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Embedding Information Literacy into staff development in an acute National Health Service (NHS) Trust

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Abstract

The aim of this article is to share experiences of developing an information literacy programme for NHS healthcare staff who require preparation for higher level study and for those without recent formal learning experiences. Initial evaluations concluded that the course was very clinically centred with a high number of nurses attending with a variety of needs. A more learner-centred, blended approach, including e-learning and self-study materials that will widen participation to non-clinical staff, support life-long learning and provide transferable learning is recommended.

Keywords

Information Literacy; Healthcare sector; Skills

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1. Introduction

1.1 Information literacy

> "Writing today is not a frill for the few, but an essential skill for the many"

said the National Commission on Writing (2003) in Amirault et al (2005) pg 8, but in today's information rich society a wider range of skills is needed. Writing is just one means of communicating coming at the end of a journey using the skills classed as information literacy.

The Chartered Institute of Library and Information Professionals (CILIP), Information Literacy Group (2004) defined information literacy as:

> "…knowing when and why you need information, where to find it, and how to evaluate, use and communicate it in an ethical manner"

This article aims to share experiences of developing an information literacy programme, lessons learnt and recommendations for future practice.

1.2 About North Bristol NHS Trust (NBT) and Our Audience

NBT is an acute 1, 000 bedded Trust based across two main sites and a number of smaller sites. Around 7,500 staff are employed by the Trust as shown in Figure 1.

Figure 1: Workforce configuration
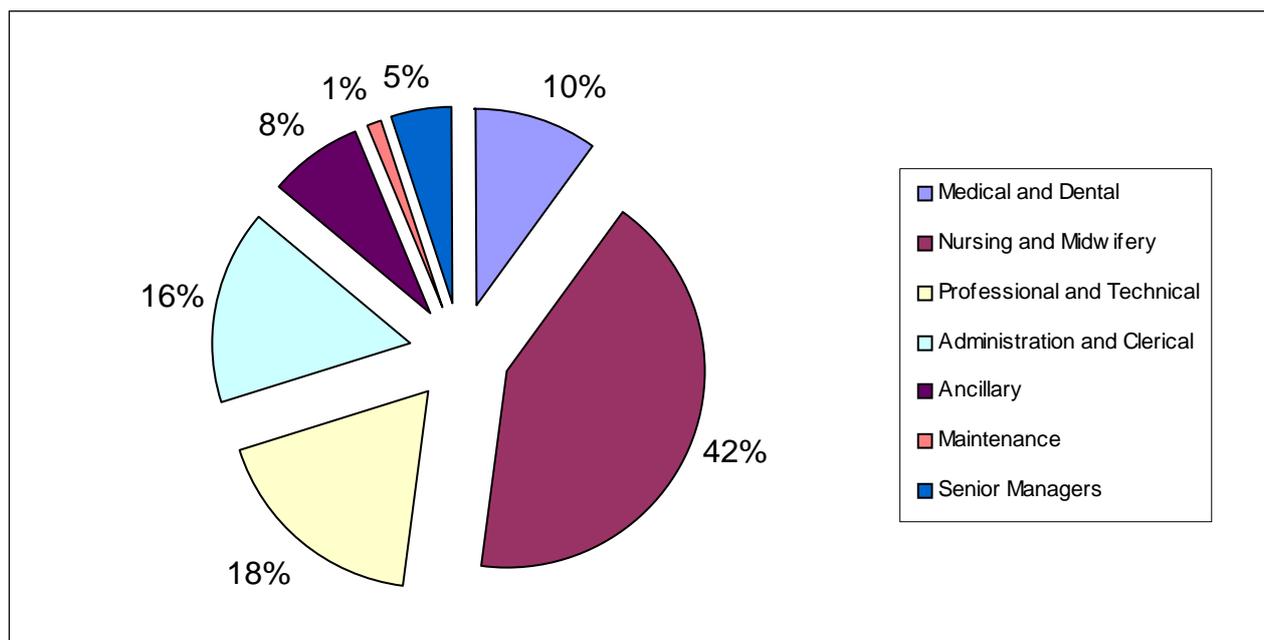
Recent literature has highlighted the importance of embedding information literacy into the medical undergraduate curriculum (Barnard et al*.,* 2005; Smedley, 2005). This is further being supported by a Do Once and Share (DOAS) project, Evidence in Practice, which aims to fully embed national programmes and evidence based practice into the foundation curriculum (Osborne 2005).

A strategy has been developed to support Health Care Assistants (Kennedy and Hadfield, 2005), with information literacy sessions being an integral part of the National Vocation Qualifications (NVQ) programme. Skills escalators for all staff groups are under development and again this course will be an integral part of these career development pathways. Therefore, our target audience is qualified nurses and support staff needing preparation for level three Higher Education (HE) study and those without recent formal learning experiences.

1.3 Local drivers

There are a number of drivers for change, to do with the nature of the workforce, declining educational alternatives, and local policies.

The Trust has employed a large cohort of overseas nurses in the last 2–3 years. As academic study in non-European countries is very different there was a need to give these staff the skills to enable career progression.

Previous study skills provision from a local Further Education (FE) college was removed due to low uptake and their inability to run courses for very low numbers. Figures from January 2004 to September 2005 showed that 21 individuals did not complete written assignments for just one Trust funded HE course. Robust mechanisms have been put in place to measure this.

With increasing financial burdens on NHS Trusts it was felt that there was a need to make more effective use of Trust resources by the use of existing in-house skills, library resources and IT rooms. As the course is facilitated on-site there is less need for staff attending the course to visit outside venues and they are more able to fit study in with work commitments.

The Trust Education, Research and Development Strategy (Directorate of Education, Research and Development, 2005) provided the following drivers:

- Develop inter-professionalism in learning and practice, while recognising the integrity if individual professions;

- Ensure that staff have equal access and opportunity to develop and maintain their knowledge and skills throughout their career developing a concept of 'learning at work' for all staff;
- Foster lifelong learning and development planning for all staff; encouraging career progression based on competence and team working alongside clinical specialism.

This strategy and local policy are built around *Working together- Learning together* (Department of Health 2001) and the NHS Lifelong Learning Strategy, which sets out a programme for learning and development within the NHS.

1.4 National Drivers

Along with 'Working together – Learning together' there are a number of other initiatives that drive the need for NHS staff to be information literate. An increasing number of professional bodies are calling for portfolios, which can be audited, as proof of continuing professional development (CPD). Part of this CPD is the need to develop practice on the best available evidence. Information literacy is key to this.

Key initiatives are the NHS Knowledge and Skills Framework (Department of Health, 2004), and NHS Connecting for Health (National Health Service, undated).

1.4.1 NHS Knowledge and Skills Framework

"The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Process (2004) define and describe the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provides a single, consistent, comprehensive and explicit framework on which to base review and development of all staff." (DoH, 2004, pg 3)

To support staff in achieving the skills appropriate for their role, training now needs to be explicitly linked to NHS Knowledge and Skills Framework (KSF) in order to support career progression and service improvement.

There are six core dimensions that all have to be met at the appropriate level, with a further 24 that are relevant to particular aspects of individual roles, of which Information and Knowledge (IK) are specifically linked to for this course.

Table 1 – KSF dimensions met by this course.

Dimension	Indicator	Example of course activity
IK2 level 2	a) identifies and agrees the nature and quality of data/information to be collected the quality criteria the data/information should meet	Understand different 'levels' of information from systematic review to anecdotal evidence. Recognise if information is relevant to own practice
	b) effectively uses appropriate methods and sources for obtaining and recording the data/information	Effectively carries out a search of appropriate healthcare resources providing appropriate referencing.
	d) collates and analyses the data/information using methods appropriate to the initial question which the data/information is intended to answer	Using written communication uses information found to discuss and answer a specific clinical question
	e) reports the data and information at the agreed time using presentation, layout, tone,	Produces an academic style essay to a pre agreed deadline, using pre-defined layout and referencing criteria.

	language, content and images as appropriate to: its purpose the people for whom it was intended agreed formats and protocols	
IK3 level 1	a) correctly identifies the need for additional knowledge and information resources to support work	Carries out a literature search to find appropriate knowledge/information
	b) identifies possible sources of the knowledge and information	Uses a range of resources such as books, electronic databases, National Library for Health when searching
	c) determines the appropriate knowledge/information resources to meet indentified need, seeking appropriate guidance and support if necessary	Uses resources appropriate to clinical question to be answered, using tutor or library for support as appropriate
	d) accesses the resources using appropriate methods and identifies the relevant information	Carries out a successful literature search citing resources used in final assignment
	e) appraises the knowledge and information and identifies whether it is appropriate to be applied in own context	Recognises if the knowledge is relevant to own place of work and is based on reliable sources/research practice

1.4.2 NHS Connecting For Health

NHS Connecting for Health is an agency of the Department of Health whose primary role is to deliver new integrated IT systems and services to help modernise the NHS. The National Library for Health (NLH) is a programme of work within NHS Connecting for Health, and is being closely integrated with other programmes so that clinicians have seamless access to the best current know-how and knowledge to support healthcare-related decisions. One of the key aspects of this course is to enable clinicians to use NLH to find the appropriate evidence to answer clinical queries.

2. The initial course

Initially the course was devised and managed by the Trust Effective Practice Facilitator, a librarian with a teaching background. The course ran for five days, delivered a day a week over consecutive weeks. The course was a mixture of taught sessions, group discussions, individual tutorials and hands on literature search practice. There was an expectation for self directed study outside of the formal sessions.Now the course is embedded as a Staff Development course with input from one of the Trust Librarian's on the searching sessions. Barnard et al (2005 pg 505) argues that:

> "…for information literacy to be enhanced, collaboration between teaching faculty and librarians must be fostered in meaningful ways."

Our successful partnership in developing this course supports this argument. Whilst information literacy is central to the course it is advertised to learners as 'Study Skills' and contains elements, such as time management, to support adult learning

The course objectives were set so by the end of the course learners could:

- Recognise their own learning style;

- Identify a conducive learning environment;
- Identify individual motivations;
- Demonstrate accurate use of grammar;
- Compare the benefits of using different reading and note-taking strategies;
- Evaluate the purpose and quality of literature;
- Demonstrate how to plan and write an essay;
- Explain the basics of and carry out a literature search;
- Demonstrate how to reference assignments;
- Explain the benefits of reflection.

3. Development into a two-stage course

After the first two courses it was recognised that a wide variety of individuals with a range of learning paces and levels were being attracted to the course. This meant that a more learner-centred approach was needed and led to the development of a range of course materials and a two-stage course.

Workbooks were developed including all the handouts used in the first two courses. This allowed the learners to see what was planned for them as well as giving them a resource to refer to in the future. Bulk production was found to be a more effective use of resources as this could be done via the Trust print room rather than individual photocopying. The workbook also provides a framework for the course that can be added to by the tutor as appropriate for each group and individual needs.

Learning needs were identified with each individual student at a pre-course enrolment interview, with a skill check based on the National Certificate in Literacy, . The interviewers negotiated with learners the most appropriate access point for their individual needs. It was also discussed where the learner felt they were going to apply the skills gained in the near future. Bruce and Candy(1995), cited in Barnard et al (2005 pg 505-506) argue that:

> "…nursing graduates must be able to recognize, solve information problems and learn from information resources and that professional development courses need to maintain, build on and expand information literacy skills."

Our courses achieve this by encouraging learners to think about how they will develop competencies gained by reflection on their ongoing information needs e.g. information needed to carry out a clinical audit, keeping up to date on best clinical practice.

Whilst the initial objectives outlined above were very much an integral part of both stages to the course, additional objectives for each stage were set as follows:

Stage one concentrated on the development of literacy skills to National Certificate level two by practical exercises in:

- Grammar
- Correct use of tense
- Punctuation
- Spelling
- Reflective writing
- Creative writing

Stage Two extended written skills gained in stage one by practical summary and essay writing. Practical exercises were used to develop key information literacy skills such as:

- Development of search strategy
- Selection of appropriate resources for search
- Critical appraisal of literature

- Correct referencing of literature

4. Evaluation of two-stage course

Learners completing questionnaires at the end of the course evaluated the two-stage course. Areas such as length and content of course, relevance to practice were considered as well as learners having the opportunity to give free text responses. As shown in Figure 2 and Table 2 there is a need either for a longer course or greater encouragement to carry out self directed learning. The importance of relevance to individual practice is also supported by Booth (2005:73):

> "When primary care knowledge skills trainers go into practices and teach answering of clinically derived questions, or for that matter when clinical librarians carry out live literature search training sessions to locate answers to real questions, they are more likely to achieve learning gains than when teaching is divorced from work based practice."

Figure 2: Relevance to Work and appropriate length
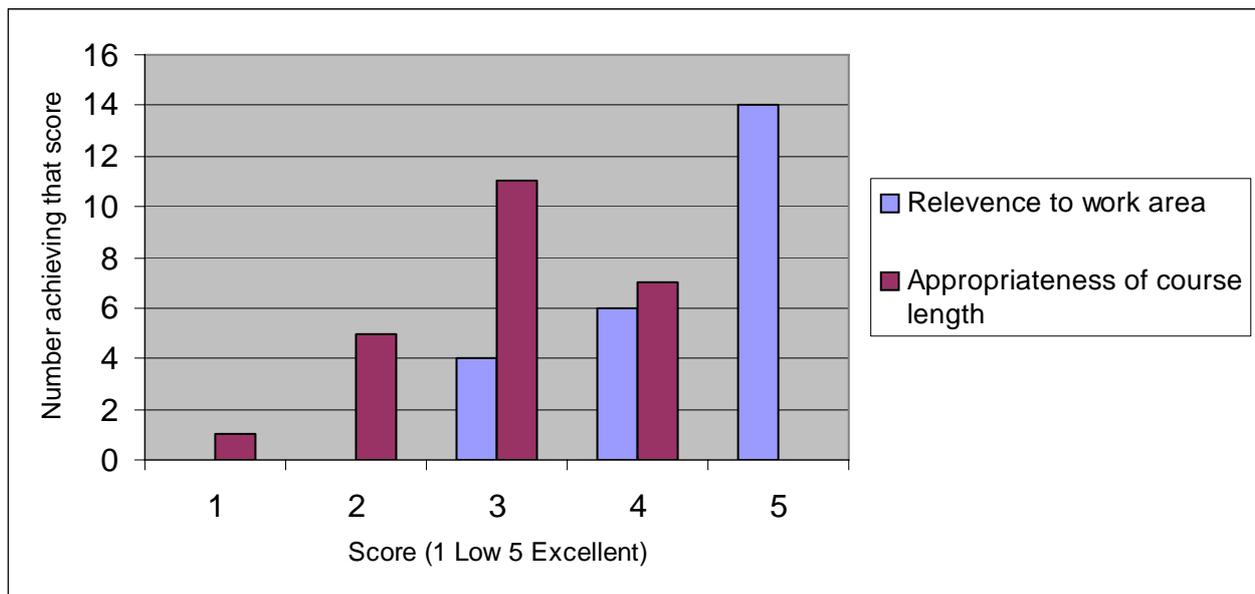
Table 2: Selected quotes from evaluation

"A bit more practical work to improve writing skills"

"More days to have practice sessions"

"More time, more practice"

"More summarising and referencing"

At the end of 2005 the course was very clinician centred with a high number of nurses attending (Figure 3). National drivers within the NHS such as the Agenda for Change programme and Equal Opportunities were considered along with the importance of relevance in improving learning outcomes.

Figure 3: Staff groups attending
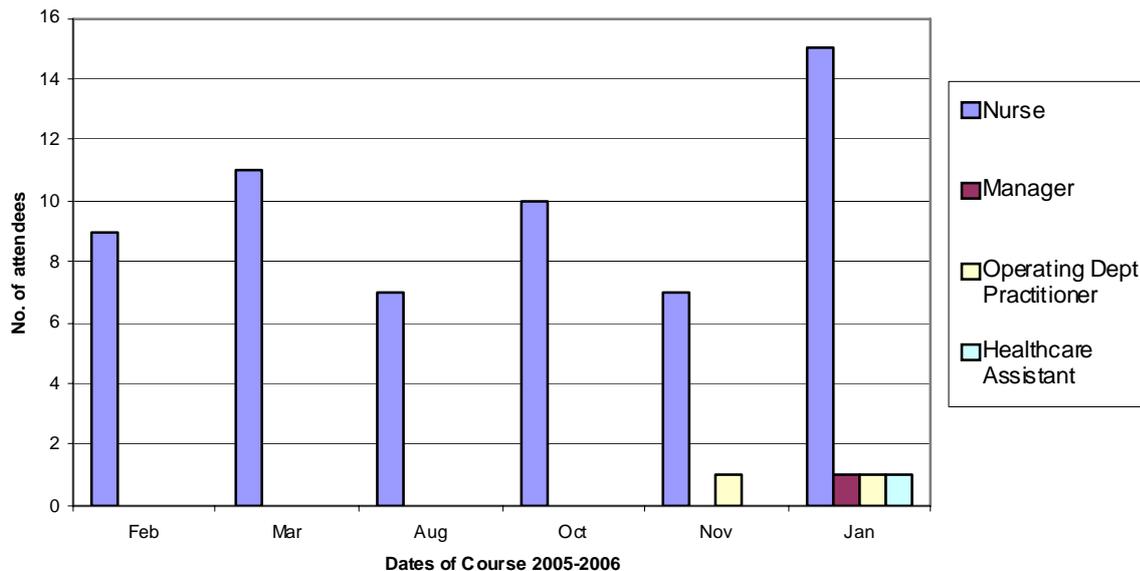
From February 2005 to January 2006 there was a total of 63 learners including nurses, managers and operating department practitioners (ODPs) and healthcare assistants (HCAs). This shows that the course was very clinically centred with a high number of nurses attending.

This led us to reflect on the need to develop an integrated modular approach allowing learners to select the modules most appropriate to their needs. Some modules need to be non-clinical to be inclusive to staff such as ward clerks, who will need to undergo learning in order to maintain their pay scale.

5. Recommendations

Personal reflection on our own practice, feedback from student evaluations and national drivers as discussed earlier in this paper led to a number of recommendations being highlighted as well as the need for an integrated course:

KSF dimensions demonstrated by this course need to be included in each module description. The Trust ERD strategy needs to reflect in more detail the need for information literacy skills.

To support lifelong learning and provide transferable learning the modules need to be accredited by an appropriate body as reflected in the Trust ERD strategy

> "…work with Higher Education and other partners to encourage the systematic accreditation of learning and development"

Individual learners may respond best to extrinsic motivational factors like clear academic outcomes to the course.   Reece and Walker (2003: p78) suggest that students whose aspirations are further study are more motivated to pass courses that will qualify them for further learning that will enable them to practise their chosen profession.

Key areas such as, reflective writing, reference management, critical appraisal, literature searching, essay writing and active reading need to be identified to develop an integrated modular course to widen participation and best meet individual needs

A programme is to be developed so each learner has an individual programme of study based on their needs by selecting modules most appropriate to their needs. The selection of modules to be undertaken will be agreed by negotiation at interview.

A blended approach encompassing e-learning and provision of self-study materials will be undertaken. This will allow an increased opportunity for self-directed study, via distance learning,

to meet the needs of individuals as identified in the course evaluation. This will also allow consolidation of learning by having the ability to revisit course materials after module completion. A larger number of participants will be able to take part as attendance at tutor-led sessions will not be compulsory. Assessment for both distance and classroom learners will be by formal assignment. It is hoped that these changes will make the courses even more relevant to our learners' needs. However, we know that we have already made a difference, as the following quotation from our course evaluation shows:

> "Completion of this course has helped me to improve my writing, referencing and literature searching skills and made me feel more confident to go ahead with future courses". (Quote from learner, 2006)

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