Parallel Sessions C C1 – Exploring the Clinical Librarian Model

Friday, September 20, Room B, 15.15

## Not 'Crusty and Vexatious': The Right Person to Find the Right Evidence to Put into Practice

Hemming, R; Watson, J; Weist, A; Bawden, D

Hemming, Rebecca: City University, Information Science, Northampton Square, London EC1V, UK, rhemming@yahoo.com

An evaluation conducted into the role of the Clinical Support Librarian (CSL) at Whipps Cross University Hospital which looked at her impact on the delivery of healthcare. Methodology:

Quantitative: looked at users and patterns of use; analysed 307 mediated searches from 256 users, 49 completed evaluation forms, and statistics from interlibrary article requests over a 5 year period. There was also an in depth comparison of one month's requests arising from the CSL's mediated searches with those that did not.

Qualitative: evidence consisted of five in depth case studies from a range of health care professionals.

Results: The CSL has had the time to create a new level of highly valued peer relationships with clinicians. There was a measurable demand for her service over the seventeen month period studied but patterns of usage varied across departments. Perceptions of users were very positive but there was little understanding of the traditional role of document delivery and the role of the "backroom". There were clearly defined examples of CSL's contribution to and positive impact on clinical practice including examples of tangible cost savings. Without the CSL these improvements would not have happened when they did. Clinicians acknowledged that to find the best research derived evidence more quickly they needed access to the CSL.

A number of barriers which prevent the identification and use of the best evidence in clinical practice were found. It appears that the CSL service is "sold" to those that use it, and those that do not use it may be unaware of it, consider that they do not need it or that they have no access to it.

Recommendations: Access to the clinical knowledge base through expert mediators like the CSL for all clinical staff must be promoted if health care is to be evidence based. But if all health care professionals begin to use library services to ensure that research derived evidence is located and used in clinical practice, then the CSL and the library service as a whole will not be able to sustain that level of demand. There is a tremendous opportunity for strategically repositioning the library within the whole health care environment so that it can escape from its physical confines. Clearly, this opportunity must be seized as part of a broader quality agenda.