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## **Lessons learned in an information skills training programme for a mental health Trust.**

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### **Introduction**

The 2001 policy for lifelong learning of all staff in the NHS (in England) *Working Together Learning Together* insisted that NHS organisations “demonstrate that education and training, and access to learning and library resources is available on an equitable and increasing flexible basis to all staff groups, in accordance with need and without any discrimination based on hours of work or part-time/full-time status”.<sup>1</sup> The impact was clear: equality of access meant a need to solve accessibility problems for part time, community, evening and night shift and staff working in remote locations. IT and networking resources were seen by many information services to be the answer to this problem. However, even if staff gained the basic IT qualification, the European Computer Driving Licence (ECDL) qualification, which included Internet and email skills, they would not be trained in accessing many of the resources that they would need to support evidence-based practice and clinical governance.<sup>2</sup> Many Workforce Development Confederations, including the Birmingham and Black Country WDC, developed information skills training programmes to meet this gap. This paper discusses the lessons learned from the interim evaluation of a training skills programme for the Mental Health Trust.

### **Setting**

The Birmingham and Solihull Mental Health Trust (BSMHT) was created on 1st April 2003, with the merger of the North Birmingham Mental Health Trust and South Birmingham Mental Health Trust. BSMHT is unusual, in that it is a Trust devoted to mental health care and nothing else. The Trust has 3,651 staff, made up of psychiatrists, psychologists, nurses, community workers and social workers, covering the mental health needs of the population of the city of Birmingham and the town of Solihull of around 1,205,000 people.<sup>3</sup> The Trust caters for an ethnically diverse population, with some of the poorest inner city areas in Britain. Much of the Trust’s work is done in small community based local sites, with a handful of longterm-stay beds. Each local site has several multi-disciplinary teams, dealing with a diverse range of problems from drug and alcohol addiction to geriatric care. Both the two main library sites had a qualified librarian and a library assistant and both were based on the site of the old Victorian Mental Hospitals that were mainly used by administrative, rather than clinical staff. Traditionally the library resources had been used mainly by doctors, and training provided informally, if requested.

## **Aims and objectives of the programme evaluation**

The first stage of the evaluation work was a training needs analysis as there was little culture of NHS library use among many of the Trust staff, who could not visit the physical library during their working hours. The training needs analysis informed the design of the training programme, and the way it was to be evaluated. Evidence from similar training programmes also fed into the design of the training programme. The interim evaluation considered how the costs and benefits were evaluated.

## **Methods**

### **Training needs analysis**

An email survey was sent to those clinical staff with email addresses (1493 people, approximately 53% of the clinical staff at the time). Of the 1493 questionnaires sent out 285 were returned, a return rate of 19% (and 10% of all clinical staff). Email was chosen to save on postage and printing costs, although it was known that a considerable proportion of staff could not be reached. Although the response rate was low, responses were obtained from a cross section of Trust staff, including those who might not have good email access.

### **Gathering other published evidence**

The NHS Core Content databases were searched to find articles on library IT and information skills, information literacy training. Other resources used included the ProQuest Website, and the public library (for general advice on the design of training programmes).

### **Training feedback**

The feedback form for the training sessions was designed to complement existing Trust IT Training feedback forms, and comply with the Human Resources Department policies in standardisation of procedures. The first part of the form rated various aspects of the training from Very Well, Well, Quite Well and Not Well. The second half of the feedback form was a qualitative response, to elicit more considered responses, which would highlight further training needs or current training problems. The form was left as anonymous, but the trainee was asked to fill in their clinical discipline. Of the possible 120 feedback forms after formal training sessions 117 were completed (98% response rate). Feedback was examined after each training session to see if something could be learnt. This was the case with the basic Dialog training, as a comment made in the feedback form after the first training session led to changes to content and design to later Beginners training sessions.

## **Findings**

### **Advice on training from the library and information science literature**

The vast majority of library articles spoke about the need for the librarian to be a mentor, trainer or teacher, or were articulate about their training scheme, emphasising all its virtues or successes, but most were surprisingly lacking in the practical details of developing training. Literature from other resources was more useful in identifying the aspects that were needed in a practical training session, of the virtues of hands-on training, the surroundings, concentration times, information retention and general

teaching guidelines. Books on training and teacher education were of greater value than the majority of library articles on the subject. Brettle,<sup>4</sup> in a systematic review of information skills training in the health sector, noted that most evaluations had been conducted in US medical schools. Training content varied widely, as did training methods, with only two studies comparing the effectiveness of different methods. Most studies had used questionnaires to assess the value of the training with a few studies using pre- and post-training questionnaires to try to assess objective improvements in skills. Other literature suggested that qualitative interviews helped in improving and developing further training, by anticipating demand.<sup>5</sup>

### **Findings from questionnaire survey**

The questionnaire confirmed that training would be popular and that e-journals were the top priority for the clinical staff, not the databases such as MEDLINE or CINAHL which were often the focus of training sessions described in the literature.

### **Designing the programme**

Designing the training programme also had to take into consideration the practicalities of cost (group sessions were more cost-effective), staff time (flexibility important) and Trust rules and regulations (for training over a certain period, refreshments have to be supplied to the trainees). The training sessions were therefore designed for groups of eight to ten people, delivered at several sites, and for a duration of a couple of hours (at most). In order to create a set of achievable learning goals, the desired learning outcomes from a training session were divided into three sections. The aim was that a training session should be accessible to all, but that different people learn more than others and that all participants should feel that the training has been of utility to them. This is why training was to be divided into three sets of targets; a *must have achieved* set of goals, a *desirable* set of goals and goals that you would *ideally* teach people if you had time and they had the inclination.<sup>6</sup> For the e-journals these skills can be divided into core skills, significant skills and skills that would be helpful (Primary, Secondary and Tertiary).

Primary (must achieve) were identified as:

- Using their Trust password,
- Using the ABC listing,
- Searches for a known reference,
- Searching for subject or an author, or title,
- Displaying, printing, emailing and downloading full-text articles.

Secondary (desirable) skills would be:

- Search for multiple topics and subjects,
- Search different databases,
- Search for keywords within a journal,
- Emailing articles to colleagues.

Lastly, useful skills to have, ideally, would be:

- Knowing when to search the E-Journals and when to undertake a literature search,
- Knowing the limits of E-journals,
- Awareness and critical overview of resources and their origin
- Using journals not paid for by the Trust or Core Content.

Similarly, for literature searching, the core (must achieve) skills were identified as:

- Using their Trust Password,
- Finding and selecting the correct database for their needs,
- Use the on-line help,
- Carrying out a basic search on a broad topic,
- Limiting a search by date of publication, or by language of publication,
- To be able to select references to print, email and save the results from their search.

Secondary (desirable) topics should be:

- Combining search topics,
- To be able to search key areas of reference, e.g. the abstract or Keywords,
- To undertake author and title searches,
- Change to different databases,
- To be able to use all search limits.

The third level of skills should (ideally) be that the student can:

- Search multiple databases at the same time,
- Basic searching in the advanced search function,
- Understand Boolean operators in an Advanced search and why they will need an Advanced search for more complex searching.

Site visits, encouraging the IT trainers to inform users about the library skills programme, and mailings were successful in promoting the programme, and the initial twelve sessions (four each of e-journals, basic Dialog and More Dialog) were fully subscribed very quickly.

## **Evaluation**

Training feedback confirmed that the three sets of learning outcomes were useful in helping to design sessions and workbooks that would be useful to very diverse groups, although this made the sessions difficult to handle. Comments indicated that the training recipients had viewed the sessions as tailored to their particular needs:

Student Doctor

“The most useful training I’ve had since I’ve been here.”

Psychologist

“Thanks, I can get so much...now”

Student Doctor

“So much better than the University, I know what I can now do”

Junior doctor

“I do not need visit the library so much, thanks”

Perhaps the awareness that there were other levels also helped some to feel confident they had achieved something, but could do more.

Nurse

“Can I come back for more training? I’m happy to do be able to find things, but I see there’s more to it as well”

Nurse

“Really useful. Please email me the next set of courses”

Comments also suggested that having CPD accreditation for the sessions would make them even more valuable to some professional groups.

Nurse

“Can I use this for my CPD? It’s more use than most of the stuff I’ve done.”

More importantly, a few comments also indicated that the training helped improve patient care.

Consultant

“During the training I discovered the medication I prescribed had side-effects, that matched his current symptoms”

## **Conclusions**

The main lessons learned were that design of a library skills training programme should be informed not just by the evidence of what has worked for other health library trainers, but also by the evidence from the educational literature on the approaches that should be used for adult learners. The training needs analysis helped to focus ideas on the content and methods of delivery. Dividing the learning outcomes into three sets (must achieve, desirable, and ideal) made it easier to design sessions and workbooks that would satisfy learners with diverse needs. Later evaluations should assess in more detail the impact on

patient care, and clinical governance, but more emphasis would need to be placed on a pre-test, post-test design to provide objective evidence.

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<sup>1</sup> Department of Health. *Working Together- Learning Together: A Framework for Lifelong Learning for the NHS*. London: Department of Health, 2001, p.61

<sup>2</sup> Department of Health. *A First Class Service Quality in the New NHS*. London: Department of Health, 1998.

<sup>3</sup> Birmingham and Solihull Mental Health Trust. *Annual Report 2004*.

<sup>4</sup> Brettle A. Information skills training: a systematic review of the literature. *Health Information and Libraries Journal* 2003; 20 (Suppl. 1): 3-9.

<sup>5</sup> Crawford J. *Evaluation of Library and Information Services* 2<sup>nd</sup> ed. London: Aslib, 2000.

<sup>6</sup> Westbury Training. *Training Skills Course*. Solihull: Westbury Training, 2002