Editorial

This issue of *Interim* is slightly later than planned. I make no apologies for this as I was waiting for the report from the LA Health Libraries Conference at Exeter earlier this month - and I think it was well worth the wait. Alison Clapham of the NHS in Scotland Development Group Library (aka the MDG Library) won the ASHSL sponsored place this year.

The theme of the conference - evidence based practice - has been picked up by Maureen Thom in her leading article.

There is important news of a review of library provision in the NHS in Scotland as well as the usual who's moved where, etc.

I have taken the step of commissioning three members to write articles for this issue, and I thank them and the other contributors for their efforts.

Contributions for *Interim* are welcome on 3.5" floppy disc as well as in hard copy. I can cope with most popular IBM compatible word-processing packages. Let me know what you have used, and if you're in any doubt, save your file in text format (file extension important - use .txt).

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Contents

A S H S L

Association of Scottish Health Sciences Librarians

Leading Article

Evidence Based Practice - GRASP* the Nettle!

*GRASP = Getting Research Applied to Scottish Practice

Note: The term evidence based practice is used here rather than the more common evidence based medicine to indicate the multidisciplinary nature of the approach.

Health services around the world are under increasing pressure to demonstrate that the care they provide is both clinically and cost effective. All those involved in the provision and purchase of health care must be able to assess the effectiveness and efficiency of clinical interventions so that resources can be used to maximise the health gain of the population and the health improvement and/or quality of life of the individual patient. There is a need for an understanding of the benefits, costs and adverse effects of health care so that appropriate decisions are made about treatment options and expenditure. These decisions ought to be made in the light of the best available evidence.

What is Evidence Based Practice?

There are numerous definitions available in the literature. David Sackett, Director of the Oxford-based Centre for Evidence Based Medicine, and colleagues (1996) describe it as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice ... means integrating individual clinical expertise with the best available external clinical evidence from systematic research". A somewhat broader definition from McKibbon et al is cited by Batstone and Edwards (1996) - "an approach to health care that promotes the collection, interpretation, and integration of valid, important and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgements".

Sounds fairly simple, doesn't it?

You look for the evidence, find it and apply it to the patient. So why isn't everyone doing it? One problem is the sheer volume of "evidence" that is available. Booth (1996) states that between 20,000 and 30,000 biomedical journals and about 17,000 new biomedical books are published each year and that is only the published material. At the November 1995 ASHSL meeting one of the speakers discussed the quantity of research material which is never published for various reasons including research by, or on behalf of, pharmaceutical companies. How much of this volume of material is good, bad or indifferent? What busy clinician can spend the time keeping up to date in a particular field? In addition, many clinicians do not know how to recognise which papers are methodologically valid and clinically relevant.

However, there is help available for the health care professional.

Systematic reviews provide clinical and non-clinical staff with a less onerous route to validated information which may be applied to clinical practice. There is a growing number of schemes/resources from which systematic reviews of relevant publications can be obtained, such as the Cochrane Collaboration and the NHS Centre for Reviews and Dissemination databases, available nationally, as well as local initiatives such as GEARS (Getting Easier Access to Reviews), a database developed by the Institute of Public Health Medicine in the South and West Region. These databases are still in the early stages and their subject coverage can be patchy so they often need to be supplemented by searches of general commercial databases such as MEDLINE, EMBASE, CINAHL and HEALTHPLAN. Secondary research journals such as *Evidence Based Medicine*, the *Journal of Clinical Effectiveness, Bandolier* and the *ACP* (American College of Physicians) *Journal Club* also help to reduce the burden.

So where does the information professional come into this scenario?

Batstone and Edwards (1996) assert that the role of the library and its information staff is crucial to the access to evidence. The library needs to provide access to a **range** of databases to suit clinical needs, not just MEDLINE. Staff also need to be able to search these databases effectively and be able to teach clinicians and others how to retrieve relevant information. Many librarians are becoming pro-active in providing information and seeking out articles on key issues for clinical staff. Hang on, I hear you say, aren't we already doing this? Well, maybe some of you are and, if so, I'm sure the rest of us would be interested in hearing about it, so send contributions to the Editor. But I'm talking about something more than the traditional bibliographic search followed by the provision of requested material. We need to be aware of the pros and cons of individual databases for particular enquiries. We need to be able to formulate and help others formulate search strategies to maximise relevant information retrieval. Why should it end there? Booth (ibid) tells us that "Medical librarians are understandably reticent when it comes to evaluating the information that they provide", but this is not outwith our capabilities. A few ASHSL members have attended critical appraisal skills training where one is shown how to assess systematically the reliability, relevance and results of published papers. Anglia and Oxford Region has attempted to bring all their information professionals up to speed with developments in EBP and critical appraisal, so it can be done.

Needham (1994) provides a list of key activities for library staff in EBP:-

- keeping up to date with concepts of EBP

- drawing the attention of clinicians to the latest systematic reviews

- advising staff on searching techniques

- having critical appraisal skills to assess the strength of evidence from a variety of research approaches

- recognition that "quick and dirty" searches may yield false information

- assist patient/consumer organisations to access data

- pro-active targeted dissemination of appropriate valid information

How can we go about these activities?

I have already mentioned the provision of access to a range of databases, including those of the Cochrane Collaboration and the NHS Centre for Reviews and Dissemination, now brought together under a single "Cochrane Library" on CD-ROM There are also quite a few journals and newsletters available, including some on the Internet, which both provide summaries of review information and research evidence and update the reader on new activities within EBP. There is also a growing number of national and local organisations involved in aspects of EBP, including the production of clinical guidelines and protocols. I have come across two useful publications which list many of these sources:-

APPLEBY, J et al. *Acting on the evidence: a review of clinical effectiveness: sources of information, dissemination and implementation.* Birmingham: National Association of Health Authorities and Trusts, 1995. (Research paper, 17). ISBN 1859470289

BOOTH, A. *The SCHARR guide to EBP (Evidence-Based Practice).* Sheffield: Sheffield Centre for Health and Related Research, 1996. (Occasional paper, 2).

In addition, there is an evidence-based-health discussion list on the JANET Mailbase list-server.

As far as training and personal development is concerned, we should all be looking out for opportunities to enhance our skills and make sure that we are not sidelined in EBP developments. ASHSL provided an introduction to critical appraisal last November and a small number of members was fortunate enough to take part in multidisciplinary critical appraisal skills training. Jane Mackenzie, R&D Information Manager, Chief Scientist Office is organising two study days which will cover training in various research databases and critical appraisal skills. This year's Health Libraries Group conference in early September was devoted to showing how librarians can and do contribute to evidence-based care. If you were unable to take part in either of these events, why not try to arrange local training in research and critical appraisal skills? You could try approaching your local research network co-ordinator to see if there are any forthcoming workshops that you could join. Do you know the name and address of the research network co-ordinator? If not, contact Jane Mackenzie on 0131 244 2215.

I would be interested in hearing from colleagues about their involvement in EBP and would be willing to put together a regular column in Interim if people wanted to send me contributions.

Maureen Thom, NHS in Scotland Development Group (aka Management Development Group or Scottish Health Service Centre or the Development Group)

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BATSTONE, G and EDWARDS, M. Professional roles in promoting evidence-based practice. *British Journal of Healthcare Management* 2(3) March 1996 144-147.

BOOTH, A. In search of the evidence: informing effective practice. *Journal of Clinical Effectiveness* 1(1) 1996 25-9.

NEEDHAM, G. A GRiPPing yarn - getting research into practice: a case study. *Health Libraries Review* 11 1994 269-279.

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Research reports

The INTERNET and nurses in remote areas - Improving access to information

A project led by Robert Gordon University, Aberdeen, is investigating the potential of the Internet and other networked information sources to meet the information needs of community nursing staff working in the Western Isles. The project is funded jointly by the Scottish Library and Information Council and the National Board for Nursing, Midwifery and Health Visiting for Scotland. This is a multidisciplinary project involving a community nurse working in the Western Isles, information professionals in the Highlands and Islands, as well as staff at the School of Nursing and the School of Information and Media, the Robert Gordon University. The difficulties nursing staff face in accessing information with regard to clinical updating, professional development and evidence based practice, are enhanced for nurses working in remote areas such as the Western Isles, where library resources are distant and colleagues geographically dispersed. Therefore the ultimate aim of this project is to improve access to information resources for community nurses, midwives and health visitors working in the Western Isles.

Information needs

The first part of this project, involving a survey of the information needs and IT experience of community nursing staff in the Western Isles, has recently been completed. Preliminary findings indicate that IT is used very rarely to search for information (only about 6% of respondents have used a CD ROM to search for information in their job). There appears to be little awareness of, and access to, information resources such as MEDLINE, CINAHL and the Cochrane database. Distance from the Western Isles Hospital Library, a lack of locally based information resources, and a lack of knowledge about what information is available were problems frequently expressed by respondents in relation to accessing information. The large majority of respondents (about 73%) believe that increased and quicker access to information in their job is very important.

Potential information resources

The next stage of the project involves a series of workshops held throughout the Western Isles for community nursing staff. These workshops will include Internet demonstrations and "hands-on" practical sessions allowing nursing staff to explore and evaluate sources of information on the Internet. The workshops will also provide the opportunity to explore how on-line discussion groups can improve contact and communication with other nursing professionals in the UK and world-wide. Following on from the workshops a cost-benefit analysis of providing access to information via the Internet will be carried out and the technological feasibility assessed. Finally, recommendations for improved information provision will be made.

More information

For further information about this project, please contact:

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E-mail: a.richardson@rgu.ac.uk

Identifying transferable skills through mentoring pairs - progress report

In January, a team of researchers at the Robert Gordon University initiated a project, funded by the British Library which investigates the transferable skills of information professionals in the oil industry and the health science sector.

This project relies on a mentoring methodology whereby respondents are paired up with mentors who either work at a higher level than, or who have different roles from, the respondents.

After a successful run-in period, a suitable number of respondents were identified and matched with mentors. These "learning pairs" meet to discuss their jobs, the skills they use, and undertake work-shadowing of each other.

Currently, the majority of respondents are well into their planned programme of meetings of the project is progressing satisfactorily within the designated time scale.

More information

For further information about this project, please contact:

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Scottish NHS Libraries Review

Over the past few months, the ASHSL committee has been discussing the need for, and the practicalities of, a review of library services to the NHS in Scotland. The Scottish Library and Information Council (SLIC) was approached as they had been involved with reviews of library services in other sectors.

A preliminary meeting took place on 16 August, when Sheila Cannell, ASHSL chair and SLIC representative, and James Beaton, librarian of the Royal College of Physicians and Surgeons of Glasgow and ASHSL committee member, met with Robert Craig of SLIC and Dr Graham Buckley, chairman of the Scottish Council for Postgraduate Medical and Dental Education (SCPMDE). Robert Craig described briefly the role SLIC had taken in the previous reviews and said that the Council was prepared to fund the review and service it. Sheila described to the meeting the concerns that ASHSL had about the unequal provision of library services to employees in the NHS, and the recent series of seminars chaired by Baroness Cumberledge. This had coincided with the increasing interest in evidence-based healthcare. Dr Buckley described his starting point of ensuring high standards for training, and the recent Review of Postgraduate Centre Provision in Scotland. He is concerned to identify what would be a reasonable level of provision and what NHS employees should expect to have available to them.

The practice of previous review groups was then described.

* The majority of the membership should not be librarians

* Visits to libraries have been important to identify good and bad practice

* It may take up to 2 years, with perhaps 6 meetings, with greater activity at the start, when surveys, visits, starter papers and the collection of information are commissioned, and at the end of the period with the writing of the report.

* Individuals may be invited to submit evidence, and people may be called as experts.

* The dissemination of the report - the reports have been launched to an invited audience.

* Reports have been followed up within 5 years to monitor the impact.

Membership of the review group has yet to be finalised, but nominations will be sought from the Scottish Office, universities, the National Board for Nursing Midwifery and Health Visiting for Scotland, health boards, the National Paramedical Advisory Committee, laboratory services, the Institute of Health Services Management, the Scottish Royal Colleges, general practice, and from the Chairmen of Trust Chief Executives in Scotland. There will also be a cross-sectoral representation of librarians.

A further meeting of the preliminary group is scheduled to take place on 26 September to review the membership and to discuss the agenda for the first meeting of the review group which will be on 29 October.

Meeting report

ASHSL SPRING MEETING 26 April 1996

NETWORKING INITIATIVES IN HEALTH

The April meeting held at Stirling Royal Infirmary was a joint one with members of LAITG and covered the theme of Networking. When setting up the meeting the committee did wonder if the differing presentations would gel, but in fact they ran smoothly together taking us through the strategic developments at national level to practical demonstrations of current initiatives, rounding off with a view from the future.

Alan Hyslop of the NHS Management Executive gave us an overview of IM & T as they like to call it at national level, "The right information, to the right place, under the right safeguards and by the right means".

He emphasised that the starting point has been to look at the "business" of the NHS and see where and how IT could be exploited to help improve operational efficiency. For example from a message handling point of view networking could help speed up the 52 million prescriptions, the 2 million referrals and the 10 million GP claims handled each year.

On the information side he gave us a flavour of the NHS WEB directory currently under development which will signpost where particular types of information can be accessed. He also mentioned local initiatives which are underway like the Wirral project to provide GPs with clinical guidelines and patient information which can be printed out at the end of consultations.

Similarly the speakers from British Telecom covered the national picture, dealing with topics such as message handling services, wide-area networks, WEB hosting systems and on-line services. We then had a demo from Alex Lipscombe of BT's HEALTHNET (LIVE!!! brave soul!!). One wondered if there wasn't just a touch of rivalry between the two groups!! but they both emphasised the common themes in NHS IT networking

* to reduce the burden of bureaucracy

* to interconnect using standard equipment

* to improve efficiency

* to provide coherent look and feel.

Next to impress us with his Powerpoint presentation was Kerr Donaldson from HEBS who spoke about Consumer Health Information on the Net and the imminent launch of a HEBS site in October 1996 to provide on-line access to databases, electronic document delivery, dissemination of information about HEBS, news, on-line surveys, and resources to support campaigns.

So look out for them at http://www.hebs.nhs.sco.uk

Bob Stoakes the marketing manager of GPASS (General Practice Administration System for Scotland) took us through its history and development. GPASS is funded by the Scottish Office and has 77% coverage of the market. It has been provided free to GP practices in Scotland and over the last ten years has developed to provide a system

which includes appointment system software, fundholding software etc. They are also promoting links with Health Boards and Trusts in areas such as electronic registration, transmission of test results and waiting list management.

After lunch (delicious and lots to choose from !!) we had an opportunity to view various demonstrations from HEBS, OMNI, OVID and SILVER PLATTER and also the have a natter to far-flung colleagues. (Always an invaluable aspect of ASHSL meetings)

The afternoon session was kicked off by Sue Welsh from OMNI (Organising Medical Networked Information) who gave us a demo of the OMNI site (http://omni.ac.uk). I found this session particularly interesting as I had just obtained my Internet connection the week before, so having seen the amount of information I could access via OMNI I couldn't wait to get back and give it a go.

The day was rounded off by Sheila Webber who provided some thought provoking views on the future. What does on-line mean any more?? Do we know?? Who if anyone has control?? There are fewer professional users; more browsers; larger numbers of providers; more diverse products; and users expectations are changing. She raised a smile among the audience when she went on to talk about SEARCH ENGINES and their development pointing out that people were re-inventing classification and indexing and not necessarily for the better!! She closed by saying that "more On-line meant more people who think they know about it and fewer people who know all about it". Speaking as a NEWBIE to the Internet, I couldn't agree more.

Mhairi Macmillan Ayrshire & Arran Health Board

Conference report

TO BURY OR APPRAISE: SEIZING THE OPPORTUNITY

LA Health Libraries Group Conference, University of Exeter, 6-9 September 1996

This year's Health Libraries Group conference found over 300 delegates meeting in Exeter for a lively, enjoyable and challenging conference focusing on the theme of evidence-based health care. There was a very full programme of lectures and workshops and I can only hope to give a flavour of the conference by highlighting some of the key themes and issues arising from the sessions that I attended.

The Friday night kicked off with two lectures to break us in gently. **Professor Edward Ernst** of Exeter University spoke on the theme of evidence-based complementary medicine, warning that although complementary therapies are practised by around a quarter of the UK population and are usually promoted as natural, safe and effective, there is, in fact, far too little evidence about whether these therapies are safe or whether they work. He reported one study in particular, in which two patient groups were given acupuncture. One group were given traditional acupuncture and the other group were given acupuncture but with the needles being stuck in randomly anywhere. Interestingly, both groups showed

improvement, but there was no difference between the two groups!

Ian Maxted, Devonshire County Local Studies Librarian, demonstrated that there is nothing new under the sun and that doctors have been practising evidence-based medicine since the 18th century. Controversy raged during the 1760s about the cause of Devonshire colic, with the blame being put on too much cider-drinking!! though it's more likely to have been poisoning from the lead used in parts of some cider presses.

On Saturday morning it was down to the serious business of the weekend. The keynote address was given by **Angela Coulter**, Director of the King's Fund, whose theme was *Information to support shared decison-making*. With the publication of the *Patient's Charter* encouraging patient participation, and the very recent launch of the *Patient Partnership Strategy*, a concerted effort to encourage NHS staff to involve patients in discussions about their care, the traditional paternalistic style of medical decision-making is being challenged. Angela addressed a number of objections that have been raised by critics:

♦ patients don't want to make decisions - but studies have shown that most patients do want to participate (especially those under 40 and well educated)

♦ doctors already take patient preferences into account - but again studies have shown that patient preferences are not always understood

♦ too much information can be harmful - but evidence suggests that providing information to patients can reduce anxiety

♦ it's not feasible to provide all relevant information to patients due to lack of time and the expense - but the King's Fund is experimenting with using interactive video packages to encourage patients to find out about the risks and benefits of different treatment options, the experiences of other patients with the same clinical condition and the views of doctors on the available choices

♦ patients will demand too much and the doctor's role will be reduced to a supplier of services - but there is no evidence to suggest that patients will make irrational decisions. Shared decision-making doesn't mean doctors abdicating their responsibilities

Angela concluded that although shared decision-making is very much on the policy agenda, we still need to develop the means to enable it to become a reality.

Maureen Thom reports: While Alison attended the keynote speech and the other morning sessions, I went to a half-day workshop called *Panning for Gold: Evidence Based Medicine for Librarians*. It was run by **Cindy Walker-Dilks** who is Research Librarian at the Health Information Research Unit at McMaster University in Canada. The "gold" in the title refers to the small number of journal articles that the clinician needs to know about to treat a patient with a particular condition and how to find the gold among the vast number of articles published. Cindy described the research approaches to the therapy, diagnosis, aetiology and prognosis of medical conditions and illness and gave

examples of articles using these approaches. She also gave a live demonstration, with worked examples, of how to obtain optimum results when searching MEDLINE for each of the research types, for review articles and meta-analyses, and guidelines. I have sent an E-Mail to Cindy asking if I can photocopy the workbook we received for ASHSL members. I haven't yet had a reply but if you would be interested, let me know. I should have heard by the time you read this.

Back to Alison: The second presentation that I attended was one of the highlights of the conference programme. The two speakers, **Dr Rod Taylor** and **Dr Kieran Sweeney**, both currently working in Exeter, but also both Scots, gave a very lively presentation on the barriers to implementing evidence-based medicine in primary care. They discussed first of all the nature of general practice which involves so much more than just clinical decision-making, and much of which cannot be addressed by EBM. Even for those decisions which can be approached scientifically, there are practical barriers to be overcome - most GPs see at least 125 patients a week which means an awful lot of decisions to be made, and most have to travel at least 10 miles to the nearest medical library. They went on to highlight the contribution that librarians can make and the skills we need to have:

♦ the ability to take GPs' clinical encounters and define answerable questions from them which can then be researched

♦ the ability to train health professionals (starting at undergraduate level) in literature searching and research skills so that they can find the information they need

♦ encourage GPs to use secondary journals such as *Evidence-based Medicine* and the *ACP Journal*.

The conclusion to this presentation is that there is a huge potential market out there in terms of GPs and other primary care staff who need to know about our services and who will welcome any help that we, as librarians, can give them.

Most of the remainder of the day was taken up with a bewildering choice of workshops and parallel sessions - it was hard to choose which ones to attend. Our own ASHSL members were involved in running some of these sessions. **Jenni Campbell** and **Rosie Ilett** spoke about the work of the Centre for Women's Health in Glasgow, a unique project with a women-centred approach to evidence-based health care. **Jane Farmer** led a workshop on health economics and evidence-based practice, and in a busy day, went on to do a session on the influence of EBM-related skills on library and information research and education. I'm sure that all three would be willing to talk to any ASHSL members who might be interested. Indeed, perhaps they could write up their presentations for the next issue of Interim.

The workshop that I attended was on producing systematic reviews and was led by **Julie Glanville** and colleagues from the NHS Centre for Reviews and Dissemination. As is always the case with workshops, we ran out of time, but we discussed in some detail the stages of the review process and how librarians can be

involved at every stage. The workshop was closely based around CRD report 4 on *Undertaking systematic reviews of research on effectiveness: CRD guidelines for those carrying out or commissioning reviews*. York: Centre for Reviews and Dissemination, 1996.

In the afternoon I attended a series of 3 short presentations: **Sally Hernando** from the Wellcome Centre for Medical Science spoke about promoting evidence-based practice for nurses; **Maggie Ashcroft** from Instant Library talked about library services for physiotherapists; and **Gabby Fennessy** from the Royal College of Nursing discussed the role of information in promoting clinical effectiveness. The key points to come out of the session were that specialist practitioners, such as physiotherapists, need access to specialist guidance and sources. Multidisciplinary libraries need to ensure that they have a wide range of sources to meet the needs of all the specialist practitioners. Research has shown that professionals, such as nurses, rely on their colleagues for much of their information, and the challenge for librarians is to become a colleague, not expecting staff necessarily to come to the library, but going out into the wards and becoming a familiar figure that staff will automatically turn to with their information enquiries.

Maureen Thom again: I attended another of the three parallel sessions on offer on Saturday afternoon. **Hilary Jackson**, Librarian for Redbridge Health Care NHS Trust, had us laughing with her talk *Winning Friends and Influencing People: Persuading a Purchaser They Need a Library* or "An Amusing Tale of Purchasing Folk". She described how she was invited by a former reader to help sort out the Library (or rather a scattered collection of assorted books, journals and tons of very grey literature) in the public health department of the neighbouring health authority. After abortive attempts to get the medics to say what was needed and wanted, she gave up on them and worked with the departmental secretaries who were much more willing and better informed. Her attempts have been so successful that the original project is about to turn into a contract for library and information services to the whole health authority.

Hilary was followed by **Andrew Booth**, Head of Information Resources at ScHARR, the School of Health and Related Research, University of Sheffield. His talk, *A Year in the Life: Pitfalls and Pleasures of Conducting a Systematic Review*, was a light-hearted account of the practicalities and potential problems of working as an information professional in the review process. He outlined the ScHARR process - Identify the question; Define the scope; Translate into search terms; Define the search strategy; Filter the literature; Extract the data; Critically appraise it; Synthesise the results; and Disseminate. He gave a few salutary warnings:-

Don't believe what you read

Myth 1 - Reviews are systematic

Myth 2 - Reviews are objective (be wary of hidden agendas)

Myth 3 - Reviews are reproducible

They may be none of these.

Beware the expert

"I know Dr X" (and his stuff is no good/the only thing worth reading)

"You won't find much on the subject of Y"

"I'll just watch while you do a MEDLINE search and pick out the decent articles"

The final speaker of this session was our own **Anne Brice** (former ASHSL Secretary) who is now Assistant Director of the Health Care Libraries Unit, University of Oxford. Anne spoke about the Primary Care Sharing the Evidence (PRISE) Project for which she is acting Project Manager. The aim of the project is to develop a pilot information service to Primary Health Care Teams in order to support the need to find evidence to support high quality patient care. Anne described the scope, approach and proposed products of the project and explained the criteria for selecting practices to become pilot sites. To become involved, the practice (including some dental practices) must fulfil certain criteria: all partners must be in support of the project; all practice staff must be involved; they must be willing to review their current information management practices, evaluate the impact on patient care, and share the results. Some problems have arisen: failed telecommunications and lack of suitable IT equipment within practices, communication problems, unrealistic expectations and people wanting more than the scope specifies have all had to be addressed but the project is getting underway. Anyone wanting more information can view the PRISE Home Page or telephone Anne Brice:

http://wwwlib.jr2.ox.ac.uk/prise/   Tel: 01865 221952

Dorothy Fitzgerald from the McMaster University Health Sciences Library in Canada gave the final plenary talk of the day and she outlined the radical approach taken to medical education at McMaster. The whole programme is focused around problem-based, self-directed, small group learning. There are no lectures or exams and the Library forms the core, central resource. Dorothy went on to discuss the challenges this raises for librarians and how these are being met at McMaster.

Sunday's keynote address was given by **J.A. Muir Gray**, Director of Research & Development in Oxford and Anglia NHS Executive. He gave an enthusiastic presentation looking first of all at some of the reasons why there has been a move towards evidence-based decison-making. He then defined the key steps in an evidence-based approach:

- identify decisions to be made

- produce the evidence

- make the evidence available

- use the evidence (get the research into practice)
  - for individuals (evidence-based clinical practice)
  - for groups / populations (evidence-based public health / evidence-based management)

Muir went on to list some of the barriers to EBHC such as whether the right research is being done, problems of publication bias and inconsistencies of indexing, and the quality of some of the information found. Finally, he listed some solutions:

* need for better research, refereeing and editing

* need for more secondary journals

* need for librarians to develop their core skills of searching, appraising and reviewing, as well as teaching skills

* need for blurring of career boundaries - he would like to see people appointed as librarian-epidemiologist, for example

ASHSL members may like to know that Muir Gray is about to launch a new journal called *Evidence-based Policy and Management* - look out for it.

We then had short presentations on four national initiatives in evidence-based health care. These were given by:

Jane Smith from the National Centre for Clinical Audit. The Centre's aim is to promote good practice in healthcare by promoting multidisciplinary clinical audit. A *Clinical Audit Action Pack* has just been published and a copy should be being sent to all health libraries.

Carol Lefebvre from the UK Cochrane Centre. The UKCC (as opposed to the other UKCC!) and the Cochrane Library aims to deliver "absolutely the best evidence ever".

Julie Glanville from the NHS Centre for Reviews and Dissemination. The CRD aims to produce reviews, databases of reviews and economic evaluation, and disseminate key messages of research to decision makers.

Alison Brettle from the UK Clearing House on Health Outcomes. The UKCHHO is the longest established of the four centres, having been on the go since 1992 and produces a number of publication series, including the *Outcomes Briefing, Outcomes Measurement Reviews* and *Outcomes Measurement Bibliographies.*

Whilst there is, obviously, some overlap in the work of these four organisations, it was helpful to have clarified just exactly who is doing what and where.

Margaret Haines, NHS Library Adviser, had the unenviable task of summing up the key themes of the conference in the final presentation. She concluded that evidence-based practice is:

* for all decision-makers - doctors, nurses, PAMS, managers, patients and librarians

* requires new information sources - like secondary journals

* is not without problems - lack of time, information overload, poor quality indexing etc.

* provides opportunities for library and information professionals - searching & filtering, document delivery, indexing, current awareness, end-user training etc.

* needs to be part of education and training - critical appraisal skills, research methods, Internet navigation etc.

* is an NHS Executive priority - there is a strong commitment to libraries within the NHSE (there has just been a cross-directorate working party on libraries set up), initiatives such as *Promoting Clinical Effectiveness* and the *Patient Partnership Strategy* put the focus on information

* needs national and local information plans

Finally, Margaret would like to see the library as the Centre of Evidence - something we all need to be aiming for.

Accompanying the main programme was an excellent trade exhibition allowing delegates to view the latest products, services and developments. There was also a poster exhibition highlighting the work of a number of organisations and initiatives.

Needless to say, there was also a full social programme with a range of visits and tours organised for the Saturday and Sunday afternoons. The Conference Dinner was an optional black tie and ballgown affair, but I have to say that I only noticed one ballgown! (Although a tiara was spotted on the head of a distinguished member of our profession). Following the wonderful meal and preventing us all from falling asleep having over-indulged somewhat, there was a quiz and a barn dance. Some of the Scottish contingent formed a quiz team but I'm afraid that the *Tattie Scones* could only come second last! However, as we all know, it's not important to know the answers, as long as we know where to find the answers should we want to.

All in all a very successful conference and I should like to thank ASHSL for sponsoring me to attend.

Alison Clapham, NHS in Scotland Development Group

(With thanks to Maureen Thom for her contributions)

Rosie Ilett and **Jenni Campbell** presented an informative and thought provoking seminar entitled *Making the Links for Women.* Keeping to the conference theme of evidence-based health care, Rosie demonstrated how the work of the Centre for Women's Health in Glasgow is based on the evidence concerning women's health statistics. This indicates that women are more concerned about their health than men and that they are interested in gaining better access to health information services.

Jenni, information worker at the Centre, clearly described the information service available to women and the use made of the service. The library service attempts to be both reactive in looking out for information and proactive in researching the unmet needs for information.

The Centre for Women's Health was set up initially as a three year pilot project by Greater Glasgow Health Board, Strathclyde Regional Council and Glasgow District Council with support from the Community and Mental Health Services NHS Trust. I look forward to hearing of the further development of this project beyond this period.

Margaret Forrest, Health Education Board for Scotland

Two presentations were given by lecturers on Library and Information Studies.

Jane Farmer from the Robert Gordon University set the ball rolling on the theme *Evidence Based Practice and Continuous Professional Development - Two Sides of the Same Coin*. She started her presentation by saying that we are living in a time of constant change, and we all need to have a portfolio of "goodies" to offer - the more transferable to different roles and situations the better. We need keep up with change and be at the forefront of it. Through courses, reading research literature and being members of professional committees, we can become evidence-based practitioners and go on to promote the concept of evidence-based practice to others. Professionals in all fields need to have information skills. They have to be able to think critically about the need for information and be made aware of the pitfalls in information gathering and analysis. Medical and health libraries should set up intermediary agencies to supply quality information to health professionals.

There followed a description of a course Jane runs at the Robert Gordon University for management students on information technology and information skills. The participants have a management topic to research for a client at the University. They learn how carry out a in-depth literature search; analyse the information gained using critical appraisal skills and develop their own set of quality criteria; how to synthesise the information and give a presentation.

To cope with the next tidal wave of change, individuals need to become innovators, requiring continuing education. The promotion of the innovation culture is a matter for society as a whole, with cross-fertilisation of ideas from different disciplines. Information professionals can learn from politics, sociology and economics, for example. We need to be out there, doing things. Information professionals are in a unique position. All professions need to follow evidence based practice. Our skills are important.

The next speaker was **Susan Hornby** of the Department of Library and Information Science at the Manchester Metropolitan University. Her paper described the *Information in the Health Service* elective module run as part of the BA and BSc LIS courses. Students draw on knowledge gained elsewhere and are involved in the delivery of the course, which is assessed summatively and formatively. There are 10 taught weeks in the course, 4 of which are led by practitioners in the field, rather than the university lecturers. The balance of the module is made up of student-led assessed seminars.

Attempts have been made to get practitioners involved in the assessment of courses, but there is a reluctance to do this and no real reason has come to light.

Susan concluded by talking about developments she would like to see for the module including a full postgraduate MA, short courses for people in their first jobs, independent postgraduate study, and a named degree.

Dorothy McGinley, Fife Health Board

Experiences of Teleworking

Introduction

For the past 4-5 years I have been working for Crossaig, a company based in Helensburgh, who have a number of contracts to produce databases in a range of subject areas. I am employed as an indexer for EMBase and work from home as a teleworker in Dalgety Bay, Fife. Before that I was an assistant librarian at Lothian College of Nursing, and in a previous lifetime I worked in medical research having studied biological sciences at Glasgow and Aberdeen Universities. This article discusses some issues related to teleworking.

Communication

Good communication is essential in any organisation but it has added importance with remote workers. Failure in this area leaves people feeling isolated, not involved in important decisions and generally out of things. Contact with the office in Helensburgh and other indexers is either by telephone or electronic mail. This system works well and keeps teleworkers up to date with news relating to the company, computer and telecommunications equipment, work availability, and instructions from Elsevier. If there are any problems or questions relating to EMBase these can be relayed to the relevant person in Helensburgh. Usually the matter can be resolved quickly although it may be a problem if one is working out of normal office hours. About every two months I receive a visit from one of the senior staff from Helensburgh. During these times discussions may centre on feedback reports on articles indexed, company developments and new projects. About twice a year there are plenary sessions in Helensburgh for all staff. Taken together these means of communication enable teleworkers to feel involved in what is happening.

Maintenance

Availability of rapid maintenance is essential in any teleworking operation. If faults develop with computers or telecommunications then the worker is unable to do any work. This would also be a problem in an office although it is possible that assistance would be on hand. Obviously, the further one is from the centre of operations the more time is going to be lost, especially if call-outs are required. Often computer problems can be dealt with by phoning the appropriate person in Helensburgh and following their instructions over the telephone. For more serious faults there is a system support disk which allows computer staff to work on remote machines from the office in Helensburgh. A telecommunications fault always needs to be reported to BT. BT do operate a compensation scheme for business users who have been out of action for more than 24 hours. Fortunately, I have had very few major equipment problems over the past four years.

Supervision

This is more of an issue for employers. It is generally difficult to keep track of home-workers, actual hours spent at work, and quality of work produced. On the

other hand it would be undesirable for an employer to become overbearing and adopt a big brother approach. A certain amount of trust needs to be placed in teleworkers but findings suggest that they are at least as productive as their office based counterparts.

Part of my supervision is a matter of self-discipline and regulation. I complete roughly the same number of articles each day in the same amount of time. By now I know what is required to index an article to a standard acceptable to Elsevier. Crossaig needs to know how much work is being done by each indexer and who has indexed a particular article. Every article completed is registered on the Helensburgh computer along with the time of day and the length of time spent indexing. This information is important to ensure that everyone is remunerated correctly and that no one is exceeding his or her quota, thereby taking work away from other indexers. There is a quality control scheme based on a random selection of work completed and this is carried out before indexes are transmitted to Amsterdam. Elsevier also have a similar QC programme. Overall there are sufficient deterrents to producing poor quality work. Apart from personal pride, there is always the possibility that a sloppy piece of work could be detected and consequently jeopardise the contract.

Isolation

Whether or not this is a problem largely depends on individual personality. Perhaps those who raise it as a difficulty are merely reflecting the fact that they themselves would not like to work at home. It is not an issue if one does not mind being in the house all day without contact with one's colleagues. It is worth restating that good communication within an organisation goes a long way to alleviating feelings of isolation. A related issue is that of motivation. Many people find it difficult to start work and succumb to the undeniable distractions around the house, particularly if children are involved. Coming from a research background I have always been used to working on my own initiative without any direct supervision, so I find motivation is not a problem. Added to this is the means of payment which means that if no work were done then there would be no money coming in.

Advantages of teleworking

None of the above concerns presents any major difficulty and I would always accentuate the positive side of this form of working. There are no travel costs in terms of time or money. Contrary to common perception, I find that there are fewer distractions at home. I can complete the allotted work within a shorter time than if I were in an office all day surrounded by other people. This is, of course, dependent on being able to exercise the required level of self-discipline. Work environment is totally within one's own control and it is easy to create a relaxed atmosphere. Also, there are no workplace problems, such as awkward colleagues. Flexible working hours are a major benefit; I have a personal weekly and monthly target number of articles and it does not matter when these are done. Therefore, it is possible to arrange to do other things during the day which would otherwise be difficult to fit into a normal working pattern.

References

Blake, M: Teleworking in the nineties: a look at current views. *Managing Information* 1994 **1** (4) 24-26

Crossan, G & Burton, PF: Teleworking stereotypes: a case study. *Journal of Information Science* 1993 **19** 349-362

Gray, M: BT's Inverness teleworking experiment. *Managing Information* 1994 **1** (4) 39-43

Norman, S: Will telework for us? *Library Association Record* 1993 **95** (2) 90-91

Cathel Kerr

Tee-shirt, Balloons, Red Ribbons - All in a Day's Work

When I was asked to write an article about life in a Health Promotion Department library, I thought I might include some of our more nightmarish scenarios as well as the more normal work.

The year's first nightmare is the time leading up to No Smoking Day in March. Imagine one end of the normally orderly library knee-deep in orders of tee-shirts, baseball caps, posters (some adshell-sized), balloons, pens, all bearing such persuasive slogans as 'It's Time to Stop', 'Pack it in' or 'Kick the Habit'. At the end of the year the scene is repeated for World AIDS Day, only this time the goodies on offer might be red ribbons, beermats, condoms, mugs and more tee-shirts. In between these two big campaigns come Child Safety Week, Defeat Depression Day, Older People's Week, National Asthma Campaign Week ....

Fortunately however, life is not only about campaigns and most of the time we do behave like proper librarians! 'We' are Phil Horne (another ASHSL member) two part-time library assistants and myself.

The Health Promotion Department is part of Lothian Health and its main roles are to provide advice, training, support and resources to anyone carrying out health promotion in Lothian. That is to say that the Health Promotion staff are not the 'hands-on' educators in schools, workplace or community, but rather the facilitators of the process.

The Resource Centre has an important role to play in this as many of the resources are teaching or training materials. They include videos, resource packs, games, models, books and exhibitions. One of the key roles of the Library staff is to advise borrowers on the appropriate resources for their work. It may be a video on drugs for use with a youth club, a pack to use with people with learning disabilities to promote healthy eating, suitable sex education material for primary schools or advice for a company wanting to develop a workplace smoking policy. The stock covers a wider range of subjects than might be expected with many resources on social and environmental issues such as housing, transport and poverty.

Another very important (and time-consuming) part of our work is the distribution of health education leaflets. We carry over one hundred different leaflets, including some in Indian and Chinese languages, and these are distributed to health centres, hospitals, pharmacies and community groups throughout Lothian. Unfortunately, it is the Library staff who have to make up these orders. (I'm sure some of our customers think we have a magic fairy in the basement counting out the leaflets!)

Although the Resource Centre is open to the general public, most of our users tend to be health professionals, teachers, lecturers, community workers and lots of students. Since Edinburgh has many universities and colleges providing health-related courses, we seem to get so many students doing projects that sometimes it's surprising there are any books left on the shelves.

The Library has a small reference collection containing statistics, directories, national and local health reports and a range of journals. However, we would not claim to be a research library in any way. Fortunately Edinburgh has many health libraries to whom we can refer our users for more academic material.

The provision of health information, in particular patient information, is becoming an important part of our work. Since the Patient's Charter affirmed patients' rights to information about their condition and treatment, we have been receiving increasing numbers of requests for information about specific conditions and related support and self-help groups. We have the HEBS health information databases, Patientwise, and a local support groups database which was recently developed for us by a student on placement.

Library staff have at times been involved in helping to develop in-house health education materials such as leaflets, posters and exhibitions. Phil and I have also been asked to provide some input into one of the Department's core training courses 'Designing health education leaflets'. One things this has taught us however is that there is no such thing as a perfect leaflet or poster: colours, type-face, illustrations all seem to be very much a matter of personal taste. Ask six people to comment on a new poster design and you get six different answers!

The Resource Centre is frequently asked to provide information displays for different events. These can range from a high-level conference to an older people's health day at the local community centre. This all adds variety to the work and I think I can speak for all the staff in saying that one of the most enjoyable aspects of work in the Department is that we meet a great variety of people, get all sorts of interesting enquiries and no two days are ever the same.

Sue Mallick Resources Librarian, Lothian Health Promotion Department

A Patient's Library Service

The patients library service in Edinburgh is run by myself (Christine Craig) and an assistant (Winni Baker). Both of us are employees of the City Council. They provide, on an agency basis, library services to patients and staff in four trusts across Edinburgh. The hospitals involved are the Western, Northern, Eastern General and City Hospitals. The situation has not changed despite local government re-organisation.

As a result of the Lothian Acute Services Strategy, the City and Eastern are due to close, the Northern to be rebuilt and the Western to expand - all within the next five years! I am negotiating with other Edinburgh hospitals to provide a library service for them as the City and Eastern situations develop.

The length of stay in hospital is decreasing with a corresponding increase in day-patient treatment, thus there is less need for the traditional library with the emphasis on "nice books" to read. Now is an appropriate time to promote the library service as a resource to patients and staff for health and welfare information. Indeed negotiations are underway with the Western General Hospital NHS Trust and the City of Edinburgh Library Service to provide a computer link to the City Library catalogues and to Capital Information (the Council's public information system), as well as CD facilities for databases such as HEBS and Patientwise.

The patients' library will become a resource centre, providing a professional service to patients and staff. The achievement of these provisions will be an excellent way in which to celebrate 50 years of Edinburgh City Library's service to hospitals.
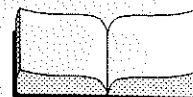
Christine Craig
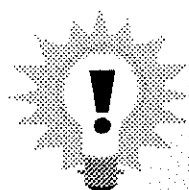
Please help me fill this space!!

Do you have any good ideas you'd like to pass on?

Read any good books lately?

Done any research?

Come across any interesting Internet sites?

Send your contributions to:-

Dorothy McGinley
Librarian
Fife Health Board
Springfield House
CUPAR   KY15 5UP

ASHSL Union List

As most, if not all of you will know, the Scottish Colleges of Nursing & Midwifery are in the process of transferring to higher education. This means that the addresses of some of their associated libraries are changing. Below is a list of addresses known at the time of going to press.

AA/N
The Library
University of Paisley Craigie Campus in Ayr
Beech Grove
AYR
Ayrshire   KA8 0SR
New Phone No 01292 610321

AC/IN
The Library
University of Paisley
Department of Nursing, Midwifery & Health Care
Inverclyde Campus
Larkfield Road
GREENOCK   PA16 0XL

AC/RA
The Library
University of Paisley
Department of Nursing, Midwifery & Health Care
Paisley Campus
Royal Alexandra Hospital
PAISLEY   PA2 9PN

DG/N
The Library
Bell College of Technology
School of Nursing & Midwifery
Crichton Hall
Glencaple Road
DUMFRIES   DG1 4SG

F/N
The Library
University of Dundee
School of Nursing & Midwifery
Fife Campus
Forth Avenue
KIRKCALDY   KY2 5YS

FV/N
The Library
University of Stirling
Forth Valley Campus
Westburn Avenue
FALKIRK   FK1 5ST

GG/EN
The Library
Glasgow Caledonian University
St James Road Campus
110 St James Road
GLASGOW   G4 0PS

GG/NN
The Library
Glasgow Caledonian University
Stobhill Campus
300 Balgrayhill Road
GLASGOW   G21 3UR

H/HS
Highland Health Sciences Library
University of Stirling
Highland Campus
Old Perth Road
INVERNESS   IV2 3FG

L/NN
The Library
Napier University
Comely Bank Campus
13 Crewe Road South
EDINBURGH   EH4 2LD

L/SJ
The Library
Napier University
Livingston Campus
St John's Hospital at Howden
Howden Road West
LIVINGSTON   EH54 6PP
New Phone 01506 422831

L/SN
The Library
Napier University
Caanan Lane Campus
74 Caanan Lane
EDINBURGH   EH10 4BT

LA/N
The Library
Bell College of Technology
Faculty of Health & Social Science
Hartwood Campus
Hartwood Hospital
SHOTTS   ML7 4PE

T/DN
The Library
School of Nursing & Midwifery
University of Dundee
Ninewells
DUNDEE   DD1 9SY

T/PN
The Library
University of Dundee
School of Nursing & Midwifery
Perth Campus
Study Centre
Taymount Terrace
PERTH   PH1 1NX

Duplicate Publications

I have duplicates of a few publications issued by SNAP, CRAG, SIGN etc. for disposal. If anyone would like to have a list of what's available, please contact me by phone on 01334 656200 ext 513, fax 01334 657579, or email dmcginley@fhblib.demon.co.uk for details.

Dorothy McGinley, Fife Health Board

People and Places

Congratulations and and all our good wishes go to **Toni Bunch** who retired from the Scottish Science Library earlier this year, and has been awarded the OBE in the Queen's birthday honours. Toni was a founder member of ASHSLand is now a life member.

Congratulations to **Sheila Cannell** who has been promoted to Head of Division, Medical, Science and Veterinary Libraries at Edinburgh University. **Phil Vaughan** takes over from Sheila as Medical Librarian at the Erskine Medical Library. Phil was previously at Barts Hospital in London.

Congratulations too to **Moira Napper** who took up her new post as information officer at the Health Economics Research Unit, Aberdeen University at the beginning of August. Moira was previously librarian for Grampian Healthcare NHS Trust.

Susan Zylinski, previously at the Lothian College of Health Studies Comely Bank site, is now in charge of the new library at the Edinburgh Royal Hospital for Sick Children.

Hazel Williamson, from Glasgow Royal Infirmary, is setting up the Postgraduate Library in Edinburgh Royal Infirmary and her Glasgow post has been filled by **Ann Wales**. Ann has been working in South-West Thames for three years and is pleased to be back in Scotland.

Caroline Lindsay, who has been an ASHSL member for some years, is now at Lynebank Hospital in Dunfermline.

Angela Hissett is a new ASHSL member who is organising the library at the Ailsa Hospital in Ayr. Some ASHSL members may recall Angela from her time in the Psychiatry Library at the Royal Edinburgh Hospital.

Ljilja Kisic has been appointed as assistant to Alex Earle, Glasgow Western Infirmary, and is running the library at Gartnavel General.

ASHSL also welcomes **Hilary Widdall** from the Scottish Office, **Emily Fotheringham** from Falkirk and District Royal Infirmary and **Nyree Elliott** from the Centre for Reproductive Biology in Edinburgh.

Congratulations to **Anne Boyle**, from the Institute of Occupational Medicine, and Colin Walker who were married on 1 June 1996.

All good wishes for a healthy and happy retirement go to **Tom McClymont** of the Argyll & Clyde College of Nursing & Midwifery, Greenock and **Anna Illingworth** of the Medical Library at Stobhill in Glasgow.

Alexandra Earle from the Medical Library at the Western Infirmary, Glasgow is currently on maternity it. Hope all goes well.

Hazel Williamson, Charlotte Boulnois, Dorothy McGinley

Fortcoming Events

The **ASHSL AGM and Autumn Meeting** will take place on 5 December at the Walton Conference Centre, Southern General Hospital, Glasgow. The theme for the day will be presentation skills. The day's programme and registration details will be sent out in November.

There will be elections for key posts on the committee at the AGM. All members are encouraged to come along and excerise thier right to vote.

ASHSL Library Assistants' Courses

Thanks to everyone who completed the survey on what sort of courses they would like. By far the most popular topic was the **Internet** It is hoped that two one day sessions will be organised in the not too distant future, one in Glasgow and one in Edinburgh. Details will be sent out as soon as possible.

Other popular subjects were **Customer Care** and **Time Management**

The **Community Care Network (Health Libraries Group)** is holding a conference entitled **Partners in Care** at the James Gracie Centre, Birmingham on 1-2 November.

This is the first conference of CCN, which is a group of librarians and information workers involved with services to older people and people with disabilities, and will be an opportunity to meet other people working in this exciting and developing field of librarianship.

There will be papers on Share the Vision, partnerships in health and disability information, the value of reading, and services to older people including the development of projects in day centres.

Speakers will include Sandra Parker, president of the Library Association; Linda Hopkins, Arts and Museums Officer in Gloucestershire; and Rachel van Riel, author of "Opening the Book".

There will also be workshops on equal opportunities, guidelines on services for visually-impaired people, deaf awareness, reminiscence, access for children with disabilities and other topics.

The cost will be £110 (plus VAT). Access code X.

For a full programme and booking form please contact:

Anne Brimlow, Community Care Network, Southend Library, Victoria Avenue, Southend-on-Sea, SS2 6EX

Tel. 01702 612621 : fax. 01702 469241

A S H S L

Association of Scottish Health Sciences Librarians