Hitting high: advocating the power of knowledge to the core of the organisation.

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Background.

History itself tells us that the use of biomedical information is core to medical education, training, research and development. Yet never has the importance of knowledge in supporting clinical care been as well recognised as it is today. Words frequently spoken by Sir Muir Gray, former Chief Knowledge Officer of the NHS are "Knowledge is the enemy of disease, the application of what we know will have a bigger impact than any drug or technology likely to be introduced in the next decade" [1]. Evidence is a key component of knowledge, is often in the form of research outputs and is reported to us through the several hundred articles published in the biomedical literature each day [2].

Research outputs are often reported in traditional journals, accessible through paper and online subscriptions and document supply services. Over recent years we have seen a move towards the open access publishing model; offering an additional route into evidence. Following recent mandates from funding councils some research publications are later deposited in repositories and therefore made publicly available, others are not. Whilst opening up the availability of information, each route can add a further dimension to the quest to access the best available evidence, the validity and relevance of published research is of variable quality and only a small proportion of published research is of real relevance to clinical practice.

Sheffield Teaching Hospitals NHS Foundation Trust (STH) is one of the largest NHS acute Trusts in the UK. It employs over 13,000 staff and responds to around 1 million patient episodes each year. In addition to providing local acute services to the people of Sheffield, STH is home to a number of regional and national specialist centres. A strong emphasis on research and teaching underpins a philosophy of innovation throughout the workforce. This, in turn, extends to an endeavour to deliver excellent patient care, a standard which requires sharing of best practice and discovery of the best current evidence.

Within NHS England, the development of knowledge services policy has never been as active as in recent years. A national review of NHS funded Library services [3] and a new Library Quality Assurance Framework (LQAF) [4] have been recently published. The contents of those documents make clear that the traditional role of keeper of information is no longer sufficient in today's NHS. Historically, our colleagues have provided a pivotal role within the organisation. They have carried out literature searches, produced current awareness bulletins, dealt with reference enquiries and obtained documents from worldwide locations. Furthermore, our premises have acted as repositories for major collections of print materials and as study spaces for the many customers who have passed through the doors. Yet, what are the outcomes? How does the librarian contribute to the outcome of the NHS organisation? Furthermore, how is it measured? Questions that we have struggled with over a number of years have now been alluded to in the national review and LQAF "is it of consequence how many people pass through our doors?" or is it more important that our work is recognised for contributing to the provision of excellent patient care within our organisation?"

Aim.

So, how do the clinicians and managers working within STH navigate the plethora of information that is available to them? Our aim, as librarians, is to support them in locating and retrieving the best quality and most relevant evidence to underpin their choices and decision making. Like other health care librarians, we have worked with clinicians on an individual and group basis to achieve this. Whilst this important work continues through our outreach service and produces excellent feedback, it only offers a trickle effect in such a large NHS organisation. We aim to advocate the power of information, work towards embedding its importance into the core of the organisation and to use this in a way that establishes the Library's position as advocate and enabler of evidence based health care. We have targeted leaders within STH and introduced to them the concept that the workforce can be information rich and knowledge poor. We question how, through our services, we can help them to foster clinicians who are wise, knowledgeable and informed.

Methods.

We take the message from the former Chief Knowledge Officer for NHS England [5] *"In the 21st Century, knowledge is the key element to improving health. In the same way that people need clean, clear water, they have a right to clean, clear knowledge"* and use a variety of ways to spread the word throughout STH. The methods are fluid, we have taken various opportunities as they have arisen and will continue to seek openings through our contacts within the Trust.

The STH leadership conference offered an excellent opportunity to share our message and promote the local library service. We delivered a presentation to clinical and educational leads along with those in Trust management roles. Instead of the standard session outlining our service offer, we discussed with the group some of the issues surrounding the availability and potential use of information and considered ways of overcoming them. We encouraged individual reflection, group discussion and feedback. Broadly, the session covered the following:

- An introduction to the concept of knowledge and of the role of information as a key component of knowledge. We described the notion of information rich yet knowledge poor and asked "where is the wisdom we have lost in knowledge, where is the knowledge we have lost in information?" [6]. Additionally, we discussed the principles of evidence based health care and how best evidence, when coupled with clinical expertise and patient values can contribute to the best quality patient care;
- An overview of the important barriers to increased use of evidence, which have been reported to be knowledge, familiarity, basic skills, lack of time and an expectation that the answer will not be found [7,8]. The participants at the session were then asked to share with a partner an experience of theirs where they became challenged, either by finding no evidence (described as an uncertainty), they found the evidence overwhelming (information rich?) or they had no idea where or how to look for evidence (knowledge poor?). Conversely, they could choose to describe a Eureka moment from their experience of discovering good quality information;
- The group then moved through healthcare information from over the years. We began by looking at an example offered by the James Lind Library from c1550 BCE [9] and discussed briefly the distinct lack of any evidence base. We moved on to an example from 1764 [10] and asked the group to offer their view on how and whether this was evidence based, how the notion of an information poor era might have affected its use and how we perceive that the dissemination of healthcare information might have progressed since the 18th Century.

- Following that discussion, we moved to around 20 years ago and the conception of the Cochrane Collaboration. We described the background to the meta-analysis that forms the Cochrane logo, which left the audience contemplating a situation from very recently and how, without guidance and support, their profession may well be working in an information rich society, era and environment but yet can still show traits of being knowledge poor.
- A demonstration of the resources available to take healthcare professionals through finding different levels of evidence and a very brief overview of our outreach service was then provided, along with our contact details.

We have adopted a similar approach at different forums since, including meetings with the Chief Nurse and Matrons, with the Chief Knowledge Officer and with Medical Education colleagues. Over recent years we've adopted an icon including the motto "The Health Sciences Library: bringing the evidence to your fingertips" and use that throughout our documentation, publicity and presentations. Additionally, over the past two years, we have tailored our annual report of activities to STH to provide information about the work we've been carrying out set against this "power of information" background as opposed to providing hard statistical information as was usual in the past.

Results.

There is no hard evidence to demonstrate that the delivery of this message has created any impact on our services or on the clinical and managerial decision making that forms its core. From our experience, however, it has become apparent that to deliver sessions or presentations aiming to advocate how powerful information can be in a clinical setting, to demonstrate the pitfalls and issues and to discuss the barriers can offer healthcare librarians a credible backdrop against which to promote their services. The sessions that we have offered in this way have provided us with a great deal more follow up, positive feedback and requests for outreach services than any of the demonstrations or descriptions of what we can offer have done in the past.

Discussion.

The work that we have described will continue to take place and, we believe, is creating increased demand for the outreach service. Over the coming year, we intend to measure what impact some of our outreach services have on the work of STH staff. We will use critical incidents to establish to what extent our services impact the clinical/managerial decision making, the educational needs and the time efficiencies of the customers of those services. We will begin by taking general information skills training and one-to-one literature searching sessions as the critical incident, and three weeks after their session, we will invite attendees to respond, answering a variety of questions, in the following three weeks. We are intersted to know whether the session will have had any impact on their work over a period of around a month and also whether they anticipate that it will impact in the future. We would hope to establish that our services do contribute to the provision of excellent care within our organisation and to obtain data to offer practical and local examples which further support our message advocating the power of knowledge to the core of that organisation.

References.

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