

## Draft vignettes

### *1. General practitioner and educational advisor, Airdrie*

Where I use NES e-library, specifically, is in rarities. If I've got some rare syndrome or rare disease I want to know more about, I go into e-library to the databases and spend a bit of time seeking out accurate information.

I had a patient with Poland syndrome. I wanted to do a wee abstract on this patient's presentation and subsequent treatment. I wanted something succinct for a practice discussion. For five minutes every day between 10.30 and 11 o'clock one of us does a presentation on something unusual or interesting. Not a day goes by when there isn't something to discuss. Also with respect to the patient with such a rare syndrome, I felt duty bound to know more about it.

I went into a reasonably exhaustive search on what had been done in the last ten years on Poland syndrome. Using the filters in Ovid and Medline and Embase and other databases within e-library you'll be able to find out quite quickly very useful, but very specific information on rarities such as this.

I got information on aetiology - what causes it; information on presentation - how people with this syndrome actually tend to look and to act. And I also got information on options for managing the condition.

I gave the patient a copy of what I had done for the practice on their syndrome, and I think they were quite chuffed that I'd gone to the trouble to look it up. And I think they were surprised and impressed that we - as a practice - had taken their condition so seriously.

### *2. General practitioner and training programme director, Aberdeen:*

I'm very interested in evidence-based practice. Before e-library you had to use to all sorts of tricks to get access to good databases, sign up to free sites getting passwords here, there and everywhere. For years I had a huge list of passwords. So when the E Library was first started, I thought this is great – one of the most comprehensive information sources available – and it's all on one site. One password gives you access to relatively simple databases, or the most complex that you could want. The range there is just phenomenal.

For example GP Notebook is something I and most GPs will use. It gives simple reference information. So if somebody comes in with Chicken Pox and you're thinking, "Crikey, what's the exclusion time for that again, how long should they be off school?" you can very quickly reference that. You can do that during a consultation. You can also use the BNF, Clinical Decisions, Dynamed, Up to Date and TRIP – all these are excellent for quick reference for the GP. It's what you might call secondary evidence, so somebody has looked at it, checked out the reliability of it and given you a short précis, a summary, which you can then ride in on the back of, and that's hugely useful for us. It's not like just going into

Google. With E Library, you know the stuff you're accessing is reliable, and that's crucial.

Then at the other end of the line, you've got the Medline resources. You need to know what you're doing to get any reliable results, and the information you're getting from that is a lot more complex, and a lot more specialised as well.

My own most common reason for using the E Library is to find new information. Two examples: I'm doing a course on medical education at the moment. E Library gives me access to a database called ERIC [Education Resources Information Center] and I spend quite a bit of time on that, looking at references for things I want to do. That won't be everybody's cup of tea, by any means, but the fact that I can do that on the E Library as well as all the other stuff is, well, it's marvellous.

Then a clinical example would be some research I did on sleep efficiency, a term I came across through a reference in the BMJ. Obviously, in general practice we meet a lot of people who are having problems with their sleep pattern. The term sleep efficiency was something that was relatively new to me, so I just wanted to find out what was behind it. I accessed TRIP, which gave me some good information, including a reference to a guideline originating from Canada, which was really helpful.

I use e-library to help with patient advice as well. Someone will come into the surgery and say "I've heard of this treatment", or sometimes they say "The hospital is suggesting I start a particular medication, and it's how effective is it going to be?" With e-library you can reference information, and details about how effective a medication is, and when the patient next comes in actually talk about benefit and risk with them. That can be really very interesting. That enhances the pleasure I get from the job if you can actually take somebody through it, and say, "Look, this is what it means to you."

The whole evidence-based movement falls apart if you don't have good access to information. The advent of completely reliable internet resources like e-Library is fundamental.

### *3. Specialist registrar, Lothian region*

I've got a research background, and that involves looking at evidence at its origin. I'm always keen to know what the evidence is at the bottom of things. So I use e-library for access to the journals. I specialise in diabetes and endocrinology, so usually it's stuff in those particular areas I think I really need to know from top to bottom.

I had been to a conference and there had been a presentation about Graves Disease. There was an assertion made about therapy which I felt I wanted to check out. On the train home I searched in e-library. I knew a relevant article was in one of the specialist journals on e-library, so I was able to find the actual article

pretty easily. It wasn't new information as such, but it was worth looking up because it confirmed what I already knew; it made me clear that my approach in a certain clinical situation was backed up by the evidence.

#### *4. Information consultant, special health board, Edinburgh*

I use e-library both for research into my own work in service planning and to help colleagues in my organisation and more widely across health and care services. For me, the E-library is a cornucopia, and that's not too strong a word. It's a huge storehouse of articles. I have heard it said that the range of journals in E-library is broader than your average higher education institution.

I was doing some work recently on the development of databases for children's services. I knew dimly that some relevant research had been done by an academic I respected. I found the reference somewhere and I thought, I wonder whether the E-library subscribes to that? And, yes, it did, and so I was able to get access to the full text of the article, which I wouldn't have been able to do otherwise.

You know what it is like. I've looked and found abstracts only and then can't get any further and think, oh, sod it. I know that some people say 'just go and ask the librarian and do an inter-library loan or something.' But for the most part there just is not time to do that these days. If you can't get full text articles when you're mentally up for it, by the time you do that real-world inter-library loan and it arrives days, if not weeks later, the world and your thinking have moved on.

Anyway, that particular research was very helpful. With all of these things it's not tidy enough to say, 'well, I downloaded that then and I can track the impact it had to there'. Knowledge bubbles away in the back of the brain and comes out much later.

Then I act as an intermediary with E-library sometimes as well. I've been helping to set up and administer a community of practice for child protection, using the E-library Shared Spaces. As part of that development work, I was helping a colleague in Dumfries who wanted a particular article about individuals who groom people on the web, and there was no way she could find it. She had hunted about, couldn't get access to it, and she said to me can you have a try? So I was able to look it out for her on E-library. They used it as reading material for a two-hour workshop she was setting up. Her colleagues wanted to discuss their way into planning what to do locally about this sort of problem. And they needed some background material to get them going.

Of course people use Google, and I do myself to do initial searches, but people need to be aware that there is a lot of knowledge that it's available on the deep web that Google doesn't access. That's what E-library offers.

#### *5. Consultant neurosurgeon, Glasgow*

I'm responsible for emergency neurosurgical referrals from a defined geographical catchment area, and I have some specialty interests in tumour surgery, pituitary surgery and surgery for movement disorders. As lead clinician I also have a role in teaching, training and management.

I'm targeted in what I do with E-library. I access Ovid by the e-Library usually, and I do some searches for alerts and things using Ovid, but that's really the only general browsing or searching that I do through it.

If I want to get access to a full text journal article, I go to the e-Library to do it. It's a one-stop search for journal articles and I don't have access to electronic journals any other way. And I can access it at home [rather than being tied to a University network] which is a major benefit. I use it primarily in relation to CPD, and also for information searches relating to patient care.

Just recently I had a referral for a patient with partial status epilepticus for consideration for surgical treatment. It's not a common indication for surgery, in fact this is a very rare occurrence – I may not see it again before I retire. So I wanted to look at the literature prior to meeting with the patient's family. I did an initial search using my bibliographical software – I was looking for case reports basically – and I found three articles I wanted to look at. I went into E-library and found two of them pretty easily. The third one turned out to be in a journal which E-library does not cover.

The information I accessed certainly contributed to my decisions about surgical treatments, and I shared it with the patient's relatives directly when I was discussing the pros and cons of surgical treatment with them. It armed me with more specific knowledge than I would otherwise have had – a combination of new knowledge and confirmation that my existing knowledge was accurate. In that sense it does contribute to better informed clinical decisions, and it certainly saves time. The E-library is an awful lot of resource that you can get access to reasonably easily. I think it's extremely good.

#### *6. Senior dental officer, Orkney*

I see patients with complex medical histories, complex treatment needs, and patients who have a disability. Basically patients who have any type of additional need on top of standard dental treatment.

I use the E-library to look for journal references for dental treatments for patients with specific medical conditions, to look up journal references.

We had a patient come in recently with a condition where we needed to know exactly what the ramifications were in relation to dentistry work. It was a very rare condition, and it is varied as well. Within a population of 20,000, we have some conditions that only occur in one or two people.

I knew the child was coming, so I needed to find out if there were any specific warnings that I had to be aware of. I went on a general journal search within E-

library and put in the name of the condition and a variety of terms related to dentistry. I found a number of pieces of information, including guidelines, relating to specific treatment regimes.

The information I got had a direct impact on treatment in the sense that it was a confirmation of the planned treatment. When I shared this with the patient I felt confident I was up to date about constitutes quality of care in this circumstance, and that my clinical decisions were informed. It's really a case of ensuring that I am doing the best for my patients. Without buying a huge number of textbooks E-library is the only real way to get up to date information about some of these conditions that are out of your everyday element.

### *7. Scientist in molecular genetics, Lothian region*

In a genetic diagnostics laboratory like this about 99% of our use of E-library is in looking up journals. That might be to do with individual patient tests or a more general research.

For example recently I used E-library to help a colleague track down an article on the Fragile X gene. We are revamping our test of Fragile X, because we have technical problems with it. We also run a journal club; every month we track developments to try and keep abreast of developments in the field. It's part of our CPD, and about making sure the laboratory as a whole is aware of what's happening in the field of genetic diagnostics. It pertains to service development too – you know, here's what other people are doing, therefore shouldn't we consider moving in the same direction?

From the point of view of individual patient care, our use of E-library and other electronic information services will be triggered when we find a variant – I think it was a variant in MSH6 gene the last time I had to do it. Someone sequences the genes of the patient, and we find a new amino acid change that we'd never seen before. We have to try and find out whether and when that change has been seen by anybody else. There are databases where you can check, but even if you find an entry on the database, all the database will say is that this variant has been seen by somebody else, and it will then link you back to a journal. Often we will Google that variant and see if we can find any references to it.

Then once we have found references we will turn to E-library to search for the original articles. I've got two computers, so I switch between my university network computer and the NHS e-Library computer to give me the widest possible coverage in order to get a valid interpretation to the test result. Essentially research around individual genetic variants is to try and give a guide of how you interpret that variant back to the condition.

Many of these variants are very rare so any lab will see a variant perhaps two or three times in a ten year period, so when they write all this up, you have to aggregate data from a lot of different papers to get a feel for how important it's

likely to be. So getting a sense for the number of times a variant's been seen and how good the evidence is linking it to the disease is very important for us.

All this then goes into a report to the clinician. We would normally put the reference to the papers in there. What we give is an interpretation, and the clinicians, especially if they are genetic specialists, may want to go and look that up for themselves. Even where the report is to a more general physician who may not go into the original data, we would always give them a summary of the mechanism by which we've arrived at the interpretation, so that they could follow it up for themselves if they wished to or come back to us.

You have to read the papers; you can't just rely on someone else's summary. You have to go back to them, you have to go through them and you have to decide for yourself whether these three papers are all saying the same thing or whether, in fact, there are two papers that say one thing and one paper that says the other, where the weight of evidence lies.

It can be very significant, because let's say someone has colorectal cancer, if they fulfil the criteria for it possibly being genetic colorectal cancer, then the sample will come into us and they'll ask us to see if we can find a variant in the genes that we test for. If we find a variant, then we need to report back to the clinician as to whether we think this variant is likely to be the cause of the cancer, because if it is, then other members of that patient's family can have the genetic test done and then they will either be recommended to have regular colonoscopies or not. You can prevent the disease occurring. So in that case, it would impact not just on the person we're testing, but also on all their family members. You can only offer that advice to the clinician if you are confident about your interpretation. If we didn't have access to e-Library and other online information services, I don't know how we would do it basically.

#### *8. Consultant microbiologist, Edinburgh*

I am involved in the management of patients with infections who come into hospital. I interpret microbiology laboratory tests and discuss them with clinicians and I supervise laboratory diagnostics. I also oversee the training of junior doctors in medical microbiology as well as teaching various groups of healthcare workers and medical students.

E-library is a very valuable resource for looking at electronic publications and doing literature searches. It's got access to very recent or current publications which I can't access via other routes. A colleague showed me a resource just the other day – a collation resource called UptoDate – which I had no idea I could get through E-library. It's a useful resource and without E-library there is a fee to access it.

Recently we've been reviewing our antibiotic guidelines. We've been looking up evidence aimed at clarifying contentious issues so we're using the E-library to

access new publications. It is a very useful thing to help us to come up with how the guideline develops.

In particular I've been looking up the latest information on the treatment of acute bone infections in children, and specifically looking at any evidence that addresses how long children should be treated for. When I did a literature search using Reference Manager, I came across a couple of recent publications from February or March this year from journals I could only access through E-library.

As a result I was able to change some bits of the guideline we use to make it more specific. In particular I found recent information about the evidence for keeping children in hospital for longer stays or letting them go home on day one. I found specific evidence about the outcomes of these different approaches. It was useful because it made our recommendations more specific.

The evidence from E-library is incorporated into a draft which is circulated to clinical colleagues – it's a template of what the guideline is all about – for comment. After that, the guidelines go to the clinical governance committee for approval. The dissemination after that would usually be at clinical meetings. Thereafter, we use the processes within the division to print out copies and ensure that they're circulated to each relevant clinical area.

#### *9. General dental practitioner and vocational trainer, Dunoon*

We're a mainly NHS dental surgery, quite busy. The building itself has six separate surgeries within it. I'm the principal along with my wife, and we have five other dentists and a dental therapist working with us.

The most common reason I turn to E-library is for questions raised by vocational training. If there's something that we don't have the answer for – a guideline or more up-to-date information – that's when we use it.

Also I use it for PDP, because occasionally I've got to do some presentations, and then I would use E-library to find the most recent information on the subject matter that I'm dealing with, that kind of thing.

We have one trainee with us per year. They've just graduated and they come and are basically mentored by us for a year. They can come from anywhere across the European Union. What happens is NES organises a number of trainers and then they open up to anyone who's eligible who can then look at all those trainers and go and visit them and see if they want to be trained by them.

One of the benefits of the scheme for us is that it keeps you fresh, because you have to keep answering questions. E-library is one of the main mechanisms for that, we always turn to it. Just recently we were looking at use of different irrigants in endodontics; using E-library I was able to find information in a journal article and also in one of the e-books. We got all the information that we wanted.

The information we find gets shared with the student of course, and we also hold fairly regular staff meetings for all those that directly involved with patient care. So we share any information that's new that we've got, whether it's in e-Library or from any other source. We also hold a journal club once every month. Someone takes a journal article and looks into it in depth and then shares it with the whole group. E-library is very much a resource that helps us keep the journal club running.

With the research we did on irrigants, it did not lead to a change in our clinical practice; what it did was confirm that what we were doing was correct. It's nice to have the comfort of knowing that what you are doing is the correct procedure.

#### *10. Programme manager, Health Department*

For me in my current role as a programme manager the E-library is all about getting the evidence, and about sharing knowledge.

If I want to get information about any knowledge resources, I always go through the E-library to try and get it because I can navigate it easily. I have it on My Favourites, so I just click onto E-library, and go to where I want very quickly.

Most recently I used it to access general policy documents on dementia, in particular the latest UK government dementia strategy, and also for recent journal articles on dementia services. I found what I wanted very easily.

The E-library is also the main way I share and disseminate information and knowledge. I'm going to upload the dementia strategy documents now onto the community Shared Space in E-library so colleagues can read it. I'm hoping to establish this as the way that we communicate with the Health Boards; so the Shared Space will be the major way that we disseminate information and communicate with each other.

The impact of accessing and disseminating information through E-library is not short-term in this instance, because it's not a clinical practice situation; it's a longer-term thing. I'm using it to influence strategy and how we develop services for rehab.

Part of my current role has also been to develop the E-library Managed Knowledge Network for self-management and rehabilitation. Within that we're trying to develop communities of practice for older people services. I work very closely with NHS QIS on this. We have regional appointed coordinators, so now I use the Shared Space for giving out information to them.

While I was doing the search on the dementia strategy documents I came across a newsfeed in E-library on NHS falls services for older people in the UK. So I got

right onto that link, and then I uploaded that link for the rehab coordinators because it's very pertinent to the work that we're trying to do.

We are also working with NES to develop the MKN for patients as well; we're running an advertising campaign so that patients can access the information, so they get better knowledge about their health self-management.

Speaking as an allied health professional (AHP), I think this is scope for E-library to be used a lot more by AHPs. At the moment they are not so aware of the service and its potential for helping them within their workplace. Now, because more and more of our AHPs are doing post-graduate work and research, I think that they're utilising it more. But we haven't utilised it to its full potential.

The same goes for colleagues in social care, even more so. But again I think it is being utilised more, and I think we've done a lot, and we will be doing a lot, about promoting the whole rehab MKN for people in social care, because it really is easy to get the information they need.

#### *11. Clinical pharmacist, Fife*

My work is split roughly 50/50 into clinical work - mainly in acute adult psychiatry - and managerial - managing a team of pharmacists and technicians within the community hospitals of Fife.

I would say E-library is a very large compendium to find pretty much anything you want. The vast majority of the time I use it to try and find answers to clinical questions. Probably half of those queries are directly individual patient specific. The rest are based more on developing guidelines, shared care protocols or other formulary related issues. I am also doing a psychiatric therapeutics course at Aston University, so I use E-library at home for course work as well.

In my managerial role we do PDPs on all the staff on a bi-annual basis. We look at people's continuous professional development needs, training needs, and so on. We have recently arranged with one of the library staff members in the Department to do a training session on information sources and databases. A big part of that would be the e-Library.

I used the E-library for a clinical query this morning. I had a query from a consultant about a patient who had been in a hospital a few times, and there were issues on optimising treatment for this patient. I did a data search, using Google I think, and then I needed to look up the references I found, which I did in E-library. I use a mix of search tools. If it was something very specific I probably would use OVID in E-library, where I can use specific search terms to narrow the focus down. I tend to use Google if I want just to do a broad sweep.

I also usually use the E-Library for things like Martindale and Stockley, books like that. The new Martindale in print is three volumes and each weighs about half a

ton. Stockley is two volumes and a very heavy thing as well. The BNF I tend to use the book though, as you can carry in your pocket. It's useful in consultations or meetings where computer access is not possible.

Sometimes you get patients who are quite well trained up in their treatments, in which case they will be saying that a particular drug does not particularly work with them, or they don't tolerate it well. Then I will sit down with a resource like E-library and we will work out what the potential options are, what the side effects and benefits are for each individual one, and I will pull together a document giving the pros and cons.

We are in the early stages of getting a Shared Space for mental health pharmacists up and running. We are busy populating it at the moment and making sure everybody has got access. It is being used as a sort of information exchange, where we can pop in files, papers and documentation that everybody wants to share, because there are all kinds of developments going on across the country.

The thing is E-library is a very quick, easy resource. It is extremely quick to find things. You carry around the background stuff in your head. But you go into E-library to look and usually there is a new review published on that subject, so you track it down. It means you can be sure that what you are saying is current and up-to-date.

## *12. Specialist Registrar in Public Health, Glasgow*

I work in three broad areas: protection of public health, health improvement, and health service quality improvement and configuration. My role is partly translational; to turn the stuff that happens in policy into strategies, and then try to translate strategy into actual change in the way the healthcare organisations work.

So, from my own perspective the majority of the use I have for E-library is around literature searches and sources of information. It's our response to services: looking for needs assessment activity, and being able to work out what quality standards should be implemented. One recent example was in developing a literature search on the organisation and administrative structure around primary medical services in Scotland.

I went to the OVID interface via the E-library. I used the databases to interrogate what the most likely mapped MESH terms would be. I then used a collection of group terms and replicated the same search where possible on individual databases.

Then I tend to download my searches into Refworks; this makes it easier for me working between different offices and computer systems. Probably one of E-

library's greatest attributes [unlike University-based systems] is that you can access it from any computer, so you can use it wherever you are.

This recent literature search covered issues around the organisation of general practice; different ways of remunerating GPs and organising GP practices. I was looking for evidence and systematic reviews of differences and effectiveness. So I wanted quite a wide variety of different articles - from original research through to systematic analysis.

The information I retrieved in this instance has helped me in formulating hypotheses, and producing and formulating conclusions for dissemination. In this case they will turn into original publications, and they will be circulated through the public area of our website at Glasgow Centre for Population Health. And it'll also be circulated to board managers and clinicians.

I suppose the end stage of that literature review is that it influences the way strategies are played out on a number of levels. For example, it's conceivable that the results of this work will have an influence at the policy level. But in addition to that they'll have strategy influences locally. And I'm hopeful that that will result in change, which I hope will be an improvement in how patients experience services.

It's about using evidence to change services, probably through managerial practice in order to improve outcomes for patients. Because ultimately changes have to be outcome focussed in that way.

The E-library facilitates things which when I was a medical student took us days or weeks. I can still remember trudging up and down hills to libraries and then having to go up seven and eight floors with books to photocopy references to do literature searches and to form conclusions. And those days are gone now. And there's nothing bad about that.

Without e-library I wouldn't have a co-ordinated portal to get access to those things through the internet. Because although there are numerous different ways to get access to journals, and they're usually heavily referenced through things like Google Scholar, they're all pay per view. You can't get to them. So e-library removes, or displaces, cost from individual learners, because you don't have to get out your credit card and pay \$30 to view one PDF.

I just think it is an excellent resource, and it needs to be continually invested in. And I realise that it's not cheap, but at the same time information is the foundation on which we base all our decisions, which translate into patient care. And if we don't have access to that information, care will suffer.

*13. Fire Safety Risk Advisor, Glasgow*

Risk advisors in fire safety give advice to all persons within the NHS, particularly managers. We do risk assessments under the Fire Code and we also give responses on any rebuilds and refurbishments in terms of fire safety requirements. We also do fire safety training for all 13,000 staff.

I go to E-library for things like the Barbour Index and NHS Data. Because of our professional focus we are not really into the healthcare side of things, it's more the health and safety and fire safety focus we have. For me it's really Barbour Index that is primary. And a link to Health Facility Scotland. Those are the two key areas that I would use. But, it's useful for searching for any kind of query.

The main things I go to E-library to find are British and European standards and the updates on them. We need these in order to give advice to managers and to estates officers. When they're building new premises or refurbishing old premises we need to be sure they're working within the British Standard in terms of insulation, fire alarm systems, fire doors. In some wards they have to lock certain fire exit doors, but there are certain criteria for that. Sizes of rooms, sizes of compartments and so on, all that changes all the time and we've got to have the more recent information about the standards.

Recently one of the architects in Estates got in touch with me and asked about the code of practice in terms of their locks and doors. And using E-library I could go to the new British Standard - which is BS9999 as far as I can remember, on Safe management of Buildings - and it did give me the bit I require. Then all I did was send them the paragraph, so I know that he's working to the British Standard. Sometimes I know the particular British Standards I'm looking for, but also I'll do a general search because there may be a new standard that's kicked in, for example European standards are taking over.

It's about ensuring the NHS is compliant with standards. Because we are qualified fire risk engineers, we can make decisions outside the box, but we do need to have the basis. So we can say, 'that's a British Standard, however in this case we can make some allowance because you have a higher standard in that area and therefore the risk is reduced'. So, we do have that flexibility. But everyone has to know the standard, because that's a legal bar.

So e-Library saves time and money, because otherwise we'd be paying fees to other subscription type services to get this essential information.

Also, I've always thought that the e-Library was the ideal place to have fire safety training and a shared area. Everyone requires training once a year, but we're trying to make it risk appropriate. What we're trying to do is allow people not in a sleeping risk area – say an admin block or something – to do a refresher course once every three years. Doing it through e-Library would be ideal.

*14. Health information scientist, special health board*

We perform four functions across NHS Scotland: we set standards of care, we provide guidance on effective clinical practice, we conduct performance assessment, and we contribute to the body of evidence around quality improvement. As the knowledge services team we provide the library and information service for the organisation.

I generally tell people who ask about E-library that it's *the* information resource for NHS Scotland, and is providing them with access to online articles and books and resources that will allow them to get a wider retrieval of information that is tailored for their needs and NHS roles.

We've been doing quite a lot of work within our organisation to improve people's ability to use the E library, and also help them devise protocols. Everything we do should be transparent in the event of any challenge over any of the content of our knowledge products, we need to show how we searched for and found our evidence.

If we didn't have the E-library, we would have to subscribe to the various resources it offers independently. Well - there isn't funding for that. If the situation did arise, then funding would have to be found, but I wouldn't like to say how that would happen!

We search the literature in a systematic manner, and then the health services research team will appraise and synthesise that in order to identify effective clinical practice. People then use that for a variety of reasons. For example to write up a summary of the evidence at the request of a planner who is being asked to consider developing a new service. They need the evidence so they can go back to their health board and say: 'This is the evidence for that, and at the moment we don't think it's strong enough to start that service,' or 'This evidence is strong and we should be considering this.'

An example, we use E-library as one of the key resources for a quarterly literature search for the Scottish Health Technologies Group. It's horizon scanning - finding what new technologies other organisations have already done all the work around that could be of importance within Scotland. We have a spreadsheet of different resources that we look at, E-Library and some others.

A quarterly report is produced, and then if required we take forward further specific pieces of work: for example SHTG might come back and say that a cardiac intervention looks of interest to Scotland. We would then do some further research work on that.

Recently as a result of this process SHTG came back and said they wanted an Evidence Note - a short summary of the evidence - about a particular product. I think there were numerous conflicting reviews about this product, so they wanted an overall summary. Because we work to standard operating procedures, we have a checklist for producing Evidence Notes, and that takes us through many

of the resources that are on the E Library - things like UptoDate, Medline, Embase, CINAHL, Dynamed, JBI as well as the more secondary literature sources.

This work is quite high profile, because it's major interventions and potentially large amounts of money. And it's a way of trying to coordinate what is going on across the Boards, in that everyone's getting the same knowledge about the effectiveness of these interventions.

Alternatively we use E-library to contribute to scoping work. When someone is at the start of a project, they scope out what needs to be done and what are the issues. So we might get topics down from the government that need further working up. We search the literature to pull out what the key issues are, and then that's used in conjunction with the clinical advisers or the clinical guidance around what is actually going on on the ground in Scotland.

Something that we've been doing lately is supporting the Equality and Diversity officer in her work. We've been promoting the Equality and Health MKN, and trying to embed the EQIA approach and make sure that people are considering all the equality strands when they're developing project initiation documents and going through the process.

We've now built a checklist for this work. As a minimum we say we will look at three resources that hold equality or ethnicity in health information. One of them is the Equality and Health MKN, the other is the NLH Specialist Library for Equality, and then there's the Scottish government Database of Equality. And if any issues are thrown up out of those then they come back and we would do a further search.

Say the E Library went down tomorrow for any reason, then we would be really stuck. If we lost E-library access, then we wouldn't be able to perform what is a core service.

### *15. Estates manager, Highlands*

I'm responsible for the day to day operation of the estates functions at hospitals and health centres between John O'Groats in the north and Campbelltown in the south west. It's 43% of the landmass of Scotland. As part of that role I've got to plan for all the routine and statutory maintenance. I've also to do infrastructure renewal and upgrade works. We have to do cyclical plans for rewiring, roofing replacement and thing like that.

E-library allows me to pick up any information I require regarding Health Service activity. For example if I am looking for Health Planning Notes or SHTMs [Scottish Health Technical Memoranda], anything like that. My focus is quite specific within the e-library: the specialist e-library for estates and facilities, and also, very importantly, the Barbour Index.

We use E-library as our primary technical index basically. It saves us having to subscribe to the BSI or the equivalent. This is information we simply have got to have, so without E-library I would be looking at £10-£15k subscription costs for BSI. It would be money that we wouldn't be spending on maintaining the estate, it would just be a subtraction from our already very strained budgets.

Similarly if we could not get Barbour Index we would really have to pay for that because it's our source of keeping up to date with health and safety legislation changes and campaigns that the HSE wants us to know about. Now you can get information from the HSE website, but Barbour's got some really good examples, including excellent examples of prosecutions and so on. We use that information to reinforce the message to our staff that this is a really serious issue, and this is what happens when it goes wrong. We would miss a lot of things if we didn't have access to something like that.

The last time I would have used E-library I was looking for the current HTM for Legionella. I'm writing the NHS Highland Legionella policy and I wanted to check some of the details that were available.

Estates are responsible for 11 policies that need to be reviewed every two years, so you can almost guarantee every second month we'll have a policy to review. We've got Legionella, heating and ventilation, noise at work, working at height, control of contractors, that type of thing.

I used the E-library to get a link to the HTMs or Health Technical Memoranda. There's two versions, there's a HTM which covers the whole of the UK apart from Scotland, and there's the Scottish Health Technical Memorandum. The HTM in England has already been rewritten and has been published. Then generally what happens is we would pick up the English version and alter it to Scottish requirements, they usually run about a year behind the English versions. So, in this case we're waiting on the Scottish one being published. So, I used E-library to find and access the English version, so that I could ensure that the technical aspects of what we were doing was up to the best possible standard.

Then I use the information I've found to write the policy. From that policy then there are individual risk assessments for each facility to actually assess the potential for a Legionella outbreak. And from that there is a set of maintenance instructions and a maintenance plan is devised for each building, to hopefully, touch wood, ensure we don't have a Legionella outbreak. It's a thing that tends to get a little forgotten. Some of estate's functions – like Legionella prevention, electrical safety – these are things that nobody really notices as long as they go okay; they're only noticed when they go wrong. It is pretty important for patient safety.

*16. Library manager, college sector, Edinburgh*

Our College takes students from the city and surrounding areas, and we do a range of courses from NQ level right up to degree foundation level. I take responsibility for the library, for information sourcing for both students and staff.

I tell all the students on the health and social care related courses that E-library is a really good quality source of information, one of the best places to go. Depending on what level of course the students are on, I will either direct them to Health Information Plus or the actual e-library.

For a lot of our students the E-library itself is just that wee bit higher level than a lot of them are comfortable with. For the lower-level courses that we do – say NQ or HNC level in childcare or HNC social care – people are just sort of starting out. They are not really advanced in search techniques or looking for information, and Health Information Plus is great for them

There's a library in the learning centre in College, and quite often I'm asked to give little sessions or talks to groups of students who have a project coming up and they need to know about resources. So we book a session in the learning centre, which is computer based, and I show the resources they can use. With groups like the childcare groups, the special care groups, I usually show them Health Information Plus. We have mental health groups as well. So the specialist sections within the e-library are quite good, when you've got the clinical practice of mental health, or the community health initiative. I tell them this is quite a good place because it's just a sort of one-stop shop to find information, good quality information.

We don't want to be swamped with all the clinical detail, but we really want to know about the conditions. And that's where we find that Health Information Plus idea so good, because it's got the information about the conditions, you know they're doing childcare and they want to find out about one of the childhood illnesses, so they can go there to conditions and quite quickly find out about that. But they also find details of support groups, support organisations, because sometimes they have to contact them.

It's because of the NHS flag indicating the quality of the information. It's a bit like, you know, for government information, I usually go to directgov, so I normally say to people, this is coming from NHS, they've pulled it together, so the majority of it should be quality, because they are directing it and they're signposting it, and flagging it up.

I actually use E-library for myself too - I've used one of two of the e-learning elements in it, and I was looking actually to see if it would be useful for our own library staff, because we're always looking for training. I have the idea that I'd like to recommend it to the library staff, because you get your certificate at the end as well, so you've got proof of the training.

*17. Communication and Information Specialist, Social Services, Fife*

We are a council with social services responsibility, so we deliver social services as well as commissioning others to deliver them. I have lead responsibility for all the communications and information functions within social services. And that ranges from the client information systems through to data protection, communication with the media, freedom of information and so on. And I have the strategic lead for e-Learning.

I use Social Services Knowledge Scotland (SSKS) predominantly to source information for service development. I also find it helpful for personal research, and CPD for staff.

For example, recently I've been involved in developing information literacy skills for staff in the social services teams. On SSKS there is a training pack developed by IRISS - it's for use either by trainers, or individuals for self-directed learning.

We have a specific need to improve the information literacy of our staff. The staff are IT literate but not very information literate. It's all part of the drive of evidence-informed practice. I think there's a tremendous amount of material out there, but finding stuff that's actually targeted at the Social Services workforce is quite difficult. So, it was good to get stuff that we knew and trusted that was done by IRISS/SSKS. Because it's been developed by IRISS/SSKS, it gives it a lot more credibility, a lot more standing, organisationally, than us saying, 'this is how you use Google'.

This piece of staff training will also form the basis of a policy, because we are saying that we expect people to have information literacy, that we expect practitioners to be literate in how they search, source, evaluate and use information. So, it will form part of the organisational policy in due course. We're going to start using it as a mandatory part of the induction.

What we've done here is develop a Social Services learning portal. It's for council workers and our partners. We have a coterminous boundary with the local Constabulary, and our local NHS Board, as well. We're one of the few authorities that have the same boundaries. What that means is there's a lot of opportunity for sharing.

Much like SSKS, the learning portal is available on the internet - it's not on the council network. Having information and services that are network-independent and available over the internet without any sophisticated technology is really quite important. The learning portal and SSKS are completely complementary services, whereby we use the portal to point staff to resources on SSKS.

SSKS is also getting take-up in other areas of the Council. Our criminal justice team recently asked for a demo of what SSKS could offer, and education have access to it as well. One of the recommendations of our recent Child Protection Audit was to make the knowledge base available across disciplines.

For my work related to direct care provision, I recently used SSKS to research the issue of internet access for looked after children. One of my areas of responsibility is information systems, and we are expanding controlled internet access for looked after children. So, I wanted to find out who else has done that, was there any research on; was there any documentation on it. I found references in SSKS to councils already doing the same thing, and this information was very important in helping us formulate a policy.

We have commissioned a single supplier to provide PCs and moderated internet access for looked after children. We are giving them the kit and the access. It's a major step forward for us, actually. SSKS certainly helped inform my own thinking in terms of where we should be going with all this, without a shadow of a doubt.

#### *18. Staff development and learning officer, national voluntary organisation*

We provide a housing support service for people with learning difficulties. We have about 1500 staff, and I manage a team of trainers within the organisation, overseeing induction and staff training and development. We are also an SVQ assessment centre.

I often need to find information quickly in response to a query related to direct care – usually for staff working with service users with autism, learning disability or dementia. I have three places I go to as my main source: SSKS, The Learning Exchange and NHS E-library.

I also use these resources for more medium-term research to support the training programmes I develop. Recently for example I have been using the resources in the E-library on leadership and management, as part of developing a management course for first-time managers. We are anticipating changes in the registration regime which will affect managers and we are trying to prepare in advance.

The new management programme will have a taught element, but I also want it to have some kind of e-resources that people can access themselves, so it will be a kind of blended learning. We're not quite settled on how we're going to do it, but I envisage being some blended learning, some taught, some reading material and some online resources. And I've been having a look at the leadership material from SSKS.

We are also encouraging people to become more used to searching for information themselves. So a manager would say 'we're supporting someone that's in a difficult situation in relation to a person with autism or dementia, and it would be really good to do some training with the staff.' We say now 'Well we could provide some training, but you might want to have a look at a learning or information resource on SSKS first.'

### *19. Pharmaceutical advisor, special health board*

We are a special health board whose remit is to advise the Health Boards and the Area Drug and Therapeutics Committees about the clinical and cost effectiveness of all new medicines. I have the lead on strategic development from the pharmaceutical perspective.

I use the E-library primarily for checking specific factual information about medicines. My most recent use was actually as the main reference resource to help me update a chapter for a NES educational pack that I've contributed to some years ago. It was a pack for pharmacists on paediatrics and I was updating one chapter on adverse drug reactions.

Before E-library, in order to do something like that I would have used other literature access sources like Medline, but they were expensive. And I would probably have done an online search and then supplemented that with some text book searches. But in this case I used e-Library when I put the text together initially, so I was able to update my search. I wrote the chapter about 3 years ago, so this time I did an update search to see what had been published more recently, and filtered out what was relevant.

This was specifically about adverse drug reactions in children. So I would have looked for articles that have come through recently on the incidence of the problem. Then I may have looked to see if there were any recent developments, maybe groups of children who'd been particularly susceptible, or even new strategies for monitoring or management. I didn't expect to find an awful lot, because there isn't a huge amount published on that subject. But I did find relevant articles, maybe half a dozen.

Knowing the coverage of Medline - and I suspect I would have also used the Embase database - knowing their coverage I'd be fairly confident that I wasn't going to miss anything too much.

Ultimately this information will be part of what helps to minimise the risks of treatment and beyond that to ensure quality of care for patients.

We also use the pharmacy resources and the e-books in E-library. My team might be looking at a medicine that's used in orthopaedics for example, and they will use the e-books to get background knowledge to get a better feel for a therapeutic area. You do get an overview of the specific therapeutic area that would be difficult to get anywhere else. You certainly wouldn't get it very easily from an online database. It's a distillation of practice I suppose. I could access Oxford Textbook of Medicine hard copy here in the department, but if I needed something in a bit more detail that I couldn't find in the general text book of medicine, then I'd look for an e-book or something like that to give me a better feel.

In terms of the pharmacy resources, I tend to go into Martindale quite often. I don't have a hard copy any more, I used to have a hard copy in my previous post – but it's a huge thing! – now I just use it in the e-Library

As a team we're all about advising on the clinical and cost effectiveness of new medicines. We do that using largely submissions that come in from the pharmaceutical companies, but our pharmacy team do a detailed critical appraisal of the information that comes in from the companies. So they are using the e-Library weekly to look for studies or data that the companies haven't included in their submission that might have implications for the decision that's made.

We also have a small team who focus on horizon scanning – looking at the new medicines in the pipeline. We don't use e-Library to identify those medicines, but once we have identified them we use the e-Library to build a picture of the medicine and its clinical efficacy.

Really, I'd just say it's an absolutely invaluable resource. We'd be lost without it now, we really would.

#### *20. Manager, Scottish Ambulance Service*

Scotland has about 4000 ambulance staff. We provide an accident and emergency and an outpatient transport service for the people of Scotland, and obviously visitors as well. I manage the e-learning for the service, which involves running learning systems and developing content.

For me E-library is an online library where I can go for research purposes and to keep up to date. And there are also things like the Virtual Learning Centre.

We have quite specific research needs. For example the use of a drug outside the hospital environment; a few years ago, when the Service was looking at the possibility of introducing morphine for paramedics into the Service, there was quite a bit of research that went into that, to find out how safe it would be to use out of hospital.

I know that a few of our staff will look up the E-Library for papers from maybe the British Medical Journal or that type of thing as well, just to gain some more knowledge on a particular patient care procedure.

We also use a shared space for the Scottish Ambulance Service. We have a Medicines Forum in there, where the staff can discuss the medicines that we use. If they've come across anything in their research or work they can actually put it up there and discuss it with the other paramedics. They go on the forum (which is moderated) and say, 'you know, I was at a job last night and this was the situation, these were the actions that were carried out, what do others think.'

I'm also responsible for the eKSF for the ambulance service. In conjunction with NES I produced three eKSF online modules, for staff, supervisors and the managers. They have now been put up on to the E-Library e-Learning site, and they're available to everybody in NHS Scotland. A lot of the Health Boards have actually been in touch with me to say they copied the e-learning programmes onto CD and they've put on their own Intranet.

It's always got to be borne in mind that the E-Library should be there for all NHS Scotland, and you've got people from pre-nurse porters to consultants, the full range of administration staff, these are all people that might be using it. I think they've done very well to get that balance.

I know at the very beginning when it was set up – I'm going back a few years ago now – if you ask those people, it was probably doctors that used it most. Whereas now I think the E-Library has moved on a bit, and the wider audience of the National Health Service is actually starting to use it more and see the benefits of it.

#### *21. Information Development Manager, voluntary organisation*

As a cancer charity we're involved in many things, but my main focus is to work with partner agencies to help them develop information and support services. In the main, it's partnerships between Community Health Partnerships, local authorities and libraries.

Part of the area within our local community library has been refurbished into a health and wellbeing zone, with a particular cancer focus because our cancer charity have paid for the refurbishment. So, it's all looking lovely, with sofas and coffee tables and a tiny little kitchen for coffee. And people can come in there and drop in for information and support. Linked to that is an NHS e-Library project which is looking at how we can enhance that face-to-face element of information and support and tie it in with other work that's being done. And so, we've now got a cancer portal with health and cancer information.

When we started this community-based cancer information it was a first for Scotland because we were able to get the e-Library and the NHS librarians to come into a community library and train the librarians. We got the NHS e-Library people to come out and be involved in the training of those community librarians. And subsequently those community librarians use the e-Library when they are trying to access resources.

So, making the community librarians aware is one aspect, but because we are working within the Community Health Partnership there is usually a mix of health professionals involved. Sometimes it's NHS managers; sometimes it's senior medics and sometimes it's a mix of NHS community development people and people like dieticians. Also the voluntary sector, maybe our local smaller cancer

charity. I direct people to E-library both for the cancer information and also for the shared space facility, the network that is specific to cancer.

We have dedicated cancer information specialists, and E-library is essential for to them, both for their own use and for directing others to it. What they do within the cancer information services is have a designated PC and a list of quality assured sites. They would be the cancer organisation sites - Macmillan and Breast Cancer Care, Prostrate Cancer Organisation. Then there will be the e-Library. They'll be there so that people could work through those favourites finding what they wanted. For us the point about E-library is it is trustworthy, quality-assured, easy to access. Every Information Manager would say the same thing: because you can't trust Google; it'll come up with miracle cures. Also you know what you're getting from the e-Library is a service that's entirely specific to a Scottish context and understanding the issues that pertain specifically to Scotland. The e-Library has long been part of my toolkit, an essential part of it, and my job is to direct other people to the toolkit, as well. I do value it entirely.

## *22. Risk management practitioner, Lothian region*

I facilitate the risk management activities for our organisation, centred around staff and patient safety. In particular we have a software package that we use for information gathering, so I support the development, training and monitoring of that.

For me E-library is about personal development and it's also trying to improve the services that I do. It keeps me up to date professionally, and helps me with research in the course of service development or planning.

I get a regular monthly bulletin from E-library. Recently there was a link on it to an article about a structure tool that improves clarity and content of clinical communication. There's a Scottish patient safety programme, which uses tools and techniques from the US Institute of Health Information. And this was part of one of the tools that we use called SBAR. Situation, Background, Assessment, Recommendation. It's a methodology to enhance communication in a standardised format. I could see it was a useful addition and I put in a request to the librarians to send me a copy of the document.

Also I get mediated searches done when I am doing presentations. I do presentations for all staff, clinical and non-clinical. So say if it was in a presentation on communications, and I got something from the E-library which was new and up to date on communications, I would build that into my presentation.

The thing is I know E-library is reliable and there is a good depth of information there. I would say it's more than good. If it was marks out of ten I would give it ten.

### *23. Regional Practice education co-ordinator*

I'm a practice education coordinator for nursing and midwifery. I cover six health boards, mostly rural. It's quite a new experience. I moved up from England so I'm still getting my head around the Scottish context. I've found the E Library absolutely fantastic.

For me I suppose it's got two main bits to it. It's like a traditional library where you can go in and get access to books, e books, or journals. Then there's the added value in terms of guidelines and best practice, that you maybe wouldn't get in a library, plus all the clinical guidelines. I mean obviously you can get them from Scottish Government websites, from Quality Improvement Scotland, or from wherever, but if you use the E Library you can go straight to a clinical specialism like primary care, so it's much easier to find.

So, initially I used the site to give me some context about Scotland NHS, but then as I've started to pick up some pieces of work it's to inform the evidence base for the work that I'm doing. For example I'm working with colleagues on developing indicative content for an internationally qualified nurses' website. So we've been looking at what is out there, what is the best practice around supporting internationally qualified nurses. And what is transferable to the work that we're doing.

We're looking at it in three stages: giving nurses enough information so they can make an informed decision about whether it's right for them, or not. How they need to comply with the professional requirements to get on the register. And then what educationally they can do in preparation for that, and also in preparation for interviews.

We're also having a session for the staff within the NHS, about how they can prepare their clinical environment for supporting IQNs, who come on placement, or who come to be employed with us. And then from the HR point of view, in terms of employment practices, and complying with the employment legislation and immigration law, that type of thing, so they can then advise managers about the recruitment process, and long-term employment contracts.

So there are a lot of different strands to it, and the E Library has been really good on all of it. The other day I was looking for information around cultural competence, how mentors can support people from different backgrounds in a clinical setting. I just did a general search in one of the databases, CINAHL or Medline I think, and it brought up three or four really good articles that then referred us on, looking at the references, to other articles that will inform the content. There was one from the Nursing Web Journal, and it's about implications of trans-cultural nursing models. There was a really good one from an Australian journal, as well.

That kind of information will be used for the end product we're developing, but it's actually going to inform our professional development as well, because by doing this work it's building our own cultural competence.

Alongside this work we're going to be doing an equality impact assessment, because obviously we need to make sure that we're complying with equality legislation, because our target audience potentially could face discrimination. So when you log in on the front page of E Library you can just click straight to equality in care. I like the way that you can quite easily move from subject to subject, and it isn't an onerous task to do that.

The other thing with E-library is the shared space. Because it's me and my two colleagues from the other regions, and because people are dispersed, and people are involved in different things, like mental health mentorship, midwifery mentorship, we use the shared space quite a bit, and so do our colleagues out on the health boards. And it's really good, because we've got administration rights, so when somebody posts something we get an alert, so we can have a look at it, and if we know anything about it we can respond, or document it.

A recent posting last week was from a colleague in Tayside. He wants to evaluate the PEC role locally, so he put in a question, has anybody evaluated the PEC role within their health board, and how would you go about doing it? So I've responded and said, to me, this is a good model to use for evaluation, and just uploaded a PDF article for him to have a look at.

I suppose for me, the main feature is the accessibility of it. If you want some information, if you want to do a quick literature search, you know, a quick and dirty one, you can do one within five minutes and you can do it anywhere. Because I'm out and about quite a bit I access E-library on the move, when I'm on a train or whatever - rather than sitting looking at the beautiful countryside I'll do some work!

And it was all self-discovery. I mean somebody told me where the shared space was, so I could have access to it, but that's it. All the rest has been self-discovery.

#### *24. Public partner for NHS QIS*

I'm a public partner for Quality Improvement Scotland involved in the rehabilitation framework for people with long-term conditions; and I have a long-term condition, a spinal injury which happened when I was nursing.

For me E-library is the NHS Scotland website, their way of cataloguing pretty much all the information that the health service would use, but that the public can use it as well. Rather than have the public randomly go and look for information, they would rather say, right, we will provide you with access to the e-Library, and then you can go and see the same information that the medics are using. But we

know it's accredited information, and in that way, it's much, much safer for everybody.

When somebody has been diagnosed with the condition, whatever it is, there's a time when you really want to learn as much about it as possible; and then there's a time when you are in denial. So you want to know about it, and you don't want to accept, really, the reality. But when you are ready, and everybody is unique as to when that point will be, when you are ready to learn about it, there is that need to go and get information that is safe and reliable.

If you want the public to do this, there's going to be a huge range: so you can be some member of the public who just wants a basic information leaflet, and then there are going to be other people who want to go right the way up to primary research, and e Library is where they would go to get that.

When you've got an injury that's as severe and as rare as mine, where, with the best will in the world, the medical staff won't know. The fact is, we learn as we go along. I would want to go and see the research, and I would want to be able to take that to my GP, because they're not going to know about this, and I'm going to have to give them the information at a credible professional level, for them to know how to deal with that kind of problem.

Most of the time I'm looking to get a balance between low-level information, like a patients' information leaflet, right up to the research.

#### *25. Senior Technical advisor, special health board*

My job involves responding to technical enquiries about decontamination from all NHS Scotland stakeholders – acute sector, NHS boards, primary care practitioners – and also from the government health directorate regarding policy matters. My main use of E-library is to access the databases – it is my primary source of access to the evidence I need.

For example just recently we had an inquiry regarding the development of a decontamination policy for a particular medical device which is difficult to clean. So I needed to find the evidence showing that cleaning is difficult, evidence of person to person transmission through that device.

I went into Ovid, usually my first port of call, with a particular search strategy, refining down to find any relevant articles. In the end there was a single article I found which was directly relevant.

Then we have a response template form, into which I will enter a response based on the data I have found in E-library. We have a structured peer review system, so someone internally will peer review the response before it is sent to the enquirer.

The data for that particular response would be confidential, so it would only be sent to the enquirer, but in other instances we are finding evidence to support policy-making or to support the development of clinical guidance. For example we have developed guidance on decontamination procedures outside the patient treatment area, using a dedicated room. You need evidence to show why decontamination in the patient area is not good, evidence that shows the transmission of aerosols and so on. In this instance the evidence we get from E-library is used as the basis for published guidance. Once we have drafted it and its been through our peer review process it is published on our website and made available to all primary care practitioners in Scotland.

The evidence we get from E-library underpins all our work in identifying the highest standard of decontamination in order to ensure patient safety.

#### *26. Practice development lead, rural health board*

My role basically covers anything to do with change management. When it's a small board, everybody has to wear two or three hats. I oversee clinical work to make sure it's joined to the organisational needs. I'm currently involved in project managing implementation of the senior charge nurse review. I'm also project leading something called Releasing Time to Care, which is about ward teams implementing improvement methodologies and trying to eliminate all forms of waste in the system.

I also do a bit of Observational Development work, with teams and individuals, and I supervise a clinical skills facility. Most of it is inpatient stuff. Community needs, mental health, and acute settings.

For all this work, the advantages of e-Library, being able to access documents at the touch of a button, is just fantastic. This covers training and supervision, organisational development and my own CPD.

E-library has made a huge difference. Huge. When I started studying I remember trolling through articles, hardcopy booklets and then taking them to the photocopier and photocopying them. When I did my degree, that was when I could access e-Library, and it was just fantastic.

I'm currently doing my Masters in Management Studies, so I've been using Emerald a lot too, which I didn't know existed. You know, I'd seen it but hadn't explored it because you just don't have time. The whole workforce section has been quite invaluable as well.

I'm involved in a capacity management desktop exercise at the moment. My colleague was a regional unscheduled care manager, looking at capacity and flow issues in hospital environment. She came to me and said she'd been asked to design another workshop and she didn't want to go down the workshop route, because they'd just done workshop after workshop and the learning wasn't being

sustained. So she wanted to get serious messages across in a fun way, and we've designed a kind of a 'game', a tabletop exercise which is an interactive simulation, which is now being developed, manufactured by Scottish Health Innovation Ltd. They're going to use it as a resource for NHS Scotland, tied into the improvement and support team.

So, E-library helped us develop this in two ways. First we on to find out if anybody else had done something like this, this type or educational approach. How would professionals view that type of learning? We needed confidence it was an appropriate and evidence based approach. And we did manage to find examples that were quite helpful.

Then we used E-library to confirm that the content of the exercise was evidence-based. It's our business to know about the capacity management issues, because we're working in this sphere, and because of our roles, we have to be interpreting the things for others. But it's always good to clarify.

We've used the simulation with junior doctors, with senior managers, and everybody appears to get a real buzz out of the learning.

Another example of using E-library, on a national level, is to do with a national project developing clinical quality indicators for nursing practice. That's all based on best clinical practice. We've got three indicators, one on falls, one on pressure ulcers, and food and nutrition for the national priorities for Scotland. The indicators are fully evidence-based and all referenced, so that anyone who wants to query what the indicator says can look at the full reference. And along with those, we'll be implementing planned study acts, where charge nurses have to look at their results, and then set an improvement cycle in place for the results.

So with all of that, we talk about e-Library and the resources that can help. A lot of it is aligned to best practice statements and things, but there might be other areas that staff want to investigate.

There was another 'learning environment' indicator proposed, and we certainly had the e-Library in there, and although that's in draft, we regularly show that to all the charge nurses and part of that is about how many of your staff are registered for E-library.

I'm always championing e-Library to people. It's just an invaluable resource. I couldn't imagine life without it now. I don't know how we'd manage.

### *27. Cancer nurse specialist, rural health board*

I'm Macmillan Lung Cancer Nurse Specialist. My role involves supporting patients, through the whole pathway of care, from pre-diagnosis on. I provide advice and support on physical symptoms but also the emotional aspect of

dealing with an illness like lung cancer, both for the patient and for their family. And also I'm involved in end of life care.

For me, right at this moment, I'd probably say E-library is the best thing ever! I'm completing my dissertation for a Masters award, and it makes accessing journals, literature so easy for me.

And before I did this role, I developed and ran cancer and palliative care education for a few years, so I used it almost on a daily basis at that time.

Then also I use it currently to learn more about lung cancer; to learn more about respiratory medicine. That might be prompted by a patient question, or my own queries about direct patient care. I will use E-library to access guidelines. Using E-library in this way supports work in service planning as well as direct patient care.

Just last night I was reading about advanced nursing practice and the role of the clinical nurse specialist for my Masters. There was about five references I wanted to follow up, and I was accessing it at home, another great advantage of E-library. I'm hoping these articles will give me the evidence to back up some of the anecdotal evidence and observations that I'm applying to my dissertation. It's a work based dissertation, so I need to find evidence in the literature to underpin what I'm saying.

One of the things that I did was a reflective recording activity... it was just a two week period. I put it into a pie chart, and that showed me that a huge percentage of my time is actually about making and receiving phone calls, and a lot of those phone calls are assessing a patient's condition, maybe after a new medication has been started. So, what I need to develop is a telephone assessment chart, to make sure that those assessments are as accurate and appropriate as they can be.

I have found similar things already - some of the ones that I've found, I have to say, have been almost incidental findings. I've printed off an article from E-library and suddenly discovered there's a phone assessment sheet there.

We have a journal club, just this morning they were looking for some material for a future club, and I was saying that I could present what I've been doing. It is an ideal forum for sharing information on new developments, and E-library is a fundamental resource for something like a journal club. Sharing information with colleagues in a multi-disciplinary team is very important, as much as feeling confident about the information we're giving to patients.

Thinking right back to when I applied for this job, and when I first came in to do the job, it was in the e-Library that I got the information I needed to put together

my presentation for my interview. I had a good grounding of lung cancer that comes with the experience of patient cases. But you need to have that theory and knowledge there to underpin all of that.

### *28. Nursing and midwifery practice educator, special health board*

My job is to provide regional support for nursing and midwifery practice education, so I support anybody who's working in a practice education role.

I use the E-library all the time for evidence for best practice in practice education. Before that I was in clinical practice, and I used E-library for evidence relating to clinical issues, but now it's all about practice education. I principally use OVID and CINAHL. The main areas of relevance for me are mentorship, support networks, probably policy as well. Because a lot of work that we do is developing educational solutions in response to government policy.

I also use the shared spaces for practice education, the inter-professional and the nursing and midwifery one. And I use the virtual learning centre to check out what's gone on so that I can highlight things that are happening to practice education colleagues in the health boards.

I've just come into post, and I'm trying to use the shared space within E-library as a form of communication with a practice education facilitator (PEF) network, with the aim to pick up the discussions and get more networking. As part of that, I do literature searches for relevant evidence, to try and get everyone working from the same information. I do that every month, collect together references for any relevant new articles in the practice education area and collate it all into a pdf which then gets uploaded onto the shared space. Usually there are about ten references.

If we didn't have E-library, I don't know where I would find the resources in the first place and then it would also be much harder to share them. I don't think there's anywhere else that you would be able to find what we have on E-library. I think it would be going back to the "good old days" where you would have to go to the library. Really I think it's a fantastic resource.

All interviews conducted by Sara Dunn May-June 2009  
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