

Establishing a Clinical Librarian service: a practical framework

Kirsty Rickett

UQ/Mater McAuley Library, University of Queensland Library, Mater Misericordiae, South Brisbane, Queensland, Australia

Abstract

The process for designing and implementing a Clinical Librarian service is a topic not often detailed in the published literature. The utilization of project management tools and a planned strategic approach for the development of a Clinical Librarian project is briefly outlined in this paper.

Key words: libraries, hospital; librarians; program development; planning techniques; information services.

Introduction

Clinical Librarians are an example of embedded librarianship, a model which can be found throughout the world, usually within a hospital setting. They may provide a distinct library service within their environments, or, in the case of teaching hospital libraries, may work in conjunction with other health librarians. Whilst the evaluation of Clinical Librarian (CL) programs (1, 2) and case studies describing new CL projects have been well explored in the literature, publications detailing the process of initiating a CL service are sparse. The University Hospitals Leicester, as part of the National Health Service (NHS) in the United Kingdom have some brief and helpful guidelines around how to set up a CL service (3, 4). However, a formalised framework model of how to establish a CL service is lacking in the published literature. Whilst each environment and service is different, this brief framework used to establish the CL service at the UQ Mater McAuley Library in Australia may provide a useful guide for others.

Background

The UQ/Mater McAuley Library is jointly funded by The University of Queensland and Mater Misericordiae Hospital. The CL service started on a trial basis in late 2010. After many years of evaluation

of service, renewal of contracts and negotiations between institutions, the contract position has become permanent, although as with any service, it continues to evolve with internal and external environments. The service was initiated and managed using strategic planning and project management approaches. These strategies provide a practical framework for developing a Clinical Librarian Program.

Before starting: tools and preliminaries

Ethics and legal issues

Clinical Librarians are privy to confidential patient information – it is imperative that ethical clearance from the institution is received and that all responsibilities in regards to ethical expectations are communicated and accepted prior to CL service delivery. All hospitals should have an ethics and/or governance contact person to facilitate this process. It is also recommended that the legal department is consulted to develop a disclaimer statement on the documentation provided by the clinical librarian, advising that the information is not provided as a health practitioner but as an information professional and is also provided within time and resource constraints. Ensure ethical clearance and appropriate consent is obtained prior to collecting data if the results of the project will be published.

Address for correspondence: Kirsty Rickett, UQ/Mater McAuley Library, Mater Health Services, South Brisbane, Queensland 4101, Australia. E-mail: k.rickett@library.uq.edu.au.

Establishing a Clinical Librarian service

Identify key stakeholders

In any new initiative, there will be key stakeholders who will be interested in the outcome of the service and will be determining if the service will continue. It is important to understand who these people are and how they envisage what constitutes a successful delivery of the service. What outcomes do they want to see achieved in the timeframe and are these reasonable and deliverable? These factors need to be considered prior to initiation of the service to ensure that the relevant data is collected right from the start.

In addition to the key stakeholders deciding the future of the service, are those directly engaged with the service. They can include, Doctors, Nurses, Allied

Health Professionals, Patients, and the University or School (if relevant).

SWOB Analysis

As part of strategic planning for the service at the library, a SWOB analysis was performed (*Figure 1*). A SWOB (Strengths, Weaknesses, Opportunities, Barriers) analysis is a basic tool often used in business, which assists in maximising strengths and opportunities and minimising weakness and barriers to successful service implementation. The process can also help define the service within deliverable boundaries, exploring internal and external factors that can influence service delivery.

Strengths	Weaknesses	Opportunities	Barriers
Resources and tools of trade readily available (e-resources, iPad provided, physical library onsite)	Some cross over with Librarian roles - lines of duty not obvious and need negotiating	Library promotion in areas which may previously have not been readily accessible	Licensing restrictions/complications to online databases (UQ staff/students/Mater - all different levels of access and different online
Strategic relationships between university library and hospital already in place	As dealing with multiple departments, there can be conflicts in time commitments (e.g.: unable to attend Grand Rounds as this conflicts with Paediatric journal club).	Research/Educational opportunities	Potential practitioner resistance to EBP principles and/or librarian involvement in clinical setting
CL already employed at home library and therefore already has contacts and presence in the Mater environment		Junior doctors on rotations can act as a link to expand services into other areas	Library staffing resources
As the role is dedicated to assisting hospital staff, time is 100% devoted to them, with appointments/time not constrained by desk work or meetings off campus			Resistance to adopting new technology for varying reasons
Attending rounds meetings and journal clubs enables greater understanding of the subjects and topics of concern, which then translates into a more efficient searching and comprehensive service.			Junior doctors on rotations - difficult to contact and gaining feedback challenging

Fig. 1. SWOB (*Strengths, Weaknesses, Opportunities, Barriers*) analysis.

DIME

The DIME framework (Design / Implement /Maintain /End and/or Evaluate) was used to guide the development of the whole CL project. It was revisited after the initial one-year trial which was extended into a further 3-year contract.

The amalgamation of these frameworks can be seen in Figure 2. Incorporated within DIME is another tool, the User Needs Analysis. Each phase of DIME will be explored as a process, with the focus being on the designing and implementing part of DIME.

Phase 1: design the service

Identify targeted client groups

There are several different approaches to identify which areas or departments of the hospital to consider for CL service coverage. This decision making process could be driven by the strategic goals of the organization, For example, selection could be based on supporting areas of excellence identified as a key service of the Hospital or, alternatively, to support Hospital departments where quality improvement has been identified as a priority. It may be helpful to have a goal of how many

2010 DIME		2012 DIME	
Goal	Strategies	Goal	Strategies
Stage 1 Establishing/Designing Service		Stage 1 Establishing/Designing Service	
1.1 Identify 3-5 key areas where service will be focused (at least 1 medical, 1 allied health and 1 in the private)	Draft email to be sent to key players Send email to contacts identified by manger and hospital contact and explore other options	1.1 Establish the service in 2 additional departments each calendar year	Utilise contacts to identify interested parties; contact via email or in person to discuss the role Attend sessions such as Paed Grand Rounds, Medical Grand Rounds and Paed M&M committee to establish contact with wider departmental base
1.2 Identify needs and expectations of the relevant departments	Speak to representatives of the relevant departments Design and conduct a user needs analysis survey	1.2 Identify needs and expectations of the relevant departments	Speak to representatives of the relevant departments Conduct a user needs analysis survey
1.3 Establish achievable Key Performance Indicators for the service	Access Mater KPI's (General and/or departmental) Liaise with key players to finalise	1.3 Establish achievable Key Performance Indicators for the service	Access Mater KPI's (General and/or departmental) Liaise with key players to finalise
1.4 Establish a communication portal/reporting mechanism	Create a blog for relevant departments to access - may include database of queries, surveys, online appointment queries etc. Create before/after questionnaires based on KPIs and user needs analysis	1.4 Establish a communication portal/reporting mechanism	Investigate options such as specialised online form, twitter/facebook presence Ensure appropriate data and statistics are being recorded
1.5 Define boundaries and parameters between role of Clinical Librarian and Librarians	Once departments are identified, meet with librarians at other UQ hospital libraries to discuss issues and formulate boundaries		Feedback mechanisms - Libliaise (reports) ; emails ; feedback attachments.
Stage 2 Implementing Service		Stage 2 Implementing Service	
2.1 Effectively promote the service to relevant departments	Create a flyer to distribute physically and electronically, post around key areas Contact players on relevant grand rounds to offer assistance Deliver presentations to departments with details of service, literature background Contact relevant parties to get article published in monthly Mater News magazine	2.1 Effectively promote the service to relevant departments	Contact players on relevant grand rounds to offer assistance Deliver presentations to departments with details of service, literature background Another Mater News article during the year
2.2 Collect Data for performance measurement	Administer "before service" questionnaire to relevant departments, consider any relevant outcomes in service delivery	2.2 Collect Data for performance measurement	User needs analysis and feedback survey during the year
Stage 3 Maintenance of Service		Stage 3 Maintenance of Service	
3.1 Ensure feedback is being given for all aspects of the service	Providing easy and quick feedback mechanism Where possible, administer before and after questionnaires for each service/query and record all other informal feedback	3.1 Ensure feedback is being given for all aspects of the service	Providing easy and quick feedback mechanism Where possible, administer before and after questionnaires for each service/query and record all other informal feedback
3.2 Ensure service is continually meeting the needs of departments	Continually consult feedback, by considering user needs analysis, continuous feedback and make any changes accordingly	3.2 Ensure service is continually meeting the needs of departments	Continually consult feedback, by considering user needs analysis, continuous feedback and make any changes accordingly
Stage 4 Conclusion/Ending/Evaluating Service		Stage 4 Conclusion/Ending/Evaluating Service	
4.1 Evaluate the success of the CL service	Arrange focus groups with interested parties (3rd party to administer) Administer "after service" questionnaire to relevant departments, collate and analyse data	4.1 Evaluate the success of the CL service	Administer "after service" questionnaire to relevant departments, collate and analyse data
4.2 Publish a paper on the experience		4.2 Publish a paper on the experience	
4.3 Report on the outcome of the project with a view to inform the decision making process	Write report including results and recommendations	4.3 Report on the outcome of the project with a view to inform the decision making process	Write report including results and recommendations

Fig. 2. The DIME framework (Design / Implement /Maintain /End and/or Evaluate).

Establishing a Clinical Librarian service

departments can be supported with the given resources.

Information to inform this approach could come by direct request from the key stakeholders, or identified by consulting strategic planning documents and annual reports. Other approaches could involve a random sampling of departments across the hospital or blanket outreach as a call for interest, with the first few departments to respond selected for inclusion.

Identifying, approaching and having a department accept the CL service may take some time, so patience and persistence is required. If the hospital already has a connection with the library, this facilitates the

process, where library champions may readily be contacted and can also recommend the service to other departments.

Also, consider that areas outside of the hospital clinical areas, such as clinical safety, audit and education, may also be interested in support from an information specialist.

User needs analysis

Upon approval and invitation to a team, it is important to ascertain the best way to support them.

In this case, a User Needs Analysis questionnaire (Figure 3) was distributed to garner their

Questions	Potential Responses
Which department are you from?	
How much Clinical Experience do you have?	Less than 1 year Between 1-5 years Between 5-10 years Between 10-20 years 20+ years
What is your role?	Doctor Nurse Allied Health Professional
What is your level of exposure to EBP (Evidence Based Practice)?	I have not been trained nor experienced EBP in the clinical environment I have not been trained, but I have experienced EBP in the clinical environment I have received training, but have not experienced EBP in the clinical environment I have received training and have experienced EBP in the clinical environment
What do you see the roles/duties of a Clinical Librarian (CL) (you may tick more than one)	Helping to train health professionals in information seeking, retrieval and evaluation Helping to support EBP practices through participation in journal clubs Undertaking literature searches for health professionals for clinical questions arising at the point of care Helping to provide/source reputable consumer based information for patient distribution All of the above Other
Would you be interested in the CL being involved in your journal club?	Yes/No/Not Sure/Not Applicable
How would you like the Clinical Librarian to assist you with the journal club? (You may tick more than one)	Helping to establish the club; Attending each session, assisting & following up with information related queries ; Helping source articles and support materials for the meetings; Attending specialist meetings upon invitation; Providing training opportunities during the meeting; All of the Above; No assistance requested; Other - please specify
Would you be interested in the Clinical Librarian becoming involved in EBP within your department?	Yes/No/Not Sure
If yes, how would you like the Clinical Librarian to assist you with EBP? (You may tick more than one)	Providing regular training sessions/facilitated workshops; Providing ad hoc training as required; Attending our EBP meetings, assisting & following up on any enquiries; Other – please specify
Would you be interested in having the Clinical Librarian attend/assist during rounds/meetings?	Yes/No/Not Sure/Not Applicable
Do your patients/patients families ask for information about their conditions?	Yes/No
Would you like the Clinical Librarian to assist in sourcing and compiling consumer health information for you to distribute to your patients?	Yes/No
Would it be helpful to have the Clinical Librarian located in your department at a set time each week, available for consultation?	Yes/No
Are there any other ways in which you envisage a Clinical Librarian could assist you?	
What do you perceive could be the benefits of a Clinical Librarian Service? (You may tick more than one)	Saving time - if librarian can undertake searching, or train in effective searching, there may be more time for other essential duties; Offering support - providing assistance and encouragement in seeking/evaluating information; Improving Patient Care - by finding clinical evidence, providing consumer health information, helping foster EBP etc. ; All of the above I don't anticipate any benefits; Other - please specify

Fig. 3. User Needs Analysis questionnaire.

understanding of the service and how it could support them. This process is a two-way opportunity to find the challenges each particular department has, or identify recurrent themes across the hospital in relation to information needs. In addition, the CL can explain the various services and support the library can provide. Through the two way communication process of “Ask and Tell”, (Asking the teams about their own needs and challenges, and then Telling what services and expertise can be provided by the CL and/or library), innovative solutions can be identified and explored.

Define KPIs for service

Create or consult SMART (Specific, Measureable, Attainable, Relevant and Timely) goals and Key Performance Indicators (KPIs) for the service, ensuring that you are mapping them back to the organizational goals. What outcomes do the stakeholders want to see? What does the CL wish to achieve in this timeframe? What are the departmental/client goals for the service? How do these match the organizational KPIs? Consider whether the expectations match the resources invested, and whether this is feasible.

Establish a communication and reporting mechanism

Consider creating guidelines and timelines for communicating the ongoing evaluation of the service and any continuing improvement initiatives. Identify the audience, what data you need to collect, how often you are required to report. Consider what options to provide the teams for communicating results.

Define boundaries

In our case of a hybrid library, which services both hospital staff and students/academics/researchers at a tertiary institution, cross over with other librarians needs to be minimized by defining boundaries and pathways to triage. Defining boundaries includes boundaries for the service: such as time boundaries (e.g. 1-year trial), client group boundaries (e.g. by profession or department), what services you can offer (e.g. journal club support, clinical rounds support, literature searching, guideline development), how they are offered (presence at clinical meetings, in person training sessions, creation of online content). These can be created considering the available resources and

the outcome of the user needs analysis. Defining boundaries can also identify gaps in services to inform the final report and define the scope of service for the future.

Phase 2: implementation

Promotion and marketing

Consider how you will promote the service to your teams and the key stakeholders. Strategies could include: engaging champions for the service amongst well established library advocates or heads of department, utilizing portals like newsletters, blogs, social media pages, presenting at orientation sessions and/or journal clubs.

Collecting data

Once introduced to the departments, the questions were administered to the teams. Data from the User Needs Analysis was collected, analysed and a tailored service for each department was devised.

Phase 3: maintain

After the CL is embedded in the team, the service is in maintenance phase. During this time, it is important to ensure that any required data is gathered continuously in line with the planned guidelines.

Ensure that any feedback received during the trial is actioned and that continuous improvement activities are documented.

Fulfil any reporting requirements to both the teams and the key stakeholders as per the requirements identified in the design phase.

Once embedded, adapt to the departmental environment. It is important to be proactive and to recognize and take advantage of any opportunities as they arise. In some cases, you may not specifically be asked questions in the rounds meetings but you may observe some debate on a topic – creating the opportunity to research the literature and provide feedback to the team. Identify any opportunities for service expansion which could be added to the SWOB analysis for the final report.

Phase 4: your time is up! Ending/evaluating the service

With any new initiative, whether it is a trial, pilot, project or a more permanent service addition, an evaluation is required. The last stage of DIME involves evaluating the impact of the service according to what

was defined in the design stage. In our case example, this involved an “after questionnaire” – collating and analyzing the results and writing a final report for submission to the key stakeholders. Over the extended period of time that the service contract was extended and renewed, the key stakeholders often changed and therefore the outcomes of interest and preferred ways of reporting changed. Depending on the length of the project, it may be a good idea to confer with the key stakeholders at regular intervals to ensure the goals and reporting criteria are still relevant.

Final points

Be adaptable: work with your teams and adapt your skills and resources to their own unique needs and environment.

Be realistic: design and promote the service in line with the resources you have. Start small and consider the impact of Quality vs Quantity. If demand is in excess of supply, incorporate this into your SWOB as an opportunity for expansion or exploration.

Be proactive: avoid just waiting for people or requests to come to you, be alert and intuitive to opportunities as they arise and promote your skills and service to your teams.

Be visible: attendance at regular group meetings like journal clubs, clinical meetings or rounds is a great way to promote the CL service and the library generally. It is also a great opportunity to promote EBP (Evidence Based Practice) to your teams through modelling behaviours.

Be accountable: maintain statistics and information about the CL service to provide to the key stakeholders.

Be supportive: health practitioners are extremely busy and are often expected to fulfil clinical, educational and research responsibilities. The CL can support them by saving them time, acting as an information

mentor and linking them with the appropriate support in their various roles.

Conclusion

This paper has provided an example of using strategic management tools to design and implement a Clinical Librarian service as part of a project initiative within a jointly funded hospital and university library. Although it is a brief outline, it is hoped that some of these framework tools will be of assistance to others who are establishing a Clinical Librarian service.

Received on 3 May 2018.

Accepted on 14 May 2018.

REFERENCES

1. Brettle A, Maden M, Payne C. The impact of clinical librarian services on patients and health care organisations. *Health Info Librar J.* 2016;33(2):100-20.
2. Perrier L, Farrell A, Ayala AP, Lightfoot D, Kenny T, Aaronson E, et al. Effects of librarian-provided services in healthcare settings: a systematic review. *Journal of the American Medical Informatics Association: JAMIA.* 2014;21(6):1118-24.
3. University Hospitals of Leicester. Setting up a Clinical Librarian Service. 2006. Available from: http://www.uhl-library.nhs.uk/cl/pdfs/setting_up_helpsheet.pdf.
4. University Hospitals of Leicester. Clinical Librarian service: Providing Research Evidence at the point of clinical need: UH Clinical Librarian Service Project Plan. 2000. Available from: http://www.uhl-library.nhs.uk/cl/pdfs/initial_project_plan_2000.pdf

