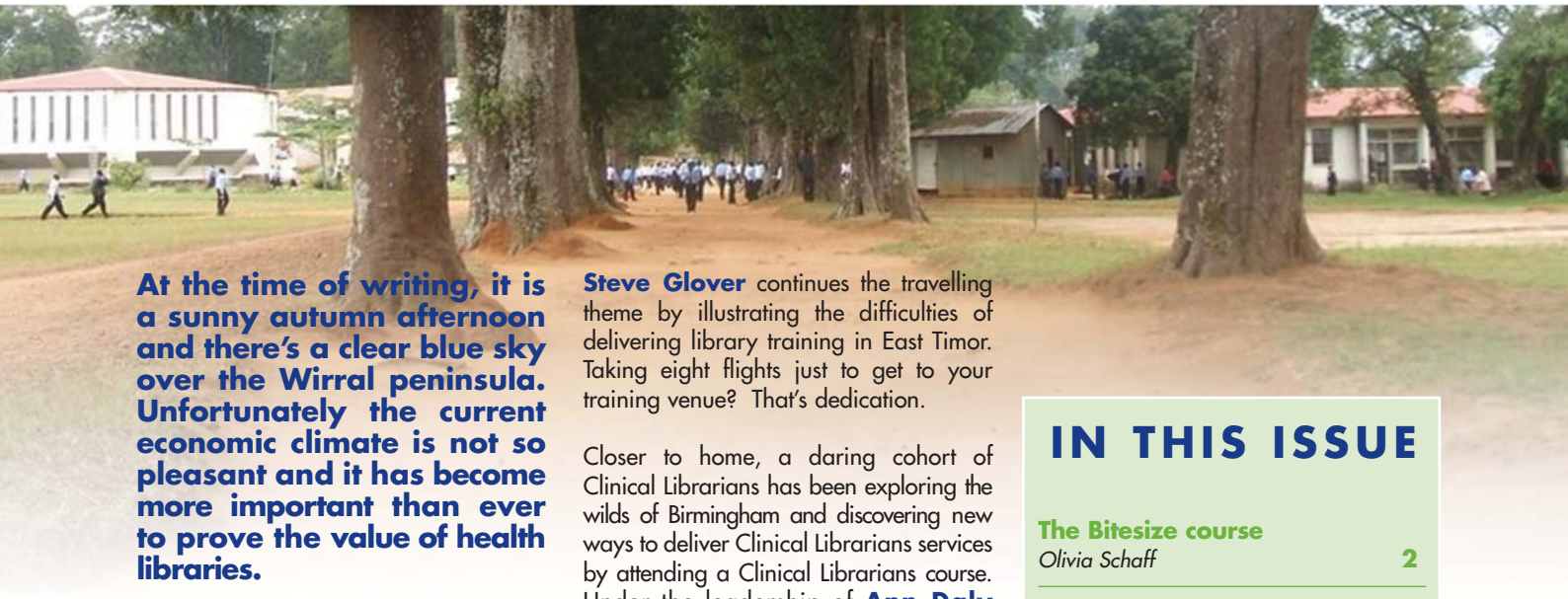
Library and Information Health Network Northwest Newsletter

LIHNNK UP

by Health Libraries, For Health Libraries ISSUE 32 NOVEMBER 2009

Libraries with the X-factor



At the time of writing, it is a sunny autumn afternoon and there's a clear blue sky over the Wirral peninsula. Unfortunately the current economic climate is not so pleasant and it has become more important than ever to prove the value of health libraries.

During these difficult times, you might be wondering about how you can provide 'value-added' library services, or as Simon Cowell would say, how to deliver library services with the 'x-factor'.

In North West health libraries we are never short of examples of value-added library services, and the articles in this edition are a good demonstration of our adventurous spirit and determination to deliver the best library services even under difficult conditions.

Don't be fooled into thinking that libraries in warmer climates offer a more glamorous prospect – **Sheila Reid** takes us on safari with her account of a VSO (Voluntary Service Overseas) project. Sheila is working as a Library Advisor in a teacher's college in Tanzania, where daily challenges include avoiding the local hippos and crocodiles.

Also on safari of a different kind are **Judy Richardson** and **Chris Thornton** as they recount their experiences (and the challenges!) of recent library moves and merges at Burnley General Hospital and Central Manchester respectively.

Steve Glover continues the travelling theme by illustrating the difficulties of delivering library training in East Timor. Taking eight flights just to get to your training venue? That's dedication.

Closer to home, a daring cohort of Clinical Librarians has been exploring the wilds of Birmingham and discovering new ways to deliver Clinical Librarians services by attending a Clinical Librarians course. Under the leadership of **Ann Daly** (Clinical Librarian at Birmingham Women's Hospital), the group practise their critical appraisal techniques and attend a 'live' Journal Club.

Finally, **Anne Webb** and **Olivia Schaff** write about ways in which libraries can adapt and diversify in order to add value. Anne writes about how an organisational repository at Christie has helped to demonstrate the importance of the library to the organisation's research activities. Meanwhile, Olivia offers an insight into the delivery of 'bitesize' information skills training sessions to non-clinical staff as a way of reaching a different group of library users.

So I hope you enjoy this bumper issue of LIHNNK Up, where I hope we have inspired you to embark on a journey of your own to discover that certain indefinable quality that gives your library service the x factor.

Victoria Kirk
CLINICAL LIBRARIAN
WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST

IN THIS ISSUE

The Bitesize course
Olivia Schaff 2

An African Safari
Sheila Rudd 4

NICE work if you can get it: the role of the Information Specialist at the National Institute for Health and Clinical Excellence
Tom Hudson 8

Reflections of a Mental Health Library Graduate Trainee
Laura Drummond 9

Five into one does go...
Chris Thornton 10

Burnley on the move...
Judy Richardson 11

Teaching in Bhutan and East Timor
Steve Glover 12

Engaging with Research: Setting up an organisational repository
Anne Webb 15

Clinical Librarian Course 2009
Joanne Taylor 18

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The **Bitesize** course

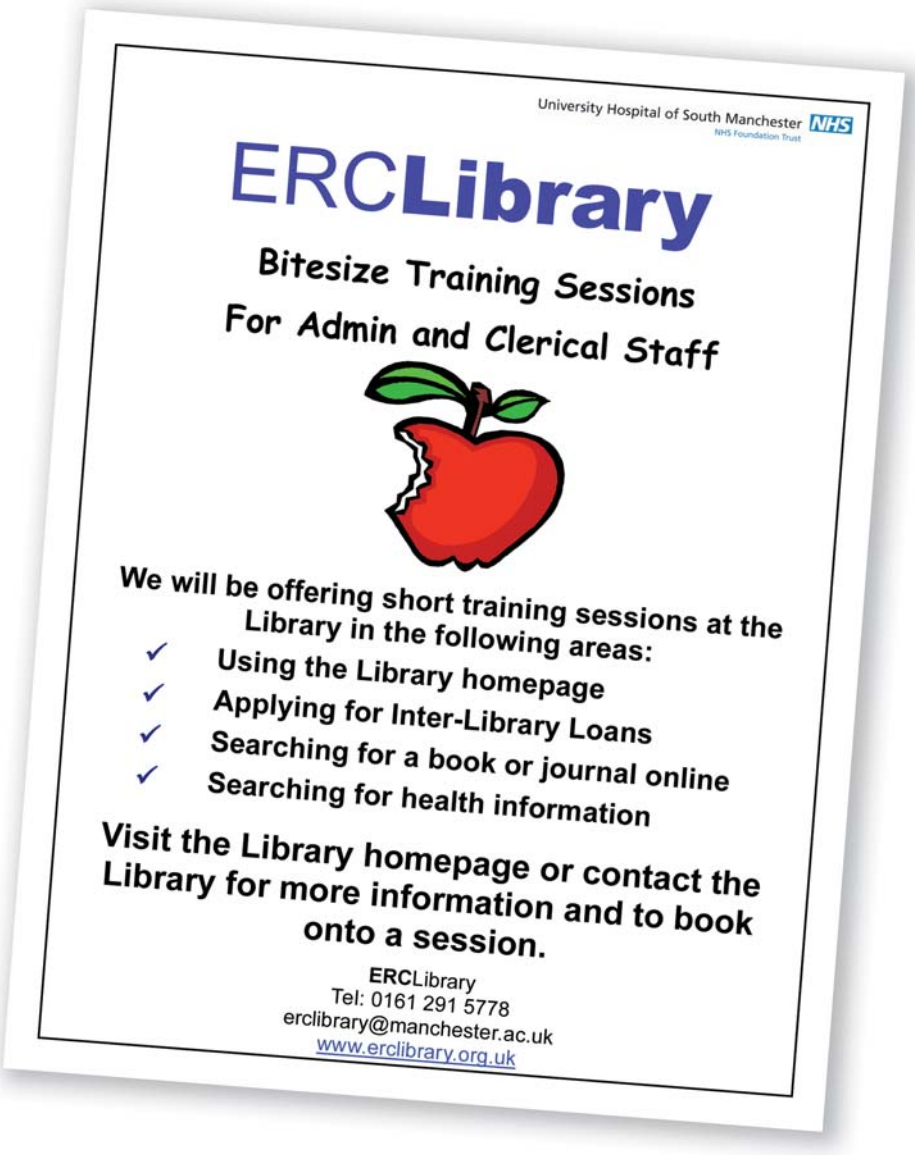
- opening up user education to non-clinical staff - 29 June, 2009

User education has always been one of the priorities at Wythenshawe hospital.

Over the years we have developed literature searching tutorials, both as a class and on a one-to-one basis, as well as ensuring that all our teaching materials are up to date. For the most part these courses have been aimed at professional staff and students in order to assist them with research and preparation for exams and qualifications.

Recently however it came to my attention that perhaps non-clinical members of staff would also benefit from personalized teaching sessions.

One of my key tasks at Wythenshawe is the operation of the Document Supply Service, and it was in function of this that I realized that a core group of Trust staff had been neglected when it came to user training. As is often the case with Inter-Library Loans, it is the personal assistants, secretaries or clerical staff who do the lion's share of the ordering.



But because many believe that they would have no use for the library they are unaware of the services and resources available to them. Indeed most of them are not registered, know nothing or very little about Athens passwords and are not certain how to correctly fill out an ILL form.

It was then that I decided to trial the Bitesize Courses for Admin and Clerical staff. The idea originated from a training course developed by Bernadette Beisty and Rachel Glick at the Trust Library and Information Resource Centre, Salford Royal. These short bite sized sessions were aimed at medical staff and demonstrated not only the plethora of online resources available to them, but also included easy, straightforward instructions on how to access them.
I asked Bernadette if it would be alright to borrow their idea and adapt it to our readers here at the Wythenshawe and she graciously agreed.

I then set about developing the relevant courses. These were made up of four individual sessions, each lasting no more than 30 minutes. Session 1 was an introduction to the library. The group was taken on a tour and shown the location of the print journals, the book stock, and the online catalogue, as well as registering with the library for NHS Athens passwords. The subsequent sessions were interactive and took place either in the training room or the Multi-Media Room. Session 2 focused on how to request ILLs and how to locate and correctly fill out the online form. Session 3 was finding and accessing electronic books and journals and reserving books online, and session 4 was a brief introduction to health databases and the NHS Evidence website.

People could sign up to whichever course suited them, however if they completed all four courses they were presented with a certificate at the end which could be used in conjunction with a level 2 KSF. The sessions were advertised through the Library Newsletter, global emails (which seemed to have the best results) as well

as with posters and leaflets displayed in the library and during library promotions and inductions.

Each session was held twice a week, usually a Wednesday and Thursday; one session at 12pm and the other at 3pm. For each session participants were given a colour handout which detailed the session content, including screenshots, examples and exercises at the end.

They were also asked to fill out a brief questionnaire and encouraged to make suggestions and comments about the course(s). They were also told that another survey would be sent out to them about three weeks after the last session in order to see what, if any, impact the sessions had on their job roles.

One of the obstacles faced during the early stages of the course was that people were signing up for the sessions merely as a way of earning a level 2 KSF despite the fact that the sessions were not relevant to their job roles. This was rectified somewhat by being a bit more specific in the global emails and promotional material as to exactly what the courses covered and who they were aimed at.

Another drawback was cancellations and non-attendance. Initial reaction would be very enthusiastic with as many as 6 or 7 people registered for each session. However due to work and/or time constraints these figures dwindled with some people either cancelling or not attending.

For the most part however those who did participate seemed overwhelmingly satisfied with both the course content and the length of the sessions, and initial feedback has been very encouraging. Many who could not attend earlier sessions have expressed interest in attending the next series.

Despite average turn-out and small class numbers I had decided that the over-all result of the pilot scheme was favorable and the course will be repeated with the first session taking place on the 1st and 2nd of July 2009. Though the core content will remain the same I have made some changes. I am switching the order of session 2 and 3 so that searching and accessing electronic journals comes before ILL requests, and I will be distributing evaluation forms at the end of each session and not the just the last one since not everyone will attend all four sessions. I have also decided to specifically target personal assistants and secretaries as well as clerical and admin staff in the hopes of increasing numbers.

If anyone is interested in further information regarding the Bitesize courses or would like copies of the teaching material, they can contact me. I am also open to any comments or suggestions anyone might have on ways in which I can improve the course.

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Your Hospital

An African

Editor's note:

For those of you who don't know Sheila, I should explain briefly that she was the librarian at Ormskirk immediately before Michael Mason. She retired in 2001 and has been working with VSO in Tanzania for the last three years. I ran into her on one of her rare visits back to Ormskirk a couple of months ago, and found myself fascinated by her experiences, so I imagined that her story might be of interest more generally.

Mike Hargreaves

Main Image: The school and grounds

It's half term here at Katoke and about half the students have gone home for the week's holiday. The others remain mainly because they live too far to go home or they don't have enough money for transport.

Term officially started in July for the returning first years, going into their second year, but the new first students started later and were still arriving upto half term. We are now full with 568 students. There is no 'first day of term' rush in the library, with some buses only running once a week and the ferry three times a week, students tend to arrive in smaller manageable groups.

Katoke is in the Kagera Region in the North West tip of Tanzania on the western shores of Lake Victoria. The climate is temperate with two rainy seasons making the land very fertile. Being a rural area, there is only a small amount of industry, agriculture being the main source of employment. Many homes include a shamba (allotment) and the villagers grow cash crops mainly of bananas, beans, coffee and vanilla. Katoke (literally means 'small banana') comprises a beautiful campus and village on a grassy plateau with many mature trees. Lake Victoria with stunning views is just 4 kms away from the college. The Lake is so huge with sandy beaches, it is easy to think you are by the seaside. Swimming in the Lake is not a good idea, because of Bilharzia, not to mention the hippos and crocodiles, but on a hot day it does look very inviting.

Katoke Teachers' College has a long history. There was educational activity on the site when Tanganyika was a German colony and there are still a few buildings remaining from that period. It later became a Bible college and then an Anglican Teacher Training College, being taken into government control after independence. It is now a Grade A Certificate Teacher Training College providing a two year full-time course for primary teacher training. Students join the college having studied upto the equivalent of GCSE level in England.

When I first saw the library at Katoke I was amazed – certainly not a building I expected to find in rural Africa. It is very impressive, built with Scandinavian aid in the early 1970s. There is ample room for computers, books and about one hundred and fifty study spaces. It is split level with a mezzanine, which is fortunate because during the heavy rains the main roof leaks, but the computers and books are protected under the

Safari

mezzanine. After forty years of use, the lack of maintenance and repairs is an issue.

My job title is 'Library Advisor' but I 'do' rather more than I 'advise'. I work mainly alone in the library – a sort of one woman band, but I do have tutor support and four student helpers for eight hours a week. Continuing the service after I leave is a problem yet to be solved.

When I arrived, I found the book stock very old and out of date, apart from some teaching materials, which did reflect the current teaching syllabus. Many of the books had been donated by other countries abroad and may have been useful at the time, but not now. These have been weeded out and put in a distant store. I have been able to improve the stock with really useful donations from Bookaid International, Darien Bookaid and Read International. The books from Read International were all from schools in the Northwest of England. It seemed strange to be processing books at Katoke which had come from schools in Manchester, Bolton, Liverpool and so on. The college has also bought books for the library and I have been able to buy books locally which are directly course related, from private donor funds.

We do have internet access on site, using satellite broadband and funded by the SIDA project, which was set up to link all the teachers' colleges electronically. The project also provided technical training for tutor/technicians and applications training. The intention was to train a number of tutors who would then cascade the training down to other tutors, support staff and students. The college training room has eighteen terminals and an open access room with ten terminals. The system comprises two file servers using the Solaris operating system with Open Office applications and thin client terminals. The system has recently been overhauled after a few problems, but is now working well and is in great demand.

Sheila in the library

At the present we have four computers in the library. The original plan was to have internet access in the library, but this has not happened yet. I think, working alone, I would find it difficult to supervise internet use and run the library at the same time. Instead we use the library computers for applications practice, Encarta, Britannica, Schools Wikipedia and other CDRoms / DVDs. This way the students can improve their use of the applications and searching skills in the library and access the internet in the computer training room. I think this is a reasonable compromise.

I have now catalogued the library stock on computer. I have used a mixture of Excel and a system called Athenaeum Express, which was affordable, easy to use and already in use in Tanzania, although some libraries are expecting to change soon. Before I started I did a survey of LMS packages in use. Those of you with long memories will be interested to know that Inmagic is alive and well in Tanzania. A number of academic libraries use it, including some with their catalogues on the web. Others use the UNESCO package and some are looking at open source systems like Koha. The important issue is to ensure accessible help and support for my successor. Any developments or improvements must be sustainable.

continued over...

An African Safari

...continued

The four student helpers in the library are very willing and hard working. In fact all the students have to work hard both inside and outside the classroom.

The college does not have an army of cleaners, gardeners, porters and maintenance staff. The students do all the work themselves – grass cutting by hand, cleaning, milling the flour, staffing the college shop, looking after the college cows and pigs etc. None of this work is paid and this is common practice in schools and certificate colleges.

Communication and IT developments have started to make a huge impact both in education and everyday life. There has never been a telephone land line at Katoke, so five years ago the only contact with the outside world was to go to Bukoba. Now many people have mobile phones and can communicate and also transfer money by mobile phone. It can be quite incongruous passing through a village of traditional houses with cash crops drying on mats outside and see the villagers talking on their mobiles.

The logistics of supplying credit vouchers for mobiles and delivering soft drinks to remote villages have been solved by the multinational companies involved, albeit the last few miles may be by bicycle. You'd be amazed what can be transported by bicycle – big stalks of bananas, canisters of water, furniture, coffins and even a fridge are among the things I've seen.

Bicycle transportation!

The School and grounds

One hurdle the students have to contend with is language. There are two official languages – Kiswahili and English. However, many children's first language is their mother tongue (all different depending on their tribe). They then learn Kiswahili and in government primary schools children are taught in Kiswahili and English language is taught as a subject. In secondary school, the language of instruction is English. So, at the start of secondary school, children have had to contend with three languages. I will be joined soon by another VSO, whose placement objective is to help improve the teaching of English in primary schools. She will work with the college staff to try and improve the training of the student teachers, before they enter the classroom. By happy circumstance, we have just received the new syllabuses for teacher education and there is one for communications skills. This includes library and information skills, internet searching, research and presentation, so we will have much more opportunity to develop an information skills programme for the library.

While travelling around Tanzania, I have tried to visit as many libraries as possible some public, some academic. Some of the better equipped libraries are in Dar es Salaam, where there is the National Library, Dar es Salaam University and associate colleges. Some of the libraries visited have old collections of books which need updating, despite injections of new books from the various book donating agencies.

Having said that, it is rare to find an empty chair in a library – all are occupied by readers. Most are studying for examinations, rather than reading for enjoyment or recreation.

Outside work, there is plenty to do. I usually go to Bukoba, which is the nearest town, at the weekend for shopping and socializing. It's an hour's journey for me from Katoke to Bukoba. This is usually by public transport (dala dala) which are minibuses. They don't have a timetable, but leave the bus stand when they are full – but never so full they can't fit more in along the route! It's a good day indeed if you manage to have a seat all to yourself.

The VSO community in Kagera is international. There are American, Canadian, English, Philippino, Ugandan and Kenyan volunteers. We get together quite often at the weekends and make our own entertainment. There are no multiplexes, but we do have film nights and pot luck meals.

Our laptops double up as entertainment centres. If we are lucky, maybe we can borrow an overhead LCD and watch a film on a big screen. Another favourite pastime is going for walks and picnics. Of course, it helps that we have good weather for the outside activities. The days are short though. It is light at about 6.15 am, but dark by 7.30 pm.

There are no long summer evenings or twilight. It goes dark rapidly within about half an hour, being so near the equator.

Studying over lunch

Some of the college students with a selection of library material

Day to day living is quite straightforward, but requires effort. Food is in plentiful supply, but can be time consuming to cook.

The local rice and beans have to cleaned of stones and other foreign objects before cooking. Poultry is bought live and the butchers carve up beef using huge machetes.

But there are a few shops which sell some convenience foods, which are expensive but good for a treat. We can buy a well known brand of baked beans – the only difference is that they are prepared in Nairobi rather than Wigan. Many volunteers lose weight, as I have done, but I suspect we have a healthier diet – truly organic produce. My milk supply comes from the college herd of cows. It's still warm from the cow when the student delivers it. I do have running water, but it's not treated at all, so has to be filtered and boiled before use.

Originally, I came to Katoke for one year and I am still here two and a half years later. It has been, so far, a very positive, enjoyable and enriching experience – one I can recommend to anyone who wants to live abroad, experience another culture and help make a difference. If you are thinking of a career break or enhancing your CV or looking for a new experience in retirement, then VSO is definitely an option to consider.

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NICE work if you can get it:

the role of the Information Specialist at the National Institute for Health and Clinical Excellence

The National Institute for Health & Clinical Excellence (NICE)'s Information Services (IS) team have been established in Manchester since late 2006 and joined LIHNN in 2008.

Most recently they have been out and about talking to the Clinical Librarians Group about the work they do. For those who couldn't attend, Tom Hudson, an Information Specialist at NICE, has provided the following summary...

The NICE IS team currently consists of 22 members, split between our Manchester and London offices and, as the name suggests, we provide information services to the rest of NICE.

Though the team are based in two locations, and many of us regularly work from home, we function very much as one unit.

So, for example, an ad-hoc literature search request from a member of staff based in London may be:

- picked up by an Assistant Information Specialist in Manchester
- dealt with by an Information Specialist who's working from home who may…
- …liaise with a Senior Information Specialist in London…

…before returning the results to the original requester.

Sounds complex, but in practice it works seamlessly, thanks (in no small part) to the effective use of IT.

We share our Manchester office with our colleagues in NHS Evidence although we sit in different directorates. This has been arranged as such to avoid the potential conflict of interest which would arise from having a guideline developing body also accrediting clinical guidelines.

Much of our work would be familiar to any health librarian. For example, we provide targeted current awareness services and mediated literature searching to various other teams; manage physical library stock, e-resources and inter-library loans; and train our users in information skills.

We're also involved in various bits of work which are peculiar to NICE, such as developing the in-house taxonomy which supports the search function on NICE's website; providing quality assurance and methodological support for the literature searches for the reviews which the Institute's Public Health and Clinical Guidelines are based on; carrying out 'in house' systematic literature searches for Short Clinical Guidelines and Interventional Procedure guidance, and searching for information to support scoping processes, in which the scope and limits of the various types of NICE guidance are defined.

If any LIHNN members have any questions about the NICE Information Services Team, or would simply like to introduce themselves, feel free to contact:

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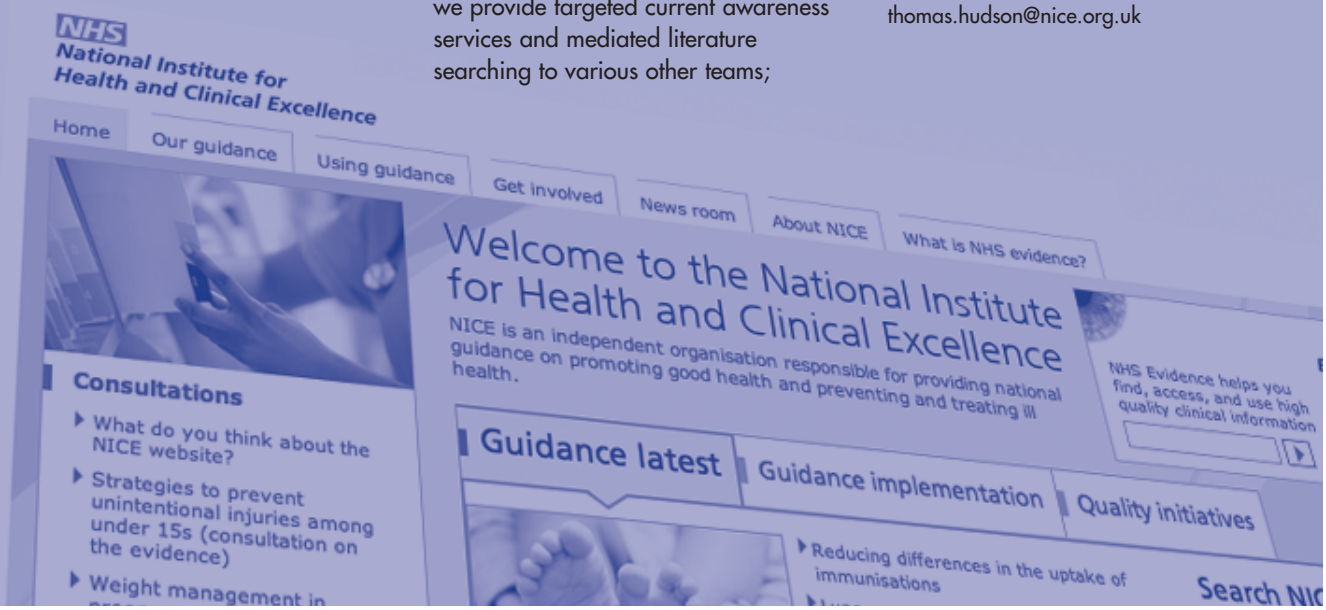

Reflections of a Mental Health Library Graduate Trainee

In August 2008, I was lucky enough to be selected as a Library Graduate Trainee for one year. The post was out of the ordinary as I worked at Tameside Hospital, Prestwich Hospital and NHS Manchester on a rotational basis for a few months at a time.

I began the job having had no experience of working for the NHS and I was faced with learning the systems and procedures of three NHS Trust libraries: it was a daunting challenge. Like all newcomers, I had the added pressure of mysterious medical terminology and astonishing acronyms (LIHNN, HCLU, SHA, OPAC).

The end of my placement was committed to the completion of a project in Mental Health which entailed working at Hyde Hospital with Pennine Care staff. I spent time with a Community Mental Health Team as well as holding several drop-in sessions. The work included promoting library services, providing demonstrations of electronic resources as well as doing literature searches and acquiring books and articles. I also distributed a questionnaire to determine user information needs, the results of which I hope will be useful to other libraries that cater for mental health staff (please contact Claire Bradshaw at Tameside Hospital for more information). I was dedicated to this project and I am keen that it will eventually contribute towards a case for additional mental health library provision.

I would particularly like to mention the support I received from my colleagues and staff from other NHS libraries over the past year. I shared working practices between libraries which were always tried and tested with enthusiasm; my endless questions were always patiently answered; I was given an abundance of exceptional advice from my managers (laughing at the boss's jokes, for instance, will get you far); and I received nothing but encouragement from everyone. I was also given the opportunity to observe in meetings like the Mental Health Librarians Group and the Emotional Health and Wellbeing Horizon Scanning group and I enjoyed many days of indispensable training provided by HCLU. This level of collaboration from LIHNN impressed me and taught me the importance of having such an effective network.

I am off to study Information Management at Manchester Metropolitan University with the hope of qualifying in 2010. I will certainly depart from the job with fond memories, a huge boost in confidence and invaluable skills. I have been amazed at the breadth of knowledge of librarians and library assistants alike and I am sure to use some of their knowledge over the coming year. I happily anticipate rejoining the health sector in the future.

Laura Drummond
GRADUATE TRAINEE
TAMESIDE HOSPITAL LIBRARY

Five into one **does go...**

CMFT move, featuring a determined library user!

Linda Ferguson, David Stewart and Chris Thornton

Promoting library services to drop-in visitors

Well, not that easily. But it can be done. Let me explain.

At the beginning of August 2000, I began my new job at the then Central Manchester Health Care Trust. This was a new post, designed to bring together the various separate libraries to create a single service, ready for the physical amalgamation which was due to take place by December 2003…….
No, that's not a misprint.

Planning started in earnest in 2001. Phase 1 of Education South was completed in July 2007 and we managed to move our first library (the former Jefferson Library at the Manchester Royal Infirmary) into new accommodation.

Fast forward two years and this July (2009) the extension to the new library build was completed. At the same time, the Trust saw the closure of four of its old hospitals as they moved into new, state of the art accommodation on the central Manchester site. Their related libraries closed with them.

To say that this has been a complex series of moves is rather an understatement. We have packed and unpacked at least 850 crates, integrating 5 different collections along the way, we have had to deal with the fact that the two children's hospitals closed before our library extension was completed, (meaning an interim move to temporary storage for that stock) and, finally, the removal men turned up two days earlier than expected which tempted me to subtitle this article, *'Tuesday is the new Thursday'*… Despite all of this, all five libraries have been amalgamated in the new build and we are up and running again.

We have lots of plans to put into operation now that we are all on one site. First and foremost, I need to change my mantra from, *'When we are all together…..'* to *'Now that we are all together…'* It's been a challenge but has been achieved with the good grace, hard work and dedication of the whole team. Phew! Think I'll go for a lie down.

Chris Thornton
HEAD OF LIBRARY SERVICES
CENTRAL MANCHESTER UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Drop-in Day at Central Manchester

Following the completion of Education South and the amalgamation of five libraries, the Trust Library at Central Manchester University Hospitals FT recently held a Drop-in Day to showcase its newly extended facilities and services.

Visitors were encouraged to take a guided tour, with library staff on hand to explain available resources. Everyone went away with a 'goodie bag' and, hopefully, a good impression.

Burnley **on the move...**

Monday 29th June dawned, heralding one of the hottest days of the century so far- the day we were finally to join the Trust and UClan clinical site libraries at Burnley General Hospital.

Our sister sites at Blackburn had already made the transition three years previously, merging together to provide a joint library service. Many options had been discussed to achieve this at the Burnley site too but problems had arisen either financially or logistically to stall our plans.

However, in 2008, the Trust library was given two extra rooms in the Mackenzie Centre building meaning that at long last we had a feasible option to bring the libraries together. Our final plan was to move the UClan library into the existing premises in the Mackenzie Healthcare library, utilizing the additional space of the two extra rooms. UClan agreed to pay the removal costs and for the decoration of the two newly acquired rooms. The cost of carpeting, new computer desks and blinds was met through a grant from HCLU.

We closed the libraries for two days and, as already mentioned, the weather was uncharacteristically hot for June - well, certainly by recent years standards. So I can honestly say much sweat but not too many tears were spent by the time we were ready to open as a joint library service on 1/7/09. We received a lot of help from staff at the Blackburn site for which we are extremely grateful.

The move has meant we are able to offer more services and better facilities to both sets of users. We have group and individual study areas, a staff workroom, more resources including extra computers and the benefits of a joint book collection. Although not the new build we hoped for when the joint venture was initially mooted, the extra space has made the library much more comfortable and functional for both staff and customers. Having said that we do have a wish list pinned up at the back of the counter, and top of the list is a new counter - so watch this space!

The joint service has brought with it extra challenges and demands on the staff. The Trust and UClan libraries operate separate library management systems; we have different procedures and because we have different employers, we have the inevitable cultural differences and ways of working. However, most importantly, we share a commitment to work together to ensure that we provide the very best service we can for our customers and colleagues.

Judy Richardson
SITE LIBRARY SERVICES MANAGER
MACKENZIE LIBRARY

Study space at the Mackenzie

Mackenzie IT suite

Dr Behr room

Teaching in Bhutan and East Timor:

In February 2009 I finally arrived at Dili, capital of East Timor, or to give it the correct name, Timor Leste. It had taken four months of arranging and eight flights just to get here and I still had to get home!

There would be no sightseeing as Timor Leste was on a high UN security state when I arrived and we were picked up at the airport and taken to the "hotel" to wait until the morning when we could meet the World Health Organization staff after breakfast.
The hotel was surrounded by a cage topped with barbed wire which we had to pass through before getting access to our rooms which contained multiple locking bolts on the inside just in case. But this is business as usual in Timor.

I have been working on the HINARI project since 2003 and have taught PubMed and information access skills in Africa, the Indian sub-continent, the Himalayas, south-east Asia, and the western Pacific island of Fiji. On a couple of occasions Andrew Craig from Lancashire Teaching Hospitals has come along to help out (Mombasa 2006 and Bangladesh 2007).
A few other volunteers; Lenny Rhine from Gainesville, Florida and Choung Huynh from the National Institutes for Health have also chipped in on various workshops but this time it was just me. However, I was to have the help of an interpreter for the Dili part of the workshop.

The workshops were arranged by the World Health Organization's South East Asian offices in Delhi in collaboration with the country offices in Paro, Bhutan, and Dili. They are national workshops lasting four days. I had been to Bhutan in 2005 but this was the first to be held in Timor Leste since the programme began in 2002. Getting visas is always a problem even though you are teaching at a UN sponsored event. And this trip proved no exception.

The flights for the first workshop on this trip were as follows – Manchester to Doha (Qatar), Doha to Delhi, Delhi to Kathmandu (Nepal), Kathmandu to Paro (Bhutan), Paro to Kolkata (India), Kolkata to Bangkok, Bangkok to Bali, and Bali to Dili. And that was just getting there.

Hospital Dili

Accessing online journals via the WHO's Access to Research Initiative (HINARI)

Dili Workshop

Travelling to developing countries has been eventful and it's not uncommon to be stranded in dodgy airports with visa or ticket problems, although I have been stranded in Dubai once so it can have its perks too.

This trip however had me stranded in Nepal waiting to get into Bhutan because of an incorrect date on the visa application. I arrived at Delhi en-route to Paro at 4am when it became evident my visa was not cleared for another three days.

With no-one at WHO to contact and being unable to get into Paro I had to make an unplanned stop over in Nepal and wait it out. Of course I had not booked any accommodation so I got in a taxi and headed for the Kathmandu Guest House where I had stayed in 2005. However, the taxi driver decided I should stay at his brother's hotel and took me there with a smile.
I eventually made it to Bhutan and passed Mt Everest on the way. I was a day late arriving to teach the course but we reworked the class timetable and managed to cover all the material.

Teaching in developing countries is a rewarding experience, but you often have to be ready for all eventualities and practicalities. Things we take for granted in the UK can often be a frustration when trying to run a workshop over four days in another country and culture. To qualify for HINARI a country must be classified amongst the lowest World Bank criteria as a "Low income economy" which means many of the places I go to have basic problems like power supply. It is not uncommon to have no power for long unplanned periods, in some countries power cuts are scheduled daily.

In Zambia we had to teach PubMed on a flip chart in the morning before getting a couple of hours in the lab in the afternoon. Other than the late arrival of the tutor the rest of the Bhutan part of the trip went to plan until I was given my travel expenses in US dollars travellers cheques. If you have ever been to Sub-Saharan Africa or Timor you will know that travellers cheques are a waste of time.

So another tip is to take enough cash to cover the whole trip just in case. In Myanmar (Burma) there are no credit card or debit card facilities in the whole country.

continued over...

Teaching in Bhutan and East Timor

...continued

And so it was off to Dili via Bangkok and Bali, for the second workshop, which were both stopovers in relative comfort and took another two days. The flight to Dili was spectacular flying over the thousand plus islands that make up Indonesia, the world's fourth largest country. It's visa on arrival for Timor Leste, so I got in the queue with all the other UN and aid workers to pay my $50 US Dollars. I was accompanied by Ms Nawang, an Indonesian medical librarian who had qualified at Aberystwyth; Nawang was going to translate into Indonesian if anything needed explaining in the workshop.

We registered with UN Security next morning and then it was off to the hospital to meet the Minister for Health who opened the workshop. Timor Leste is a conflict area and as a result experiences a great deal of poverty. Internet access is expensive and few people have email accounts. However, the doctors, nurses, and researchers were desperate to have access to the information made available via HINARI and most of them had access back in their institutes to a computer. WHO in Timor Leste supports the hospitals with a document supply service paid for by the WHO Regional Office for south-east Asia. The workshop went well and the participants spoke English to a better standard than my Indonesian. There was no trouble in Dili and despite the Foreign Office advice not to go unless it was essential I felt fairly safe within the hospital and hotel.
I did not go out of the hotel after work so I managed to get some reading done!

Part of my volunteer work is to train local trainers and we have built up a large network since 2003 so I am never sure when the next trip will be or which will be the last.

The HINARI programme is due to run until 2015 to coincide with the UN Millennium Development goals and now has two sister programmes AGORA (Agriculture) and OARE (UN Environmental Programme).

Steve Glover
LIBRARY AND EDUCATION FACILITIES MANAGER
THE CHRISTIE NHS FOUNDATION TRUST

Bhutan Workshop

Engaging with Research:
Setting up an organisational repository

The Christie has a rich heritage with over 9000 papers indexed in Medline and the major research databases. Each year around 350 peer-reviewed papers are published by Christie staff in addition to many conference abstracts and other intellectual output.

The library regularly provides R&D with lists of papers and abstracts for reports on an ongoing basis and professors, doctors, and researchers often request publication lists. Capturing and demonstrating this intellectual output in an easily discoverable format is a challenge and in late 2007 we embarked on the journey of trying to achieve this in a searchable repository.

Steve Glover and I first researched repositories in 2006 [1] and since then the position has changed considerably as more repositories have come online. In the UK the original SHERPA [2] partnership intended to establish the concept of the open access institutional repository and had 7 partners when it was formed (2002-2006). It now has 33 partners and affiliates, consisting of 32 Higher Education institutions, and the British Library. SHERPA also provides a variety of services to support repositories, such as RoMEO [3] for Publisher's copyright & archiving policies and OpenDOAR [4] a searchable worldwide Directory of Open Access Repositories. Repositories are increasingly common in Higher Education and specialist institutions but they have yet to be adopted in other organisations such as National Health Service (NHS) trusts.

The development of The Christie repository has been overseen by the library with the backing of the trust Research and Development committee (R&D). Initially we implemented our repository project through an in-house solution. With the help of a Programmer and a Web Developer we designed a system to capture research output and deliver the information to a searchable SQL database accessed via the Internet. Once we started populating and using this repository we gained valuable insight into developing content and the workflows required. However further development of the in-house repository had limitations due to demands on inter departmental time and resources. Having looked at some university repositories and visited Manchester Metropolitan University in late 2008 we decided to move forward with an externally hosted solution.

We started using the BioMed Central pilot repository software early 2009 and have now gone live with our permanent repository [5] found at http://christie.openrepository.com/christie/

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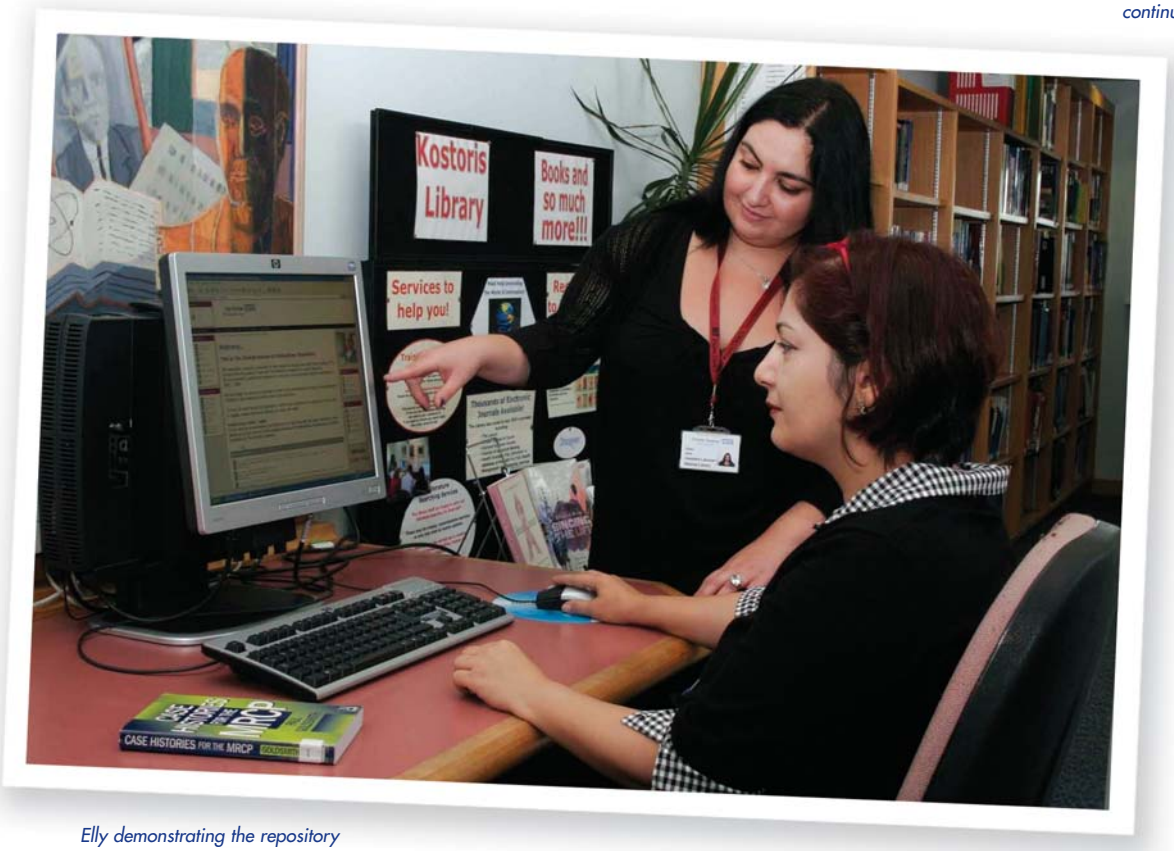


Elly demonstrating the repository

Engaging with Research:

...continued

Funding for the project came from a variety of sources: the purchase of the repository software was provided by the library and the NHS North West Health Care Library Unit. The annual maintenance fee is funded by the library and the work for retrospective data extraction is funded by the hospital R&D committee.

Why Open Repository?

We wanted a cost effective solution which would offer us flexibility and appropriate support. BioMed Central's Open Repository [6] uses the DSpace software [7], which is offered as a hosted solution on BioMed Central's servers. Technical and customer support is also readily available.

Particular attractions were:

- It is web based, easy to use and advanced IT skills are not required.
- The customisable interface and seamless integration with our web pages.
- Populating the database is easy – data can be imported from PubMed (the PubMed identifying number (PMID) can be used and the data fields automatically populated)
- Related articles to repository content can be displayed from PubMed.
- Author information can be controlled for consistency in naming conventions.
- Data quality is important - quality checks are integrated in submission workflow.
- The mapping feature allows us to develop collections and departmental hierarchies.
- It is possible to build communities, develop departmental pages and build Researcher Profiles based on submitted content and links.

Content is king!

Many repositories suffer from lack of content for a variety of reasons. [8] To overcome this we are managing the repository by mediating submission. Many academic organisations tend to focus on more current literature only submitting a limited time span for archival information. As we want to reflect all the intellectual output of The Christie we intend our archive to go back as far as possible.

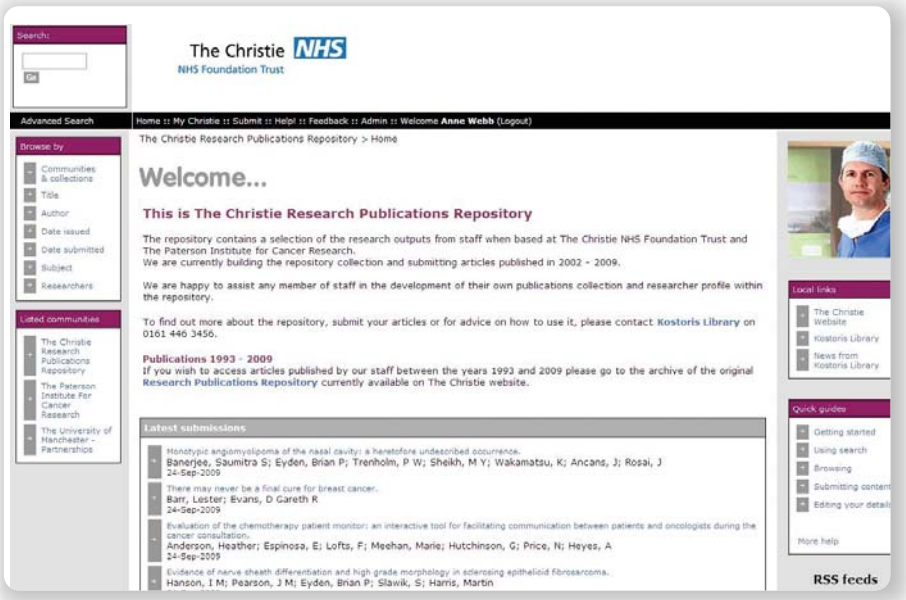
The work for the submission of content is divided into two components:

1. Current research and research updates
2. Retrospective and archival data for publications dating back to1950

Our Assistant Librarian, Elly Aalai, is also our repository librarian and manages the processes for preparation and submission of content as part of her role in the library. She sources current papers on a monthly basis and they are submitted as soon as the quality process is complete. Elly also supervises the capture of retrospective data. This is a separate project on which Peggy Ho is employed part time and funded by R&D.

The work is done on a rolling programme and at times may have several librarians involved in it on an ad hoc basis!

The data is captured in the local in-house database and, before being deposited in the Open Repository database, it is upgraded and enhanced. This ensures authority on the author names and journal names. We are also adding keyword Metadata and Medical Subject Headings (MeSH) are automatically added when the record is sourced using the PMID.

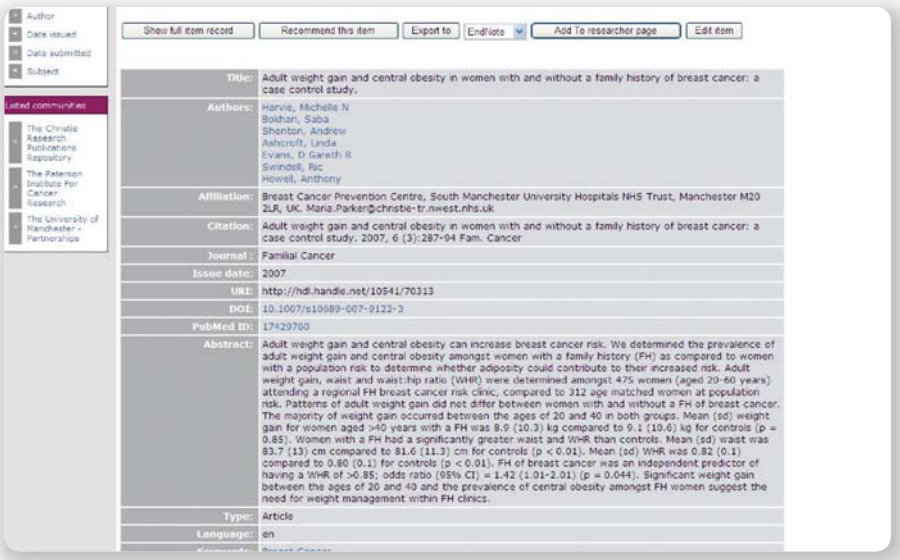


The repository home page

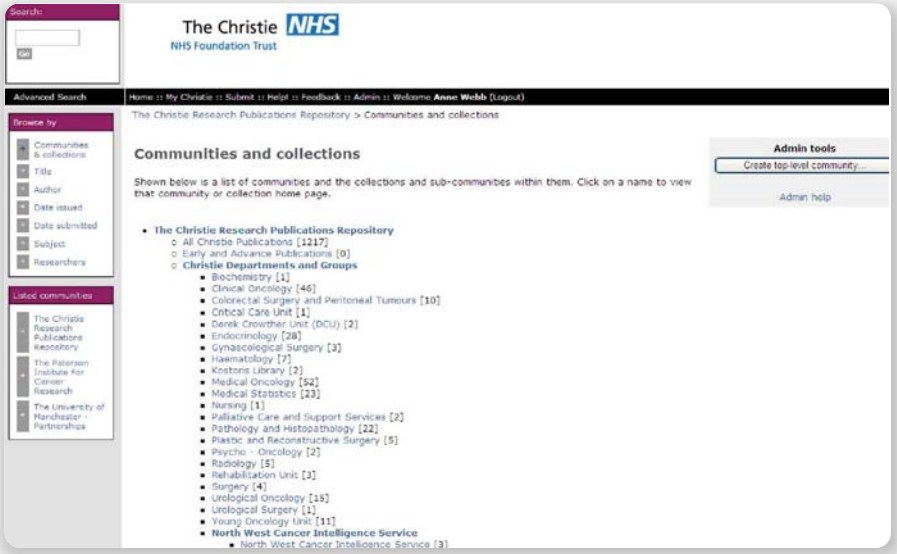
What are the advantages of having a repository?

The latest version of the repository has only just been launched and we hope that it will increase visibility and showcase the research output of The Christie. Cancer Research UK, one of our main funding bodies, supports open access (as does the NHS) therefore many grant holders will be able to deposit into the repository to meet funding requirements.

Setting up an organisational repository



Repository Record



Communities and collections

We also hope that the repository will:

- Enhance our researchers' profiles and demonstrate the impact of their research.
- Facilitate the provision of reports on research activity across the organisation.
- Allow researchers to create their own listings and feed them into other collaborations and websites.
- Provide a facility for all research authors to quickly create their own web presence and make it easier for them to link to other like minded researchers, develop new contacts and collaborations.
- Consolidate the library's position with R&D activities and increase both our interaction with researchers and our understanding of their research!

The future

Marketing is essential! A major publicity campaign including talks, demonstrations and articles is already underway. Eventually we hope to encourage all our researchers to develop and maintain their profiles, it is amazing how this appeals to those that are research active and belong to multiple networks!

Research is competitive and we hope that by seeing the work of other departments in the repository researchers will notify us as they publish. Eventually we hope to move to author submission with the repository librarian overseeing data quality.

Currently we are building the repository around peer-reviewed publications but we foresee this being only part of the story in the future, already we are being asked about other publications, meeting abstracts and submitting documents. The repository is already developing into an essential library function!

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2. SHERPA http://www.sherpa.ac.uk/index.html accessed 23/9/2009

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Anne Webb
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Clinical Librarian Course 2009

Birmingham Women's Hospital NHS Foundation Trust
Monday 27th April, 2009

Four North West Librarians received sponsorship from LIHNN to attend a Clinical Librarian Course at Birmingham Women's Hospital in April 2009. This is their report of the day and their opinions regarding its usefulness for personal and service development.

Joanne Taylor
Clinical Librarian
Lancashire Teaching Hospitals NHS Foundation Trust

Eva Thackeray
Assistant Clinical Librarian
Lancashire Teaching Hospitals NHS Foundation Trust

Michael Reid
Clinical Librarian
Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust

Bernadette Beisty
Clinical Librarian
Salford Royal Hospitals NHS Foundation Trust

E-Learning Modules – Joanne Taylor

Prior to attending the Clinical Librarian Course at Birmingham Women's Hospital, all participants undertook a series of preparatory e-modules. The purpose of this was to teach us the basic principles of evidence-based medicine and critical appraisal, and it was also an opportunity for us to test our own knowledge prior to the workshop.
We were all expected to complete the modules over a period of approximately two weeks.

They were designed by the European Union Evidence Based Medicine Unity project (EU EBM) and were accessed online using a password. Each module was presented as a video lecture, but the information was also provided online in text format. Optional additional reading materials were also provided. After each module, we were asked to answer a series of multiple-choice questions to test how much we had learnt.

The e-modules were broken down into the following sections:

Module1: Asking clinical questions – This module focused on forming questions using PICO and understanding the various different study designs. It also discussed why systematic reviews offer the highest level of evidence.

Module 2: Searching the evidence – This module focused on effective strategies for searching the evidence using Boolean operators, the 4S strategy, and PubMed.

Module 3: Critical appraisal of systematic reviews – This module was split into three parts and focused on quite a few topics, including critical appraisal, publication bias, randomised controlled trials, blinding, follow-up, intention to treat, relative risk, and absolute risk reduction.

Module 4: Applicability of the evidence to the patient – This module considered issues such as baseline risk, risk reduction, numbers needed to treat, statistical significance, meta-analysis and applicability of evidence to the patient.

Module 5: Implementation of evidence into practice – The final module focused on the barriers to implementing evidence in practice and possible interventions for bringing about change.

After completing the above e-modules, I had mixed opinions as to their usefulness and applicability. The modules were easy enough to access, but they took a long time to complete because the website was frustratingly slow. The videos frequently stalled and I found that I had to undertake the modules at certain times of the day when the system seemed to be running faster.

Putting aside the technical issues, the content of the e-modules was fairly good, with all the key aspects of evidence-based medicine being covered. Personally, I found that modules 1 and 2 covered a lot of information of which most people on the course were probably already aware. Saying this, they did provide an opportunity for refreshing our knowledge. Modules 3 and 4 were quite different and were far more complex. They contained a lot of useful information, but the modules did feel a bit rushed and I felt that the concepts could have been explained a little better.
When filling in the multiple-choice questions, modules 1 and 2 were easy to answer. Modules 3 and 4 however, were quite challenging and I did sometimes feel that some of the questions asked were not covered in the original modules.

Overall, the modules did cover the key aspects of evidence-based medicine and critical appraisal, but technical issues did cause some frustration for me. It was also clear that the modules were not created to accompany this particular course, so module 5 was not very relevant. Saying this, it was useful to refresh my own knowledge before attending the course and to identify areas for improvement.

Morning Session – Bernadette Beisty

The day was well organised and also well paced, which made the course enjoyable and worth the 5.30am start! The course began with the usual questions of "Who are you?" and "Why are you here". Ann Daly, the Clinical Librarian at Birmingham Women's Hospital then started the day with an introduction on the history of Clinical Librarianship. Here, it was interesting to note the different paths taken by the American and British models. After the presentation I felt enough curiosity to want to find out more about why Clinical Librarianship did not catch on in Britain, whilst over in America it took off and now has a considerable amount of history behind it. For the next part of the day we split into groups and took part in workshops on Critical Appraisal. We all appraised a study that we had been sent prior to the course, using the CASP toolkit for systematic reviews. The article was well chosen for the workshop with just enough strengths and flaws to keep the debate running.

Journal Club – Michael Reid

After lunch, we attended a 'live' journal club, which for many of us was the highlight of the day. The Journal Club was originally set up at Birmingham because the Trust has a high regard for evidence-based practice and endeavours to teach evidence-based medicine (EBM) skills within its innovative teaching programme. The Journal Club is a weekly event at Birmingham Women's Hospital, held on a Monday from 12.45 to 1.30pm in the Education Resource Centre. The articles that are discussed relate directly to clinical questions that have arisen during ward rounds. The presenter is assessed on their presentation and interpretation of results, which counts towards their CPD portfolio. A mixture of clinical staff attend the journal club, and the audience is free to ask questions and contribute observations during the presentation.

The article being discussed when we attended was "Comparison of Dinoprostone slow release pessary (Propess) with gel (Prostin) for induction of labour at term – a randomised control" (Journal of Obstetrics and Gynaecology, October 2008, 28(7): 695-699.) A recently qualified consultant presented the paper to the club and the chairperson. This was quite a revelation as it is the first time that any of the course delegates had seen a club led by clinicians and not a librarian. The appraisal of the paper was hotly debated, and the chairperson would frequently stop the presentation to explain points of evidence and critical appraisal.

It was a refreshing change to see the librarian take a back seat and the clinicians take the lead in critically appraising a paper and creating a critically appraised topic (CAT). In a large acute hospital that is multi-divisional, this system may not work, but in a hospital that specialises in a particular area of medicine as our hosts did, this could be an example model to base a pilot Journal Club. It was fascinating to watch, and we learnt a lot about concepts such as p-values and confidence intervals just from listening to the discussion.

Afternoon Session – Eva Thackeray

Two small group sessions followed the Journal Club in the afternoon, one on CAT Maker and one on the GATE Frame.

The CAT Maker is a computer software assisted critical appraisal tool from the Centre for Evidence Based Medicine (Oxford) (http://www.cebm.net/). It prompts you to provide information about your question, search strategy and the key results of the study you are appraising and then calculates clinical measures such as relative risk, numbers needed to treat and confidence intervals. It also helps you to formulate a "Clinical Bottom Line" and provides a one page summary at the end, a so called CAT (Critically Appraised Topic).

During our CAT Maker session, we tried out the software by inputting the details from the study that had been discussed at the Journal Club. Inputting the data was quite easy and the fact that the programme calculates all the important clinical measures for you is very useful. If you want to save a CAT and edit it again at later date, you save it as an 'unfinished kitten', which raised a smile or two.
The GATE Frame session introduced us to a different approach to critical appraisal. While we had used CASP in the morning session to first look at the validity of the study design, we now used the GATE Frame to assess the raw data of the study. The GATE Frame graphic guides you to assess the population, intervention, comparison, outcome and time factors before linking this data to the acronym RAAMbo (Represent, Allocation, Adjustment, Accounted, Measured, Blinding, Objective) to assess the validity of the study design. For many of us this was a new tool and an interesting alternative to CASP.

Overall opinions of the day

Overall, the day was interesting and informative and our thanks go to LIHNN for sponsoring us all to attend the event. We will all take away important lessons on critical appraisal, journal clubs and the development of a successful Clinical Librarian Service.

Editor's Column

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 should be submitted in 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.

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