

## **Not 'crusty and vexatious': the right person to find the right evidence to put into practice**

In the UK, there has been an increasing emphasis on evidence based practice and clinical governance within the NHS over the last thirty years and this pressure has been increased markedly by the UK government in the last five years.<sup>i</sup>

The challenge for library and information services within the healthcare environment, has been how to proactively support and encourage clinicians to use their professional skills thereby becoming agents of change in the move towards and integration of evidence based practice.<sup>ii</sup>

The multidisciplinary library and information service (LIS) at Whipps Cross University Hospital in East London, responded to this in 1999 by creating the position of Clinical Support Librarian which was funded externally by the London Deanery for the fixed term of two and a half years.<sup>iii</sup>

The clinical community of Waltham Forest that the multidisciplinary LIS serves, is centred around two primary care trusts, part of a mental health trust and the hospital itself which is a large and busy acute trust.

The CSL's role had two primary aims. Firstly, this person was to provide a mediated literature searching service across Waltham Forest to all clinicians.

Secondly, this person was to provide literature search training to individuals or to groups, in formal and informal situations.

As the funding came from an external source and was for a fixed term only, an evaluation of the service was vital in order to measure whether such a service was effective in its' support of clinicians but also to measure the impact on clinical practice. Any decision on the future sustainability of the post would be reliant on these findings.

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The research that today's presentation comes from, formed the thesis of the MSc in Information Science that I completed at the end of last year at City University. The thesis itself, forms part of the wider evaluation that the LIS commissioned from Dr Della Freeth, who is a senior researcher at City University.<sup>iv</sup>

The thesis focussed on the first aim of the CSL post, that is, to provide a mediated literature searching service to all the clinicians in Waltham Forest. It looked at who used the service, why they used the service, how it impacted on patient care and what the clinicians felt about it.

It must be made clear that mediated literature searching had always been available (and still is) through the LIS from the two trust librarians. The crucial difference with the new post was that the post holder could devote the time to the clinicians, to searches, to training, to outreach and promotion without having to manage a library and information service at the same time.

The study gathered quantitative data in the form of 307 mediated literature searches for 256 clinicians between January 2000 and May 2001. The month of March 2001 was selected to show a 'snapshot' of inter-library loans in order to show the impact that the CSL was having on core LIS functions. The CSL had also sent out evaluation forms during her first eight months and of these, 162 were returned and these were also analysed.

The qualitative data was obtained through oral interviews with five clinicians each from a different sector and each representative of the multidisciplinary staff within the health community in Waltham Forest. These interviews especially provided valuable evidence as to how the information retrieved by the CSL was utilised by the clinician for the treatment of the individual patient, or to change the clinical practice on a wider scale.

Over half of the 256 users of the mediated literature searching service were mostly doctors, with nurses the next biggest group. Most of the users were from the acute

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sector which was to be expected in so far that the LIS was located in the hospital grounds and many mental health and primary care clinicians work off-site.

Of the acute sector, clinicians that worked in Obstetrics & Gynaecology, Surgery, Respiratory and the Nursing Directorate used it more than ten times in the seventeen month period. However, when looked at more closely, Respiratory and Surgery for example, scored highly because one person in each department requested a high number of searches.

Clinicians used the service usually for one of two reasons - either it was directly related to an individual patient or it was for service development in that it was looking at current practice in order to develop guidelines or a new protocol for example. Interestingly, doctors were most likely to use it for individual patient care and nurses and allied health professionals for service development.

Of the evaluation forms that the CSL had sent out during the first eight months, just under a third were returned. Of these, just over half were returned by doctors and almost a third were returned by nurses. Over three quarters of the respondents were from the acute sector. Almost half did not know prior to using the service that the service was available. This showed the benefit of having the post and the effect of the outreach that CSL was able to do.

All of them had 'used' the results in some way and 94% said that they had been relevant or very relevant though there was a big discrepancy with those who went on to actually request the full text of articles. Interestingly, continuing professional development was identified the most as the reason for requesting a search and patient care was identified the least.

The case studies provided qualitative evidence about how the information retrieved by the CSL was utilised by clinicians. As I said earlier, the clinicians interviewed were selected to represent the different sectors and multidisciplinary staff within the

healthcare community in Waltham Forest. The individuals (physiotherapist, ward manager, specialist registrar, consultant physician and consultant psychiatrist) were chosen because they were known to have been users of the service and in a couple of cases had had mediated literature searching done for them before the advent of the CSL.

It became very clear through these interviews that the application of information gathered through the mediated literature searching had had a considerable impact on clinical practice. The consultant physician gave the example of how search results had changed the way stroke patients were medicated in order to prevent secondary stroke. The ward manager gave several examples, one of which was comparing chemical versus physical DVT prophylaxis. These results were used in a report which changed practice for two types of spinal surgical patients. Another was improving patient selection for bilateral versus unilateral hip replacement. The nursing staff felt that some of the patients who were receiving bilateral hip replacements were unsuitable candidates because of the problems with mobility and handling after surgery. The results of the searches that the CSL carried out, were put into a report that went to the Clinical Improvement Group (CIG) and the recommendations were adopted. The effect of this, was that patients undergoing bilateral hip replacements spent less time in hospital - between 7 to 10 days instead of 14 to 15 days. This not only demonstrates tangible cost savings but more importantly a better quality of health care and less traumatic experience for the patient.

An example of how the contribution that the CSL makes can have far reaching effects, was given by the specialist registrar. The registrar works in the field of dermatology and was investigating alcoholic hand washes in an effort to reduce hospital acquired infection such as MRSA which the registrar estimated affects ten percent of hospital patients, 68 percent of surgical wound infections, and costs the NHS about £1 billion. The searches that the CSL performed were complex because of the nature of the topic. The registrar had tried to perform the searches herself, but her attempts had either

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retrieved too many and irrelevant sources or nothing at all. The CSL managed to not only retrieve relevant information from a wide variety of different disciplines but found some rather 'esoteric' sources that in turn led to the specialist registrar making contact with a specialist in an area outside of medicine. As a result of the CSL's searches and the contact made, a clinical trial of alcoholic hand washes will be held in outpatients department at Whipps Cross University Hospital.

Not all searches were "successful" and while some searches yielded little or no information that could generate any change in practice, some searches threw up information that was conflicting or there simply wasn't enough evidence on which to base a decision. It was also difficult for clinicians if there were multiple conditions to treat and the information did not advocate which condition took priority for treatment.

Even those searches that were considered "successful" could be of limited application as each clinician identified different factors beyond the immediate purview of the CSL and the LIS, that could and had limited the impact on clinical practice. These were identified as a lack of understanding of the potential use of the information on the part of the clinician, resources, time, access, attitudes of and decision making by other clinicians both within the trusts and outside of them, and other evolutionary changes in the clinician's particular field.

The key findings were underlined particularly strongly in the case studies and also in the last question of the evaluation form which asked for clinicians' comments.

It was clear that the availability of an additional and designated member of the LIS staff has had a tremendous impact in establishing peer relationships with clinicians that has, in turn, raised the profile and contribution to the changing practice in order to deliver a higher quality of health care. The CSL has also helped to change individual clinician's information seeking behaviour because when the clinician had the time to sit with the CSL while the search was done, informal and *ad hoc* learning took place. The availability of the CSL to provide clinicians with information at the point of clinical need also

provided the educational opportunity to not only fill a specific gap in knowledge that the clinician had been unable to meet elsewhere, but to introduce them to sources of information (for example, secondary sources such as the Cochrane database) that they may be unfamiliar with. It also provided the CSL with the opportunity to teach clinicians within a clinically relevant context, the searching skills in order to help them to search more effectively for themselves.

As a result, all the clinicians who were involved in the case studies and those who responded in the evaluation forms recognised the CSL's searching skills were vastly superior to their own.

However, it must be remembered that the CSL is part of a greater whole and the clinical community is served by the team that is the LIS. While the CSL may provide one of the more visible aspects of the service, there was a perception that other core functions and services of the LIS were somehow part of the overall service of the CSL individually and users did not make the distinction between the two. It is therefore vital that any future management and marketing or promotion of the CSL and LIS services takes this into account so the team as whole can continue to provide and develop a top quality service to clinicians. In other words, the contribution of the CSL to the LIS team and clinicians has only just begun.

However, it is having a person in post who not only has the professional skills in order to be able to make a valuable and highly significant contribution to evidence based practice and the quality of health care that is delivered, but someone who has the inter- and intra-personal skills that will encourage and support the development of a peer relationship based on professional trust and respect between the clinician and the CSL. This is where the title of the presentation comes from. When one of the clinicians was asked "What is the best thing about the service from your own personal perspective?" He ended his answer with "It's also important that she's approachable and personable rather than crusty and vexatious!"

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<sup>iv</sup> HEMMING, Rebecca *Acting on evidence: an evaluation of mediated literature searching by the Clinical Support Librarian and its' impact on clinical practice at Forest Healthcare NHS Trust*, City University: November 2001 (unpublished MSc thesis)

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