

Clinical Librarianship in the Republic of Ireland: current trends and future opportunities

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Abstract

This paper will provide an overview of the current status of Clinical Librarianship in the Republic of Ireland. Two Clinical Librarians roles and a Clinical Informationist pilot project are described. Despite some evidence suggesting largely positive attitudes held by both librarians and clinicians towards the concept, Clinical Librarianship has not flourished in Ireland, as it has in the United Kingdom and elsewhere. This paper will explore the likely causal factors for this underdevelopment and look towards future opportunities for Clinical Librarianship in Ireland.

Key words: librarians; libraries, medical; professional role; evidence-based practice; Ireland; clinical librarian; embedded librarian; clinical informationist.

Introduction

Health libraries in the Republic of Ireland are largely based in three environments: hospitals within the Health Service Executive (HSE) and voluntary hospitals; academically based within the higher education sector; and within the voluntary, state, semi-state and research sector. Clinical Librarianship is not well established within any of these settings in Ireland. The development of Clinical Librarian (CL) roles has been *ad hoc* and sporadic, usually involving stand-alone CL roles rather than the strategic development and growth of CL teams, as has happened internationally. Career advancement opportunities in health libraries in recent years have been meagre, indeed the system has failed to maintain previously established staff numbers and backfill vacated posts. The number of library staff within the HSE, which employs the majority of hospital based librarians, has decreased by one third since 2006 (1). This significant decrease in resourcing has led to difficulty in maintaining existing library services, which in turn has stifled the development of new posts. In spite of such challenges CL posts have developed and are described herein. Likely factors contributing to the current status of Clinical Librarianship in Ireland are explored in this paper with a view to identifying critical success factors for the development and sustainability of future CL initiatives.

Clinical Librarian roles

Two CL roles are currently in place in Ireland. The first is an embedded CL within a mental health setting in Cork City. The post holder is a solo CL and provided an overview of their role through personal communication with the authors. This role includes: managing a physical library collection in a clinical setting; supporting colleagues from all disciplines to meet their information needs, including literature searching; and an administrative role. The CL works with medical, nursing, social work, psychology, occupational therapy and management staff. Patient care is central to the role and the CL emphasises that: "working on a ward means that often you see not only the problem, but also the outcome of the information related intervention. It helps reaffirm the need for information professionals in clinical settings." The CL also supports the continuing education of staff: "it is also my duty to provide support in sustaining [a] learning culture (...) I aim to reinforce known knowledge, help with access to most current research for case studies or journal clubs, and promote good practices through enhancing awareness and access to best practice guidelines"(2).

The role also features a significant administrative component. This includes: data entry and report

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compilation on incident and accidents for a unit in collaboration with the Risk and Patient Safety Advisor; membership of the Clinical Audit Review Committee including the undertaking of regular clinical audits; and Conference Administrator for mental health conferences.

The post-holder finds it challenging to balance both the library related and administrative components of the role and to develop the library service “as issues arising on the ward almost always appear more urgent”. Such challenges are balanced by the opportunities to determine the impact of the role: “it is a very busy post, trying to juggle a number of roles, and at times the environment can be hectic, but being able to develop the service, motivate and help health care staff, see the reality of life in the ward and liaise with outside groups is very rewarding”. The post-holder does not identify with one of the CL models identified by Brettle *et al.* (3), stating: “I am not sure if any of these, or perhaps only one of these, is my style. I am more flexible than these two categories – if needed I can provide a synthesis (generally for management), but generally I only help with literature search and management of results. Health care workers, especially doctors, prefer to read through their own materials and make their own decisions.”

The second Clinical Librarian post is based in Beaumont Hospital, a large, urban public hospital in Dublin. The post is based in the Royal College of Surgeons in Ireland (RCSI) library service in the hospital, and the service includes two library assistants. The information about this role was provided by the post-holder through completion of a questionnaire (4). This permanent role evolved from an existing assistant librarian role and was renamed to emphasise the library services available to staff in a clinical setting. The role includes managing the hospital library (including library administration, collections management, facilities management and customer services) and providing library services (clinical query service, literature searching, teaching and learning services including journal club and department presentations, student classroom lectures and training, and individual tutorials) for researchers, clinicians, nurses and undergraduate and postgraduate students. There has been an increasing demand for literature searching support over the last ten years. In addition the CL has taken part in an initiative entitled ‘Clinical Librarians supporting NCEC’ where Irish health and

medical librarians worked with teams on the Irish National Clinical Effectiveness Committee to support the literature review stage of clinical guideline development (5). In terms of the four models of Clinical Librarianship identified by Brettle *et al.* (3) this post combines elements of both the Question and Answer Service and Outreach models, and does not include additional critical appraisal and synthesis services to date.

Another CL-related initiative took place in Beaumont Hospital in 2008 with the establishment of a Clinical Informationist (CI) pilot project. Dr. Beatrice Doran (former Director of the Library at the Royal College of Surgeons in Ireland) together with the RCSI Professor of Medicine, Professor McElvaney, secured funding from The Charitable Infirmary Charitable Trust (CICT) to introduce the concept of a CI service to Ireland. The funding enabled Dr. Doran to hire a librarian (Ms. Maura Flynn) to this post to provide a CI service. The CI worked with the Cystic Fibrosis multidisciplinary team and associated research staff and later joined an Endocrinology team.

At EAHIL 2009 Doran and Flynn shared the initial results of the research project (6). The RCSI/Beaumont CI service was very well received by clinical and research team members. The service was heavily utilised, particularly by senior decision makers. Additional funding enabled the service to be extended by a further six months. An evaluation of the service found wide ranging benefits for patient care, research and the continuing professional development (CPD) of the staff. The CI also collaborated with team members in the publishing of a number of clinically orientated papers (7-11).

The CI project incorporated the Question and Answer Service and Outreach models as outlined by Brettle *et al.* (3) and sometimes included critical appraisal of results.

Discussion

The underdevelopment of Clinical Librarianship in Ireland is an extension of the paucity of career advancement opportunities for librarians within the Health Sector. Following research commissioned by the Irish Health Sciences Libraries Group (HSLG) a report on the status of Irish health libraries was published in 2011 (12). This report advocated the development of Clinical Librarianship and noted that many health librarians were just “one step away from

Clinical Librarianship” particularly librarians fulfilling specialist or information roles, who providing user training and literature searching and analysis as significant areas of activity, two areas considered key to the successful delivery of Clinical Librarianship. The report also highlighted the importance of Clinical Librarianship in the eyes of the librarians interviewed for the research, with one participant asserting: “Clinical Librarians are key to our survival at hospital level” (12, p. 17).

In other Irish literature Lawton strongly advocated the value of the embedded librarian in the Irish Health System and outlined the steps being taken by librarians to support clinical information needs, such as the work with the National Cancer Control Programme and development of a clinical query service (1). Dalton evaluated the impact of a clinical query service using a survey methodology and outcomes included: time saving for staff; influencing clinical decision making and clinical practice; impacting upon clinical policy; reducing risks and errors (13). Flynn and McGuinness found that Irish clinicians’ attitudes to the introduction of a CI were predominantly positive (14). Interestingly, one participant suggested that the role of CI is already being done by librarians, stating: “this would be excellent - many librarians already do this work” (14, p. 29). Again this comment may reflect the proactive engagement of librarians with clinicians to meet their information needs, regardless of their place of work or job title.

Future directions

Ireland’s two Clinical Librarians work in different health settings with different levels of additional support, and provide varying levels of “embeddedness” given the administrative constraints under which they work. One role appears to have more of a ward-focus, but both are specifically promoted to clinical teams in addition to all hospital staff.

Key success factors in the sustainable development of CL services in Ireland include: on-going and sustained funding; partnering with local and/or national champions to identify suitable CL opportunities; bespoke training for CLs, as recommended by Harrison and Beraquet (15); prioritisation of CL roles for hospital-based librarian staff over and above existing responsibilities; and evaluation of the service to demonstrate value, using robust methodologies such as those outlined by Brett *et al.* (3). All of this would

require significant planning, organisation and investment.

In December 2016 a new post of National Health Service Librarian was created and filled, and the HSE Library Service was reorganised to become the National Health Library and Knowledge Service (NHLKS). The NHLKS launched its first Strategy –*Turning knowledge into action: enabling care, improving health* in April 2018 (16). This strategy proposes the development of 5 national virtual teams delivering the following services:

- Network of Library Sites & Resources;
- Knowledge Search & Summary Service;
- Digital Knowledge Service;
- Knowledge Broker Service;
- Information Skills Development Service.

The strategy does not specifically mention the role of CLs or explicitly envision the development or expansion of a formal CL service across the hospital network. Initially, the strategy seeks to build and expand on current staff, physical and electronic resources followed by development of additional research-focused support. Dr Ana Terres, head of the HSE Research and Development unit overseeing the implementation of the strategy does see parallels with CL in the development of the HSE Knowledge Broker Service which will “embed expert librarian support (...) from defining the problem to identifying evidence-based interventions, facilitating implementation of that knowledge into practice, and capturing knowledge to evaluate impact” and in the Knowledge Search and Summary Service, which will “[produce] concise, outcome-oriented, action-focused evidence summaries presented in a format that is easy to understand for decisions at point of need” (17). The strategy will significantly shape hospital-based library services in Ireland over the coming years and while it does not preclude the development of CL roles it may not lead to the prioritisation and evolution of such roles within the HSE. The potential for development of CLs in other health libraries remains a possibility subject to funding and clinician championing at local level.

Finally, the role played by librarians in teaching evidence based practice to healthcare professionals and healthcare students is evident from a recent report prepared for the Department of Health in Ireland (18). This report recommends access to Clinical Librarians and information professionals as a strategy for overcoming evidence based practice teaching and learning barriers.

Conclusion

This paper has provided an overview of Clinical Librarianship in Ireland. While the future of Clinical Librarianship in Ireland is uncertain, the roles that have been created demonstrate that where Clinical Librarian and Informationist roles are developed and supported, they can be successful, sustainable and highly valued by clinicians and decision makers.

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