COVID19 Crisis – sharing stories and lessons learned …

Introducing LKS ASE

Just to share some background for anyone who doesn't know me. I have been a virtual librarian for NWAS since 2009 and working from home since 2012. My idea of being virtual started out as just operating without a physical library but with a mobile phone, a computer and access to the internet. Better technology, in particular video conferencing has added to my virtual librarian toolkit. However, the way that I work has not changed.

So, it was with great interest that I monitored LIS-MEDICAL to see how many NHS healthcare libraries were switching to working virtually although it wasn't always clear what that meant. In addition, many people were starting to work from home. I have to say it was a strange feeling after years of being a little on the outside of the library world of work to become part of the mainstream for a short time at least.

I also discovered that I am member of that small group of workers for whom COVID19 didn't really make any difference to the way I work. The workload if anything increased as unlike loo rolls, the commodities we work with, exchanging and orgainsing information did not run out. I did learn some things though, and that is why this is a ten-minute talk and doesn't end here. I should preface it by saying some of these are lessons learned and some are more in the form of observations. However, I have tried to tease a Lessons Learned out of each one.

Video conferencing is finally useful

I had thought of saying many smart things about how awful the video conferencing experience was for me in the past. I did come up with PVCSDS - Post Video Conferencing Sensory Derangement Syndrome. Essentially a toxic mix or bad software, bad technology and bad deployment of video conferencing coupled with variable internet speeds made this an all-round horrible experience.

COVID19 has changed all that. We all have MicroSoft Teams now and it really works and crucially is supported by NHS IT. I feel there is now a shared experience of using the technology that has made it more normal. An important change is that we are all virtual now rather than some participants calling in and some being in the room together, so we all face the same challenges. I am tracking with interest the innovations from colleagues around using Microsoft Teams in teaching and talking to users. So please do keep sharing that on LIS-MEDICAL.

I have also attended four virtual courses over COVID19, one by the Open University which I can recommend and others relating to repositories and pre-prints. They all used different software but crucially all the software worked.

The lesson learned is that video conferencing can work and having spent many years trying to avoid using it in favour of the mobile phone I plan to add it as an extra communication channel for users because I can see that it will work for them. It's also clear that the MicroSoft Teams experience has changed attitudes across the sector and our users are expecting virtual tutorials and teaching as part of business as usual. This really plays into the narrative of LKS ASE being a virtual service with a national reach.

Sharing information is good

What follows about information sharing is part lessons learned and part reflection. I had thought that the title of this section might include lessons RElearned. Anyway, suffice to say there are no real surprises here.

The first is I relearned what a treasure LIS-MEDICAL is. Generally, as there are many hospitals but only one ambulance service, a lot of what is usually exchanged on LIS-MEDICAL goes over my head. However, in the first few weeks of COVID19 when things were moving very fast, I found that it was my most valuable source of information on new resources. So useful in fact that I posted my thanks to colleagues for their help. Can I take this opportunity to thank you again to you if you were a regular contributor to that particular information stream.

One aspect that I struggled with was whether to create a guide to COVID19 resources. I had suggested a crowd sourced Guide to save everyone doing the same thing at the same time. Then Public Health England had already produced an excellent guide. This is the one initially promoted on the LKS ASE website. In the end though I had second thoughts. You can read my ruminations on a blog called _Do something …!_ In brief they were that while I recognised the fantastic inefficiency of producing yet another guide where many already existed, I did see advantages that were hard to ignore. In the blog I outlined five reasons for producing a Guide but the two that really hit home were the Marketing and PR advantage for LKS ASE and the thought that I could add some value for my ambulance service users by presenting the information differently.

The guide worked well for LKS ASE on several levels. I posted it on the LKS ASE website and pushed it out through the usual social media channels. The guide was posted on the Knowledge for Healthcare Blog, it got a write up on the College of Paramedics News website, it was posted on the NWAS intranet and circulated in various ways to partner ambulance trusts, it was circulated to AHP's NW newsletter and a link was posted on the Association of Ambulance Chief Executives website. It was also picked up by the NWAS Director of HR as evidence that the LKS ASE was on top of information gathering for COVID19! The lesson learned is something along the lines of there being a balance to be struck between local and national approaches to the same problem.

LKS ASE contributed four searches to the COVID19 Search Bank. I personally felt that this was a good national initiative that played to the best aspects of information sharing among professionals. Of course, virtue is its own reward, but LKS ASE did get some tangible benefits from our contributions as well. One search was used in a national disagreement between the Association of Ambulance Service Chief Executives and the Resuscitation Council about Aerosol Generating Procedures (AGPs) and another on interpreting COVID19 test results formed the basis of a report to the NWAS board which got LKS ASE a special mention. The AGP search is one that is going to run and run, and I have

already had an opportunity to use it to answer some enquiries. So, it has already saved some of the time I spent on it.

Its good to know that necessity is still the mother of invention. A national search database has been talked about for years and now after three months we have one.

Lessons everyone else can learn

I am aware that during COVID19 colleagues have strayed into territory that I have been occupying for years. To help navigate this new territory I shared some of my experiences through blogs and old CILIP Update articles that are now uploaded on amber. A list is available. Just to be clear these are not things I have learned but things I think other people should learn. There isn't time to share them all here so here are my top two tips.

Virtual is a more inclusive strategy for our users than the physical

Why is that? Well it's because our users are for the most part young(ish), well educated, tech savvy and tooled up for the digital age. Many don't own a computer because they have all they need in their pocket with a high-end smart phone. Tech that isn't mobile is looking a bit dated. Trying to tie that down to a physical space is counter-productive. Building a service that can be used virtually is going to include those people, running with the grain of our users lives. It doesn't really require a revolution just a switch from physical first to virtual first. That is pretty much what we were forced to do during lockdown. I personally think it's a trend that should stay.

It is possible to work differently, and the sky won't fall on our heads

Working from home is still working and it can be as productive as working from "the workplace", or in fact, anywhere. I am not saying that working from home doesn't present challenges depending on personal circumstances, but as many colleagues have now worked from home what did we learn? Maybe a couple of things. Working "at work" generates its own kind of busyness and working at home stripped of that baggage can be more productive and you have more control over how you spend your time. Working from home doesn't mean separated from colleagues or users because social media, free access to Microsoft Teams (other software is available) means that we are still in touch. The reality is we can work from anywhere and that gives us so much more flexibility on how we organise our work lives and even our library services.

Further Reading – if you want to
Articles
Home is… where the work is [http://hdl.handle.net/20.500.12417/121]
Top ten guide to running a virtual LIS health service
[http://hdl.handle.net/20.500.12417/703]
LKS North Blog
So we are all working from home now [https://www.lksnorth.nhs.uk/blog/posts/so-we-are-all-working-from-home-now/]
Going Virtual [https://www.lksnorth.nhs.uk/blog/posts/going-virtual/]
Do something … ! [https://www.lksnorth.nhs.uk/blog/posts/do-something/]
Virtually over … [https://www.lksnorth.nhs.uk/blog/posts/virtually-over/]