**Are the charts in the carts or the records in the trolley? Clinical Librarianship, UK versus USA experiences**

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**Abstract**
This paper reports the findings of research investigating the activities of Clinical Librarians in both the UK and USA. It was conducted in 2007 and 2008 by an international team of researchers from the UK and Brazil. The aims of the project were to identify the similarities and differences between the UK and the USA Clinical Librarians in practice and their education and backgrounds. The objectives were to discover if the two cohorts are the same underneath the differing use of a common language, English, or are there genuine differences in their practices. Given that the UK offers a state funded healthcare system and the USA does not it could be expected that these two groups of professionals operate differently. Are both groups operating in the same way, providing a similar service for clinicians? Can an international standard of Clinical Librarian service be established? The scoping of the UK group has been completed; the scoping of the USA group is to be completed by the end of 2008. Will professionalism win out? Will it be globalization for the Clinical Librarians or localization? This project is both unique and timely as it will add to the body of literature that has identified Clinical Librarian practices in both environments. The results of this project will be presented in full in 2009.

**Rationale for study**
The research reported in this paper depicts the project “Building the Brazilian Bridge” (BBB) which is an ongoing project that began in 2005. The purpose of the project is to develop the concept of Clinical Librarianship (CL) in General Hospitals in Sao Paulo State, Brazil. The partners in this project are: Dr. Janet Harrison, Department of Information Science, Loughborough University, UK and Professor Vera Beraquet, Information Science, Pontifical University Campinas, Sao Paulo, Brazil.

What the definition of a CL is, and early roots of the speciality can be seen in the early work of Lamb(1). Who, as Chief Medical Librarian, developed the CL concept in 1972 at the University of Missouri Medical Library. The role was developed to provide a service to satisfy unmet needs of doctors posing clinical questions on ward rounds. Since the 1970s the CL role has developed slowly in the UK and more vigorously in the USA. Reviews of the role are evident in the literature, notably Winning and Beverley(2), Harrison and Sergeant (3) in the UK and Marshall (4) in North America.

To inform the BBB project it was deemed necessary to scope both the UK and USA Clinical Librarian experiences. Subsequently the UK scene was researched during 2007 and the USA during 2008.
Methodology
The methodological approach for the research reported in this paper is grounded in the research the project team undertook in 2007 in the UK. The UK CL scene was scoped primarily quantitatively, the data collection instrument used was a paper based questionnaire. The questionnaire had both closed and open questions, however it also allowed for some free text comments to be made by the respondents. By allowing for free text comments to be added, the data collection instrument was extended to allow for an interpretive/qualitative view of events to be gathered. It was thought by the researchers essential to gather the views of CLs in this way, as understanding of the CLs viewpoint would undoubtedly complement the statistical data. Also from the Interpretive standpoint it is vital to see things from the participants perspective, “seeing through their eyes: this means viewing events and the social world of the people being studied” Bryman (5). The UK questionnaire was distributed at the 3rd UK Clinical Librarians conference in 2007. The method of sampling adopted by the researchers is acknowledged as “Judgemental sampling, Cohen (6). The 3rd CL UK conference was “judged” by the researchers to be an ideal situation to obtain the views of a cross section of CLs in the UK. Results showed this to be the case. Initial presentation of this research was presented in poster form at the Medical Library Congress (MLC) in Chicago 2008.(7)

Using the experience of the UK sampling of CLs the researchers approached the USA field and judged the MLC to be a similar situation as the 3rd UK CL conference i.e.: where a critical mass of CLs would be gathered and therefore an ideal opportunity to capture the views of a large sample of USA CLs. This modus operandi was therefore decided upon as the methodological approach for scoping of the USA CL scene. A paper based questionnaire was developed for distribution at the MLC in May 2008. However, after initial distribution on a random basis to CLs the researchers decided to withdraw the paper based questionnaire and rethink the method and data collection tool to be used in the USA context. The sheer scale of the MLC and diversity of the USA Medical Library provision rendered this method of sampling unsuitable and inappropriate. Subsequently the research team decided to approach the Hospital Library Section (HLS) of the American Medical Library Association to gain permission to survey their members using an web based questionnaire. Permission was granted to proceed in this way. An email detailing the BBB project was sent by the researchers with an accompanying information sheet to inform the HLS committee. This, together with the web link to the questionnaire was forwarded to members of the HLS. The questionnaire was hosted on Survey Monkey, a web based questionnaire design tool service. The questionnaire design contained the broadly the same questions as the one used for the UK sample set including the free text options. Some questions were however adapted to reflect the USA environment. The survey of the US CLs was conducted during October and November 2008.

Limitations
It should be noted that both sample sets of CLs from the UK and USA were self selecting. It is also important to note that the UK and the USA do not
provide for a like for like comparison nor should be seen as such, there are acknowledged differences in Healthcare provision in the two environments. The results and observations presented in this paper and this research serve to provide as a general guide to the professional and educational elements that should contribute to the CL role and provide a basis to develop the CL role internationally in the context of the BBB project.

**Analysis and Discussion**
The UK CL survey in 2007 resulted in obtaining data from 26 CLs and the USA CL survey in 2008 resulted in obtaining data from 35 CLs.

**Title of role**
12/26 of the UK respondents were entitled CL. 2/36 of the USA respondents held the title Clinical Librarian and nine held the title of Medical Librarian. The results of the survey suggest that USA Medical Librarians identified the title of CL and responded to the questionnaire accordingly. It would suggest that these titles of Clinical Librarian and Medical Librarian at least in the “eyes” of the respondents are interpreted differently in the UK and USA and yet could be deemed interchangeable.

**Qualifications/background**
It is encouraging to note that 94% of the USA respondents and 68% of the UK respondents held a postgraduate qualification in Library Science. The differences in these percentage figures reflect the maturity of the CL role in the USA. Some USA hospitals have had a CL service since the 1970s and their presence as well qualified professionals in multi disciplinary healthcare teams is expected as the norm. As one USA respondent said: “We have had a clinical librarian program since 1974 and it is just expected to be there.”

However, the appointment of CLs in the UK has waxed and waned since their introduction in the early 1970s. It is therefore important for UK CLs to be appropriately qualified and participate effectively in multi-disciplinary teams to gain recognition from other professionals as equal members of that team. This will ensure greater visibility of the role and assist in ensuring the CL is the “norm” not the exception in all hospitals in the UK.

In response to the questions, ‘Did you have a clinical background before becoming a clinical librarian?’ and ‘Do you think it is essential to have a health background to perform as a Clinical Librarian?’ it was found that very few of the respondents in either the UK or the USA did have a clinical background. From the UK survey only 1/26 CLs actually had a clinical background and in the USA survey only 6/34 (1 failed to answer) reported as having a clinical background.

However, this section also provided a wealth of comments from the respondents including:
- “Not necessarily, but I believe it gives you a head start in being an effective clinical librarian”.
- “Depends upon what you mean by health background, If you mean experience working in the health care field yes, as a clinician no.”
• “No, but an intense interest in clinical developments is essential.”

It is strongly suggested by respondents that an interest in clinical matters and exposure to healthcare situations provides a good basis for working as a CL.

Understanding the Clinical Context
Both the UK and the USA CLs were of the opinion that it was of paramount importance to understand the clinical context of the healthcare environment to perform effectively as CLs. In the words of one of the UK respondents this was expressed as:

• “taking a short course to understand the healthcare professionals and the healthcare environment and the likely/potential needs.”

And from the USA perspective:

• “What is needed is an excellent life-long learning ability and interest and a sharp mind.”
• “Not necessarily essential for a formal training in health/medicine, but a good dose of experience makes for easier understanding of clinicians and their information needs.”

Who should provide education and training for Clinical Librarians?
In response to this question the UK CLs were equally divided between the NHS providing such training courses and University Library/Information Schools. The USA CL view differed and overwhelming the CLs were of the opinion that their Professional Library Association should provide bespoke training for them.

Where are Clinical Librarians Working?
In the UK 16/26 respondents were working in hospital settings. In the USA 32/35 reported their place of work as a hospital. This shows an obvious match between the two data sets and the preponderance of CLs are working in secondary care not primary care.

Which Clinical Specialities are using Clinical Librarians?
The USA survey resulted in a clear statement of which specialties CLs were working with. General Medicine was the most frequently cited specialty with 91% of respondents providing a service to physicians. Cardiology and Oncology both resulted in 86% of the respondents stating they provided a service for these specialities. The UK survey resulted in quite different specialities serviced by CLs. Paediatrics was the most frequently cited speciality serviced by CLs, Anaesthetics and Clinical Governance as the second most cited specialities in the UK. Reasons for one specialty using CLs service more than others are unclear from the findings. It is however reasonable to assume that the wide scope of General Medicine leads to a far wider ranging use of the service. Or perhaps that the specialties who are the most frequent users of CLs services are lead by clinicians who are enthusiastic and driven to use Evidence Based Medicine or in the USA setting, it has become the accepted norm to use a CL in all patient decision making processes.
Key Skills
The top three skills that emerged as essential for the role of CL in the UK CL survey were the ability to:
- Develop a good rapport with colleagues;
- Use technologies effectively;
- Communicate effectively in all mediums.
By comparison the top three skills that emerged as essential for the role of CL in the USA CL survey were the ability to:
- Development of retrieval strategies;
- Undertake precise medical information searches;
- Develop a good rapport with colleagues.
The shared element in these skill sets is the ability to develop a good rapport with colleagues. This would appear to underpin the CL role in both healthcare settings in the USA and UK.

Key Activities
The three key activities identified by the UK CLs were:
- Performing information searches;
- Promoting/marketing the CL service;
- Attending case conferences/clinical meetings.
By comparison the key activities identified by the UK CLs were:
- Performing information searches;
- Promoting/marketing the CL service;
- Providing search skills training.
There is clearly an identification of these key activities by both sample sets of CLs. This shows a shared understanding of the role in both the UK and USA healthcare environment. It suggests that this role can be replicated across different healthcare environments and that certain elements of the role are essential to ensure an effective service.

Conclusions
The UK and USA environments for healthcare differ tremendously. However, the need to use up-to-date, relevant literature to inform the patient decision making process and create an environment for the use of Evidence Based Medicine does not.
The research reported here detailing surveys of UK CLs and USA CLs confirm that Library professionals on both sides of the Atlantic are driven by the same objectives to provide a first class service to their users and/or clients. This includes establishing themselves as a distinct professional within the multi professional team and being recognised as such. To establish these distinct and professional characteristics individuals require appropriate academic and professional qualifications. This is a well established norm in the USA and becoming so in the UK.
There was a commonality to the skills set and key activities identified by both sample sets of CLs; not surprisingly undertaking precise and efficient medical literature searches emerged as the key skill and key activity for CLs. Both UK CLs and USA CLs also reported that it was essential to develop good relationships with users and/or clients and that building such relationship was
never easy or short term process. The research also revealed that understanding the healthcare environment and the ‘needs’ of their users and/or clients was paramount to effecting a good service. These findings are reflective of early research in this field; Harrison and Sargent (3), Ward (8) and Brookman (9).

It is concluded from the research that effective measurement of CL services will serve to drive the CL services and role further forward. This must be a priority for all CL services if survival and development is to be ensured. Harnessing the soft information about ‘good service’ and the ‘feel good’ factor received from clinicians should be translated into hard fact to present a case to management for greater funds to develop the CL service. Good relevant information costs money to provide, especially if it is served up with a smile.

The elements of commonality between the UK and USA CLs are identified by this research and provide the basis for development of an international core for the profession.

References


