LIHNN

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 can be submitted in print or electronic format.

please abide by the following points:

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

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

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

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

Guidelines for contributors are also available on the Lihnn website.

contributions should be submitted to:

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Library and Information Health Network Northwest Newsletter

LIHNNK UP

by Health Libraries, For Health Libraries ISSUE 13 SPRING 2004

Now that all the editorial board members have had an opportunity to write the editorial, the task once again falls to me. It's been good to be able to share this task, and I hope you've all appreciated the different styles and approaches. Apologies are due to Hannah Gray who wrote the last editorial, but whose name I forgot to include at the end of the page.

I've probably said this to some of you before, but there are times in an editor's working life, when it all gets a bit biblical. What do I mean by this? Well, first the desert, then the flood! After an edition has been published I start to think about the next one. There's a time when I'm desperately hoping that material is going to be written, and it can feel a bit like being in a desert. When contributions start to appear especially near to a deadline, it seems like the great relief of a flood on parched land! I'm sure that anyone who has edited a newsletter knows how it feels, and I am always eternally grateful to contributors who submit early and respond to deadlines.

Well I'm pleased to say that this issue is a veritable "fatted calf"! **Alice Taylor** writes about a conference on information for patients and mentions an especially useful talk by the Plain English Campaign. **Melanie Hinde** takes up the theme of writing, with good tips on getting published, gleaned from a workshop at Aston. For those of you interested in patient information, **Sheelaugh Greenslade** describes the setting up of an information unit at Alder Hey to provide resources for patients, their families and carers. Another style of communication, but just as important, is networking. **Debra Thornton** reports on a NeLH residential on how to make best use of getting together with colleagues.

Just to confirm that our professional horizons are always being widened, the issues of knowledge management, and information for social care are the subjects of two conference reports. **Linda Riley** and **Mandy Beaumont** give accounts of the "Managing Knowledge for Health and Social Care" conference held in London, and **Norma Blackburn** and **Liz Stitt** explain the issues concerning the literature of social care and providing resources to social workers. I know that some of you, like myself, embarked on the SCHARR Folio course on information for social care, and will find this article very interesting reading.

On familiar territory, **Ros McNally**, summarises a NeLH workshop on information in primary care.

For anyone who's feeling jaded, and I won't say if that includes me, turn to **Neil Foley's** account of the residential course on creative thinking and problem solving. Having been in the profession for more years than I'd care to admit to, it was refreshing to read about **James Allen's** year as a graduate trainee with Salford and Trafford. It's heartening to know that enthusiastic recruits are entering the profession.

Kathy Turtle

IN THIS ISSUE

Better Information, **Better** Communication in Healthcare

On the 4th and 5th February 2004 I attended a conference in London called 'Better Information, Better Communication in Healthcare'. The aim of the conference was to discuss issues and share good practice around delivering high quality information to patients, their families and the public.

Speakers included Claire Rayner (journalist, novelist, broadcaster and president of the Patients' Association) who spoke about her experiences both as a nurse and a patient, Bruce Hain (Head of Science at Alderman Quinney Secondary School) who talked about communicating health messages to children, and the lessons we can learn from teachers, and Rosie Winterton MP (Minister of State for Health) who, rather than giving a presentation, used her allotted half hour to take questions from the floor.

Bob Gann, the Director of NHS Direct Online, gave a presentation on the future of NHS Direct Online. The website, www.nhsdirect.nhs.uk, includes an encyclopaedia, a self help guide, information on local NHS services and an online enquiry service, and receives an average of 500,000 hits a month. However, as not everyone has access to the Internet or knows how to use computers, some of the information on NHS Direct Online is also available via NHS Direct Information Points. These information points can be found in easily accessible public places such as supermarkets, pharmacies and libraries, and use a touch-screen system rather than a keyboard. So far there are 180 information points across the UK, with an average of 16,000 users a month, and the NHS Plan commits to having 500 information points by the end of 2004. It is also planned that in the future, NHS Direct content will appear on existing high street kiosks.

Dr Geoff Royston, Head of Operational Research at the DoH gave a presentation on accessing health information via digital TV. Just before Christmas the DoH agreed a £15m contract with the interactive TV company MMTV to launch NHS Direct Digital TV in summer 2004. The advantages of digital TV (DTV) are that besides being a fast and convenient mass medium, it is also socially inclusive, for the percentage of people with access to DTV varies very little across social classes. NHS Direct DTV is an information service, and will not be broadcasting programmes, but it will have 'red button' hot links from popular TV shows – for example, a person watching a TV programme featuring teenage pregnancy would be able to press the 'red button' on their remote control to link through to information on pregnancy on NHS Direct DTV. The service will provide information on local NHS services, and will include an encyclopaedia, a self help guide, and healthy living advice. It will also include video clips. We were shown a sample video clip in which patients who had undergone cataract surgery talked about their experiences, plus some footage of the cataract surgery taking place. Subject to successful piloting, the scope of NHS Direct DTV will be expanded in the future to offer services such as ordering repeat prescriptions.

I also attended a presentation by John Wild from the Plain English Campaign, an independent group fighting for public information to be written in plain English, as opposed to 'gobbledygook' or jargon. He gave several examples of confusing language, such as US Secretary of Defence Donald Rumsfeld's mysterious comment that

as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns - the ones we don't know we don't know (Rumsfeld, 12 February 2002, Department of Defence briefing).

Similar examples include the following newspaper headlines:

- Record numbers of inmates killed themselves for the second year running last year
- Nato rapid response unit to be ready by 2006
- New study on obesity looks for larger test group.

The Plain English Campaign suggests avoiding legalistic language such as 'notwithstanding', 'aforementioned' and 'herewith', and Latin phrases such as 'quid pro quo' and 'ad hoc'. They recommend using short sentences, active verbs and simple language. For example, the Plain English Campaign translated the following sentence from:

'if there are any points on which you require explanation or further particulars we shall be glad to furnish such additional details as may be required by telephone'

to

'if you have any questions, please ring'.

Plain English is not about 'dumbing down' language, abolishing jargon and new words, or curbing writers of literature. Plain English is simply information that conveys its message clearly and concisely to its intended audience. Over the two days of the conference, we heard many different presentations from a wide variety of speakers on delivering high quality patient information, but I felt the presentation from the Plain English Campaign offered the most practical and useful advice. We need to ensure that patient information is suitable for everyone, including those with a lower level of literacy, or those who do not speak English as a first language. Using plain English will ensure that patient information can be understood by as many people as possible, thus empowering people to make informed decisions about their healthcare.

Alice Taylor
Intelligence Officer
Patient Information
Manchester NHS Agency

Health Minister John Hutton visits Salford PCT Library on 23 January 2004

Extract from Salford PCT's 'FrontLINE' magazine Issue 6 - Spring 2004

Health Minister John Hutton gave PCT staff a huge pat on the back after paying a flying visit to Salford in January.

Mr. Hutton spent six hours travelling from London and back - just to take a few hours finding out about healthcare services in Salford after being invited to open the library and e-learning suite at St. James's House.

He spent time with staff - including district nurses, GPs and allied health professionals - at the library before sitting down with children from Salford primary schools, who told him about the five a day fruit scheme.

As he cut the ribbon to officially open the library facilities, Mr. Hutton said: "We have to close the gap between the richest and the poorest in terms of health and what better place to start than Salford. I can't give enough praise to the staff here - you are leading the way for other PCTs to follow. You are doing a fantastic job."

Submitted by Jacqui Muskett

Dawn Alexander, John Hutton, and Jacqui Muskett

Lars Issaksen, Director of Teaching & Learning, David Stewart, Dr Eileen Fairhurst, Chairman Salford PCT, & John Hutton

Lars Issaksen, Liz Farrell, David Stewart & John Hutton

Writing for Publication: How to get started

I recently attended this half day workshop at Aston University Library. The workshop aim was to help us make the first steps in getting an article published.

There were two speakers, Katy Jordan, Faculty Librarian, University of Bath and Christopher Cipkin, Music Librarian, Reading University. The following is a joint synopsis of their presentations.

Why don't we write

The main reasons or excuses given for not writing are time and lack of subject. It is easy to give precedent to other priorities. There may also be the fear factor, thinking we are no good at writing or our opinions are too humble.

Why should we write

We are all working on similar areas of development and we need practical examples of good practice. Writing for publication enables us to share good practice, highlight our library's achievements and contributes to our personal development. No one else can talk as authoritatively about what we do, no one else has our combination of skills and experience, what we have to offer is a unique perspective.

How to get started – choosing your subject.

Could be a project you have worked on, an opinion or idea you want to discuss, information you have gathered or reporting on a course or conference. Think about what sort of article you are writing (long/short/practical/-analytical), who the audience will be, who will publish it.

What makes a good article?

A good article will be current, relevant, offer solutions, be practical, may be controversial, refers to previous literature and contains evidence to back up what it is saying.

Who will publish it

Choose a publication you enjoy reading and decide if you can write the sort of article they publish, this will also give you an idea of length, style, and approach. Editors always want material and may even approach you.

Good writing

Good writing is clear, easy to read, enjoyable to read, enthusiastic. Write using Plain English, **www.plainenglish.co.uk.** Plain English is clear, easy to read, with straightforward vocabulary, straightforward grammar and a direct and open style. Try saying aloud what you want to say, as if you are explaining it to someone, ensure what you write is grammatically correct, then leave it alone!

Final thoughts

Getting in to print is not as daunting or as difficult as you may think. Editors are hungry for material, practical articles are well received.

Remember you can speak, therefore you can write!

Melanie Hinde, *LIS Project Manager Knowledge Management and Information for the Public, Manchester NHS Agency*

Managing Knowledge for Health

26-28th A

OK here's a poser for you. What do a stolen magazine, a lost party of french school children and a taxi driver's wife going into labour all have in common? Answers on a postcard to Linda please!

I have just given you some seemingly random pieces of information, without the added ingredient of the tacit 'knowledge' that joins it all up, so presumably it's meaningless to most of you.

Thus we have the difference between information and knowledge, though closely related they are not the same.

The first day of the conference was a broad overview of the topic, useful for anyone who didn't know anything at all about knowledge management (KM). The best speaker by far was David Cavanagh from BP, who told us in the most casual way that by instilling into the organisation a knowledge management culture they had saved the company $30 million on one oil well alone. Multiply that world-wide and the team had definitely justified their existence! The message from this talk was that the KM team were greatly valued because they demonstrated the outcomes of their work in terms of the money that was saved by the organisation .Last year alone $500 million.

The second day contained the more authoritative speakers who were also given longer slots, so that they could go into their topics in more depth. There were the usual suspects of Bruce Madge, Veronica Fraser and Andrew Booth, all of whom always give good value for money. In addition I think Linda Wishart who spoke about implementing the DOH's knowledge management strategy and Joy Ellery's Securing buy-in from your service users to senior management, deserve particular mentions. Their enthusiasm and love of the topic shone through.

We also attended the additional day three, which were two workshops. The first of which was 'The Knowledge Management SWAP-SHOP' where there was a lively exchange of reflections and experiences. The second work-shop covered the topic of knowledge audits. This was less useful, as, though interesting, the work had been conducted more on the lines of a 'quick and dirty study' than an authoritative piece of research and best practice which could be emulated.

Altogether we spent an intense three days looking at knowledge management and came away 'richer' for the experience. My thanks to David Stewart and the unit who sponsored my place allowing me to share this event with some of my other North West colleagues.

Oh, and just before I leave you, the answer to my original poser was that they were all part of my (very interesting!) journey on the way down to London to attend the conference. I can't tell

you, the no doubt happy, outcome for the taxi driver as I don't have the knowledge of where to contact him to ask……

Linda Riley
Knowledge & Libraries Manager for East Lancs Hospital Trust.

Opening of Child & Family Information Centre

Patient information can empower patients, parents and carers to have a genuine partnership in their care. Improving access to quality information will strengthen partnerships between clinicians and patients, their families and carers and also underpin the informed consent process.

On 29th January 2004, The Child & Family Information Centre was launched at the Royal Liverpool Children's NHS Trust. The centre was officially opened by a member of the Parents and Carers Forum and by members of the Children's Council. The centre is sited along the main corridor of Alder Hey and is aimed at providing a welcoming environment where patients, parents and carers can find information on health and health related matters. There are a range of resources and services that are freely available to patients of the Trust and their parents and carers including; access to the Internet, a database of 300 local support groups and the services of information professional.

Funding for the collection and facilities came from a range of sources and the Trust is grateful for the support provided by Health Care

THE INSTALLATION OF THE UNIT

November 2003: The ground was prepared for the installation of the unit

At the end of November the Unit was dropped into place

n and Social Care ARC Conference

April 2004

The three-day conference was very enjoyable and provided me with an opportunity to network and discuss ideas around the first steps that would be required in developing and delivering the knowledge management agenda for my Trust.

The first day of seminars provided the opportunity to re-enforce my understanding of knowledge management, with the second day building on my existing knowledge and providing an environment which enabled me to begin generating ideas on how to this agenda forward. One of the main benefits of attending the conference has been that it has provided me with a number of key messages that needed to be considered if knowledge management is to be implemented successfully and a definition of knowledge management that appeals to me.

What is Knowledge Management?

"The capabilities by which communities within an organisation capture the knowledge that is critical to them, constantly improve it, and make it available in the most effective manner to those people who need it, so that they can exploit it creatively to add value as a normal part of their work"

(A guide to good practice in KM by British Standards Institute, 2001.)

The Four keys aspects of KM

- Creating the knowledge base
- Ensuring availability
- Giving people skills to use knowledge effectively
- Developing a knowledge sharing culture

Barriers to Knowledge Management

- Organizational culture
- Lack of ownership
- Information and communications technology
- Non-standardised procedures
- Organizational structures
- Top management commitment
- Rewards and recognition
- Staff turnover

Success factors

- Highlighting the need that people in the organisation People and their understanding of their business processes are critical.
- Think big but plan and deliver small manageable pieces that contribute to and build on wider vision i.e. bit size.
- Senior level customer buy-in and visible leadership is crucial.
- Gather a team of talented and committed staff sharing a common vision. It is important that the organisation does not see the KM agenda as one person but develop a strategy that links in existing steering groups within the organisation to provide the framework to deliver the agenda.
- Use the risk management agenda to get buy in into projects and changes to working practice.
- Emphasize that the benefits resulting from the implementation of KM will be greater than the effort needed to start this process.
- Use Induction as a tool ton devolve KM throughout the organisation with respect of how information is managed and disseminated within the Trust.

Steps to Implementing KM

1. Conduct a knowledge audit - map the organizations information resources
2. Identifying tacit and explicit knowledge
3. Names of people and their roles
4. Documentation current systems and procedures
5. Reality check on what really happens, not what is supposed to happen
6. Identify problems and common complaints
7. Identify key stakeholders
8. The draft mission statement needs to be clear about what you are trying to achieve and why (what is the vision, which are the sponsors, who will benefit?).

If anyone would like any further information, contact me on 01772 522763 or e-mail me at: mandy.Beaumont@lthtr.nhs.uk

Mandy Beaumont
Library Services Manager,
Lancashire Teaching Hospitals NHS Trust

Library Unit. I was responsible for translating the Trust Patient Information Group vision of an information centre into reality and I also manage the centre as well as patient information services for the Trust.

Access to the centre was a high priority when planning the layout of and a number of issues were identified for example the centre is single level unit without steps or stairs, consideration was given to the site of fixtures and fittings , a hearing loop system has been installed and the P.C's are available on height adjustable work stations. The resources and services will be demand led and patients; parents and carers views are actively encouraged to shape the service delivery. Working with stakeholders (both in the Trust and the community) is a very important aspect of the strategic development of the centre and relationships and partnerships are being formed with a range of organisations. Helen Blackburn, Trust Librarian and I meet regularly to exploit opportunities to develop cohesive and services to Trust staff.

The centre is open Monday to Friday 9.30 a.m. to 5.00 p.m.; there is an answerphone and post box for out of hour's enquiries. The centre also acts as a resource for educational purposes and also as a meeting place. In the first 2 months since opening, this multi purpose facility had been visited by almost 650 people, with enquiries ranging from condition and procedure information to the location of the nearest cash machine. The Assistant Information Officer, Andrew Willan and I are looking for to developing and expanding the services in the coming year.

Sheelaugh Greenslade

January 2004: Fixtures and Fittings were installed

End of January: Ready and waiting!

Report on the Study Day at the King's Fund Library on Quality Information for Social Care

On the 23rd February 2004, the King's Fund Library hosted a study day on "Quality Information for Social Care". The aims of the day were to provide an overview of social care policy, give an insight into issues affecting the quality of social care information and highlight resources available in social care information.

The day lived up to all our expectations and met the aims it set out to meet. Finding resources available for accessing information in social care is something that as the boundaries between health and social care provision begins to blur is of interest to us all.

The study day was of particular interest to the authors who, from April 2003 to March 2004, worked on a Lancashire-wide clinical enquiry service project in mental health and learning disability. The project findings illustrated the close interaction between health and social care professionals in these disciplines, and the need to provide both groups with information relevant to their common field and to their specific professions. Speakers and delegates at the study day highlighted the barriers to accessing information, namely lack of IT equipment, lack of basic IT and information retrieval skills, and the sparsity of social care resources. This was confirmed locally by the findings from the Lancashire project.

Information Systems to be interoperable

Roger Lund from the National Knowledge Service highlighted the lack of coordination of knowledge and the need to pull knowledge sources together nationally as the Department of Health is now looking at health and social care as a whole. By doing so the access and delivery systems used to provide information would be improved. Roger discussed the concept of common knowledge cores providing one set of information but presented in different ways to different recipients. The elements of the National Knowledge Service would have the aim of information systems being interoperable.

Roger summarised what progress had been made in the last financial year:

In terms of technology, interoperability standards had been developed with the National Knowledge infrastructure. Athens access management was now standard for all staff across the NHS. NHS Direct Online, nhs.uk, and the Moderisation Agency were now co-hosted by one provider.

In terms of content, 5 NSF specialist libraries and 3 new knowledge services (depression, public health and ante-natal screening) had been developed. The Drug Information Zone for the Medicines Information Service had been funded in an attempt to mobilise knowledge

He set out what could be achieved in the forthcoming year: namely to investigate the feasibility of integrating NeLH and eLSC, and to facilitate searching across both systems.

It was acknowledged that a single taxonomy system for social care would need to be developed.

AgeInfo freely accessible

Diane Gwynne-Smith from the Social Care Institute for Excellence (SCIE) focused on the development of the electronic Library for Social Care (eLSC).

The electronic Library for Social Care is going forward in separate phases:

Phase 1 is a review of the infrastructure, looking at making the resource more user friendly, particularly in view of its wide client group i.e. researchers, practitioners and service users. Diane agreed with Roger of the need to make the body of knowledge accessible with a common taxonomy using a topic approach.

Phase 2 would look at establishing a definitive gateway to social care by identifying other content providers and commissioning new content. She proposed a wider partnership working, with those NeLH specialist libraries which have a social care element.

SCIE are to make AgeInfo freely accessible in the near future, and it is planned to integrate this with CareData.

Diane reiterated the need for Internet and Research skills to be developed and as a consequence of these skills gaps, a skills building area would be provided on their website.

SCIE will be funded by the Department of Health for a further three years.

Use ChildData not just ERIC and PsycInfo

Alan Gomersal from the Centre for Evidence Based Policy and Practice spoke on finding the evidence in the social sciences. Alan spoke of the information contained on the organisation's website – www.evidencenetwork.org

Alan described its contents, which included 44 – 45 databases and gateways to information. He urged delegates to use a variety of databases when searching social care literature, not just ERIC and PsycInfo. He listed the Web of Knowledge, and Sociological and Psychological Abstracts as Research databases. He reminded people of the relevance of Practice databases such as CareData, Planex, Accomplice and CommunityWise. He listed Research and Practice databases such as AgeInfo, ChildData, Sigle, Assia, Criminal Justice Abstracts and Inside Web. Unfortunately, the British Library have now pulled out of Sigle (Selective Information of Grey Literature in Europe).

The website also has an Associates list of 500 members. He invited librarians to join.
As one of the roles of the Centre is to provide training seminars and workshops, Alan described the attributes of the various databases & literature searching in some detail.

He compared systematic reviews with narrative reviews, and although he admitted that systematic reviews were seen as the 'gold standard', in his experience he felt they were not read by practitioners. He felt that narrative reviews were more accessible, quicker to produce, and more relevant to the practitioner, + although not always accepted by many academics. This comparison prompted some challenges from the delegates!

He concluded by stating that his aim would be to encourage database suppliers to merge their content, to facilitate improved coverage when searching the social care literature.

Be Evidence Based in Social Care

Following Alan was **Alice Mosely from the Centre for Evidence Based Social Services** who spoke on increasing access to social care research.

Alice listed what she felt were practitioner friendly social care websites and these were www.whatworksforchildren.org.uk plus two research sites, Research in Practice www.rip.org.uk & Research Mindedness www.resmind.swap.as.uk. She also included the occupational therapy trials site www.otseeker.com.

She illustrated their own "Be Evidence Based" site at www.Be-Evidence-Based.com as this presented original pieces of primary research. The site has practice relevant topics and includes training tutorials in the skills section.

The Centre's main functions are to disseminate activities and to train staff in locating and appraising research, so that staff understand the material they retrieve. A number of reports, all of which are downloadable, are made available on the site. The reports include two large scale studies on access to IT provision for social care staff.

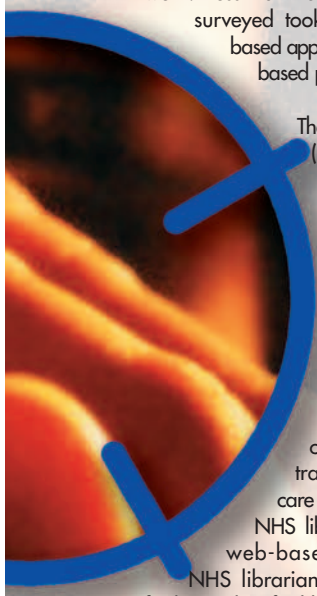
Alice felt that access to Athens was essential for social care staff. Athens is currently available to social care staff in Scotland.

10 Social Care "Briefings"

Following lunch and a chance to have a guided tour of the King's Fund library, **Andrew Booth and Helen Bouchier from Scharr** spoke on meeting the information and training needs of the social care workforce.

Andrew described three initiatives from Scharr which sought to achieve this.

The Social Care Information Outreach Project set out to identify the information skills training needed for social care practitioners across Trent. Results demonstrated that budgets and politics dictated services provided rather than research evidence. Social care was perceived as a difficult area to apply research, given the practical nature of the work. Less than 20% of the sample surveyed took a literature – based approach to evidence based practice.



The SCISTER project (Social Care Information Skills & Training in Electronic Resource) developed a three pronged approach to evidence based practice courses. Three courses offered training: for social care practitioners; for NHS librarians; and a web-based course for NHS librarians. The project findings identified both the need to provide information for practitioners, and information for management.

The third initiative was to provide outputs in the form of a series of social care 'Briefings', funded by SCIE. Ten 'briefings' have so far been produced. Briefings are compiled by an equal ratio of academics and practitioners, acknowledged as 'experts' in the field, and these briefings are funded to continue for a further 12 months.

Workshops

The second part of the afternoon consisted of **2 workshops, Finding the Evidence led by Alan Gomersal, and Appraising the Evidence led by Alice Mossley and Annie Ellis.**

Whilst Finding the Evidence built on the excellent presentation given by Alan Gomersal it was weighted more heavily on the poor resources and would perhaps have been more beneficial if it had concentrated on quality resources.

Although Appraising the Evidence was described as a workshop session, it was in practice, a further presentation, with little time for delegate participation. It was a very succinct summary of qualitative versus quantitative research methods, using scenarios in social care. This was followed by highlighting the points to note when deciding which papers to request from a literature search i.e. relevance; quality of the abstract; appropriateness of the research design; and the trustworthiness of the research. Each of these points were explored further. Following this critical appraisal component, the remainder of the presentation covered a variety of research issues such as a reminder of the hierarchy of evidence, and bias.

A developing knowledge base in Social Care

Overall, the message of the day was that information provision and retrieval in the social care field is several steps behind the health information field in producing, finding and using information to inform practice. Social care practitioners are hampered by a lack of IT infrastructure and both a lack of basic IT and information retrieval skills.

However, what was heartening to learn from this study day was that quality information in social care is being produced and is becoming more widely available. Issues such as a common taxonomy, a common knowledge core, and the provision of information skills training are all being addressed and this is something which we, as librarians, will benefit from.

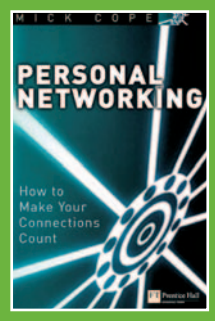
Presentations from this study day are available on the Information for the Management of Healthcare website at www.ifmh.org.uk/studydays.html

Liz Stitt
Library Services Manager, Calderstones NHS Trust

Norma Blackburn
Library Services Manager, Blackpool, Fylde & Wyre Hospitals NHS Trust

Coffee and a chat?

Many of us know that networking is an important part of our job and sometimes feel that we are sales people rather than librarians. Day one of the NeLH's recent DLnet residential (3-4 March 2004) helped us put that concept into perspective and gave us hints and tips on how to 'do' networking effectively, based on our own personal styles.
Mick Cope gave us an insight into how to build and sustain professional relationships which will benefit us personally, professionally and as a service. The following is a summary of the day with extracts from his book, 'Personal Networking.'[1]



Managing investments wisely to optimize return.
'Social capital' is all about developing mutually beneficial professional relationships to promote co-operation.
Some tips in building social capital:

- Ensure that you get the best from the relationship
- Don't create connections with negative people
- Recognise that some relationships will need time to grow
- Identify those people who have a clear sense of purpose and try to connect with them

'If you want to grow social capital that has value and will achieve success you cannot keep drinking coffee with people for fun.'

This all sounds a bit merciless but there are some valuable tips that can help us all in our professional lives to build useful relationships with colleagues.

Mick identified four social styles and we were invited to find out which one was our own. Knowing your own personal style and learning how to interpret the personal style of others in your network gives you a useful strategy for dealing with new situations, making decisions or resolving conflicts.

PERSONAL STYLE	CHARACTERISTICS	WHAT TO DO IF YOU MEET ONE
ROCK	Pleasant, steadfast, strong personal values, willingness to help others. Slow to adapt to change, may be perceived as stubborn.	Be flexible, respect their values, give them the opportunity to talk about their views. Show interest by asking questions.
STAR	Optimistic, friendly, possibly extrovert, good at selling their ideas. May be inconsistent, lacking in objectivity, disorganised.	Value their enthusiasm, give them lots of information, "accept that what they say doesn't make sense – but understand that it is the right thing for them."
SAGE	Precise, conscientious, ability to appraise things and draw strong conclusions, objective. Can be seen as cold or aloof, may not trust the views of others, may be slow to accept change.	Be factual and objective, give them time to express their views, let them appraise the situation and come to a decision based on the facts.
JUDGE	Very effective at getting things done. Can be very persuasive through the use of logical energy, solid facts and powerful argument.	Be precise in your principles and objectives. Explain your decision and the rationale behind it. Be aware they may talk first and think later.

Of course, you're not going to walk into a room and find that people are wearing large colour-coded badges stating that they are a 'star' or a 'rock' (as we did), but it does help to know what characteristics to look for in people – and how to get the best out of the situation by using this knowledge. Try it next time you want to ask for a favour – or a pay rise (and let me know if it works!)

Debra Thornton

REFERENCES

1 Mick Cope (2003), Personal Networking, Edinburgh: Pearson Education

National Electronic Library for Health (NELH) Workshop for Primary Care Librarians

22nd-23rd January 2004, Birmingham

This workshop brought together librarians with a remit to provide services for primary care staff together with those interested in improving services to primary care.

It was organised and led by staff from the NELH. They have identified primary care librarians as key change agents in promoting uptake and use of NELH. The purpose of the workshop was to develop understanding and appreciation of what NELH needs from librarians, what primary care librarians need from NELH and what NELH can do to respond.

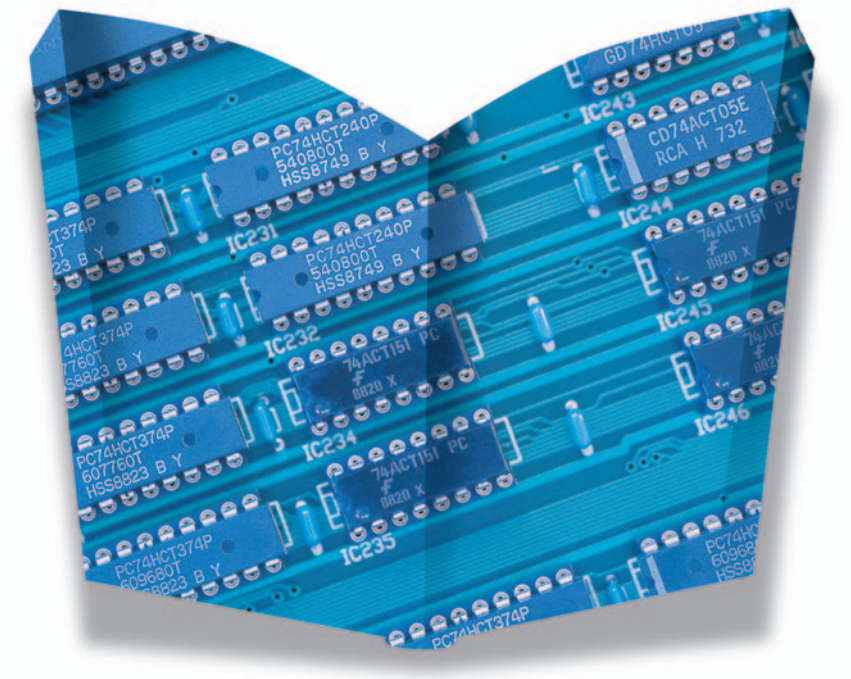
The workshop began with Sue Lacey-Bryant presenting the findings of a survey of primary care librarians which was part of the NELH Outreach Librarian Support and Development Project. This revealed a current picture of fragmented and diverse job roles and models of service delivery together with professional isolation experienced by some librarians working in or for primary care. There are also several barriers to developing the teaching/-training role of librarians in primary care:

- Lack of recurrently funded posts to provide stability for developing teaching programmes
- Poor connectivity of PCs to the internet in primary care settings
- Low priority/lack of time given to IT and information skills among primary care staff

However, there is a great deal of commitment and enthusiasm among participants and primary care librarians towards overcoming these barriers.

This presentation provided the basis for small group discussions of what participants felt were the key barriers to the successful implementation of innovative developments like NELH and the role of outreach librarians. Currently the structure of outreach librarian posts, whether based in PCT, Secondary Care Trust or WDC are around short-term contracts. It is unlikely that the role will be effective in the long term without more recurrent funding for posts to provide an effective organisational structure.

Particular problems with promoting NELH were connectivity in general practices and the need to improve the search engine. Work to rectify this is on-going. Muir Grey outlined the wider plans for integrating NELH with NKS (National Knowledge Service) to offer improved decision support for patients and staff. Decision support systems integrate evidence with clinical conditions within the consultation. The aim is for all "knowledge products" to conform to common standards of quality and document management. NELH will be transformed into NLH (National Library for Health) in the near future to integrate with National Core Content, Electronic Library for Social Care and the National Knowledge Service.



The workshop included several informative presentations from practicing outreach librarians describing their experiences of setting up and delivering services to primary care staff. The key messages from this were:

- the importance of having strong professional networks and back-up from a library and information service (LIS), either PCT, Trust or University based
- the need for people in this role to have a wide range of skills both professional and managerial, including the ability to influence others

The second day involved a review of current NELH marketing activity together with a session working through a variety of scenarios in groups around overcoming barriers in primary care. Important themes which emerged were the need to identify all primary care staff, not just GPs (health service managers, health visitors, practice nurses, community-based PAMS, practice managers) and to invest time getting to know their needs and ways of working. Find "champions" who have influence over those you wish to influence either by virtue of their authority or charisma and target them.

The workshop was very well delivered and stimulated a great deal of networking. For those who would like more information all the presentations and information on how to network further are available at:

www.nelh.nhs.uk/dlnet/primarycare/default.asp

The development and expansion of LIS in primary care is overdue as primary care has long been the poor relation in the NHS in terms of access to high quality support services. However, the success of NELH and other electronic services reflective of the re-modelling of LIS on the basis of electronic access ultimately depends on building relationships and continuity of access with support from skilled professionals who can provide back-up in the shape of specialist subject knowledge, training, advice and support to facilitate and enable the embedding of NELH.

Rosalind McNally

You got a problem?... You got a problem?... Apply some creativity

On the 2nd and 3rd March, the LIHNN/HCLU Residential event took place at The Ramada Hotel, Blackrod, Bolton. Blackrod, not to be confused with Blackrod, the functionary of the Palace of Westminster. Hardly compatible, illogical even, you might say – town and a person – but therein are the opportunities for exercising creativity. Neil Foley writes about the proceedings of this year's course, Problem-solving and Creative Thinking.

This two-day residential, led by Deborah Dalley, sought to convey the message that creativity can be applied to problem-solving. At every turn there are opportunities to solve problems - and thereby contribute to the economy, health economy or otherwise - identify users' information needs; setting up new information services; developing marketing strategies; designing document templates; reviewing policies and procedures; or devising training workshops. The list could go on, as I'm sure you appreciate.

An appropriate starting point was answering a few questions to determine whether a person was inclined to be creative or analytical in their thinking, after which the following table was presented to highlight the difference in approaches:

ANALYTICAL THINKING	CREATIVE THINKING
Select the best approach	Generate different approaches
Directional: Moves only if there is a direction in which to move	Unfocused: Moves in order to generate a direction
Judgemental: Evaluates the feasibility of ideas	Non-judgemental: Suspends judgement
Sequential: Moves forward in logical steps	Non- sequential: Jumps around
Focuses on what is relevant	Irrelevant: Happy to play around with irrelevant ideas
Familiar: Follows the most likely path	Unfamiliar: Explores the least likely paths
Destination-orientated: Expects to come up with an answer	Exploratory: Not compelled to come up with an answer

Variously, some people were wholly creative and most people, on the day, had a mix of creative and analytical. Given that lateral thinking is an essential skill in information seeking, it is perhaps not surprising that the majority of peoples' results scored higher on the creative side. Deborah encouraged the use of lateral thinking. Indeed, books on display for viewing at break times included publications by the celebrated originator of lateral thinking, Edward de Bono.

Left and Right Brain

We were asked to draw a tree – not so difficult. However, if we were right-handed, we were asked to draw the tree with our left hand and vice-versa. As expected, the results were of variable quality. If we didn't already know it, this simple exercise reminded us that the brain is split into two halves - left and right-hand, each processing information differently.
Physiotherapists advise some patients to use tennis balls as an integral part of exercises. Similarly, when reading textual documents, *Men's Health* recommend squeezing a tennis ball in your right-hand, in the process stimulating the left-side of your brain. Alternatively, if you're reading instructions with diagrams, squeeze the tennis ball in your left-hand, conversely, when the right-side of your brain will be stimulated. (See table: Left and Right Brain).

LEFT BRAIN	RIGHT BRAIN
Linear	Spatial
Verbal	Visual
Analysis	Perception
Evaluation	Creativity
One solution	Many solutions

May I suggest that you test this out. If you're right-handed and you normally pick up the telephone with your left hand and write notes with your right hand, reverse the process – i.e Pick up the phone receiver with your right hand and listen with your right ear. Of course, that may well present the problem of not being able to write (legible) notes with your left hand. For the purposes of this test, perhaps it would be best to keep the subject of the conversation to something that is relatively straight forward and therefore easily remembered. Oh! - to be ambidextrous, as were some of the attendees on the course. Alternatively, regarding the same subject / problem, for one telephone conversation use one ear and for another conversation, use the other ear. Keep notes and compare the results. And if you're Captain Kirk of the U.S.S. Enterprise, try using your *final frontier.* "That's illogical, Captain." It might be illogical but it's creative.

Brainstorming

One method of generating ideas on a given subject / problem is that of brainstorming. Although an individual can brainstorm on their own, it generally works better in groups. The rules are fairly straight forward:

- Everything should be written down
- Ideas should never be criticised or evaluated
- Quantity is more important than quality

The important point is that ideas should be free-flowing. As it's freewheeling in character, the temptation to stop and think should be resisted. Just *go with the flow.* Do not stop to ask: How are we going to do that ? Critical or analytical thinking can follow later. Stopping to think at this stage ebbs the flow of ideas and, rather like laughter, the generation of ideas can be infectious. Naturally, the willingness of any one person people to contribute creative / illogical / outlandish ideas can reflect the degree to which that person is comfortable within that particular group. On a positive note, the greater the diversity of ideas whipped-up tends to avoid the inhibiting effect of group- think. On the point of personality mix, it was interesting to note that, for some of the exercises, Deborah purposefully directed us where to sit. Some people might have felt discomforted by changing seating arrangements, preferring the *comfort zone* of the familiar but it was an important element to demonstrate the dynamism of different personalities working together.
Incidentally, another approach for which the same rules as brainstorming apply is that of Random Associations. Paradoxically, it is a technique that is used by psychoanalysts; a fusion of creative and analytical.

As mentioned, the complement to creative is analytical. Expansive thinking, such as was exercised with brainstorming, may be contrasted with the focused, analytical thinking required for the exercise entitled *Unscrambling the Bank Accounts.* This exercise called for deduction and was certainly one instance when an eye for detail came to the fore. Some people struggled with this whilst others glided through it swan-like. This contrast in capacity may be not so

much a reflection of intelligence, rather, it perhaps highlights differences in preferred learning styles. Those wishing to develop their analytical thinking skills were encouraged to seek out logic puzzle books.

Sensory Stimulation

Creativity may be stimulated by heightening ALL FIVE senses – hearing, sight, touch, taste and smell. For example, eat food you've never eaten before, visit a country you've never visited before, change your perfume / aftershave, wear clothes of different cloth, decorate your home in a radically different colour scheme, strike up a conversation with a stranger or read a newspaper you've never read, join an organisation as a volunteer, try a different TV/ radio station or learn to play a musical instrument. There's a whole world out there! One step could be the beginning of a progressive series of steps. As they say, *The journey of a thousand miles begins with the first step*. Incidentally, journeying and finding new physical routes develops new neural pathways in the brain, avoiding auto-pilot mode.

On the specific point of sight, Deborah drew everybody's attention to pithy words promoted by the Department of Trade & Industry:

Look where everyone else is looking
See what no one else is seeing
Do what no one else is doing

Regarding hearing, some people stimulate creativity by having music playing in the background whilst thinking. But that doesn't suit everybody.

Problem Checklist

Notwithstanding the benefits of venturing beyond the *comfort zone,* at other points during the two days, relative stability within established groups supported the development of a rapport, facilitating the discussion of a personal problem area. In this context, each group was asked to address a problem presented by one member of the group, applying the structure provided by the Problem Checklist. (See Problem Checklist).

Problem Diagnosis

One method discussed relating to problem diagnosis was that of Force Field Analysis (FFA). In terms of attempting to affect a change, Deborah explained FFA in terms of two sets of forces – those which drive the change and those which restrain it. The stronger of the two will determine the outcome.
Essentially, in applying FFA, there a few stages:

- Decide upon the situation that you wish to change and describe the current situation.
- Looking to the future, describe how the future appears to you and how you would like it to be. In other words, apply visualisation.
- Having performed the descriptive element, you then have to identify the separate driving forces which will encourage and those which will restrain the change.
- Systematically, assess the character of each of the forces, taking into account their relative strength / weakness. Do you have any control over any of the factors? Alternatively, are you able to influence any of the factors?

Reviewing the picture to date, in transit between the current situation and your visualised condition, you will now need either to add more driving forces / remove restraining forces, or possibly perform both. The stronger likelihood of success, apparently, comes with focusing attention on the restraining factors. Therefore, develop action plans to remove those factors. Implement the action plans and evaluate.

In terms of evaluation, Deborah suggested the following method:

- Listing possible solutions
- Ranking solutions according to importance – (i.e. numbered scale: 5= Extremely important, 4 = very important and so on). If working in a group, total up the number of points allocated per person to each idea. The idea(s) with the highest score should be considered worthy of implementation.

PROBLEM CHECKLIST

Select one member of your team to own the problem and then use the following checklist to better understand their problem.

1. DEFINE THE PROBLEM
Write a one sentence headline defining the problem.

2. BACKGROUND
Describe:
- What the present situation is
- How the problem has occurred

3. WHY IS THERE A PROBLEM
Describe:
- Why it is a problem to you
- Why it should be solved

4. HISTORY
Explain:
What has been tried to solve the problem in the past
Why did this not work
What else has been thought of
Why it has not been tried
Why it would not work
Who else is in a similar situation
What have they done to address the problem

Conclusion

Although this two-day residential, entitled *Problem-solving and Creative Thinking*, was targeted at Assistant / Deputy Librarians, most, if not all, of the content could be applied by any member of the library staff – and should be. Indeed, the methods could be applied to any situations which present problems, whether in your library, in your personal life – or wherever. In a recent edition of *Men's Health* it was reported that a survey of more than 1000 managers had found that *innovation and creativity… the most important qualities for surviving in the working world.*

To lift an innovative thought from the level of a creative idea into a practical reality, subjecting the idea to critical analysis, is generally a good idea. For optimum performance therefore, not least in terms of time, hybridity is the key word. Being able to switch from analytical to creative mode as different types of problems present themselves is the ideal situation. Deborah said that it is "…a matter of recognising the differences (between creative thinking and analytical thinking) in order to be able to use both effectively." As Meryl Streep once said in an interview with Barry Norman, *One must have bread and one must have wine.*

If a person experiences a relative imbalance between the two approaches – creative and analytical – Deborah suggested that effort should be concentrated on applying appropriate methods to raise the performance of the weaker of the two, with a view to achieving the two working in concert.
Perhaps the same could be said in developing beyond one's preferred learning styles.

Certainly, variety is the spice of life.Purposefully exposing oneself to new experiences increases the likelihood of being to relate to a broader range of people, from all walks of life. Essentially, preparation for enhanced networking – particularly applicable if you find yourself in a rut. Anyone for tennis?..... Remember that you are limited only by your imagination and that creative thoughts don't have to be logical. My apologies to any aficionados of *Star Trek*.

Labelling Creative as C and Analytical as A, to maximise thinking, ideally, it is not so much C or A but rather C and A - or maybe even C&A – which reminds me, I need to do some clothes shopping. Yet another example of creative / lateral / illogical connections.

The event was facilitated by Training Consultant, Deborah Dalley.
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References

Men's Health. Have your best year ever, Jan 2004, pp.82-87.

SALFORD & TRAFFORD'S GRADUATE TRAINEE
James Allen

As Salford and Trafford's graduate trainee librarian, I have had a fascinating year so far. I started in this role last September with only brief library experience at the Manchester School of Physiotherapy, which along with my background as a geographer and historian, had whet my appetite for more work in the field of libraries, archives and information.

Without really knowing what to expect, I jumped at the chance of this graduate trainee role: a job I wanted to do, with prospects for further study and career development, and without hours of commuting everyday. So far I've worked in three of the five library and information services I'm covering in the year, but already I have seen, learnt and experienced a huge range of work – far more, I expect, than I could have in a university or public library, even as a graduate trainee. In addition to the usual library tasks of classifying, cataloguing, covering, labelling, shelving, tidying, straightening and loaning books, I have become an expert in literature searching, and a whole host of other aspects of modern library work. I have developed and arranged material for library intranet pages, and been involved in the publicity and marketing of library services, by producing posters, newsletters, and flyers, undertaking a user survey, and promoting the ADITUS website and services. I have represented the Library services at Trust meetings, and at Salford PCT welcomed John Hutton, Minister of State for Health, to officially open the Library and Resource Service. In addition to the usual library environments, I have worked for the health promotion unit, based within the library at Salford PCT, which introduced new types of user, information and services, and I will also be spending time at the Medicines Information unit at Hope Hospital.

So what have I learnt from all this work? The role of the library and librarian in the NHS is to ensure that everyone involved in health and social care has convenient access to information to ensure they can deliver care efficiently and effectively. With the huge number of journals available online, clinical databases and electronic Tables of Contents, it should be easier than ever for people to keep up to date with the enormous volume of new information that is constantly produced – the job of the Library service is to encourage this to happen. It's not all about journals and e-resources of course, but this best demonstrates the most pertinent observation I can make: the importance of communication between libraries.

There already is communication in many forms: meetings of patch groups, with University libraries, of Greater Manchester libraries, of PCT libraries, for example, as well as the LIHNN email list, and the underused ADITUS virtual-communities. For longer term changes and developments this is fine, but I think there should be more dialogue on everyday issues: how to do user surveys, discussing the best way to arrange and manage interlibrary loans, how to deal with missing books and users, for example, not to mention how to get the most out of the ever-increasing range of electronic resources - every library service has its own way of doing these things. The variety of methods I have seen to deal with these and other issues,

Stained glass window in the Chapel of St Catharine's College, Cambridge. From www.caths.cam.ac.uk

John Hutton

and the duplication of thought, effort and time spent on the same things highlights to me simple changes which can be made to improve efficiency. Even sharing posters, leaflets, helpsheets and training materials can be hugely beneficial, can be done instantly by email, and can help to create a shared identity for libraries. In Salford and Trafford, for example, we are beginning to promote a single library service, rather than several separate libraries, by using leaflets and posters as well as planning events to encourage use from particular groups who do not use the library as much as they should.

Now that my year is coming to an end, what am I doing next? In September I'll be starting the MA in Library and Information Management at Manchester Metropolitan University and, dependent on money, I should be finished by the end of Summer 2005. Funding for postgraduate students in this field comes mainly from the Arts and Humanities Research Board, but as the name suggests competition is against all the other students in the arts and humanities (I have applied to them before to fund an MA in history without any success, so fingers crossed please.) If the AHRB is unforthcoming again, then I may be able to get a smaller sum of money from the University itself, and I'll also be looking for a part time job.

Now for the question that everyone asks me: do I want to stay in the NHS when I've qualified? The diplomatic answer is 'probably, yes.' Without much experience of any other kind of library though, it's difficult to be certain. I do think that the personal service that can be offered in a smaller library environment can make it more fun, and a busy student-orientated library seems to make for an enjoyable working day, whereas I would be worried about getting stuck in a rut of shelving books in a huge University library or similar. But that's just my pre-conceived opinion, so in fact the true answer should be 'probably, but I'm open to persuasion.'

The good news then, is that my experience hasn't put me off wanting to work in libraries (another common question!) In fact, the year has been more varied and interesting than I expected, so I'm more certain than I was twelve months ago. What attracts me is the mixture of the traditional aspects of the library profession together with the rapid development of new, electronic information management techniques, and the potential to use my a wide range of skills to assist others and promote education and learning. We should all think of the three patron saints of Libraries: Jerome, Lawrence and particularly Catharine of Alexandria whose skill, language and devotion allowed her to spread knowledge and wisdom to those around her.

Finally, while I have the opportunity, I'd like to say that this year will hopefully have an immense impact and provide a massive headstart for my future career, so thanks to those people whose idea it was to have a graduate trainee. And thanks to everyone i have worked with over the year, at Salford PCT, Trafford Healthcare, Bolton, Salford and Trafford Mental Health, Salford Royal Hospitals and Medicines Information at Hope Hospital.