

# ***From Quick and Dirty to Clean and Comprehensive Or Every Clinician Should Have One!\****

## ***The Role of the Clinical Librarian: A Cairns Library Project in Support of Clinical Governance and Clinical Effectiveness***

### **Introduction**

The Cairns Library is part of the integrated library service of Oxford University and offers a full service to all staff based in the Oxford Radcliffe Hospitals NHS Trust (the ORH). A Clinical Librarianship pilot project has been implemented as part of ongoing efforts to provide information to clinicians at the time and point of need. Since March 2002 two Clinical Librarians have been working with the Emergency Department and Cardiac Directorate at the John Radcliffe Hospital in Oxford.

The project is intended to enable the Cairns Library to examine and develop new models of service to facilitate the provision of evidence-based health care within Oxford.

It is hoped that the project will provide a number of associated benefits:

- Improve and increase access to information relating directly to patient care and medical education.
- Support and enhance the routine application of evidence-based practice.
- Support the development of clinical governance.
- Provide an enhanced awareness of the specific information needs of frontline healthcare professionals and medical students.
- Identify information searching training needs amongst healthcare staff and medical students.
- Enhance information literacy amongst healthcare staff and medical students.

### **Clinical Librarianship**

Present day healthcare workers require rapid access to quality-appraised literature in support of patient care. However it has long been acknowledged [1-2] that a number of constraints stand in the way of their access to, and effective use of, the growing medical knowledge base.

In the United States, this situation has been addressed for some time [3-4] by the use of Clinical Librarians. A particularly well known model has been developed by the Eskin Biomedical Library at the Vanderbilt Medical Centre [5].

In recent years the concept of Clinical Librarianship has been enthusiastically adopted by a number of organisations in the United Kingdom [6-8]. In the course of this work, various models of Clinical Librarianship have been developed that involve the librarian working in different areas, with differing numbers of teams and groups of healthcare workers, and at differing levels of proximity to the bedside.

### **Local Background**

#### **Clinical Governance and Evidence-based Practice in Oxford.**

The largest NHS Trust in Oxfordshire, the Oxford Radcliffe Hospitals NHS Trust serves a population of over 600,000. The John Radcliffe Hospital (the largest within the Trust) is the main acute hospital for Oxfordshire with nearly 800 beds and almost 8,000 staff of whom 62% are clinical. It is the main hospital in the region for accidents and emergencies, trauma, paediatrics, surgery, general medicine, obstetrics and gynaecology and cardiac services.

Like every other NHS Trust, the ORH has undertaken a wide range of initiatives to enhance the development of clinical governance and has recently undergone significant internal restructuring including the creation of a Clinical Governance Support Unit.

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\* Quotes from clinicians using the Cairns Library Clinical Librarian service

Oxford has long been an important location in the development of evidence-based practice and is home to a number of groups and projects in this field including the Centre for Evidence-Based Medicine, the Centre for Evidence-Based Mental Health, the Critical Appraisal Skills Programme and *Bandolier*.

### **Clinical Librarianship in Oxford**

The Cairns Library and the Centre for Evidence-Based Medicine were among the early participants in the recent upsurge of interest and activity in Clinical Librarianship in the United Kingdom [9]. During the period September 1997 to September 1998 they carried out a pilot study to assess the need for a Clinical Librarian in Oxford.

For three separate months a librarian was attached to a clinical team to observe the information needs of the clinicians and medical students on post-take rounds and in subsequent clinical meetings. Her remit was to provide immediate and post-take access to information to inform their practice. While generally regarded as a success (particularly in provision of point of need information seeking skills training and advice to medical students) this project was extremely time consuming and expensive – requiring almost three-quarters of the time of a professional librarian to serve the needs of just one medical team.

For various reasons (including funding issues and changes of personnel) the Cairns Library was unable to build the initial pilot into a fully developed research project in the years immediately following 1998. It was not until 2001 that the Cairns was once again in a position to investigate the possibilities offered by this approach to information provision.

### **Cairns Library Clinical Librarianship Project**

Funding for a new Clinical Librarianship project in Oxford was obtained from ODHIDF (Oxford and District Hospitals Improvement and Development Fund) a local medical charity and the project bid was supported by the Head of the Medical Sciences Division University of Oxford, the Director of the Clinical Governance Support Unit and the Director of the Centre for Evidence-Based Medicine. The funding enabled the Library to pay for one FTE post at an academic-related grade and the project was divided into two main stages.

#### **Stage One**

The aims of the first stage were to identify:

- The various models of Clinical Librarianship that have been developed.
- Clinical groups in Oxford willing to participate in the project.
- The appropriate models that could be applied to these groups.
- The level of contact required with the clinical team and the preferred environment in which this contact would take place.

A range of approaches were used to raise awareness of the project and to obtain expressions of interest from clinical departments within the Trust. These included personal approaches to local champions of evidence-based practice and clinical governance as well as approaches to specific clinicians who had expressed a prior interest in the project and a message posted on the ORH e-mail system and bulletin board.

The two departments to respond with most enthusiasm and alacrity were the Cardiac Directorate and the Emergency Department and it was agreed to take the project forward within these two clinical areas.

A scoping study was undertaken to identify and contact existing Clinical Librarianship projects and services in the United Kingdom and elsewhere and a brief literature search was also conducted. Additionally, one of the authors undertook a visit to the Eshkind Biomedical Library (with the support of the IIS John Campbell Bursary and the University of Oxford).

Project staff were keen to identify the best mechanisms to ensure that the project responded with flexibility to the specific information needs and approach required by the clinical areas involved. The main themes to emerge from this scoping study (many of which had also been identified by the Clinical Librarianship project in Leicester [10]) were:

- The need to identify project and EBM champions.
- The remit of the clinical librarians must be determined by the individual teams that they are involved with.

- Making provision for evaluation is very important from the early stages.
- The importance of integrating well with the team that the librarian is working with.
- The importance of starting small and building up gradually.
- The importance of working with all members of the multidisciplinary team if possible.
- The importance of providing the post-holder with adequate and protected time.
- The importance of maintaining regular contact with both clinical staff and the host library service.

## Stage Two

The aim of the second stage was to implement and evaluate a Clinical Librarian programme.

A Clinical Librarian started work on the 4<sup>th</sup> of February 2002. Her remit was to act as Clinical Librarian to the Emergency Department and to provide cover to enable an existing member of library staff to undertake a similar role with the Cardiac Directorate.

It was decided to split the post so that a new member of staff would not be expected to go in cold to two clinical departments as well as having to become familiar with the policies and procedures of a library that was new to them. It was also felt that this approach would provide more flexibility (for example in case of illness and holidays) and would allow existing staff an opportunity to develop professionally.

Initially it was agreed with each clinical area that they would be able to use their Clinical Librarian for the equivalent of 2.5 days per week and after a month long period of induction into the Cairns Library for the new member of staff, both librarians started working with their clinical areas on the 4<sup>th</sup> of March.

Following discussions with clinical and managerial staff within the two target clinical areas and given that Oxford had already experimented with the ward rounding model, it was decided that slightly different approaches would be used with each department. This reflected, in part, the different staff groups involved in each area as well as the different priorities expressed by each department. It was felt important that the models adopted matched the expressed needs of the clinical areas rather than expecting them to accept a predetermined and rigid model of information support.

It became apparent early in discussions that the models preferred at least initially by each department were several steps further back from the bedside than the model used in the earlier pilot - being a combination of various roles in support of the demands of clinical governance within each area.

Despite some differences, the services provided to both departments have many common elements. Both Clinical Librarians provide or undertake:

- Literature searches on demand.
- Support for local projects.
- Training provision / facilitation (search skills, use of resources, resource awareness).
  - One to one.
  - Groups.
- One to one help and advice.
- A named librarian and a priority service for each clinical team.
- A visible presence.
- Attendance at departmental meetings, for example guideline development & risk management meetings.
- Ad hoc and planned meetings with key personnel.
- A service backed up by the Cairns Library team and resources.

## Clinical Librarianship in the Cardiac Directorate

The involvement of the Cardiac Directorate in the Clinical Librarianship project has been led by the Directorate Manager and senior nurses has focused to date on the nursing staff. This has included supporting professional development, the development of care plans and protocols and answering questions related to day-to-day clinical practice and policies.

The Cardiac Directorate at the John Radcliffe Hospital is one of the leading centres for cardiac care and cardiothoracic surgery in the United Kingdom. Divided into two main areas of clinical activity – Cardiac Medicine and Cardiothoracic Surgery - it employs over 230 nursing and medical staff.

The Directorate is driven by the same external pressures as most other clinical centres in the UK, for example by targets set in the National Service Framework for Coronary Heart Disease and the many other

strands of the clinical governance agenda. The Directorate has also been affected by a number of internal factors such as the developments resulting from an external review in November 2000, a cardiac nursing strategy project, a ten year strategy for Cardiac services and a planned expansion of the Directorate.

A number of nurses with specific responsibilities for professional development, research and specialist areas of practice are employed within the Directorate. Its staff are encouraged to develop their skills and clinical knowledge and to undertake further qualifications. Ongoing initiatives include a rolling programme of training and groups such as a nurses' journal club.

Within each main clinical area groups have been set up to examine a range of issues affecting patient care. This includes the revising and development of local care plans, auditing care and developing staff competencies. Groups have been also brought together to develop policies and actions in areas such as communication, recruitment and retention and research. The Directorate is developing a range of integrated care pathways and places a strong emphasis on providing day-to-day patient care that is evidence based.

It was agreed that within the Cardiac Directorate the Clinical Librarian would act as a resource who could be called upon as and when needed to provide information support and advice to any of the above groups and individuals.

So far this has included:

- Attendance at the Directorate Risk Management Meeting.
- Attendance at the senior staff meetings of the Cardiothoracic Unit and the Cardiac Unit (as required by the Directorate Manager).
- Attendance and support for the Research, Communication, and Recruitment and Retention groups.
- Participation in study days.
- Ad hoc meetings with a range of specialist staff.
- One-to-one help and advice on search strategies.
- Search requests from and meetings with Resource Group leads.

Searches have been generated by all of these groups as well as by several specialist staff. Searches have also been generated by individual approaches from nursing staff who have learnt of the service from their supervisors and colleagues.

### **Clinical Librarianship in the Emergency Department**

The involvement of the Emergency Department in the Clinical Librarian project has been spearheaded by the Clinical Director; a consultant in Emergency Medicine. He envisaged the main focus of the Clinical Librarian's time being spent on preparatory work for the Guideline Development Project. The rest of the Clinical Librarian's time was allocated to providing information on urgent and occasional questions regarding patient care. Time has also been spent delivering or facilitating search skills training to medical students and doctors in training grades. The Emergency Department employs four consultants, five SpRs (Specialist Registrars), one Staff Grade, fifteen SHOs (Senior House Officers), and eighteen medical students.

The aim of the Guideline Development Project (GDP) is to improve upon existing guidelines available within the department by producing a set of local, easily (electronically) accessible, user-oriented, evidence-based guidelines for the use of doctors (mainly SHOs) in the Emergency Department. It should be recognised that this is only one element of a multi-faceted approach to improving patient care.

In relation to the GDP project so far, the Clinical Librarian has attended bi-monthly meetings of the full group, created an aims and objectives document and a project framework and timescale (in partnership with the project's lead SpR) and conducted in-depth literature searches for twelve 'first draft' guidelines.

Time has also been spent:

- Assisting SpRs with exam preparation for Fellowship examinations (helping research extensive clinical topic reviews).
- Supporting other lifelong learning opportunities e.g. MSc in Evidence-based Healthcare.
- Providing and facilitating access to search skills training.
- Providing evidence to support senior clinicians' decisions relating to particular types of treatment or changes in procedure.
- Carrying out searches in response to specific patient's treatment.
- Taking part in on-going programmes of education and training.

## Reflections on the Clinical Librarian Project to Date – Highlights, Lessons and Challenges

With staff working in the clinical areas since March 2002, it is still early days, but a number of issues have become apparent and a number of lessons have already been learned. The experience so far has been tremendously rewarding.

Some of the highlights and lessons learnt from the project to date include:

- The opportunity to work directly with a clinical team.
- Being valued for a professional contribution within a multi-disciplinary team.
- Having constantly changing, varied and interesting work.
- Developing on-going professional relationships with a group of staff that lead to;
  - an in-depth knowledge of departmental working methods
  - providing a more holistic approach to information provision
  - better knowledge of general and specific medical terminology (and jargon!)
  - better anticipation of ongoing clinical information needs.
- The need for perseverance and use of the 'drip, drip' approach.
- Setting up the initial groundwork in each department (e.g. getting procedures in place, making contact with individuals and groups of people) is extremely time consuming.

Some of the challenges are:

- Making contact with constantly changing personnel (particularly medical students and SHOs).
- Keeping contact and 'touching base' with busy clinicians.
- Developing project management skills to properly 'frame' and keeping track of elements of the Clinical Librarian project as a whole and the individual elements of the project (e.g. the GDP).
- Difficulties of balancing the demands of the Clinical Librarian project with other duties.
- Keeping up with the project administration and evaluation including the collection of statistics, when this takes time away from actually 'doing the job'!
- "Bothering" busy clinicians on administrative matters (for example charging for inter-library loans).
- The difficulty of measuring the direct impact of the project rather than perceived benefits.
- Maintaining visibility and balancing marketing the service against the threat of being inundated with work.
- The weakness of the evidence base in many areas of current clinical practice. Given this weakness the GDP aims to be transparent about the retrieval techniques used and states the origins behind the evidence to allow improvements and updates to be made on a regular basis in many areas of current clinical practice.

## Evaluation

It is hoped to be able to assess:

- The perceived value and educational benefits to clinicians, medical students and the Oxford Radcliffe Hospitals NHS Trust.
- The impact of the programme on the library use and information seeking skills and behaviour of the clinicians, medical students and other health professionals involved.
- The benefits to patient care of clinician and medical student participation in the project.

The impacts of the service will be measured by a number of methods. A questionnaire (designed and analysed by the researcher) will be used to gauge the perceived value and educational benefits of the project to clinicians and medical students. Routine library usage data will be examined to evaluate the impact of the project on library use by the clinical areas involved in the project. The benefits to patient care will be examined using a critical interview technique.

In addition, feedback questionnaires are sent retrospectively of each search to the recipient of the search results. This is based (with permission) on a form used by the Clinical Librarian project at the University Hospitals of Leicester NHS Trust. It is used as an attempt to measure the immediate and longer term use and benefits of the information provided. It is intended that reflective diaries will be kept by project staff from August 2002 for the second half of the project in the clinical areas.

## Conclusion

Taking personalised information services out of the library has undoubtedly increased our knowledge and understanding of the clinical and cultural environment in which healthcare professionals operate. This has enabled us to deliver services in a responsive and timely fashion that are more tailored to their needs. An additional benefit has been the opportunity to provide excellent customer care and to dispel myths about libraries and librarians, a process that is vital in becoming a relevant, well used and highly valued core service.

As with changing practice in any setting, immediate dramatic benefits are rarely seen. It should be recognised that the Clinical Librarian project of 'on-site outreach' is only part of a multi-faceted approach to improving patient care and contributing to clinical governance. More than one year of part-time input will be required to build upon initial progress to create a sustainable, beneficial programme of integrated clinician and library partnership.

Formal evaluation of the project has yet to be completed (although anecdotal feedback has been positive). However, a number of future developments both short and longer term (dependent on a positive evaluation and continued funding) are planned based on our work and experiences to date. These include:

- An expansion of the GDP from a base of twenty to approximately one hundred guidelines to be produced within a two year timescale. This increase in project size will mean:
  - an increased but steadier workflow for the Clinical Librarian project
  - an increase in the number of people and 'clinical personnel' involved (expanding to include SHOs)
- An expansion of the Cardiac Clinical Librarian's role to include support for medical staff. Options discussed so far include:
  - Journal club support.
  - Attendance on some ward rounds.
  - In depth support for research projects.
- The project will be formally evaluated.
- Measures will be taken to increase the visibility of the service in both clinical areas.
- Increased involvement in education and training.
- Lobbying the host NHS Trust for funds to continue the project.

The document *Clinical Governance in the New NHS* noted that, "Linkages will also need to be made to library services to support local implementation of clinical governance"[11]. The development of appropriate and point of need services such as Clinical Librarians is an excellent method of encouraging its development at the very frontline of healthcare.

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**Cairns Library, August 2002.**

## References

1. Daividoff, F. and V. Florance, *The Informationist: A new health profession?* *Annals of Internal Medicine*, 2000. **132**(12): p. 996-998.
2. Straus, S.E. and F.A. McAlister, *Evidence-based medicine: a commentary on common criticisms.* *Journal of the Canadian Medical Association*, 2000. **163**(7): p. 837-841.
3. Giuse, N.B., *Advancing the practice of clinical medical librarianship.* *Bulletin of the Medical Library Association*, 1997. **85**(4): p. 437-8.
4. Lipscomb, C.E., *Historical notes: clinical librarianship.* *Bulletin of the Medical Library Association*, 2000. **88**(4): p. 393-395.
5. Giuse, N.B., *et al.*, *Clinical medical librarianship: the Vanderbilt experience.* *Bulletin of the Medical Library Association*, 1998. **86**(3): p. 412-6.
6. Glassington, L., *The Library and Information Services for Clinical Effectiveness (LISCE) Project.* *Inform*, 2001. **12**(1).
7. Reid, L. and G. Ikkos, *The impact of clinical governance on the library and information service: clinical librarian case study.* *Inform*, 2001. **12**(1).
8. Watson, J.A. and A. Weist, *The Forrest Healthcare clinical support librarian: 6 months on.* *Health Libraries Review*, 2000. **17**(4): p. 219-221.
9. Lusher, A. *Getting evidence to the bedside.* in *Libraries without limits: Changing Needs-Changing Roles. Proceedings of the Sixth European Conference of Medical and Health Librarians.* 1999. Dordrecht.
10. Anon. *Clinical Librarian Service: Providing research evidence at the point of clinical need. How to set up a clinical librarian service.* <http://www.le.ac.uk/li/lgh/library/clhow.htm>, Accessed 14/08/02, University Hospitals of Leicester NHS Trust. Education Centre Library.
11. Great Britain. Dept. of Health. NHS Management Executive, *Clinical governance : quality in the new NHS.* Health service circular ; 1999/065. 1999, London: Department of Health, NHS Executive.