
- Haven't time to keep skills sharp enough to achieve effective search

There is added value in widening the multi-professional makeup of the team

- Opinion of non-clinical person seen as invaluable – provides new / different dimension
- Benefits accreditation process – success of group attributed to active CL role

B. WHAT IS WANTED FROM CL AT WEHT

Educate me

- Inform & support my clinical work – help me make professional judgements
- Help my education - inform me of current matters in my speciality

Help me manage all that information

- Disseminate information to me – so I can make professional judgements
- Find me the information for my clinical judgement
- There's more information coming out than I can digest – I need a better approach
- I need information in useable form – about 5 references with abstracts. I'll ask for the full article if I need it.
- I don't want large amount – I want answers.

Save me time

- Give me more time to do my job
- Patient care is more demanding. Time is shorter – trying to do more in same time

Keep me up-to-date

- Want the latest information, new developments
- Keep us up to date – NICE, alerts, current awareness
- What is out there for patients? What's in the press? Need to be ready with the knowledge.

Give me help and support

- Librarians are information seekers and providers that can meet my needs.
- Library can be a tool to facilitate searching for information
- Extend what you do – have a rolling programme of changes – always review what is on offer
- Think about your training provision – you can do just as well as University at skill development
- Nurses want to be a brilliant nurse – pick up relevant data, have some research skills, - library can make this possible
- Should have had librarian earlier and used services a lot earlier. Should have been quicker at developing use

C. KEY CHALLENGES FOR LIBRARIANS

MD teams – Yes! Wards – No!

- Better to be part of multi-disciplinary teams – it is a wider world, providing better opportunities to disseminate information, also it is a better use of everyone's time and effort as more people will hear it.
- Ward rounds not the right environment, as they are too narrow, even too patient specific.
- Pilot projects and mini projects seen as best way of demonstrating real value to the work of healthcare professionals

Provide CL in Outpatients:

- More and more work being done here
- CL would help address OP workload and multidisciplinary approach

Widen Skills of Librarians

- Need to think more like the clinical staff, so as to understand their environment and needs

- Appropriate interpersonal skills and flexibility are vital to integrating with a variety of situations and settings, as well as cope with strong-minded people

Improve Profile of Library

- Need for Librarians to raise their profile and advertise their skills
- Most admitted to having a negative image of Libraries and Librarians, before the use of the CL Service
- The range and type of services available are not fully understood
- Librarians viewed more as guardians of resources rather than experts in opening resources to all

Improve Communication

- Need for better communication with staff and within the Trust
- Marketing and promotion need to be more effective
- Librarians should make presence felt at every opportunity

Promote Asking for help

- Confusion exists among staff as to whether they **MUST** do their own searching for evidence – a feeling that it is an abrogation of duty if don't
- Yet all admit that doing their own searching is
 - Time consuming,
 - Diverts from the core purpose of their role,
 - Creates a feeling that a search is lacking in skill or pertinence –
 - Leaves a reaction of having missed something
- Widespread feeling that should not ask for help

APPENDIX 4

LIBRARIAN INTERVIEWS: comments and quotes

A. REACTIONS

Continue the CL Service

- Working as CL has provided insight into what CL really about, strengthening belief that the service is valuable and so must continue
- Involvement in projects and visiting staff in their place of work clearly demonstrates that service should be properly developed and planned as part of LIS at WEHT

Improves Interaction with Trust and staff

- Feel more involved with the work of the Trust and its staff
- Feeling that giving better support to the core business of the Trust
- Rewarding to be part of the team and work directly alongside clinical colleagues
- Acquired better understanding about the work of the Trust and its staff
- Opportunity to build relationships on what LIS able to provide
- Better way to learn about the NHS

Creates More Opportunities

- Provides better opportunities to respond to needs
- Easier to pick up information needs of staff
- Can react quicker to staff needs for information
- Can respond immediately to discussions by saying that information available on topics
- Provides invaluable demonstration of skills – staff can see us in action

Makes for good PR

- Makes an impact so promotes work and raises awareness of capabilities
- Increases visibility – and recognition that it is vital to be seen in the staff's own workplace and environment
- Demonstrating by example is more effective than leaflets or posters

Strengthens Role of Librarian

- Develops commitment
- Raises profile: gained respect as professional in own right
- Develops a focus on role within Trust
- Make us consider in depth our working practices: rethink our role
- Give strong focus to role of CL

Motivates and adds to job satisfaction

- Rewarding to see positive reaction so that each project evolved and grew
- Seeing positive results and staff appreciation is good for morale
- Providing a tailor-made service adds value to library role
- Invaluable for own professional development
- Benefits librarians as supports team work, gives a common focus, and more involvement with each others work

Uses all the skills of the Librarian all the time

- Information expertise: devising a search strategy to find best possible information, backed by knowledge of resources to find what best type of evidence for particular question, and where most likely to find it
- Reference, interview and enquiry skills: understanding the need, formulating and fine-tuning the question to express what really wanted, and choosing appropriate resources
- Intuitive skills – inquisitive, investigative, questioning, observing, and listening
- Interpersonal skills– negotiating service provision, encouraging and giving confidence to others, being part of a team, contact with different professions
- Project management skills, including organisation. spotting opportunities for development, time management and responding to deadlines
- Taking on the role of problem-solver, facilitator, enabler and researcher
- IT database and critical analysis skills
- High level use of professional skills and competencies, as well as opportunity for insights into role of knowledge management.

B. KEY CHALLENGES TO LIBRARIANS

All admitted to finding challenges in new role:

- Making mistakes
- Awareness as how could have done better
- Steep learning curve achieved by practical experience
- Need to involve all staff in department or ward in developing CL

Getting used to working in the clinical setting

- Having sufficient clinical knowledge
- Understanding what is going on in the Trust: need to find more ways to understand work of Trust staff such as shadowing.
- Feeling of outsider, so having to find level and role
- Getting used to ward environment – can have sense of intrusion if ward busy
- Made aware that need to persuade staff that LIS is there for them all and not just students, that it can support them whatever their role within the Trust and that LIS can support ALL the aims of the Trust.
- Success of CL Service does depend on the quality and cohesion of the clinical team

Development of new skills and strengthen professional capability

- Improve project management and strategic planning skills
- Refresh search and IT skills regularly
- Ensure CPD is planned to suit needs of CL
- Introduce new services such as current awareness
- Need to strengthen literature searching policy and procedures, so more focused on EBM resources such as making more use of Cochrane Library
- Review way information references are presented so more professional
- Creation of a summary or digest of information available could be the way forward for clinicians but raises questions – do we have the skills, knowledge or ability to do this, how much responsibility should a CL take on, and what specialist training would be needed?

Restriction on the CL Service: difficulties faced by LIS at WEHT

- Lack of continuity in funds and staffing has meant a loss of skills and knowledge,
- Dissatisfaction with resulting limited approach to CL and at not being able to offer appropriate service for modern NHS
- Need to focus on providing an in-depth CL service to one department or division to provide an invaluable demonstration of the full potential for LIS in the NHS
- For all the successes there was a feeling that there was still a long way to go

Organise Time and resources

- Continuity difficult because of the pressures on staff, there is a crisis in the ward, and clinical life can be erratic
- Need for self motivation and self-discipline, so can learn to cope with ups & downs of clinical life.
- Need to accept there are times when plans cannot not go ahead, that at times the purpose of visit can be achieved, and that at other times it is better to withdraw quietly
- Need to believe in CL to cope with this unpredictable work style
- Time management is a necessary skill, as CL means balancing demands, meeting deadlines, adding to workloads and stretching resources
- Need to consider developing a policy for confidentiality and ethics
- Need to consider priorities and staff roles to balance provision of traditional services, meeting the terms of the SLAs, fulfilling demands of clinical education and the addition of CL.

Make Marketing effective

- Marketing needs to improve. Recognition that it could have been better. Questions were raised about our marketing approach: it was considered too restrictive and timid, but also acknowledged that there was concern about being overwhelmed with work.
- Need to consider what the message is that we want to convey about CL. We need to clarify our aims, objectives and intended outcomes.

Suit Communication to Needs

- Need for flexibility; skills and availability of IT varies
- Need to make better use of Internet and the Trust's Intranet
- Telephone and personal visits still most effective way of making contact

Review staffing

- All chose to work as a CL team and to change work practices. There was general agreement that CL is worthwhile. Every one achieved success in the role. However reactions to the work differed.
- The CL role challenged each member of staff about what they wanted from their chosen profession of library and information management. All asked themselves the question "Is CL the job for me?"
- Majority felt they were enjoying the role immensely, were getting a buzz from the work and so were getting greater job satisfaction.

- Others felt that the role did not suit their interests, personality or what they wanted from librarianship, and so would not apply for such a role should they be looking at job adverts.
- Concern was also expressed that CL could undermine the effectiveness of the traditional library services and work “within the Library walls”.
- It was felt that the appointment of a lead CL would address this issue as well as a further review of service priorities and use of resources to enable the team to work smarter.
- To use the current team effectively there needs to be a skills audit, a training plan and a recognition of professional interests
- Prospective changes within WEHT provide an opportunity to look at future staffing needs of the Healthcare Library and to be ensure the right skills mix

APPENDIX 5

METHODOLOGY OF EVALUATION

Aim

The Interim Report 2002 focused only on the project at this hospital, it was descriptive of events and outcomes so far, with statistical support for the continuation of the project. A step further was needed, so the intention this time was to

- be more evaluative about the **impact** of the CL Service– on Trust staff and their work, including the Librarians – what is the value of the service?
- be more aware of what is happening elsewhere, and how this impinged, not only on this project but on future development of LIS services within the Trust
- provide in depth information for future funding bids and for LIS strategic decisions
- focus on other services that could be developed to widen the CL Service within the Trust

Report 2003

Baseline Question - would the experiences at WEHT reflect experience elsewhere, and so demonstrate how to further develop CL in the Trust?

To achieve this it was decided to base the report on

- the experiences of the librarians and the people they directly supported within the Trust
- on what is happening in other Trusts
- evaluation reports from other Trusts
- what is happening in other parts of the world
- an overview of professional literature
- information obtained at conferences and courses

Information gathered from WEHT

1. Focus interviews

Set up each interview following the same pattern to be conducted by Linda Lawson.

2. Presentations

2 meetings of the Trust's Library and Information Development Group, led to group discussions giving positive and encouraging feedback as well as highlighting some issues, such as confidentiality and data protection

Information collated from other sources

1. Conferences and courses attended

Covered the challenges faced by current services, gave information on services not yet offered by the CL Project at this Trust, and on ideas for future development such as digests.

Beyond Library Walls: delivering services to the front line of clinical practice

Open Annual Forum of the University Medical School Librarians Group

Novartis Foundation, London. 4 November 2002

Sharing Good Evidence: creating digests for a query answering service

Clinical Librarian Study Day sponsored by NELH

General Hospital (University Hospitals of Leicester) 24 June 2003

Cochrane Library: Update on content and use of database

Demonstrated recent changes as well as warnings about limitations

Queen Alexandra's Hospital. Portsmouth. 25 June 2003

Critical Appraisal Skills Workshop

Raised issues of how to promote evidence based practice and support information provision for such practice
BMA Library and ScHARR
BMA House, London. 6 October 2003

2. Contacts with other Trusts

Visit to Leicester UHT

The leader in CL in the UK provides a good insight into service development and evaluation. The success of a pilot project led to further funding, so that the service was extended to all 3 large hospitals in the city. A more recent evaluation report by a team from much respected ScHARR – leader in clinical governance as well as evidence-based librarianship - judges the Leicester services to be highly successful. As a consequence funding has now been provided for another 3 years.

Clinical Library Service

General Hospital, Leicester. 19 June 2003

3. Evaluation reports received and discussed

Evaluation reports were obtained from other Trusts and once read discussed by phone or through meetings:

Hampshire and IOW

Portsmouth Hospitals NHS Trust

Southampton University Hospitals Trust

Winchester and Eastleigh Healthcare NHS Trust

Other areas

Birmingham Women's Hospital

Brighton and Sussex University Hospital NHS Trust

Bristol General Hospital

Cairns Library, Oxford

University Hospitals of Leicester NHS Trust

Whipps Cross University Trust Hospital

4. Reading

Extensive reading about CL projects and services in the UK and worldwide (See Bibliography), as well as on related topics such as knowledge management, healthcare governance and enquiry-based learning

All the knowledge and expertise acquired was used to support the recommendations made in this report. It also provided a yardstick for the evaluation of the project at WEHT.

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A library is a curated collection of sources of information and similar resources, selected by experts and made accessible to a defined community for reference or borrowing, often in a quiet environment conducive to study. It provides physical or digital access to material, and may be a physical location or a virtual space, or both. A library's collection can include books, periodicals, newspapers, manuscripts, films, maps, prints, documents, microform, CDs, cassettes, videotapes, DVDs, Blu-ray Discs. The work of librarians has also moved outside library walls. Librarians have begun to work in the information industry as salespeople, designers of new information systems, researchers, and information analysts. They also are found in such fields as marketing and public relations and in such organizations as law firms, where staffs need rapid access to information.

Scribd will begin operating the SlideShare business on December 1, 2020. As of this date, Scribd will manage your SlideShare account and any content you may have on SlideShare, and Scribd's General Terms of Use and Privacy Policy will apply. If you wish to opt out, please close your SlideShare account. [Learn more.](#)

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[Library Design Showcase 2012: The Outdoor Library | American Libraries Magazine](#). A library's building is important, but its exterior can be as well. Many libraries have found ways to integrate the outdoors into their regular services. The following libraries have all found ways to give their patrons the opportunity to enjoy the library and the fresh air at the same time.

[North Carolina State University, D. | Continue reading Library Design Showcase 2012: The Outdoor Library | Why Outdoor Spaces are Essential for Libraries.](#)

[Outdoor Space Ideas for Libraries](#). Ready to embrace functional space both indoors and out? Get inspiring outdoor space ideas from the [Nashville Public Library](#).

[Mini Library](#) [Free Library](#) [Library Ideas Dot Org](#).

[San Francisco](#). Outside of wall-stress modelling, so-called hybrid LES/RANS approaches, such as Detached Eddy Simulation (DES) [48] and others, provide alternatives. Here, the part of the computational domain occupied by TBLs is separated (explicitly or implicitly) into a region where RANS equations are solved, and in the remainder of the domain, LES modelling is applied.

To the authors' best knowledge, no general-purpose computational fluid dynamics (CFD) code with advanced wall-stress modelling capabilities, is available under an open-source licence. The main goal of this work is to present a newly-developed library for wall-stress modelling, based on OpenFOAM technology¹.