Interim

Inside this Issue

Forrest, M., Message from the Chair	Pg 2
Smith, C., Transition Management	Pg 4
Kelt, M., Web-based database tutorials at Glasgow Caledonian University	Pg 7
Forsyth, E., Library Profile: RCN Library, Edinburgh	Pg 9
Mandt, C., Clinical Librarian Study Day -Report	Pg 11
Nockels, K., Cross boundaries, join forces- A brief report	Pg 13
Bogle, A., Hazel Williamson Bursary Winner – Report.	Pg 14
Website Resources – Aviation Medicine	Pg 15
People	Pg 16
News	Pg 16
Next Issue: Quality Assurance	Pg 17
Guidance for Authors	Pg 18

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Message from the Chair

Margaret Forrest

Regional Meetings: SHINE's future strategy

In the June issue of Interim, I mentioned that the SHINE Committee is planning three regional meetings with members to discuss ideas for a future strategy for our Network. At the Committee Meeting of 30th July, we held a planning meeting with Gillian Strachan who will be facilitating these workshops. Gillian is an experienced consultant who currently works as an Organisational Development Manager for the Common Services Agency in NHSScotland. She has a number of years' experience working with both public and private sector organisations in the following areas: strategic change; management skills development; partnership skills development; action learning; building consensus and participatory decision-making; team-building; project management.

The SHINE Committee has commissioned Gillian to design and deliver three facilitated workshops in Glasgow, Edinburgh and Aberdeen in November and to write up an interim report of these. A forth workshop will be held early in 2004 with the Committee and a number of stakeholders. This last workshop will review the information from the consultative process (regional meetings) and create a draft vision for the future and begin the process of setting a strategy to achieve this. By the 2004 AGM in April next year we should have a number of options for SHINE's future strategy upon which members will be able to cast their votes. SHINE's current voting system will also need to be reviewed during the regional meetings.

NHSS Copyright Licence

Following a "networking lunch", the afternoon sessions of the regional meetings will be devoted to the new NHSScotland Copyright Licence agreement with the Copyright Licensing Agency. Jim MacNeilage, Business Development Manager for the CLA in Scotland will make a presentation on the new licence and be available to answer any questions concerning copyright issues from SHINE members. Many people will remember the regional meetings of 2000 at which Jim spoke about the first licence and the helpful question and answer sessions which followed.

The dates and venues of the regional meetings are advertised elsewhere in this issue of Interim. Please consider attending one of these meetings and have your say in the future strategy of SHINE.

Moving on

Many thanks to all SHINE members who have sent me their good wishes on starting my new job with Dundee University at the School of Nursing and Midwifery at Kirkcaldy. I have received a very warm welcome from all my new colleagues in Kirkcaldy and Dundee. It's especially nice to be working with more SHINEy people!

Looking forward to meeting many more of you at the regional meetings in November.

Margaret Forrest
Dundee University
School of Nursing & Midwifery Library
Kirkcaldy
Fife
m.e.s.forrest@dundee.ac.uk

To all SHINE members: your participation is requested at one of the

SHINE Regional Meetings

5th November – Aberdeen
Project Room
Foresterhill Medical Library

13th November – Edinburgh
Scottish Health Service Centre

18th November – Glasgow
Neurology Lecture Theatre
Southern General Hospital

Programme:

Morning Session
The Future of SHINE – facilitated by Gillian Strachan

Lunch

Afternoon Session
The new NHS Scotland License – Jim McNeilage

To determine numbers for lunch please send a confirmation of attendance, stating which meeting you will be attending to:

Charlotte Boulnois
Central Library
Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Tel: 0141 201 2163
Email: charlotte.boulnois@sgh.scot.nhs.uk

Cathy Smith

Transition management: report from a workshop by Mary Lakie held on 7th August 2003

Abstract

This article looks at the key principles of transition management, it addresses how it differs from change management and considers some ideas for implementation of the theory into practice. The article is based on a study day led by Mary Lakie and drawing on her former work as an Associate with Davis & Dean Inc (www.davisdean.com).

Introduction

Anyone working in the NHS will be familiar with change. Come to that, anyone working in libraries will be familiar with change. Like it or not, change happens all around us, all the time. Sometimes it even happens *to* us, and that's where the problems begin…

Whether you see change as a positive or a negative thing (and even the optimists among us have to admit that not all change is positive), it affects us in ways we don't always understand or acknowledge. Transition management is about understanding change on a personal level, about understanding what happens to us, as individuals, when things around us change. This article looks at the key principles of transition management, as presented by Mary.

Understanding change and understanding transition

William Bridges[1] describes the difference between change management and transition management thus:

"Change happens whenever something starts or stops in our lives – or one thing stops and another starts up in its place. Marriage stops and a separation starts. A job stops and unemployment starts. A position as a lab technician stops and a new one as the lab manager starts. In each case, the circumstances of the person's life are different in some way, and that is a change. *Transition on the other hand, is the psychological process that the person must go through to unplug from his or her old identity and become reoriented to the new one*."

So change is something new, clearly defined, often with a starting point or a stopping point. It can be sudden or it can be something that has been known about for some time. Whatever the timescale, it marks a difference from the old routine and may require new ways of acting or thinking and the development of a new routine. It is often external to us as individuals and may be thrust upon us, or we may initiate it ourselves. Transition, however, is internal and transition management looks at managing the "psychological process" that we need to undertake to successfully make a change.

Coping with Change

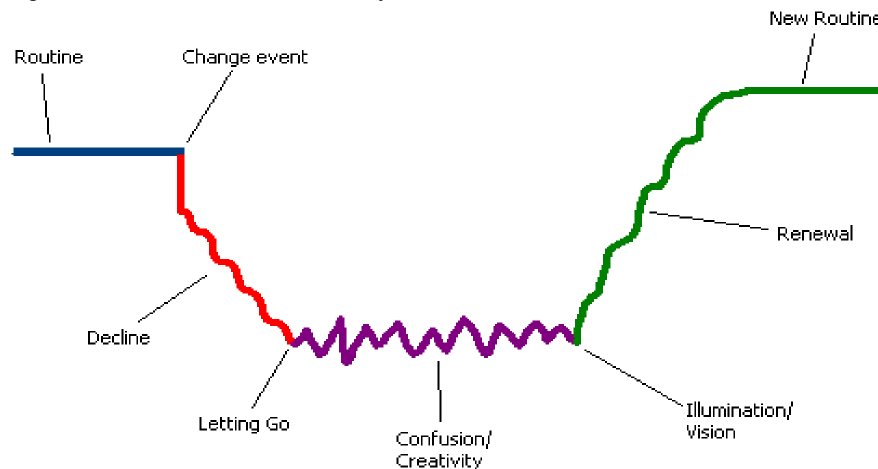
There are a number of ways that people react to change, many of which are negative, such as denying that change is happening or withdrawing into oneself. In extremes, some people may seek comfort in substance abuse, alcohol or drugs (or in my case chocolate) or by blaming others. Some responses are more positive, for example talking about change, seeking help or even celebrating it. In reality the individual concerned is likely to react in a combination of ways, and in the seminar the group drew comparisons with the grief process, suggesting a journey of some kind.

The Transition Journey

Diagram 1 shows the Transition Journey as most people experience it. The journey is defined by a series of stages starting with the current, familiar routine. The transition is triggered by a change event. This change event starts a process of decline where the individual undertaking the transition is rejecting the change. The "letting go" point is the moment at which the individual accepts the change and this starts a period of confusion and creativity. This period is where the problems and thought process about change happen, where the individual asks him (or her) self what solutions are required to bring about the change successfully. This period ends with a moment of illumination or revelation

where the path ahead becomes obvious. This in turn starts the process of renewal where problems are overcome and the individual emerges triumphant from the transition process into a new routine.

Diagram 1: the Transition Journey



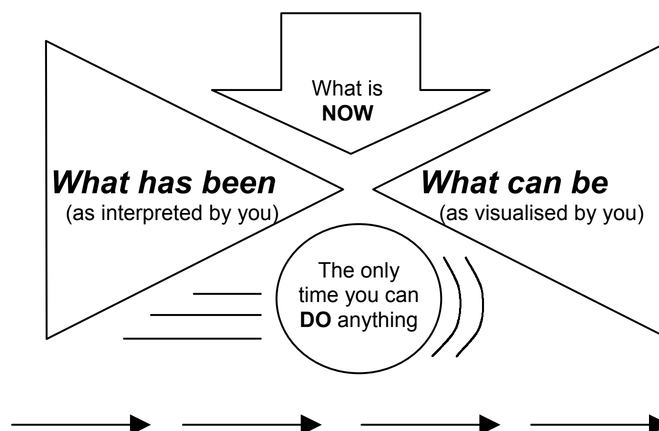
At least that's the ideal. It's worth noting that not everyone can make the transition and some people get stuck in the decline or confusion/creativity phases, unable to accept or understand the change process. It's also worth noting that not everyone emerges from the transition "higher up" than they were when they started as suggested in the diagram. Sometimes that doesn't matter as long as the transition is completed. No-one can avoid making the journey, although the shape of the transition curve may be different than that shown above. One phase may be significantly longer or shorter than the others, or the decline significantly shallower for one than another. The journey is different for every individual, dependant on personal coping skills and the nature or significance of the change.

An individual may be going through more than one transition at a time, each of which may have a different profile and timescale. Change in one's personal life and change in one's working life inevitably interact and affect our coping skills in one or other area. It's worth highlighting as well, that in any one change that affects more than one individual the transition journey profile will be slightly different for each individual affected. These journeys may interact, with one individual remaining longer than others in denial or blame while another is already at the renewal stage and appears to be "coping better", or one being stuck in the confusion/ creativity stage while others are moving on into renewal.

Making Personal Transition Easier

At the workshop, Mary demonstrated a tool for helping the transition process. This tool works on the premise that the only time for action is now and that action is informed by the past and the possible future. Diagram 2 shows the "Positioning for LEVERage" slide used by Mary to demonstrate the point.

Diagram 2: Positioning for LEVERage



The LEVER acronym indicates 5 action points necessary to make transition:

- **L**et go of what you don't have anymore
- **E**mbrace the present moment
- **V**isualise your future as you'd like it to be
- **E**nergise your creativity
- **R**ealise your vision

Effective application of the LEVER tool promises a shallower profile for the transition journey, a more rapid transit through the process and a more rewarding renewal as a result. It also recognises the "point of no return" described as the fulcrum, which is the point at which you let go of the numerous options open to you and choose to discard courses of action open to you. By having fewer alternatives the burden of decision is easier and by making decisions final, the option of returning to a previous stage in the process is closed. It also recognises that this is not easy and requires a good deal of courage.

Assisting Group Transition

While transition is a personal journey, there may be times when it needs to be managed at a group level. Those working in NHS libraries in Scotland at the moment will be aware of the huge changes in structure, not just to the NHS, but also to NHS Libraries. Transition management theory suggests that change cannot be successful until each individual involved in the change completes his or her personal transition. This means that to successfully manage change we also need to successfully facilitate the transition of staff through that change. The LEVER tool can also be used with groups to stimulate discussion of the change/transition process and to help people to plan as a group how they would like to make the transition. If you are trying to facilitate transition in others you need to be aware of the questions/problems they need to solve to make the transition, to be aware of where they are in the transition journey and to allow them to make the transition at their own pace. The group leader can find creative ways to encourage more effective transition for the group as a whole, for example, focusing on speaking in the present tense with individuals who insist on focusing on the past. Mary quoted the example of one leader who, frustrated by meetings which held everyone wallowing in denial and frustration, instituted a rule as follows: each member of the group was allowed to voice one grump (ie an expression of doubt, discomfort or regret) at the beginning of each meeting, provided that they each also identified something, however small, which was going well, and then participated fully in the days business. Soon the successes outweighed the fears and doubts and the group was able to move forward enthusiastically.

Discussion

Understanding transition is all very well, but how to put the theory into practical use may not be immediately obvious. One of the key things I took away from the seminar is that change cannot be successful until everyone involved in that change completes their own personal transition. This means that transition, as well as change, can benefit from being properly managed. In fact, it needs to be properly managed in order to facilitate change. This suggests that at least one individual within a change project needs to be aware of and to facilitate transition management. While there are tools for doing this, it may not be easy to implement. The "great British reserve" means that we are unlikely to be willing to share our feelings about the issues that affect us most strongly, particularly if the individual facilitating the transition is also leading the change or is a manager to the individual concerned. This may not be easy to avoid.

Since the ease of transition is influenced by personal coping skills, perhaps the emphasis on training for staff should be on "soft" skills such as emotional intelligence and dealing with stress as well as the more traditional library skills. Again this is easy to say, but where, in the midst of all this change, can we find time for more training? But do we really have an option about this? If transition needs to happen to bring about change then not providing the training needed to facilitate transition may prolong and complicate the change process.

I don't think there are easy answers to these questions, but I do feel that understanding the process of transition will help me understand why I feel the way I feel about the changes I have to make as a librarian working in the NHS at the moment.

Cathy Smith
Information Officer
Fife NHS Board

Reference:

Bridges, W. (1987) *Dealing successfully with personal transition*. Mill Valley, California: William Bridges and Associates

Web-based database tutorials at Glasgow Caledonian University.

Marion Kelt

Abstract

This article describes GCU's interactive CINAHL tutorial and its evolution from a paper "work-through guide". It is available on or off campus 24-7 and can be worked through as many times as required, providing access to training when the student needs it. The course uses split screen format, with a live session in the top screen and the step-by-step instructions in the bottom one. The article highlights the advantages and some of the disadvantages in using this type of tutorial. The format has been adapted to show Cambridge Scientific Abstracts, Science Citation Index and Recal.

Why do it?

The original CINAHL tutorial was developed quickly to meet the needs of a new Nursing course that had gained late approval. The tutor arrived in the library announcing that she had 400 students to train in database searching during induction week. Originally she had requested a training video, but our experience has shown that video is not effective during the first weeks of term as students are so busy that they tend to fall asleep! Due to an unexpected staff shortage within the library we could not utilise our traditional small group "work-through" training sessions, so had to think of another training method. We had previously used a paper worksheet with screen shots of a guided search. This had been successful when backed up with a live trainer. The most practical way forward seemed to be to adapt this for use as part of our more general web-based information skills course. One of the principles of this course has been to make each section as interactive as possible to keep the students involved. My first attempt involved two windows, one running a live CINAHL session, and a second with work through instructions. However, this demanded a certain amount of knowledge on behalf of the user, as they had to flick between the two windows on screen. I decided that this was unsuitable as we have a large number of "return to practice" nursing students with minimal PC skills and they would be put off by this format. I took another look at our FrontPage package and it seemed that I could take our existing text and examples and incorporate them into a "frames" format. This would allow an upper screen showing a live database session, and instructions on the lower part. I felt that this would be a more suitable format, though it may still present some problems for the novice windows user. This was more easily said than done, but with some effort, I managed to get the first version up and running in time to meet the needs of this group of students.

Advantages

Some of the advantages of this type of tutorial are especially relevant to nursing students as they are often out on placement, working at odd hours, or have family commitments which make it hard to attend more traditional library training sessions. Using the web tutorial, learners can work at their pace and as it is always available it can be worked through when, or as often as required. It can be accessed from any Internet connection as long as the Athens passwords have been set up on campus.

One unforeseen advantage has been that once the original tutorial had been written, it could be fairly easily adapted for use with other resources. We now can offer online tutorials on Cambridge Scientific Abstracts, Science Citation Index and Recal. Over the summer we have produced a guide to advanced Science Citation Index searching for the Science students, and plan some modules more tailored to the needs of social science students such as a PsychInfo tutorial. These will also be available online as part of the main Information Skills Course.

Another advantage of retaining control of the files on the server is that I can quickly update the text in response to user feedback. This is especially useful as the CINAHL course has been through many versions. As every trainer knows, you think that you have written a very clear, concise set of instructions, but students will always surprise you with their new and wonderful interpretations of them. Using the tutorial with different groups of students has also been very useful from this point of view, as a group of Physiotherapists will react very differently to a group of Nurses. This has enabled me to make the instructions shorter and clearer. The students also said that they would find small graphics within the instructions useful, as they would help guide them around the main search screen, so these were incorporated.

Disadvantages

As with all web-based services, we are at the mercy of technical gremlins! The tutorial uses a live search session, so we can be vulnerable to overload of the service provider's server. This can be a particular problem during the first week of the academic year. We have also experienced many "timeouts" when students are trying to log in using their Athens passwords. There is also our old favourite - network faults. These always get worse during the busiest part of the academic year, and when the whole system crashes, all you can do is call an early coffee break!

Not all problems are technical, all trainers will relate to the perennial problem of students not reading instructions! No matter how short and simple you make them some students will just not take the time to read instructions properly.

We have also found that because the two screens are independent of each other, Instructions can get out of step with the actions performed. There is not much we can do about this if we want to keep the technical side as simple as possible. Again we try to address this in the instructions and in the trainers talk at the beginning of the session.

One last problem is that split screens not very "accessible" to visually impaired students who may be using screen reading software such as Jaws. We have addressed this problem by putting a note on the main index screen asking these students to contact their academic liaison librarian directly to discuss their individual training needs.

Who uses it, and how?

Staff and students of Glasgow Caledonian University are our main users. It is also used by Health Service Staff attending short courses on campus. Recently it has been made available to North Glasgow NHS Trust for Nurse training in conjunction with the NHSScotland eLibrary Athens passwords.

The course is used on a self-service basis as outlined above, and we integrate it into our library teaching sessions. However, we also still use the original paper work through guide (which we can produce using different font sizes for visually impaired students) with smaller groups and offer one-to-one sessions. The type of training offered varies according to the needs of the user and the size of the group to be trained. We like to think that this gives us more flexibility to meet the needs of our staff and students.

Have a look!

The Information Skills Course is available from GCU library home page. No password is needed to access main course, only to access the databases
http://www.lib.gcal.ac.uk/library/index.html

Any feedback and suggestions (especially for a snappy title for the tutorial!) are welcome.

Marion Kelt
Assistant Librarian
Glasgow Caledonian University Library
Cowcaddens Road
Glasgow
email m.kelt@gcal.ac.uk
phone 0141-331 3021

Library Profile: RCN Library, Edinburgh

Enid Forsyth

Some of you will think of us as L/RCN in the Union List and others may know us as that small nursing Library near the Astley Ainslie Hospital in South Edinburgh. So who are we exactly? We are part of The Royal College of Nursing of the United Kingdom (RCN), which was established in 1916 and incorporated by Royal Charter in 1928. Today it is the largest professional body/union for nurses in the UK with over 360,000 members. It has 12 geographical sections covering Scotland, Wales, Northern Ireland and nine regional boards in England. In Scotland there are more than 34,500 members with about 75% in the NHS and about 25% in the independent sector.

Council is the governing body of the RCN with elected member representation from all four countries. This body sets objectives, develops priorities and policies for the RCN. Additionally Scotland (like Wales, Northern Ireland and the 9 English regions) has its own local Board of elected members that develops policies and priorities in the Scottish context. The work of RCN staff is to implement the policies and objectives set by Council, the Boards and Regions.

The RCN supports members by

- Lobbying government and other bodies to develop and implement policies that improves patient care and raises the importance of the roles of nurses, health visitors, health care assistants and nursing students
- Lobbying for better pay and conditions for nurses
- Providing workplace support including health and safety advice
- Giving professional support to members in their fields of practice
- Providing representation, legal advice and professional indemnity insurance
- Supporting Education and continuing professional development
- Providing library and information services
- Organising conferences, study days
- Providing a wide range of RCN publications covering topical issues relevant to today's nurses
- Providing the 24-hour helpline, RCN Direct, to support members 24 hours a day
- Giving counselling support, immigration advice and help following illness or injury
- Publishing 11 specialist nursing journals plus the Nursing Standard
- Hosting a value-packed website with material for the general public as well as a members' only area at www.rcn.org.uk

The RCN Library and Information Services is a network of libraries based in London, Belfast, Cardiff and Edinburgh. The RCN Library in London dates back to 1923 and houses the best collection of nursing books in Europe, if not the world, and its policy of keeping earlier editions of classic works in store allows the rest of the RCN libraries to concentrate on holding current material only. It also has an excellent range of nursing and core healthcare journals and databases and acts as a backup library to the British Library. The RCN Scotland Library is at the other end of the spectrum with just over 75 current journals, a small book collection and access for all members and staff to 7 databases and 12 e-journals through 4 public area PCs. NHS members using the Library also have access to the NHSScotland e-Library. Whilst the RCN Scotland Library is small, its particular strength is the personalised service it can offer to members and staff. We give extensive help with using online services, take detailed search histories before undertaking searches on behalf of others, give advice on the use of specialist sources and use national and international services to help supply material. Expert searching for end-users is a large part of what we do as quite often people have tried to search themselves and have found very little relevant literature or they have been let down by their IT equipment. Another aspect of our work is undertaking detailed research support when members of staff undertake projects. One recent comment was *"I felt I had my own personal librarian".*

Devolution and the differing political cultures of the four countries determines health policy which in turn affects the health care and information needs of the countries. Because of this, the collections and services of the four libraries reflect these differences.

All four libraries contribute to Webcat our electronic catalogue (available on the public part of our website) and we purchase our paper journals through a consortium of libraries, which includes the RSM and King's Fund. Shared databases are now purchased centrally with all libraries contributing to costs. Back in 1999 the RCN Library and Information staff took a bottom-up approach to developing an Information Strategy, which included running focus groups with members across the UK, and then consulted widely with members and staff. The main outcome of this strategy was the development of

the RCN's e-Library, now in its third year. Whilst this replicates some of the NHSScotland e-Library coverage, user feedback indicates that its specialist focus eases navigation and use by busy nurses. Usage continues to rise and the demand to extend provision is ever present. Entry to the e-Library is now by member surname and membership number, which has removed the barrier of having to provide individual IDs and passwords. Access to the e-Library is instant if members have their membership number to the ready.

Opportunities to work with non-library colleagues abound. On the marketing front the Scotland Library is well supported by other staff, particularly our industrial relations colleagues, who actively promote the service at events, meetings and on a one-to-one basis. More recently I have been working closely with our Senior Lifelong Learning Fellow who has been developing the RCN Learning Zone (bite-sized chunks of learning linked to an online portfolio in the members' area of the website) and with our Professional Support Facilitator who has been organising the training and development of Learning Representatives (activists who support learning in the workplace for members). Together we have been running workshops to help the Learning Representatives make best use of the RCN's Learning and Information Resources.

As our user base covers the whole of Scotland and includes members working in the independent sector (nursing homes, industry and the Scottish prison service) as well as the NHS we can have calls from Motherwell to Campbeltown to Orkney all in a day's work. Most of our work is remote – by telephone or email. When we looked at how the Library was being used we found that over three quarters of members were using it to support study, around a fifth to help them prepare for interviews, just over a quarter for clinical or managerial updates and more than a half for continuing professional development. We often don't see our users but can get to know them quite well by the frequency of their requests and their voices on the phone. And then out of the blue we can meet someone through work or socially who says "Ah, you're the person who sent me all that stuff on clinical supervision".

Enid Forsyth
Librarian
RCN Library
Edinburgh

Carsten Mandt

Clinical Librarian Study Day
Leicester
24th June 2003

Not content with resting on their laurels from hosting last year's 1st UK Clinical Librarian Conference, the good people at Leicester's University Hospitals have recently held a Clinical Librarian Study Day. Being new to the profession, I did not attend last year's conference (in fact, I was still at university day-dreaming about being a working librarian…) but if this study day is anything to go by, it must have been good. In brief, the day was well organised, local staff were very helpful and friendly, the venue was a pleasant change from the dubious charm of portakabins and neglected Victorian buildings that I am used to, and, most importantly, the speakers were interesting and the workshops provided ample food for thought. The catering was excellent, too…

The day kicked off with the ubiquitous tea and coffee and socialising that precedes every such event, followed by a series of lectures and related workshops. Representatives of the NHS Centre for Reviews and Dissemination in York gave the first two lectures. First, Alison Booth, introduced the "Hitting the Headlines" service that is available on the NeLH website. She described their process of selecting news stories and appraising the clinical evidence behind these stories. The service focuses on providing a quick (the turnaround time is 48 hours from the publication of the news report) and unbiased service to busy health care professionals. Nerys Woolacott then went on to provide more insight into the behind-the-scene processes of this service by detailing the basic steps the CRD team take when they appraise clinical evidence. She explained what makes good evidence and how checklists, which are becoming increasingly popular, can be useful tools for critically appraising the evidence. Following these presentations, we split into four groups for the first workshop where we got a chance to test our own appraisal skills – a test, which, at least in my group, we all passed…

After a short coffee break had provided more opportunities for networking, Jon Brassey, initiator of the TRIP and ATTRACT services, talked about a way of answering clinical questions quickly without creating extra work for the enquiring clinician. He described how he had analysed the information needs of the GPs he was aiming the service at, and explained the assumptions underlying his service design: that in practice, clinicians do not do anywhere near as much literature searching and critical appraisal as they should to fulfil the promise of evidence-based healthcare; that they are often not interested in acquiring or honing the skills needed to do this; and that, in fact, they want to be 'spoon-fed' straightforward answers to their clinical questions at fast turnaround times. In practice, this means that ATTRACT does not offer in-depth systematic reviews in reply to a clinical question. After a question is received (and has been clarified if necessary) a quick search of secondary sources like the Cochrane Library, Clinical Evidence and guideline producers' web sites (such as NICE or Prodigy) is done and if this is inconclusive, primary sources like Medline or Embase are searched as well. Then, the relevant abstracts are appraised and a summary of one or two pages is compiled. If needs be, this can be done within six hours of the initial request. Immediately, this raises several concerns about the quality and reliability of the results of this 'quick and dirty' approach, which Jon Brassey seemed well aware of. An independent evaluation of the ATTRACT service is going to be carried out later on this year. So far, the informal impression based on user feedback and an in-house evaluation of random samples of work seems to suggest that the ATTRACT approach compares well with other methodologies that are generally regarded as solid and high quality, like, for example, the Cochrane Collaboration systematic review process. And this, Jon Brassey, was quick to point out, for just around £100 per appraisal and within 6 hours!

It may have been his dry wit, it may be the remit of my own post, but this presentation was by far the most inspiring on this day. Nevertheless, I remain sceptical about ATTRACT, despite the obvious benefits of giving clinicians access to the knowledge base within just hours and at no cost to them other than spending five minutes on the phone and reading a short digest. No time-consuming critical appraisal, no long waiting times for a comprehensive literature search resulting in 5000 references. This is bound to go down well with clinicians working way above the 40-hour/week mark. However, I would still like to see some reliable proof that this does not sacrifice too much quality for the sake of speed and cost-effectiveness. Especially if we share Jon Brassey's assumption that clinicians want to be 'spoon-fed' ready answers, a lack of quality could be dangerous because then we must also assume that these clinicians are likely to translate the bottom line of a digest directly into treatment decisions. Even disregarding legal liabilities (which probably still lie with clinicians rather than librarians) this puts more pressure on us to provide high quality literature searches and appraisals.

Again, this presentation was followed by a related group workshop, which this time was more of an exchange of ideas around issues like the definition of a good clinical question, appropriate search strategies, good clinical answers and the problem of speed versus comprehensiveness. This was a useful brainstorming exercise, but despite the efforts of the facilitators (who were doing a great job in all the workshops) it drifted slightly aimlessly because there were no clear outcomes we could work towards.

After two more presentations by Alison Turner, library partnership co-ordinator for the NeLH, who gave an overview of the plans for the 2nd UK Clinical Librarian Conference in 2004 (this time in London), and Sarah Sutton, who shared her experiences of what it's like being a new clinical librarian in an acute care hospital, the day ended with a short session of 'speed debating'. Topics picked out of a hat (well, envelope) were discussed in small groups and within a limited amount of time. Again, this was inspirational and each group finally presented one of their speed debate topics to the whole group to share their views and ideas.

All in all, this was a useful and inspiring day and certainly time well spent. It was good exchanging ideas with other professionals in similar roles, and the speakers were knowledgeable and interesting representatives of current developments within health librarianship, which made the day an insightful experience. I would certainly recommend the next study day in Leicester to anyone whose job touches upon any of the issues commonly discussed within the context of clinical librarianship.

Carsten Mandt
Clinical Librarian
Greater Glasgow Primary Care Trust

Cross boundaries, join forces – A brief report.

Keith Nockels

Cross boundaries, join forces: Nordic Baltic EAHIL/NAMHI workshop.
Oslo
June 2003

EAHIL (the European Association for Health Information and Libraries) organise regular events for health librarians, but this was the first one I had been to. It was organised jointly with the Nordic Association for Medical and Health Information, and held in a hotel on the edge of Oslo, in June.

The title of the conference was interpreted widely, with papers on many subjects and product presentations from the sponsors of the event.

We heard about collaboration between the Medical Library Association (USA) and Latvia, and between the Nordic countries and Lithuania. We also heard about HINARI, a WHO initiative to bring electronic full text journals at low or no cost to developing countries and a project to share epidemiological information in the Baltic and Nordic countries. All of these papers were interesting in the light of our cooperation with Chechnya.

There were papers on nursing information and evidence based nursing, and an interesting discussion about the place of information literacy in the medical curriculum.

We heard too about open archiving and open access journals, with a speaker from Biomedcentral and one from a university in Sweden that is actively promoting open access.

There were also presentations on library chat initiatives – you can contact the National Institute for Working Life library in Sweden (occupational health) and chat with a librarian, as you would contact a chatroom, and, indeed, as you can contact at least one Norwegian television programme. We heard too about the electronic reference services offered by the Deichmanske Bibliotek in Oslo, who you can contact by chat, SMS and email. In the same session we also had a good overview of PDAs and their usefulness in libraries and in health care. Talking to the speaker afterwards (the medical librarian from Cambridge) makes me suspect that we are as far ahead as many UK libraries, with our webpage and PDA and WAP sites.

We had two receptions on the first evening, one in the City Hall, and the other at the medical library at Oslo University, an interesting comparison.

Then there was the social programme, with a boat trip on the Oslofjord, complete with 'traditional' prawn supper, and the conference dinner, where we were all made to sit with people we did not know, a very good idea. The conference had only one Scottish representative (and that one not even a Scot!), but several people from England including my very first boss, and many representatives from Sweden, Norway, Finland and the Baltic States.

We are in the process of joining EAHIL as an institutional member, which will give us preferential rates for future events, and enable us to support their excellent work in promoting health information across Europe. Their next meeting is in Santander, Spain, next year. Now, where did I put the Spanish phrasebook….?

The conference presentations are all on the web at http://www.namhi.org/oslo2003.htm, and some photographs will be there soon. But if you want more information that is not on the web, please contact me.

Keith Nockels
Site Services Manager
Medical Library
University of Aberdeen
Direct telephone: (01224) 552740
Email: k.nockels@abdn.ac

Alison Bogle

Netskills Internet Training Workshops
"Creating Web Pages from Scratch" and "Enhancing your Web Pages"
University of Newcastle-upon-Tyne
1st and 2nd July 2003

I was very pleased to be awarded the Hazel Williamson Bursary for 2003 and in early July I attended two Internet training workshops run by Netskills at the University of Newcastle-upon-Tyne. The first workshop was entitled "Web Pages from Scratch" and the second "Enhancing your Web Pages". Both are run regularly by Netskills in various locations across the country.

The workshop on day one provided an introduction to creating web pages. It was attended by over 20 delegates from around the UK and led by two trainers. Having previously used html to write web pages, I found that much of the day was an extremely useful refresher course. I find that html is one of those things that if you are not using it constantly, you will soon forget it!

By the end of the workshop, we had created our own web pages, used html to add graphics and hyperlinks, incorporated lists and tables into our pages, created and used frames, and converted MS Office documents into html.

I found that one of the most useful and interesting parts of the day was the explanation of metadata and xhtml, and the discussion of html standards and validation of web documents, about which I had known very little previously.

The workshop on day two was a follow-up from the previous day although it was also a stand-alone workshop in its own right. There were only 10 delegates, but the day had a similar format with presentations and hands-on exercises. The morning session covered the use of cascading style sheets in website design and the development of forms and form processing on websites to capture user input.

In the afternoon, there was consideration of accessibility issues and how to make web pages accessible to the widest possible audience. I found this session particularly useful. Finally, we had some discussion of further web technologies and the opportunity to write some Java script. There was also an introduction to interactive and multimedia elements, such as Macromedia Flash.

Both workshops were an excellent mix of presentations, demonstrations and hands-on sessions. They were each supported with a workbook containing copies of the presentations, the workshop exercises and further resources. I suspect that my workbooks will be well thumbed over the next few months!

The IT training suite at the University has a lecture room, a computer suite and a coffee room. Both days were fairly intensive with a great deal of content, but there still seemed to be plenty of opportunity to move between the rooms, to ask questions and to meet other delegates. We were provided with a beautifully presented buffet lunch on both days and tea and coffee were available all day.

Netskills run these and several other workshops regularly, in Newcastle, Glasgow and elsewhere in the UK. For anyone interested in web design, I would thoroughly recommend them. To see their forthcoming workshop programme and for full details of the content of workshops, have a look at their website: http://www.netskills.ac.uk

Alison Bogle
Health Management Library
SHSC
Edinburgh

Keith Nockels

On 17th December 1903, at Kitty Hawk in North Carolina, Orville and Wilbur Wright carried out the first powered flight. To mark the centenary of that flight, here are some websites on flight, and aviation/aerospace medicine.

The **First Flight** site at http://firstflight.open.ac.uk/ is an Open University 'visual science environment', and includes information on many other pioneers of flight besides the Wrights. The site includes a simulator of the Wright Brothers' aircraft, which I crashed.

The **Wright Brothers Aeroplane Company** is a virtual museum with online exhibits, devoted to the Wright Brothers, and is at http://www.first-to-fly.com/. This is a wealth of information about the brothers' experiments, with information about the planes and kites that they built. Their six experimental aircraft are also being built for real, and will be exhibited in Dayton, Ohio, where the Wright family lived. There is a national memorial to the brothers at the site where they first flew, and there is information about this at http://www.nps.gov/wrbr/

Time magazine also have a site devoted to 100 years of flight, at http://www.time.com/time/2003/flight/. This has information on other pioneers of flight, including Amelia Earhart, the first person to repeat Lindbergh's Atlantic crossing, as well as pioneers of commercial, military and space flight.

The **NASA** site has a lot of information on space travel, the effects of space on humans, and on aeronautics and the history of flight, at http://www.nasa.gov. Part of the site is for children and has experiments and activities.

Antoine de Saint-Exupéry, author of Le Petit Prince, has a 'site officiel' at http://www.saint-exupery.org/, with information on his life and writings. The site is maintained by the Société pour l'Œuvre et la Mémoire d'Antoine Saint-Exupéry. Why is he included here? He was a pilot, who flew mail planes to South America and North Africa, and who went missing while flying a military plane in 1944. Much of his writing involves beautiful images of flying, and the story of Le Petit Prince includes an aviator who crashes in the desert. This brings me to sites about aviation medicine.

Aviation medicine is 'the study and practice of medicine as it applies to physiologic problems peculiar to aviation' (Online Medical Dictionary, accessed 6th August 2003 at http://cancerweb.ncl.ac.uk/omd). Aerospace medicine seems to be the preferred term in North America.

First, three associations

Aerospace Medical Association (USA) – www.asma.org
The site includes a Powerpoint presentation about what aerospace medicine involves, including a bit of (undated) history; publications for the flying public and physician, and a few links.

Aviation Health Institute (UK) – www.aviation-health.org
An organisation based in Oxford, and concerned with the health and well being of air passengers. Site includes news and information on DVT, air rage, fear of flying, among other things. Also includes Contraindications to air travel, for practitioners and information about the Victims of Air Related DVT Association, a campaign group.

Royal College of Nursing In-flight Nurses Assocation (UK) – http://www.rcn-ifna.org.uk/
If you are unfortunate enough to be taken ill on holiday abroad and need to be 'repatriated', health staff will accompany you on your journey, including a flight nurse. The site includes information about the role of that nurse, as well as site areas for RCN members and people interested in joining.

Now, a journal and some books

Federal Air Surgeon's Medical Bulletin (US) - http://www.cami.jccbi.gov/AAM-400A/fasmb.html
Journal published for aviation medical examiners and others interested in aviation safety. Site includes links to FAA Technical Reports and Pilot Safety Brochures, and aero medical certification case studies, as well as the text of the journal itself..

United States Naval Flight Surgeon's Manual – 3rd ed., 1991, (US)
http://www.vnh.org/FSManual/fsm91.html
Part of the Virtual Naval Hospital site. Covers physiology of flight, as well as medical conditions relating to flight, and a chronology of aerospace medicine in the US Navy. Aimed more at practitioners working in isolation and also includes space flight.

United States Naval Flight Surgeon Handbook – 2nd ed., 1998, (US)
http://www.vnh.org/FSHandbook/FSH97.html
Also part of the Virtual Naval Hospital site.

And now, some other things

How does being in space affect your brain? Look at http://www.sfn.org/content/Publications/BrainBriefings/brains_in_space.html for the answers! (the last part of the URL has underscores: brains_in_space). The effect of microgravity on other parts of the body is explored at http://www.microgravity.ac.uk/MRC%20Workshop%20default%20page.htm, in a report of an MRC conference on 'Space for health or health for space?'. This site also has information on some experiments carried out in space.

The **British Airways Online Medical and Health Information** site at http://www.britishairways.com/travel/HEALTHINTRO/public/en includes information on what to consider before, during and after a flight, including cabin air quality, cosmic radiation, DVT, and fear of flying.

You can find the **Department of Health Advice on Travel Related DVT** (UK) at http://www.doh.gov.uk/dvt/

Bon voyage!

Keith Nockels
Site Services Manager
Medical Library
University of Aberdeen
Direct telephone: (01224) 552740
Email: k.nockels@abdn.ac.

People

Margaret Forrest

Margaret Forrest, Library Service Manager at HEBS (now NHS Health Scotland) and SHINE chair is on the move. Congratulation Margaret on your appointment to Dundee University, School of Nursing & Midwifery Library in Kirkcaldy, Fife.

Keith Nockels

Congratulations to Keith Nockels on his new job. Unfortunately for us, it's in England. I would like to take this opportunity on behalf of SHINE to thank Keith for his many contributions to Interim, not least of which was his ongoing column on Web Resources.

Michelle Kirkwood (Interim Ed)

Joan McCreaddie

The North Glasgow University Hospitals NHS Trust Library Service would like to formally welcome the new Library Service Manager Joan McCreaddie.

News

Contributor for Interim required

To provide an ongoing column on web resources for Interim published quarterly.
If you are interested please contact the ed, Michelle Kirkwood, 0141 211 1239, or email interimeditor@hotmail.com

Next Issue: Quality Improvement

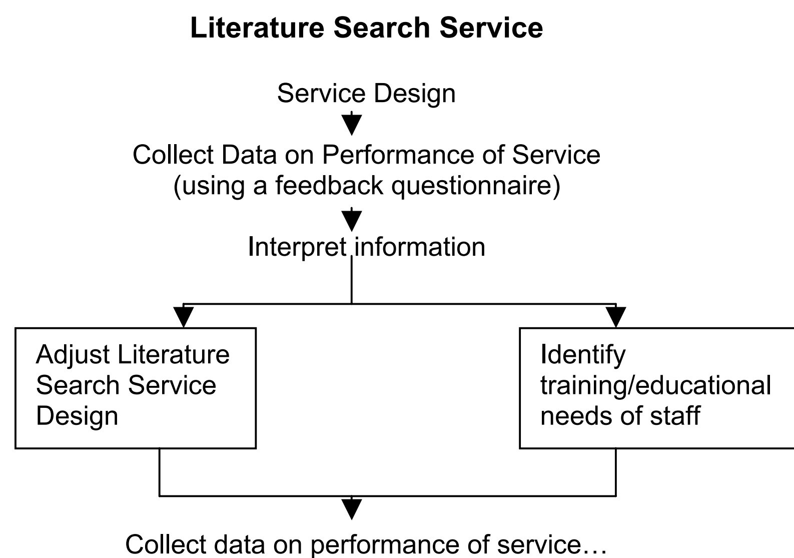
The next issue of Interim has been devoted to Quality Improvement and how it relates to health libraries.

First of all what is it? Quality Improvement can come under many names such as Quality Assurance or Quality Management (or Total Quality Management). Avedis Donabedian[1] provides a definition:

"Traditionally, in health care, quality [improvement] has been meant to apply predominantly, or even exclusively, to health care itself as provided to patients by legitimate health care practitioners. Removed one level, we include other services that directly affect the ability if practitioners to perform well"

Donabedian breaks down quality improvement into two component parts: "systems design and resources" and "performance monitoring and adjustment".
These two components feed into each other.

A simple example of a quality improvement process as it may apply to a literature search service is provided below:



If you feel you have a contribution you would like to make to this special issue, then please do not hesitate to contact the editor, details below. If you require support in writing your article please contact:

James Beaton
Publication Advisor
0141 227 3204
james.beaton@rcpsglasg.ac.uk

The submission date for contributions to this issue is 14th November 2003.

Michelle Kirkwood
Interim Editor
0141 211 1239
interimeditor@hotmail.com

References

1. Donabedian, A., **An introduction to Quality Assurance in Health Care**. Oxford: Oxford University Press, 2003.

Guidance for Authors

Length

Abstracts: Every article will have an abstract of approximately 100 words.
Articles: All main articles should be between 1000-1500 words
Reports: Reports on conferences, study days etc should be no longer than 1000, if it is an article based on a conference or study day then it should conform to the word count of an article, see above.

Topic

If you are unsure whether a topic is suitable for inclusion in Interim please contact the editor or Publication Advisor.

Format (Size and Spacing)

All abstracts and articles should conform to the following format:
Title: Comic Sans, font size 13
Sub title/Paragraph Titles: Arial, font size 11, bold, centred, one single paragraph space before and after.
Body Text: Arial, font size 10, single spacing, and one single paragraph space between paragraphs. No indents at the beginning of paragraphs. Paragraphs should be justified, however if you wish to draw attention to a specific paragraph it should be centred. If justifying a paragraph breaks up the text to a point where it is rendered unreadable use left align.
Author Details: Arial, Font 10, Bold, Right aligned.

References

The Vancouver system should be used, an excellent guide to the Vancouver system can be found on University of Leicester website at: http://www.le.ac.uk/library/teach/irsm/irsm71.html

Author Details

Every article or report will have the following Author details:
Name
Position held
Place of employment
Address
Telephone
Email

Submissions

Contributions can be submitted as attachments (.doc or .rtf) by email, or by post to the Interim Editor. If the submission is by post please include disc or CD.

News and People Sections

These can be in the form of short paragraphs or whole articles, if a short paragraph it can be submitted in the body of an email to the editor or if an article then it must conform to the article requirements as provided above.

Submission & Copy Dates

Number 43: December 2003, Submission by 14th November 2003
Number 44: March 2004, Submissions by 13th February 2004
Number 45: June 2004, Submissions by 14th May 2004.