

LIBRARIES FOR NURSES: WINTER STUDY DAY 1994
held at the Library Association, 5 December 1994

TRAINED NURSES: NO MONEY - NO ENTRY?

**PREPP and other reasons why trained nurses need
libraries**

The first speaker of the day was Carol Townsend, Education Officer for Adult Nursing, based at the ENB's Bristol Office, who was standing in for the planned speaker, Meryl Thomas, the ENB's Director of Midwifery Education and Practice.

Carol started by putting the current work and position of the ENB into context, giving some relevant background. She reminded us that:

- the statutory bodies were undergoing a period of transition and change,
- that they worked closely with HEQC and the UKCC,
- the five statutory bodies would have their quinquennial review in 1995,
- the late 1980s saw the introduction of the "Dip.H.E. Nursing" (Try not to call it Project 2000 anymore),
- there have been a number of college integrations and mergers into the H.E. sector. Currently about 40% of colleges have merged into the University sector, although some regions are further ahead than others, responsibility for pre-registration training remains shared with the health service, as 50% of training takes place in the practice area,
- the number of pre-registration students in training has dropped in recent years, but has now plateaued. Mental health numbers have dropped, learning disabilities has disappeared from some areas, but Child branch numbers have increased alongside the move into community based care.

Carol then announced two decisions recently made by the Board. Firstly, the lifting of the embargo on 3 year degree programmes. This followed research by U.E.A. that concluded that the results of any such programme were affected by the quality of the programme, not the programme length. It is possible that Dip.H.E. may be replaced in many areas by three year degree programmes if 4 year programmes are dropped. Secondly, programmes for students following the learning disabilities branch could now be developed that would give dual qualification (RN and Dip.S.W.).

The need for well prepared contemporary practitioners as mentors for students led to the development of the "Framework for Continuing Education & Higher Award". The framework encompassed the APL, APEL, CATS and modularisation of courses.

The Higher Award allows for the accumulation of practice led study into an honours degree, with specific pathways, i.e. midwifery, adult, etc. It is research based with specialist pathways, and many options available. Some modules may have a very short shelf life as they have been developed to meet service needs, but this may lead to a problem of resource provision for such modules (books?).

PREP was developed by the UKCC. It requires all registered practitioners to show evidence of continuing education (portfolio). UKCC may sample portfolios. The UKCC also defined "Specialist practice" and "Specialist Community Practice" (which were included in 10 key characteristics of the higher award). Two of these characteristics, use of research, and professional responsibility in a changing environment, are affected by need for resources (libraries). Practitioners need

information skills, they need access to libraries. Problems have always occurred when libraries were funded for doctors or student nurses. Research on accessibility of resources by nurses has found that nurses prefer to use their own books, however old, or ask colleagues for help, the library being the last place to go. Dip.H.E. students should have a different attitude to libraries. But the problem of access still exists, especially for non-trust staff (i.e. practice nurses, agency staff, etc.) who don't have access to any libraries.

The ENB believes that educational audit should include learning resources. Course validation should assess and advise on learning resources. The shift to student led teaching leads to a need for better libraries. Purchasers of education should receive a report on standards of provision.

Carol produced an OHP transparency summarising library provision.

STRENGTHS

flexible
local delivery
libraries in H.E.
libraries in Trusts

OPPORTUNITIES

introduction of Open Learning
equal opportunities
developing library culture

WEAKNESSES	CHALLENGES
territorial issues	geographical isolation
finance	(practice nurses)
history of ownership	service level agreements
multidisciplinary	relationship with medical
regional influence (consortia)	libraries
	access (hours)
	library culture
	cost/budgets
	teaching and learning styles

Points raised as a result of questions included:

Librarians should be involved in accreditation process.

Librarians should be seen as equals professionally with lecturers.

Librarians should speak to ENB education officers.

The Portsmouth Experience

This was a joint presentation by Malcolm Kaill and Roisin Gwyer from the University of Portsmouth. Nurse education in Portsmouth went into HE early, and they wanted to share their experiences with us.

Malcolm was responsible for drawing up the original contract(s) for the transfer of nurse education into higher education, covering all aspects of the transfer. Inevitably mistakes were made, as this was a completely unknown field, but Portsmouth are now into the second generation contracts and have learned from their own experience. Malcolm said the contracts drawn up should have 3 main aims:

1. To integrate "assets" into HE
2. To secure agreements with health service providers for placements, accommodation etc. not provided by the HE Institutions

3. To specify the educational and training provision and income through negotiation with the RHA. Included in negotiations should be the level of library service provided by the college to NHS staff; and the level of service provided by hospital libraries to college students. It might even be a good idea to negotiate minimum funds to support library services.

On reflection, he said, the contracts drawn up seemed to be working, but perhaps negotiations should include representatives from the groups who are having to work within the contracts. Contracts should also be flexible to allow change as more information and experience comes along.

Roisin talked of the effects of the HE merger and contracts on library services. Points to consider/be wary of:

1. Who has right of access to library? Perhaps need to specify particular categories of users.
2. The contracts might require to specify a particular level of service for particular groups of people.
3. The problems of funding services to much more varied user groups.

There are losses and gains to be made with any merger. On the minus side, more people may be chasing the same resources; there will be pressures on staff time to meet the increased demand from a larger clientele; budgets may have to stretch to cover increased demand for stock and services from the extra users. On the plus side, mergers give an opportunity to win a lot of good will, and chance to gain finances from an extended client base.

This was a very useful session, outlining some of the pitfalls one might experience in the new links between HE and the health services. It is a new and complex

environment, and no-one will get it right. At least after this session, we will be aware and more enlightened and flexible; and, as Roisin encouraged us to do, will keep statistics, masses of them, to back up any arguments or discussions we may have.

One Model of a Service to Trained Nurses In Northumbria

This session was presented by Hugh Headley, Subject Librarian, University of Northumbria

In the 1970s trained nurses in Northumbria had access to the Polytechnic library for reference purposes only. The library had an extensive stock of nursing and health related texts, and also received all HMSO publications and European Community documentation. There was also provision for trained nurses in the hospital libraries, but the services offered were inadequate. Unfortunately, trained nurses fell between the categories of Medical Staff and Student Nurses, and it became apparent they had difficulties in obtaining the information and materials they required.

An agreement was made with the Polytechnic, whereby trained nurses were eligible for membership of the library, with an initial charge of £8.00 per annum. Each hospital site established a Liaison Officer, who acted as an intermediary between the Polytechnic and the trained staff.

Services offered for the nursing staff included a full information service, an advisory service to the Nursing libraries, photocopying facilities, a current awareness service, user education which included information

retrieval sessions and library orientation, literature searches, and a book and document delivery service.

This arrangement, and the library services available for the trained nurses, were evaluated two years later. It was found that problems existed.

Eligibility for membership was a problem as initially anyone was able to join, but as demand for services grew, restrictions on membership had to be made.

Administration of the book and document delivery service was inefficient and delays were inevitable. Librarians had taken over the role of the Liaison Officers at the hospital sites, and liaison with NRHA Management had become less flexible. The current awareness service, which was free initially, became very labour intensive and had to be subscribed to. This service is now discontinued as the demand for its use was too high.

In 1992 usage of the Polytechnic library was monitored, and it was found that 40% of users were either from NRHA or were student nurses. Re-negotiations regarding trained nurses and their access to information were undertaken, but as yet have been unsuccessful. The future of provision for trained nursing staff remains uncertain.

RCN Library Services

Tony Shepherd, RCN Librarian, spoke about library services from the Royal College of Nursing. The Library had completed work on a new Thesaurus which it hoped to publish in 1995. The RCN classification scheme is being improved. Professional library staff are to be located in RCN Offices in Edinburgh and Belfast. Part of the RCN database is to be made available on CD ROM. It was hoped that by making this available more widely some of the

strain would be taken from the London headquarters. Nearly 600 people a day now visit the RCN Library.

A survey of library use by RCN members revealed that 42% used the London library because it was their nearest, 32% could not find the information elsewhere and 12% said they were now denied access to local libraries that they had used before. A full report of the RCN/LfN Library Survey would be published in 1995.

Part of the afternoon session involved breaking up into groups where the following matters were discussed

- * policies on charging trained nursing staff for library use
- * effectiveness of such policies
- * whether policies are likely to change
- * the need for national or local guidelines.

The responses of group members proved so many and varied as to be impossible to summarise, at least in the space available here.

Evaluation

Over 70 people attended the day; 42% returned evaluation sheets. Most opinions on the day were favourable. Least successful was the discussion session which was too short and failed to provide many answers.

Suggestions for Future Topics as listed by respondents:

- how to change nurses' attitudes towards library use, following Tony Shepherd's comments on the RCN survey
- effects of higher education amalgamations
- meet the ENB! There seemed to be a lot that people would like to say to them!
- research and nursing libraries
- user education - how much help should we give? (2 people)

- accreditation (Roisin Gwyer says that the S&W Region has a group looking at this)
- how can we influence academic nursing staff as to roles/services we can offer, beyond the obvious?
- forum with DOH personnel or NHS Executive to discuss what we want from each other - there is a lack of understanding of what libraries can offer
- detailed advice on costing from someone from the commercial world
- relationship between and roles of higher education nursing libraries and NHS based ones.

Please let us know what you are interested in.

This summary of the Study Day based on contributions from:
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