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Abstract

In May 2004, the University of Leicester's Outreach Library Service for Primary Care and Mental Healthcare NHS staff in Leicestershire and Rutland underwent evaluation based on the HeLicon accreditation criteria. The evaluation was prompted by a desire to support a bid for funding from the Stakeholder Trusts. While based on the HeLicon system of accreditation, the process was unusual as it focused on a service rather than a library, and was carried out after only 1 months preparation. This paper provides an overview of the service, the preparation and the evaluation day itself.

Introduction

In May 2004, the Outreach Library Service for Primary Care and Mental Healthcare NHS Staff across Leicestershire and Rutland underwent evaluation according to the HeLicon accreditation criteria. The Outreach Service operates as part of the University of Leicester's Clinical Sciences Library, which makes this application of the HeLicon criteria unusual since it was applied to the Service, as opposed to the Library. The evaluation was carried out to support a bid for future funding from the stakeholder trusts, and was initiated by the Leicestershire, Northamptonshire and Rutland Workforce Development Confederation.

Overview of the Outreach Service

Isla Kuhn,
Outreach Librarian

The Outreach Library Service has been providing support to the employees of 6 Primary Care Trust, and 1 Mental Healthcare Trust in Leicestershire and Rutland since July 2001. It is an extension of the service provided from the University of Leicester's Clinical Sciences Library which aims to make accessing information as easy as possible for the c.10,000 staff who work in Primary Care and Mental Healthcare.

The main services provided by the Outreach Library Service are:
- Enquiry Answering and Literature Searching;
- Postal document supply of books and journal articles;
- Information Skills Training
    - Using the internet to find high quality health information (generally using NeLH as a base)
    - Literature searching using DIALOG
    - Critical Appraisal Skills
  All training is provided at a time and place to suit the user, on a one-to-one basis or in small groups depending on facilities.
- Current Awareness
    - tailored for the individual or team
    - *Info Injection* – a monthly current awareness bulletin delivered to all registered members focusing on a different topic each edition.

The Service was funded in the first instance by the *Information for Health* Local Implementation Strategy Working Group, and by the Trent Regional Library Unit. The Service was started as a short-term project for 2 years, and is delivered by an Outreach Service Librarian, a Senior Information Assistant, and a part-time Library Assistant. The service takes full advantage of the systems already in place in the Clinical Sciences Library (eg for document supply), and has developed its own strategies to provide new services (eg postal book loans).

Statistics regarding service usage have been collected since its inception, and membership and use of the various services have increased significantly and the number of registrations currently stands at c.1700 (as of June 2004).

Funding and Proposal of Evaluation

Having fulfilled the aims and objectives in the initial 2 year period it was felt appropriate that further funding be sought from the Stakeholder Trusts. The Service is currently funded until March 2005, and the Chief Executive of LNR WDC proposed that the service be evaluated to better inform the Stakeholder Trusts, and so support the bid.

A 3 person Evaluation Team was recruited by the LNR WDC, and it was decided that the structure of the evaluation itself would follow the HeLicon accreditation format (Health Libraries & Information Confederation - details available at www.nelh.nhs.uk/librarian/accreditation.asp). After an initial meeting it was established that not all the criterion for HeLicon were applicable to a service as opposed to a physical library.

For example, while anyone registered with the Outreach Library Service is automatically a full member of the Clinical Sciences Library, and so is able to visit the library, the nature of the service is that users rarely come to the library, so Section 2.4 Accommodation & Equipment was considered less relevant.

It was also established that despite using HeLicon as a format for evaluation, it would not equate to formal HeLicon accreditation, although the evaluators did provide an informal rating.

Timescale

The evaluation was proposed in March 2004, and a date for the evaluation itself was set for May 11th 2004. However, owing to staff annual leave, the pre-evaluation meeting could not take place till early April.

This left 3 weeks for collation of the folder of evidence required by the HeLicon evaluation format, and one week for the evaluators to read it before the evaluation day itself. (NB. The usual timescale for HeLicon accreditation is at least 6 months preparation time.)

Preparation

Having established the aspects of the HeLicon workbook which would be most likely to apply to the service, several meetings of the Outreach Team were held regarding what material should be included to support each section.

The Outreach Service is in the lucky position of being thoroughly embedded in the Clinical Sciences Library, part of the University of Leicester Library. Therefore collating documents around Library Strategy, Health and Safety, Recruitment Strategy etc were very straightforward – there was never a question of us having to develop our own documents for these areas.

The format of HeLicon evaluation is such that service users and stakeholders are encouraged to attend an informal lunch at which the evaluators would canvass opinions about the service. We were more than a little apprehensive about this given that the nature of the service is that no user should have to come to the library, and the wide geographic area which we serve –would anyone come?

Having decided that any participation was good participation, we invited 3 forms of contributions:
- attendance at the lunch
- telephone interview with the evaluators
- written statement outlining experience and opinion of the service.

Existing champions of the service were targeted specifically, and we took advantage of a timely production of the monthly current awareness bulletin which is distributed to all registered members to invite broader participation.

The response was remarkable – both in its swiftness, and enthusiasm. We timetabled 6 telephone interviews (given time restrictions on the day, we had to turn some people down!), confirmed 14 to attend the lunch, and we limited ourselves to include 10 statements of support in the final folder of evidence (a folder of the remaining approx. 30 statements were kept in a folder as backup).

Other preparation included
- Ensuring everyone who attending had maps, directions etc

- Preparing 3 copies of the folders and sending it out to the evaluators
- Keeping library staff informed of events for the day, and potential disruption
- Timetabling the day, booking rooms and lunch

All this preparation was done while delivering service as normal to users.

Evaluation Day

The Evaluation Day ran remarkably smoothly according to the Timetable outlined in Figure 2.

The main learning points of the experience were:
- The Phone Interviews were very successful – they allowed stakeholders to contribute more that a written statement of support, and accommodated the limiting factors of time and geography. Owing to a lack of conference phone facilities, the Evaluators carried out the interviews in relay. This had the added advantage of allowing the 2 remaining evaluators a break;
- Always over order lunch – several of the stakeholders who came to the lunch brought colleagues with them, which was an unexpected bonus, but brought on an attack of "catering anxiety";
- Providing name badges for those attending the lunch (including for the Outreach Team and Evaluators) was very helpful. The nature of the service means that some of our most regular users never meet the Outreach Team face to face, so introductions between Users and Evaluators were made much easier.

10.00 am	Introductions between Evaluators and Outreach Team
10.15am	Tour of the library
10.30am	Interview with Outreach Team
11.45am	Phone interview #1
12.00pm	Phone Interview: #2
12.15pm	Phone Interview: #3
12.30pm	Phone interview: #4
12.45pm	Phone interview: #5
1.00pm	Lunch, with Outreach Team and selection of Stakeholders
2.00pm	Face-to-Face Interview #1
2.15pm	continue interview with Outreach Team
3.00pm	Phone Interview: #6
3.15pm	Conclude Interview with Outreach Team
4.00pm	Conclusion

Figure 2: Timetable for the Evaluation Day

The final report was tremendously positive - both in terms of the reaction to the current service, and recommendations for its development, and an informal rating of 2 stars was given. The evaluators were particularly impressed at the enthusiasm of everyone who uses the service. Go to the Outreach Service Website to read the report in full:

http://www.le.ac.uk/li/clinical/outreach/evaluation.htm,

The day of the evaluation was, predictably, one of the most stressful of my life, but also one of the most rewarding given the outcome.

Taking things forward

The results of the evaluation have been received enthusiastically by the LNR WDC, who initiated the process, and have been agreed in principle by the Stakeholder Trusts. However, an audit of all library services in the region and associated funding streams is currently underway before any decisions are made regarding future funding of the Outreach Service.

Definitely a case of winning the battle, but the war continuing.

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Abstract

An analysis of a Document Delivery Service evaluation survey and statistics from WINCHILL software were drawn together to identify the usage and purpose of DDS at Maria Henderson Library revealed that 41% of users are from Primary Care and were using this service for work related reading and post graduate studies.

Introduction

It is always essential for any library to periodically assess the different services being provided by them in order to make further progress in achieving its aims and objectives (1).

Effective management of the resources for Document Delivery Service (DDS) is one of the most important tasks to be performed by any library management considering the fact that '*no library can own everything required by its varied clientele (5*). The Document Delivery Service requires not only that the library provides access to other library collections, but also that it undertake the same in a cost effective manner, within a time frame suitable for their effective use to the customers (2). In view of this, inter library lending and document delivery have been the subject of a considerable research, most of which is concerned with various aspects of the document delivery system. However, research information on end users' experience of and opinions of the document delivery service is also essential to make this service more effective (3).

Conducting a survey on Document Delivery Service (DDS) is certainly not an end in itself, and its utility is only measured in terms of its practical consequences for the improvement of library services (4). Several sources of information and surveys are used in the literature to evaluate what is going on in providing the DDS and how well it is meeting the information needs of its users. It is always essential for any library to periodically assess the different services being provided by them in order to make further progress in achieving its aims and objectives.

Provision of document delivery services, including inter library lending, is one of the major roles undertaken by the Maria Henderson Library. This service is also becoming an increasingly important component in health libraries and certainly one of the highest profiles of their activities at a time when budgets are being cut, it has become increasingly important to share resources between libraries and information providers. Other developments in information provision are also having an impact on document delivery services, most notably the increasing availability of online full text journal articles via such sources as the NHS Scotland eLibrary.

Back ground to the Maria Henderson Library, Glasgow

The Maria Henderson Library, located in the Divisional Headquarters of Gartnavel Royal Hospital, Glasgow, is the hub or central library for NHS Greater Glasgow Primary care Division (formerly Greater Glasgow Primary Care NHS Trust). The NHS Greater Glasgow Primary Care Division is the largest primary care division in Scotland and provides care and treatment to meet the health care needs of almost 1,000,000 people in hospitals, health centers, clinics and local communities throughout Greater Glasgow. In addition to primary care services, the Primary Care Division is also responsible for the management and delivery of Learning Disability and mental Health Services. The Division has 16 Local Health Care Co-operatives (LHCCs) and is responsible for developing Primary Care and community health services at a local level within the Greater Glasgow area.

Methodology followed

Users were asked to fill in a questionnaire (Evaluation form) about the Library's Document Delivery Service. Further, a follow up survey was conducted among the some users after two or three weeks of receiving the document(s) they had requested from the Library.

Also some additional information was collected from the 'Document Delivery Request Forms'.

The survey began on May 28th and was completed at the end of August 2003. It is gratifying to mention that the response to this survey from the users was very good.

During the survey period the total number of document delivery requests received by the Library was 465, but the number of questionnaires filled in was 155. This is mainly because several people made requests for multiple items at a time, but were only required to fill in one questionnaire for them at a time.

A total of 155 users have filled up the 'DDS Evaluation form' where as only 55 completed the 'follow up-survey' questionnaire. The reasons for the same are not clear, but probably may be due to paucity of time for the customers to fill and send the follow up forms in.

Results

Analysis of data from DDS Evaluation forms

The data was analyzed using Excel software for plotting and arriving at different conclusions as given below.

Information sources for the DDS requests

51% of users indicated that they found their reference in a literature search on a database, 26% of users mentioned that they found it cited in a journal or a book and 6% said that they came to know about it from colleagues. It appears that, the two major information sources for the DDS requests are (i) Databases and (ii) Journals/Books.
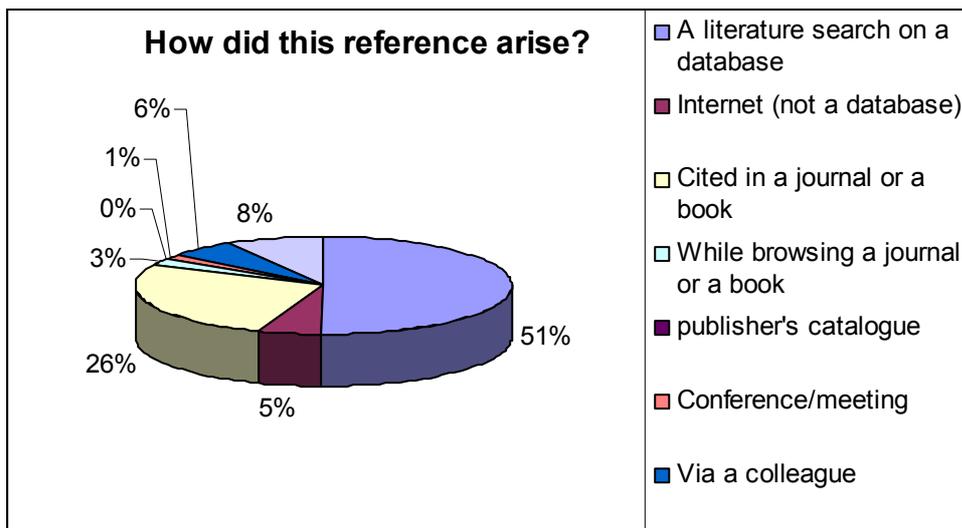
Figure.1: Information sources for the ILLs being requested

Prior knowledge about the DDS and its importance

Majority of the users (61%) mentioned that they hadn't read the abstract and didn't know if an abstract is available before requesting the item. However 60% of users reiterated that the requested items were important to them and it would be useful to have it. 38% of users said it was extremely important to them and similar to the number of people who had mentioned that they had read the abstract before requesting. To put it in a different perspective, those who had read the abstract before requesting felt, it is very important to have the item where as others had requested it based on the title alone or recommendations by colleagues considering that the item would be useful.

Willingness to wait for the requests

52% of users said they could wait for the item till the deadline but 30% said that the delay would be very inconvenient and 18% of users said that their requested item would no longer be useful to them after the deadline they gave when they made the request.

Analysis of data obtained from Follow-Up survey

Around 50% of the users have stated that they had not read the abstract of the document before requesting it.

As can be expected 100% of the readers read the requested document. 82% of readers have read the document completely, 10% have skimmed it briefly and 6% have read one chapter while completing the follow up questionnaire.

When asked whether the library supplied correct item 100% said yes and for the question regarding the time of arrival, 40% said that the item arrived quicker than they have expected, 52% said it came on time and 4% said later than hoped but still it was useful.

On the whole most of the readers expressed the opinion that it is an excellent and fast service. Users were overwhelmingly positive about the value of interlibrary loan, satisfaction and their interaction with the staff. Critical comments fell mostly under the categories of speed, service and timeliness. Some responses by users are

- o "It is an excellent service"
- o ''very quick service.''
- o ''good + prompt service.''

- o ''It arrived in time''
- o ''It is punctual and excellent service''
- o ''right article, on time.''
- o "keep it up, Excellent service"

Most of the readers didn't give any suggestions for the improvement of service further but only a few readers suggested that online ordering would be better. Some readers said instead of filling one request for each article, they would prefer emailing a list of requests.

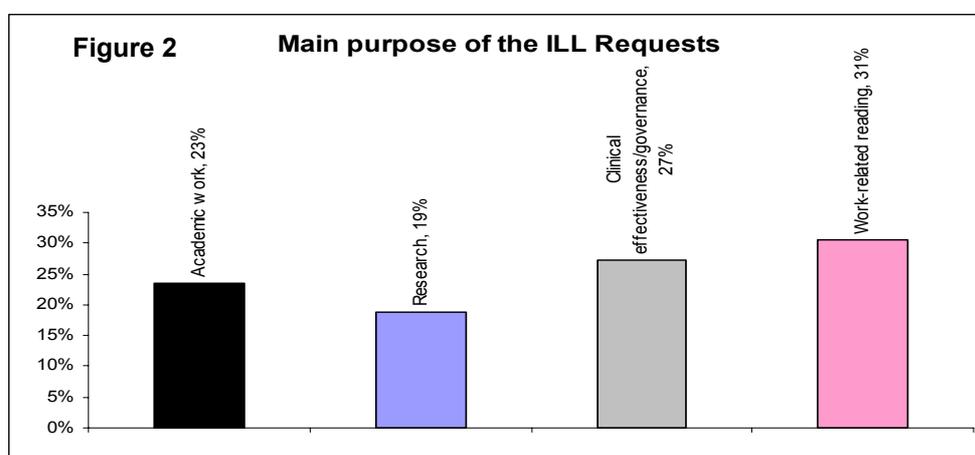## Usage of DDS Service by different Departments

Table 1

Division	No of requests
Primary Care	178
Mental Health	91
SHO/SPR	67
Trust HQ	18
R&D	18
Learning Disabilities	5
External	3
Other	2
Dept of Psych. Medicine	3
Total	**377**

It can be seen from Table 1 that the ILL service is mainly used by the users belonging to (i) Primary care Service (ii) Mental health Service and (iii) SHO/SPR.. To be precise 41 % of the users are from Primary care and 24% are from Mental health and 21% are SHO/SPR.

Reasons for using the Document Delivery Service

Figure 2 below indicates the reasons for using the Document Delivery Service. It can be seen from this figure that this service is being used for the purposes listed below.

- Work-related reading
- Postgraduate work
- Service development
- Research (externally funded R&D)

Figure 2 — Main purpose of the ILL Requests

(Academic work, 23%; Research, 19%; Clinical effectiveness/governance, 27%; Work-related reading, 31%)

Conclusions

Basing on the survey result, it can be fairly concluded that the Document Delivery Service at Maria Henderson Library seems to be running up to the satisfaction of the users and could be further improved if the users could request the items online.

Having analysing the results, the following conclusions were drawn to improve the DDS further.

- To display DDS policy in the library for users attention
- To investigate further the number of requests being made for Higher education and externally funded research projects. If the costs of these requests are already covered in course fee or project funding, the later would consider whether it should supply them from its own DDS budget
- To conduct further survey to get further feedback

References

1. Busha CH, Harter SP, Research methods in Librarianship: Techniques and Interpretations. New York: Academic Press; 1980.
2. Line M.B. Library Surveys: an introduction to the use, Procedure and presentation of surveys. 2nd ed. London: Bingley; 1982.
3. Fong Y. The value of interlibrary loan: an analysis of customer satisfaction survey comments. In: Weaver-Meyers P, Stolt W, Fong Y, Interlibrary Loan/Document Delivery and Customer satisfaction: Strategies for redesigning services. Newyork: The Howarth Press; 1996. p.43-54.
4. Freedman H. A survey of the use of Withington Hospital Medical Library. Health Libraries Review 1985; 2: 69-78.
5. Dudden RF, Interlibrary loan in primary access libraries: challenging the traditional view. Bulletin of Medical Library Association 2000; 48(4): 303-13.
   Full survey report is available at Maria Henderson Library

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eLearning is defined as learning which is delivered and accessed via electronic means. This definition can encompass the use of video and electronic audio material such as cassettes and CDs, however generally it is understood to refer to training accessed via a computer, whether via the Internet, an intranet or CD-ROM, which usually includes interactive and multimedia elements.

Some of the advantages of elearning, as a complement to traditional methods of training, are its flexibility in letting the learner choose where and when to access their learning. This is extremely advantageous in the NHS environment, where shift patterns and staff restrictions can make it difficult for formal taught sessions to be organised.

North Glasgow University Hospitals NHS Division has formally offered access to licensed elearning courseware for several years, beginning with a few courses delivered via stand alone pcs and progressing to over a hundred courses delivered and tracked via a Learner Management System, Thomson NETg's SkillVantage Manager.

eLearning in the NGD Library Service

In 2000 it was decided to incorporate the Division's stand-alone Learning Centres, staffed and managed by the Training and Education Department, with the Library Service. This decision was taken in part because of lower levels of use of the Learning Centres than had been expected, and it was felt that re-siting the resources at locations already widely used by staff would increase awareness of their availability.

Initially, access to elearing resources for staff consisted of a small selection of courses, consisting of a range of soft-skills and IT topics, delivered via CD-ROM on dedicated stand-alone PCs. Users were required to pre-book a pc and their progress was recorded using a paper-based system.

One of the advantages to this system was that staff were on hand to offer help to users requiring assistance with their course, but much of the flexibility of the elearning format was lost with access being limited to library opening hours, and subject to the availability of a PC.

Learndirect Scotland Branding

As part of the development strategy for elearning in the North Glasgow Division it was decided during 2001 to apply for Learndirect Scotland Branded Centre status for the Library & Learning Centres at the Western Infirmary, Gartnavel General, Glasgow Royal Infirmary and Stobhill Hospital sites. This would allow the Library & eLearning Service to benchmark itself against established quality criteria and identify areas for future development.

The branding assessment process takes the format of a self-assessment application pack measuring the learning centre's facilities and services against the Learndirect Scotland *Pledge to Learners* [1] followed by a visit by a Learndirect Scotland assessor to the centre and the submission of a report to the Branding panel. A successful application results in the award of branded status for three years.

Glasgow Royal Infirmary Library & Learning Centre achieved Learndirect Scotland branded status in September 2001, followed by Gartnavel General and the Western Infirmary in November of the same year and Stobhill Hospital in April 2002.

Achievement of branded status also allowed the Library & eLearning Service to apply for a grant via the Scottish University for Industry (SufI) Capital Modernisation Fund. As well as purchasing new IT hardware such as pcs, printers and scanners for the learning centres this allowed investment in new courseware and the purchase of a Learner Management System (LMS), SkillVantage Manager from Thomson NETg.

Use of a LMS, rather than an ad hoc system of stand-alone pcs meant that it was now possible for courseware to be hosted on the library server allowing access from any pc connected to the Division network via the Intranet. This allowed all staff in the Division to access learning via their desktop creating a far more flexible service that took into account the varying shift patterns and locations of staff within North Glasgow Division.

Another advantage of the LMS was the ability to manage access to courses via a simple web-based interface using automatically generated usernames and passwords. Staff could apply online for an elearning password and have courses allocated to their account without having to come to the library.

Skillvantage Manager, like all LMSs, not only manages access to elearning courseware but, with the inclusion of a reporting facility, allows centre staff to track usage of the courseware by staff group, location and course. This information can be used to monitor the level of usage for individual courses ensuring that provision is tailored as far as possible to the requirements of users and that under-represented user groups can be identified.

The eLearning Centres give all members of staff access to computing facilities and study space, as well as support and advice about eLearning opportunities both within the Division and externally.

Collaboration between eLearning and other Library Services

The location of the Learning Centres within the Library Service allows a wide range of learning resources to be promoted and accessed from the one place. Users requestng information or training on a particular subject can be referred to a book, an elearning course, a website or, where available, a face-to-face teaching session.

In the case of basic IT training, the Library & eLearning Service runs regular small group sessions intended to facilitate access to further learning whether that be the European Computer Driving License delivered via elearning, Information Skills training sessions, or research.

Library & eLearning Service staff also collaborate with other NGD departments providing training to ensure that users are aware of the opportunities and routes of study available to them, and are supported in their learning.

Role of the eLearning Manager

As part of the inter-departmental collaboration between the Library Service and the Training & Education Department, the post of eLearning Manager was created in 2003. The eLearning Manager post is funded by the Training & Education Department and reports to the Head of Training, Education & Development and the Library Services Manager.

The role of the eLearning Manager is to coordinate, promote and develop elearning in North Glasgow University Hospitals Division and to collaborate with other training providers within Division to maximise use of available resources, and flexibility and choice for learners.

Overcoming Barriers to eLearning

Two significant reported barriers to staff accessing elearning have been lack of basic IT skills and lack of time to access courses in the workplace.

As mentioned above, in response to the lack of IT skills as a barrier to the Library & eLearning Service's mission of equity of access to services and resources [2], a programme of Basic IT sessions run weekly at each site. Less confident users also appreciate being able to access their courses within the learning centre so that there is a member of staff available to support them if required.

Although most of the courses which NGD subscribe to are only accessible over the Division Intranet, Learndirect Scotland branded status has allowed the service to give staff access over 200 Internet-based elearning courses via Learndirect Scotland's Skillnet LMS and this has gone some way to meeting the demand for courses accessible from outside the workplace, such as from home PCs.

The Scottish Executive funded NHS Scotland ECDL Project has also proved very popular with staff, partly due to the fact that it can also be accessed via the Internet and also because it leads to the award of a formal qualification.

To support users studying off-site and out of the Learning Centre opening hours a set of webpages has been created on the Library Service website to provide help and information about courses. [3]

Users are also provided with induction packs and optional face-to-face induction sessions when embarking on an elearning course which includes instructions on how to solve the most common problems experienced.

ELearning is not an appropriate method of learning for all and some users do find the isolation of lone study and self-motivation required offputting. Where possible, other routes into learning are found for these users but it is an indication that even when the technological challenges are overcome, elearning is not always a substitute for traditional classroom-based learning.

Future Developments

In response to demand from users, the Library & eLearning Service is working towards the provision of all courseware via the Internet or on CD-ROM to allow access from outside the workplace. To achieve this NGD has formed a consortium with the other Greater Glasgow Divisions to look at the purchase of an Internet-based Learner Management System. As with most elearning resources there are significant economies of scale to be achieved in consortium purchasing.

The service is also facilitating in the purchase, promotion and management of more clinical elearning courses, and investigating the options for creating bespoke elearning courseware in-house using the Lectora content creator tool.

Conclusion

The experience of elearning within the North Glasgow University Hospitals Division has been a positive one. This method of learning has proved popular with staff who find it difficult to fit in attendance at classroom-based teaching sessions with their shift patterns.

It is important to recognise that there can be barriers in accessing elearning, as in all types of learning, such as lack of IT skills, access to appropriate hardware, and differing learning styles, and that elearning complements and does not replace traditional teaching methods.

The service has grown with the demand for courses and has adapted to meet the needs of its users. It is essential that this continues to be the case and that any future developments are driven by user demand and the priorities of the Division.

References

[1] Learndirect Scotland, Our pledge to learners. Available:
http://www.lds4partners.com/downloads/PledgeApr04.pdf (checked October 2004)

[2] North Glasgow University Hospitals Division Library & eLearning Service Mission Statement. Available: http://www.northglashealthinfo.org.uk/mission_statement.htm (Checked October 2004)

[3] NGD Library website: eLearning. Available: http://www.northglasgow.org.uk/elearning.htm (checked October 2004)

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Introduction

I must first record my pride at being this year's recipient of the Hazel Williamson Bursary. Hazel was unfailingly patient and helpful to me when she was at Glasgow Royal Infirmary as I took my first faltering steps in setting up the library at Ayr. She was always cheerful and encouraging when I asked her advice. Her influence on health libraries in Scotland was immense. I hope I was able to uphold her memory in my contributions at Belfast.

This year's theme was Variety is the Spice of LIFE (Libraries and Information for Evidence). As always, discussion was around topical subjects, this year including evidence based librarianship; Knowledge Management (and how this differs from what we called Library and Information Science); the new roles we are increasingly embracing, such as those of clinical and outreach librarians; and inevitably Agenda for Change. In comparison with earlier conferences, this year emphasised the librarian in the clinical rather than educational context, and the need for us to seriously market and promote our services.

For those who have not yet attended a Health Libraries Group Conference, I hope to convey a flavour of what is always a valuable and stimulating experience. The image of 300 librarians descending on a city or campus may seem scary, but this is an opportunity to share experiences and ideas with colleagues from diverse backgrounds, and doing so at leisure rather than having to rush away from a day meeting.

Apart from the formal programme, delegates can chat over coffee and lunch while viewing the trade exhibition and posters. The exhibitors are happy to discuss their products and services informally, and the poster presentations demonstrate the innovative work of our colleagues, including several Scottish projects. The social programme this year included a cultural and historical visit to several of Belfast's pubs (seriously) and the conference dinner and civic reception in Belfast's City Hall - a splendid affair.

Conference

The formal programme was a balanced mixture of keynote talks, plenary, parallel and interactive sessions. I will pick out a few examples of each to illustrate the variety of themes.

Maggie Haines, the President of CILIP, encouraged us to grasp the opportunities of embracing new roles. We have known for some time that the traditional print-based library has disappeared. But 'new roles' we may have identified at the last conference have again changed. Technology and the NHS itself are in constant flux. We must ensure that when we become integral to Knowledge Management this is not just a new name for what we already do. We should promote ourselves as knowledge leaders within the framework of our organisation. Our (large and lively) Scottish contingent pricked up our ears when Maggie emphasised the importance of producing a good strategy, whether for a library service or HLG itself. She declared that a shining example to all is our own Scottish 'Exploiting the power of knowledge in NHS Scotland'! I will return to the subject of our relatively fortunate situation in Scotland.

On the final morning, the theme was the role of clinical librarians. T Scott Plutchak, of the University of Alabama, gave a witty if sobering talk, 'From Clinical Librarian to Informationist'. The clinical librarian studies and assesses the literature rather than provide a list of references. He referred to a seminal article in Internal Medicine, in July 2000, describing the role of the clinical librarian - an article which produced little response or encouragement from clinicians. In spite of serious efforts, the clinical librarian in the US remains marginal. A new development is the ISIC - Information Specialist in Context - and the specialist would not require to be a librarian. He left us feeling rather despondent, as he insisted that the traditional role of the health librarian has gone, and in general we do not have the right training for the new role. To be accepted, the Information Specialist would probably require to have excellent clinical knowledge. On the other hand, there is evidence that clinicians do not recognise a lack in their knowledge base or information seeking ability. As 'informationists' we must take on the huge task of convincing clinicians of the benefit of our skills.

Two presentations from the UK followed, looking at the clinical librarian in a practical setting. Steve Rose spoke of Helen Carter's work as clinical librarian in the emergency department in Oxford, where she established excellent co-operation between herself, the SpR's and SHO's in developing local clinical guidelines. This project, now complete, received positive feedback from the clinical staff. Attempts are now being made to develop the role to ensure equitable access throughout the Trust, possibly in a Research and Effectiveness post.

Claire Honeybourne, of the University Hospitals of Leicester NHS Trust, spoke of a trial in Leicester, 'Knowledge in the palm of your hands: PDA's in the clinical setting'. The project involved setting up a 'Drs Companion' where hand-held computers were issued to all doctors, GP's and specialist nurses. These were loaded with relevant resources, such as BNF. Oxford handbooks, anatomy, guidelines, medical dictionary. Thus at the bedside information can be checked as decisions are taken. The feedback was excellent, though drawbacks were cost, technical difficulties and low, sometimes trivial, usage in some cases. Leicester now has four clinical librarians, and the next stage is that all foundation doctors are issued with the Drs Companion, now including the junior doctors handbook. Thus as these doctors progress in their careers they will be accustomed to accessing required information by such means.

Between the plenary sessions were less formal Interactive and parallel sessions, where delegates chose from a variety of topics. The interactive sessions were hands-on meetings, where small groups worked on a practical topic, such as developing quality marketing resources. The parallel sessions usually had two or three speakers describing their experience round a specific theme. These were necessarily restricted by time, but were invariably so well led that the available time was used to full benefit.

A typical interactive session was 'Developing a template for assessing the effectiveness of information skill training', where Alison Brettle and Joanne Greenhalgh of the University of Salford alerted us to the difficulties of assessing the effectiveness of our training. There is no ideal template, similarly little research has been published. We discussed the merits and pitfalls of questionnaires, practical exercises, skills checklists, timing of assessments. Our take-away message was that we should certainly try to assess our training, and must aim at specific outcomes measures. These should be valid; reliable; show responsiveness, ie improvement; feasible, ie offer facility in setting and administering tests.

Other interactive sessions included, 'What can marketing do for health librarians' and 'From charms to change - how to manage change when all else fails'. I was tempted by the latter!

An interesting parallel session was 'Information outreach services to primary care' - a timely discussion as we in Ayrshire and Arran work towards implementing our strategy. Nia Wyn Roberts, of the Cairns Library in Oxfordshire, spoke of a pilot outreach library service to primary care staff in Oxfordshire. These staff members were in the past served in an ad-hoc manner, the service poorly funded, under-publicised and uncoordinated. Services were centred in Oxford, though most staff were widely scattered. Such a situation is familiar to us in Scotland. The impetus for change came with the national emphasis on primary care, and an outreach librarian was appointed. A tailored training package was developed, in collaboration with the ECDL trainers. Thus the training became relevant, and took place in the staff's own workplace. The outreach librarian became the face of the library service, and at the same time the main library service was publicised. Requests became routinely delivered electronically or by post, ensuring staff had no need to visit the main library.

The outreach Librarian found she had to take on new working methods - and achieve organisational, communication and training skills. She had to be flexible, as training often took place out of normal working hours. Take up was sometimes slow, so the outreach staff had to persevere, offering ten minute training sessions or using 'champions' from the primary care staff to promote the service. The outreach librarian at times felt isolated, and had to make her own contacts, often with other outreach librarians.

The project was independently evaluated by ScHARR, and user reaction was positive. Staff appreciated workplace training and access to online resources, which were regarded as supporting CPD and patient care. Some negative responses indicated how the service should be improved, such as library services being available at more suitable times, problems with geographical location and lack of awareness of the library's facilities. The service is now actively responding to such feedback.

Carsten Mandt, of Greater Glasgow Primary Care Division, described a very different solution to outreach. As in several other parts of Scotland, Primary Care in Glasgow was traditionally served by a library - the Maria Henderson at Gartnavel Royal - whose primary responsibility is mental health. While Glasgow does not have a rurality issue, there is a very large, scattered primary care workforce. Carsten was appointed 'to support Clinical Governance and the use of evidence-based care'. His post was initially a project, funded by Clinical Governance, during which he attended team meetings, carried out literature expert searches and trained clinical staff. His post was separate from the day-to-day library service. The clinical governance manager was the gatekeeper through which staff accessed his services which were thus delivery responsive, meeting needs as they arose.

The pilot was judged a success, and the post is now fully within the clinical governance structure. The clinical librarian performs literature searches, produces a monthly guidelines newsletter, supports journal clubs and offers training, both group and individual. Staff response is positive, and while initially slow, uptake is growing, though Mental Health Staff still form the largest customer base. Difficulties remain with primary care, due to geographical spread, lack of funding and reluctance by some medical staff to practice evidence-based health care.

These two presentations were revealing and timely comparisons of two solutions to the question of outreach which many of us are now addressing. Both expressed willingness to share their experience with other services who plan to appoint an outreach or clinical librarian.

Other parallel sessions included 'Creating e-learning tutorials to teach information skills' and 'Providing information and knowledge services to mental health and emergency care staff.

Impressions

The conference overall was wonderfully stimulating. Each time I attend such a conference, my exclamation is 'This conference was specially valuable in such a time of rapid change'. Our profession, like most, must keep adapting as we face exciting challenges and serious threats. In another two years, today's issues, such as clinical librarians and Agenda for Change, will have been resolved and replaced y new topics. We must face the threats of technological change and the possible devaluing of our skills.

As I listened to the presentations, I occasionally felt it was all a little unreal, too far removed from the real world. Ann Wales on the final morning brought me back to earth. In the discussion on NHS strategy in Scotland and England, Ann reminded us of how far we've come since HDL(01) in 2000. We now in Scotland have co-ordinate services, equity of access, a strategy directly aimed at improving the patient journey, and the elibrary which is the envy of health librarians throughout the UK. We can be proud of what we have achieved in Scotland, and must continue to promote and exploit our excellent resources. Ann outlined 'Exploiting the power of knowledge in NHS Scotland' to the conference, and delegates were clearly impressed by the clarity of the strategy, and to the extent that it has been widely implemented. This was a fitting end to the proceedings, demonstrating what can be achieved with the drive, co-operation and enthusiasm of all concerned.

I must finish by commending the city of Belfast and the conference organisation. The Belfast people were the most welcoming and friendly I've ever met even rivalling Glasgow's! The sun shone, the Waterfront Conference Centre had wonderful facilities and the catering first class. The conference organisers are to be congratulated in ensuring that all ran smoothly, to perfect time, in well equipped meeting rooms. The Health Libraries Group committee prepared a very interesting and varied programme. It is a tribute that the organisation was so seamless as to be barely noticeable - our thanks go to all who made these such a memorable few days.

I appreciate the generosity of the Shine Committee in allowing me to attend Belfast. To those considering whether these conferences are worthwhile, I strongly recommend giving it a try. Take the chance to get away for a few days in such a stimulating, supportive environment. I assure you, you'll return with fresh enthusiasm and lots of new friends.

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After sending out a plea on lis-shine for SHINE members interested in helping with the website, I was pleasantly surprised to have six volunteers.

And so the SHINE Website Editorial Group was formed. Some members of the group met at the end of May to decide on roles and allocate work to those unable to attend! But we had our first real meeting in August when we were all able to meet each other in person and begin to look at the development of the website and how everyone could contribute. We met on an extremely wet day at Glasgow Royal Infirmary and special thanks go to those who had travelled from Inverness and Dundee to attend.

We found that there was a range of web skills and experience within the group. Some people are using web-authoring software on a regular basis and are quite experienced, others have a little theoretical knowledge but no practical experience, and others have no experience at all.

So after the meeting in the morning, we had arranged for Michael McConnell (www.blackcatwebsites.co.uk) to lead a training session to ensure that everyone has some basic skills. It was an intensive three-hour session which covered building web pages using html, using html editors, downloading webpages from the server, making changes, and uploading them again. There was then some time for hands-on exercises to practise some of the skills taught. Michael provided some good supporting materials that we could take away and refer to later and has also given the group access to an online tutorial that can be worked through again if necessary.

Comments after the session included:

"I think the day was worthwhile with Michael taking some of the fear out of HTML. It was good to put faces to names of others on the group. Overall it was a good day in spite of the rain!"

"A mentally stretching afternoon for those with no HTML experience, but an interesting, if somewhat fast paced, introduction to creating a web page from scratch"

So, now that we have a website group, and members have had some training, we need all you SHINE members to be involved in giving us suggestions for the site. Whether this be news for the Noticeboard, useful websites that you want us to have links to on the site or suggestions for new features on the site, please let us know.

Who to contact

Sally Bell (sally.bell@gartnavel.glacomen.scot.nhs.uk)
Sally will be adding information to the site that comes out from the short life working groups. If you are the leader of one of these groups or involved in any of them, please think if you could use the website to publicise your work and keep SHINE members involved.

Alison Bogle (alison.bogle@shsc.csa.scot.nhs.uk)
I keep the Committee pages up to date on the website so the agendas and minutes from the Committee Meetings are available for you to read.

Julia Green (julia.green@hebs.scot.nhs.uk)
Please send any news items for the Noticeboard to Julia.

Elspeth Henry (elspeth.henry@thb.scot.nhs.uk)
Elspeth will be maintaining the section of the site that lists any publications by SHINE members.

Kathleen Irvine (k.y.Irvine@stir.ac.uk)
Kathleen will be updating the pages on continuing professional development and training resources. Please let her have any suggestions for these.

Cathy Smith (catherinesmith@nhs.net) is the online editor of Interim.

Chloe Stewart (chloe.stewart@northglasgow.scot.nhs.uk)

Chloe is gathering together useful websites relating to professional and legal issues. You can see these by clicking on the Useful Links button on the home page. She will welcome any suggestions you have for this section.

Joanne Thomson (joanne.thomson@mariecurie.org.uk)
Joanne will be adding information to the site about any study days or training organised by SHINE, and will be uploading any reports or presentations from speakers.

Finally, there is now a search facility on the website and, of course, the new Union List is available on the site – thanks to Richard German and Michael McConnell for this.

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HAPPY 30th BIRTHDAY

Issue 47 of Interim will be the last one…… called Interim! We don't know what the new title will be but we're sure that after 30 years the interim period is over! If you would like to make a suggestion for the new title please contact the editor (details below).

To mark the 30th Anniversary of SHINE we will be starting 2005 with a special issue recounting the history of SHINe and its publication Interim

If you would like to contribute to this (or any other) issue please contact the editor:

Michelle Kirkwood
NGD Library Service
10 Alexandra Parade
Glasgow
G31 2ER

Length

Abstracts: Every article will have an abstract of approximately 100 words.
Articles: All main articles should be between 1000-1500 words
Reports: Reports on conferences, study days etc should be no longer than 1000, if it is an article based on a conference or study day then it should conform to the word count of an article, see above.

Topic

If you are unsure whether a topic is suitable for inclusion in Interim please contact the editor or Publication Advisor.

Format (Size and Spacing)

All abstracts and articles should conform to the following format:
- Title: Comic Sans, font size 13
- Sub title/Paragraph Titles: Arial, font size 11, bold, centred, one single paragraph space before and after.
- Body Text: Arial, font size 10, single spacing, and one single paragraph space between paragraphs. No indents at the beginning of paragraphs. Paragraphs should be justified, however if you wish to draw attention to a specific paragraph it should be centred. If justifying a paragraph breaks up the text to a point where it is rendered unreadable use left align.
- Author Details: Arial, Font 10, Bold, Right aligned.

References

The Vancouver system should be used, an excellent guide to the Vancouver system can be found on University of Leicester website at: http://www.le.ac.uk/li/sources/subject3/biol/ist/vancouver.html

Author Details

Every article or report will have the following Author details:
- Name
- Position held
- Place of employment
- Address
- Telephone
- Email

Submissions

Contributions can be submitted as attachments (.doc or .rtf) by email, or by post to the Interim Editor. If the submission is by post please include disc or CD.

News and People Sections

These can be in the form of short paragraphs or whole articles, if a short paragraph it can be submitted in the body of an email to the editor or if an article then it must conform to the article requirements as provided above.

Submission & Copy Dates

Number 47:   Jan 2005. Submissions by 17th Dec. Special Issue: The history of SHINe.
Number 48:   April 2005. Submissions by 18th March 2005.