LIHNNK UP

REFLECTIONS ON THE NORTH

Linda and I have just come back from two days visiting library and knowledge services in Cumbria.

We went to Furness General Hospital to meet Trust staff from University Hospital of Morecambe Bay and heard about their plans to create an *"accountable care organisation"* in the Bay area that would bring together many of the local care providers; a completely new way of structuring health care delivery. When HCLU was founded in 1999, Morecambe Bay was as far north as we went.

The following day we were at Carlisle Infirmary meeting staff from the North Cumbria Acute Trust, the Cumbria Partnership Trust and the Cumbria CCG and here the complexity of serving two organisations with a Cumbria-wide footprint and an acute trust which is likely to become much more integrated with Northumbria Healthcare Foundation Trust became clear. We talked to executive staff and the library team about the opportunities and the challenges of working across multiple organisations with differing directions of travel but all focused on delivering the best care for the people of Cumbria. HCLU took on responsibility for North Cumbria in 2002 following a (long-forgotten) NHS restructure.

You will by now have spotted that this is not an editorial in the usual sense – and you will know that I only write for the Newsletter when there is a *"big issue"* for us all to consider. I hope you have also noticed that I have so far avoided the *"northern powerhouse"* phrase!

HCLU now covers the North of England. We have new agreements in place with Health Education Yorkshire and the Humber and Health Education North East to deliver the same range of services as we have done in the North West for the last fifteen years. For me and the team it's a bit like 1999 all over again – getting to understand the geography, meeting service managers, visiting library services and meeting the teams and, at the same time, beginning to think about the issues and opportunities within each of the three networks and what opportunities there are to work in new ways.

Into this mix we are committed to ensuring that the long-term investment from Health Education North West and our service delivery to NW library and knowledge services is not diluted and continues to strengthen. To make sure that's the case we are appointing a full-time member of team to be based in Yorkshire and the Humber and a part-time member of team to be based in the North East. Our new staff will ensure that we have people on the ground who understand the networks and who can provide support and development opportunities for all library and knowledge services staff across the north and work with us to explore the ways in which we might develop northern approaches to service delivery.

Yes, it's exciting and yes, it's challenging, but at the heart of this is *Knowledge for Healthcare*:

- the guiding principles and values: collaboration, effective & efficient, equity, federation, innovation, quality, streamlined and workforce development

- the design principles: economy of scale, local knowledge, opportunity for standardisation and developing specialist skills.

We have an opportunity to demonstrate that the North does this spectacularly well and does it together. To quote Ian Cumming, Chief Executive of Health Education England, *"Healthcare library and knowledge services are a powerhouse for education, lifelong learning, research and evidence-based practice"*. Let's make it so!

David Stewart
DIRECTOR OF HEALTH LIBRARIES NORTH

IN THIS ISSUE

Profile Questionnaire: Mary Hill
Christie Hospital NHS Foundation Trust

What was your first job in libraries?

I started working at Xaverian 6th Form College in Manchester running a resource room in 1993. I didn't have a library qualification but worked 4 days a week and attended Manchester Met to do an Information Management post grad qualification. This was my first contact with health librarians as John Coulshed, Rosalind McNaully and Christine at one of the Liverpool hospitals (whose surname I can't remember) were also studying on the course

How have things changed since then?

Rather – We had 3 Archimedes computers and a brown card system at Xaverian. CD roms were big then. I do remember coming across something called Medline on the course but it seemed terribly complicated to me then!

When did you start your current job?

I started on March 2nd 2015

What are you most proud of in your professional career?

I am immensely proud to work for the NHS and know that I am contributing to the greater good of society.

And what would you do differently if you could go back in time?

Hmmm that is a pitfall of a question! Library wise there is nothing I would change because I love being where I am now.

If you had a magic wand what single change would you make to improve NHS libraries?

Make other NHS staff realise how much we can help them

What advice would you give to someone starting out in NHS libraries today?

This is the best library job – every day is varied and you meet great people. You are going to have to work hard and you

opportunities to become indispensable to your organisation and always have a 'can do' attitude. Smile at people, they might think you nutty but on the other hand you might make their day.
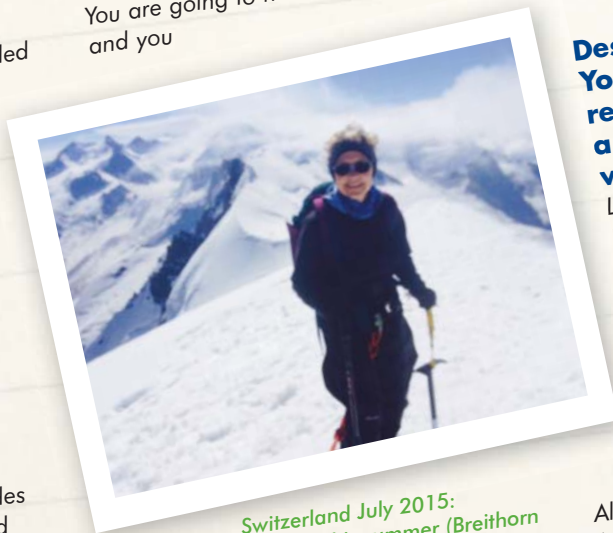
Switzerland July 2015:
1st 4000m peak this summer (Breithorn at 4195) grin of achievement and sun burn of stupidity including lower lip

2nd peak Allalinhorn at 4027m I didn't quite get on the bit of concrete!

need to keep up to date. Use the marvellous network that exists between health librarians and ask when you don't know. Look for the

Desert Island Discs: You can have eight records, one book and a luxury item. What would they be?

Luxury item: a comfortable bed

Book: SAS Survival manual and if that is not allowed, the complete works of Dylan Thomas

Records (agony): I can't decide but here is one selection … I could have made many more.

All Tomorrow's parties by Nico (something to sing along to. My singing is about as good as hers)

Don't stop me now by Queen (I can dash round with my arms open like a plane)

Swan Lake by Tchaikovsky (so I can pretend to dance!)

Crazy love by Van Morrison with Brian Kennedy (enough to break your heart)

Ship to Wreck by Florence and the machine (I will attempt to sing along to this too but will ruin it)

BBC version of Under Milk Wood with Richard Burton (hours or pleasure)

The gift by Velvet Underground (8 minutes of evil mirth)

Feelin' Good by Nina Simone (pure joy)

The pros and cons of Hootsuite

If you use social media for your library, it's likely you'll use a tool to help you manage your social media presence.

One of the most popular of these tools is Hootsuite (www.hootsuite.com), which describes itself as "the leading social media dashboard". In this article I'll discuss the pros and cons of using Hootsuite for social media management.

First the pros…

One of the main points in favour of Hootsuite is that you can use it (to some extent) for free. If you're running your presence as an individual or small team, this is a good solution. The free plan includes up to 3 social profiles, which is generally more than enough for a small library.

The second main point is that you can manage your social media from the one place - Hootsuite supports Facebook, Twitter, Instagram, and more. This means you don't have to log in to each one separately to post, retweet, respond to interactions, etc. You can also schedule posts within Hootsuite, which means you don't need to be awake at 11pm to publish that all-important post and you can keep your presence going while you're on holiday.

For many of us, getting a new programme downloaded to our PCs is an uphill struggle - so you'll be glad to know that Hootsuite is used in your browser, no download needed, unlike some other social media management tools. You can also download the app, in case you're away from the office and still want to check in on your accounts.

Finally, the main benefit of using Hootsuite is that it makes it easier to manage your social media presence - everything is in the one place, only one password is needed, and you can get analytics reports and do fancier things like use geo-location to track mentions of your library. Once you've learned how to use it, Hootsuite could also save you time with its scheduling feature.

Having said all that, there are downsides to using Hootsuite.

So now, the cons…

The major downside for me is that when you schedule or post via Hootsuite (or any third party app), Facebook treats it differently. By 'differently' I mean Facebook assigns it a lower priority than when you post directly on Facebook itself. This is important if you care about impact; fewer people will see a post that's posted indirectly. Although there is some talk that this has been 'fixed' and is not the case anymore, I still see this every day in our Facebook numbers.

I've mentioned that using Hootsuite can make it easier to manage your library's online presence, but there is a learning curve to using it. In addition to getting set up and used to the dashboard, you may also need to search for more information on using features such as analytics. Having said that, they do have a suite of resources including webinars and run Hootsuite University where you can get certified in using their dashboard.

Hootsuite's free version is good for small libraries, but again has some downsides. There's a limit to the number of people who can use it simultaneously, and you can only have one log in unless you upgrade to the pro version. This means everyone posting to your accounts will have the same login – which is fine as long as you trust your colleagues not to go rogue! As well as the limited number of users, you're limited to 3 profiles - so if you want more, again you'll have to upgrade to pro.

Finally, a word of caution. Twitter, Facebook, Instagram, YouTube, etc., all require different voices that are matched to the platform. Twitter has a 140 character limit; Facebook's is much bigger. They lend themselves to different styles of writing. So posting the same content simultaneously to, say, Twitter and Facebook may not be the best option. This takes away some of the time-saving benefits of Hootsuite, as you will still need to craft messages for each platform.

Conclusion…

If you're using up to 3 social media platforms, and you're a small team, Hootsuite (or another tool) might be worth investigating, if only for the ability to schedule your posts. Just remember to keep your voice(s) consistent and differentiated across platforms.

Michelle Bond
FACULTY LIBRARIAN
LIVERPOOL HOPE UNIVERSITY

CILIP Conference 2015

On the 2nd and 3rd of July at Liverpool, CILIP held its now annual conference.

I was lucky enough to attend, having been able to obtain a bursary from LIHNN. I have only worked in libraries for a couple of years, so the conference provided an ideal opportunity for me to gain more experience of the library sector. I am also undertaking my CILIP Certification and attending this event provided a valuable piece of evidence.

I had only attended academic conferences previously, so while I had some inkling of what it would be like, I was a little unsure what to expect. I found the conference to be very useful with some similarities and some differences to what I was used to. The venue itself was spectacular, not what I am used to from academic conferences. Instead of being locked away on a university campus somewhere, I found myself in the imposing St Georges Hall in the centre of Liverpool. It proved a great setting for the conference and I found the conference team and venue staff were very welcoming and helpful.

The conference was split roughly into three separate parts. The first part was located in the Concert Room and involved a series of presentations given by keynote speakers. The subjects of these presentations were diverse and interesting. They were, however, primarily meant to be thought provoking and inspirational rather than about day-to-day practical concerns. Some of the topics the speakers spoke about concerned issues surrounding freedom of information and copyright, as well as issues around privacy. Yet the most resonant speeches for me were those that discussed the impact of libraries.

A key message within a number of the speeches was how librarians and the services we offer affect, or can affect, the world around them. David Lankes, one of the most popular speakers at the conference, argued that libraries are not a building, or about books, they are about librarians providing access to the information that people need. He suggested librarians are at the heart of the community, providing essential services even in crisis situations. The representatives of Libraries Without Borders picked up on this theme, and also explained how mobile libraries could be a means to provide people in crisis situations with an escape back to normality. A similar theme was continued by Erwin James who explained how a book had helped him change his life after being sentenced to life imprisonment. It was clear at the end of these presentations that librarians and the services we offer have a much greater impact in society than we often think.

The second part of the conference involved a number of presentations from a range of information professionals. These were scheduled between the keynote speakers and were delivered as roughly two 30 minute presentations in one session. Each session related to one of the four topics of the conference: Information management, information literacy, demonstrating value and digital futures. As four of these sessions happened simultaneously, it was necessary to choose carefully what speakers you listened to. These lectures were more directly related to practices in libraries and discussed new services or tools libraries could provide or use.

Of particular use were the presentations on impact, a key topic in academic conferences, and one which is increasingly important for libraries. There were a number of different approaches to the topic. Christie Wiley presented her research analysing the impact of the engineering department within an academic library. Her research looked at various types of evidence, including the research productivity of the engineering faculty and student population, to assess the value of the department to the library as a whole. But a slightly different approach to the topic of impact was taken by Suzanne Wilson from Healthcare Improvement Scotland. Suzanne gave a talk about demonstrating the impact of research upon practice within healthcare. Her team had created a new toolkit using an excel spreadsheet, which allowed them to think about how they were going to measure the impact of a project before the project began. Interestingly, these different presentations suggest measuring impact can be approached in a reflective and also a proactive manner.

The third element of the conference took place in the Exhibition Hall. Representatives of a broad range of businesses involved with the libraries and information sector were present with stalls for us to visit. Some were familiar faces, but there were also attendees from new businesses with new services and ideas. Visiting the stalls was enlightening as to what is available out there, and provided a sense of where the sector as a whole is going. There seemed to be a large number of vendors selling online products and specialised services, which would seem to indicate that e-resources and contracting specialised services from companies seems to be where libraries may be going in the future.

Outside of the formal elements of the conference, there were, of course, a number of less formal social elements. The conference was brilliant in its diversity of attendees. Working within a library can be quite introverted. We are generally quite lucky in the North West that we have LIHNN and so there is always a sense we a part of a wider health libraries network. However, one of the most overwhelming feelings I have taken from the CILIP conference is that we are part of not only regional but also a national and international sector.

Overall I would recommend attending such events. This conference has provided me with a new way to envisage the library sector and what we do, a number of new contacts, and a wealth of ideas.

Gavin Moore
LIBRARY AND INFORMATION SERVICE
LANCASHIRE TEACHING HOSPITALS
NHS FOUNDATION TRUST

DEEP IMPACT:
What I got from the CILIP Conference

There is a bit of debate going on now that Umbrella has warped into this annual event which is rather uninspiringly titled CILIP Conference, as to whether or not the HLG conference should continue. Me, I prefer the more generic one and here is why...

Refresh

One of the key reasons I like conferences, is that if you are feeling world-weary, with the cynicism that comes with long-term employment in the NHS weighing you down, there is usually at least one speaker there that helps you put things in perspective. They remind you why you became a librarian in the first place and give you some headroom out of the office.

With the larger conference you get a larger budget and can get some more high profile speakers. The key note speakers this year were outstanding and it irks me a bit that there is nothing really to share from them apart from a Twitter feed and my rather verbose notes that no-one particularly wants me to drone on about beyond casual conversation.

The key thing you note from the inspirational speakers is their enthusiasm and belief in the viewpoint they take. You might not always agree, but it is somewhat infectious. They inspire and remind us to value ourselves and our services.

For a taste pop across and have a look at the Ideas Box to get a feel for how important libraries can be (it's only a 5 min video): https://www.youtube.com/watch?v=3qPbky8XiQc

The People

As one of my oldest friends often states – "why speak to people you know, when there are so many other interesting people we can learn from." It's often tempting to seek out people you know at conferences and huddle together. There is comfort in that and it's useful to have discussions on what you have learnt in a session and bounce about ideas for what you can do in your own respective. services. It's also good to catch up with people, I'm never going to deny people the pleasure of a good gossip. The one public librarian I met, turns out to have just left a library I worked in over 10 years ago and we had a number of contacts in common. But one thing I enjoy is seeking out people who are there on their own. Make it a friendlier conference, from first time students, to people from abroad and loads of people from other services, sometimes small services who don't have the same support network we have in health. I had never really thought about how independent research libraries create small online spaces for international research projects and negotiate supporting resources for those specific groups independently. It was interesting finding out how culture impacts on engagement on health literacy projects in Greece and having a good old moan about the crash of Swets and its implications with staff from the Health & Safety Executive.

I often feel we like to divide ourselves into our little sectors and claim specialist knowledge and difference. Professor David Lankes put it well, when he said we have a re-sectionist view of the world – we are fish in a pond, who like to divide the pond up until we are the largest fish. In health we have really good networks, we tend to know each other and we share the good practice we have. At conferences, it means that quite often I know about many of the projects being presented and often feel there is a little bit of a channelling of thought. Getting out with the wider community, you soon find things in common. with the different sectors. They have the same issues and a different view point which can be quite inspiring. There is always learning to be had.

The Exhibitors

If there is a quiet moment, I like to chat to some of the stall holders. Sometimes they have products you may want to purchase, often you are not the one with the cash to spend or maybe it doesn't suit. It doesn't mean you shouldn't chat, especially if there is a bit of a lull. They are in touch with a wider customer base and tend to be looking ahead at future developments. It is useful to know what is out there, what the trends are and what is in development. Don't be scared to have a chat about the products and let them know how they are for your users and your library position, it can inform future developments. It's also useful, because they like to gossip, so you can find out about projects going on in other libraries. Sometimes they can put you in touch with people who can help with other projects.

The Job

When I go to a conference I like to plan a mix of what is useful to me – i.e. what is good for the service – and unplanned serendipitous me time. The purpose however needs to be the driver. One of the key themes this year was the need for libraries to demonstrate value and impact. For me it was a bit of a no-brainer on what sessions I should be attending. In terms of what is important to the service for marketing and making our case, impact has got to be high on the agenda, but also in terms of the national work I am doing on the Impact Task & Finish Group.

The key thing about the job element, is make sure you take learning away and can demonstrate action. This is what justifies the funding to these events as generally both the conference and your time does not come cheap. The learning has been shared with my team through notes and lots of informal conversations. It's been shared with departments which I know have an interest in particular areas. One of the speakers, poor thing, has now found themselves co-opted onto the Reference Group for the Task & Finish Group and shortly we will be beginning to slowly analyse the sum of the literatures searches, presentations, cases studies and surveys collected to identify what best practice is and how we can incorporate it into a refreshed national toolkit for impact.

I always think that a good conference is fun, engaging and should generate work or at the very least challenge the way you think. Although the last HLG was fun, the challenge to thought, the amount of information shared and the interest levels have been higher with the wider spectrum of information sectors in attendance. In some instances the specificity is useful, as some of the CILIP Conference presentations had been tailored to a more generic audience, but there is enough health representation that makes me think that this is the better format.

Susan Smith
SENIOR LIBRARIAN
MID CHESHIRE HOSPITALS NHS
FOUNDATION TRUST

THE END OF YAHOO PIPES
LANE CLOSURE ON THE INFORMATION SUPER HIGHWAY

If anyone didn't know, Yahoo Pipes was a brilliant service that allowed you to combine RSS feeds and filter them using keywords and a number of other filters.

It had a graphical interface with virtual pipes linking each component, making it look a bit like a Heath Robinson sketch. You could link a lot of RSS feeds and filter them down to a manageable number of relevant and usable outputs. Its closure is very troubling to the health care library services that used it.

So what to do next? I checked out the mailing lists (even posted a question) and Google to see what other people were suggesting. Most were not that inspiring, either too complicated or pointing to social media tools that looked unstable. Emerging from under the shadow of Yahoo Pipes are newer replacements aimed at the commercial market. You know the sort of thing, the information your company needs fished out of the web soup, dried, packaged, and delivered to the desktops of your employees. These tend to be full service, technology and content. Tadaweb [http://www.Tadaweb.com] might be an example of this new breed of business/corporate intelligence. But we digress. Nothing that was free came close to having the filtering ability of Yahoo Pipes. So a radical rethink is in order. I should say that the social media savvy can probably go back to checking their smartphones now. The rest is For Dummies.

Fed up with Freemium?
The big question is, is it worth going on using Freemium products to build library services? Well, that depends. Nothing is forever and there have been a few casualties on the way, Google Reader and iGoogle (RIP 2013) anyone remember those? Bloglines (RIP 2015) now Yahoo Pipes (RIP 2015). There will be more. It's the unexpected longevity of these projects that has lured us into thinking about tools and products not processes and metadata. In this case Yahoo Pipes was the product, shifting information around the web the process. I personally I think it's still worth using Freemium. You can do more for your users. It does take an effort to rediscover that adventuring and agile mindset that started you off on this in the first place. There are lots of happy shiny new products out there that may have passed you by because you thought you wouldn't need them. Now you do.

Time to move on
Does hanging on to the tried and tested hold you back? A few home truths here about NWAS LKS use of Yahoo Pipes. I fell out of the habit of checking Yahoo Pipes as a Current Awareness tool. There are just better ways of keeping up. eTOC alerts, Facebook, Twitter, Mailing Lists and using a bit of older technology, the 101 MailChimp enhanced email newsletters I have signed up to.

Yahoo Pipes solved the supply problem. How to get the stuff? Not the demand problem. Who wants it, and how to get it to them. That wasn't Yahoo Pipes fault. That was complacency on my behalf, just solving the easy problems.

Process before products
So what to do? Well , it isn't rocket science. I kept a simple process chart in my mind to help assembling the pieces of a Yahoo Pipes replacement project (SEE process chart below). The Display nX represents the ways it is possible to view a single piece of information through different social media. It follows that a collect once, distribute many times strategy works very effectively. You can also benefit from the multiplier effects of your users sharing your information through their own channels, for example retweeting.

A word here about manual sorting. The automated filtering of Yahoo Pipes - once set up - lets you off the tiresome task of manually sorting and tagging. The upside is that when you have to do it yourself, the tags you apply when sorting your own data are the hooks that let you move it between social media tools. Getting your hands dirty, so to speak, gives you a better understanding of the information you are collecting and possibly better ideas about using it to the advantage for the library user!

What NWAS LKS did next

What NWAS LKS did next, and there may be a little bit of rationalisation after the fact here, is set out in the flow chart below. The generic choices are on the left and the solutions on the right. Of course, you will have guessed by now that the NWAS LKS solution is just one route through the process. There are other solutions as well depending on how well you know your social media. This one worked for NWAS LKS anyway.
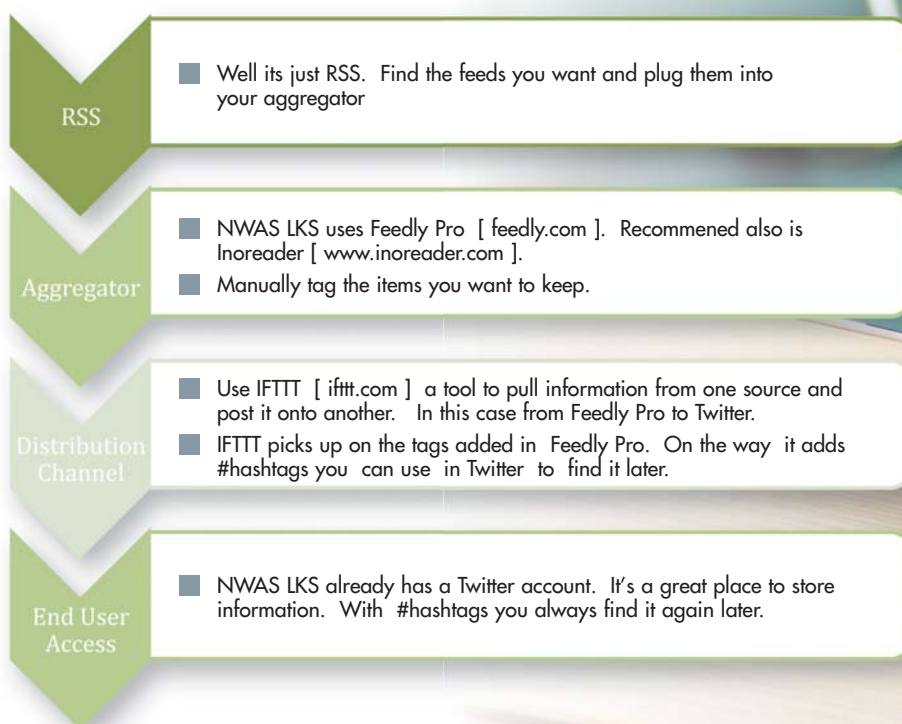
Web links

Feedly [http://feedly.com]

IFTTT [http://ifttt.com]

Inoreader [www.inoreader.com]

Strotify [http://storify.com]

> "I should say that the social media savvy can probably go back to checking their smartphones now."

RSS
- Well its just RSS. Find the feeds you want and plug them into your aggregator

Aggregator
- NWAS LKS uses Feedly Pro [feedly.com]. Recommened also is Inoreader [www.inoreader.com].
- Manually tag the items you want to keep.

Distribution Channel
- Use IFTTT [ifttt.com] a tool to pull information from one source and post it onto another.   In this case from Feedly Pro to Twitter.
- IFTTT picks up on the tags added in Feedly Pro. On the way it adds #hashtags you can use in Twitter to find it later.

End User Access
- NWAS LKS already has a Twitter account. It's a great place to store information. With #hashtags you always find it again later.

The end of the story? Not really. Recommended by a colleague as well is Storify [storify.com] to pull information from Twitter, or another social media tool and create a static summary of your information. In the end you have to decide on your capacity to manage social media channels. More channels are better, but only if they are properly managed.

Matt Holland
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Moving into Management
LIHNN residential

Having recently returned to work following maternity leave into a new library manager role, the Moving into Management residential course couldn't have come at a better time for me.

Having spent 6 years as a Clinical Librarian (a role which I have loved and could have carried on doing forever!) it is the start of a new career chapter for me. As with all periods of change, it has been accompanied by moments of self-doubt and soul-searching: Would I enjoy managing a service as much as I'd enjoyed being on the 'frontline' of the service? How would I make the transition from being 'one of the team' to leading the team? Where on earth do I start? I arrived at the two day course hoping for answers to all of these questions.

Thankfully, Deborah Dalley's extensive experience and wisdom helped to steer me through these sticky issues. Covering topics such as problem solving, time management, giving feedback and delegating effectively, the course content was valuable not only to new managers like me, but also those librarians aspiring to management positions in the future.

Deborah encouraged us to be reflective about our own personal attributes and working style, which I found extremely helpful at a time when I'd been wondering, 'What sort of manager do I want to be?'. It turns out I'm predominantly a divergent thinker, which explains why I sometimes get frustrated with processes that are followed because 'we've always done it that way'. In terms of communication, I'm a high 'feeler' (someone who places high value on people rather than things); which makes sense because I usually need to discuss ideas with others before reaching a way forward. I doubt I would have paused during my working day to undergo such self-analysis, so it was useful to have time away from work to consider these issues.

As well as self-examination, Deborah encouraged us to consider the culture in which we work. Is genuine feedback welcomed by managers in your organisation? Are fun and creativity encouraged? Do you solve problems as a team? Looking at practical ways to cultivate some of these qualities in a team helped me to design a lengthy (some might say ambitious!) action plan to be put into place once I was back at work.

> *"The thought processes that I worked through during the two day course really did set me up for implementing changes practically back at work."*

Fast forward a fortnight, and the learning from the course continues to infiltrate my consciousness on a daily basis as I navigate my way through the first few weeks in my first management role. I've tried to tackle my action plan head on. I've introduced regular, scheduled one-to-ones with all my team members, which are helping me understand workload pressures, discuss alternative ways to solve problems and listen to concerns and suggestions. I've also been having scheduled one-to-ones with my line manager which aid my understanding of organisational pressures and strategic direction. In my first one-to-one with my line manager I presented our service priorities for the next six months, which hopefully helped her to understand the direction I want to move in. It certainly helped me anticipate our potential challenges over the next few months.

I've been trying to practise some of the practical things that I learned too. I gave some positive, structured feedback to a team member who had really helped me. I've been asking, 'What can I do to make your life easier?' at the end of one-to-ones to try and encourage people to give me feedback. I've been using a daily 'to do' list in addition to my 'master' list and have tried 'closing the day' – both workload management techniques that were suggested during the course. Having identified that we could be using our team meetings more effectively, I've scheduled a problem solving activity for our next meeting and I've been delegating some admin work to one of my team. These are just small changes, but I hope they'll continue to have an impact.

The thought processes that I worked through during the two day course really did set me up for implementing changes practically back at work. In addition I met with Gil at HCLU just days after the course, who coached me through my next steps and action plan as part of the support that HCLU are offering to new managers. I found that invaluable, and sharing my action plan with someone else means that I have even more incentive to work through it!

Back at work, I no longer feel daunted and overwhelmed by the new challenge ahead; rather I feel energised and prepared, and part of me feels that I might actually enjoy it as well.

Victoria Treadway
LIBRARY & KNOWLEDGE SERVICE LEAD,
WIRRAL UNIVERSITY TEACHING
HOSPITAL NHS FOUNDATION TRUST

"Outside the box"

It is a cliché I hate. The reason I hate it is probably because I identify with it.

I've always found it deeply depressing to find out that boardroom bingo terms are slowly creeping into my vocabulary. The more you work with management, the more you adopt the terms they use. Whether it is osmosis or mirroring, the day I was introduced to my other half's boss as someone one that spoke the same management language, I lost a little part of my soul.

I suppose there is also the issue that deep down there is a little bit of a failed anarchist in me. The box to me represents a rigid structure; like that of a hierarchical pyramid. I'm not someone that has ever had much truck with hierarchies and the concept of power. I have always believed in equity and fairness and treat others, as you would like to be treated. The problem is I see the need for hierarchy and process. I see the need for approaching our users in terms that they understand. It might annoy, but it is there for a purpose and I feel security in the structures and processes within the NHS.

This dichotomy somehow suits my role as a librarian; to serve all and give challenge when you see issues with the system. I have also found another role within the organisation, which suits my worldview, a position on the coaching team.

A couple of years ago I did a leadership and management course within the Trust and as part of the course we touched on elements of coaching and we were contracted to be coached for four sessions. For me the outcome was I self-coach, but I was struck by the impact it had on the rest of the cohort. Now many of the internal coaches have moved on and I was lucky to secure a place on the programme.

It suits my ethos, anyone can coach. It isn't about the level you are at in the organisation. The job roles of colleagues on the team range from consultant, middle management and cleaner. It is a new team I work with outside of the library role. What is interesting is the purpose we have in common. It is a role in which you help people to build confidence in their decisions and realise that the answers are held within. You are there to help people become self-aware. The thing about the process is that it is a two-way journey and by coaching you learn more about people and you learn more about yourself.

For me it has given a bit of a reality check on corridor perceptions. It's a bit of a relief when I discover terms like 'sparks innovation', 'approachable', 'challenges me', and 'knowledgeable' are recurring. There is also the phrase 'too academic', so there is a little bit of work to be done on depth of detail in conversations I hold and terminology I use. Still it comforts me that the terms used are congruent with how I want to be perceived as both a librarian and a coach.

As part of the coaching programme I need to be coached by others on the programme, using real-life work examples. Although ethics means the detail of discussions can't be shared, people have been surprised by my insightfulness and understanding of broader issues. Indirectly business connections are being made, perceptions of the library are changing.

It brings me to my other view of what the box is – our libraries. We like to create a safe environment around us that we know and understand. True networks are based on relationships and understanding. How often are we more likely to help someone because we know them or have a connection? Whilst some can be formed within the library, the stronger connections I have made have been outside it. It is important to leave your box and also to encourage others to do the same.

Recently I took our head of research along to the Cheshire and Mersey patch meeting. She didn't know what to expect, but has concluded that 'librarians are my kind of people'. After leaving the meeting I was promptly offered a place on the research committee. I have actually declined as through discussion I'm not sure on the value in this instance, but agreed to be an opt-in member. We think we have other channels which help support links between the departments, but it is an open invite. Some ideas for future projects are also sparking.

One thing I do love about boxes though, is the puzzle box. I like the mental challenge, I enjoy the hands on and you never know what surprises it may hold when the box changes shape. Thankfully in real life the Hellraiser outcome has never emerged and the surprises have always been good ones. So consider your own boundaries and try to be more box clever.

Susan Smith
SENIOR LIBRARIAN
MID CHESHIRE
HOSPITALS NHS
FOUNDATION
TRUST

Supporting the **Remember** with Leeds

The Leeds Libraries for Health www.leedslibraries.nhs.uk partnership comprises membership from Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, and Leeds & York Partnership NHS Foundation Trust library services, together with colleagues from the Public Health Resource Centre in Leeds.

We have a long history of collaborative working and our Partnership meetings include representation from the two local Universities and the Department of Health. Although represented on the group, our involvement with Public Libraries has generally been less discernible, but recently NHS libraries have been seeking opportunities to work more closely with these potential allies.

Over the past few years Leeds NHS libraries have engaged with the Reading Agency's Books on Prescription scheme and have aimed to ensure that the books on this reading list are in stock within Leeds NHS libraries. When the Dementia reading list was released in late 2014 many of the items were added to our stock and made available to NHS staff throughout the city.

Therefore when NHS libraries were invited to participate in a Dementia Café event in Leeds Town Hall during May 2015 it was an opportunity too good to miss. The joint NHS/University event was held on International Clinical Trials Day and a key theme of the event was to encourage people with Dementia and their carers to attend and find out more about research, ask questions and get involved.

NHS and public library services shared a joint stand on the day. Public library colleagues promoted their reminiscence resources which include a range of brochures containing archived advertisements and news events from the early to mid 20th Century, together with the Leodis Online Photographic Archive http://www.leodis.net/ containing pictures of old Leeds. NHS libraries promoted their Books on Prescription collections, together with their literature searching and other services used by staff with an interest in dementia.

Another interesting resource present on the day was the Marks and Spencer Company Archive, also based in Leeds. Staff from this centre had brought along a range of food and fashion items from the archives depicting the period from the 1940's and after. In a similar way to the public library collections the intention here was to show how such materials could be used to stimulate the memories of older people with dementia.

As well as service users and their carers, a range of NHS staff and partners from the voluntary sector were present on the day providing NHS libraries with the opportunity to promote their services to these potential customers. Equally valuable, however, was the chance to network with colleagues from the public libraries. At the end of the event public and NHS library staff had a better understanding of each other's services.

Research Dementia Café
Public Libraries

Leeds Libraries for Health gained some additional welcome publicity from the Reading Agency who included a tweet from Helen Swales in their Storify report of Dementia Awareness Week https://storify.com/readingagency/dementia-awareness-week

Hopefully this was the first of many joint ventures and we hope to both maintain and expand on our collaborative working in the future when the opportunities arise.

Dominic Gilroy
LIBRARY & KNOWLEDGE SERVICES MANAGER, LEEDS & YORK PARTNERSHIP NHS FOUNDATION TRUST

Helen Swales
LIBRARY SERVICES MANAGER, LEEDS COMMUNITY HEALTHCARE NHS TRUST

Paul Twiddy
LIBRARY & INFORMATION SERVICE MANAGER, LEEDS TEACHING HOSPITAL NHS TRUST

Close up of library stand with reminiscence material on show

Library Stand with Dominic Gilroy

Pain free critical appraisal
(you can even enjoy it!)

Like 'service review,' and 'costings framework,' 'critical appraisal,' is a phrase that can send a shudder down the average librarian's spine.

Many – perhaps most – librarians did their degrees in arts subjects so the prospect of tangling with standard deviations, forest plots and meta-analysis can be a daunting one; particularly when the people we are teaching might know a lot more about them than us.

I teach a couple of sessions on critical appraisal to junior doctors each year. After one session which attracted mixed reviews (there were *some* nice comments!), finished rather too early and left me somewhat out of my depth discussing heterogeneity and homogeneity I decided to go back to the drawing board and start again from scratch.

While I was mulling it over I came across a piece on one of the blogs I follow – 'Not Running a Hospital,' by retired American hospital CEO Paul Levy. It discussed how he had got together with one of his academic friends to run a small trial on chocolate and weight loss. By choosing a small sample and having a wide range of endpoints they were able to 'show' that chocolate helped people lose weight. They weren't seriously trying to contribute to medical research; they just wanted to show how easy it is to get dubious research published, but even they were surprised when they found hundreds of journals queuing up to publish their study and it taking off in media outlets all over the world. The serious points that come out of the whole saga are that small trials are prone to error, you can choose a huge range of endpoints to prove what you want to and that journals and newspapers will publish anything as long as it makes for a good story. The humorous nature of the article (and maybe the fact that it featured chocolate) was a good ice breaker for the session introducing lots of the key

points up for discussion later and, even better, *it didn't involve any maths.*

Having been to the LIHNN Presentation Skills course on the 12th of June I was aware that I can have a deadpan, slightly Jack-Dee-style delivery. This actually works quite well for more humorous material but can be a bit monotonous for more serious topics. One of the tips I gleaned from the Presentation Skills course was to break things up a bit by getting the class to contribute, so after a quick introduction to the themes of the course I got them talking again – this time about confounding factors (the extraneous things that complicate the relationship between a variable and

> "Using numbers to understand human experience is like trying to tell people about your honeymoon using a spreadsheet."

the outcome(s) in experiments.) I asked them to think about what the confounding factors could be in a study into the links between exercise and depression. Again this generated quite a lot of debate and – because I've got a background in mental health – I felt reasonably comfortable with the content of the discussion too.

After a brief discussion of reliability (looking more closely into the results of a study) I started another group exercise, this time looking at outcomes. I asked the students to think of as many outcomes that could be measured in a clinical trial as possible, getting them into groups to do a brainstorming exercise. It was good to get them thinking about different endpoints for trials, which were clinically valid and which weren't, and

I followed this with an example taken from *Evidence-based practice workbook* by Paul Glasziou, Chris Del Mar and Janet Salisbury (2nd ed) Blackwell, 2007. I found this book really useful when preparing the course, not least because it contains potted examples of RCTs you can get the class working through. This particular example concerned a drug called Flecainide which was found to be brilliant at stopping heart arrhythmia. It was enthusiastically adopted in the U.S. until the rather more relevant outcome of patients not dying was assessed whereupon it was found to have sent rather too many people to meet their maker prematurely. I then put out to debate the suggestion that the only real outcome that counts is how the patient responds to the question 'Am I feeling better now?'

The rest of the course followed a rather more traditional format with me talking the students through things to assess when appraising a clinical trial. I used the acronym RADIO to cover Recruitment, Allocation, Dealing with participants, Impact and Outcomes – I'm not sure what the students thought about this mnemonic but it did help me to remember what I was talking about. I then used an example from *Evidence-based practice workbook* of a trial of the use of compression stockings to prevent deep-vein thrombosis on flights. It was a great help using a trial that had already been appraised as I felt much more confident about pointing the class in the right direction.

A quick gallop through systematic reviews was followed by an explanation of forest plots. I tackled the issue of homogeneity and heterogeneity by the simple expedient of not drawing people's attention to it and concentrated on helping the class interpret the graphical information instead. One of the points that came out of the Presentation Skills course was not to be ashamed to admit you don't know about something; an honest confession of ignorance is

better than any amount of bluff, bluster and bullshit! We have good links with our Clinical Audit and Research Department so I would have felt comfortable directing any queries in their direction.

Having finished my last critical-appraisal course a little too early I think I probably made a mistake in trying to cram too much into this one. After the class had appraised a systematic review we moved onto qualitative research. It's certainly good to get doctors thinking about people's subjective experience of medicine and I was able to bring in the quote that "using numbers to understand human experience is like trying to tell people about your honeymoon using a spreadsheet," but I'm still not convinced that qualitative research isn't just a big soufflé of verbiage that collapses into platitudes as soon as you examine it a bit more closely. To my mind it seems to get through a lot of focus groups and interviews (presumably involving rather a lot of tea and biscuits) before coming up with a statement of what Basil Fawlty would refer to as 'the bleedin' obvious.' I got the class to match up some qualitative research terms to their definitions which they enjoyed but on reflection I think the time might have been better spent doing more work on RCTs and systematic reviews and referring any questions on people's subjective experience of death, depression and mortality to Proust, Morrissey and Philip Larkin all of whom – to my mind at least – shed rather more light on the subject than the qualitative research does.

The feedback from the doctors was good and I came away with the novel experience of having enjoyed teaching a session on critical appraisal. The most important things I learnt from re-writing the course were:

- Get the class to do most of the work for you – they'll enjoy exploring the issues rather than just being talked at and it's less work for you

- Do your homework. Keep an eye out on RSS feeds, blogs etc for articles you can use or pieces that shed light on the murky practices of journals and medical journalism

> "Journals and newspapers will publish anything as long as it makes for a good story. The humorous nature of the article (and maybe the fact that it featured chocolate) was a good ice breaker."

- Find a good textbook. I can't recommend Evidence-based practice workbook enough!

- Most of the issues can be dealt with using pictures and the English language so don't get out of your depth with the maths

John Gale
TRUST LIBRARIAN, JET LIBRARY,
MID-CHESHIRE HOSPITALS
NHS FOUNDATION TRUST

Growing Our Own:

The Library and Knowledge Service (LKS) has been supporting Trainee Advanced Nurse Practitioners (TANPs) for the last couple of years, to develop their evidence based practice and research skills, and to support their academic studies to master's degree and beyond.

How did it start?

Gill Beasor, Implementing New Roles Facilitator (Advanced Practitioners), Resuscitation Officer/Clinical Facilitator (EWTR) approached the Library Service to gain support for a cohort of Trainee Advanced Nurse Practitioners (TANPs).

What support was required and why?

The TANPS role was a new one and is intended to help fill the gap between doctors and nurses. Part of the reason this role was instigated related to European Working Time regulations and doctors working hours and a smaller numbers of junior doctors arriving. TANPs operate like Junior Doctors and rotate around the hospital Divisions, so where these staff had previously been senior, experienced and a role model in their specialist area, they were suddenly operating in challenging new areas, in a new role which lacked definition. They were facing resentment from some consultants and doctors and also from their nursing colleagues. In addition, all of the TANPs had to successfully complete their Masters studies to remain in post and progress. The academic stakes were high and some had not studied for some time.

We began by offering Customised "Finding the Evidence" and "Introduction to Critical Appraisal" sessions. The critical appraisal session was planned and facilitated by Linda and run around a journal article, selected by Gill, which examined the role of the ANP, including identifying barriers. Once these orientation and skills sessions had been completed our resolution was that the first Journal Club session should happen.

The first journal club session was facilitated by Linda and Gill chose an article and explained why it was relevant. The session was structured via a powerpoint presentation which utilised the relevant CASP critical

Wirral University Teaching Hospital NHS Foundation Trust Library & Knowledge Service Team (Left to Right):

Annabel Leinster (Librarian), Victoria Treadway (Library & Knowledge Service Lead), Linda Taylor (Outreach Services Librarian), Jennifer Perestrelo (Library Assistant), Graham Breckon (Librarian), Rebecca Roylance (Library Assistant)

appraisal checklist. This provides a series of questions which can be posed about the specific article, including some screening questions which ensure that the article in questions is worth appraising! Research terms were defined and statistical and analytical approaches explored. The session went well, but participants were very concerned about who

would have to present next and how to do it.

We sold the concept by arguing that individuals could bring along pieces of original research that they were using in their practice, evidence that related to areas of challenge in their new clinical areas etc. and/or their studies thereby gaining the benefit of having everyone's opinion on it, rather than just their own.

Journal club has continued on a regular basis, with participants steadily gaining in understanding, experience and confidence. The sessions have been lively and thought provoking. Challenges have included finding articles of sufficient relevance to the whole group in terms of their work places, expertise and academic studies. As the TANPs neared their dissertation stage they became keener and keener to get feedback on key articles that they had used in their work and gain critiques on their own research methods.

After the first few journal club sessions we spent a little time on Reflection (without Gill) focussing on what the group wanted from journal club and how they would like to see it develop. This guided planning and encouraged ownership and participation.

A 2nd cohort of TANPs and a handful of others were recruited, received relevant training and also joined the journal club.

Those undertaking their dissertations received individualised research support and "critical friendship" from Linda.

Who from the Library Service has contributed?

EVERYONE. Although Linda has planned and delivered the sessions

Developing Advanced Nurse Practitioners at Wirral University Teaching Hospital NHS Foundation Trust

and journal club it has been as part of a much bigger endeavour. Everyone who has answered a query from a TANP, provided literature searching advice, sourced inter library loans, sent out evidence alerts or just been there to encourage them has contributed to their success. Because they had no "base" in the hospital and they felt supported in the library they often used the McArdle Library as their place to work, meet etc.

Why is it important?

Gill Beasor sent an email which said "Can I just extend a big Thankyou to you and your team on behalf of the entire trainee ANP team. Your support with our journal clubs and supporting the trainees with library searches and sourcing journal articles has been invaluable. The impact has been great as it has helped them to achieve in their studies, given them confidence in literature searching, critical appraisal, provided evidence to support clinical decision making. Indeed at our regular meetings the trainees value your input greatly. Many thanks for your continuing support as it is greatly appreciated."

What difference has it made?

TANPs have been supported in undertaking Masters dissertations in a number of key clinical areas including:

✓ Nurses knowledge of Sepsis and how the knowledge gaps can be filled by training interventions with consequent benefits to patients

✓ How to recognise and minimise Acute Kidney Injury in Patients undergoing Emergency Orthopaedic procedures

✓ How common co-morbidities affect the causes and patterns of hospital readmissions

✓ Staff attitudes towards witnessed resuscitation in the Emergency Department

✓ Does an increased MEWS score increase patients length of stay in hospital in patients with an exacerbation of COPD?

✓ Perceptions and attitudes about the role of the Advanced Nurse Practitioner

✓ Nurses' reflections on discussing sexuality with patients: responsibilities, doubts, and fears

These research topics offer increased knowledge and understanding for Trust about key strategic areas such as patient's survival, progress, clinical and psychological outcomes and experiences; family experiences; patient flow; Trust planning and finances; Staff performance and training and their impacts across the local health economy. The links to Trust and LKS objectives are clear notably:

WUTH Objective	LKS Objective: We will
Objective 1: To be the top NHS Hospital Trust in the North West for patient, customer and staff satisfaction	1. enable the delivery of outstanding care by providing high quality, evidence-based services that clearly demonstrate value. 2. facilitate excellent patient care by embedding the best evidence into decision-making processes. 3. equip staff to deliver an outstanding patient experience by mobilising knowledge and diffusing best practice throughout the organisations served.
Objective 2: To lead on integrated, shared pathways of care with primary, social and community care	5. adapt to an ever-changing environment by nurturing a highly knowledgeable, flexible LKS team with expertise in a wide range of areas.
Objective 3: To deliver consistently high quality secondary care services enhanced through the provision of regional specialist services	6. underpin clinical decisions with the best evidence by providing a high quality literature searching service tailored to individual needs. 7. contribute to the research capacity of the organisations served by working in partnership with researchers and research departments. 8. enable high quality care by providing access to a comprehensive range of cost-effective and high quality information resources.
Objective 4: To ensure our people are aligned with our vision	9. encourage staff engagement by providing a highly visible LKS that is easy and convenient to access regardless of time, location, or role. 10. contribute to staff satisfaction by offering personalised services, tailored to the specific needs of individuals or groups.
Objective 5: To maximise innovation and enabling technologies	11. maximise the use of technologies by delivering mobile services that are digital by default. 12. contribute to innovation and share best practice by providing horizon scanning and current awareness services.
Objective 6: To build on partnering for value	14. maximise financial performance through investment in resources and seeking opportunities for external funding.
Objective 7: Supported by financial, commercial, and operational excellence	Comment: Financial savings were identified and delivered via several of the research projects i.e. length of stay, readmissions,

Growing Our Own:

....continued

How was it for them?

Two of the TANPs were brave enough to appear on film to share their experiences of using the Library Services and here are their words:

Where next?

The regular journal club continues. The balance between qualified and Trainee ANPs is changing which is bringing new opportunities and challenges. In addition, Linda has been approached by the Clinical Skills Facilitator for Medical Students|Assistant Practitioners , due to the perceived success of the work with Trainee Advanced Nurse Practitioners and Advanced Nurse Practitioners to present a similar proposition for supporting Trainee and Qualified Assistant Practitioners. The plan is to begin with some customised training i.e. "Finding the Evidence" and "Introduction to Critical Appraisal" and then move on to instigating and facilitating a journal club.

Linda Taylor
OUTREACH SERVICES LIBRARIAN
WIRRAL UNIVERSITY TEACHING
HOSPITAL NHS FOUNDATION TRUST

"I started at Arrowe Park eighteen months ago when I came over here to do a Masters, so I'd come from an outside Trust and moved over onto the Wirral, so when I got here I didn't know anybody or anything or any of the systems, so the library's had a lot to do with me finding my way around."

"When we started our masters we had to get used to writing at level seven so, having the journal club for the advanced nurse practitioner trainees gives us a chance as a peer group to discuss level seven writing, how to critically appraise, so that's been really, really important for us."

"Certainly a lot of journals available, you know, for you to look up current practice, because all of a sudden you find yourself doing a masters and working at a more advanced level as a nurse so you need to have the evidence to back up you your, new way of working … your practice has changed all together"

"so the journal s here and the electronic resources especially and even if a journal isn't available then you can fill in an interlibrary loan form and they provide that very quickly and let you know when it's here and that's been brilliant."

"ebulletins that come out when you fill a form in and say that you've got a specific interest into and if anything comes new it can come out to you without you having to do literature search after literature search, it enables you to hone in to one specific area"

"our entire training is based on us qualifying and then carrying it on with CPD so we've got to prove, throughout, through our portfolio through learning, through literature searches that we're continuing that process of being masters level."

"that is just invaluable, really even being here til 2oclock in the morning by yourself and being able to take a book out overnight as well and
return books especially, you still have to work, we still have to work clinical shifts"

The library *"its just like a lifeline really to be honest, and everybody knows, and Linda especially, she was fantastic." "They sort of keep you going, Jen, all of them really. Towards the final stages of doing your dissertation when you feel like you're about to die".*

They've been *"fantastic. In the last trust I've worked in I couldn't have told you where all the clinical research and things was, whereas here it was sort of from day one until now and we've used that all the way along to try and get these masters finished"*

On a personal level one of the TANPs sent an email to Linda stating *"if it wasn't for you, I think I would have quit".*

Andrea Simpson (Trainee Advanced Nurse Practitioner) and Anna Roberts (Advanced Nurse Practitioner)

"So, what difference does it make?"

Like most services, we've been trying to figure out how best to achieve and maintain full compliance with the dreaded LQAF criterion 1.3c.

You know which one I mean: the positive impact of library/knowledge services can be demonstrated.

Not only do we need to show the difference using our service is making to our users, we have to also show how we're making an impact on our organisation's strategic objectives.

At Bolton, we certainly don't have the perfect solution but we were pleased with last year's comments from the LQAF assessors:

"You have continued to make good progress. We liked the way you presented your impact case study".

So, if you'd like to know how our impact case studies (now very much in the plural!) came about, read on. If you'd just like to see an example, go to p8 of the presentation on impact given by Mary Hill at the Big Day Out back in March, available here: http://www.lihnn.nhs.uk/images/Documents/HCLU/CPD_Events/BDO_2015/Mary_Hill.pdf

There had been several false starts trying to elicit more meaningful information about the impact of Library Services. In 2013, we tried a couple of questions via SurveyMonkey, with the link e-mailed to everyone who had received search results from the Clinical Librarian or attended a training session in the preceding two months. They were asked: Please describe ONE occasion when you used ONE of the library services below and how it influenced the management of your patient(s)/service. Please indicate which service and then provide as much detail as possible. This question was followed by: For the scenario you have just described, what would you have done had Library Services NOT been available?

Of the four responses received, only one provided the rich data we'd hoped for. This was disappointing, as we knew Greater Manchester colleagues had been really successful with this approach (see: Addison, J., Whitcomb, J., Glover, S. (2013). How doctors make use of online, point-of-care clinical decision support systems: a case study of *UpToDate©*. *HILJ*, 30(1), 13-22. DOI: 10.1111/hir.12002).

Last year we tried the following e-mail message to recent users of the Clinical Librarian Service: As a valued user of Library

Services, we'd like to know what impact you feel we have had on your work, research and/or studies. Please let us know, in whatever format you prefer, how Library Services has made a difference. This could be at a personal, departmental or Trust level (eg helping you achieve a PDP objective, or contributing to a Trust objective or target). If you can take a few minutes to contribute a story, we would be most grateful.

We attached a 'model answer' which we'd received the previous year.

Although the three responses received gave slightly more information about what had been done with the search results, we'd made no progress linking what we were providing to the Trust's objectives.

Time to try some EBLIP! In the course of researching what other services had done, we found a template in the impact toolkit that Pennine Care had used to interview service users. We decided to adopt and adapt (with their permission) and undertook a pilot study to interview by telephone staff who had received search results in the previous three months. This resulted in our very first impact case study - the one that had impressed the LQAF assessors.

Since July 2014, the Library Manager and the Clinical Librarian have been systematically identifying search requesters to follow up. The telephone interview becomes the basis of the case study, which is written up by Library staff and only published once the interviewee is happy with the content.

We use a colourful Word template which makes an attractive and easy to read handout and poster. These have been published on the intranet, displayed as posters, added to teaching presentations and summarised for the Library Services annual review. In June we submitted this as a marketing 'initiative to be shared' on the national innovations wiki.

We've recently extended this approach and are now collecting impact case studies for document supply and our new Management Search Service but we know that, as the LQAF assessors have said: "Overall this is still an area that you, along with most other services, do need to do more work on".

Paula Elliott
LIBRARY MANAGER, BOLTON NHS FT
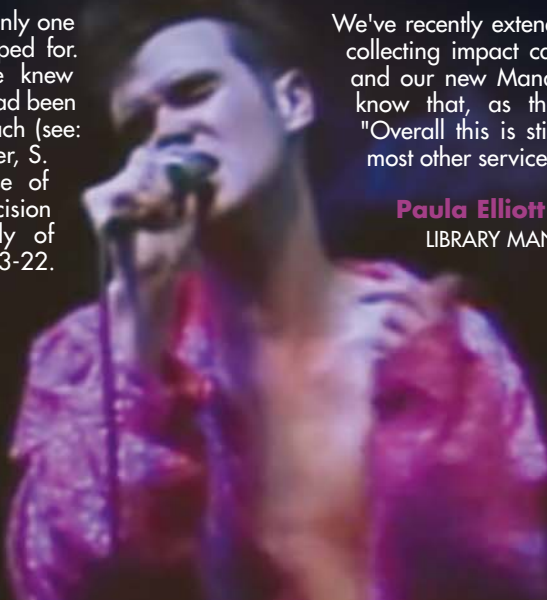
FreE–Learning:
Developing an information skills e-learning package without a budget

"Online learning has unique advantages, overcoming barriers of introversion and physical distance, creating new ways to communicate and shaping identity…"

(Nursing Times, 2010)

Effective justification for spending time away from clinical environments and duties is a barrier for staff to attend physical information skills training sessions. Indeed, many of the healthcare professionals we work with struggle to find time to complete even their mandatory training during their working hours.

In July, I was asked to develop an information skills e-learning module. My brief was broad and I had scope to be creative with the way I chose to create the content but, notably, without a budget.

I made the decision to create four modules based on the content of the physical sessions we offer to staff. That way staff had the choice to attend or complete the e-learning, it was accessible to all regardless of job role and it could also be completed prior to or following a physical session to further cement learning.

My first port of call, prior to developing any content, was to ask the Clinical Librarians group for any advice and send out an email on the usual mailing lists. I was given the name of a contact at the NHS North West E-learning Support Group

http://www.nwelearning.nhs.uk/

who returned my call at record speed and put me in touch with the group's secretary. I was put onto the mailing list, where events are shared and advice is sought, and was given the opportunity to attend a free training event for new developers. Unfortunately, I was unable to attend but the support I have received has been invaluable.

It was at the recommendation of someone from the NW E-learning group that I approached our Learning and Development (L&D) department to see what sort of support I could receive.

We have a very close working relationship with our L&D department but I had assumed that modules currently available were created externally. I had the content for the first session ready on a PowerPoint and got in touch with a member of the L&D team, Phil, to put aside some time to look at how plausible it would be to develop an effective module. I did not want to just publish the slides online and leave it, I wanted to appeal to all learning styles incorporating a range of activities and recreating what we do in a physical session as realistically as possible.

The first module is called "Formulating an Answerable Question" and enables participants to read some theory and complete a range of exercises. I sent over my PowerPoint so that Phil could see the content we would be working with and then spent a couple of creative hours one afternoon, pulling the material over and coming up with some simple tasks for participants to complete. Phil is an active member of the NW E-learning group and an expert at using the software. He had finalised and launched the module in less than a day. I have included some screenshots below to give a feel for the output:

What I have done is nothing new or special but I wanted to share the idea of engaging internal networks. A colleague I regularly work closely with had the equipment, software, time and interest to help me pull together this package without any additional expenditure.

It is far too soon to measure any impact and I am finding it challenging at the moment to ensure the module does not become lost in an ever-growing e-learning catalogue. I would, however, recommend making a module compulsory prior to attending a journal club!

We are currently developing the second searching module using Captivate, provided by the NW E-learning group via Phil, where participants are able to practically search alongside watching worked examples and am fully aware of how fortunate I am to have an engaged internal network that have made this possible, free of charge.

Alex Williams
CLINICAL EVIDENCE SPECIALIST,
WARRINGTON & HALTON HOSPITALS
NHS FOUNDATION TRUST
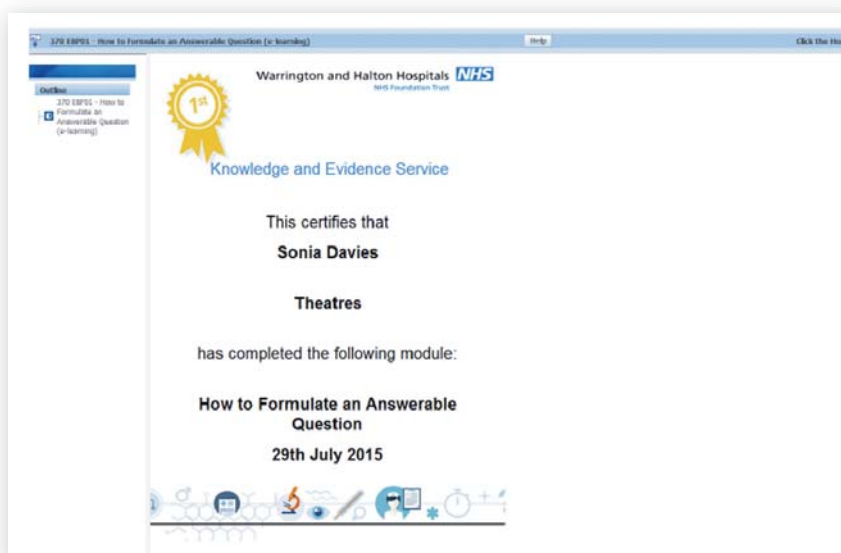
I was given the link to a pilot site containing the module prior to sharing it across the organisation and I asked my colleagues and some clinical and non-clinical staff from other teams to give me some feedback. The learning that I acquired that will inform future modules includes the following:

- Spell check the spell checkers!

- Check that pop-up boxes can be minimised so that content can be read alongside any answers or additional information.

- Use a range of examples for the exercises, both clinical and non-clinical. What is even more effective, I feel, is to use examples from other fields that are relatable to all. Using different content allows the participant to remain objective applying effectively the theory learnt without being wrapped up in the intricacies of the example.

- Present worked examples prior to expecting participants to complete tasks. That way, they will always know what the module is expecting of them and they are less likely to press Esc half way through.

Editor's Column

How you can contribute to the Newsletter

All members of LIHNN are welcome to contribute to LIHNNK Up. We particularly encourage contributions from para-professional staff and anyone who has not previously written for publication. Members of the Editorial Board would be pleased to "mentor" new writers and provide advice on what makes a good readable contribution.

What could you write about?

Really it is up to you as we are looking for topics of interest to health library staff. It could be:

- something new that you have used or your library has introduced
- an overview of a piece of software such as a social media tool
- lessons learned (good or bad) from doing something differently in the library
- good news that you want to share with LIHNN
- an account of events and courses attended. For conferences and courses please include what you found most valuable and what you will do differently from having attended the event or course.

Format of contributions and other "rules"

1. Please send your documents as Word (i.e. either .doc or .docx) files.
2. Photos and artwork should be submitted in JPG format. Please don't embed them in the Word documents. They should be submitted as separate files with a meaningful caption.
3. Don't forget your name, location, title of article and date of article.
4. Please give full details of events, courses and conferences attended. This should include:
   - The name of event and location
   - Date of event
   - Name of organising or sponsoring body
   - Details of how any support materials can be obtained e.g. website urls
   - Full references to any published reports, articles etc.
5. All acronyms should be written out in full for the first occasion they are used in the text.

PDF copies of back issues and indexes to the newsletter are available at: http://www.lihnn.nhs.uk/index.php/lihnn/lihnnk-up/read-the-newsletter

Contributions should be submitted to:

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for details of the groups and their activities

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