

from strength to strength

The Editorial Board is once again a whirlwind of change! This autumn sees Emma Bailey taking over the purse strings from David Stewart, and the departure of Gwyneth Pearson to fresh employment pastures.

We thank them both very much for their work for the newsletter and wish Gwyneth the best of luck for her new venture. This means the inevitable search for a new Board member, so if you're interested please get in touch. A message on jiscmail will already have gone out, but we'd still be keen to hear from anyone who has an enthusiasm for publishing!

This issue has a good mixture of topics. Reports from the conference have been submitted by **Glenda Morris**, **Helen Blackburn** and **Lucy Anderson** whilst **Justine Karpusheff** has provided her slides of bullet points from her presentation. The reports are accompanied by some splendid photographs. Delegates obviously had fun!

The Lihnn Co-coordinating Committee has also seen changes of membership, and the new recruits, **Leo**, **Norma**, **Glenda** and **Marie** have forwarded their manifestos.

As health libraries in this region go from strength to strength, anyone with the temerity to challenge that view would only have to look at the variety of strategic documents being produced by individuals and groups. The Lihnn Coordinating Committee has produced a Communications Strategy, the Manchester and Stockport Patch Group has worked on Actions for Quality, **Leo Appleton** describes Aintree's strategy for making e-journals available to NHS staff and **Colin Davies** is working on a mental health knowledge service project.

Far from sitting on our educational laurels, many of us have been attending training courses to hone our professional skills. Such was the case for **Cath McCafferty** and others who attended the Teaching Skills Course. Cath's article is accompanied by some very intriguing photographs of teaching the off-side rule! Was World Cup fever in the air? **Melanie Hinde** and **Shan Annis** participated in a workshop on e-learning organized by Assist's North West regional group.

Finally, I'm happy to say I've received very positive feedback about the quality and relevance of the newsletter. The new style seems to have gone down well. Now it would be even better to have some of those comments in writing!

Kathy Turtle

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Conference Reports

The Health Libraries Group Conference

Edinburgh Conference Centre, 14-17 July 2002

An overview of the Health Libraries Group Conference

Glenda Morris

Although I am a new recruit to the world of health care libraries, I have over fifteen years' experience of working in hospitals.

I originally qualified as a Registered General Nurse and completed this part of my working life as a theatre sister. I was employed both in the National Health Service (NHS) and in the independent sector but in 1998 I sought a career change and undertook a degree course in Information and Library Management at Liverpool John Moores University. After gaining an upper second degree, I took up the position of library assistant at the Royal Liverpool University Hospital. My university studies required me to produce two dissertations whose subjects were "Does the National electronic Library for Health (NeLH) give easy access to best current knowledge?" and "The changing role of the health care librarian". With this background, I was delighted to be chosen to attend the 2002 Health Libraries Group (HLG) conference in Edinburgh to enable me to see at first hand the progress that had been made in making information available to all health care professionals. I was one of three library representatives to be sponsored by the Health Care Libraries Unit / Libraries and Information Health Network Northwest.

The conference was held at the Edinburgh Conference Centre, Heriot Watt University. The Heriot-Watt University is set in a parkland campus several miles from the centre of Edinburgh which set the scene for an enjoyable three days in July. The theme of the conference was "Health Information United: Aiming for the Same Goal and Playing for the Winning Team."

The packed programme contained thirty two presentations in keynote, plenary and parallel sessions and workshops which focused on the collaborative projects being undertaken between various sectors such as the NHS,

Higher Education (HE), Social Care, the Royal College of Nurses (RCN), the British Library and public libraries. All the presentations were well conducted, clear and informative and the speakers showed great enthusiasm for their subject.

It would be impossible in this article to give an appraisal of all the events and speakers at each of the sessions that I attended at the conference so I propose to concentrate on those I found particularly interesting and informative.

Veronica Fraser, in her keynote presentation, brought her audience up to date on progress at a national level on the NeLH and the introduction of the electronic Library for Social Care (eLSC). She described the links with HE, NHS Direct and public libraries that have been formed in order



to achieve consistent high quality standards nationally for the two electronic libraries.

The subject of developing social care information resources continued in the following plenary session conducted by Valerie Monaghan and Jo Cooke. They provided details of the various collaborations between health care and local authority librarians and health and social care practitioners working together to support the unique social care information needs across three Workforce Confederation areas. It is an exciting prospect that all this information is to be available nationally via the eLSC.

The presentations by Tony McSean from the British Medical Association (BMA) and Jackie Lord wearing her RCN hat were both absorbing as they gave an insight into the role of their respective libraries within their organisations which are primarily concerned with the needs of

their members. This was very helpful for me as a newcomer to health libraries. Tony McSean spoke of the role of the BMA in supporting NHS libraries since his organisation is able to identify and fill gaps in members' information provision. It was enlightening to learn that the BMA is collaborating with the World Health Organisation on the Health InterNetwork Access to Research Initiative (HINARI) project to give ejournal provision to the world's poorest countries in Africa and Latin America.

By contrast, the RCN Library and Information Services formulated a course of action to develop its Information Strategy through partnership working rather than continuing to work in isolation. In its view, collaboration with stakeholders was the preferred basis for a successful new information strategy. As a result the RCN Library is of great importance to its members and a major asset in assisting recruitment and this could not have been achieved without collaboration with the NHS, HE and the independent sector.

Delegates had the opportunity of attending one of five workshops. I chose to participate in the workshop dealing with the collaboration between the NHS and HE. A novel approach was adapted by the leader in that all our individual groups had to choose words or phrases beginning with the letter C, either positive or negative, which came to mind with such a partnership. This provoked a lively discussion within the groups. The brain storming session produced a long list of interesting thoughts and ideas. The conclusion was that maybe a series of national initiatives would help to bridge the gap between the NHS and HE.

Research Resources in Medical History, a Wellcome Trust funded grants scheme administered by the British Library Co-operation and Partnerships Programme, provided more examples of partnership working. One of the various projects that the scheme has facilitated is the Great Ormond Street Project. The partnership has resulted in the compilation of a database of patient records dating from 1852-1900. The database is now a valuable resource for both medical historians and researchers alike.

Professor Maggie Pearson gave us plenty to think about in her passionate keynote speech

about the need for learning and the need to invest in the education of the entire NHS workforce. The Department of Health is collaborating with a wide range of stakeholders to develop the Working together – Learning together (Department of Health, 2001) strategy. Professor Pearson believes that healthcare librarians have a key role to play in supporting life long learning in the NHS.

Drama was the novel medium for a presentation designed to show what could be achieved for the NHS by collaboration between partners who perform an education and development role. The Birmingham and Solihull Education and Training Development Forum comprised librarians, information technology training staff, training managers and clinical trainers from across the local NHS Trusts. The play that they performed centred on an amusing real life scenario between a Consultant, a junior doctor and a patient and illustrated the development of the Electronic Patient Record and the future role of health informatics in the NHS. I did not realise what good actors we had amongst the HLG.

Dr Muir Gray gave an inspirational speech stressing the importance of disseminating knowledge in improving health care. He

emphasised the role of the librarian in this process. Dr Muir Gray was able to demonstrate with practical examples the enormously important role of new technology in the application of this knowledge and encouraged all librarians to embrace information technology which is shaping the future.

Various speakers were able to give many examples of beneficial collaboration between professionals working in different sectors. These speakers also identified the difficulties of partnership working such as funding difficulties between the NHS and HE, the ongoing maintenance of databases, conflicts of interest, disputes about the ownership of information, identifying future users and the problems of working with a virtual team. They all concluded that the advantage of collaboration is the expertise brought to the project.

The recurring theme of these excellent presentations was that although partnership working gave rise to opportunities and challenges, it was important that both parties were able to benefit from the experience to the extent that the resolution of difficulties was seen as a desirable objective. It was also the case that these collaborations raised the profile of the library. The HLG

conference provided evidence of all the worthwhile developments that are taking place nationwide and the good progress that is being made in making information available to all.

The HLG conference presented ample opportunity for informal networking, an important aspect for all successful organisations. I also took the opportunity to enrol as a member of the Libraries for Nursing subgroup. The social side of the conference, ranging from a quiz evening in the bar to a five course dinner and Ceilidh at the five star Roxburghe Hotel, was well planned and delegates were very well looked after during their time in Edinburgh. The organisers and sponsors are to be congratulated on putting together a first class programme of presentations and social events resulting in a very successful conference. I thoroughly enjoyed the conference and would recommend attendance at future conferences to all those concerned with the provision of information and library services in the health care sector. ■

Glenda Morris

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Conference Presentation Justine Karpusheff



Radical Tactics: the contribution to quality afforded by placing a Knowledge and Information Service in midfield

Justine Karpusheff
Knowledge and Information Co-ordinator
Mersey Care NHS Trust

1

Quality Improvement - a midfield role

Clinical Governance

"above all... about changing organisational culture... away from blame to one of learning" NHS Executive

Information provision - defensive into attacking

- NeLH and national provision - essentially passive
- "positioning at an intersection between sources feeding in (NeLH) and feeding out (promotion of EBM)" Keely and Lambert
- 3 • local active provision - participating in implementation



Current Positions

Management - who is our Sven?

- Clinical Tutor
- Director - HR, Finance and IM&T



Function - France or Germany?

- perceptions - peripheral
- complex funding arrangements
- providers of localised information
- NeLH / NHS University



2

New Formations - one united goal



Clinical Governance Support Team - Mersey Care NHS Trust

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Towards Integration - team tactics

- for cross-functional working leave individual glory behind
- spend time on a shared ethos - co-operative accountability
- make team decisions
- play 'total football' - flexible working
- create minimum standards - e.g. all team can loan a book
- ensure not everyman to nobody - develop own specialisms
- hold a 'surgery' - all contributing

5

Added Value - practical examples of playing the ball through midfield

- input into dissemination strategies for initiatives
- contribution to Research Governance Framework
- literature searches and inter-library loans to identify initiatives not supported by Department
- attend service forums - identify areas for development
- led on Internet access for service users

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Barriers - red cards, fouls and ITV Digital

- Perceptions** - organisational - national - functions as distinct
- Regional networks** - acceptance
- Mergers** - other library and information services - long period of uncertainty
- Budgets** - funding recently split
- Internal development** - a team ethos needs constant work

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Future Directions - promotion to Premiership

- service strategy
- dissemination strategies
- projects database on intranet
- create virtual networks
- Clinical Knowledge Worker
- address gaps in the team - IM&T
- new role - Deputy Head of Department
- trust-wide Knowledge Needs Analysis



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Impact of Integration - wins and losses

- high demand on service - new service strategy - prioritisation of initiatives
- not linked with Education and Training - no funding from Deanery
- raised profile of Knowledge and Information service
- development of skills and knowledge
- skill shares



7

Conclusion - It's an open goal



"[never been a] better time to show through these partnerships the central role of library and information services" Place

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Added Value - practical examples of playing the ball through midfield

- membership box on project proposal forms
- our knowledge of external evidence and initiatives
- production of internal briefings
- production of electronic bulletins
- projects database - know how and know who tool

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Justine Karpusheff

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Another perspective

Lucy Anderson

I have produced this article so I can share my experience of the HLG conference, I have included some information about sessions I attended but I also wanted to try and describe the experience as a whole for readers who have not attended a conference.

Having never been to any kind of conference before, I didn't have a clue what to expect from my 3 days in Edinburgh. I went with an open mind and tried to ignore comments from my friends about groups of librarians discussing the best way to make sure people are quiet!!!. The programme for the conference looked interesting and as I am new to health libraries I found myself wanting to go to more sessions than was possible. The main theme for the conference was partnerships and all of the sessions I attended emphasised the importance of partnerships and working with other organisations or departments within organisations. I have picked out the sessions I found most interesting and have made some comments below, all of the abstracts and slides are available on the HLG website.

Public library partnerships

Clare Nankivell: Value, Impact and use of NeLH in public libraries

This speaker discussed a pilot development and evaluation project undertaken by the Centre for Information Research (CIRT) at the University of Central England. The NHS Information Authority provided access to the National Electronic Library for Health (NeLH) website in two local authority public library services for a period of six months.

Issues discussed included:

- NeLH isn't aimed at the public
- Library users felt it was an important resource, but in the Local Authorities where it was piloted use was low
- Time taken up by library staff to show users how to make the most of NeLH
- Barriers to use of NeLH, these included, IT skills for both staff and users, information seeking skills, health information literacy, staff knowledge and staff time

Patient Information

Sarah Greening: EQUIP: Electronic Quality Information for Patients

This was an interesting presentation as it introduced a patient information website (www.equip.nhs.uk) which contains many sources of information aimed at patients, it has been particularly praised for its information in languages other than English. The site has benefited from the use of a project team that includes clinicians, patients and members of the West Midlands NHS Executive. The project also consulted doctors and other medical experts on the quality of information provided. The site has subject specific links that patients in all areas of the UK would find useful, but also has information aimed at the West Midlands area. The project has begun to talk to other organisations that would like to provide information for their local area.

Service Delivery: Examples of Practice

Justine Karpusheff: Radical Tactics: Enhancing quality by placing a Knowledge and Information Service in midfield

Justine talked about the placing of library services within Mersey Care NHS Trust, they have a role within clinical governance support services and this has opened up new doors for their library. It was interesting to hear how another library operated, but especially how different a library service can be whilst still providing core library services.

Clinical Partnerships:

The Clinical Librarian Linda Ward and Bertha Low

This presentation introduced how clinical librarians were working in the West Midlands. The end of the session involved us splitting into groups to discuss partnerships within organisations, and skills, knowledge and experience needed by librarians who work in partnership with health professionals.

The discussions raised many points including;

- Do librarians need knowledge of medicine to be a clinical librarian. The group was split in opinion but one of the speakers pointed out that the librarians role was to provide expert searches and not to advise on medical treatments

- should libraries give full details of searches and make sure that they include a disclaimer
- An experience and knowledge of health information sources is an essential for any clinical librarian
- It was thought that a clinical librarian would probably have experience of working in a health library
- A clinical librarian service raises the whole profile of library services within an organisation

It wasn't all speakers and workshops, there were also poster displays, exhibitors, a quiz and an evening dinner. The quiz was a must for me, all I wanted to know was - do they really have questions about libraries? The answer was yes and I didn't know the answers to most of them!!!! David's Dollies and David's Follies were the chosen names for the North West quiz teams, we didn't win any prizes but there was a debate over some of the answers (Indian curry powder!!!!!!). The dinner was in a lovely hotel in Edinburgh City centre, I think I failed in my task to gain the attention of the waiter so we could have more wine, sorry Linda! I was quite surprised at the number of people that got up to dance!!!!

It was also a chance for me to put names to faces and to meet some of our suppliers and their rivals. I was lucky that my manager was also attending the conference, she could introduce me to people. She was also lucky that I was attending because she needed someone to make sure she was out of bed in time for breakfast!!! I enjoyed the whole experience of hearing new ideas, about how other libraries worked and what lies ahead for the future of health libraries. I found it a really valuable experience and I can't recommend it highly enough. ■

Lucy Anderson

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Health Information United 'aiming for the same goal: playing for the winning team'

Helen Blackburn

I had never attended a conference before and I was looking forward to the presentations and meeting other people 'playing for the winning team.'

There was a great deal to pack into two and a half days keynote and plenary presentations and at least three parallel sessions each day, one for each of the HCLU and LIHNN Chartership delegates to attend. I had chosen the parallel sessions about partnerships between Higher Education establishments and the NHS.

Monday

Jackie Lord our new Health Libraries Group Chair made a short speech of welcome to the delegates and then introduced the conference programme. It was amazing to see so many librarians gathered in one place waiting in anticipation for our first speaker.

Integrating knowledge services across health and social care: issues and opportunities for eLSC and NeLH

Veronica Fraser

The presentation from VF was informative and set the tone for the whole conference. VF explained how the National electronic Library for Health NeLH and the electronic Library for Social Care eLSC would become a more unified knowledge portal to provide one stop for clinicians and seamless care for patients. It appears to be a very exciting development within the NHS.

Access to information resources for social care staff across three Workforce Confederation areas.

Valerie Monaghan and Jo Cooke

This presentation offered an overview of how to provide access to information to a diverse

group of health professionals. Shifting the Balance of Power means that local influences are paramount to arranging education and training to support the future care of patients. The Workforce Confederations have a wide range of areas to shape, identifying key partners, developing social care solutions, infrastructure development, thinking laterally. The most important development will be to bring health and social care together.

The parallel sessions I had chosen to attend were all about the NHS/HE Partnerships. I was particularly interested in this area as I have many medical and nursing students who use Alder Hey library whilst they are on placement

are likely to be community based for part of the time. The results were unexpected in that students did not want e-journals and more electronic access, but they did want extended opening hours and access to staff and computers.

All for one, one for all: Managing the provision of information services in a multi-disciplinary setting.

Coral Black & Rachel Bury.

The management of changes that Aintree NHS Trust underwent when they changed from several separate NHS libraries into a Higher Education multidisciplinary library. The changes were considerable for staff that changed from NHS employment to HE employment. This

meant many work practices also changed and the managers had to train or retrain staff in many of their duties.

The library service enrolls 4.5k students each year. In order to manage such large numbers they have developed many online services and e-journal access. The library is

marketed constantly to make certain that students are aware of the full services that are on offer.

Partnership in Health- HE and NHS Libraries Working Together

Sue Childs

'The Partnerships in Health Project' was initiated to discover how HE and NHS could develop partnerships and what methods were most successful. There were 5 HE and 5 NHS libraries involved in the project.

The project discovered many barriers such as organisational constraints, IT issues, and complexity of user interaction.

They concluded that there would be benefits for both groups but it needed a special partnership and commitment to succeed.

The last session for Monday was a workshop 'Evidence-based Librarianship the next steps. The step was a short presentation and then we were split into groups and given a scenario to identify the best research method to resolve



Chris Thornton and her poster presentation



Steve Glover and Peter Dolan and their poster presentation

The Liquid Library

Pat Spoor Health Faculty Team Leeds University.

The 'Liquid Library' will have an effect on us all in some form in the future. The main theme of this presentation was that HE services are no longer location specific and they should be fluid and flexible. The project was established to examine what changes were necessary to library services in order to accommodate placement students. Placement students do not only attend traditional hospital placements they

different research problems.

Each group then fed back their opinions and the methods they had selected with input from Andrew Booth who was the workshop facilitator.

The Poster Presentations

The poster presentations covered a wide range of subjects from patient information to changes in practices and developing new methods for local clinicians to access information.

My poster prize went to Royal Shrewsbury Hospitals NHS Trust Scores Hat Tricks with its E-Learning Centre. The poster marketed the Electronic Learning Centre. It was simple, effective and informative.

Break for evening revelry.

Tuesday

Partnerships with Education and Training

Prof. Maggie Pearson

The partnership between Education and Training comes from the NHS Plan. The patient centred paper means that more people are required to work in the NHS and the way they are trained and educated will impact upon the care that is provided. Education programmes will have to be work or home based to suit individuals. Chief Executives have a responsibility to think about education and set up partnerships with Strategic Health Authorities and other key players. Can we help to meet the challenge?



Melanie Hinde, Chris Thornton and Linda Riley

Chasing the Sun

Sally Hernando

This pilot project was set up between hospitals in Adelaide and the NHS South West. The aim was to provide 24 x7 access to librarians. The query was sent via email to the library either here or in Australia and a librarian would carry out the search and email the results. I was

impressed with the scheme but I feel that it will be a long time before this is the norm.

The Conference Dinner!!!!!!

Good food, Good Company and sore feet. Need I say more?



Anne Jowett and Friends



David Stewart

was not disappointed.

The presentation focused upon the future of healthcare delivery and how we as Librarians must use our experience to influence decision making with clinicians. Increasingly patients will make decisions with doctors and nurses as they become more informed. Librarians as the 'knowledge keepers' will play a vital part in the new information explosion if we grasp the opportunities heading our way.

I was very impressed with the presentation given by Dr Gray it was inspirational and offered some very good advice for us all.

This conference was extremely well presented. All of the speakers were informative and some very entertaining. Some of the presentations offered new twists to things we already knew but others were inspirational, even small changes to practices could change the whole perception of libraries. Partnerships will increasingly dominate our everyday services as we strive towards the common goal of achieving an integrated library and information service. The opportunity to actually sit and take stock of where library and information services are headed was extremely welcome. Another advantage of attending this conference is that I can now put a lot of faces to names that appear in the literature and on the mailbases.

At the end of the conference Steve Rose asked the question

'How many people when asked what they did? Replied "librarian". More than two thirds of those present said yes. Our profession may have moved on from traditional practices but we are firmly committed to our title. Perhaps this is a job for CIILIP. Perhaps we need a make over - not a name change.

My thanks to LIHNN for giving me the opportunity to attend the conference and to my colleagues for all the FUN we enjoyed. This piece only gives a flavour of the conference if you are offered the chance to attend a conference do it. There is no substitute for the real thing.

Partnerships are vital to all Librarians. ■

Helen Blackburn

Royal Liverpool Children's Hospital

The Grand Finale

Knowledge is the Enemy of Disease

Dr Muir Gray

The closing presentation was the icing on the cake. Dr Gray's reputation as an excellent speaker and motivator had preceded him and I



Coordinating Committee

I am pleased to announce that the following four people have been nominated to be on the LIHNN coordinating committee for the next two years.

Gwenda Mynott, Stockport NHS Trust

Marie Ford, St Helens PCT

Norma Blackburn, Blackpool NHS Trust

Leo Appleton, Aintree Hospitals NHS Trust

Their first meeting will be the meeting in October. As there are exactly four nominations there will be no need for a ballot this year.

Thanks to the people who put forward their colleagues for nomination. For those who may have missed the opportunity this year there's always next summer when four more people will be finishing their two year term of office.

Leo Appleton

I have entered into the world of health libraries with intrigue and bewilderment. My previous experience has seen me managing collections and bibliographic services, and I am currently involved in electronic resources, library and information Web page developments and delivering learner support and training to the staff and students at Aintree and the Walton Centre. I am a huge fan of all things electronic, and am particularly keen on promoting and developing the use of e-resources to health library users. I would like to see LIHNN become more involved in communicating information amongst its members about such resources and would try to achieve this. Outside of electronic libraries I enjoy watching my local football team who play in the Anfield area of Liverpool, and can never resist the offer of a karaoke challenge!

Gwenda Mynott

In my current post as Library Manager for Stockport NHS Trust I manage a library that provides services for an acute Trust, PCT and numerous higher education institutions. I am also responsible for the library part of the Stockport Local Implementation Strategy. This gives me a broad understanding of the many issues relating to providing library services in the NHS. The LIHNN network has always been useful to me and I believe it is an invaluable example of co-operation I will work to ensure better communication, strengthening of co-operative working and the sharing of best practice and good ideas.

Marie T. Ford

I am interested in promoting better communication between individuals and groups within LIHNN. Lack of current information can lead to a feeling of not belonging and lack lustre enthusiasm for involvement. Whilst aware that the web site group is working towards a more interactive and informative site it is more important than ever, during the interim period, that all members make a greater effort to communicate with the rest of the group and make better use of existing communication lines. It is to this end with your help that I hope to achieve an improvement

Norma Blackburn

I have worked in public and higher education libraries since 1964, and health libraries since 1987. My work in health has been mainly in community and mental health services, and more recently in acute services. Since 1987 I have been an active member of the former NORWHLA group, initially as Training Officer (1996-1997), followed by Vice Chair (1998-1999). More recently I have chaired the Mental Health Librarians' Group (2001-2002). I see the promotion of Clinical Information Skills Training, Clinical Librarians, and the marketing of our professional services as my particular interests. I am very pleased to have been nominated for the LIHNN Co-ordinating Committee. If elected I would work for the benefit of all staff across primary, acute and mental health sectors, and staff in all grades.

Congratulations

to Leo, Norma, Marie and Gwenda.

Liz Farrell, Chair

0161-925-1565

E-journals and the NHS

Leo Appleton,
Library and Information Resource Centre
University Hospital Aintree

What has become increasingly apparent over the last twelve months is the desire and need for access to electronic journals by our NHS staff at University Hospital Aintree. Because of this recognised need, and the fact that we were developing a Library and Information Resource Centre (LIRC) Web page, I set about trying to gain desktop and remote electronic access to several journals which we subscribe to.

Many journal titles come with free electronic access anyway, and the majority of those that don't, make electronic access available at an extra cost. However, many journals require an I/P range, which in simple terms are the electronic addresses of the PCs in any one network. Most organisations have an I/P range for their local network, so an organisation trying to set up remote access to an electronic journal for all of its members, could simply submit their I/P range to the publisher of the journal. Then, anybody using a computer within this I/P range would have access to the journal. However the NHS, as a nationwide organisation, has a shared, dynamic I/P range, which means that individual hospitals and Trusts do not have their own unique I/P range. This means that if you pay extra money for, or even just wish to activate free electronic access, you cannot do it via an I/P range. Other NHS libraries have obviously tried to do this in the past, which is why if you go to certain journals from an NHS PC you may be informed that you are at a site many miles away from where you actually are (I have been informed that my Ipswich, Sunderland and Guy's Hospital accounts have all expired whilst going into certain journals from NHS PCs)

What this means is, NHS staff can only really have authenticated username and password access to electronic journals, which also means that they could access these resources from

outside their places of work. Athens accounts are a means of authenticating such resources, but you may find that administering Athens accounts to an entire organisation becomes a full time job in itself. What I have chosen to do at Aintree, is contact individual publishers, and make a special request for username and password access to particular journal titles. We can then give out this username and password to NHS users of the LIRC.



Most, but not all publishers will do this, and an individual library can soon build up quite a collection of remotely accessible electronic journals, just by activating those with free electronic access. If you add to this list the ever-increasing number of titles available via Aditus1 through your individual usernames and passwords, and the freely accessible Highwire2 journals, you can soon have quite an impressive range of full text electronic journals, available on and off site to your users.

Steve Glover, at the Christie Hospital, recently organised a very successful workshop: A&E : the agony and the ecstasy of going electronic on the 3rd July 2002. At the workshop Steve spoke of the methods he had used to facilitate electronic journal access for his library users. Along with creating username and password access for individual titles, Steve has taken out a subscription to Science Direct, which gives users access to some 1,200 electronic journal titles, and has chosen to administer Athens

accounts for his users to have remote access.

Other speakers at the workshop included Jo Allsop and Lorraine Ellery from Swets, who provided information as to how a journals subscription agent can help organise electronic journals access for libraries. Lorraine Ellery then presented the new Swetswise service, which takes over from Swetsnavigator, which like Science Direct provides access to an entire collection of electronic journals. Ruth Hall, from Science Online, gave a presentation from a publisher's point of view, and a demonstration of the online version of the journal Science. This particular presentation highlighted some of the problems, which NHS libraries will have, in the fact that currently Science Online is only available through an I/P range.

All the presentations were suggesting solutions to the facilitation of electronic journals by hospital and health libraries, and there are clearly choices available. However these choices can have impacts on budgets and the process of establishing and maintaining an effective electronic journals collection can be quite time consuming. Personally, I will continue to liaise with individual publishers in order to activate username and password access to the titles we subscribe to. For examples of Aintree's and Christie's electronic journals pages please visit:

<http://www.edgehill.ac.uk/lss/lircej.htm>

<http://www.christie.nhs.uk/profinfo/departments/library/electronic-journals.htm>

Any suggestions or questions about facilitating electronic journals, please contact:

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Steve Glover: SGlover@picr.man.ac.uk

1 <http://www.aditus.nhs.uk/bmj.htm>

2 <http://highwire.stanford.edu/lists/jsbyalpha.dtl>

Communications Strategy

1. Introduction

The LIHNN Co-ordinating Committee recognise that effective communication is key to the Committee and the LIHNN group achieving their objectives. This Communications Strategy establishes the LIHNN Co-ordinating Committee role in communicating with the LIHNN group, with HCLU and with external organisations. It establishes clear lines of communication which will:-

- disseminate information about the work of the Committee and its Task and Special Interest Groups.
- facilitate the sharing of best practice
- help to raise the profile of LIHNN and improve general understanding of its role
- promote events eg. conferences, seminars and workshops
- inform stakeholders about the agenda for change
- listen to stakeholders' views
- facilitate the communication link to and from HCLU

Specifically the strategy will highlight:-

- external and internal lines of communication for the group
- the principal mechanisms to be used for communication

2. Internal Communication

The LIHNN Co-ordinating Committee is committed to establishing effective means of lateral communication, whereby members of LIHNN and Task / Special Interest Groups can share best practice, ask for help, communicate achievements.

- The LIHNN Co-ordinating Committee will normally meet every other month
- A member of the HCLU team will attend the second half of the LIHNN Co-ordinating Committee meetings
- Key bullet points from the meeting will be posted to the LIHNN e-mail discussion list
- Minutes from the meeting will be posted to the LIHNN website

Each member of the LIHNN Co-ordinating Committee will take responsibility for communication with one or more Task or Special Interest Groups and will ensure that:-

- Task and Special Interest Groups post key bullet points to the LIHNN e-mail discussion list
- Minutes from Task and Special Interest Groups are posted to the LIHNN website

3. External Communication

External communication will be via information posted to the LIHNN website and via the LIHNN newsletter, LIHNNKUP.

Submitted by Melanie Hinde

Actions on quality



The main focus of the last Manchester and Stockport Patch meeting was to brainstorm ideas around quality issues following on from the HCLU residential course at Chester in March (see *LihnnkUp*, issue 5, Spring 2002).

The discussion began by asking whether we should be looking at ideas individually, as a Patch or for Greater Manchester and whether the aim was to share individual quality/-customer charters or decide an overall Patch quality standard. The group decided we should look at standards for the Patch and anything we produced would be taken to the Greater Manchester meeting for wider discussion.

The benefits were perceived to be:

- to perfect, update, review local quality standards
- preparatory work for Accreditation
- improved service for users
- production of a Patch 'Chartermark'

The areas of discussion were:

Inter-Library Loans and Photocopies

- are we meeting the standards we set? How do we check? How often?
- corporate image – do we use standard forms with individual logos?

- is the information on the forms uniform eg. return address labels included

Knowledge Management

- how would packaging our services as KM affect the quality of our service?
- is KM a buzzword that could be used to attract new users?

Value Added Services

- is ZETOC a service that is delivered by the library?
- are our users still coming to the library? Empower them to undertake end-user searching but end all training sessions with "go to the library / librarian for the evidence".

Marketing our Services

- is the library part of induction programmes; they know about the traditional stuff, tell them about the 'sexy' value added, user focused, services on offer eg. discounted book purchases, e-mail.
- our library services are more personal and friendly than university / college.
- target groups eg. clinical governance teams and tailor services to their needs.
- collection rationalisation – the passport scheme makes people aware of the special-interest collections held

Complaints

- we tend to only get feedback if the service is bad
- quality surveys – but have to be able to deliver.

Actions agreed were as follows:

- Inter-library request forms to be standard-

ised to include an audit check box to ensure requests are actioned and completed in line with local standards. WinCHILL automated forms will also include an audit check box.

- Inter-library loan audits will be undertaken every 3 months. Service providers and measures for service improvement will be reviewed.
- Local standards from each library will be collated into a generic document. A set of standards for the 'Patch' will be identified. Local differences will be reflected.
- Complaints procedures will be reviewed and updated.
- Individual libraries will 'badge' ZETOC as a library service,
- The Lancashire 'Patch' Group 'Customer Charter' will be emulated in the Manchester and Stockport 'Patch'.
- The concept of a Regional Marketing Strategy will be escalated to HCLU via the LIHNN Co-ordinating Committee. Whilst recognising there was much that could be achieved locally the 'Patch' felt that taking a NW and / or Confederation approach was most cost effective
- A 'marketing' bid will be written for funding to produce common leaflets and training guides for the 'Patch'.
- New versions of all trainings guides for Aditus (including BMJ journals and new database information) to be circulated electronically to all member libraries.
- The 'Patch' members will review local Knowledge Management projects and share best practice from individual organisations.

Knowledge Service PROJECT

The vision statement in the New Strategy Framework for NHS Library Information Service Development and Co-ordination in the North West 2002 – 2005, states:

'In order to support patient centred care all NHS staff and students in the northwest will have access to the services and resources that support their knowledge needs, regardless of their location, job function or the time of day.'

The ADITUS Working Group is currently exploring how access to knowledge needs regardless of location, job function or the time of day can be delivered. Simply providing access to information does not support knowledge needs and the group believes that a knowledge management approach is required.

The ADITUS Knowledge Service

The Health Care Libraries Unit has been successful in bidding for development funding from the Cumbria and Lancashire Workforce Development Confederation to pilot the ADITUS Knowledge Service.

The ADITUS Knowledge Service project offers an alternative approach to accessing information and knowledge services. The project recognises that health staff are overstretched in delivering care and that the northwest has professional librarians with the skills and expertise to deliver quality library information services.

The project will use the electronic resources currently available via ADITUS and harness the skills and expertise of librarians to deliver an online library information service to community mental health and learning disabilities staff in Lancashire. It will also support the information needs of social care staff working in mental health and learning disabilities in Lancashire.

The ADITUS Knowledge Service project will demonstrate that by re-focusing the delivery of electronic services and using the resources already available, librarians can deliver a targeted, quality focused and cost effective knowledge service.

The Process

The Knowledge Service will be part of the ADITUS Portal. Community mental health, learning disabilities and social care staff in Lancashire will be able to request information via an online information enquiry form.

The request will go to the Knowledge Service Centre and a member of the Knowledge Service team will respond to the information request. The response will be sent back to the customer via email. Documents can then be requested and will be supplied via existing document delivery systems.

The Knowledge Service team will work during normal office hours, but the software will inform the customer that their request has been received and is being dealt with. The service will guarantee an answer within 24 hours during the working week.

Complex information enquires may require several sessions. The Knowledge Service team member who responded to the initial request will follow the request to its completion.

The project will also collect quantitative and qualitative data throughout the project.

Staffing

An aim of the project is to demonstrate that library information services can be delivered in a different way. The Knowledge Service team will consist of existing librarians and they will

continue to manage and deliver local services while providing expert service to the project.

During the project the Knowledge Service team will be offered training in order to develop the expertise in mental health and learning disabilities, literature searching and customer care.

Project aims:

1. Pilot an alternative approach to the delivery of library information services.
2. Harness the skills and expertise of librarians to support all health and social care staff.
3. Develop subject specialists.
4. Demonstrate that current library information services can deliver services across organisational and sectoral boundaries.
5. Provide a quality customer focused service.

Conclusion

The project will demonstrate the important role the librarian can have in the delivery of knowledge services. It will also demonstrate that librarians are responding to the knowledge needs of health care staff. The ADITUS Knowledge Service team (Colin Davies, Shan Annis, Norma Blackburn, Carmel Smith and Liz Stitt) will keep you fully informed about the project as it develops.

Colin Davies

INTRODUCTION TO TEACHING SKILLS COURSE LIVERPOOL

Thursday 23rd May and Friday 7th June

a personal perspective

The Introduction to Teaching Skills Course (Liverpool) planned over two days was obviously expecting an element of participation, the use of the word > skills= implied this, but I was certainly in denial about that fact. Then it made sense: Day 2 was separated from Day 1 by two weeks - just enough time to learn the offside rule in enough detail to explain it to a group of librarians (Of course - we were meeting on the day of the Argentina/England match!) or perhaps teach your co-participants the rudiments of knot-tying? Carol Maynard, the Tutor from JMU, had not envisaged such diversity of teaching sessions from health Librarians, nor topicality.

Tied up in knots. Beryl Stanley demonstrates a "reef" knot to (L to R) Cath McCafferty and Zoe Summerskill.



Day 1 began with us talking through our expectations of the course as well as the >not wants=, and we were very soon working in small groups on past learning experiences that were both successful and unsuccessful. My mind moved swiftly back to most of my unsuccessful school days, but I could remember my successful mastery of crawl - and so a pattern was: a learning experience was more likely to succeed if it included a participatory or

The "off-side" rule - Subbuteo style. Evelyn Whelan teaches Cath McCafferty and Andrew Craig the off-side rule.

experiential element, rather than a didactic presentation to an audience with little interaction or participation. As explained in the Learning Pyramid (National Training Laboratories) : >Practice by Doing= has a 75% retention rate. Whereas a >Lecture= has a retention rate of just 5%.

It soon became clear that Carol was using this approach during this course to very good effect. This approach is most appropriate for the structures sessions that we hold for groups in libraries. However, since many of the participants = experiences of teaching were ad-hoc, and one-to-one sessions were with a variety of individuals with a range of abilities, we had to consider how we could adapt this approach to our own users= needs. We felt that, if some reflection was included in the process, each teaching experience could also become a learning experience.

continued over...



'No you can't have my ball!'

Marie Ford, Andrew Craig, Rob Caley, Evelyn Whelan, Les Appleton, Beryl Stanley, Zoe Summerskill demonstrate the off-side rule.

continued from page 13....

The micro teaching sessions on Day 2 were challenging - we worked in pairs and had to plan and deliver a 20 min micro teaching session on a subject of our choice. There was an incredible variety in the subjects chosen - we all learnt how the technique of 3D photography worked, we experienced tying a reef and a

We took away from the course a great deal of information that could be passed on to colleagues - on planning sessions, how adults learn, different styles of learning, as well as paperwork to use or adapt within the work-place. I felt that the experience of being part of a learning group over the two days had helped enhance my confidence. The feeling of mutual respect and trust within the group made the experience of micro- teaching easier. Carol, the course leader, was always reassuring and positive regarding feedback. Her planning for the sessions was thorough, and her aims were very clear - >80% of the success of our presentations (teaching, training etc) is determined beforehand. = was a particularly pertinent overhead, and something she taught the importance of by example.

Catherine McCafferty
Ashworth Hospital



'No you can't have my ball either!'

(L-R) Cath McCafferty, Sheelaugh Greenslade, Andrew Craig, Gwyneth Pearson (teaching), Rob Caley, Marie Ford. Hidden: Evelyn Whelan (teaching), Les Appleton

sheet bend knot, and learnt the intricacies of the Disability Discrimination Act. We had to work with partners who were not colleagues, or worked somewhere close by - my partner was in Manchester, but fortunately close to a fax machine, and the negotiations and discussions that took place between us was another learning experience.

north west ASSIST E-LEARNING WORKSHOP

18th June 2002, Wrightington Hotel and Country Club

The Workshop began with three presentations:

Chris Jefferies, Director of Finance, Greater Manchester Workforce Development Confederation. *'Why do we need an E-Learning strategy?'*

Chris talked about the government paper 'Working Together Learning Together: a life long learning strategy' which states all NHS staff should have access to learning throughout the whole of their careers. In order for all staff to be able to access learning it has to be delivered in a variety of ways not just in core hours at designated learning centres. The NHS is a 24 hour service and learning has to be available at the time and in the place it is required. All Trusts and PCT's, supported by the Workforce Development Confederations, have to have developed a 5 year e-learning strategy by December 2002. This has to be in line with Information for Health and NHSIA targets and include access to ECDL. Universities and Colleges are also looking at the way learning is delivered. More learning is taking place away from the classroom. It is recognised that learning in the clinical environment provides a much more meaningful method learning and promotes self responsibility for learning. The definitions of e-learning vary considerably and there is little or no research or evidence which indicates where and how e-learning is best used. However, there is potential to link e-learning with IM&T strategies making developments such as the electronic health record more meaningful as staff gain the ability to learn from the information that will be contained in there eg, care pathways.

Adam Drury, Head of ETD (IM&T), North Mersey LIS Team *'E-Learning in Context'*
Although E-learning is a new term the concept has been around for along time. Elliot Masie defined e-learning as:

"The use of network technology to design, deliver, select, administer, support and extend learning"

E-learning can be formal; structured courses with online tutorials and seminars or informal; discussions boards, mailing lists, knowledge

clubs. There are many benefits of e-learning including the fact it is flexible and convenient, easy to update, can be personalised or targeted to individual learning needs, and offers 'learning on demand' in other words learning when knowledge is required rather than learning 'just in case'. Through the use of learning management systems online assessments can be delivered and automatic updates sent to learning accounts. Learning can be offered in 'bite sized' chunks, the system keeping track of where the learner is up. It also enables organisations to identify skill gaps and learning requirements.

Mike Farrell, Project Manager, Cumbria and Lancashire Workforce development Confederation. *'Essential Conditions for Effective E-learning'*.

Mike led a brainstorm session with the group and came up with the following essential conditions for effective e-learning:-

- Accessibility
- Time
- Hard work
- Skills
- Self discipline / commitment
- Support
- Money
- Receptive workplace
- Adopted / supported by management
- Libraries
- Clear lead
- Partnerships

The challenges and threats to e-learning were identified as:-

- Change management
- Need for a systematic approach
- Risk of duplication

Mike suggested that strategic leadership was required to take the e-learning agenda forward mainly because of the immaturity of the concept combined with velocity. Organisations need to appreciate the significance of change management and take a visible front line approach. E-learning should be offered using a learner

centric model, putting the learners needs first and foremost and offering a blended approach with appropriate deployment of e-learning. There is a need for standards to ensure the quality of the experience and enhance learning. There is a need for a stable IT infrastructure to reduce frustration and increase take up. There are opportunities to realise benefits from e-learning through the reshaping of the health curriculum, new ways of working with ICT, and personnel development, a positive human resource function. However, it is essential the NHS works in partnership with other organisations as it does not have the capacity or the capabilities to deliver e-learning in isolation.

Two breakout sessions followed. One to look at lessons learned, what had worked and what hadn't when delivering e-learning and the other to look at who and what support is needed to enable delivery of an e-learning strategy. The feedback from these sessions are to be posted on the ASSIST website at <http://www.assist.org.uk>

Bill Sang, Chief Executive, Cumbria and Lancashire Workforce Development Confederation was asked to comment on the outcomes of the workshop, the role of the Confederations and the next stage. He acknowledged that the Confederations needed to take ownership and provide a lead. He felt it was important to work alongside the government agencies who are setting agendas for IT developments generally, not just in the NHS and to map out the programme of activity. He felt the Confederations should set up a Strategic Development Group who would take on the task of producing a framework strategy. The group would also need to look at the hard deliverables and the resource implications. Each Confederation should also have a local development group who would take the leadership on local resourcing, funding and promotion. He suggested organisations bide their time, the Confederations will run focused workshops on developing strategies and helpful guidance will be available by the Autumn.

Melanie Hinde & Shan Annis

notes for contributors

1. Articles and news items are welcome from all members of Lihnn, including support staff and staff in higher education institutions.

Lihnn members are actively encouraged to write up accounts of events and courses attended. Articles on new developments and projects successfully managed are also welcome.

2. News items and short pieces, which can range from factual to amusing, are also welcome.
3. All items can be submitted in print or electronic format.

please abide by the following points:

Don't forget your name, location, title of article and date of article.

All acronyms should be written out in full for the first occasion they are used in the text. Please give full details of events, courses and conferences attended. This should include:

- The name of event and location
- Date of event
- Name of organizing or sponsoring body
- Details of how support materials can be obtained (where necessary)
- Full references to any published reports, articles, etc.

Items not submitted in time for the publication deadline will be published in the following edition.

Guidelines for contributors are also available on the Lihnn website.

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