

Make your service Visible Study day

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On the 23rd April the UHL Clinical Librarian Team hosted a 'Make your service visible study day' – a workshop for Health Sciences Librarians (HSLs) focused on promoting our services to customers using social media, current awareness and external websites. The 36 attendees all came from a variety of NHS Trust and University Hospital libraries around the country to attend the full day workshop which took place at the Clinical Education Centre, Glenfield Hospital, Leicester.

Last September I transferred to the University of Sheffield's Health Sciences Libraries catering for medical students, STH staff and external visitors. A major part of my role is assisting Jo Marsden, our NHS Outreach Librarian, providing and promoting services that are aimed at NHS staff rather than university students. This includes working on Current Awareness bulletins, keeping our Netvibes page up to date and managing the UoS HSL Twitter page. I was excited to attend the workshop hosted by a HSL team that has a great reputation for the quality of its Current Awareness service.

Sarah Sutton, Clinical Librarian at UHL got the day started with an introduction that emphasised the importance of being 'loud and proud' about the services that we as HSLs provide.

Sarah asked us to think about three questions:

1. What would you like written on your tombstone?

Sarah hoped that her tombstone would celebrate that her work made an identifiable impact. She illustrated her point by talking about a project she was given in her early days as a clinical librarian for UHL. Before published NICE guidelines, Sarah was asked to research the use of Insulin pumps by the hospital team. Her research gave the team the confidence to start using pumps. Sarah attended a meeting with staff and patients and saw that the patients using the pumps had really benefited.

2. What is your library vision? What do you want people to think about your library?

The UK Commission for Health Improvement report inspected UHL and produced a report listing their strengths and weaknesses. They found that other NHS Trusts could learn from UHL: ‘Clinical librarians are attached to each directorate and attend ward rounds, clinical meetings and audit meetings so that the evidence is more readily available’.

3. Have you got a lift speech?

This is the speech that you would give to someone important who may have money or influence if you happened to be stuck in the lift with them! This helps us to identify what is really important to us in our work and gives us the opportunity to prepare a well- formed argument in favour of this change. Sarah campaigned to get access to UptoDate for years but was always told no until a new manager was appointed who agreed to it.

The lesson: If you want something, keep going until the time is right/ someone is willing to listen. You also need to make sure that people

know about the excellent services that you already have. and they must be easily accessible. For example UHL got UptoDate but didn't have a desktop icon until recently.

Sarah's main message was to target our resources to our users' needs and ensure that they are both promoted correctly and are easily accessible.

For the second session of the day, Kieran Lamb, Senior Manager Evidence Services, North West CSU, (@fadelibrary) introduced types of social media and how they can be used to promote services. Kieran encouraged us to think about the demographics of social media users and how they fit in with the profile of our users. He also encouraged us to consider the content that we post on social media, asking us to consider appropriateness of content and if permission is necessary. Twitter and Facebook are probably the main accounts that most HSLs use. They both enable two way conversation and have a wide audience and can be linked to other social media accounts such as Instagram. Google + has a more defined audience. Its advantage is in its function for you to create different circles so that posts can be more specific and relevant to different groups of people. LinkedIn is a professional channel that allows for direct communication with peers. I personally have not used it but with 15 million UK members it may be worth a go. Pinterest and Instagram both rely heavily on pictures and so appeal strongly to visual thinkers. Kieran argued that as 70% of Pinterest users are female and 90% of Instagram users are under 35 and predominately female , it is good target audience for the HSLs. Instagram has the advantage that it can be linked easily to Facebook and Twitter accounts. I was unsure how useful a feed with just pictures could be but Kieran pointed out that pictures could also be of QR codes.

(You can find Manchester CCG's Pinterest account at <https://uk.pinterest.com/nhsinmanchester/> and Kieran's Instagram account at <https://instagram.com/fadelibrary/>)

IFTTT (If this then that) is a tool that I was unfamiliar with. The app (found at <https://ifttt.com/>) allows you to create recipes from social media triggers. These triggers run automatically in the background. For example, any new public Bitmark by Kieran creates a status message on his Twitter account.

Kieran recommended linking social media networks together where possible—'work smarter rather than harder'. Third party clients such as Wordpress and Hootsuite allow both linking across multiple networks and allow scheduling of posts (aim for peak time of 9am-5pm for most impact). He also recommended using metrics to justify the use of a social media account. Look for metrics from services like SUMALL <https://sumall.com/>

We then discussed the main issues we had around using social media to promote our service. Issues raised were questions around how to get the right followers, how to keep information relevant for different types of users (General current awareness vs local specifics vs speciality) and how to create the right tone (formal vs informal). By using hash tags, joining conversations and following, retweeting and direct messaging, we can engage users, raise the visibility of our profile and gain more followers.

Another major point of discussion was obstacles that may face when using social media. Many NHS trusts do not allow access to social

media sites and every trust is different in what it allows and does not allow. Kieran recommended getting friendly with our Comms Teams!

Sarah Sutton began her Current Awareness presentation by defining a Clinical Librarian and the role that they have on promotion of their library service. A Clinical Librarian brings the library and its services directly to the clinical team. By working closely with NHS staff, they can be proactive and anticipatory.

UHL's development of their current awareness service occurred with the discontinuation of NICE Evidence Bulletins. These could be received by clinical librarians and disseminated to the appropriate Trust specialities. The bulletins kept clinicians both up to date and in contact with the library.

UHL developed a Current Awareness evidence service of their own using CISS (Clinical Information Search System) officers to aid Clinical Librarians in creating evidence updates for the different specialities. Known as Clinical Awareness Bulletins at first and now Evidence Updates (EUs), each one is tailored to a specific clinical area so layout, sources and content all differ. Each update however includes only research that would be practice changing- using Gold Standard resources such as CSRs and NICE guidance. Dynamed and UptoDate are also used as they include sections on practice changing research. The bulletins also include resources such as TOCs for journals, Behind the Headlines and Cochrane reports.

The bulletins are designed for ease of access. Including either too little or too much information can be off-putting and inaccessible. UHL use a

'headlining' layout- eg including Author's Conclusions and a link to Cochrane Reports rather than the full article itself. Sarah also highlighted how important feedback from clinicians is and encouraged regular meetings.

Promoting your evidence updates is vital- use social media and send emails. Tips included to maintain an accurate list of staff by scanning new staff lists, keep the subject line to the point and if possible to send the email from your personal staff address rather than a departmental one. Sarah also suggested 'upselling'- targeting staff who come contact the library to use other services.

The third speaker, Steph Bradley, is Primary Care Librarian at North Bristol NHS Trust. The main challenge she faced when creating a Current Awareness service was that it needed to cater for multiple trusts with differing specialities and needs. The first decision to be made was the format of their CA: a website vs email bulletins? Netvibes was the top contender for a website but lacked the function to provide different feeds for the multiple Trusts. Keeping this in mind, it was decided that a more viable option was to use email to disseminate CA Bulletins. This still had its own problems. For example when, should just Open Access journals be included or should there be journals that not all Trusts subscribed to?

Yahoo Pipes seemed to be the solution. Using updates from BMJ, Lancet, JAMA and NEJM, NICE Guidance, Cochrane Reviews and the top journals by impact factor for each of their specialities, the Trust was able to produce Evidence Updates that could be targeted very specifically to different groups of users. The intensive part of the work

was the initial setting up of the 'pipes' which once made could be automatically generated and emailed to different user groups at specified intervals using Mailchimp.

Following her presentation, Steph then asked us to consider in groups an ideal current awareness service vs a realistic one. Here are some of our ideas:

- Idealistic: Personalised, Different formats, At time of need, Provide for everyone, Just enough detail for need, Creditable sources of all kinds, Unrestricted full texts, No restrictions on finances or technology, Enthusiastic audiences, Incorporated into library registration, creation of a National Current Awareness service.
- Realistic: Tailored to groups, Word documents with links, Weekly, fortnightly or monthly, Email delivery, free or low cost, IT compatible/efficient, shared resources, Linked to social media, accept that not everything will be relevant.

Stuart Glover, UHL's Library Services Manager, ended the day with his session on the ideal HSL website. Pointing out that many hospitals are very intranet based, Stuart argued that having our own public websites as well as intranet sites allowed users to find information on their own terms, at their own time and pace. He also argued that having our own URL signified that our library is important.

Having our own internet site also allows potential uses to find out about us, helping to keep other promotional materials such as leaflets and flyers down to a minimum by simply signposting users directly to the site.

It is also a great way of allowing users to access the excellent resources we have on offer and having our own website also allows us to control how our information and resources are shown and what prominence they have.

Stuart reminded us that people have high expectations of internet services- they expect they will be available and easily accessible and invited us to discuss two questions: What should be included in a good HSL website? What barriers are there to achieving this?

As well as basic functions such as lists and links to services, a catalogue search box, physical library access information and mission statement, more dynamic ideas included podcasts, social media feeds and IM with a librarian. Ability to gather analytics and feedback would be preferred as well as being mobile/tablet friendly.

Barriers identified included non- cooperation of IT departments and having to rely on third party editing in many cases, time and skills restraints, restrictions of corporate branding and financial barriers. As a fix for time restraints Stuart suggesting creating a website that doesn't need a lot of updating. One trick to keep work down would be to use- 'this site' rather than 'this page' was last updated on...'

Stuart also suggested that managers may need to plan ahead when recruiting staff with skills they may need in the future. For the moment libraries could overcome technical skills restraints by either purchasing outside IT services or by partnering with another library service to share advice and ideas.

In all, this was an exciting, dynamic workshop that provided its attendees with valuable practical skills to take away. It was also a fantastic opportunity to create contacts and share ideas, problems and solutions with fellow HSL librarians. I am looking forward to putting these into practice and am particularly interested in delving further into the world of Yahoo Pipes and Instagram/Pinterest as promotional tools for the library and its Current Awareness Services.

http://www.uhl-library.nhs.uk/cl/events_mysv15.html to access presentation slides.

Go to Twitter #mysv for more ideas and discussions generated during the day.