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## **The Swimming Pool**

**Newsletter for the** SWIMS Network



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## Managing Outreach in Health Service Libraries 24th January held at Moorgreen Hospital in Southampton

A few things came together to enable this course – firstly our bid for funds from the Southern Health LBR (Learning Beyond Registration) budget was approved, then we were granted a team bursary from the CPD pot as managed by John Loy. Due to the funding support we were able to purchase a day course (run by Terry Kendrick) from CILIP *and* offer spaces to library staff local to us.

If any of you have previously come across Terry you will know that he is very enthusiastic and passionate about marketing of library services, and this was no different. I am sure that the very first thing he said was "there is no point in advertising" as library services are a 'soft' product and nobody reads emails anymore. While I would quibble that *nobody* reads emails anymore, I did think that he had a valid point. Particularly once he asked us to think what would a sales rep have to do to get our attention and in turn, what would WE have to do to make our users think that it is worth their time engaging with the library service? So – in response to both questions we decided that the answer was:

- Tell me it's free
- Demonstrate understanding of our business
- Who uses it (testimonials) do people like me use it?
- How can it help me now?
- Why is it better than what we've already got?

Looking back at my notes from the day, a few things stood out for me:

People will only use the library in the way that <u>they</u> want to. Indeed, Terry got us to think about what is important to particular user groups and how our performance measures against that. For instance, if it is important that information is provided to managers in a digestible form but we are not very good at offering that then we are not meeting expectations and have put that user group off. (Terry also uses a public library example of mothers with babies – during a focus group it was clear that a high expectation was the availability of baby changing units, but as this particular library did not have customer toilets this was a particular barrier identified – with the acceptance that it could not be easily overcome.) It is important to remember that different groups have different needs – I am sure that we all know this but how far do we put this into practice other than using the generic "patient care"?

If we don't know what we are trying to do then how can we put together a plan to try and achieve it? So we need to know what moves our users in order to get the dialogue going — what will make them stop on their way to their next project/meeting/patient in order to listen to us (and if you've seen Terry before — just imagine him running up and down the room demonstrating where our users are going and that we need to find a way to grab their attention).

The danger comes when users see library communications as irrelevant and will be uninclined to open another email from us no matter what we are trying to promote. Which is why we need to understand what their needs are: what's going on in the Trust/Dept? Are we seen to be authentic, i.e. a trusted source with immediate relevance?

Another stand out point from the day was; don't tell them stuff about <u>us</u> – generally users are not interested in all the things that we have available, but want to know the one thing that is useful to them right now. This, I think, is what many of us are guilty of, we are (rightly) proud of our resources and services and will tell all and sundry about them. But, our users are not interested in the fact that we have Medline Complete when all they want is that perfect paper to help them present to the Board.

Ultimately Terry makes the point that there is no point talking about outreach to our users unless we are interested in <u>them</u> – what motivates them, what are their information needs, what can we help them with – so we need to stop talking in generics and really understand our users and anticipate their needs for information. To put it another way: are we a distraction or are we helpful?

My last thought is that the day didn't cover "outreach" as such, but gave us the tools to be able to approach anybody that we serve, whether within the library itself or on outreach – both inside the hospital and out.

Sam Burgess Library Services Manager Hampshire Healthcare Library Services (HHLS)

## Adventures of a Rookie librarian – the first 6 months

I fell into Clinical librarianship almost completely by accident. After completing my degree, I thought I wanted to be a doctor, but luckily for me I failed to get into medical school and found myself working as a supply teacher and part time gardener! When I saw the clinical outreach librarian post advertised on my local NHS jobs site I was immediately curious and read the personal specification. I was hooked from that moment on...

The last sixth months have been a pretty steep learning curve and I was particularly grateful for the opportunity to attend the ICLC in Leicester last September. My conference experience actually started the night before when I met up with some fellow attendees for a preconference dinner. I was a bit worried about finding them but it turns out that a bunch of librarians (or should that be 'a catalogue of librarians', or 'a stack'?) are easy to spot. I have truly found my tribe!

The conference itself was a goldmine of information for this newbie: The opportunity to talk to and ask advice from other Librarians was perhaps the most useful, but I also picked up lots of ideas to take back to my own library. Here are some of the ideas I've "borrowed" so far: brightly coloured eye catching posters (while Bennett and Katie used Lego men, I've gone with pop-art); expanding the concept of the literature searching Service to include "point of need" quick answers as well as longer more in depth literature searches when planning an embedded librarian project; and pouncing on every casual, chance conversation to get myself invited staff meetings! Getting out of the library and being seen and meeting people in their workplace has not only given me a sense of which departments are more open to using clinical library services, but also how the knowledge and information needs vary across different clinical areas, and I know I need to do this a lot more.

It was really exciting to hear about Clinical Outreach Librarians working in so many different and diverse roles and situations and how each of those has developed over time. I was

particularly interested to hear about how Librarians can be involved in research teams and in systematic reviews, and gain a clearer understanding of what a 'systematic review' actually is. Or rather, what it should be.

As a result of attending ICLC I am now much more discerning in selecting my articles when doing literature searches, and have come to realise that systematic reviews are not all created equal! It has also impacted my own literature searches by making me spend more time developing my own search strategies. This in turn has impacted how I teach other staff members' literature searching skills. I now focus more time on how to construct a relevant search strategy than how to use HDAS.

Since attending ICLC I've also been to courses on synthesising and summarising and on outreach, both of which were also hugely beneficial. Again, being able to get together with other librarians and share tips and exchange ideas has given me lots to think about and plenty of ways of improving my own practice. I think the most useful thing I've learnt recently was from the CILIP Outreach training I just attended. Up until now I've been trying to tell everybody I meet everything about the library and all the things we can do to help, and I've learnt that it would be more effective to work out which things a particular group need and just tell them about those things. It seems obvious when it is pointed out but I do have a tendency to want to give a complete and detailed answer.. I guess I really am a librarian.  $\odot$ 

Jennifer Moth Clinical Outreach Librarian, Oliveira Library St Mary's Hospital, Newport, Isle of Wight (I01)

## The importance of 'value not stuff'

Thanks to a bursary from the HEE South CPD fund, on 12th October 2017 I went to CILIP in London for the 'Big impact, low budget marketing for libraries in uncertain times' course led by Terry Kendrick. It's not possible to summarise the whole course in one article as it was a jam-packed day full of information and activities, but I'll try to give a flavour of the main themes.

We started with the definition of marketing and then did some exercises designed to help us understand the thinking behind some of the strategic marketing techniques. One of the exercises was to think about a satisfied library customer – which library services had they used? Why? What did this enable them to do? We discussed our answers and agreed that what the service had enabled them to do was the most compelling element of our examples.

This led on to one of the key messages of the day: use the value of our services as a promotional message, not what they are (the 'stuff'). What are people able to do as a result of using them? For example, in a public library context, don't advertise that you have copies of the DVLA theory test handbook, instead say 'We can help you pass your driving test'. We as library staff understand the inherent value in what we are talking about when we talk about library services. We know why being able to get books and articles from the British Library is a good thing. People outside the library world don't know this - we have to make the value of our services explicit.

The second important take-away from the day was to focus your activities on different

groups. Averages don't work in marketing, said Kendrick. What engages one person might bore another and if you tell everyone everything you risk engaging no one. By telling someone something at induction that doesn't matter to them, all you've done is establish that the library doesn't matter to them. Kendrick recommended thinking of the library as a great big pizza, with each slice representing a different part of your library service. We should tell different groups about different slices, rather than telling everyone about the whole pizza.

During the afternoon we worked through the various stages of creating a strategic marketing plan, including how to break down your users into groups and how to identify key stakeholders. Kendrick emphasised that planning is key, if you don't plan properly then your communication will be wasted. There were enough attendees on the course for us to split into groups by sector, so four of us from the health sector worked on a draft plan for marketing the library service to junior doctors.

One useful exercise was thinking from the viewpoint of your target group and plotting on a chart how important an aspect of the library service was (e.g. study space) versus how good they thought the library service was at providing this. Ideally you would run this exercise with a focus group made up of people from your target group, but it was still enlightening to work through it in this way. More information on the exercises for creating a strategic marketing plan can be found in Kendrick's 2006 book.

Since going on this course I've used some of the activities on our away day and in our marketing planning meetings, the outcomes of which have formed the basis for the content of our strategic marketing plan. We also try to follow the 'value not stuff' mantra. Overall, the day was very useful and worthwhile and had the added bonus of renewing my enthusiasm for strategic marketing.

Helen Dahlke Deputy Library Manager Berkshire Healthcare Library (PPH)

#### References

Kendrick, T. (2006) Developing strategic marketing plans that really work: a toolkit for public libraries. London: Facet Publishing.

# CILIP SW Members Network Visit To The Plymouth Medical Society Historic Collection 9th February 2018

A small but select band of the CILIP SW Members Network made a trip to the Discovery Library at Derriford Hospital, Plymouth to have a private view of the collection of the Plymouth Medical Society.

As explained in his presentation by Tom Arnold, the Society dates from 1794 (one of the oldest medical societies in the country), and the donated collection consists of around 400 items, some of which date from the late 1600s. The members used to share the texts among themselves, and the collection consists of many fine illustrated volumes as well as case and lecture notes among other items.

First thing we had a presentation by Sarah Johns, Discovery Library manager, about the background to the library and how it came about. The library at Derriford was originally housed in a small space on the 7<sup>th</sup> floor, so an appeal was launched to raise funds for a new

purpose built library. Funding was eventually achieved from individual donations, charitable trust, a Heritage Grant from the National Lottery, and the largest sums from Peninsula College of Medicine and Dentistry, and the British Antarctic Survey Medical Unit, which is based at Derriford. Sarah showed a slide of Sir Ranulph Fiennes opening the library in August 2007!

The current library service is funded by Health Education England South, which covers the South-West, Thames Valley, and Wessex. The catchment is approx. 17000 people from Plymouth Hospitals NHS Trust, GP services, Livewell Southwest, and South Western Ambulance NHS Trust (SWAST), as well as students on placement from Plymouth Medical and Dental School.

The Heritage Lottery Grant was for the preservation of the historical collection, which had previously been kept in a cluttered basement room. Tom Arnold, librarian at the Discovery Library, gave an excellent detailed presentation about the history and practicalities of preserving and making the collection accessible.





The main initial aims were preservation of the collection, according to established guidelines and standards, and conservation, which was done by professional conservators. Tom said that most of the collection was quite sound, with most conservation being repairs to bindings which were worn through use.

Secure storage was a requirement of the Heritage Lottery Grant. The collection is in a secure environment with security cameras in the storage and access areas. Access is supervised and the usual requirements for consulting rare materials are observed – no food or drink, clean

Electronic access has been key to the accessibility of the collection. It was decided that some items would be digitised in their entirety, such as the John Hunter lecture notes and the Society minute books, as they are fragile and e-access would minimise handling.

An Image Database has also been set up from the many fine illustrations in the collection.

E-access can be found here <a href="http://www.plymouthmedicalhistory.org.uk/">http://www.plymouthmedicalhistory.org.uk/</a>

One of the strategic aims of the Lottery grant is to reach out and widen access to the

collection. Approaches have been made to schools through the Devon Education Service, and Tom is using the collection material in a Special Study Unit (SSU) with 4<sup>th</sup> year medical students.

Tom summarised his talk with some advice for anyone who may be setting up a similar collection, to enable best practice and save having to 'reinvent the wheel'

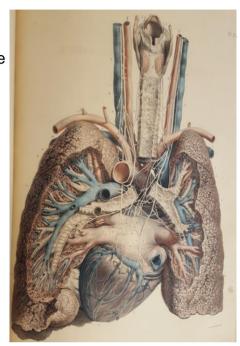
- Use established standards
- Use examples of best practice
- Use institutions and experts who offer training and advice
- Talk to people who have similar experience

Later in the morning we had a chance to have a closer look at some items from the collection. We saw some beautiful examples of 19<sup>th</sup> century illustrated books while Tom explained the development of anatomical illustration, from skeletons in classical poses to hyper realistic depictions of dissections.

This was a fascinating morning, which really gave us a sense of the riches of a local medical society, and the value of preserving and making such an archive available.

Many thanks to Tom and Sarah, and to Valerie Bearne for organising the day.

Des Mogg Library Assistant Cornwall Health Library (RCH)



## **Network News**

#### Siobhan Whitebread

Hello! I'm Siobhan Whitebread (soon to be Johnson) and at time of writing this it is my fourth day as the new library assistant at RBH. I'm excited to get to grips with this job, as

I've loved libraries for basically as long as I can remember. I even worked at my school library throughout secondary school, though this is obviously quite a bit different from that. My degree is in English Literature and Classics, and I've worked in the NHS for a year and a half now. I enjoy reading (of course!), watching Sci-Fi films, spending time with my lovely fiancé (who I'm marrying in June!) and looking at cute cat pictures online. I am also very excited to get to spend every day surrounded by books.

Siobhan Whitebread Library Assistant Royal Berkshire NHS Foundation Trust (RBH)



# Supporting the Library and Information needs of University of the West of England Bristol health students on placement.

Here at the University of the West of England (UWE), we are undertaking a project to explore our students' experience of accessing library services and resources while on clinical placement. This work builds on original research undertaken in 2013 (Plaice, Lloyd and Shaw, 2017) which explored the experience of all our Health and Social Care students who had a clinical placement element as part of their UWE programme.

This current piece of work which I am leading focuses on 2<sup>nd</sup> and 3<sup>rd</sup> year Adult and Mental Health nursing students based at UWE Bristol, Gloucester Campus. Effectively, it is a case study to examine progress against the original findings and recommendations and to gain unique data and insight to continue to develop library services in-line with clinical placement requirements and student needs.

At the heart of this research is looking at UWE students on placement at our two major Gloucester partners (Gloucestershire Hospitals NHS Foundation Trust and the 2gether NHS Foundation Trust) and associated community and other placements and students' experiences of accessing and using library services and resources whilst on placement – we seek to determine if there is anything more we could be doing, or whether we should be doing anything differently, to support our students whilst they are on placement. We know from the original research undertaken in 2013 that our students use both UWE and NHS library services. Therefore, it is the clear aspiration of us all (UWE and NHS partners) to work together to ensure the best library placement experiences for our students to positively work towards achieving good clinical and academic outcomes. Having support and participation from our NHS partners will make the outcomes more rounded and representative of library services, resources and support provided to UWE students to access and use while on placement. After all, the Knowledge for Healthcare clearly calls for developing our joint working and sharing of resources. We think this research is in line with these goals. Joint working and sharing of resources are included in Health Education England's strategic framework for all library knowledge services. http://kfh.libraryservices.nhs.uk/about-kfh/ or Knowledge for Healthcare

The research questions remain the same as those from 2013:

- i. What are the experiences of library and information resource support whilst on placement?
- ii. Do library and information resource support experiences vary between different placements?
- iii. In what ways could library and information resource support be developed and improved for you whilst you are on placement?

#### Progress to date:

- Application for ethics approval was submitted in October and approval received in November 2017.
- John Loy (North Bristol Trust) and Linda Kalinda (Great Western Hospitals Trust) kindly contributed to the development of the application for ethics approval and they are acting as NHS senior users on an informal project board.
- The draft questionnaire was reviewed by UWE library colleagues and by the Library Managers at the 2gether Trust (Mental Health) and Gloucestershire Royal Hospitals.

 The finalised questionnaire was sent out in December 2017 and I am delighted to say that we have had a good response – around 25%.

#### **Next steps:**

- To collate and analyse the survey findings and to work with Lisa Riddington and Jackie Webb, Gloucestershire Hospitals NHS Foundation Trust and the 2gether NHS Foundation Trust Library Managers, to determine questions for either interviews or focus groups with students and semi-structured interviews with Academics in Practice. The views of relevant NHS library managers will also be sought.
- The overall results of the project will be written up jointly (UWE/NHS) and presented at the next NHS/HE study day at UWE Bristol, Frenchay Campus on 5<sup>th</sup> July 2018.

For further information, questions or comments, please contact me at <a href="mailto:helen.mcevoy@uwe.ac.uk">helen.mcevoy@uwe.ac.uk</a> or by phone at 0117 3285609.

Helen McEvoy
Subject Support Librarian
University of the West of England

#### References:

Plaice, C. Lloyd, J. and Shaw, P. (2017) Supporting the library and information needs of UWE health and social care students on placement. *Health Information and Libraries Journal*. 34 (1), pp. 32-44.

### **Introducing The Hideaway!**

Inspired by the popular jigsaw craze in our libraries currently, at GRH we decided to take things one step further and create The Hideaway; a mindfulness/health and wellbeing space for our staff.

Staff are encouraged to use the area to get some headspace and have some chill time. Activities include

- Jigsaws
- Colouring
- Wordsearches
- Helping to knit Twiddlemitts
- Quick Read collection

A special mention to our apprentice Emily who not only has helped decorate the area but also suggested the name.

Lisa Riddington Gloucestershire Hospitals GRH/CGH Library Services Manager





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