Interim

scottish health information network

Inside this Issue

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Interim is the newsletter of the ***Scottish Health Information Network (SHINE)***

Chair's Report

Partnerships

The NHSScotland elibrary, launched last October, has already made a significant contribution to the health information resources available to all NHS staff in Scotland. As LIS professionals, I believe it is important for us to ensure the best possible access to evidence based health information resources to all healthcare personnel throughout their careers from training to retirement. As many professionals contributing to the NHS in Scotland work cross-sectorally, this inevitably means we need to provide equitable library and information resources in partnership with a variety of other organisations.

Very soon after the launch of the elibrary, SHINE established a Partnership Subgroup, jointly chaired by Ann Wales of North Glasgow University Hospitals Trust and Isla Imrie of Grampian Primary Care Trust. An appeal for volunteers to participate in the work of this group has been met by an enthusiastic response from over 25 SHINE members and has already become the largest working group of SHINE. The inaugural meeting of the group was held on 16th January where presentations were made on partnership initiatives between the NHS, higher education (HE) and the voluntary sector. Copies of these presentations are available on the SHINE website.

A further meeting to which all NHSScotland Librarians were invited was organised jointly by the Scottish Council for Postgraduate Medical and Dental Education and SHINE and took place at Stirling Royal Infirmary on 28th January. The purpose of this meeting was to bring librarians up to date with the new Special Health Board for Education and the position of the Library Adviser post within this; to discuss the implementation of the NHSScotland elibrary; and possible future co-operation between NHS and HE library and information services. A report of this meeting has been prepared by Malcolm Dobson and appears on page 8 of this issue of *Interim*.

Minutes of both meetings are available from Ann Wales.

Following on from the successful meetings in January, the SHINE Partnership Subgroup has been liaising with the SCURL Health Group to organise a joint NHS/HE meeting to be held at the end of April or beginning of May. Representatives from the two sectors will be devising action plans for a range of issues concerned with NHS/HE partnerships, including ground rules, authentication systems, joint purchasing and LIS partnership models. It is to be hoped that the designate NHSScotland Library Adviser will be able to attend this first joint meeting on NHS/HE partnership working.

SHINE AGM

This year's Annual General Meeting of SHINE will take place on Thursday 25th April at Glasgow Royal Infirmary. The morning session preceding the AGM will include presentations on the value of keeping statistics in LIS work by Pam Prior of the Regional Librarians Group and Allan Finn of Ovid Technologies. There will also be short presentations from the chairs of SHINE's new working groups for publications, statistics and partnerships. I look forward to meeting as many of you as possible at this event.

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Demand and satisfaction with sources of consumer health information in Scotland: a survey

This article aims to identify levels of demand and satisfaction with sources of consumer health information (CHI) amongst respondents of a questionnaire sent to 100 members of the Health Promotion Library Scotland. The article reveals the findings of the questionnaire, and concludes that many respondents are receiving the CHI they need. The results show that libraries and information services were the most heavily used source, and the Internet the second most heavily used source, followed by doctors and other health professionals. Amongst these sources, the highest levels of satisfaction were with libraries and information services, followed by doctors and other health professionals. The lowest levels of satisfaction were with the Internet. The article also identifies areas for further research.

Introduction

This article is based on a dissertation submitted as part of the BSc Library and Information Studies distance learning course at the University of Wales, Aberystwyth[1]. The aims of the dissertation were to identify sources of consumer health information (CHI) in Scotland, and to discover demand and satisfaction with these sources. The second aim was achieved by sending a questionnaire to 100 members of the Health Promotion Library Scotland. The library is a national, free health information resource available to everyone living or working in Scotland. The library is part of the Health Education Board for Scotland (HEBS). HEBS is the national health promotion agency for Scotland.

This article describes the questionnaire methodology, then reveals the findings of the questionnaire. The article concludes with a summary of the findings and identifies areas for further research.

CHI can mean different things to different people. For the purposes of the dissertation and this article, CHI is defined as:

> *Verbal, pictorial or written communication on any medical or health related subject which is targeted to meet the needs and interests of the general public*[2]

This definition recognises that both healthy and ill people may require CHI. This includes health professionals, who may obtain CHI on behalf of the public.

Methodology

Approval was gained from the Librarian at the Health Promotion Library Scotland to send questionnaires to 100 recipients of the library's bi-monthly bulletin. The bulletin is a list of recent books and journal articles on health promotion catalogued and indexed by the library. The questionnaire was piloted with seven people. The categories assigned to the questions were chosen after consulting other surveys in this area. Tick boxes were used in the questionnaire to help reduce the possibility of ambiguous results.

The questionnaires were sent to people in each of Scotland's 15 health board areas. The number sent to each area was proportionate to its population. 64 questionnaires were returned. It should be noted that some respondents did not answer all the questions, and some respondents gave more than one answer to some questions. Non-responses were excluded from the analysis.

Questionnaire results

Analysis of responses to each question are shown in the following tables:

Table 1: Question 1. When was the last time you needed health information?

Within the last month	40 (64%)
Within the last six months	11 (17%)
Within the last year	4 (6%)
More than a year ago	1 (2%)
Never	7 (11%)
Total	**63 (100%)**

Two respondents gave details of why they did not obtain health information the last time they needed it:

- Unable to access.
- Part of the info. I looked for (baby allergy to bananas) was too specific – I just found general allergy stuff.

Table 2: Question 2. Did you obtain health information the last time you needed it?

Yes	55 (93%)
No	4 (7%)
Total	**59 (100%)**

Table 3: Question 3. Which source(s) did you use the last time you needed health information?

Library or information service	38 (35%)
Internet	29 (27%)
Doctor or other health professional	18 (17%)
Newspaper or magazine	8 (7%)
Friends, colleagues or family	7 (7%)
Pharmacist	3 (3%)
Television or radio	2 (2%)
Other	2 (2%)
Total	**107 (100%)**

Many respondents used a variety of sources to obtain this information. Table 3 shows that the most heavily used sources were library or information services (35%), the Internet (27%) and doctors or other health professionals (17%). It should be noted that the number of respondents who selected library or information services may be influenced by the fact that respondents were selected from the library's bulletin mailing list.

Three respondents gave details of sources they used to obtain health information other than those detailed above:

- Health promotion information resource centre.
- Survey.
- I think I absorb information from so many sources – it's happening all the time – especially through my place of work: health promotion.

Table 4: Question 4. To what extent did the information from the source(s) meet your needs?

	Fully	**Partially**	**Not at all**
Library or information service	24 (60%)	15 (38%)	1 (2%)
Internet	12 (43%)	16 (57%)	0
Doctor or other health professional	9 (47%)	9 (47%)	1 (5%)
Newspaper or magazine	0	10 (100%)	0
Friends, colleagues or family	1 (14%)	6 (86%)	0
Pharmacist	3 (60%)	1 (20%)	1 (20%)
Television or radio	0	5 (100%)	0
Other	2 (100%)	0	0

This questionnaire showed the highest level of user satisfaction with libraries and information services. Table 4 shows that 24 out of 40 respondents stated they were fully satisfied with the information they received.

Seven respondents gave details of some inadequacies they experienced in how the health information they received met their needs:

- Again many leaflets etc. not suitable for learning disabled.
- Not enough time from doctor – felt that consultation was rushed.
- Information was adequate, but would have preferred more user friendly, simple information for my client.
- Very little information on the importance of handwashing.
- Agenda bias – e.g. trying to get both sides of the story on vaccination from the medical profession was optimistic – the doctor was uninformed about cons.
- Lack of time for fuller examination.
- Not always knowing what I want to know or what information is available.

Table 5: Question 5. What was the purpose of the information?

To inform about a healthier lifestyle	23 (35%)
To inform about a medical treatment or condition	35 (54%)
Other	7 (11%)
Total	**65 (100%)**

Nine respondents gave details of the purpose of the health information they received:

- High school project for examination submission.
- Nurse education.
- To follow up ideas about how to persuade people to wash their hands after using the toilet.
- Research purposes.
- Working with children.
- To inform consultation on government policy.
- As an O/H specialist I use the Internet a great deal to access up to date information for employees. The main focus of my job is health promotion therefore the Web is an extremely useful tool.
- I take an active interest in my health and that of my family & acknowledge my responsibility to inform myself. The internet is especially valuable.
- To keep up to date.

Table 6: Question 6. How easy was it to obtain this information?

Easy	24 (45%)
Quite Easy	28 (51%)
Quite Difficult	2 (4%)
Difficult	0
Total	**55 (100%)**

Table 6 shows that nearly all of the respondents (96%) stated that they found it easy or quite easy to obtain this information.

Four respondents commented on some inadequacies and experiences of obtaining health information:

- Books not in library and no note of who had taken them out as our library is a self recorded record not the librarian.
- Particularly poor information available for learning disabled clients.
- The booklet I asked for was not held in Stirling, and I had to phone Edinburgh. I then had to write details of my requirements and send them. However, I did get what I needed after this.
- Plenty of info out there – quality variable.

Conclusion

Geographical location appears to have no effect on the use and satisfaction of health information as the findings were reflected across all health board areas.

The results of the questionnaire show that there is great demand for CHI with most respondents stating they needed health information within the last month, and almost all respondents obtaining the health information they needed. Respondents obtained CHI from a variety of sources including health professionals, libraries or information services, the media, pharmacists, friends, colleagues and family. The results show that libraries and information services are the most heavily used source, and the Internet the second most heavily used source.

Readers should be reminded here that respondents were selected from a library mailing list and were therefore already library users.

Over half of the respondents stated they required health information to inform about a medical condition or treatment. The remaining respondents indicated they needed health information to inform about a healthier lifestyle, or other purposes. Almost all respondents stated they found it easy or quite easy to obtain this information.

The questionnaire also revealed the highest levels of satisfaction were with CHI obtained from library and information services. The high level of use of, and comparatively low level of satisfaction with the Internet as a source of CHI is significant, and further research is required to discover why this may be. However, it is possible that respondents may have high expectations from the Internet as a source of CHI, believing it will return the quality information they are looking for. This may not always be the case. Also, as this questionnaire was sent to library users, many of which are health professionals, more research is required in this area aimed at the general public.

References

1 Gray, P. K. *The provision of consumer health information in Scotland: a dissertation submitted in partial fulfilment of the BSc degree in Library and Information Studies*. Aberystwyth: Department of Information and Library Studies, University of Wales, Aberystwyth, 2001.

2 MacDougall, J. *Well read: developing consumer health information in Ireland*. Wexford: Library Association of Ireland, 1998; p14.

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Web Resources

Where do you find a mother explaining the implications of a hysterectomy to a daughter with learning disabilities, a woman who knows she is dying of cancer but whose husband (a hospital porter) does not because his wife had asked the doctor not to say anything, and a receptionist who does not want to face the possibility that he has testicular cancer?

Perhaps in a hospital near you, but certainly in Holby City Hospital, the fictional setting for the BBC's Casualty and Holby City drama series.

I am sure there are opportunities in programmes like this to educate, as well as opportunities to cause panic. Imagine the possibilities for patient education afforded by the testicular cancer storyline, or the concern which might ensue if one of the programmes had a child with possible adverse reactions to the MMR vaccine. Imagine too the possibilities for exploring wider issues (as these programmes do) – patient-professional communication, when to treat, the image of the health professional….

With this in mind, here are some sites which explore health issues from a fictional perspective.

Holby City and Casualty share a website at http://www.bbc.co.uk/casualty/. There are updates from both programmes, an archive of stories, and a rather light-hearted interactive operating theatre. There is also wallpaper (an infection control issue, I would imagine…!) and the chance to send e-postcards to people as health-soap-obsessed as me.

ER. I have mentioned this before (charging! clear!), but as a new series is due to appear on old fashioned terrestrial television very shortly, I thought I would mention it again. Visit http://www2.warnerbros.com/ertv/home.html for a 3D tour of the set, an episode

archive and the usual e-postcards. A grey on black site, though, in Netscape, so a little difficult to navigate.

East Enders. Not a health programme, but it does have a doctor in it and it has tackled health issues – teenage pregnancy and euthanasia being two relatively recent ones. Visit http://www.bbc.co.uk/eastenders/

Now, some sites which explore health issues in the news - real news, stories, debate and speculation, rather than fictional!

The Guardian. I rarely read any other paper, so have to recommend http://www.guardian.co.uk/. The paper's weekly column written by a junior doctor pulls no punches – search the site for the articles (series title: Bedside stories, author Michael Foxton).

Other newspapers are of course available. I have just discovered **thepaperboy.com**, at http://www.thepaperboy.com, which links to newspaper sites worldwide. You can search by country or by town/city. It found the (Aberdeen) Press and Journal, and a paper in Dijon too (planned holiday destination!)

For health related news from a health professional perspective, try **Nursing Times** (http://www.nursingtimes.net), **Nursing Standard** (http://www.nursing-standard.co.uk), or **Health Service Journal** (available through the NeLH at http://www.nelh.nhs.uk/management/ - free registration required to access the news pages). The **BMJ** has a daily summary of news stories appearing in the UK press, at http://bmj.com/uknews/.

The **National Electronic Library for Health** picks up on a current media story under "Hitting the headlines", and deconstructs it. The NHS CRD systematically look at the evidence behind the headline. Visit http://www.nelh.nhs.uk – the beginnings of the story is on the home page. There is an archive at http://www.nelh.nhs.uk/hth/archive.asp.

There is also health management news as part of the Health Management Virtual Branch Library, at http://www.nelh.nhs.uk/management/news.asp.

Finally, the **BBC** had a "Your NHS" day on 20th February. At the time of writing, there is a record of some of what happened in the coverage and debates, at http://news.bbc.co.uk/hi/english/static/in_depth/uk/2002/yournhs/ (there is an underscore between "in" and "depth").

All sites were visited on 22nd February 2002.

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Forthcoming Conference

Calling all Health Professionals

MND Study Day – Practical Approaches to MND Management
Thursday 13th June
West Park Centre 9.30 - 3.45 £30

For full programme contact Mairi Hughes at Scottish Motor Neurone Disease Association 76 Firhill Road Glasgow G20 7BA Tel 0141 945 1077 Fax 0141 945 2578 e-mail: info@scotmnd.sol.co.uk web: www.scotmnd.org.uk

NHS Scotland Librarians' Meeting

Stirling – 28th January 2002

This meeting was, I felt, rather a mixed bag - I suppose most meeting are like that, with some elements relevant to one's own situation and some not. However, this went beyond that, and the afternoon section seemed aimed at one specific sector in the NHS, whose concerns weren't shared by everyone. More of that later.

The other underlying theme of the meeting was communication and the importance of effective channels. This came up both in the 'informal' networking element and in the 'formal' element.

NHS Education Board

The meeting opened with Graham Buckley outlining the scope and remit of the new NHS Education Board, which comes into being on April 1st. He stressed that it would cover all NHS staff, ensuring that staff are 'fit for the job' and that the NHS has a flexible workforce. It would offer support for individual staff, including bursaries for staff development, and develop the educational infrastructure, including the eLibrary. The fact that the new Board will cover all NHS staff and not just the clinical / medical / nursing staff will be a major development; it's about time that the rest of us were brought into the NHS family, instead of being the poor relations. However, I hope that in attempting to cater for such a wide range of needs it doesn't spread itself too thin (ever the optimist, me). This risk will be lessened by the fact that, unlike the English 'NHS University', it won't be running it's own courses, but tapping into the expertise of other providers who can run appropriate training supported by the Board.

eLibrary

The meeting then split into groups to discuss the experiences people had had in implementing the eLibrary - what worked well locally, what problems there were, and what we would like to see to enhance implementation or use.

From the feedback, the general feeling was that implementation had gone reasonably well. However, there were issues relating to publicity materials (not enough posters; the credit cards - a good idea, but difficult to write on and not enough space to write the password clearly, especially given the mixture of upper & lowercase characters); passwords; the list of full-text journals; and the focus on clinical / medical material. Action points for development focused on more training for librarians - in the administrative functions, and in teaching and training skills, sorting out IT issues, and expanding the coverage.

Perhaps the most important issue was communication between OVID and librarians, which was felt to be a major problem. Did OVID consider us to be a single customer, & therefore prefer to send information to a single co-ordinator (which we don't have at the moment), or should they send information to us all? Did they send information (e.g. on new developments, or changes to access) out at all, or expect us to find it on their website? What do they expect of us, and what do we expect of them, and will the two expectations meet? At the moment we are too dependent on picking up information during conversations with colleagues, or relying on colleagues learning something as a result of a direct query with OVID, and then passing it on. Recent examples of this are information on administration passwords; the definitive list of full-text journals, which wasn't circulated initially; and the problem of Lancet (and others), which was full text at the beginning and then suddenly ceased. I discovered, after checking with OVID, that this was due to problems with the agreement with the publisher. Unfortunately this information hadn't been

passed on to us, so I was happily telling people they could get full-text access when they couldn't - not very good for one's credibility!

That dealt with communication in the formal aspect of the meeting; the importance of the informal 'networking' (AKA 'gossip') aspect was underlined when somebody in my group mentioned that the post of library adviser had been advertised the previous week in the Guardian, and that there were no plans to advertise in the Scottish press.

The afternoon's session was, frankly, a waste of time as far as I was concerned (and I don't think I was alone in that). The issues discussed seemed to relate to those situations where the HE sector was running a library service in, or for, NHS institutions. This discussion would surely have been better at a meeting specifically for librarians working within that context, rather than at a meeting for all NHS librarians (which might, surely, have excluded some people working in health libraries but not NHS staff). The two discussion points my group had had very little connection with my position, & therefore there was little I could contribute (or learn).

There are clearly developing sub-groups within SHINE. Sometimes we share concerns and can learn from the experiences of people in other sectors, but equally there is an argument for holding sub-group meetings, either independently where there is a specific issue to discuss, or as part of a whole-day meeting where each group can discuss a general issue from their specific perspective, with a final session where we can exchange information.

Malcolm Dobson
Lanarkshire Health Board

Introduction to Guideline Methodology Course

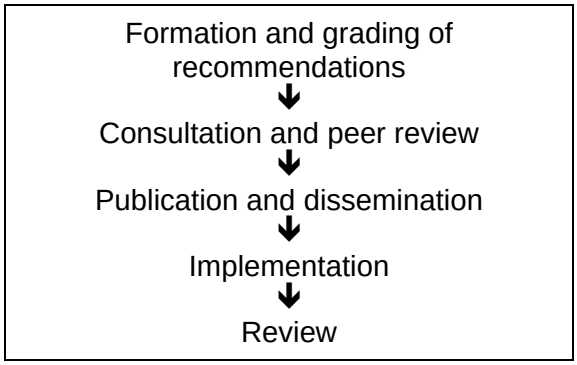
Robin Harbour and his team at Scottish Inter-collegiate Guidelines Network (SIGN) held a day course for librarians at the Royal College of Physicians of Edinburgh on 11th February, explaining what SIGN do, with a particular focus on the library and information side of their work.

Moray Nairn kicked the day off with an in depth look at SIGN as an organisation, before explaining the stages that the guideline development teams go through right up through dissemination to the review process.

SIGN were set up in 1993 to support the development of national clinical guidelines. Their role in the process is not to develop the guideline itself, but to co-ordinate, support and facilitate the guideline development groups, which consist of and are led by a multi-disciplinary team of experts (nurses, professions allied to medicine, consultants, GP's etc). Guidelines are developed according to specific SIGN standards to ensure a high quality guideline that is relevant to health professionals in Scotland. SIGN then publish and distribute the guidelines to Clinical Effectiveness Co-ordinators within each Trust, who have responsibility for ensuring that guidelines reach the relevant professionals in their Trust.

The SIGN Guideline Development Process

Selection of Guideline Topics
↓
Composition of the Guideline Development Group
↓
Systematic literature review
↓



Although SIGN do not write the guideline themselves they provide a great deal of support to development teams by undertaking the systematic literature reviews. Duncan Service gave us an insight into the SIGN systematic review process. Obviously the review starts in much the same way as any literature search, by focussing the question. Each guideline may pose more than one question that requires its own systematic review. The Arthritis Guideline for example asked 13 key questions, each of which required a detailed systematic review. They start by identifying any existing guidelines in the area (this helps eliminate duplication of work). Then searches are undertaken on Cochrane, Medline, Embase, Need (the NHS Economic Evaluation Database) and additional optional searches may be undertaken on Allied and Alternative Medicine, CINHAL, Healthstar, Mantis and Pascal, among others. References are also identified through the guideline development group members, who may know of key papers in the clinical area which are not found by the literature search because of flaws in the database indexing systems or due to the age of the paper causing it to be eliminated by the search strategy. Interestingly they do not undertake manual searches, unless specifically indicated by the subject material.

Abstracts are then reviewed by the Information Team and a number are excluded to ensure a reasonable level of specificity (the applicability of the paper to the question being asked). Francesca Chappell explained the selection / exclusion process.

Key to evidence statements and grades of recommendations

Levels of evidence

1++	High quality meta-analyses, systematic reviews of Randomised Controlled Trials (RCTs), *or* RCTs with a very low risk of bias
1+	Well-conducted meta-analyses, systematic reviews, *or* RCTs with a low risk of bias
1-	Meta-analyses, systematic reviews, *or* RCTs with a high risk of bias
2++	High quality systematic reviews of case control or cohort or studies. High quality case control or cohort studies with a very low risk of confounding or bias and a high probability that the relationship is causal
2+	Well-conducted case control or cohort studies with a low risk of confounding or bias and a moderate probability that the relationship is causal
2-	Case control or cohort studies with a high risk of confounding or bias and a significant risk that the relationship is not causal
3	Non-analytic studies, e.g. case reports, case series
4	Expert opinion

Grades of recommendation

A	At least one meta-analysis, systematic review, or RCT rated as 1++, and directly applicable to the target population; *or* A body of evidence consisting principally of studies rated as 1+, directly applicable to the target population, and demonstrating overall consistency of results

B A body of evidence including studies rated as 2++, directly applicable to the target population, and demonstrating overall consistency of results; *or*
Extrapolated evidence from studies rated as 1++ or 1+

C A body of evidence including studies rated as 2+, directly applicable to the target population and demonstrating overall consistency of results; *or*
Extrapolated evidence from studies rated as 2++

D Evidence level 3 or 4; *or*
Extrapolated evidence from studies rated as 2+

SIGN literature searches concentrate on finding first level evidence where it is available. This means concentrating on meta-analysis, systematic reviews and where neither of these is available, randomised controlled trials (RCTs). Although in some specialties RCTs are difficult to carry out and evidence is more likely to come from observational studies. This helps the Information Team eliminate the poorer quality evidence from searches immediately, by restricting searches to the types of articles mentioned above. Once as much good quality evidence is gathered as possible the Information Officer responsible for the search will sift through the abstracts manually, eliminating those that are obviously not relevant to the original question posed using specific methodological and clinical criteria. The abstracts are re-sifted by the guideline development team to create a final list of articles to be sourced. Once this has been done each article remaining will be critically appraised twice, to help eliminate bias and to provide a "level of evidence" grade.

Evidence then has to be turned into recommendations, and Robin Harbour led us through a practical exercise on this in the afternoon. This was the most enjoyable and challenging part of the day. We were given a number of abstracts and a table summarising the critical appraisal of the papers and were asked to make some recommendations based on the evidence. I found the exercise quite challenging because I'm not a medical expert, and I think this was reflected by the rest of the group. However, we were all quite able to look at the possible sources of bias in the articles included in the exercise, and eventually came out with a recommendation.

In his summing up speech Robin Harbour asked the librarians present if they would assist any of their clientele who are members of SIGN guideline development groups as much as possible, particularly by providing photocopies of any articles available from their own stock.

Cathy Smith
Information Officer
Fife NHS Board

Second Public Health & Health Promotion Librarians' Meeting

Friday 8th March 2002
MRC Social and Public Health Sciences Unit, Glasgow.

NHS in Scotland e-library

The meeting started with a general discussion about core public health journals. It was suggested that maybe OVID could pull together a "core collection for public health" in the same way there is currently a core collection for nursing. It was noted that OVID is biomedically orientated with little current scope to cater for public health information needs.

The elibrary, because it is paid for centrally, ought to cover all NHS subject areas and should offer more public health journals. If public health creates a demand for public health electronic journals OVID should negotiate to obtain them. There are other subscription agents such as Swets Blackwell, EBSCO and Rowe-com who may be more ideally

placed to provide electronic journals to the public health market. For example NHS Glasgow libraries are currently having a 6 month trial of certain full text databases from EBSCO, covering a wider subject area than OVID's holdings.

The group came up with a list of core public health journals. These were then prioritised and will be sent (by Malcolm Dobson) to Mary Lakie, Graham Buckley (SCPMDE) and the new NHS Library Advisor (when appointed). The group also agreed that 2 databases (HMIC and ASSIA) and one e-book (Oxford Textbook of Public Health) should also be added to the public health priority list.

Public Health Networks

Malcolm Dobson asked if anyone had any experience of public heath networks, particularly cross-sectoral ones. Fife has a Health Intelligence Network which meets quarterly and includes the NHS and local authority staff. Ayrshire and Arran is just in the process of setting up the Ayrshire Research and Intelligence Group which includes the NHS, local authorities and police.

The National Electronic Library for Public Health was mentioned. Although it is an English initiative it was wondered whether there would be any potential in linking into this initiative and adding a Scottish flavour. The idea of linking into the PHIS website was also discussed to enable Scottish resources and Scottish networking.

The group felt there would be benefits from closer networking in the future through a mailing list or website. SHINE, JISCmail and Yahoo groups were all mentioned as possibilities.

UK Research Support Libraries

Mary Robins mentioned that she had been at an MRC conference. They are going to put together a Union List of MRC held journals. She commented that the UK Research Support Libraries Group are looking for submissions for their final report.

SHINE AGM

After the SHINE AGM there will be a meeting entitled OVID Clinical Contents to which everyone is invited. The idea is to discuss full-text journals and books with OVID. It was felt that there should be a public health presence at this meeting. It was suggested that the ability to respond to e.g. consultation papers as a group could be a powerful lobbying tool.

The idea of having a public health representative on the SHINE committee was suggested. Margaret Forrest is already the chair of SHINE and having another public health representative would be useful.

Next Meeting

The next meeting will be on Friday 14th June 2002, hosted by Elspeth Henry in Dundee.

Lynn Easton
Argyll and Clyde NHS Board

Clinical Librarian Conference

15 March 2002
Education Centre, Leicester General Hospital, Leicester

Clinical librarians have been around in the USA since the early 1970s. They are a rare pedigree breed in the UK – a status symbol for a larger hospital perhaps, but are they really best in show? The Clinical Librarian Conference held in Leicester in mid March 2002 managed to attract four librarians from north of the border, two of us, solo librarians in Acute Trust libraries and two more specialised services. Our views of the conference reflect our different roles in the Scottish NHS, therefore I offer opinions based mainly on

how a clinical library service would affect me. The other attendees will no doubt have very different views!
The clinical librarian offers a flexible and reactive service to teams of clinicians, they attend meetings and sometimes ward rounds, they undertake literature / database searching techniques that we are all familiar with, but with rapid response times for a finished product (measured in seconds). Presumably then the Internet connections are somewhat different for a clinical librarian in England compared to most librarians in Scotland trying to access SIGN or Ovid on a Thursday afternoon. Many of the reports given suggested that the clinical library / information services offered were extremely labour intensive, not just in terms of information searching and retrieval but also in time spent in meetings with various clinical teams, despite this there seemed no clear and conclusive proof that there was any measurable benefit. The US speakers offered less in the practicalities of providing a service and more from a marketing / promotional slant – clinical libraries mean we can add value to our profession (go on, impress your friends with the new job title). The first US speaker suggested the way forward was to offer 'humanity', he attends team meetings / morning report as the clinical librarian and offers amongst other services a reminder that we need to remember these are not illnesses but people, he cares. This had me somewhat perplexed, as anyone who has sat in a staff coffee room will know most staff care very much. They care enough to do the job and try and do it well, do they really need a librarian sobbing quietly in the corner of a team de-brief? I do think however, that maybe librarians need more understanding of patient needs. We are very good at our Cinahls and our Medlines, anything slightly 'techy' or clever, what we are not necessarily good at, is finding the patient oriented material for clinicians to then pass on, a recent issue of the BMJ (9 March 2002) was almost entirely devoted to consumer oriented material delivered over the World Wide Web – how much do we use this resource and how good are we at appraising it? I would potentially find some patient interaction highly informative as the chances of meeting patients are very slim (unless they are lost), but I doubt the ward is necessarily the best place for this.

Part of the value of a conference or training day is how much it makes you think later, in which case the conference was very worthwhile. It certainly made me think a great deal and these are the main questions I have come up with:

- **How much value are we adding?**

We like to think of ourselves as exceptionally good at doing our job, we have done the critical appraisal skills, we have done database searching, we have done… you name it. But how good are we at letting the clinicians be good at this? The current trend amongst many of us is to offer training in these skills to our users, when will they ever use this teaching?

- **Are we changing the value of the information we provide with such a service?**

If we take our information skills to the ward or clinical setting and react to situations as they arise, we leave out a significant time period for reflection and analysis on the part of the clinicians. Will this then mean that we jump when they say? Will we produce even more of a flood of material for them to drown under, and if it is in such a huge quantity and at such speed can it really be critically appraised (or even the questions asked be critically appraised)? Does this mean the quality and usefulness of this information goes up or down? Will we produce more and the clinicians use less?

- **Are we changing the quality of the information?**

If we take our information services to the clinical settings does this change the goalposts for us? Can we be expected to really deliver the same high quality material that we already think we do?

This is not just about the lightening reactions of some hot shot clever clogs, it is not even about being placed in a more stressful environment. I wonder if we really can ask the right questions and get the right information from the clinicians when their minds are on the job in hand – are we that skilled in listening and communication to start with?

- **If a Clinical Librarian service is a good and viable service to offer – is this the best way to offer it?**

We were shown various methods of taking the service to the wards. Originally many clinical librarians piled a cart up with laptops, printers etc and took them along to the clinicians. This left me wondering – wards are not the most spacious places and the cluttering up of the space did not seem helpful, if you want to be a clinical librarian because you need to make friends this did not strike me as the way to achieve it. More importantly is it really appropriate for a librarian to be in such a setting – what about patient privacy – most of us have no medical training, do we really want to hear potentially very intimate details? Would the patients want us to hear them? What if a patient arrests in front of us – will we be in the way, would many of us be prepared for this sort of situation?

- **Why would we think of offering this service?**

This I think is the most important question. Are we offering it for the benefit of clinicians or ourselves? Librarians and other information service providers are in the main, highly trained, highly motivated and very able – sometimes, just sometimes we might just feel a tiny bit de-motivated? Here we are highly skilled racehorses sometimes doing donkey-work. Is that reason enough to chase the action and try and glamorise the job? If we feel like this (and most of us do now and then) shouldn't we be looking at offering a smarter service rather than one that is more in-your face, failing that we need to get out there and get a life!

Conclusions

Overall I do not think that a clinical librarian / information service as offered up by this conference is a reality for many of us in small one-person libraries in Scotland. I went along with the initial thought that maybe we are already doing much of this and just don't know it and I think this is possibly true. I also think that there is a potential there to use some of the ideas of working closer to clinicians and being assimilated more into their practice (team briefing perhaps), but I do not think even if we were willing that we are ready to take ourselves off to the wards. I also wonder if we are making the best use of the resources that we already have. If we are too small to undertake this by ourselves (as indeed we are in many hospitals with solo librarian posts) why don't we make more / better use and have more / better understanding of the other Scottish NHS and specialist health libraries within Scotland? Do we actually know what other library and information services offer here – can't we combine at least some of our skills and make the best of what is already offered? Can't this then also be used to promote and support the specialised services and abilities of the librarians already providing the excellent services already in existence – not just within their local setting but also throughout the Scottish NHS?

Clinical librarianship has fundamentally good ideas at its core, the need to work closer and smarter with clinicians is something few of us would quibble with, but I also think we need to work closer with some of our specialist outfits. For my money I think a conference on communication, listening and asking the right questions of the punters would be a better place to start.

Juliet Brown
Sheila Fiskin
Vivien Murchison
Annette Thain

SHINE Publications Subgroup

The following is a list of references currently included on the SHINE Publications database.

James Beaton:

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Wales, A, Young, M., McConnell, M. Glasgow Health Information – presented at Consumer Health Information Conference, Glasgow Caledonian University, October 2001

SHINE Winner of 2001 Research in the Workplace Award

Congratulations go to Annette Thain, Cancer Information Librarian at the Beatson Oncology Centre, North Glasgow University Hospitals NHS Trust who won the 2001 Research in the Workplace Award. Annette's project - which was showcased at the IFM/HLG study day 'First things first' in London recently - is a feasibility study of a cross boundary managed information network to match the needs of the West of Scotland managed clinical network (MCN) for cancer.

Annette's study took the form of an information needs analysis for colorectal cancer. This consisted of a questionnaire and semi-structured interviews with representatives from each staff group, sector and Trust in the network. From these the existing provision for each group was mapped, gaps identified, and options for solutions proposed. Services investigated were:- print resources and lending rights; electronic access to databases, journals, and textbooks; inter-library loans; and patient information. In addition the level of professional services available such as expert searches; current awareness services; training; literature searching and critical appraisal were examined. The final outcome was a proposal for an information service to the West of Scotland Colorectal Cancer Managed Clinical Network, which it is hoped can be used as a model for all Managed Clinical Networks. A copy of Annette's presentation can be found at http://www.york.ac.uk/inst/crd/ifmh/riwa.html

The Research in the Workplace Award is sponsored by the Health Libraries Group, IFM Healthcare, University Medical School Librarians Group and University of Health Sciences Libraries Group, with support from Libraries for Nursing. It aims to encourage and facilitate research activity by health librarians or information specialists, and thereby contribute to the development of evidence-based librarianship. In 2001 a total of year seven applications were received (Midlands - 2; North West - 1; Scotland - 2; South West - 1; Yorkshire - 1).

The following themes, which are worth considering when submitting a research proposal, recurred throughout the applications:-

- clearly defining your research question e.g. what question are you seeking to answer;
- clearly defining your research aims e.g. what are the general aspirations of your project;
- clearly defining your research objectives e.g. what do you intend to do to answer your question;
- structuring your proposal e.g. consider using the headings suggested by the funding body; and
- breaking down the costing included in the proposed budget e.g. staff costs, travel, consumables.

Details of future 'Research in the Workplace Awards' will be disseminated via the main health and library/information jisc mailing lists such as lis-medical, and the web sites of the sponsoring organisations.

Contributing to Interim

Contributions can be sent in either hardcopy, on floppy disc or by email to the editor at the address below.
Files should be .txt; .rtf; or Word97.
If you are sending a Word2000 file please let me know as I need to use a different PC to open it.

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