Health Libraries Group Newsletter

Welcome to the Spring Edition of the HLG newsletter!

Once again we feature some great and inspiring content to share with you in this edition of the newsletter.

The pioneering library team at University Hospitals Birmingham have launched what could well be the first ever health podcast! Clinical Librarian, Emily Hurt, shares her experiences of being embedded in a Critical Care team. We also feature a number of fantastic library case studies, which we hope you enjoy reading more about. Andrew Hough demonstrates how Reminiscence Therapy supported memory disorder patients and Laura Wilkes shares how her team successfully supported and empowered MND patients.

We also hear from Health Education England Knowledge Management Team and also feature a report from the International Library and Information Group (ILIG) Decolonisation Conference. Our resident columnist, Keith Nockels has reviewed and compiled a valuable (and very timely!) resource list focused on COVID-19.

As always, we welcome features for the newsletter – just get in touch. Our contact details are at the end of the newsletter. Submissions can be sent to our new central email address: Newsletter.HLG@cilip.org.uk.

Joel Kerry & Rachel Gledhill
Newsletter Editorial Team

Contents

HLG Conference 2020 Update and Speaker spotlight

Registrations are continuing to flood in for the biennial HLG Conference 2020.

The early bird discount on the Gold package runs out 27th March 2020 but is also subject to availability so please don't put it off, get your registration in quick if you want guaranteed onsite accommodation.

Gold Package tickets include:
- 3 nights in 4★ accommodation with breakfast (Check-in Wednesday, check-out Saturday)
- Full conference pass with lunch and refreshments on both days
- Drinks reception on Wednesday
- Gala dinner on Thursday
- Dinner on Friday in a resort restaurant of your choice

All this for just £585+VAT for HLG members (usual price £650+VAT).
[**Register here now!**](#)

Speaker Spotlight

This month we want to highlight the first presentation session of our Day 1 keynote session, *"Developing a Health and Information Workforce for the Future"* delivered by **Sean McNamara, Head of CILIP in Scotland**.

Sean's remit is to supporting CILIP Scotland members by delivering events, support, training, advocacy, campaigns, communications and more for our members in Scotland as well as working with partners and the Trustee Board for the benefit of library services in Scotland. Previously, Sean worked in public libraries in Inverclyde for 5 years as a Learning Services Librarian.

Sean's presentation will discuss how a rapidly changing world requires an agile and innovative workforce. This keynote will give an overview of recent work CILIP Scotland have undertaken to support health librarians as well as discussing how CILIP are progressing plans across all sectors to support workforce development. The talk will particularly focus on the potential impact of challenges such as AI, machine learning, robotics and process automation on the library and information profession and how CILIP is looking to support the workforce to adapt to these changes.

Sean will be addressing the conference as the opening Keynote Speaker on Day 1 and we are absolutely delighted that he will be joining us.

View the programme

As a biennial conference designed for so many different sectors, the programme will encompass a multitude of areas but most notably will feature:

- The role of the librarian in ever-changing technological landscapes
- Partnership working with other sectors
- Wellbeing and resilience
- Improvement and innovation
- Patient and public involvement
- Summarising and synthesising
- Health information literacy
- Quality, impact and metrics
- Costing and streamline services: doing more with less
- Building networks, relationships and influence

The exhibition hall is almost full so if you are thinking of your 2020 marketing strategies at the moment, get in touch straight away. Click here for further information on sponsorship opportunities.

For any further information, please contact our event manager Carol Stevenson, of Novus Marketing and Event Management, at contact@novusmem.co.uk. You can follow #HLG2020 for updates on Twitter from either @NovusMEM or @CILIPHLG.

HLG Conference Poster Design Webinar

Tuesday 31st March 2020, 12.30-1.30pm

If you are submitting a poster at the HLG Conference this year, or indeed elsewhere, you might be interested in our forthcoming Conference Poster Design webinar.

Join us for this online webinar where Helen Else, Deputy Librarian for West Suffolk NHS Foundation Trust will share top tips for creating a great conference poster. During this session she will:

- Look at effective use of text, colour, images and space so that you have professional looking posters
- take you through the practical process of creating a conference poster template that you and others can use
- share lessons learned from supporting people through the process of creating conference posters

The webinar is **<u>free</u>** for HLG Members.

To book your place go to the CILIP events page at https://www.cilip.org.uk/events/EventDetails.aspx?id=1333729&group=

UHB Library Podcast

We can't deny that the podcast has grown in popularity over the last few years and with so much choice available; podcasts vary on topics from entertainment to finances to parenting.

Unfortunately, health library podcasts are a rarity. There are many excellent library podcasts out there, such as the ones run by the British Library and The New York Public Library, but I struggled to find any created by health/NHS Librarians *(unless they are hiding on an intranet page somewhere?).*

This is what inspired me to create one of my own. Being an avid podcast listener myself (*Blank Check with Griffin & David* being a recent favourite), I had an idea of what a podcast should be like and felt, as we cover four hospitals at University Hospitals Birmingham NHS Foundation Trust with around 22,000 staff, we certainly had potential for a large listening audience.

The idea for the UHB Library Podcast is simple: it is a place to discuss all things library and create greater awareness to our users of what resources and services we have in a fun and unique way. The episodes are released on the third Wednesday of the month and so far we have covered our Staff Wellbeing Zone (with a review of the film 'Wild' which is one of the DVDs in the Wellbeing collection), interviews with resource suppliers and previews of our Educational Board Games. I lead as the host and I am joined by one-three co-hosts from our four libraries.

The journey to creating the podcast went fairly smoothly (although it took time to get everything together). It started in March 2019 when we had a meeting with our communications team who fortunately said yes to the project and were happy to support and promote it for us. We also got our IT team and Information Governance on board. I am lucky that other members of the library team were happy to be involved. Although many were nervous, the fears soon fade away as soon as recording begins!

I had to brush up on my editing skills having not done any since A Level Media Studies around ten years ago. I use Adobe Auditions to edit the podcasts and

UHB LIBRARY PODCAST

NEW EPISODES ON THE THIRD WEDNESDAY OF EVERY MONTH

HTTPS://BASE-LIBRARY.NHS.UK/UHB/QEH/PODCASTS/

PLEASE JOIN US FOR DISCUSSIONS ABOUT ALL THINGS LIBRARY

I spent many hours watching tutorial videos and having a practice before I felt confident in editing the real thing. In order to fit recording and editing around our day-to-day duties, we record podcasts a few months in advance and I will edit three-four during one day. For recording, we have kept it simple by using the Sound Recorder available on Windows laptops and computers. My aim initially was to keep episodes around 10 minutes in length, however timing so far has ranged anywhere from five to twenty-five minutes depending on what people want to say! Music included at the start and end of episodes was found on the YouTube Audio Library, a site which provides free music for people to use in YouTube videos and other content you create. I keep a record of ideas for podcasts and note when they were recorded, edited and uploaded.

In terms of promotion, we have used a variety of methods including:

- Flyers/Posters (see above) around the library and at our promotional stands
- Trust and Library newsletters
- Inductions and department meetings
- Users registered for marketing emails

When our podcast launched in November, it was the third most visited page on the BASE Library website with 86 people tuning in. Over time with more promotion I hope to increase this figure even more and after six months of episodes I plan to send out a survey to users for feedback and will look at statistics to see if the podcasts have helped increase awareness of the library. Future episodes we have planned include our Audiobook Service for Patients with a review of the book 'Eleanor Oliphant is Completely Fine', a discussion of the Living Library Event held at Heartlands Library and the role of the Library Outreach Team.

Overall creating the podcast has been an enjoyable experience and I hope to keep it running for many years to come.

Jennifer Manders, Librarian
University Hospitals Birmingham NHS Foundation Trust

Do Randomised Coffee Trials work?

In the summer of 2019, we decided to run a knowledge management activity to mark KNOWvember, and chose to attempt a randomised coffee trial (RCT) across our two acute hospital sites. It was our first time running one, and for those that haven't come across the concept before it briefly involves matching people up across an organisation who then arrange to meet for half an hour over a coffee (or other hot drink) and talk about anything they wish to.

The name is a play on the term 'randomised controlled trial', but the matching doesn't have to be entirely random, and it wasn't in our case.

I must confess to being slightly sceptical before running it, and was concerned that people may feel it wasn't a good use of staff time. My view has now changed, and the response has been very encouraging. I would say that Randomised Coffee Trials do work.

Promotion

We began promoting it in September, through blog posts, Tweets, adverts in the staff newsletter, and most successfully by global email.
We had a very good response and interestingly some people signing up had taken part in an RCT previously.

"I have been part of randomised coffee trials when I was working for HEE and it was really helpful!" [theatres manager]

"I would be happy to sign up to your coffee trial and meet others within the trust. Will give me an excuse to take a breather from the ward and have 5 minutes to myself" [ward manager]

In all 52 people signed up, including the Medical Director and the Director of Clinical Effectiveness. A couple of people even wanted to arrange two meet-ups, one at each site.

Shrewsbury and Telford Health Libraries
@sathlibraries

Our 'Randomised Coffee Trial' is helping people across @sathNHS to meet people they wouldn't normally meet. Here's Tessa and @VickiWoo1 enjoying their coffee!

#KNOWvember
#KnowledgeManagement

Matching people

The matching of people was not entirely random (which we did make clear in our publicity) as we matched people that worked at the same hospital site, and who were unlikely to know each other. I also took a decision to match clinical staff with non-clinical staff where possible, to give participants a different perspective. Other than that, I picked the next name that matched the criteria from a spreadsheet and then contacted both participants to let them know who they were matched with, and that they now needed to contact each other to organise their meet-up.

It was inevitable that some people would know each other even after careful matching, and that some participants were unable to arrange a meet-up during November. However, this was only a small proportion and in most cases we were able to provide an alternative match.

The Trial

We wanted to encourage use of the library spaces, so we attached a hot drink voucher to the match email, and this could be redeemed by participants if they held their RCT in the libraries. Several people made use of this, and it helped us get some very good verbal feedback.

No agenda for set for the conversations, and we didn't provide any suggested topics or questions. We made it clear in the publicity that discussions didn't even need to be work related, and people were free to talk about any topic.

A couple of participants provided us with information on what they wanted to talk about:

"Part of my job description is promotion of our service- so any opportunity I can get to chat about it to an 'unsuspecting victim' is fab." [programme co-ordinator]

"I could use this as a plug for my fav charities! Could you sign me up please?" [library assistant]

Feedback and impact

During December we contacted all the participants and asked for some written feedback, including what impact the RCT had had. Nine people responded, all with positive feedback, and these are some of the comments:

"I know this is ridiculously poetic; but it was like taking a hot air balloon ride after sitting in traffic on the daily route in. I guess what I mean is…every other meeting at work requires something of me; I need to get from one place to another, change

"this" to "that" and being in those circumstances am often frustrated, anxious and feeling eager to achieve what I set out to. A meeting where there is no expectation, no requirement to do anything and can just be simply about having a coffee and a chat with no agenda almost seemed more productive, it also gave me some perspective and encouragement." [programme co-ordinator]

"I have been involved in the randomised coffee trial and found it immensely helpful. Was really nice to meet someone from another area. Gained loads of insight into plans for the new year and as it was one of the library ladies she was able to complete a literature search for us to help with service improvement." [ward manager]

"Learned something about a service I knew nothing about. Identified cultural issues. Identified safety issues. Got to know a new colleague." [medical director]

Will we do anything different next time?

As a result of talking about the RCT at a Research and Innovation Committee meeting, it was suggested we run the next one in May 2020 to coincide with International Clinical Trials Day, and to jointly promote both.

We'll also use as much of the feedback as possible from this RCT to promote the next one.

Other than that, I don't think we would change anything and I would, where possible, match clinical with non-clinical staff again. RCTs are a tried and tested knowledge management technique and worked well in a hospital setting where we could match participants so that there was no need to travel to another site.

Further Reading

How to set up a Randomised Coffee Trial. NHS Horizons (2016) [SlideShare presentation]
https://www.slideshare.net/HorizonsCIC/how-to-set-up-a-randomised-coffee-trial

Randomised Coffee Trials. David Gurteen (2013)
http://www.gurteen.com/gurteen/gurteen.nsf/id/randomised-coffee-trials

Jason Curtis, Site Librarian
Shrewsbury and Telford Hospital NHS Trust

Benzos and bowel sounds

At Lancashire Teaching Hospitals NHS Foundation Trust, a clinical librarian has shadowed a ward round on the Critical Care Unit every two weeks for the last three years. The idea came about following discussions between the head of the Library and Knowledge Service and a Critical Care consultant. The consultant wanted to provide support for junior doctors who were training on the unit – facilitating the link between what they were learning and 'the literature'. The clinical librarian joins the ward round and listens as patients are presented to the team. They make a note of any hot topics – unusual conditions, queries around medication, specific co-morbidities etc. Sometimes the consultant leading the round will specify topics, and frequently the clinical librarian will ask for clarification on what has been discussed or check spellings of conditions or medications. Following the ward round the clinical librarian carries out quick searches for relevant articles for each topic, usually on PubMed and sometimes using NICE Evidence Search or online resources like Life in the Fast Lane. These references are then put into a blog post which is published on a Wordpress site. The number of posts per round varies but is normally between two to four.

As the blog posts are just signposts to relevant literature and not a comprehensive topic review, there is no summary or introduction, just references and links to full text where possible. The type of references chosen will depend on the topic and how

much literature is available. Systematic reviews or articles that provide a good overview of a condition are useful, but sometimes there is little written on a topic and case studies and basic review articles come into play. Articles with full text availability are preferable.

Once the blog post has been published, it's automatically tweeted from the library's twitter account and email followers will get a notification that there is a new post. The clinical librarian also posts a link in a Critical Care WhatsApp group.

So that's the logistics of it, and re-reading it all in black and white it sounds very straightforward. But as with most things, it's not quite as simple as it seems. I'm the clinical librarian who has shadowed the ward round for the last 10 months, and as a non-clinical person in a very clinical environment, I was initially very apprehensive about shadowing. Would any of the consultants know who I was? Would I see all sorts of gory injuries and people going in to cardiac arrest every five minutes? Would I find it distressing? And most importantly, how on earth would I understand what they were talking about? I'd like to share my experiences, partly to demystify the ward round process, but also to explain what I get out of shadowing and how I find it rewarding on lots of different levels.

Would any of the consultants know who I was?
The answer to this is no, a lot of the time they wouldn't know who I was. And neither would most of the juniors and specialist trainees who were on the round. But that's easily overcome with a quick, 'I'm Emily from the library and I'm here to shadow ward round if that's ok.' Followed by a brief summary of the blog and its purpose. I've never been turned away from a ward round, although sometimes it's been obvious the consultant leading the round hasn't really known what to do with me. One actually did ask, but I explained I just observe and seek a bit of clarification at the end if necessary. Once they've worked out that I just quietly follow and make notes, they're put at ease. Several will now proactively identify topics for me and take time to explain things at an educated lay level, which helps enormously when I get back to my desk and start searching.

Would I see all sorts of gory injuries and people going into cardiac arrest every five minutes?
In short, no. The majority of patients on the unit are sedated and if they have any major trauma injuries they're all covered with dressings and bandages. By the time most patients reach the Critical Care Unit they are relatively stable, although often very seriously ill. No-one has crashed while I have been on ward round. One person did go into atrial fibrillation, which caused a little alarm, but it was soon under control with a variety of drugs administered as we were at the bedside.

There have been some sights which I have had to get used to. The unit has a lot of neurological patients and many have had surgery resulting in drains or intracranial pressure (ICP) bolts being placed in their head, which can look alarming. Patients

can often be a funny colour, for a variety of reasons. Some are very pale, others yellow as they have pancreatitis or liver problems, some are red as they are have high temperatures. Often patients have visible bruising due to problems with their blood or invasive procedures.

Would I find it distressing?
At times, yes. When people are sedated they aren't always soundly asleep and if they are in pain they will sometimes grimace, twist and turn in their bed and cry out. The staff try their hardest to make sure that patients aren't in pain, but sometimes the balancing act between different medications can make it difficult to achieve this. There are often patients who for one reason or another are at the end of their lives and critical care can no longer do anything for them. It is upsetting hearing patients discussed in this way, but it is a normal part of the unit, as not all patients make a full recovery. There is lots of work that goes on to ensure that patients who are nearing the end of their lives are as comfortable as possible, and if circumstances allow they sometimes return home rather than remain in hospital. Others are surrounded by friends and family. Often it's the absence of people that can be upsetting – an older man who lived in a nursing home had come in with a bleed on the brain and was on artificial life support. He had been certified brain dead and treatment was about to be withdrawn, and there was a discussion on the ward round about next of kin. He had no named contact on his notes and the nursing home said he had no friends or family to notify. To me that felt sadder than the passing of those whose beds are crowded with people.

People's stories can also be distressing. When looking at a patient in a bed who is calm, sedated and intubated it can be easy to detach the person from the patient. They are a condition, a set of observations, a list of medications. But sometimes the ward round involves discussing the person as well as the patient – they have children aged 7 and 14, they drink three bottles of wine a day, they were found on the floor of their flat after two days, they jumped from a building, they're in an abusive relationship, they weren't wearing a seatbelt. Lots of stories involve alcohol or substance misuse and the sadness is amplified as these admittances to critical care could have been prevented, if only things had been a bit different for that person.

Would I understand what was being discussed?
The honest answer to this is no, a lot of the time. But I don't need to understand everything in order to do my job. In the same way that I don't need to be a dermatologist to be able to do a literature search on the use of methotrexate in treating psoriasis, I don't have to be a nurse or doctor to get the information I need from the discussions on ward round. I have become familiar with the common themes that present with most patients:

- Breathing – can they do it by themselves? If they can't, are they on the right sort of machine? What steps are being taken to get them off the machine? What does their chest sound like?
- Sedation – are they on any? Do they need more? Could they have less? If they're getting less, are they waking up properly? If they're alcohol dependent, are they on the right drugs to make sure they're not suffering from withdrawal?
- Bowels – have they pooed? What sort of poo was it? If they haven't, what steps are being taken to make sure they do?
- Infection – are they showing any signs of infection? What tests have they had to look for infection? What potential sources of infection do they have?
- Fluid – have they got lots in their body or not enough? How much wee are they producing? How are they being given fluids?
- Nutrition – are they being fed? How? Is it getting through their system properly?
- Drugs – what are they on? Can any of them be stopped?

Regardless of the condition the person came in with, these are all things that will have an impact on their stay in critical care. Once you are sedated and lying down, your lungs are at risk of packing in, your bowels could stop functioning and result in a perforation, your kidneys can start to struggle and you could end up with a life threatening infection from a number of sources. So while the care that the unit is providing is vital to keep you alive, it can also cause extra problems for you as well. I still don't understand the reams of test results that are discussed, and there are many, many abbreviations used that are still unfamiliar to me. But each ward round brings new learning and my vocabulary continues to increase.

What do I get from all of this?
Unfortunately the shadowing has been suspended for a short period, as our clinical librarian team is at capacity for literature searches and although the blog is valued, it isn't a core service. When it is running, I look forward to shadowing ward rounds each fortnight and it's currently one of the aspects of my job that I enjoy the most. It's expanded my general medical knowledge and given me a basic understanding of the care provided in the unit. Searching for relevant literature is still slightly trial and error, as the research base for critically ill patients is not expansive by any means. But I think I have honed my search skills as a result of putting the blog posts together.

I'm definitely not an embedded part of the team on the unit, but as a result of being a regular presence I am more of a familiar face and I think there is a better awareness of library services amongst all staff. Although the blog is targeted at medical trainees other professions have used it, and the dietitians on the unit are particularly keen on it. They wanted to set up a journal club and asked me to come and facilitate the first

session. I've also had nurses and trainee Advanced Critical Care Practitioners (ACCPs) approach me for information skills support.

It's made me think more about the information needs of patients too. They're definitely not represented in the blog posts, as the literature I find is solely in the interests of medical professionals. I do try to add in articles from a patient perspective where available (for example experiences of mechanical ventilation), but again the material available is thin on the ground. I would love to develop an information service for patients and their significant others, but that would require a lot of work and our LKS doesn't currently have the resource to do this.

Late last year I put together a brief survey to try and capture some of the impact of the blog, and got a consultant to send it out to medical staff. There were 18 responses, mainly positive, and the next step is to collate the answers and think about where we go from here. I'm keen to expand the blog so that it's for all members of staff on the unit, and am planning to contact leads for AHPs and nurses to work out the best way to do this. In the meantime when our literature search pile has become manageable again I'll resume fortnightly shadowing, and try and provide that link between the patient in the bed and the research that helps future consultants learn how best to treat them.

Acknowledgement

> *Victoria Treadway produced a video showcasing a similar service at Wirral University Teaching Hospital NHS Foundation Trust and this provided the inspiration for the service development.*

Emily Hurt, Clinical Librarian
Lancashire Teaching Hospitals NHS Foundation Trust

Using Film as Reminiscence Therapy

"Reminiscences" is a quarterly produced film bulletin which is distributed to our teams and departments here at Coventry and Warwickshire NHS Partnership Trust (CWPT). Additionally it is also shared with local public library services.

Aware of the many useful resources to support patients suffering with memory loss, I felt there was a possible value in creating a resource that signposts staff and carers to some quality open film resources.

Initially I made some preliminary investigations both with my colleagues here at CWPT and externally through the network of librarian colleagues I have built up over the years. The consensus was that my concept of a resource bringing a selection of archive films from open sources to patients and carers was potentially good.

Part of my primary research was conducting a general literature search on the effectiveness of Reminiscence Therapies. The search retrieved a variety of different types of interventions; music, autobiographical stories, food and scents.

One study *'YouTube': a useful tool for reminiscence therapy in dementia?* O'Rourke J Age and Ageing 2011; 40: 742–744, considered the use of YouTube as a reminiscence resource. In respect to our own bulletin, this was an interesting approach. YouTube is a very useful video streaming site, however the content is often accompanied with adverts which detracts from the viewing experience and therefore felt this compromised its value in respect of using the content for a public sector initiative. The creation of playlists and delivery to group or individuals however, were useful features of the study.

As the project originator I felt that an e-bulletin format would be the most suitable. In discussion with my Manager we agreed that the bulletin should be produced quarterly and I would select the film content and serve as editor, a role in which I could draw on my academic background and knowledge. Prior to my career as an

NHS Librarian, I studied British Cinema History and gained an MA in Cinema Studies following a BA (Hons) in Film and Television Studies, my specialist area; British Cinema History. In this respect I have extensive knowledge of British Films both features and documentaries and respective film movements. This was a project that would allow me to utilise my knowledge and skills to create a resource which potentially could have a positive effect on patients suffering memory loss.

The bulletin was launched in June 2018, delivered via email in PDF format signposting viewers to quality open source film/video content. Sources used include the BFI Player, Vimeo, specialist archives and occasionally YouTube (providing the content carries no adverts). PDF delivery provides easy access to the content for staff using a variety of display devices including; laptops, tablets and smartphones to engage with patients.

The content of the bulletin is of an archive nature stemming mostly from the 1940's to 1980's and focuses on themes such as:
• Travel
• Modes of Transport
• Places, Traditions and Culture
• Music
• Sport
I actively encourage suggestions and have included editions which have focused on Music for example; but always include a mixture of themes to accommodate most tastes. When selecting films for inclusion I always view them first to check the content is appropriate for the potential viewers.

Transport

End of an era; Glasgow says goodbye to her Trams.
Image courtesy of Wikimedia Commons
9 Dalmuir West
(1962) (Brownlow)12 mins B/W
Glasgow retained her trams until the early 1960s and "9 Dalmuir West" is a portrait of transient times. Marking the debut of acclaimed film director and historian; Kevin Brownlow, the film successfully celebrates the proud working class heritage of the tram and the progress of modernity. By 1962 the role of the tram was being superseded by bus and an increase in car ownership as post war austerity drifted into a more consumer driven era. Musically this is conveyed poignantly by the use of "Telstar" by the Tornados in the film's soundtrack as Glasgow enters a new era, bereft of her trams.

When deciding to select respective films, I try to vary the content as much as possible within the featured themes, normally I aim for about 8 films per bulletin, but also include special features including music videos and classic adverts often these are barely a minute long and can provide added value for the audience.

Above is an example of the bulletin content, I write a brief synopsis of the featured film and retrieve a relevant image which is available for non-commercial use to comply with copyright legislation.

Feedback for the bulletin has generally been very positive with Activity Assistants, using Reminiscences to support patient activity sessions on the wards.

Going forward we are hoping to reach as many potential users for the resource as possible.

References

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Klever S. Reminiscence Therapy: finding meaning in memories; Nursing 2013 Vol 43(4) 36-37

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Andrew Hough, Outreach/Training Librarian
Coventry and Warwickshire Partnership NHS Trust

Empowering MND patients to have a voice

Key message: The Library at West Suffolk NHS Foundation Trust (WSFT) utilises digital technology to train and empower patients with Motor Neurone Disease (MND).

The Library Voice Banking Volunteer, working from direct referrals from Speech Therapy, trains patients to use specialist voice banking software to create an inventory of their voice, which is converted into a personal synthetic voice that is representative of their own voice.

The banked recordings can be used to customise personal messages for their loved ones, in the event that patients lose the ability to speak and communicate verbally as the disease progresses.

This service is provided as part of the Embedded Library Service within Speech Therapy at West Suffolk Foundation Trust.

The purpose of the voice banking service is to:
•   Utilise digital technology to overcome problems with and barriers to communication.
•   Support patients to take clear and practical steps in managing their condition.
•   Enable patients to leave a legacy of their voice for their loved ones.
•   Support family and friends to participate in the process of creating a synthetic voice.

Introduction: The Library at WSFT serves acute and community staff across Suffolk. Since 2016, the WSFT librarians have been embedded into various clinical teams as part of the Embedded Library Service (ELS). This involves supporting journal clubs and in-service meetings by locating and sharing relevant evidence, undertaking detailed evidence searches and supply of hard and electronic resources to support evidence-based practice. It can also mean going to support clinical staff outside the physical library, in their clinical setting.

The ELS works predominantly with Speech Therapy (SALT), Physiotherapy, Dietetics and Occupational Therapy across acute and community teams.

Challenges: MND describes a group of diseases that affect the nerves (motor neurones) in the brain and spinal cord. These nerves tell the muscles what to do. As MND progresses, the signals from the nerves to the muscles gradually cease, leading to muscle weakness, stiffness and waste. Some people also have cognitive symptoms affecting their thinking and behaviour. Not all cases of MND are the same.

MND is a life-shortening disease and there is no cure. A person's risk of developing MND is around 1 in 300. MND affects up to 5000 people in the UK at any one time so it is a fairly rare disease and health professionals may not see many cases of MND.

SALT at WSFT offer therapy to patients diagnosed with MND in west Suffolk. The technology for enabling patients to 'bank' their voices has been available for a number of years, and several members of the SALT team have been trained in the use of the software, but service demands and an increase in referrals for MND patients meant that the SALT team were unable to deliver personal 121 voice banking sessions to patients.

Trust Librarian, Laura Wilkes, became aware of the issue through her work in SALT as part of the ELS. Seeing this as an opportunity to use digital technology to empower patients, Laura offered to train as a Voice Banking Volunteer, in addition to her normal duties.

Working in partnership with the local hospice
An arrangement was reached with our local hospice, St Nicholas Hospice, which is based on the West Suffolk Hospital site. The voice recordings are carried out in a room at the Hospice for several reasons – patients will not have to pay for parking; it is a gentle way to introduce patients to the Hospice environment; room bookings can usually be accommodated; and the IT infrastructure is reliable.

The voice banking process
Following training from the MND Association, the Voice Banking Volunteer began using a piece of software from an American company called ModelTalker (www.modeltalker.org). This company works with various organisations which serve patients with MND to bank and download their voice, before they become unable to communicate. The MND Association provides financial assistance to allow patients to download their voices, and can provide laptops and other communication devices, if required, so there is equity of access for all referred patients.

The process can be time-consuming, as the patient has to record 1600 phrases in a 'full inventory' using random phrases and sentences from six American novels. As it is an American system, the recorded voice, which the patient follows and repeats, has an American accent. The software requires high quality recordings so provides a score for each phrase/ sentence. A score of medium to high on pace, volume and pronunciation is required, but pronunciation is always an issue because of language and variations in accent.

ModelTalker was used with four patients in 2019, but in September a new system, called Acapela (https://mov.acapela-group.com) was introduced. The MND Association ran Acapela training for Speech Therapy teams and volunteers.

This system only requires 350 phrases to be recorded and the system voice has an English accent, so it is a much quicker process and much easier for patients.

The voice banking role involves registering patients for their login details, booking a room at St Nicholas Hospice, meeting the patients and explaining the process to them, setting up the recording conditions and guiding patients through the process. Some patients need more help than others, but many of them require support to operate the laptop as most patients present with some loss of dexterity or weakness in their hands. This leaves the patient free to concentrate on recording the phrases. The whole process, using Acapela, can be completed in 1.5 hours as opposed to several two-hour sessions with Model Talker.

A further four patients have been trained in using Acapela since September 2019, making eight patients in total. A local team from ITV Anglia made a short film about the process which can be viewed here.

Results

This is an innovative service because a non-clinical member of the team, the Librarian, receives referrals direct from the Speech Therapists and undertakes the entire voice banking process without supervision. At the conclusion of the recordings, the patient transfers back to Speech Therapy.

Although not fulfilling a clinical role, the Embedded Librarian is an integral part of the clinical team supporting MND patients. This initiative has been recognised both within and outside of the Trust. The service has been featured in local news reports and recognised internally in our weekly electronic staff newsletter. The Trust has used Twitter to broaden awareness of the service and the Library's involvement. Our colleagues in SALT have used social media to promote the service and recognise its impact.

To date, eight patients in west Suffolk have been supported to 'bank' their voices for future use. Two of our patients have recorded the impact of the voice banking process:

Dave: "I used to be a farmer, and was very strong from working in the fields, so being diagnosed with a disease that affects your muscles was a real shock. I didn't want to do voice banking when I was first diagnosed and thought I would wait until I was ready, but once I heard my own voice start to change I felt the time was right.

"I'm not great with technology, and don't have my own laptop or computer at home, so I visit St Nicholas Hospice to meet Laura, so we can do the voice banking sessions together. We have a good laugh, and it's a nice atmosphere. My consultant told me to keep my sense of humour as it will help to get me through this condition - these sessions are definitely helping me do that too!

"Motor neurone disease isn't a condition you hear much about, but it's more common than people think, and it really can feel overwhelming when you first learn about it and how it affects people."

Bob: "The whole process was very straight forward your initial introduction gave me a good basis such that I could carry on without any further assistance although it does help if you are computer savvy. I guess it would be rather daunting to someone not so."

Liza Asti, Lead for Speech and Language Therapy, records how this has impacted on Speech Therapy and our patients:
"The voice banking project has had a significant impact on both the speech and language therapy team and the people we work with. Now that Laura is able to support people to bank their voices, we have seen a significant gain in terms of clinical time saved for speech and language therapists as well as improved referral to voice banking time.

"The project is unique in that the clinician can now refer directly to Laura (non-clinical) who will then oversee the rest of the voice banking process. As Laura does not have other clinical responsibilities, she is able to wrap the appointments around the patient and by using the hospice as base, this enables people to experience what it is like at the Hospice.

"I feel that as Laura is non-clinical a different relationship is forged with the patient and acts to de-medicalise the process. Laura's technical support for patients empowers them to take control of their condition and to maintain a sense of 'me'. Generally, patients are often unfamiliar with using technology and Laura's input helps to grow their confidence with technology because, as their condition progresses, they may become more and more reliant on alternative and augmentative communication devices and developments in this area are fast-paced.

"Empowering patients in the use of digital technology is an important function of the Library service and the Library Team's involvement with Speech Therapy via the Embedded Librarian Service and the Voice Banking Volunteer role is a unique way to support patients to manage their own conditions.

"Overall this project is valued by clinical staff, people wishing to bank their voices as well as Laura herself. Eight people have already successfully banked their voices and more sessions are planned."

Laura Wilkes, Library and Knowledge Services Manager
West Suffolk NHS Foundation Trust

How we increased KnowledgeShare membership at Bucks Healthcare NHS Trust

The following report outlines how our service significantly increased membership of KnowledgeShare for the delivery of current awareness services.

Our library service has had access to KnowledgeShare for some time but our uptake was slow compared to other NHS Trusts. During the early part of 2019/20 Sarah Lewis, my manager set me the objective to increase our KnowledgeShare membership by 25%. As part of this project Sarah suggested using a PDSA cycle (Plan, Do, Study, Act) which I found brilliant to help with organising my thoughts, to keep track of progress, and to have a measurable aim.

It was decided to initially target our OpenAthens users and I contacted Ben Skinner at Brighton & Sussex University Hospitals NHS Trust, who is part of the team behind KnowledgeShare, for his advice on wording for an email we could use. The email Ben recommended was short, friendly and to the point, together with help from one of our senior library assistants, we added a 'click here' link to the email which would open up with an auto filled subject box to easily identify the reply emails. The email was sent one Friday afternoon in early October 2019. We hadn't anticipated the overwhelming response to the email– there were around 60-70 immediate replies over the weekend and then over the next six weeks another 60 came in! The auto filled subject box was particularly helpful in identifying and responding to the replies as it took some time to add each new application to the KnowledgeShare database.

The end result was an extremely pleasing 50% increase in membership, interesting because although we have sent out similar emails in the past for other library resources, none have been quite so successful, we think that this was mainly down to the wording and tone of Ben's email, together with a one-step approach to getting signed up. We also noted that it was not always easy to get a second reply if there were missing applicant details, almost as though we had one shot to get it right. This is something that we will take forward for future promotions, not only KnowledgeShare but other library resources.

We have recently been in touch with Ben again and he kindly sent us a graph (see below) showing registrations on KnowledgeShare, with the leap in registrations during October –December 2019. The graph shows that even two months further down the line, the rate of new applications to KnowledgeShare is significantly higher than the previous average.

We do plan to repeat this again next year, but with more consideration and planning for capacity to deal with the influx of registrations and queries. All in all a very successful 'easy to do' project, we highly recommend the email wording supplied by

Ben, the one-step approach to getting someone signed up and in our case the timing of the email sent out on a Friday seemed to work well.

We use KnowledgeShare for current awareness bulletins, see the website for more details: https://www.knowledgeshare.nhs.uk/index.php?PageID=help_about

Email wording:

Dear

Do you find it challenging to stay up-to-date with new publications in your field?

I'm writing about a library service called **KnowledgeShare** that's available for free with your **NHS OpenAthens** account.

We regularly gather together new reports, guidelines and research articles and email them out to local staff in short, personalised updates. We try to tell you about only the publications that will interest you.

If you'd like to sign up for these, just drop us a line here mentioning your professional interests (you can be as broad or specific as you like and include both clinical and non-clinical topics).

We hope you'll find this service helps to make more evidence-based decisions.

Graph showing the count of KnowledgeShare registrations:

Gill Rose, Clinical Outreach Librarian
Bucks Healthcare NHS Trust

HEE Knowledge Management Team

Health Education England (HEE) as an organisation may be well-known to many HLG newsletter readers as the originators of Knowledge for Healthcare among other things. However, HEE's own internal Knowledge Management service may have easily escaped the notice of those outside the organisation. From a fledgling team of two in Health Education North West, the team has expanded to a team of six and adapted to HEE becoming a truly national organisation. We now have Knowledge Specialists strategically located around the country, embedded into various HEE offices. Here, we give you on overview of what we get up to, and what knowledge HEE needs.

Firstly, HEE doesn't actually look after any patients. It exists to support the NHS in England's most important asset – its staff. The organisation's role is to plan, train and develop the healthcare workforce of today and tomorrow. That can include things like working out how many professionals we need to start training today, to have the right number qualified to meet healthcare needs five, 10, or 15 years into the future. It also ensures existing staff develop skills for the future of healthcare, from technological aspects such as digital skills and understanding genomic medicine, to having the right combination of staff for new types of organisations such as Integrated Care Systems. This often involves projects to develop new training courses or new roles such as Nursing Associates, and many staff are clinicians by background, passing the mantle to the next generation. We hope you'll agree that all of this work needs to be well-evidenced, and draw on the wealth of knowledge our staff have.

Our KM team mission is, simply, to enable HEE to use evidence and organisational knowledge. We do this by helping HEE staff to:

- share their knowledge and learning from experience – *we facilitate communities of practice, especially important when staff are based all over England and may rarely meet face to face, or retrospects to help capture knowledge at the end of projects*
- share and promote innovations to further HEE's role in system transformation – *this is a fancy way of saying we help produce case studies of projects and pieces of work, many as part of our eWIN collection*
- consider solutions that capture and share organisational knowledge – *with a lot of HEE's work being project-based, having some KM expertise on setting up a SharePoint site or developing some templates at the beginning of a project can save time, effort, and a lot of reinventing the wheel later*
- use and apply evidence obtained from research and best practice – *perhaps the most obvious and reassuring one, we need our work to be based on the best available evidence, so we spend a lot of time searching and summarising evidence on all manner of topics*

But what do we actually *do* and what's it like being part of the team? Our Knowledge Specialists and Team Administrator each give you their perspectives and impressions from, in some cases, their first few weeks or months in post.
***Emily Hopkins** – Knowledge Management Lead*

Left-Right: Emily, Katy, Liz, Jo, Matt, Katie

I'm four months into my new post as Knowledge Specialist at Health Education England. As always, in a new role, there has been lots to learn, and although I have an NHS background, I'm still getting to grips with the acronyms used at HEE. It's like learning a whole new language!

So far, I've been involved in several projects which have required me to undertake literature reviews and produce summaries of the evidence. The projects have included developing the role of occupational therapists in primary care, the uptake of allied health professional apprenticeships, and the transition of experienced nurses moving into new specialities.

In this role, I've very quickly had to develop my grey literature searching skills. I've found that most of the evidence we use comes from reports, government papers, and HEE internally produced documents. I've become a big fan of the House of Commons Library, and I've recently discovered Twitter as an excellent source for finding grey literature.

In terms of Knowledge Management, I'm in the process of helping to establish a community of practice within the South West region of HEE to look at cost efficiencies and the NHS Long Term Plan. At the HEE South West Conference, I hosted a table at a Knowledge Café on the HEE Knowledge Management Services. This was a great opportunity to showcase my role and to meet over 150 staff within an hour.

For the future, I'm hoping to further develop my relationships with the HEE teams in the South so that they see me as an embedded member of their team. I want to focus on marketing and promotion of the service, and increase the readership of our evidence bulletins. I would also like to see our team have a slot at the new national HEE Corporate Induction, which would be an excellent way to showcase the fantastic work we do.

Liz Jordan – *Knowledge Specialist, based in Bristol*

I've worked with Emily at Health Education England for about three and a half years in a couple of library and knowledge-related roles. I'm now one of four Knowledge Specialists working across the organisation to help HEE staff embed evidence into their decision-making and make best use of internal knowledge and good practice. The service has evolved quite a bit over that time, and my role has developed significantly.

It will be no surprise to you that I spend lots of time literature searching. The results can support writing for publication; help with the development of training; and inform pre-project planning and decision-making, among lots of other things.

Recent topics have included:
- the arguments for interprofessional education across primary and secondary care interfaces
- systems thinking competencies for project managers
- the extent to which place and geography informs workforce transformation to address healthcare population needs

Recently I've been supporting a team in the North to develop their Community of Practice (CoP). I offer advice on how to get set up, demonstrate the technologies available, and explain how to avoid some of the things that can contribute to CoPs failing. I'm working with our local team to develop an induction programme, and team profile packs, so new starters can have a better understanding of how their local office works, and who they can ask for support. I also organise and promote HEE's Randomised Coffee Trials. We have run them across the organisation, twice a year, for about two years, and regularly get high numbers of staff participating virtually and in person.

Within the team I'm most enthusiastic about how we can support and learn from each other. We've set up a "Search Club" as a form of peer support where we can share learning from trickier searches, ask each other for help and advice, and work on our skills so we can better answer the questions staff bring to us.

I'm really proud of just how far we've come since I first started, and since the team expanded, and I'm excited about the opportunities that will arise from us being embedded throughout the organisation.
Katie Nicholas – *Knowledge Specialist, based in Manchester*

I'm new to Health Education England, new to knowledge management, and new to working in an office having spent the last six years loitering with intent behind the enquiry desks of various libraries across the East Midlands. Helpfully, though, I'm not new to the NHS: four of those six years were spent signposting online resources and providing technical support ("Have you tried plugging it in?") to the staff and students of Nottingham University Hospitals NHS Trust.

My HEE experience (HEExperience?) so far has mostly involved doing literature searches, and inviting myself to other people's meetings. I have loved doing literature searches since before I knew the term "literature search" existed, so this has been very exciting. It's very cool to know that your work will be used to develop services and improve patient care – particularly when you have no direct contact with patients, are incredibly squeamish, and did extremely badly in GCSE Biology.

My most recent search was about the potential causes of differential attainment among UK trainees from BAME groups, and the results will form the basis of a session run by a GP educator later in the year to explore the impact of differential attainment within general practice. This is such an important topic, and I hope the evidence I dug out will help to inform the nature of the support offered to affected trainees in the future.

Meetings-wise, I've spent a lot of time eating flapjacks, and spreading the word about knowledge management and what it involves. It's been particularly life-affirming to see how enthusiastic our existing service users are about the team's expansion, and how relieved our potential service users are to hear that – for example – the piece of work they're thinking of doing is already being done by another team elsewhere in the organisation and they can ask them for help.

I'm really excited to continue raising the profile of knowledge management services within HEE, and to become so indispensable that it's second nature for our colleagues to contact us before they embark on a project. We can dream!
Jo McCrossan – *Knowledge Specialist, based in Leicester*

I am very new to the Knowledge Management Team and to 'this' side of the NHS, having worked within the third sector for many years for a small mental health charity. However, what drew me to this role was the absolute belief in knowledge and research in relation to bettering outcomes for people. This is particularly important to me having spent so many years voicing the experiences of those using mental health and other health and social services as a way to improve how services were delivered and highlight good practice as felt by patients. I have also spent many years enabling people from traditionally disadvantaged communities accessing information about their rights and options in relation to not just their mental health, but physical health and social circumstances. Up to date and accurate information is key to people making the right decisions about care, and was excited to see the #amilliondecisions campaign.

So far, I am very much having to learn a completely different culture, and even though have worked closely with NHS and Local Authority colleagues previously, working within such a large organisation is taking some getting used to. It's been a positive experience I'm pleased to say!

I look forward to supporting the Knowledge Specialists to ensure HEE staff are being provided with the best evidence and examples of good practice, as well as enable people to share their own knowledge and skills.
Katy Tate – *Knowledge Management Team Administrator, based in Leeds*

I am also new to Health Education England and to the NHS. My background and experiences have been in library and information services encompassing academia, third sector and membership organisations but with roles nearly always related to health and science. My belief is that knowledge management is an approach to delivering services not necessarily a discipline in its own right. It's about people doing things with tools. Doing the right things is effective, doing them as best as possible is efficient. Having an enabling can-do culture is paramount. Skilled staff using robust infrastructure to deliver the right information at the right time so that it can be acted on-is what we do. Our outputs are evidence based and our outcomes are patient focussed. I am very proud of both the history and tradition of the NHS and I do not underestimate the scale and complexity of the challenge.
Matt Hunt – *Knowledge Specialist, based in London*

How to revalidate in an evening

In August 2019 CILIP North West and CILIP ARLG North West co-hosted a revalidation workshop, *Revalidate in an Evening*, aimed at CILIP members wishing to revalidate their CILIP Professional Registration.

Why revalidate?
Revalidating your level of professional registration (Certification, Chartership or Fellowship) is a great way to:
- Demonstrate your ongoing commitment to professional development and a willingness to keep your skills up-to-date to your current and future employers;
- Maintain links with your profession;
- Refresh your reflective practice skills;
- Maintain a record of your development, activities and learning;
- Get the professional recognition you deserve!

Finding revalidation buddies
For many of us, revalidation often slips down the priority list under the pressures of work and home life. Our revalidation workshop aimed to provide those struggling to find the time to revalidate with some dedicated time to focus, as well as supporting those who wanted to find out more about the process. By bringing people together as revalidation buddies we hoped to share learning, experiences and motivate each other!

Revalidation support from CILIP
The free session was facilitated by the regional Candidate Support Officer (Victoria Treadway) and Mentor Support Officer (Gil Young) and was open to members of CILIP ARLG and the wider LKS community in the North-West.

The session covered the revalidation requirements and process, and then allowed time for participants to prepare their revalidation submission.

Top revalidation tips
Top tips shared during the session were to:
- Refresh yourself on the criteria for the level of professional development you are revalidating.
- Learn from others! Picking up learning and tips from peers is hugely helpful.
- Align revalidation with your other professional development activities, e.g. appraisal.
- Not kept a record of everything you've done? Check your diaries, notes and emails. Other CPD activities might be reading a professional publication,

> talking about professional issues with a colleague and engaging on social media.
- Use the guides and resources on the CILIP webpages.

What happened next?

Feedback following *Revalidate in an Evening* showed that participants valued having tailored support on hand to guide them through the process. It was felt that having dedicated time to focus on revalidation was helpful; next time we'd make the session longer to enable individuals to submit their revalidation on the day rather than doing it later at home.

As a result of attending the session, three participants submitted and were successful in revalidating their professional registration, which is a brilliant achievement for all of them!

Building on the success of this session we are planning some virtual revalidation support to enable us to support more people. Watch this space!
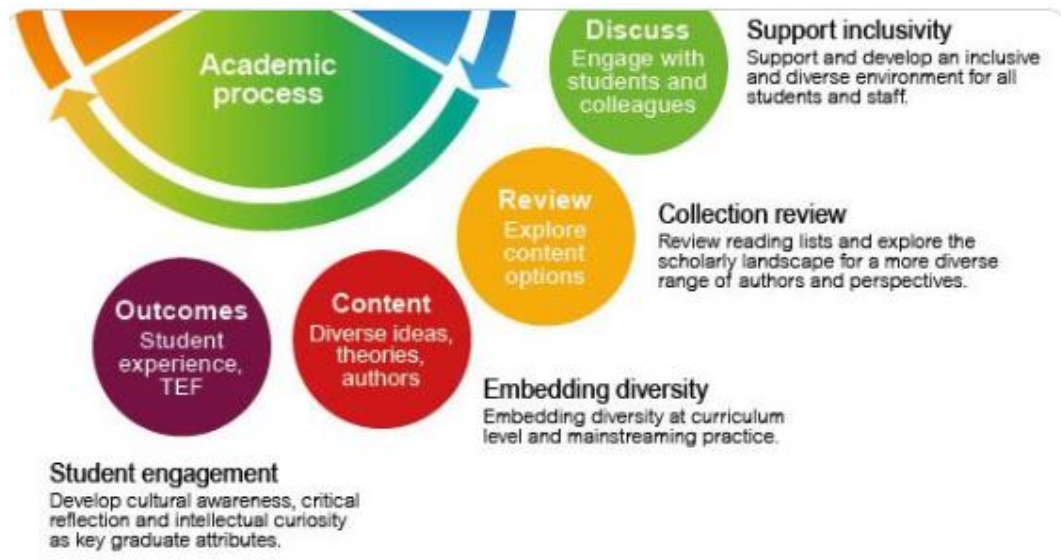
Victoria Treadway (CILIP NW Candidate Support Officer)
Gil Young (CILIP NW Mentor Support Officer)
Dawn Grundy (Chair of CILIP ARLG NW)

Conference report: International Library and Information Group (ILIG) Decolonisation Conference

Decolonising library collections and practices: from understanding to impact
25th November 2019, Cardiff

Cardiff Met & CILIP ILIG Decolonisation Conference November 2019
Decolonising Library collections and practices: from understanding to impact

*(Image from Fields & Mires-Richards, Kent University, 2019)*

All the slides can be viewed here:
https://padlet.com/jim_finch8472/cnryftdmavot

I was lucky enough to be able to attend this conference, thanks to a CILIP Wales bursary. As a BAME library professional myself, I am glad that there is growing awareness around this topic. Decolonisation is a buzzword in academic libraries at the moment. As a concept, it refers to people being unfairly disadvantaged because of their race and relates to the historical effects of colonialism still impacting today.

The main themes of the Conference were:
- Understanding of race in the UK both in higher education and the wider context.
- How libraries/universities raise awareness on issues of race
- Innovative uses of resources such as curated reading lists
- Applications of User Experience (UX) Research specifically geared to people of colour.
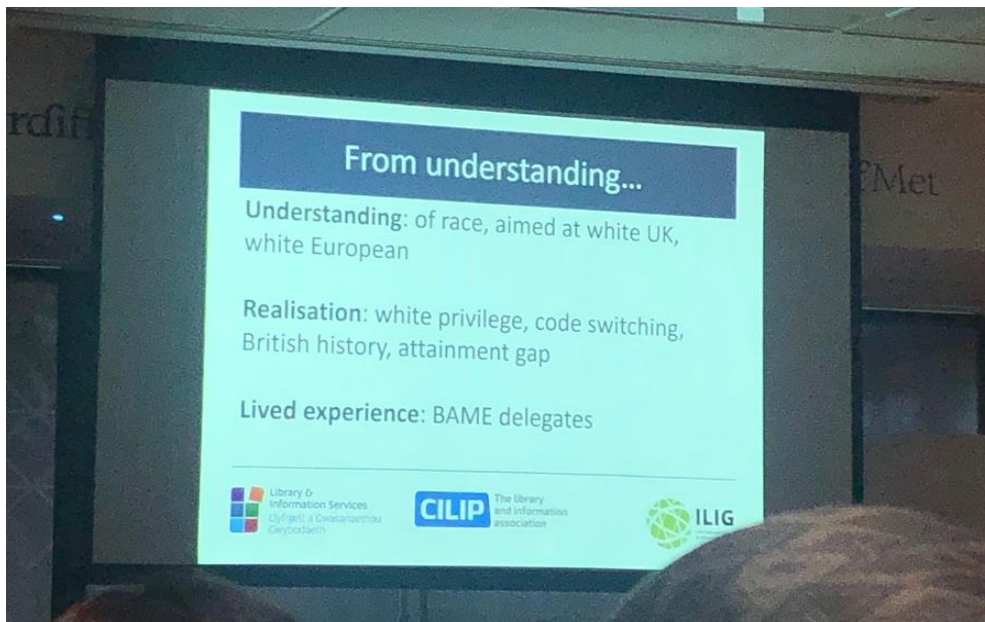
(Finch, 2019)

Dr Zainab Khan's(London Metropolitan University) keynote "Race Equity in the Academy: Are Institutions ready to move from Rhetoric to Action?" was hard-hitting. Today's divisive political and social climate means that understanding and respecting race continues to be very important in the UK's academic sector. As Dr. Khan said, all too often, this is treated as part of "diversity work" when it is much more than that. It is about re-situating European thinking and scholarship, so that it isn't placed above non-European or non-white thought, but alongside it. I liked Dr. Khan's practical suggestions. She told of how, when she was teaching a Law module to students who were almost all from Malaysia, that she decided to change the module content from EU law, which had no relevance to them, to one based on Malaysian Law which they could relate to. De Montfort and Kingston Universities were cited as examples of good practice.

How do we ensure that decolonising isn't treated as just a fad, a fashionable bandwagon involving token gestures such as displaying posters during Black History Month or adding a couple of books to reading lists, but that it is taken seriously and leads to lasting, meaningful change in organisations? Genuine buy-in from the leaders of the academic institution is key. We need to identify which committees are making changes and try and get involved. The work that may be going on separately in different parts of a University, such as working to address the attainment gap of Black students, needs be co-ordinated. This may mean actually slowing down change, so that it can be implemented more successfully.

When 96.7% of library staff are white, (compared with 85% of the general population workforce), as CILIP'S recent workforce mapping survey found, there is clearly a need for greater ethnic diversity. **Jenny Bayjoo, from the University of Salford and Founder of Diversity in Libraries in the North (DILON)** discussed the

challenges of talking about race in libraries in **"Fitting in and Speaking Out".** Bayjoo highlighted that you need to be prepared to be regarded as a "killjoy" if you bring up matters about race. As libraries are traditionally viewed as "nice spaces" it can be awkward to criticise or be taken seriously.

Examples of User Experience (UX)

Belonging in the Library – Making sense with Zines (Ka-Ming Pang, University of Roehampton).
With University students getting "survey fatigue" from being asked to fill in so many surveys, such as the NSS (National Student Survey), library staff need to employ different feedback methods. The way that Ka-Ming used zines to get student feedback is a method that could be easily used in academic and other libraries. Zines (handmade or cheaply-produced leaflets), were designed in a workshop by a focus group of BAME Student ambassadors, to explore how they felt about the Library. Ka-Ming made the good starting point of creating a zine about herself first, to share with the students. She commented that, although we can try and steer our students/users towards answering questions about the library, students will talk about what interests them. How we frame questions is important, for example, asked about the use of 24/7 opening – one student felt she was being judged as being "last-minute" with her work, as she preferred working at 3 a.m. in the morning. Reassuringly, the Library was felt to be a space of positivity, kindness, and a place to invest in yourself.

Can UX Decolonise the Library? (David Clover, University of East London)
David described how UX techniques were part of the Belonging Project, at his University. First, observational studies were conducted on how students used the library spaces, and then student interviews provided the key data as to how they felt about the spaces. Comments included students saying that they liked to be able to see library staff there, but didn't want them to be situated too close to them. Also, that they thought of library staff as their friends. One student said that she felt comfortable and safe enough in her own enclosed study booth that she could remove her hijab.

Toolkit for Change: Diversifying Library Collections (Sarah Field and Emma Mires-Richards, University of Kent)

Sarah and Emma explained about their role in Kent University's wide-ranging "Diversify my Curriculum" project. Firstly, they liaised with academic staff on a small number of modules, asking the academics to assess the diversity of their reading lists. As librarians, although we don't compile the reading lists, we can offer support and awareness. The response was lukewarm, with staff implying that the core texts were all written by white, male writers and why did it matter who wrote it. However, once students themselves became involved in phase 2 of the project, the students were far more engaged and reviewed a large number of module reading lists. They were really keen to make their readings more representative:

Diversity Mark

Diversity Mark Award

Sarah and Emma have created a "Diversity Award Mark" for departments at the University and are compiling a diversity toolkit of useful resources.

Decolonising the LIS (Library and Information Science) education curriculum (Briony Birdi, University of Sheffield).
I thought Briony's presentation was really pertinent and we do need to think about how to improve the LIS curriculum, for those entering the library profession. Her discussion about starting the conversation and how to explain "white privilege" (taken from "Race equality at the University of Sheffield, September 2019) was illuminating. The CALISE Cultural Awareness Model that she has devised sounds like an excellent practical resource.

Overall, the whole conference programme was well-thought out, with some wonderful speakers. I learned so much about how we can help to decolonise our own library settings.

Key take away messages:
- Often it's about starting the conversation on decolonisation.
- Think of achieving small wins – it will take perseverance and patience.
- Student and NUS (National Union of Students) engagement is crucial to the success of projects. Similarly, user engagement in other library settings.
- Ensure follow-up with any UX undertaken, by liaising with committees and making recommendations.

Yasmin Noorani, Academic Support Librarian
Bangor University

Internet sites of interest: Novel Coronavirus (COVID-19, 2019-nCoV, SARS-2-CoV)

Terminology

This is a fast (or should I say *f a s t*) moving subject! The WHO have given the virus a name (COVID-19) but a paper was put into bioXriv on the same day reporting work of a committee of the International Committee on Taxonomy of Viruses, arguing for the name SARS-2-CoV.

Other names are "Novel coronavirus" and "2019-nCoV" (which seem common), "Wuhan seafood market pneumonia virus isolate Wuhan-Hu-1" (GenBank), "Betacoronavirus" and "betaCoV" (GISAID). This demonstrates the worth of including synonyms in any search!

Keeping up to date

I am maintaining blogposts about the virus, starting at https://browsing.blogspot.com/2020/01/outbreak-of-novel-coronavirus.html. This column will not be up to date for long, but I think it is worth using it to record some of the sites, and I will keep the blogposts up to date. Please do link to that blog post if you would like to.

As well as my blogposts, there is Public Health England Knowledge and Library Service's comprehensive resource, **Finding the Evidence: Coronavirus**, https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/
I checked all the sites listed below on 12th February 2020.

Overview

House of Lords Library research briefing - Coronavirus: a public health emergency https://researchbriefings.parliament.uk/ResearchBriefing/Summary/LLN-2020-0049
An overview of the situation when the report was published on 5th February 2020.

Official information

NICE Evidence Search is up to date and finds recent announcements from the Department of Health and Social Care and Public Health England. Search for coronavirus or COVID-19.

Official information from the UK:

Department of Health and Social Care
Coronavirus: latest information and advice
https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public

Health Protection Scotland

Novel coronavirus (2019-nCoV)
https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/

The Welsh Government / Llywodraeth Cymru
Guidance: Coronavirus
https://gov.wales/coronavirus
[Canllawiau: Coronafeirws
https://llyw.cymru/coronafeirws]

The Public Health Agency in Northern Ireland
Novel coronavirus (2019-nCoV)
https://www.publichealth.hscni.net/news/novel-coronavirus-2019-ncov

There is also:
World Health Organization
Coronavirus disease (COVID-19) technical guidance
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance

Your own institution
My institution has information at https://www2.le.ac.uk/institution/coronavirus. Look for the information from your own institution.

Journal articles

Centers for Disease Control and Prevention
https://www.cdc.gov/coronavirus/2019-ncov/publications.html

I have a link to a PubMed search at https://browsing.blogspot.com/2020/01/novel-coronavirus-clinical-information.html. Public Health England's Finding the Evidence, https://phelibrary.koha-ptfs.co.uk/coronavirusinformation/ has much more detailed strategies and strategies for other sources. Ovid's Coronavirus page at http://tools.ovid.com/coronavirus/ has Ovid Medline search strategies.

Many publishers and databases have made coronavirus related content available for free. I have links at https://browsing.blogspot.com/2020/01/novel-coronavirus-clinical-information.html, so please check there for the latest.

News

Guardian
https://www.theguardian.com/world/coronavirus-outbreak/
The Guardian is also covering each day's developments live.   This is my preferred news source – but other sources may also be doing similar things.

Xinhuanet
http://www.xinhuanet.com/english/china/index.htm
News in English from China.

At https://browsing.blogspot.com/2020/01/ncov-news.html I list some stories
discussing how the outbreak is being covered, discussions of misinformation and
myths, and fact checking. I also have links there to Le Monde (in French) and De
Volkskrant (in Dutch), but nothing to news sources in Chinese, which I cannot read.
If you can, and can recommend links, please get in touch!

BMJ
https://www.bmj.com/coronavirus (with other coronavirus content, all free).

Nature
https://www.nature.com/subjects/infection (scroll down for news; some content is
free)

Epidemiological information
China Center for Disease Control and Prevention: Tracking the Epidemic
http://weekly.chinacdc.cn/news/TrackingtheEpidemic.htm
In English. This is reporting number of cases and deaths, by day.

HealthMap
https://healthmap.org/en/
HealthMap shows ProMedMail (see below) cases in shown graphic form. Use Your
location > Search > Location to search for a specific country or city.

Johns Hopkins University's Center for Systems Science and Engineering
The Centre is mapping the outbreak. The link I was using started to ask for a login,
so try this - https://arcg.is/0fHmTX - or go to the Center home page at
https://systems.jhu.edu/.

ProMedMail posts cases of infectious disease, describing nCoV as Novel
coronavirus. See also HealthMap above.
https://promedmail.org/

Agencies with epidemiological information include

Public Health England
https://www.gov.uk/government/publications/covid-19-track-coronavirus-cases

Centers for Disease Control and Prevention
https://www.cdc.gov/coronavirus/2019-ncov/index.html

European Centre for Disease Prevention and Control
https://www.ecdc.europa.eu/en/novel-coronavirus-china

Genetic sequence information

Chinese scientists have put the genome of the "Wuhan seafood market pneumonia virus isolate Wuhan-Hu-1" into GenBank,
https://www.ncbi.nlm.nih.gov/nuccore/MN908947.

Sequences of other examples are in the NCBI Virus Novel coronavirus data hub,
https://www.ncbi.nlm.nih.gov/labs/virus/vssi/#/virus?SeqType_s=Nucleotide&VirusLineage_ss=Wuhan%20seafood%20market%20pneumonia%20virus,%20taxid:2697049.

There is sequence data in GISAID, https://www.gisaid.org/. GISAID is based in Germany and is an influenza resource, but with some coronavirus data added. Register to access the data. Once registered and logged in, there is a BetaCoV section with sequence data for many instances of the virus, phylogenetic tree data and information on potential drug targets conserved between BetaCoV and the SARS virus.

Point of care resources (all free)

BMJ Best Practice
https://bestpractice.bmj.com/topics/en-gb/3000168

DynaMed
https://www.dynamed.com/condition/novel-coronavirus-2019-ncov

UpToDate (Coronaviruses)
https://www.uptodate.com/contents/coronaviruses

Information for the public including travel advice
The official advice sites listed above may contain advice for the public. Also, there is:
NHS
https://www.nhs.uk/conditions/wuhan-novel-coronavirus/

Public Health England
https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public,
and you can see the public awareness campaign poster at
https://assets.publishing.service.gov.uk/media/5e35b25740f0b609169cb52a/coronavirus-public-info-poster-2.pdf.

Foreign and Commonwealth Office

https://www.gov.uk/foreign-travel-advice/china

World Health Organization
https://www.who.int/ith/2019-nCoV_advice_for_international_traffic/en/
Of course, if you are outside the UK, please check for advice from your own government!

If I have missed anything useful, or you see something new, I would be pleased to add it to my blog. Please contact me.

Suggestions for future topics, or offers to compile lists, are always welcome. Your help will stop this column being too English, male and higher education biased!

Please contact me:
Keith Nockels, Academic Librarian
University of Leicester – UK
khn5@le.ac.uk
+44 (0)116 252 2044

Diary of events

24 March 2020
Identifying the Evidence for Systematic Reviews: An Introduction for Information Professionals
Centre for Reviews and Dissemination, University of York
https://www.york.ac.uk/crd/training-services/identifying-the-evidence/
£200 for public sector & non-profit organisations.
£540 for private & commercial companies.

3 April 2020
UHMLG 2020 Spring Forum: Systematic Reviews: Building Our Role & Expertise
Royal Society of Medicine, London
https://www.uhmlg.org/2020-spring-forum/
Range of package options

6-8 April 2020
LILAC 2020
Manchester Metropolitan University
https://www.lilacconference.com/
Range of package options

15-19 May 2020
MLA '20: 120th Annual Meeting and Exhibition: 2020 Vision: The Future in Focus
Oregon Convention Center, Portland, OR
https://www.mlanet.org/meeting
Range of package options. Early bird rates available on or before 8 April

4-5 June 2020
UHMLG 2020 Summer Conference: Systematic Reviews: Demystifying Some of the Process
Swansea, Wales
https://www.uhmlg.org/2020-summer-conference/
Range of package options

12-15 June 2020
CHLA-ABSC Conference 2020
Sheraton on the Falls, Niagara Falls, Ontario
https://www.chla-absc.ca/annual_conference.php/
Fees to be announced

16-19 June 2020
Nottingham Systematic Review Course 2020
University of Nottingham
https://www.nottingham.ac.uk/research/groups/cebhs/nottingham-systematic-review-course/
Early Bird discount of 10% (£805) if booked before 31st March, 2020.
Later bookings after March 31st will be £895.

20-24 June 2020
HTAi 2020 Annual Meeting: Attaining, Maintaining, and Sustaining Healthcare
Systems in a Changing World: The Role of HTA
Bejing, China
https://htai2020.org/
Early bird registration until 20 March 2020

22-26 June 2020
EAHIL 2020: Be Open, Act Together
Lodz, Poland
https://eahil2020.wordpress.com/
Range of package options

6-7 July 2020
Introduction to Critical Appraisal and Systematic reviewing and Meta-analysis in
Action (Combined Courses)
National Guideline Centre (NCG), Royal College of Physicians, 11 St Andrews
Place, London
https://www.rcplondon.ac.uk/events/introduction-critical-appraisal-and-systematic-reviewing-and-meta-analysis-action-combined-8
£500 (inc VAT)

8 July 2020
Literature searching
National Guideline Centre (NCG), Royal College of Physicians, 11 St Andrews
Place, London
https://www.rcplondon.ac.uk/events/literature-searching-08072020
£300

23-24 July 2020
CILIP Health Libraries Group Conference 2020
Macdonald Aviemore Resort
Cairngorms National Park, Aviemore
https://www.cilip.org.uk/events/EventDetails.aspx?alias=HLG2020
Range of package options

15-21 August 2020
IFLA WLIC 2020
World Library and Information Congress 86th IFLA General Conference and Assembly
Dublin, Ireland
https://2020.ifla.org/
Early registration until 15 May 2020. Range of package options

22nd September 2020
Advanced Search Techniques for Systematic Reviews, HTA and Guideline Development
University of York, Heslington, York
https://yhec.co.uk/training/reviewing-and-information-services/advanced-search-techniques-for-systematic-reviews-hta-and-guideline-development/
£240

23rd September 2020
Advanced Search Strategy Design for Complex Topics
University of York, Heslington, York
https://yhec.co.uk/training/reviewing-and-information-services/advanced-search-strategy-design-for-complex-topics/
£240

Julia Garthwaite, Deputy Librarian
Please send information about future events to Julia at: j.garthwaite@ucl.ac.uk

Newsletter Editorial Notes

CILIP is the UK's professional body for library and information professionals and includes the Health Libraries Group (HLG) as one of its special interest groups.

The HLG Newsletter gives readers a space to publish, share and access the latest news, best practice, research, current awareness information and conference/course updates. You can also keep up to date with our regular features, book reviews and relevant internet sites.

We're keen to receive contributions from readers, so whether you want to share an impact case study, or reflect on a new service development, or share your experience of attending an event, course or conference, get in touch.

Contributions to the Newsletter should be sent to: newsletter.hlg@cilip.org.uk

Newsletter Editorial Team

Editor	Joel Kerry
	joel.kerry@nhs.net
Assistant Editor	Rachel Gledhill
	rachel.gledhill@phe.gov.uk
Internet Sites of Interest	Keith Nockels
	khn5@le.ac.uk
Book Reviews	Tom Roper
	tom.roper@nhs.net
Diary of Events	Julia Garthwaite
	j.garthwaite@ucl.ac.uk

Next copy dates:

Newsletter Issue	Deadline for content	Publication dates
Summer 37 (2)	Friday 15 May 2020	Friday 29 May 2020
Autumn 37 (3)	Friday 11 September 2020	Friday 25 September 2020
Winter 37 (4)	Friday 4 December 2020	Friday 18 December 2020

HLG Members email discussion list
Sign up today by going to http://www.jiscmail.ac.uk/hlg-members and following the onscreen instructions.