

Survey of UK Clinical Librarians June 2005

Final report and contribution to the audit of rapid response clinical question answering services in England and Wales 2005

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Executive summary

Aims

- To repeat part of the February 2004 survey of health information professionals in the UK offering clinical librarian or similar outreach information services to staff in hospital settings
- To update a web based CL contacts list
- To identify a subset of CLs offering rapid response answers to clinical questions and direct them towards the National Knowledge Service audit of Clinical Question Answering Services in England and Wales.

Methods

Recruitment was via email discussion lists and postal invitation to all UK health libraries. All information professionals in the UK doing this kind of work were invited to participate, including personal invitations to those who

completed the 2004 survey, who were asked for updated information on their service. Further contacts were made by word of mouth and via those recruited. The survey tool was a subset of questions from the 2004 survey.

Results

Those CLs meeting the entry criteria for the national audit¹ were invited to take part in that. Both surveys were conducted online. Twenty five people met the inclusion criteria for the CL survey, of which eleven had completed the one in 2004. Fifteen CL services no longer felt that they fulfilled the criteria of the survey.

The majority of CLs:

- Work for an NHS acute hospital
- Have been in post > 1 year
- Work full time, with 15/26 (60%) on permanent contract

Posts are more likely to be 100% devoted to a CL role than in 2004, with 20/25 working as a CL for 50% or more of their time.

Variation in % time spent on different activities is still apparent with at least one respondent's role involving no clinical meetings and mostly teaching, with another reporting literature searching as their main activity. Most combine clinical meetings, literature searching and teaching in varying proportions.

Of those CL services (6) that went on to submit to the main CQAS audit questionnaire, most of their responses reflected those of other CQAS.

Key differences were apparent in:

- The way that clinical questions are captured by CLs (proportionately more via clinical meetings or ward rounds)
- The fact that no CL services report conducting critical appraisal of search results. Caution should be exercised when interpreting the results in fig. 10 as the definitions of each category may have been interpreted differently by respondents.

Conclusion

There are 25 CLs currently working in the UK and 6 CL services (16 staff) offering rapid clinical question answering services to healthcare staff in England and Wales. There is a large degree of consistency in many areas of service delivery between CL and other CQAS services. This report highlights some of the differences that could be addressed by national CQAS developments and also provides a baseline estimate of the potential workforce available to contribute to the NKS programme.

¹ Lacey Bryant S. A national audit of clinical question answering services: a report to the NHS National Knowledge service. Personal communication. 30/8/05.

Introduction and background

A major workstream of the NHS National Knowledge Service (NKS)² is to explore the potential for developing a National Clinical Question Answering Service, able to respond to the many clinical questions raised in everyday practice that go unanswered.

A study commissioned earlier this year by the NKS and undertaken by Professor Paul Glasziou and Linda Rozmovits at the University of Oxford³ provided a set of recommendations for national co-ordination and development of clinical question answering services. The report discussed a 'hub and spoke' model, building on existing services and one of the key recommendations was that a comprehensive national audit of existing clinical question answering services should be carried out.

Doctors.net.uk was commissioned to undertake a national audit of rapid response clinical question answering services (CQAS) in England and Wales.

Clinical Librarians (CLs) are one group of health information professionals who may have a role in this project and were targeting as potential contributors to the audit. Clinical librarians in the UK have been identified by a previous survey in 2004⁴. This recommended that a further survey would be beneficial as the picture was changing, with new CLs coming into post. NKS commissioned this second, parallel, survey with the intention that respondents would be offered the opportunity to link into the wider audit.

Aims

- To repeat part of the February 2004 survey of health information professionals in the UK offering clinical librarian or similar outreach information services to staff in hospital settings
- To update a web based CL contacts list
- To identify a subset of CLs offering rapid response answers to clinical questions and direct them towards the national audit of CQAS in England and Wales.

²NHS National Knowledge Service http://www.nks.nhs.uk/background_questionAnswering.asp. Accessed 31/8/05

³ Glasziou P. Rozmovits, University of Oxford. Design proposals for National Clinical Question Answering Services: a report to the NHS National Knowledge Service. April 2004.

⁴ Ward LM. A survey of UK clinical librarianship: February 2004. *Health information and libraries journal* 2005;**22**(1):26-34.

Scope

Criteria for submission to the CL survey were that:

- The service is offered as an outreach service involving presence in the clinical setting
- The service is offered to healthcare professionals in secondary or tertiary care

Criteria for submissions to the main audit questionnaire that:

- The service provides evidence-based answers to questions arising from patient care (and related learning activities)
- The service is delivered by staff separate from the healthcare providers managing the patients
- The service includes an interpretive component. This may include a summary of the findings and / or critical appraisal of the studies identified and / or evaluation of the relevance of the findings to the clinical scenario
- The service provides a rapid response (defined as a response within a short time frame e.g. 1-2 weeks)
- The service is offered to healthcare staff in England and Wales
- The service is offered at a national level or is currently providing a local service that might assume a role in contributing to national arrangements for such services in the future

Methods

Recruitment was via email discussion lists (lis-LKDN, lis-medical, clin-lib, evidence-based-libraries)⁵ and postal invitation to all UK health libraries. All information professionals in the UK doing this kind of work were invited to participate, including personal invitations to those who completed the 2004 survey, who were asked for updated information on their service. Further contacts were made by word of mouth and via those recruited. The survey tool was a subset of questions from the 2004 survey and was therefore used to update the demographics of CL services in the UK.

Those CLs meeting the entry criteria for the national audit⁶ were invited to take part in that. The author collaborated with Sue Lacey Bryant (for Doctors.net.uk) on the development of the main audit survey. Both surveys were conducted online, using *Insitiful Surveys*⁷ and the assistance of National Library for Health staff.

⁵ Archives available via <http://www.jiscmail.ac.uk>

⁶ Lacey Bryant S. A national audit of clinical question answering services: a report to the NHS National Knowledge service. Personal communication. 30/8/05.

⁷ Insitiful surveys. <http://www.insitifulsurveys.com/> Accessed 31/8/05

Results

Twenty five of twenty eight respondents met both criteria for the CL survey, the other three answering No to the questions:

1. Is your service offered by information professionals as an outreach service involving your presence in the clinical setting?
2. Is the service offered to healthcare professionals in secondary or tertiary care [i.e. excluding primary care]?

The majority of the questions in the CL survey were demographic, aimed at updating our contacts database on the web
<http://www.le.ac.uk/li/lgh/library/clcont.htm>

There were 25 respondents in 2005 compared with 26 in 2004. However, of these only 11 people responded to, and were eligible for, both CL surveys. This shows a changing picture possibly due to the fact that many of the CL services in 2004 were pilot in nature. This is illustrated by the changes in proportion of role devoted to CL work: only 10 respondents reported greater than 50% of their role devoted to CL work in 2004. In 2005, this figure is now 20. See fig. 1.

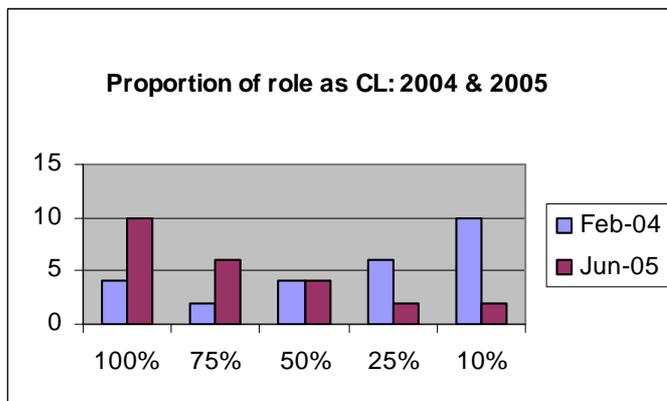


Fig. 1 Proportion of role as CL

The geographic distribution of CLs is broad, as in February 2004.



Fig. 2 Geographical distribution of CLs in 2005

See appendix A for a list of the 24 (of 25) eligible respondents willing for their details to be made public. This includes their contact details and employing organizations.

Employers were mainly NHS Acute trusts

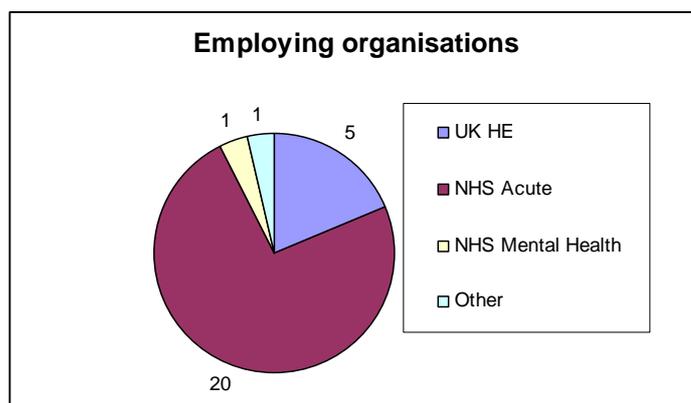


Fig. 3 Employers

Data related to posts

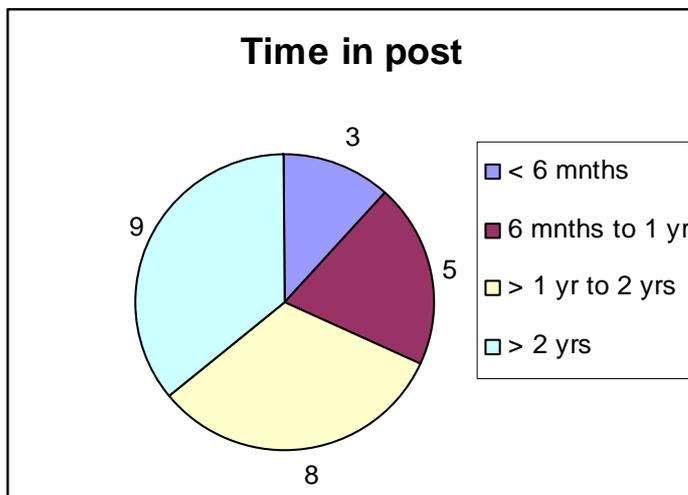


Fig. 4 Time in post 2005

	2004	2005
Full / part time	22 / 4	23 / 2
Permanent / fixed term	18 / 8	15 / 10
Fixed term contracts	Mode = 24 months	Mode = 24 months Mean = 25 months Median = 24 months Range = 12 mnths to 5 yrs
Annual salary	Mode = £20k -£ 24k	
< £20k		2
£20k to £24k		10
£24+k to £28k		8
> £28k		5

Table 1. Role demographics

As before, most CLs work full time, with a slight shift downwards in the proportion on permanent contracts (69% in 2004; 60% in 2005).

CLs do the majority of their on-line information searching in their libraries (20/25), with 2 reporting that they do most searching outside their library and 3 that they do equal amounts within and outside. 11 use a laptop computer, 1 a tablet PC and 4 use Personal digital Assistants (PDAs).

Variability in the time spent on different activities is illustrated in Fig. 5. At least one respondent's role involves no clinical meetings and mostly teaching, with another reporting literature searching as their principle activity.

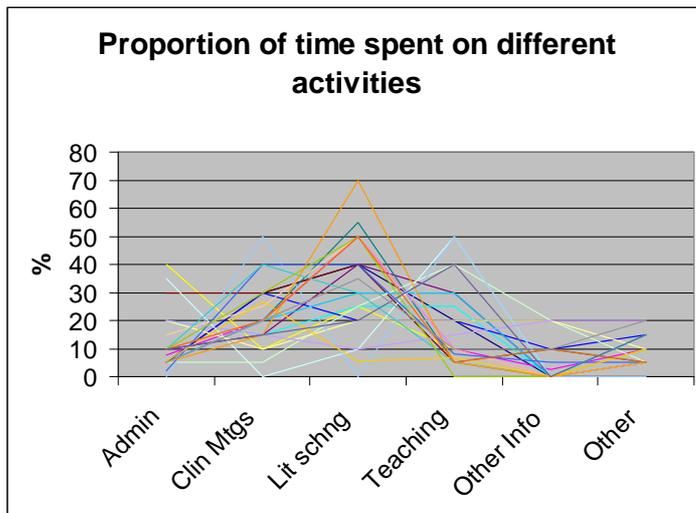


Fig. 5 Activities

On the question of whether CLs should provide interpretive summaries of their search results, there has been a positive shift in the views of practicing CLs, probably reflecting the more established services surveyed in 2005.

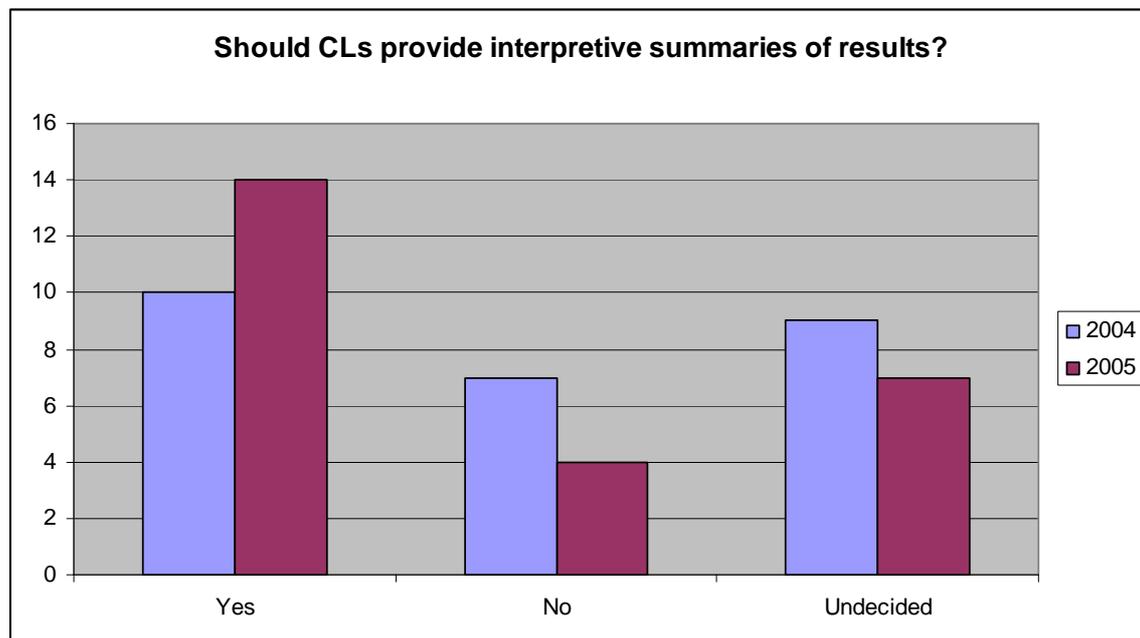


Fig. 6. Provision of interpretative summaries

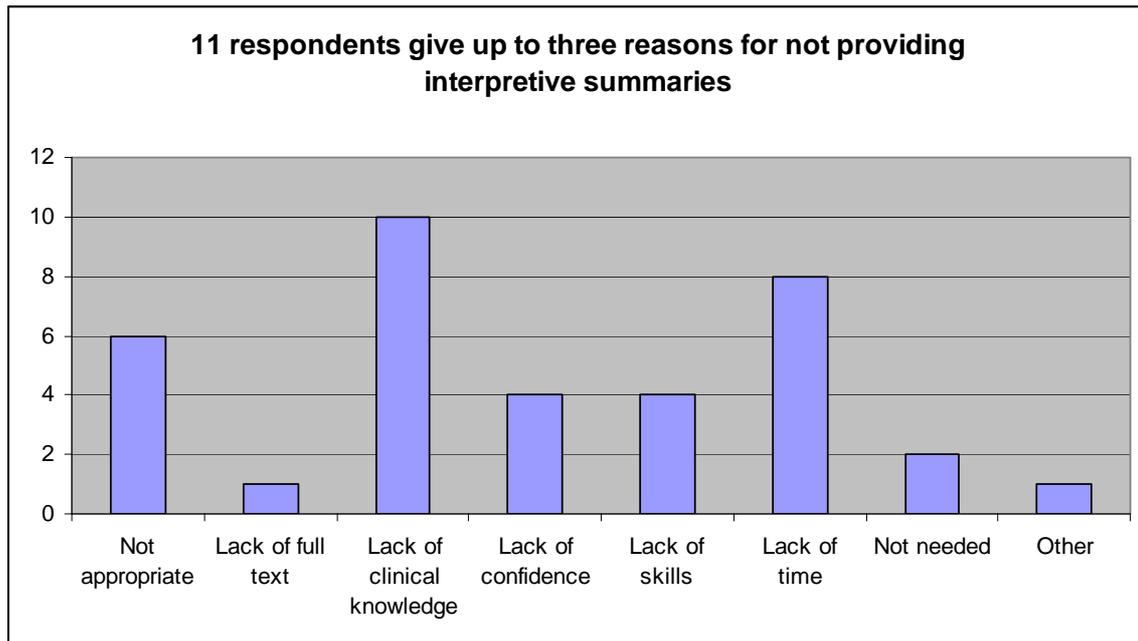


Fig. 7 Reasons for not providing interpretative summaries

Lack of clinical knowledge (10 respondents) and lack of time (8 respondents) are key reasons given for not providing interpretative summaries and this reflects the findings in 2004. Six respondents feel that it is 'not appropriate'.

Appendix B summarises the free text comments from the end of the CL survey.

Moving onto the CQAS survey

Of the 21 services (25 CLs) identified by the CL survey, ten services went on to complete the National Clinical Question Answering Service audit questionnaire.

Of these, 6 CL services met the inclusion criteria for the main audit questionnaire. Of the remaining 4, reasons for not meeting the criteria were:

- Not a rapid response service (1)
- No interpretative summaries provided (3)

The number of eligible services submitted to the main audit questionnaire was 23. Of the 6 services not meeting the main audit criteria, 4 were CL services

Examination of the responses of the 6 CLs to the main audit questionnaire revealed that in most areas their responses reflected the main survey findings e.g. the range of numbers of clinical questions answered per year (excluding pharmaceutical-based services), the types of clinical questions addressed etc.

Those few areas where CL responses differed are:

- CL services have been established in the UK since 1999
- All CL services in the survey support staff in secondary care (this was criteria for submission to the CL survey), whereas a much wider range of users is supported by other CQAS. This is reflected in the spread of 'main user' staff groups for each subset of CQAS

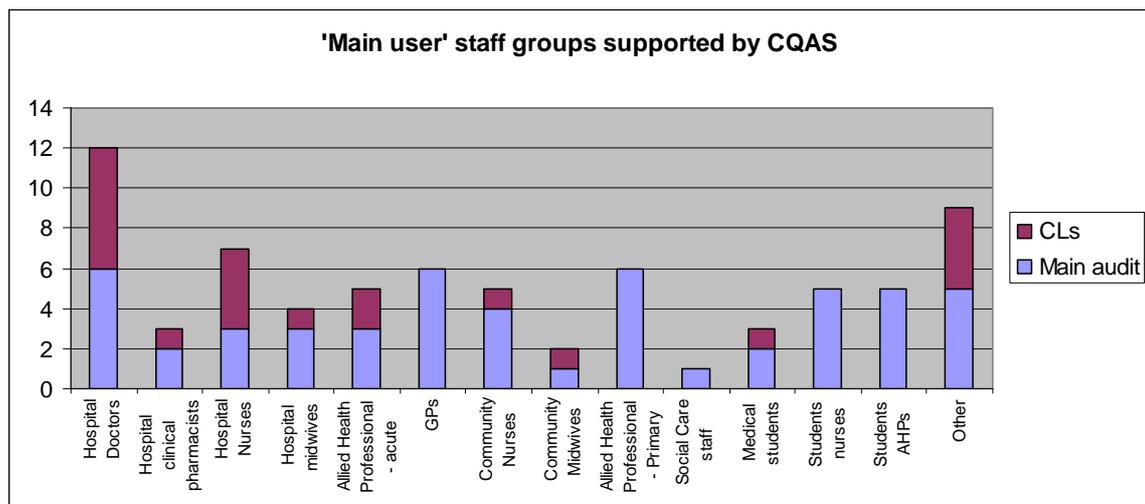


Fig. 8 Main users for respondents to CQAS audit – with CL figures separate

For CLs, 'Other' included Managers, administrative staff and members of evidence based practice groups.

- Capturing clinical questions. CLs capture proportionately more questions via ward rounds and clinical meetings

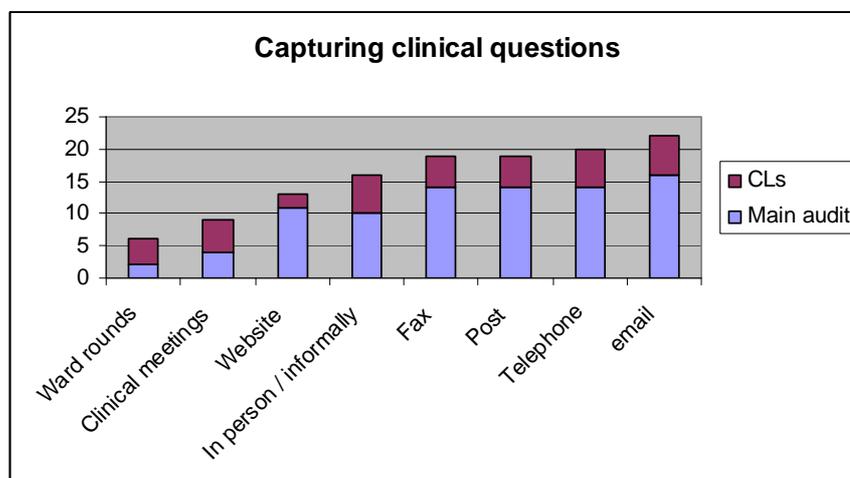


Fig. 9 Methods of capturing clinical questions – with CL figures separate

- 4/6 (33%) of CL services work to agreed guidance to answer clinical questions (3 locally agreed and 1 nationally agreed). This compares to 18/23 (78%) in the main audit survey
- 2/6 (33%) of the CL services report having an agreed 'cut off' point in their search strategy. This compares to 9/22 (41%) for the survey as a whole
- 19 services (83%) reported adopting defined levels of evidence and grades of recommendation to reflect a hierarchy of research design, with only 4/6 (66%) of CLs doing so
- If 'identification of evidence' is taken as the standard (6/22, 27%) for the relative proportion of responses from CLs and the other audit respondents, CLs are slightly more likely to provide a 'summary highlighting of levels of evidence' (5/17, 29%), less likely to include 'evaluation of relevance' (2/13, 15%) and more likely to include a 'summary of clinical bottom line' (3/7, 42%). CLs do not report routinely critically appraising the research for their responses and are less likely to offer advice (1/5, 20%).

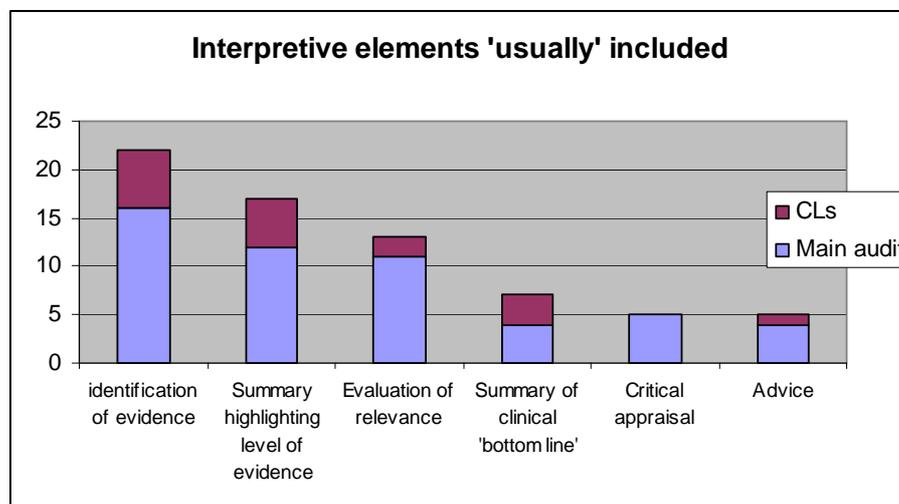


Fig. 10 Interpretive elements usually included – with CL figures separate

- 3 of the 7 services reporting that they have been subject to formal external evaluation were CL services
- There are 13.45 WTE (16 people) working in CL services in England and Wales that offer a rapid CQAS. This figure includes some support staff

- Essential training needs identified by CLs have a slightly different focus e.g. writing skills relatively less essential, anatomy & physiology relatively more. 'Other' training needs identified by CLs were: How to interact confidently with the clinical team; communication skills, presentation skills and teaching skills; knowledge of the organisation

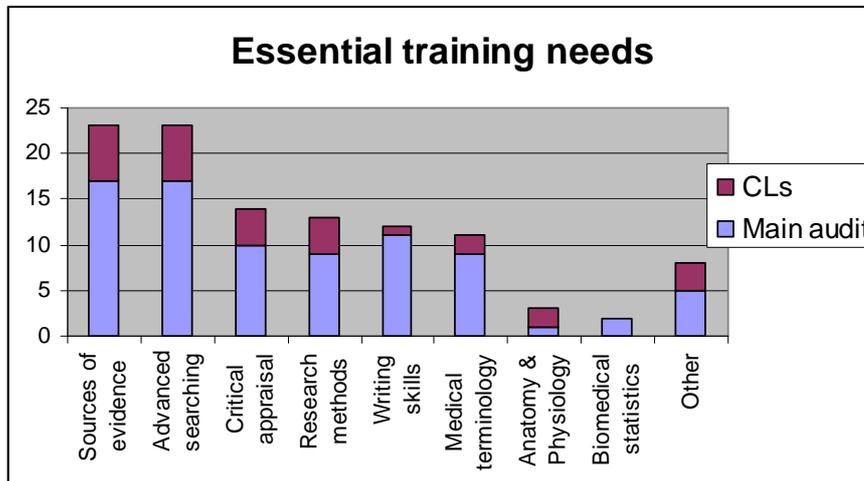


Fig. 11 Essential training needs – with CL figures separate

- Five of the 15 services reporting that they maintain an electronic repository of questions and / or answers were CLs. 5/6 participating CLs answered yes to these questions
- Essentials for an online community for CQAS. Minor differences in the evaluation of these aspects can be detected. CLs are less likely to view as essential the sharing and storing documents (3/13, 23%), and feel that a policy of confidentiality is more essential (5/11, 45%). For the other factors, CL views represent a consistent 33%.

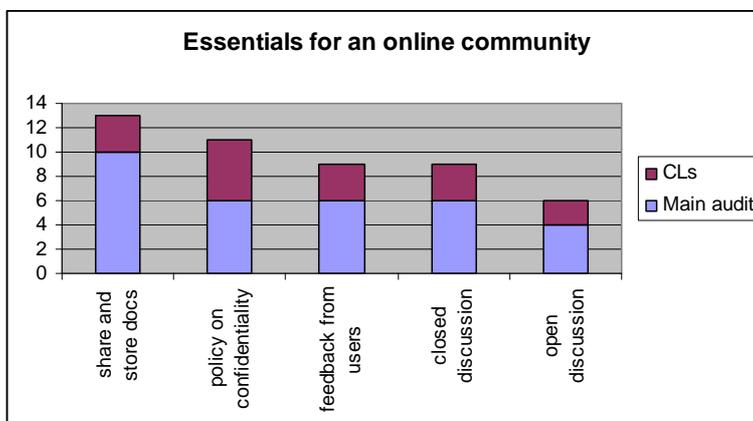


Fig. 12 Essentials for an online community – with CL figures separate

Discussion

Twenty five people met the inclusion criteria for the CL survey, of which 11 had completed the one in 2004. Fifteen CL services no longer felt that they fulfilled the criteria of the survey. This is likely to be because, in 2004, many were pilot services.

The majority of CLs:

- Work for an NHS acute hospital
- Have been in post > 1 year
- Work full time, with 15/26 (60%) on permanent contract

Posts are more likely to be 100% devoted to a CL role than in 2004, with 20/25 working as a CL for 50% or more of their time.

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Acknowledgements

Thanks go to all those who took part in the CL survey and those involved in its development (pilot guinea pigs and Sue Lacey Bryant) and online administration (Fran Wilkie and Alison Turner of NLH). Thanks also to Ron Stamp and the National Knowledge service for giving us the opportunity to update our review of clinical librarianship in the UK.

Appendix A

Names, job titles, contact details and employing organisation of Clinical Librarians responding to survey

Debra Thornton Clinical Librarian	Education Centre Library, Royal Preston Hospital, Preston, PR2 9HT	01772 524763	Lancashire Teaching Hospitals NHS Foundation Trust
Pip Rimmington Clinical Librarian	Education Centre Library, Leicester General Hospital Gwendolen Road Leicester LE5 4PW	0116 258 8078	University Hospitals of Leicester NHS Trust
Bill Collinge Clinical Librarian	Education Centre, Arrowe Park Hospital, Upton, Wirral. CH49 5PE.	0151 604 7223	Wirral Hospital NHS Trust
Michael Heaton Clinical Librarian	Blackpool, Fylde and Wyre Hospitals NHS Trust Health Professionals' Education Centre Victoria Hospital Whinney Heys Road Blackpool FY3 8NR	01253 303831	Blackpool, Fylde & Wyre Hospitals NHS Trust
Jean Ryan Clinical Librarian	Glan Clwyd Hospital Library Rhyl Denbighshire LL18 5UJ	(01745) 534729	Conwy & Denbighshire NHS Trust North East Wales NHS Trust North West Wales NHS Trust
Caroline Storer Health Evidence Support Specialist	Bradford Health Informatics Service New Mill Victoria Road Saltaire West Yorkshire BD18 3LD	01274 366103	North Bradford PCT
Clare Powell NHS Outreach Librarian	Based at Bucknall Hospital Eaves Lane Stoke on Trent ST2 8LD	01782 273510 ext 2207	University Hospital of North Staffordshire NHS Trust
Catherine McLaren Clinical Librarian	Post Graduate Education Centre Library George Eliot Hospital College Street, Nuneaton.	02476 865024	George Eliot Hospital NHS Trust
Simon Alberici Library Services Manager	Harvey Besterman Education Centre Library Jersey General Hospital St Helier Jersey CI UK JE2 3QS	01534 622664	Jersey Health and Social Services
Michelle Jenkins Clinical Information Specialist	Library & Information Resource Centre Clinical Sciences Centre for Research and Education Aintree University Hospital Liverpool	0151 529 6418	Edge Hill College

	L9 7AL		
Michelle Kirkwood Librarian for Nursing and Midwifery	Glasgow Royal Infirmary 10 Alexandra Parade Glasgow G31 2ER	0141 211 1239	NHS Greater Glasgow North Glasgow University Hospitals Division
Linda Ward Clinical Librarian / Deputy Librarian	Education Centre Library, Leicester General Hospital, Gwendolen Rd, Leicester LE5 4PW	0116 2588124	University Hospitals of Leicester NHS Trust
Geoff Fleet Outreach Librarian	Verney House, Gatehouse Road, Aylesbury, Bucks, HP19 8ET	01296 310106	Bucks Shared Services
Sarah Sutton Clinical Librarian	Clinical Sciences Library LRI PO Box 65, Leicester, LE2 7LW	0116 2523290	University of Leicester University Hospitals Leicester
Elizabeth Jordan Assistant Learning Resource Services Manager	Learning Resource Centre United Bristol Healthcare NHS Trust Education Centre Upper Maudlin Street Bristol BS2 8AE	0117 342 0102	United Bristol Healthcare NHS Trust
Jo Hunter Research and Effectiveness Librarian	Cairns Library John Radcliffe Hospital Oxford OX3 9DU	01865 740363	University of Oxford Health Care Libraries
Post currently vacant Clinical Information Support Librarian	Friends of the Children of Great Ormond Street Library Institute of Child Health 30 Guilford Street London WC1N 1EH	020 7242 9789 x2424	Great Ormond Street Hospital / Institute of Child Health
Mary Publicover Trust Clinical Librarian	Birmingham Women's Hospital Metchley Lane Edgbaston Birmingham B15 2TG	0121 627 5846	Birmingham Women's Healthcare Trust
Jane Tatlow Deputy/Clinical librarian	Glenfield Medical Library University Hospitals of Leicester NHS Trust Leicester	0116 250 2309	UHL NHS Trust
Jacqueline Verschuere clinical librarian	CSB Library University Hospitals of Coventry and Warwickshire NHS Trust Walsgrave Hospital Clifford Bridge Road Coventry CV2 2DX	02476 96 8838	University Hospitals of Coventry and Warwickshire NHS Trust
Amanda Brookman Clinical Librarian	The Library The Audrey Emerton Building Brighton and Sussex University Hospitals NHS Trust The Royal Sussex County Hospital Eastern Road	01273 523308	Brighton and Sussex University Hospitals NHS Trust South Downs NHS Trust

	Brighton BN2 5BE		
Helen Farquharson Clinical Librarian	Library, Education Centre Good Hope Hospital NHS Trust Rectory Road, Sutton Coldfield West Midlands B75 7RR	0121 378 2211 ex3549	Good Hope Hospital NHS Trust
Valerie Haigh Library Manager	Medical Library Hope Hospital Stott lane Salford M6 8HD	0161 206 5753	Salford Royal Hospitals NHS Trust
Heather Gardner Project Librarian	Derby Hospitals NHS Foundation Trust Library & Knowledge Service Derbyshire Royal Infirmary London Road Derby DE1	01332 347141 Ext 2552	Derby Hospitals NHS Foundation Trust

Additional comments

Please feel free to add any other information or comments about your role and / or the concept of clinical librarianship.
ideally, clinical librarian should provide an interpretative summary of results, but time, skills and other factors may mean only a collection of search results are presented without any interpretive summary
Although I have answered yes to Q21 currently I do not possess the clinical knowledge or skills to offer such a service.
A large proportion of my time is now devoted to journal clubs incorporating critical appraisal skills training. This is the service most in demand by users and I have responded by taking on more journal clubs. Preparation for this can be very time consuming but feedback is consistently positive.
I provide the service for two acute trusts, one District Care Trust and four PCTs, so I'm not just acute care. I've found health professionals welcome the service, I am currently evaluating my service.
I'm not sure you really want my contribution. Your questions presuppose a "traditional" clin librarian role; I work in an office, not a library, and act as a trainer teaching NeLH and clin databases. I have no traditional library role.
It would be useful if there were small guides on how to set up your service (both clinical and outreach) with hints and tips on who to approach and how.
Teaching % fluctuates, but I think I should develop it; Administrative also fluctuates, according to whether I'm writing a report and chasing evaluations.
The profile of the library has been raised. We have been invited onto a high level Changes in Clinical Practice committee and where appropriate will undertake a literature search to provide evidence to support decision making. Staff know it is for everyone - not just Junior Doctors. O & G were interested in a CL providing information to enable patients to make choices and perhaps looking at a tool the CL could use with a patient.
In my experience, being "accepted" depends on having an influential champion within a department, and being seen outside the library.
The post here was initially for a period of 2 years. It was not clear whether renewed funding would be available and so the postholder left for a position elsewhere. We have just received notification of funding for a further 3 years and shall be advertising the post in due course. At present, therefore, the post is vacant and services being offered are limited.
There is no true demarcation between the cl part of my job and the rest. The fact that I sometimes work in clinical setting affects the way I do everything eg planning, research, assist with systematic reviews, other literature searches: and crucially how I relate to clinicians and hospital.