



Clinical Librarian Service: Providing research evidence at the point of clinical need



Systematic Review of Clinical Librarianship. *Catherine Beverley*

Background

Clinical librarianship (CL) which is currently undergoing a revival in the UK [1]. [2] is defined within this systematic review as, the provision of quality-filtered case-specific information directly to health professionals in acute settings to support clinical decision making [3]. This review originally aimed to build upon the work of Cimpl [4] in attempting to establish the evidence base for CL.

Aims

To determine whether a CL service:

1. Improves patient care
2. Has an impact on clinician's use of the literature in practice

Methods

A systematic review of the literature was undertaken [5]. The search strategy employed multiple methods:

Searching major information science, health and social science databases

Internet searches

Citation searching on key articles

Following up the references cited in included studies, as well as those in several established CL bibliographies

Handsearching key journals

Search terms included: clinical (medical/support) librarian(s), clinical information librarian(s)/professional(s)/specialist(s), informationist(s), etc.

Studies were assessed against explicit inclusion and exclusion criteria. Research studies were then critically appraised using the CRISTAL (CRITICAL Skills Training in Appraisal for Librarians [6]) checklist and key data and themes were elicited using pre-determined extraction forms.

Results

214 unique references were retrieved. Of the 169 obtained, 14 evaluative, and a further 30 descriptive studies met the inclusion criteria. On the whole, the quality of the literature was poor, and this must be taken into consideration when interpreting the results. Very little information was provided with regard to the specified outcomes. More detailed findings will be presented at the conference.

Conclusions

Although there is an accepted assumption that CL plays an important role in improved patient care, this review has identified little evidence to support this. A lack of evidence does not necessarily equate to ineffectiveness, but instead indicates that further high quality research is needed.

As a result of our abstract being published in *Hypothesis*, the Newsletter of the Research Section of the MLA, we are now collaborating with Kay Cimpl Wagner and Gary Byrd in America. It is anticipated that our combined findings will be published in the Special Issue of the *Health Information and Libraries Journal* in 2003.

Clinical Support Librarian at Whipps Cross University Trust - two year progress report. *Julie Anne Watson*

I started as Clinical Support Librarian (CSL) at Whipps Cross multidisciplinary library in November 1999, to continue the library agenda of improving access to information at the point of clinical need. The post was funded for two and a half years by the London Deanery as part of a Blending Services with Training initiative. The two main aims of the post were to offer training to enable clinicians to access quality information and to provide a literature searching service.

Meetings were set up with ward and therapy managers, and consultant education leads, with posters and training programmes being sent throughout the trust. The service developed very much in response to individual team needs. The trust network was being extended into clinical areas as the CSL post was developing, providing an opportunity to promote services and integrate the role with clinical teams through promotion of library databases.

Literature search requests are driven by four main needs, namely individual patient care, service development, professional development or research.

CSL project involvement ranges from facilitation of an evidence-based journal club for the mental health junior doctors to attendance at a pre-ward round meeting to facilitate answers to questions in response to individual patient care.

Recent evaluation by an MSc student from City University has shown the benefits of having a dedicated member of library staff to be able to concentrate on clinical information support and the flexibility to be able to adapt services and the place of support to suit individual needs.

Examples of change in practice through CSL / clinician collaboration include development of a clinical pathway for orthopaedic patients to reduce incidence of DVT, and reduction of in-patient stay for patients undergoing knee replacement through recommendation of bilateral replacement in place of unilateral as a result of extensive literature searching combined with audit.

Notes from Morning Report: A Hospital Librarian on the Bleeding Edge of Medicine. *Michael J. Schott*

If physicians are the gods of our time, dispensing life and death from their competent hands, then the clinical librarian must be their oracle. We listen to the stories of these gods as shamans did of old, interpreting the bones and entrails of a story and change it into the language of medicine, supporting the story with our holy book, the Cumulated Index Medicus. Untrained in the caring arts, we must keep the secrets of the stories and care in secret.

The Library & Information Support for Clinical Effectiveness (LISCE) project – an account of outcomes achieved to date. *Lesley Glassington*

The Library & Information Support for Clinical Effectiveness (LISCE) project has been running within UCLH since July 2000. Against the backdrop of recent Government initiatives, in particular the *NHS Plan* and *Information for Health*, the original remit was to investigate ways in which Librarians can support the roll-out of Clinical Governance, within the Trust, and thus establish a unique collaborative partnership within the multi-disciplinary setting.

Success or failure of the project was pre-determined by establishing, a close working partnership with a clinician providing the link between the librarian and the multidisciplinary team, and that the team themselves would define the outcomes of what they intended to achieve from the project. These factors were considered essential for the success of the project, as the 'link' would enable access to the clinical team through team meetings, ward rounds etc, and that by the clinical team defining their own remit, momentum of the project would not be lost.

By working within the clinical environment, as a member of the multi-disciplinary team, it was anticipated that the Clinical Effectiveness Librarian would be seen as an effective resource in providing support necessary to achieve the original outcomes defined by each department. However, the cultural change necessary for the success of working outside the traditional library environment, has been challenging for both the Librarian and departments working within the project.

The paper gives an account of how the project has developed within the original remit, and describes the outcomes achieved thus far. However, It will also examine the barriers, which have prevented the project continuing within the original remit and looks at how the original specifications have developed within this context. It is expected that the project will be extended to provide a Trust wide service, any additional findings will be added to the final paper.

Pilot study: Delivery of evidence during labour suite ward round. Neelima Deshpande (Specialist Registrar in Obstetrics and Gynaecology), Aravinthan Coomarasamy, (Research Fellow in evidence based medicine), Mary Publicover (Trust Clinical Librarian), Harry Gee (Consultant Obstetrician) Khalid S Khan (Consultant Obstetrician and Gynaecologist) Birmingham Women's Hospital

Objective: To conduct a pilot study to assess the feasibility of an evidence-based ward round project in obstetric practice.

Methods: A clinical librarian and clinical research fellow attended one ward round per week, for a period of 16 weeks, on a labour suite equipped with an internet connection and fax facilities. During patient-centred discussions, queries were identified, and questions formulated. The librarian and research fellow then performed literature searches and acquired and critically appraised relevant evidence.

Measures of outcome: The numbers of questions and searches, the resources searched, and the numbers of articles found and appraised on the ward round. The appraised evidence was examined to determine whether it could contribute to patient care, and how.

Results: 42 questions were raised and 20 of these initiated searches. 17 searches led to the retrieval of apparently relevant evidence from the Cochrane Library or Medline. However due to a delay in obtaining and appraising articles, only seven of these articles were appraised in time to affect decisions on that ward round. Three studies contributed to a differential diagnosis, one to the use of a diagnostic test, two studies related to choice of therapy and one to minimising risk.

Conclusion: Analysis of these outcomes indicated that this approach is feasible and could potentially improve patient care. A larger scale project would be worthwhile if consideration is given to:

1. The timing of the ward round. A morning session may improve the probability of providing evidence in time.
2. Improving reliability of internet access and availability of electronic journals
3. Mechanism for feedback and action on any evidence especially when the evidence becomes available after the ward round
4. Incorporation of midwifery issues
5. The use of the programme as an educational tool to model evidence based health care.

Bringing Evidence to the Point of Care. Sharon Straus

Physicians need access to high-quality evidence for clinical decision making. Questions frequently arise during patient care and occur approximately 5 times for every inpatient and twice for every 3 outpatients. Traditional sources for this information are inadequate because they are out of date (textbooks), frequently wrong (experts), ineffective (didactic continuing medical education) or too overwhelming in their volume and too variable in their validity for practical use (medical journals). Clinicians are also limited by their inability to afford more than a few seconds per patient for finding and assimilating the evidence.

In an attempt to determine if these challenges could be met, we evaluated the use of an 'evidence cart' for finding evidence during clinical rounds for a 1-month period on a medical inpatient service. The medical housestaff rated the experience highly and greatly valued the instant access to the evidence. We also observed that the housestaff needed access to the information within 30 seconds and if the search took longer than this, it was abandoned. When the cart was removed, the perceived need for evidence rose sharply but a search for it was carried out only 12% of the time because the housestaff did not have access to the evidence on the ward and had to travel to the library to perform the searches.

We subsequently evaluated the effectiveness of radiolinked mobile computers for bringing evidence to the point of care. High-quality evidence resources were provided on the hospital network allowing the housestaff to search for answers to their clinical questions. Additionally, direct links were available from individual lab results to relevant evidence. While making evidence available to the housestaff increased the extent to which it was sought and incorporated into patient care decisions, the housestaff felt that the system was too slow for their purposes.

This session will review some of the efforts that have been made to bring evidence to the point of care and to outline some ongoing research projects in this area.

Partners in Patient Care: Librarians as Members of Multidisciplinary Teams in Support of Evidence-Based Learning. Nunzia Bettinsoli Giuse, Kimbra Wilder Gish, Rebecca Jerome.

Just as nutritionists, pharmacists, and others are acknowledged as experts in vital areas that impact patient care, librarians can establish themselves as legitimate partners in the provision of high-quality health care. This level of integration is successful only if librarians can gain clinicians' trust during rounds by displaying a significant understanding of the clinical environment and individual clinical cases. Consequently, training for clinical librarians is targeted toward developing a high level of clinical knowledge that supports their ability to interact on rounds, to search effectively, and - crucially - to interpret the medical literature. This cannot be an auxiliary or supplemental program; a team effort is essential, with support from a program director and program coordinator in addition to clinical librarians, all participating in an institutional culture which fosters and supports continual learning. The process is synergistic, with feedback from rounds impacting library routines at all levels, consequently enhancing the quality of the service. In-depth training is the cornerstone of program success, and is crucial to ensuring librarians' successful integration with clinical teams. Training should be initiated early and should not end for any librarian, with perpetual learning from colleagues and clinical activities playing a key role in professional development.

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