

## Current Awareness Resources

-tools to help your users keep up-to-date

### Support for Implementing Evidence: the Royal College of Nursing's Diabetes Nursing Resource

Claire Constable and Deborah Fisher

Information Specialists

Quality Improvement Programme Information Service

Royal College of Nursing, 20 Cavendish Square,

London W1G 0RN

[claire.constable@rcn.org.uk](mailto:claire.constable@rcn.org.uk)

[deborah.fisher@rcn.org.uk](mailto:deborah.fisher@rcn.org.uk)

### Introduction

Developing evidence-based resources such as clinical guidelines has long been one of the key activities of the Royal College of Nursing's (RCN) Quality Improvement Programme (QIP) but the focus on supporting the implementation of evidence into practice is seen as increasingly important. The Diabetes Nursing Resource (DNR) (Figure 1) is the first of a number of web-based resources from the QIP which aim to provide this kind of support (RCN 2005). It was developed in partnership with the RCN Diabetes Nursing Forum and created with input from RCN staff and members, Diabetes UK, and patients and patient representatives. The project has been a valuable learning experience all round.



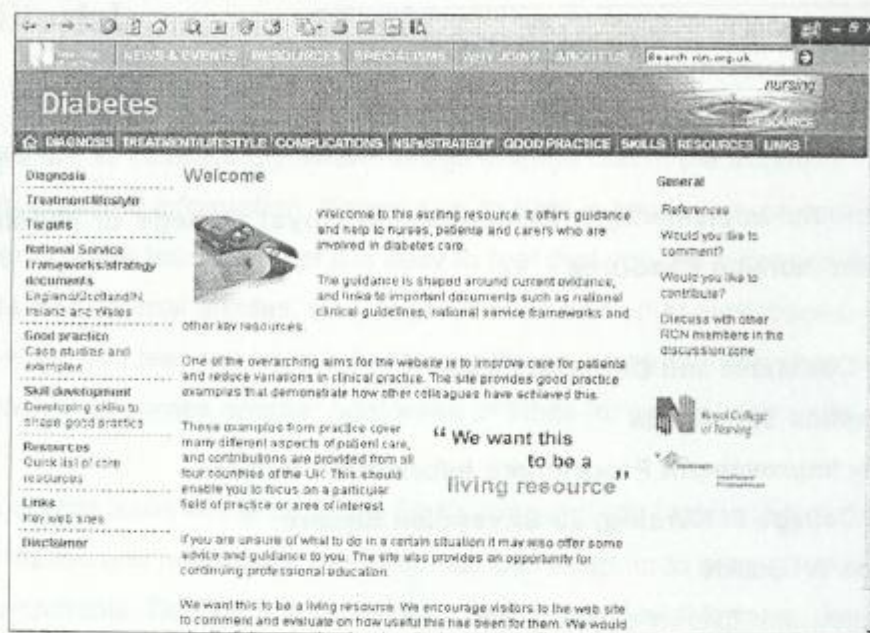


Figure 1 DNR Homepage

## Background

Diabetes had been highlighted by RCN members as one of the priority topics in a call for guideline development topics. However it was recognised that there was a range of guidance and standards already out there or in development, such as the National Service Framework for Diabetes and the NICE clinical guidelines. Richens (2005) describes the context in more detail. A workshop meeting was held in July 2003 at which members from a range of RCN Forums and a representative from Diabetes UK were asked 'how can we support clinical staff to implement national guidance and frameworks in diabetes?' The meeting laid the foundations for the purpose, format and content of the resource.



### Key features of the DNR

The discussions at this workshop clearly established the need for a web-based resource. The stakeholders wanted the site to appeal to anyone caring for a person with diabetes including parents, teachers and social workers, and it was agreed that:

- The resource should be sited on the public side of the RCN website
- The design should enable quick access to key evidence and examples of implementation where possible
- It should have a UK wide remit
- It should avoid a narrow medical model

And that the content should:

- Direct users to key evidence across the UK
- Provide good practice examples, case studies, patient stories.
- Link users to reliable patient information
- Point users to educational and professional development resources

The subject areas and contexts identified in the initial meeting which required the above information not surprisingly covered most fields of practice and reflected the impact that diabetes can have in virtually every area of care (Figure 2). This then provided the framework for much of the content arrangement.





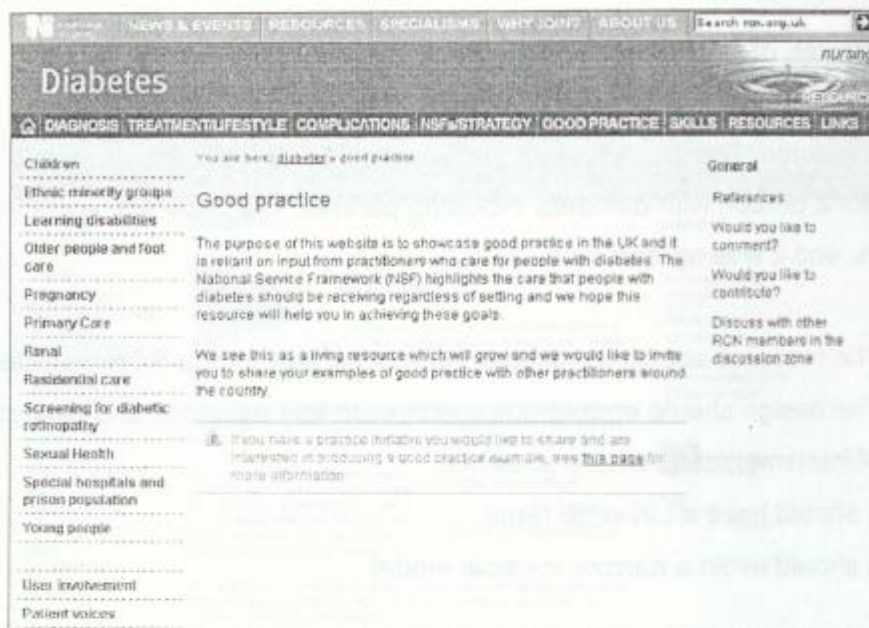


Figure 2 Good Practice Menu

### Managing the project

A project team was formed consisting of representatives from the QIP, RCN Diabetes Nursing Forum and Diabetes UK and led by a senior member of the QIP. Our particular role in the team was identifying the range of evidence and key resources for all of the UK countries. Meetings of the team were held at major stages of the resource's development and time was maximised by focussing on issues which benefited most from face-to-face discussion. Email contact throughout was significant and essential. Once an initial outline and organisation of content were decided a member of the RCN Web Team translated these into a web page advising us on the possibilities and design principles for what we wanted to achieve. Attendance of the Web Team contact at meetings where design and navigation issues were





debated was crucial to progressing the resource. Access to the development website for all members of the project team as soon as possible and throughout the project was vital.

We aimed at having a development website with a reasonable percentage of the content in place ready for piloting at the RCN Congress in May 2004. Timetabling of the work, not surprisingly, was the part of the process which came under greatest pressure for all of the participants!

### **Managing the content**

The overall design of the DNR needed to be compatible with RCN web page styles while still retaining a clear individual identity. The accessibility policy allowed a maximum of three levels to ensure that no content was too many clicks away from the homepage. The different menus were used carefully and consistently to highlight the range of content available.

The good practice examples and case studies are core to the purpose of the resource in demonstrating integration of evidence and national guidance into practice. Some enthusiastic contributions from the stakeholder group and other professionals came early on, while others needed to be more pro-actively encouraged. All contributions had to be reviewed and edited for the web format. Sterling work was done by the representatives from the Forum and Diabetes UK on the reviewing work and writing of additional content.

How should we best arrange the links to evidence and other resources for each section of the DNR? We agreed early on that describing each resource included was not an option. Quick access to relevant resources was the



priority and we used the headings 'Guidelines and Guidance', 'Systematic Reviews and Evidence Summaries', 'Patient Information', 'Further Resources' as a guide to different types of resources and evidence (Figure 3). We repeated in each subject area, the links to the core framework and strategy documents as the overarching resources. Equally challenging was ensuring that we had the key resources for each UK country, and keeping up-to-date with this during the development period and beyond. Organising time just before the launch to make a final update of links was important.

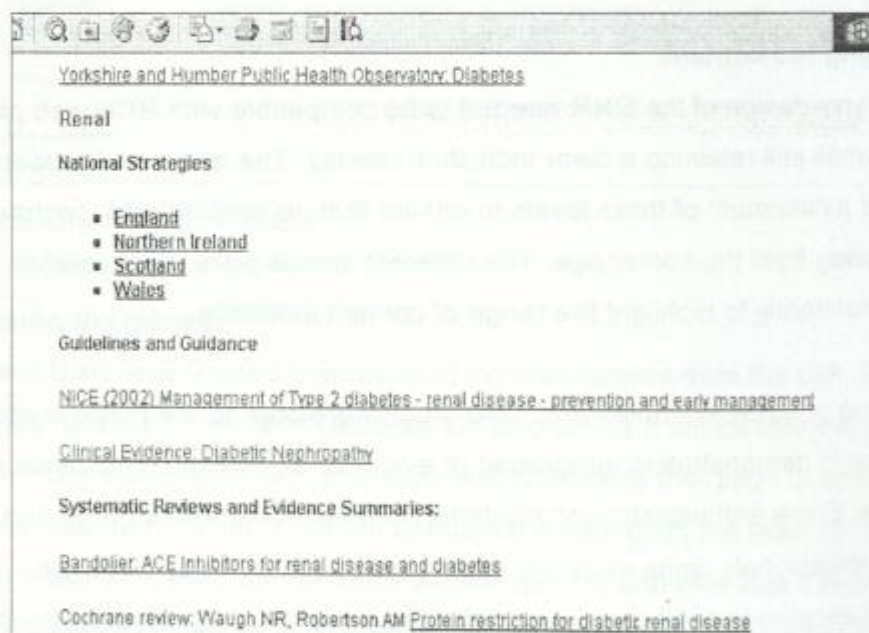


Figure 3 Example of Links

### What worked well

**Piloting the website.** The development website was piloted at the RCN Congress internet café in 2004. A short evaluative questionnaire was given



to interested parties, asking them for opinions on layout and clarity of the website, ease of navigation and usefulness of the resource. Members of the DNR team were on hand to answer any questions. The interest and enthusiasm shown by participants reinforced the need for the resource and was a great motivator particularly at times when our spirits flagged!

**The overall design of the resource.** Although the design has needed some tweaking along the way, it has seemed fit for purpose so far. On occasions members of the DNR team literally worked alongside the Web Team contact which helped in the creation of a simple, easy to use structure and design, a feature which was praised by the majority of users who piloted the resource.

**Partnership working.** The project enabled us to work within a diverse team comprised of RCN members, the Diabetes Nursing Forum, RCN Advisers and the Web Team. This partnership also extended beyond the RCN giving us the opportunity to work with a diabetes care adviser from Diabetes UK. We were also able to keep in close contact with an Information Specialist working for the National Library for Health's Diabetes Specialist Library, which similarly was in its development stages at this time (National Library for Health 2005).

**Feedback and contribution templates.** We wanted to give users of the DNR the opportunity to provide us with feedback about the website such as highlighting any resources not included, reporting broken links and making evaluative comments. As we intended the DNR to be a 'living resource' it was vital to give users a chance to contribute examples of good practice in their specialist areas of diabetes care (Figure 4). The templates appear on





almost every page within the DNR and link to a specially created email box. Since the DNR went live (October 2005), both templates have been used and have provided us with valuable feedback.

Figure 4 Contributions Template

**Promoting the resource.** A leaflet describing the DNR was produced and can be used as stand-alone publicity or as part of other promotion packages. We have used opportunities to publicise the resource via advertisements and items in publications for members, and opportunities come through the enquiries we receive as part of our clinical governance enquiry service. Publicising the availability of the resource to colleagues within the RCN via the Intranet was equally important.

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## Challenges

**Keeping the resource up-to-date.** Of course, once a resource has been launched it is only the start! We are acutely aware of needing to keep the resource up-to-date. Links need to be checked and updated regularly and new content added. Fortunately, the very nature of our work enables us to keep an eye out for key diabetes resources on a daily basis. Working out a systematic way of managing this proved to be quite a challenge but was important as the updating work is a shared activity. We have set up procedures and created templates for link checking and recording resources we find. Initially this seemed time-consuming, but the discipline of using the templates and having a clear record has proved invaluable.

**Ways of working.** Inevitably when working on a large scale project there will be variables and unforeseen circumstances that might affect the delivery of the resource. Allowing for this needs to be part of the process. An example with the DNR was that delays, partly due to changes in Web Team staff, necessitated several checks and re-checks of the content and links, a frustrating yet essential activity. Working with internal and external team members made the use of email and exchange of word documents essential. Making sure that all team members were working on the most up-to-date versions of content was crucial but surprisingly difficult at times!

**Consistency.** We are aware that we have not quite achieved the consistency we wanted across the website and will need to address this, for example some visual and referencing inconsistencies.



**Evaluation.** Apart from the feedback we receive via the DNR, we will need to actively evaluate the resource, how it is being used and whether it is meeting needs in order to justify on-going support. One element of this will be monitoring the usage statistics.

**Keeping the resource alive.** Encouraging further good practice contributions is not an easy task but it is vital. We will continue to build upon existing links with the RCN's Diabetes Nursing Forum and other Forums. Use of networking, contacts and recognising opportunities is important here. One of our plans for the near future is to develop a more robust process for managing the clinical content and contributions. A key part of our work will then be to liaise between this process and the Web Team for the technical input.

We aim to develop further features such as a news section and set up more specific links to areas of the NLH Diabetes Specialist Library following its migration to the NLH website. There may be opportunities to develop learning materials using a scenario based on diabetes care.

### **Conclusion**

Diabetes is a significant health challenge now and probably even more so in the future (Diabetes UK 2004). The importance of effective diabetes care across every field of practice was a considerable motivating factor in the development of the resource. The site was aimed at practitioners who are not necessarily specialists in diabetes but who need access easily and quickly to key evidence and to examples of how this might be put into practice. Our first experience of producing a resource of this nature has



been a valuable learning one which will contribute to improving the process for other online resources we are now working on, including a clinical governance resource guide.

Producing an online resource requires not just a development process but a process that encompasses on-going support and all that that implies. We now have to submit a project outline to the Web Team at the very start of the process which underlines this. Future resources are also to be developed within a Content Management System which, with training, will enable us to make many of the amendments and updates directly. This will undoubtedly have its benefits but will also impact on our working practices generally in ways we cannot totally envisage at present. A whole new learning experience awaits us!

#### References

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