Project 2000: implications for health care libraries

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Project 2000: Implications for

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TABLE OF CONTENTS

ABSTRACT

Project 2000 represents a radical change in the way that student nurses are educated. This has been brought about by the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC), which has formulated plans approved by the Department of Health. Nurse education will no longer be a ward-based, apprentice style training. This is inappropriate to meet changing health care demands. Education will be more classroom based, more project orientated and progressively self-taught. Courses will lead to Diploma qualifications. Centres of nurse education will be known as colleges of nursing and will have official links with the wider Higher Education field. Health care libraries will be directly affected. New emphasis will be placed on subject areas not previously important for nurse education. Research based study will demand greater access to bibliographic and information retrieval tools. User education practices may need to be re-defined. Library managers will need to consider implications for staffing levels. Communication and liaison both inside the colleges and with external bodies will be important. Management information will be vital, to aid the planning of services and support requests for additional funding, without which libraries may not be able to support Project 2000 satisfactorily. The challenge for librarians is to anticipate shifts in user demands and to respond effectively. Studying the problems encountered by libraries already supporting Project 2000 can help to prepare those not yet affected.

CHAPTER 1

INTRODUCTION

1.1 Background

The report Project 2000: a New Preparation for Practice (1) was commissioned in response to a widespread and growing recognition that the system of nurse education which has been effective in staffing hospitals in the United Kingdom for many years, will not cope with the demands of a changing service in the next millenium.

All qualified nurses, midwives and health visitors may upon completion of training, be admitted to the professional register, which then entitles them to practice. Training and the maintenance of professsional standards are the responsibility of statutory bodies. These are the United Kingdom Council for Nursing, Midwifery and Health Visiting (UKCC) and the National Nursing Boards for England, Wales, Scotland and Northern Ireland, which were created by the Nurses, Midwives and Health Visitors Act 1979.

These institutions were created partly in order to effect the changes which the nursing profession had to face in the coming decades. Nurse education had not changed much for many years and consisted of a largely apprentice style training, involving much practical work on the wards.

These two bodies have therefore been charged by the government with the task of ensuring that the training and education of nurses, midwives and health visitors is being adequately met, and that training is flexible enough to adapt to changing needs. The policies of the UKCC and the National Boards can be expected to have considerable

impact on the nature of the demands placed upon library facilities by teaching staff, those undergoing courses of education leading to admission to the professional register, and by those seeking additional, post-basic qualifications. The functions of the UKCC and the National Nursing Boards are described in Appendix 1.

1.2 Nurse Education: the Past

Until recently, entry to schools of nursing in the UK was by a process of direct application to individual schools attached to hospitals. This has now been replaced by an UCCA type multiple application system. Each school has virtually been able to set its own curriculum within certain national parameters, although each was visited by the National Boards for the purpose of validating the course content and standard.

Most schools of nursing have run two pre-registration courses for different grades of nursing qualification. These were State Registered Nurse (SRN), which later became Registered General Nurse (RGN) and State Enrolled Nurse (SEN); later simply Enrolled Nurse (EN). In addition, some schools ran post-registration specialist courses, and some centres of Higher Education, usually Polytechnics, have run degree courses in nursing, which give a qualification of BA or BSc Nursing. The degree courses are largely outside the activities of hospital based schools of nursing although BA/BSc students do spend short periods of practical training in hospital wards. BA/BSc students have tended to have access to libraries with wider subject coverage and greater depth than school of nursing libraries could provide. Not only are these students supported by collections of material directly related to nursing, but in a polytechnic library for example, it is likely that they will also find material in

the areas of social sciences and humanities. In addition, it is probable that they will have significantly better opportunity to become familiar with the use of computerised catalogue systems and bibliographic tools. It is precisely this level of facility that Project 2000 aims to make available to all nurses.

Training for admittance to the Professional Register as SRN/RGN takes place over a period of three years, assessed by final examination. The SEN/EN qualification was obtained after a period of study of not less than two years and was also the subject of a final examination. The content and nature of the courses depended to a large extent upon the teaching staff, although as mentioned above, each course necessarily included training in the same basic practices . The differences between schools lay in the approach taken by the teaching staff to the subject matter and the emphasis which they placed on different aspects of the educational process.

Students training for entry to the Professional Register at both RGN and EN level followed courses designed in a similar fashion. Each fresh intake of students commenced their training with a period of approximately four weeks "in school". This provided for the teaching of basic skills such as the taking of routine observations (e.g. blood pressure and temperature), lifting and resuscitation techniques, and bathing procedures. These were considered to be essential precursors to the ward based training which followed. This short period of classroom based learning was also used to give an introduction to the theory of anatomy and physiology and the theory of nursing care.

Following this initial period, the students embarked upon a structured programme of ward based training designed to

introduce them to all areas of nursing. Over the course of the three year period all students should have spent several weeks working on wards housing medical, surgical, obstetric, orthopaedic, elderly and mentally ill patients. This programme of ward based training was punctuated by clinical assessments of the level of skills reached, which students were required to pass successfully before sitting their final examinations. In addition there were regular blocks of time spent in school, usually lasting for two or three weeks, during which further theoretical education augmented the practical training offered on the ward attachments.

1.3 Reasons for Change

For many years, this method of training nurses has been sufficient to fulfil two purposes. Firstly, a steady supply of nurses have been educated largely in a practical environment and consequently are adept at the traditional nursing role of ward based patient care. Secondly, whilst they have been training, these students have made a vital contribution to the staffing of the hospital. For example, in 1985, nurses in training were thought to be contributing approximately 30% of the national nursing and midwifery hospital based staff (2). This had its benefits for the personnel management of nursing staff, since students could be relied upon to carry out a large proportion of ward based nursing. The possible disadvantages in management terms of such a training system are important precisely because of the dependence placed upon students, in the staffing of wards.

In addition to the need to improve educational content, there have also been fears that the traditional method of nurse education might not attract enough new entrants to the profession, and might not therefore, be capable of

sustaining staffing levels. The "demographic time bomb" is often referred to, and it seems that this is already having an impact on the number of eighteen year olds entering nurse training. Livesley fears that a combination of a lack of 18 year-old entrants to nursing and the reduction of time spent by students on the wards, will have . drastic consequences for the NHS (3).

Statistics seem to support this view. Between 1964 and 1976 the birth rate in the UK dropped by almost 35% (4). Although this was followed by a small increase, the number of school leavers in the late 1980's was still below that of the 1960's, and the level is now falling once more. Dickson (5) is only one of several who have pointed out that nurse recruiters will face problems in the years ahead, particularly when the competition from rival employers and the attractions of other forms of further education are concerned.

The matter is further complicated by regional differences. In 1988 Conroy and Stidson (6) calculated that by 1993 there will be 31% fewer 18 year olds in the population than there were in 1983. In 1989 Trent Regional Health Authority reached a similar conclusion, and in a major policy document (7), underlined the need to ensure that sufficient numbers are recruited to cope with the health care demands of the next decade. At the same time, NHS managers have pointed out that these demands continue to change. A notable example is the increasing elderly population, which is benefiting from improvements in health care. This alone will place considerable demands on nurse staffing levels.

Trent Region (8) has stated that it expects that during the period 1984 to 1994, the number of persons in the region aged 65 years or more will increase as follows:

POPULATION (000's)

AGE	1983	1994	% increase
All over 64	669	718	7
65-74	402	419	4
over 74	267	299	12
over 84	48	72	55

The requirement for improved recruitment also indicates a need to find ways of improving retention amongst both student and trained nurses. It has become apparent in recent years that there is a high level of "wastage" by student nurses dissatisfied with their training, prospects and remuneration. Similarly, there has been much made in the press of acute shortages of trained staff, particularly in specialist areas. These shortages have arisen largely in those areas of nursing which require extra training, but which do not provide any financial incentive for nurses to undertake the training. Shortages of specialist nursing staff have recently forced the temporary closure of special care baby units in several UK cities.

Considerable organizational development has taken place within the NHS, with more in the pipeline in the shape of the present government's plans for re-shaping the Health Service enshrined in the White Paper entitled Working for Patients (9). In addition, there is an ever present need

for nursing staff to encourage the acceptance of new medical techniques and treatments, and to put them into practice. Nursing theory itself does not stand still, and the changing role of the nurse in society is emphasised by the recent trend toward the "primary care team". These consist in the first instance, of a General Practitioner, a Community Midwife, a District Nurse and a Health Visitor working in a preventative and health educational role.

1.4 The Project 2000 Report and Recommendations

In its capacity as creator and protector of standards for the training of nurses, the UKCC paid particular attention to the debate about the suitability of the traditional teaching methods in relation to current and future needs. In its First Annual Report (10), the Council laid out its plans to ensure that its obligations in relation to training could be achieved. In particular, a project was announced which aimed to:

> determine the education and training required in
> preparation for the professional practice of nursing,
> midwifery and health visiting in relation to the
> projected health care needs in the 1990's and beyond
> and to make recommendations (11).

The Council then delegated the responsibility for this project to its Educational Advisory Committee whose twenty or so members were experienced in various fields of nursing and in general education. The health unions and the Department of Health and Social Security were also represented.

Funding support from the Nuffield Provincial Hospitals Trust enabled a full-time project officer together with an assistant to be appointed to coordinate the project.

On 18 April 1986, the UKCC approved the report produced by the Educational Advisory Committee, which was published as Project 2000 - A New Preparation for Practice. The Secretary of State for Health indicated the government's final approval of the report in 1988 at the Royal College of Nursing's (RCN) Annual Conference.

The Report proposed radical changes to the way that nurses are trained. Key aspects included a move toward classroom based education, following a significant reduction in the time spent on ward duty, the forging of new links with institutions of Higher Education and the awarding of diplomas on completion of the course, and a general shift toward a self-directed, research based education. Curriculum changes would mean that students would follow an 18 month common foundation programme followed by a similar period of specialty in one of several nursing disciplines. (The midwifery options are still the subject of debate, and have been outlined by Pope (12)). In addition, it was proposed that Enrolled Nurse training should be abandoned with the creation of a new level of ward assistant known as a healthcare assistant. In-service training for healthcare assistants will require some level of library support (13).

It is hoped that Project 2000 will bring many benefits to nurse education some of which are as follows:

1. students will be progressively more self-directing in their study;

2. ties with other institutions of higher education will be developed;

3. the new colleges will benefit from pooled resources and other economies of scale;

4. there will be wider access to library and other educational resources;

5. there will be greater opportunity for teachers to exchange ideas;

6. continuing education opportunities for teachers will be enhanced;

7. an opportunity to widen the entry-gate will be created.

Nurses will become health practitioners in their own right, capable of a critical analysis of health care needs and a decision making ability based on the information available in any given situation. This will demand a considerable depth of theoretical knowledge, blended with the necessary practical skills to enable the nurse to function effectively either in a hospital or community based role. This latter role is likely to become increasingly important. It has been estimated that approximately 90% of all illness will soon be managed outside the hospital environment; in a community setting (14). The recommendations of the Report have not been universally welcomed. Devlin (15) summarises the arguments against the reforms. He believes that nurses do not need to reach a high academic standard and that nurse education will be disrupted if it is separated from clinical practice. He concludes that nurses should continue to be trained in a ward based environment and that the stabilising effect of the Enrolled Nurse grade should not be discarded.

1.5 Links With Higher Education

The closer links between colleges of nursing and other higher education institutions will be both formal and informal with such institutions as universities, polytechnics and colleges of higher education. These bodies will enable conjoint professional and academic validation at diploma level of the nursing courses offered. (Figure 1. below, illustrates the organizational structure of Colleges of Nursing and Midwifery and their relationship with the wider education field).

There may well also be a further link in that the government is encouraging the establishment of a national framework of ʌvocational qualifications. These qualifications will be based on a standard of competence gained whilst receiving some theoretical training and practical skills. The National Council for Vocational Qualifications (NVQS) is engaged in discussions with employers and professional bodies concerning the possibility of enabling access to professional training via a vocational qualification rather than at a purely academic level. The possibility of such an entry to nurse training is important, since it might represent a means of assisting with recruitment difficulties. Such a venture would almost certainly imply a further link between nurse training and affiliated centres of higher education.

Following the government's full approval for Project 2000, and indications from the Department of Health that sufficient funding would be made available to get the project under way, bids were requested from schools which wished to be included in a pilot scheme. Thirteen "demonstration districts" were chosen.These demonstration districts were created in order that the impact of Project

2000 in different areas could be assessed and any problems discussed and ironed out.

As a result of the Project 2000 initiatives, students who qualify at one of the new colleges will not only gain a nursing qualification in their chosen speciality (RMN, RNMH, RSCN or RGN), but will also be awarded a Diploma in Higher Education.This represents a major departure from traditional training, which only gave the RGN qualification. Nurses who have qualified for entry to the Professional Register by either route will have opportunity to undertake studies for further specialist qualification.

In 1987, some 65,000 nurses, midwives and health visitors commenced training. The pre-registration training of these groups cost in England alone, a sum of £455 million (16). It is important to achieve the best standard of training possible for this expenditure. It seems equally important that resources should be used to their maximum potential. This applies as much to libraries as any other resource used in nurse education.

1.6 Current Library Provision

In 1985, The King's Fund published a pamphlet by the NHS Regional Librarians Group titled Providing a District Library Service (17). In it, the role of the library service aimed at health professionals in general was discussed and defined as:

> to locate, collect, organise and disseminate
> information of all types and from many different
> sources and subject areas, both inside and
> outside the health service, including those in
> non-paper form. Fundamental to this role is the

emphasis on dissemination - getting the right
information to those who can use it. (18)

This definition is explicit in its declaration that the
key to the successful provision of library services for
health professionals is the ability to cater as fully as
possible to the information needs of the end user. In the
context of nursing libraries, this has often been
neglected.The standard of library services offered to
student nurses varied (and varies still) according to the
type and size of hospital training school.

Typically, each NHS district will contain several
different types of library. These may cater directly for
specific groups, or may seek to serve a more general
clientele. For example, it is likely that each district
will be served by at least one district library often
attached to a postgraduate medical education centre,
designed to cater for the library needs of all health care
staff. The concept of an integrated library instead of a
purely medical one came in at the beginning of the 1970s.
It has been gaining ground ever since, but inevitably
means that access to this type of library may be quite
recent in some districts.

Since nurse training before the advent of Project 2000 was
concentrated in hospital based schools of nursing, each
district will probably have contained at least one school
of nursing library, though the size and scope of these
varied greatly. Student nurses should certainly have been
welcome in school of nursing libraries, but these have
always been of widely differing standards; varying from
small collections of books in an office to reasonably
comprehensive collection housed in purpose built
accommodation. (Many tutors also allow students to borrow
their privately owned material, in order to supplement

official collections). Since the 1970s, there has been a general improvement in the standard of school of nursing libraries. The instances of a tutor or secretary being responsible for a small collection of books are now rare. Where there is a medical school, this will also have a library, usually of reasonable size.

Most hospitals also make some provision for library services to patients and occasionally this is run as an integrated library for both patients and staff with a large contribution made by the local public library service, as in the case of the Lister Hospital Library in Stevenage. There are also likely to be a number of informal "mini-libraries" in each district, consisting of departmental or personal holdings of small journal and textbook collections.

Student nurses may not have access to all of these facilities. For example, a postgraduate medical centre library funded by the NHS will normally attempt to cater for the needs of all staff including medical, nursing, physiotherapists, management and paramedical. However a university run medical library may well cater almost exclusively for medical staff and students. In many cases, trained nursing staff may be accorded membership, but this is not extended to the body of student nurses. It is difficult to generalise, since each university tends to have its own policy regarding facilities extended to those who are not university staff or students.

In the past, library provision for nurses has been of a lower standard than for doctors (19). This may have been caused in part by the reluctance of the nursing profession to value access to good libraries. Until recently, the profession has been dominated by the "learning by rote" school of thought. This has been self-perpetuating, as

each group of nurses trained in this manner has formed the core of the nurse teachers and managers of the future. These same teachers never having learnt the value of information handling skills, have not passed them on to their students. The reluctance of the medical profession to sanction the entry of nurses to library facilities may stem from a general feeling that the nurses would not make good use of such resources. Project 2000 is attempting to create a revolution in the nursing profession's attitude to research which will have tremendous consequences for those libraries involved in the provision of library services to this group.

Whatever type of library is providing services to student nurses, the main aims should be the same as for any other group of users:

1. stock should be comprehensive and relevant to user's needs;

2. trained staff should be available to give assistance when required;

3. user education should be encouraged in order that users may learn how to make full use of the resources available;

4. there should be facilities for private study.

Librarians face a severe test of resolve if they are to meet the challenges created by Project 2000. The nature of the challenges and various solutions to the problems likely to be encountered are discussed in the following chapters.

CHAPTER 2

METHODOLOGY

2.1 Aims and Objectives

The objective of this dissertation is to assess the implications of Project 2000 for libraries. In the main, this will concern health care libraries, but will also at times consider libraries not directly related to health care.

Different types of library will be referred to, including:-

1. school/college of nursing libraries;

2. multidisciplinary libraries serving a variety of user groups in the health-care field;

3. those which have no previous history of serving nurses, but which will be affected by Project 2000.

At the outset of the research it was assumed that Project 2000 would have an impact on libraries falling into each of these categories, since the recommendations of the Report seek to create a revolution in nurse education and training. In doing so, the very heart of the educational system has been re-modelled and new areas of emphasis have arisen. Libraries will face different challenges, depending on the extent to which they support teaching staff and students involved with the Project 2000 curriculum. It was anticipated that school and college of nursing libraries would be most directly affected and that multidisciplinary health care libraries serving a variety

of user groups, including nurses would also have to adapt to change. In the case of multidisciplinary libraries, the extent of the likely problems caused by the introduction of Project 2000 were thought to be linked to the extent to which nurses information needs were catered for, and to the degree that this group's pattern of library use changed.

The third category of library, those that have had little or no previous experience of services for nurses was thought to consist of the libraries of those institutions of Higher Education with which colleges of nursing make formal links and contracts for the provision of teaching and other resources. This group of libraries was not investigated directly, but was instead considered only in relation to problems experienced by some of the libraries investigated.

2.2 Library Sites Investigated

The libraries examined in detail were:

        The James Paget Library, Great Yarmouth (JPL);
        The University Library at Queen's Medical Centre,
            Nottingham (QMC);
        The University of Leicester Clinical Sciences
            Library at Leicester Royal Infirmary (CSL);
        The School of Nursing Library at St James's
            University Hospital, Leeds (SJH);
        The School of Nursing Library at Charing Cross
            Hospital, London (CX).

Some basic details about the libraries examined for the purposes of this dissertation are detailed in the following table:

LIBRARY	USER GROUPS*	STAFF FTE*	SOURCE OF FUNDING*	PROJECT 2000 UNDERWAY ?
JPL	Mixed	2	J	YES
QMC	Mixed	23	J	YES
CSL	Mixed	8	J	NO
SJH	Nurse	2	N	YES
CX	Nurse	2	N	NO

User Groups. These are either mixed (multidisciplinary) or nurse (single disciplinary - nurse educators and students only).

* FTE = full-time equivalent staff.

Source of funding. This is either Joint (J) which means that the funding is from more than one source (e.g. university and college of nursing), or Nursing (N) when the library is funded only by the college (or school) of nursing.

The James Paget Library (JPL).

This is a multidisciplinary library at the James Paget Hospital Library, Great Yarmouth. It caters for the information needs of all health care professionals at the hospital and also for the staff and students of the Suffolk and Great Yarmouth College of Nursing and Midwifery. The college has two sites, the other being some distance away, at Ipswich. JPL has a rural location. The college was one of the first to commence nurse training under the new curriculum, and was one of the thirteen "demonstration districts". It has two full-time members of staff, both of whom are professionally qualified.

The University of Nottingham Medical Library at Queen's Medical Centre (QMC).

This is also a multidisciplinary, serving both the University Medical School and the District Health Authority funded Mid-Trent College of Nursing and Midwifery and other health care staff at the hospital. It is funded jointly by the University and Health Authority. This is a large library, in a city location, and has a mix of full and part-time staff, numbering twenty-three full-time equivalents.

The University of Leicester Clinical Sciences Library (CSL) at Leicester Royal Infirmary.

This is funded by the University and the Health Authority to serve the needs of medical students and staff and other hospital staff. Again, this is a city based library. It is not formally linked with the Charles Frears College of Nursing and Midwifery in Leicester, which is the local nurse training centre, which has its own library for the use of college staff and students. This is smaller than QMC and has fewer staff.

The School of Nursing Library at St. James's University Hospital, Leeds (SJH).

This serves only the needs of school of nursing staff and students. (The school has not yet been officially renamed a College of Nursing and Midwifery, since arrangements for it to amalgamate with the school of nursing at Leeds General Infirmary have not yet been completed). This is a small (single room) library, with one full-time professional librarian and one part-time assistant.

The School of Nursing at Charing Cross Hospital, London.

This is also housed in a single room, although unlike its counterpart at St James's, it is purpose designed accommodation. The library serves only the needs of those

attached to the School. It has the same user groups and staffing arrangements as SJH.

These libraries were chosen for investigation, because they illustrate the problems likely to be faced by libraries concerned with supporting the Project 2000 curriculum nationally.

On an individual basis, the libraries are each quite different in terms of size, staffing levels, types of users, funding arrangements and their arrangements for local support networks. Each library has also been subjected to different levels of demand from Project 2000 students and teachers, because the new curriculum is being introduced in stages in each National Health Service Region.

The choice of JPL as one of the libraries to be investigated was particularly important, as this is in one of the original demonstration districts. As such, it has relatively long experience of the effects that Project 2000 can have on library provision. This provides valuable indications of the kind of issues facing other libraries. The Suffolk and Great Yarmouth College of Nursing and Midwifery which is served in part at least by the JPL, was created by the amalgamation of the Great Yarmouth and Waveney and Ipswich Schools of Nursing with the Ipswich College of Higher Education.

When considered as a group however, these libraries provide evidence which allows conclusions to be drawn about the impact of Project 2000 for libraries throughout the United Kingdom. The range of libraries investigated covers the range of libraries operating in the health care field, in terms of size, staffing levels, sources of funding and client base.

It is probable that different libraries will face similar problems such as the the need to attract adequate funding, while there will also be difficulties which are unique to individual libraries.

2.3 Methods of Obtaining Data

Given the widely varying characteristics of the libraries investigated, each library was visited and librarians involved in the planning of services for Project 2000, interviewed. In order to obtain suitably comparative data, a standard questionnaire was used. (This is reproduced in Appendix 3). The questionnaire provided a useful framework on which to base each interview. At times however, the course of the interview diverged from that of the questionnaire, when interesting issues were explored. The different nature of each of the libraries also tended to prompt discussion which was not specifically related to the questionnaire. The questions seemed relevant to the research being undertaken and were particularly useful in establishing the degree of common ground between the experiences of the different libraries.

With contact established, it has been possible to maintain correspondence with each library over a period of several months, during which time, trends and patterns and the solutions to particular problems have been analysed.

In addition a survey of the literature has been undertaken, but because Project 2000 is a recent innovation, there is not yet much which is directly relevant to its effects on health care libraries.

CHAPTER 3

FUNDING

3.1 Background

At present, District Health Authorities (DHAs) have the major responsibility for funding nurse education. However, the imminent changes to the NHS which were outlined in the government White Paper Working for Patients (20) and the various working documents which followed mean that in the future funding for the training of various health care groups will come directly from Regional Health Authorities (RHAs). The reasons for this change do not need to be discussed here, the implications for nurse education have been broadly outlined by Laurent (21). Its implementation will have important effects on Project 2000 based nurse education.

The changes in funding are discussed in full in Working Paper 10: Education and Training (22).This states that each region should broadly aim for self-sufficiency in its manpower planning for "key professional and technical skills". This includes nursing staff. In the case of pre-registration nurse training RHAs will, in future, fund the full costs of education and training. Project 2000 courses will run in tandem with traditional style courses until the last non Project 2000 intakes have completed their training. RHAs will also assume direct responsibility for funding these courses, since to have two sources of funding would complicate matters. RHAs will, in addition, assume responsibility for the funding of existing post-registration courses. Michael Carmel (23) has recently discussed the implications of this Working Paper for libraries. He argues that librarians must adjust as

quickly as possible to the challenges set by the White Paper, which revolve around the costing of services and quality assurance measures. These are new concepts both for the Health Service and for libraries and Carmel concludes that librarians should prepare well in advance.

Implementation of Project 2000 will mean that Colleges of Nursing will be free to enter into contracts with institutions of Higher Education for the provision of some degree of teaching input to the pre-registration courses. RHAs will fund these contracts for both DHA Colleges of Nursing and for those hospitals which opt out of DHA control and become self-governing. The ENB has set guidelines for colleges of nursing which are establishing collaborative links with the wider educational field (24).

Of importance to libraries serving the needs of nurses is the acknowledgement that RHA funding should extend to fully cover "all aspects of training costs". Thus, not only are the direct teaching costs, the cost of student bursaries and the costs of clinical placements to be supported by RHAs, but in addition, there is an implied undertaking that other support services, including library provision, should be supported at Regional Level. Working Paper 10 also recommends that existing undergraduate nursing courses should be funded directly by RHAs.

3.2 Library Association Recommendations

In its statement to the UKCC on recommendations for Project 2000 and the present state of funding (25),the Library Association (LA) emphasised the problems which library managers face in attracting sufficient funding for their service. In the past, Regional Education Advisory Groups have allocated budgets for training purposes, derived from both the National Boards and DHAs. In

practice, this guidance has not sought to promote any national standards or levels of funding provision for specific services, such as library provision. The UKCC and the National Boards have had no real interest in this aspect of support services for nurse training. This situation has led to an uncoordinated approach to funding for NHS libraries. Individual Directors of Nursing have received little objective guidance in the allocation of budgets for libraries and have not applied standard criteria. No national standards relate to the level of service provision that libraries which they fund, should attain. Consequently, the levels of service which are reached, tend to vary considerably across the UK.

The LA submitted that it should provide accurate research based guidance, based on accepted LA standards, to the UKCC or the National Boards about the proportion of the total college of nursing budgets that should be allocated to the provision of library services. This is a positive suggestion and one which, if implemented, could have some success in improving the funding of libraries serving student nurses. Unfortunately, the Project 2000 Report does not directly address itself to the question of suitable levels of library funding. Although there is a consistent theme of the enhancement of educational standards throughout the Report, there is no direct acknowledgement that a high standard of library provision is a prime concern.

The Library Association also recommended that the responsibility for funding library services for trained nurses should be the responsibility of individual District Health Authorities. While this is not a direct concern of the Project 2000 Report, it will still need to be a part of any considerations about the effects of Project 2000 on library services generally, for two

reasons. Firstly, pre-registration students will spend some of their time being taught in the ward environment by "clinical tutors". These will be trained staff who are based almost permanently on the wards and who must therefore keep their knowledge of current practices and trends fully up to date. Secondly, as will be discussed in some detail in Chapter 7, some colleges of nursing will re-locate to new premises or will close altogether.

In some circumstances, this may result in the closure of all library services for trained nurses at hospitals. At least the student nurses would have access to their college library at the new site. There have been instances of reasonably small grants and endowments which provide funding for the acquisition of material for trained nurses which is then housed in libraries whose main user group is student nurses. One such endowment which provided material aimed at the trained nursing staff is at St James's University Hospital, Leeds. This endowment came from a retired Director of Nursing and the new bookstock has been housed in the School of Nursing Library. The implications of Project 2000 in such cases might be that trained nurses lose their only library provision, unless steps are taken to provide for trained staff as well. There is also a possibility that trained nurses may be stimmulated by the influx of nurses educated to Diploma level and may wish to update their theoretical knowledge. In addition, it is likely that colleges of nursing will make some form of provision for "distance learning" packages, which may well need to be supported in the hospital environment for those embarking on such courses.

The Medical, Health and Welfare Libraries Group of the Library Association conducted a simple survey of six Regional Health Authorities (26), in an attempt to

ascertain the level of library provision for trained staff. The Group reached the conclusion that the level of funding for material aimed directly at this group is generally low and inadequate. This is not surprising, since school of nursing libraries have, in the past, catered for their main client group almost exclusively. Where trained nurses have been allowed membership of other libraries such as those run by University Medical Schools, provision for their needs has again often been of secondary importance to the primary goal of supporting the education of medical students, and the needs of medically trained staff both in terms of their clinical and their research based activities. Any expansion of services would require some degree of additional funding.

The Library Association's Nursing Interest Sub-Group (NISG) has been conducting a national survey of the levels of funding set aside for Project 2000 based nurse education. Though the results have not yet been published, it is to be expected that these will indicate major differences in levels of funding from region to region. Many RHAs and DHAs are at present unable to provide precise figures for expenditure on nurse education, because their budgetary and financial accounting systems have usually not been sufficiently sophisticated to disentangle nurse education from other areas of operation. This is clearly a state of affairs which can not continue if Project 2000 is to be successful, and still meet central government demands for greater efficiency and accountability in the NHS.

The Trent Regional Association of Health Care Librarians and Information Specialists (TRAHCLIS) and the NISG convened a working group to consider the implications of the introduction of Project 2000 courses in the Region. Trent has no post of Regional Librarian who would be

responsible for the examination of the issues raised by Project 2000. (Forrest and Carmel (27) have discussed the influence that the Regional Librarians Group has on the implementation of change in NHS related libraries). The working group therefore set out to consider the effects of Project 2000 on library provision, and also on the likely changes in the needs of the client groups served by libraries in the region. The resulting paper (28), made recommendations which were submitted for consideration to the Regional Nursing Officer, Chief Nursing Officers, Directors of Nurse Education and the Principles of the newly formed colleges of nursing. These recommendations will be referred to in following chapters, but one of them has specific relevance to the question of funding libraries. This is that the Librarian should be the library's budget holder.

That the Librarian should hold the library's budget seems logical, but it is unfortunately not a principle which has been widely accepted. In many areas, the library is not considered to be a separate or distinct resource and as a consequence, funding is allocated on an ad-hoc basis. The TRAHCLIS/NISG working group pointed out that colleges need to attract sufficient resources to enable a suitable standard of library service to be achieved. Once this has been reached, it should then be possible to provide for the establishment of yearly budgets, set according to planned guidelines produced in consultation with the Librarian in his/her capacity as budget holder. This should enable librarians to plan ahead for the purchase of special equipment and also bring a consistent approach to the funding of known and regular commitments.

3.3 Funding the Clinical Sciences Library in Leicester

For example, the University of Leicester Clinical Sciences
Library at the Leicester Royal Infirmary (CSL) negotiated
funding arrangements with the Health Authority at a time
when the nursing profession itself was not generally
enthusiastic about the need for library services. At the
CSL, the nursing staff appeared to be satisfied by two
journals, both British based, The Nursing Times and
Nursing Mirror. Now, there is no additional funding
available to help the library expand the journal
collection with the acquisition of a sufficient number of
research based titles, including those with an
international emphasis. It is highly unlikely that the CSL
will be able to attract any "new money" to support Project
2000 students even though the students will probably make
more use of the CSL (it being closer to where they are
living and their ward placements), than they will of their
college of nursing and the polytechnic library.

In future, nurses trained under Project 2000 will value
educational support services and are likely to demand
better library facilities than most nurses have been used
to in the past. This will place additional emphasis on the
need to attract new money aimed solely at funding the
acquisition of material for both students and trained
nurses.

3.4 Funding Issues at the James Paget Library

The importance of a process of consultation about library
budgeting has recently been underlined at the Suffolk and
Great Yarmouth College of Nursing and Midwifery.

In one instance, the District Librarian has obtained
special funding of £5000 for the purchase of a good
quality CD-ROM system, and two databases at the James
Paget Hospital Library in Great Yarmouth. This is a "one-

off" payment which is linked with the removal of the college to a new site, away from the main library service, which is discussed in Chapter 7. The negotiations for this equipment, serve to highlight the failings of the current budgetary system. The District Librarian would be able to provide far more effective support to the college teaching staff if a well-constructed budgetary framework was already in place. The creation of the new college of nursing allowed the perfect opportunity for financial arrangements to be addressed. The fact that the opportunity was missed, can only lead to future difficulties.

The first Project 2000 students commenced their training at the beginning of October 1989 with the College accepting an intake of students based at both the Great Yarmouth and Ipswich sites. Given that this is one of the demonstration districts and as such was under considerable pressure to create the new curriculum and set the course running, it is perhaps not surprising that initially, the full budgetary implications were not fully thought out. The demonstration districts were designed to illuminate the way forward for other new colleges by highlighting areas of difficulty and concern. However, it is also important that the spirit of innovation which Project 2000 demands from all quarters is not allowed to dissipate and that effective solutions are found as quickly as possible to this type of problem.

A second example of a confused budgetary system at Suffolk and Great Yarmouth College indicates that this issue is not being tackled effectively. The third intake of Project 2000 students commenced their training in October 1990. This intake included four students on Direct Entry Midwifery Training. This direct entry training is designed to produce practitioners who enter the professional

register at the level of Registered Midwife. The direct
entry course lasts for three years and is aimed at
encouraging mature students to enter midwifery training;
the attraction being that basic nurse training is not a
prior requirement, thus allowing faster qualification.
Though this route to the status of Registered Midwife has
been available for some time, it is only recently that it
has become more widely available.

The College has decided that these four midwifery
students should share some teaching sessions with the
rest of the intake, but that they should also have some
specialist sessions by themselves. The District Librarian
was not consulted about their special needs, but was
informed that £5000 worth of books had been ordered for
the library, to serve these four students. This is no
doubt a worthy gesture, but the librarian was not asked to
make a contribution to the decision to allocate a
significant sum and was not even consulted about the
selection of the material. The sum involved would
undoubtedly make a great improvement to the capacity of
the library to provide a suitable depth of coverage of the
midwifery field.

It would have been more suitable however, if proper
arrangements had been made to cater for successive intakes
of midwifery students. For example, if a budget of £5000
had been allocated to the library for this purpose, it
could have been committed as necessary over a longer
period of time, and the capital sum could perhaps have
been placed in an interest bearing account and could
therefore have been "put to work" for the library. It
would also have been possible to keep the collection up to
date by purchasing new editions etc. That this did not
happen and that no consultation with the library took

place, indicates that the necessity for liaison and good budgeting methods has not yet been recognised.

3.5 National Funding for Project 2000: Problems Ahead ?

The Department of Health (DoH) originally agreed , that it would fund Project 2000 schemes in England and Wales. Central funding was considered to be the only suitable method of ensuring that the potentially expensive scheme could be given the best possible start.

The DoH asked each Regional Health Authority to submit for approval, proposals for the creation of colleges of nursing and the commencement of Project 2000 courses in those colleges. The rationale behind this system was that Project 2000 could be financed in stages, with each region being given funding for two colleges per year. The original date for complete implementation of Project 2000 in England and Wales was the end of 1991. This seemed to be a reasonable solution to the problem of funding such wholesale change. However, Chudley (29) made the point as long ago as 1988, that the UKCC and the (then) DHSS might have underestimated the time needed by schools of nursing to implement such extensive change.

In reality, the funding situation is not the success that was envisaged. Severe problems in planning and providing for the inception of new colleges of nursing have become apparent. These problems seem to be largely due to a lack of communication between the UKCC, the DoH and regions. The UKCC has lacked the authority to act successfully as a controlling, guiding force, which is not surprising given that it has little control over the financing of Project 2000.The DoH also seems to have underestimated the cost of implementing Project 2000 on a nationwide basis.

In September 1989, the DoH invited regions to submit proposals for two Project 2000 schemes, intending that these should get underway in 1990. For those involved in planning the new curriculum, the considerable amount of time spent in putting together the proposals proved to be both complicated and in some cases, frustrating. This was not the first round of proposals, and unofficial word reached regions indicating that each would receive its proposed funding. However, it soon became clear that there was not enough DoH funding available to grant approval for each region to commence two schemes.

For reasons which appear to have resulted from an initial underestimation of the level of expenditure necessary to implement Project 2000 successfully on a nationwide basis, funding for many of the proposals was never received. Some doubt remains about the strength of DoH commitment to the continued funding of new colleges, indeed college administrators have received indications that the DoH capital allocations have now dried up (30). This would then leave regions themselves to fund Project 2000 in those districts which have not yet made the transformation from the old style training to Project 2000.

The doubts over funding have caused some colleges (and consequently the libraries serving them) considerable problems. In the case of the Charles Frears College of Nursing and Midwifery, in Leicester, the decision about whether funding would be available was not known until shortly before the first Project 2000 intake was due to be received. It is likely that this course will now receive approval in time for the first intake one year later than expected, in October 1991. Similar problems are currently being experienced by the proposed Riverside College of Nursing and Midwifery. This is hoping to receive funding to commence in October 1991, but is competing against two

other proposed colleges in the same region. Funding is likely to be granted for only one of the three proposals.

This uncertainty causes many planning and logistical problems, quite apart from the difficulties it causes prospective students. The essential business of planning educational support services to run alongside the new curriculum is virtually impossible under these circumstances. In the case of Riverside College, the Librarian in charge of the current School of Nursing at Charing Cross Hospital can not become involved in planning any major change in library service provision, until more is known about the likely timetable for the changes. While the questions about the funding of Project 2000 are only indirectly related to library services, they are nevertheless of vital importance. It is difficult to embark on a process of planned change (particularly such major change) without basic information being made available.

The issue of allocation of suitable budgets for colleges and in turn the libraries designed to service their needs will have an important effect on almost every sphere of library activity. The NHS Regional Librarians Group/King's Fund pamphlet on the provision of district library services (31) identified three basic areas that are essential for any library:-

1. skilled manpower;

2. facilities;

3. stock.

These basic definitions represent the foundations of a library service. Adequate funding is essential to each. It

is vital that colleges and libraries are suitably resourced and that this should be allocated in a sensible manner in consultation with librarians, if the introduction of Project 2000 is to be successful nationally. In the following chapters, the three categories mentioned above will be expanded upon and the impact of Project 2000 on the range of library services discussed.

CHAPTER 4

LIBRARY STAFFING

4.1 Background

As one of the most expensive factors in library costs, it is very important that staff resources are used as efficiently as possible. Planning must play a prominent role in determining the most suitable balance between the proportion of the library budget spent on staff, and on other resources. This balance will differ from library to library, depending on the level of new information technology in use in each.

Each library must determine its most suitable staff complement, based on numbers of full-time equivalents. This may be complex. The relative proportion of professionally qualified and non-professional staff should be balanced according to the needs of user groups. Additionally, the number of part-time staff employed, the hours which they work and their duties are necessary considerations. Complicating factors may include the number of service outlets needing to be staffed. (The amalgamation of schools of nursing and links with higher education will inevitably lead to the necessity of providing library facilities on a number of sites). Some larger libraries may also service satellite branches, staffed on a part-time or full-time basis. If extra outlets are staffed, an additional factor must then be considered. This is the extent to which these satellite branches need the supervision of a professional librarian. It might be that a senior member of staff could be present at set times, in order to deal with the more complicated enquiries, and other issues.

Ideally, every library branch should be staffed, even if this is only on a part-time basis. Without adequate staffing, it is impossible to provide an efficient service. It is necessary for staff to perform basic tasks such as the checking in of journals, shelving and tidying the library. It will probably also be necessary to make some kind of provision for assisting with users' enquiries, which may need to involve by telephone, more senior staff at the main library site.

If a site is not staffed for a part of a day or for some days of a week, then it seems helpful for good promotional material to be available, detailing the times when staff will be present and giving other useful information such as the telephone number of the main library and how to request assistance for urgent enquiries at times when the site is not staffed. Whatever level of staff attends a satellite branch library, it is desirable that they should be able to relate individual user's needs to the library resources available and be competent in the use of all the information retrieval tools at the site. If unable to directly satisfy requests for information, it should be possible for them to receive help via a telephone call from the main library, at all times.

The Regional Librarians Group/King's Fund publication on district library services identified six skills which, in an ideal situation, the staff of any library should possess (32). These are:-

1. ability to identify user needs and use these as basis for developing the service;

2. knowledge of current trends and practice in the health sector;

3. ability to select and acquire stock;

4. information retrieval;

5. competence in the use of information technology;

6. communication skills.

It is not suggested that each member of staff should possess all of these skills, but rather that the library staff should be able to combine and bring all of these facets together, while working as a team. It is worth emphasising that all staff should be able to make the most of any skills which are relevant, but that it is equally important for them to develop further attributes. In this respect, the library must be a suitable environment for staff training and personnel development to take place. The role of personnel development and motivation is an important one in any workplace, including libraries.

The advent of Project 2000 has already had a considerable impact on library staff in those districts where it has been implemented. As more and more colleges of nursing are created, this impact will increase. Although the staff of libraries currently serving the student nurses and teaching staff of schools of nursing can be expected to have the qualities recommended by the Regional Librarians Group/King's Fund, Project 2000 will demand an awareness of new needs.

4.2 In-Service training and Personnel Development

Library staff involved with Project 2000 will need to be fully aware of the nature of the new curriculum and the extent of shift away from traditional apprentice style nurse education. In-service development will play a

crucial role in the process of keeping librarians and library staff informed of the changing information needs of users.

All levels of staff must for example, become fully conversant with the new philosophies of the nurse as practitioner and the enhanced demand for library facilities for self-directed research based education. The prominence given to stressing the nurse's role in a health oriented service should also be at the forefront of library staff thinking. In-service training sessions can help to make staff aware of their responsibilities in adjusting service provision to meet changes in needs.

Seminars and study periods conducted inhouse can be tailored to suit the particular circumstances of any library. Training conducted at regional level both by the NHS and by interested parties such as the Library Association may also be suitable. These would enable a wider perspective to be brought to the issues involved, and allow staff to exchange ideas and experiences.

South West Thames Regional Library Service has run a series of one-day induction courses for all staff, which provide an introduction to the structure and objectives of the Regional Library Service (33). In addition, staff who have had no formal training in medical librarianship have been able to attend workshop sessions covering topics involving various medical subject areas, searching the literature using bibliographic tools such as <u>Index Medicus</u> and the use of general reference material. When this programme was instituted, the Regional Library Service hoped that it would compensate to some degree for the lack of professional supervision and guidance that junior staff at some small libraries receive. Similar schemes with an emphasis on Project 2000 and its impact on

libraries would be most useful for those staff who will be directly affected by it, but who might otherwise not be particularly well informed about it.

Professional cooperation and interchange of ideas is after all, seen as one of the major benefits of Project 2000 for teaching staff and there is no reason why library professionals should not benefit from the same principle. Friendly exchanges of opinion are excellent means of overcoming potential problems. A continued programme of staff development should go some way towards ensuring that staff are able to exhibit a flexible and enthusiastic approach to the challenges brought about by the changes in nurse education policy.

4.3 Staffing at the James Paget Library

In the case of the James Paget Library, the small team of library staff have had a longer period than most to adjust to the demands of Project 2000.

The first intake of twenty four students commenced their training at Great Yarmouth in October 1989. (A similar intake started training at the Ipswich site at the same time). The reasonably small numbers involved at this early stage enabled the library staff to acclimatise gradually to the changing needs of users.The needs of teaching staff were important at this time, as they were involved in preparing the new curriculum. Paradoxically, the needs of the students were, at this early stage, relatively light, whilst the demands on staff time by tutors increased in comparison to previous needs when conducting the old style course.

This initial breathing space between the inception of Project 2000 and the time when the college will be

running only the new course, has been well used by the District Librarian responsible for library provision to the college. Apart from the District Librarian, the other full-time staff member during this period was undergoing his LA pre-registration training. As part of this training, he conducted a survey of Project 2000 students to examine their information needs (34). The project established that a changing pattern of needs was apparent and identified areas of potential difficulty, involving many areas of library operations. As such, this was a particularly useful means of staff development and has obviously contributed greatly to the ability of JPL to continue to serve its users efficiently.

At this stage, library staff were able to establish a personal rapport with each of the Project 2000 students. This enabled staff to provide support and advice on a one-to-one basis and to some extent, tailor services to suit individual needs. This will not be possible when the college has its full complement of Project 2000 students, but at present, it represents a useful means of discovering which areas of service may need to be improved and providing indications of suitable means of achieving this. One method of establishing what users feel about the standards set by the library is to ask them. If a good relationship is established with users, this is likely to provide more honest and therefore, useful information.

Above all, the JPL has recognised the need for staff to make strenuous efforts to come to terms with the new teaching philosophy as quickly as possible and to make the best possible efforts to prepare for the needs of new students (35). It must be recognised however, that without sufficient support from library managers staff at all levels below them will face greater difficulty in coping

with change. One key concern must of course be the securing of the necessary levels of funding for libraries in order that they make suitable adjustments where necessary to services. Another important area where senior staff must make a valuable contribution is in the forming and maintenance of lines of communication and liaison with other interested parties, such as college teaching and administrative staff. This last point is particularly important if individual libraries are to enlist the help of potential allies who may be able to help put the case for greater funding and other support.

One note of caution relating to staffing issues must be introduced. This is the importance which should be placed on achieving the right balance of staff time spent on serving the needs of the various user groups which a library may need to serve. Even a college of nursing library may have to cater to some extent for the needs of post registration nurses (who may for example, attend intensive courses in specialist subjects run by the college) and possibly other health care professionals such as healthcare assistants. In the case of multi-disciplinary libraries it is evident that library staff should not over-emphasise the needs of student nurses and college of nursing staff to the detriment of services to other groups.

If questionned about staffing levels, most library managers would feel able to put forward a convincing case for an increase in staff. For various reasons (but particularly financial) this is not very often achieved. It does not however, prevent senior librarians from putting their case for increases in staff budgets to the relevant parties. It is likely that Project 2000 will place additional demands on staff and this should be reflected in the efforts that senior staff make to attract

funding to the library. If it can be shown that Project 2000 will create extra work, then the evidence should be made available to those responsible for devolving budgets to libraries.

4.3.1 Increases in Workload for Library Staff

The JPL library has found that as might be expected, Project 2000 students tend to make more use of library facilities than their counterparts engaged in the traditional apprentice based training. This should certainly be expected if the Project 2000 curriculum is being managed well, because although library facilities are not discussed directly in the Report, it recognises the need for strong educational support facilities. Research based learning cannot succeed without access to suitably equipped library resources.

One major aspect of an increase in workload generated by students is that when a group of students (usually the whole intake) has been set a piece of research or a project, the library is deluged with requests for information. This may amount to the whole intake each requesting several references, and is reflected in the amount of staff time spent at the issue and enquiries desks, but also in Inter-Library Loan activity. This in turn has a direct bearing on the issue of budgetary provision. The JPL staff have also noticed that Project 2000 students are more keen to study beyond the strict demands of the work in hand, be it an essay, project or seminar preparation. The tendency toward greater reliance on library services shown by these students emphasises the additional workload to which staff must adapt. It also tends to indicate that the UKCC goal of creating a more intellectually stimulating curriculum may be achieved in the near future.

4.3.2 Patterns of Library Use

Project 2000 has also had a noticeable impact on other aspects of library service related directly to the level and distribution of staff resources. One of the most interesting effects has been a distinct shift in the pattern of use in comparison to what has been experienced over the past years of the traditional course.

The new curriculum appears to generate a great deal of work for library staff at times which might not have been expected. Many Project 2000 students seem to carry out much of their information seeking during what may be termed "their own time".(Most students live on site at JPL and have easy access to the library). This is translated into periods of activity for library staff between the hours of 8.00-9.00am, 12.00-1.00pm and 4.00-5.00pm. Project 2000 students also make use of the library at other times, often when sent to the library for periods of study or for researching particular topics.

It might have been expected that students would have used study periods for the business of information gathering and retrieval and that this would entail considerable support by library staff. It has however, been found that it is the three periods of their own time which are often the busiest times for library staff. The reason for this may be that when students are sent to the library by tutors, they are given good instructions about which areas of stock they should be searching and precise information about what they should be looking for. If the teaching staff can give such information to students in an attempt to equip them with enough background knowledge for them to approach the task in hand confidently, then this may lead to fewer demands for assistance from the library staff. One other reason for such a definite pattern of assistance

to users may simply be that the students are too busy with lectures and seminars to use the library in a serious manner except at the times before lectures commence, at lunchtime and after the lectures have ceased for the day. It is likely that these students will need to make more use overall of information sources than their counterparts engaged on the old style training.

Given that there is an obvious demand for library services at these times, it is necessary to ensure that the library is staffed correspondingly. If the library is busiest between 12.00 and 1.00pm, it would not be helpful for too many library staff to be at lunch at this time. Some degree of flexibility over lunch breaks is called for and it is possible that the hours worked by part-time staff could be useful in alleviating a possibly frustrating situation for library users.

This raises the question of suitable opening hours. When possible, the library should be open at the times when it is most needed. If the library is likely to be well used between 8.00am and 9.00am, then it seems sensible to ensure that the library is open and suitably staffed. The same principle applies to all libraries: wherever possible, the library should take a flexible approach in determining its response to changes in patterns of use. However, this flexibility does depend to a certain extent, on the ability of the library to attract funding to enable such an approach to be made. It also depends on the enthusiasm and motivation of individual staff members.

If decisions about increased opening hours are necessary, several factors must be considered. It is clearly important to weigh the likely benefits for the users brought about by increased opening hours against the cost

of doing so, in terms of the increase of staff costs involved in such a decision.

If it is not possible to provide staff to supervise extended opening times early in the morning, in the evenings or at weekends, one alternative may be to consider non-staffed opening. This may be a valid option for the smaller libraries, but would be impractical for others. The likelihood of stock losses would need to be considered, especially now that libraries are utilizing increasingly sophisticated electronic equipment. Any library with a security system would probably not wish to risk periods of unsupervised opening which would necessarily entail leaving the system switched off. For some libraries, the risks associated with unsupervised opening may seem too great, but the matter should however be given serious consideration. If a library wishes to encourage maximum use of its facilities, methods of gaining the support of users should be explored as fully as possible and all means of making service provision responsive to the needs of users considered.

4.4 User Education

One other area in which Project 2000 has made a considerable impact wherever it has been implemented, is in user education. This is important for any user group to make the most of library services offered to them, but it is vital for Project 2000 students embarking on a course which places heavy emphasis on self-directed study. The JPL has recognised a significant increase in the demand for user education by nursing students since the Project 2000 course started. Students have needed to be extensively trained in the use of bibliographic, indexing and abstracting tools and in the in-house methods of locating items of stock. JPL and other libraries involved

in service provision to the new colleges have also found it necessary to educate college staff in the use of these tools, in order that they understand how to make efficient use of the library's resources and know its limits. It is also then possible (if not necessarily desirable) for teaching staff to relieve library staff of some of the user education. Many senior library staff would feel that user education is purely a matter for professional librarians to undertake.

The timing of user education is important. Research has indicated that it is worthwhile to attempt to link user education programmes with specific tasks, as part of the curriculum. One example of this kind of user education in the USA has been documented by Graves and Selig (36). A similar method in use in Seattle has been described by Fick (37). Nursing students at Seattle Pacific University are given user education in three stages during their course. The initial education takes the form of an introduction to the use of library facilities. This is accompanied by two assignments which are then graded by both a librarian and a tutor. It is hoped that this will encourage students to pay attention. Further user education sessions take place in the students' second and third years. These are designed to gradually introduce the students to more advanced information retrieval and handling skills at the time when they are needed in order to successfully complete course assignments. By the end of the third year, students should feel at ease while searching for information from a variety of sources and in different media, and in its use and manipulation.

Strickland-Hodge has examined the user education given to medical students in the UK and compared this with the USA and New Zealand (38). He concludes that user education is a vital part of a student's education and that the most

successful programmes are short and should concentrate on either basic information or be linked with specific projects. He also recommends that groups are limited in number. Strickland-Hodge carried out a postal survey investigating the type of user education programmes available in the UK. His results indicate that there are wide variations in methods used, ranging from short library tours in the first week of the first year, to more intensive programmes linked to specific course work. The latter method seemed to be comparatively rarely used. Librarians must decide (in conjunction with academic staff) which user education technique is most suitable for particular user groups and at what stage of the course they should be used. Some degree of integration with the curriculum seems sensible, because this provides an incentive for the students to learn the skills that will be useful to them in the later stages of their course. If the programmes are run too early and take the form of library tours only, this may not hold the students' attention.

The JPL has been highly successful with its user education for Project 2000 students. The students themselves commented on the efforts by library staff to assist them in learning how to use the library efficiently. As has already been mentioned, these students benefited from one-to-one assistance and user education was conducted over as many sessions as each individual student needed. It is certainly inadvisable to overwhelm new students with detailed information about library stock, equipment, regulations and borrowing procedures, which are all areas often covered by user education programmes.The bulk of this will simply not be retained. On the subject of the level of library staff chosen to perform the tasks of user education, it seems most important that the staff members chosen should

possess an in-depth knowledge of the library and be able to answer all of the likely questions from the users.In-house personnel development should include training and practice in user education so that junior members of staff are capable of providing concise and succinct instruction about particular subjects should the need arise.

An extensive user education programme designed specially for student nurses has been run by Newcastle Upon Tyne Polytechnic Library (39). This has involved the production of a workbook which is divided into sections covering basic introductions to the library, information retrieval and handling skills. These are linked directly to nursing theory and techniques and are integrated with the curriculum by a series of practical assignments, which the students must complete. The aim is to teach students how to carry out full literature searches of various sources which are relevant to nursing topics studied. The user education programme is concluded by an individual, full-scale literature search on a subject of the student's own choice. This approach is particularly relevant to the needs of Project 2000 students and is one which could reasonably be used elsewhere.

An interesting approach has been taken by Ena Chakrabarty at the Wolfson School of Nursing, Westminster, some years ago (40). This took the form of a "Library Information Day", which aimed to encourage nursing staff to feel confident in the use of different information sources and to enable nurses to become more successful when seeking information.

The specific objectives of the day's events were that by the end, each nurse attending should:-

1. be able to choose appropriate sources;

2. be aware of the available retrieval tools;

3. be able to search effectively for bibliographic
   references;

4. be aware of the potential benefits of
   computerised searching;

5. understand that individual libraries often
   have access to local or regional back-up
   libraries giving wider access to sources.

The Librarian arranged a programme of events planned
within the framework of an open day. Senior nurses and
nurse managers were asked to nominate those who wished to
attend the open day. The programme combined
instructional seminars led by library staff and practical
sessions during which participants were able to develop
their skills and ask for help or advice when neccessary.
At the end of the day the participants completed
questionnaires designed to assist library staff to assess
the success of the open day and consider ways of improving
library services. This exercise has since been repeated
and most participants seemed to find it worthwhile.

The aim of helping users, in an informal and relaxed
atmosphere, to improve their information handling skills
is relevant to nursing libraries. Similar information days
when the library opens its doors to users, with the
intention of encouraging the efficient use of its
resources, may be suitable for colleges of nursing
libraries. Certainly college teaching staff and nursing
staff based in clinical areas might benefit from this kind
of approach to user education.

Project 2000 will create heavy demand for user education
and librarians must decide whether this should be carried
out only by library staff, when the most suitable time is
and what the user education programmes for different
groups should consist of.

CHAPTER 5

STOCK AND EQUIPMENT

5.1 Background

Any library serving an academic community must possess
more than just a collection of textbooks, if it is to be
successful in achieving its goals. Stock should enable
users to access the following information sources:-

1. primary sources such as books and journals;

2. secondary sources including collections of
   abstracting and indexing material;

3. non-paper sources including audio-visual
   (A/V) material and computer assisted learning
   programmes (CAL);

4. information retrieval tools.

Stock should ideally be of sufficient depth to cater as
far as possible for the needs of both students and
teaching staff and any other user groups which may use
the library. A key requirement is that there should be
sufficient material to allow reasonable use of the library
by all user groups, without too many avoidable delays in
providing the relevant information.

5.2 Primary Sources

As has been previously discussed, Project 2000 places new
emphasis on the nurse's role in society and on health
rather than illness. The first part of the Project 2000
curriculum is directly related to these areas, during

which time, clinical nursing is not considered. The extent to which Project 2000 emphasises social models of health care is emphasised by Fahey (41). Libraries must cater for this shift in emphasis by providing stock which covers not only the traditional nursing and medical subject areas, but also includes other material relating to sociology, behavioural science and the biological sciences. Very few of the libraries which have been serving the needs of the old style training courses run by schools of nursing will possess sufficient depth of stock in these areas. Links with Institutions of Higher Education (which provide CNAA validation) may be important in this respect, since they will probably have library collections in subject areas such as sociology, which supplement those of the nursing libraries. An example is Charles Frears College and Leicester Polytechnic.

While the libraries of affiliated institutions may be able to contribute to the facilities available to college of nursing students and staff, this is no substitute for the building of co-ordinated collections by college of nursing libraries. Any such initiatives will place additional strain on what are likely to be limited resources and careful collection building programmes over a period of several years may be necessary. Extra funding may be available for such projects. Indeed, it seems that some libraries have managed to secure additional sums of money over and above their normal budgets for this purpose. There is however no evidence of any co-ordinated response to this problem, and what evidence there is points to very patchy national awareness of the problem. In some cases, libraries have received sums on a one-off basis for the purchase of stock. Others have received nothing extra. On at least one occasion, the reason given by a DHA for refusing additional funding was that there had been no overall increase in the number of student nurses. This

missed the point that the needs of users were radically changing. In many cases where libraries have received extra money to fund the special requirements of Project 2000, this has been given in a single lump sum which has to cover many different budgets, rather than being intended solely for the purchase of stock. This piecemeal approach to funding makes the task of discovering the patterns of resource allocation for special projects such as collection building very difficult.

5.2.1 Bookstock

The District Librarian responsible for library services at JPL has emphasised the problems encountered when a full intake of students attempt to gain access to the same set textbooks. On the occasions when each intake of students is set the same piece of work, the library service is deluged with requests for material. The library's resources can not stretch to the provision of multiple copies of all of the texts likely to be recommended by teaching staff. In fact, the JPL has chosen to hold between four and six copies of core texts, as the best available solution to the problem given the current financial climate.

A short time after the first intake commenced their studies at Great Yarmouth, the library staff were forced to make considerable efforts to reduce the borrowing of core texts. Students were actively encouraged wherever copyright regulations allowed, to make photocopies of relevant information. A small reference only collection has also proved useful.It was found that in many cases, this was sufficient for most needs and that the time books spent off library shelves was minimised. However,the use of reference only or short loan collections might not be a valid option for libraries which are not staffed on a

full-time basis and which operate on an essentially self-service basis.

A spin-off effect also became evident (42). Students have been prompted to consider exactly what their information needs are and how best to satisfy them. The encouragement not to borrow stock for the sake of it seems to have led to an awareness among the students (and hopefully also among the staff whose cooperation is important) that research can be directed and carried out economically. This is perhaps an example of the sort of critically evaluative process which Project 2000 seeks to introduce to nurse education; although in this case it has been created inadvertently.

The most serious shortages of stock at Great Yarmouth have been in the areas of the curriculum concerned with nursing health, health education, public health, general psychology, and sociology. These shortages are likely to have occurred for different reasons. For example, problems may have arisen in areas in which the library already has a strong collection, due simply to the level of demand. In other areas such as sociology, the library did not have much of a collection at the outset; consequently, any slight rise in the level of demand would be immediately felt.

As part of the process of planning the curriculum, all colleges of nursing will have put together lists of recommended reading. Libraries should have received these lists and used them to assess their ability to meet demand. Such lists can also be given to the students who might then be encouraged to purchase some of the core texts. It is interesting to note that in previous years, many student nurses have been given small sums of money (in the region of £25) by schools of nursing aimed at

encouraging them to purchase books. This has always been the case with university and polytechnic students whose campus facilities usually include a bookshop. There are signs that in general terms, less encouragement is now given to nurses to contribute to their education by purchasing books. Anne Lawrence confirms that teaching staff are generally still over-protective towards their students in this respect (43).

This can only mean increased demand on library resources. On the other hand, a concerted approach to the task of alleviating demand on library stock by encouraging nurses to buy books could have beneficial effects.

It may also be possible for students to make use of public library facilities such as central reference libraries (where available) for the purposes of borrowing material which is in heavy demand at the college library and perhaps also as a place for quiet study. It is probable that public libraries will be more likely to stock material relevant to Project 2000 students now that the new curriculum is more concerned with health matters than its predecessor.

5.2.2 Journals

The emphasis placed by Project 2000 on research based study demands that every attempt is made to provide a suitable collection of journal titles. School of nursing libraries may have subscribed in the past to a small number of core titles, but these will not have fully reflected the trend towards nursing research. It is important for college of nursing libraries to subscribe to more than The Nursing Times and The Nursing Standard and a few others. The subscription list may well include general medical journals such as The British Medical

Journal, and The Lancet, general and specialist UK based nursing journals and also journals with an international outlook, since Project 2000 is attempting to be much less insular in its outlook.

Sue Cook, Librarian at the King's Fund Centre, has suggested a core list of periodicals for multidisciplinary libraries (44). This list includes journals of interest to the broad range of user groups which a postgraduate medical centre library might expect to serve. A more specialized core list of journals for nurses has been produced by South West Thames Regional Library Service (45). This identifies core journals for both general and specialist nursing and includes research based titles. Lists such as these can be useful, when used to give a minimum subscription list for college of nursing libraries, allowing individual librarians plenty of scope to place subscriptions to journals relevant to their users' needs which are not on the core list.

Once again, librarians may need to be prepared to consider committing an increasing budget to journal subscriptions, particularly since these often increase at a level above inflation.

5.3 Secondary Sources and Information Retrieval Tools

Project 2000 also demands that greater attention is given to the depth of stock of secondary source material in college of nursing libraries. This area is particularly important for effective research based study. Recent advances in information technology can have a significant impact in this area, particularly since computerised information retrieval can greatly speed up the process of locating information. The time constraints on students at JPL, have already been mentioned in Chapter 4. Since

information retrieval tools are designed to assist the searching of secondary source material, these will be discussed together.

Secondary sources, including abstracting, indexing and bibliographic material, are an essential resource for any college of nursing library. Sources which may be useful for student nurses and midwives include Nursing Research Abstracts and the Nursing Bibliography produced by the Royal College of Nursing (RCN), the International Nursing Index, the Applied Social Science Index and Abstracts (ASSIA) and the Midwives Information Resource Service (MIDIRS). The ASSIA is published by the LA and is reported to have been found to be a particularly useful reference tool for libraries supporting Project 2000, since it is international in coverage and has the helpful provision of a short abstract for each entry. While the yearly subscription of approximately £375 is reasonably expensive,it is certainly well used at JPL and elsewhere. It is necessary for college of nursing libraries to regularly examine the value of these services to users and to make any necessary additions or cancellations to subscriptions as part of a planned, informed process of evaluation.

Some libraries possess in-house indexing systems which are used to provide indexes of journal articles held in the library and material from other sources which is relevant to users. Each journal issue can be scanned and suitable papers highlighted for inclusion onto the database. In this manner, a useful database covering all of the journals subscribed to can be built up over a surprisingly short time. St James's School of Nursing Library and JPL have both made excellent use of such databases, which are heavily used by students and teaching staff. St James's uses In-Magic software and indexes

articles from twelve journals from a subscription of approximately thirty-five.

The use of computers in clinical environments is becoming more widespread. These are used for recording patient information and for electronic mail.The current NHS reorganization will mean that ward based computers will be used to gather pricing information in order that hospitals can agree contracts with outside bodies for health care.Leach (46) and Watson (47) have both discussed the use of computers by nurses in the nursing press. Project 2000 must take these developments into account.

5.3.1 CD-ROM and Nursing Libraries

Commercial databases have long played an important role in supporting medical research, and are now becoming increasingly important in the fields of nurse education and nursing research. On-line information retrieval has not been cost effective for libraries concerned solely with nurse education to consider, but the advent of CD-ROM may enable more college of nursing libraries to provide access to databases on compact disc, although there is still a capital outlay of some £2-£3000 for the equipment. Hilary Dyer has written a useful overview of CD-ROM technology and its uses in health-care libraries (48). The relative advantages and disadvantages of CD-ROM and on-line searching need not be fully considered here. It is sufficient to note that CD-ROM enables the repeated searching of databases at no extra cost over and above the original capital outlay for the hardware and the cost of the annual subscription for the compact disc service.

A further advantage of CD-ROM is that since its costs do not increase with the time spent searching the database, users with little formal training may use the facility

without the possibility of running up severe on-line expenses. It is therefore not necessary for library staff to carry out all searches, but rather, provide support to users to enable them to carry out their own searches. If library staff are in the process of a search, then they may be interrupted without on-line charges being incurred unnecessarily.

It seems likely that most college of nursing libraries could expect to satisfy the majority of literature search requests from a CD-ROM database and that many users could be encouraged to carry out their own searches. It is up to library managers to bring the benefits of CD-ROM to the attention of the relevant authorities if they are to succeed in acquiring the funding necessary for the purchase of the equipment. Alternatively, some libraries may be able to make cooperative arrangements with others for the purpose of gaining access to this technology.

One example of such cooperation is at Charing Cross Hospital, where the school of nursing Librarian has negotiated access to the CD-ROM facilities of the medical school library. Inter-Library Loan facilities are also available at the same source although in this case some payment for each application is required.

As far as particular CD databases are concerned, the most suitable for nurses is probably the CUMMULATED INDEX to NURSING and ALLIED HEALTH LITERATURE (CINAHL) database which covers the subject area well. The medically oriented databases such as MEDLINE and EXCERPTA MEDICA cover a wider field, but it is possible on one CD-ROM system to limit the search to nursing journals only. Brenner and McKinnon have compared the indexing of nursing articles in both CINAHL and MEDLINE (49).Their research indicates that the two databases share few common

indexing access points although <u>MEDLINE</u> uses almost twice as many access points. Those librarians considering funding a subscription to a CD database must take into consideration the needs of their users in terms of the scope of their research interests before making a decision. Those libraries which serve only colleges of nursing may prefer to subscribe to <u>CINAHL</u> only. On the other hand, multidisciplinary libraries would probably need the wider coverage of the medical field afforded by <u>MEDLINE</u>.

Both Nottingham University Medical Library at Queen's Medical Centre and JPL have computerised information retrieval facilities. Both are developing computerised facilities where possible, but at the same time retaining paper based sources as back-up and for those users who prefer them. In one respect, JPL is able to make better use of information technology to assist its users than QM. This is in the in-house indexing system which is able to tell users at Great Yarmouth what articles of relevance to their research are actually in the library. This is not possible at QMC, due to the sheer size of the journal subscription, which would make the indexing of articles very difficult.

5.4 Other Non Paper Media

Audio-visual materials (A/V) are likely to become increasingly important teaching aids for colleges of nursing. These are easy to use and can enable students to access information quickly. However, a large number of school/college of nursing libraries have only limited A/V collections. Larger libraries such as university, polytechnic and colleges of higher education are likely to be better placed in this respect. Once again, the problem for libraries in trying to build up A/V collections is

likely to be a lack of funds for the purchase of video players, monitors and of course, for the A/V material itself. Some colleges of nursing may possess increasing A/V resources, but these are not always located in the library. A separate A/V department may exist, under the care of an A/V technician. This is the case at Avon College of Nursing and Midwifery, where Anne Lawrence is the Manager of Learning Resources, and has responsibility for both A/V and computerised facilities as well as library resources.

Where resources are split, but librarians do not have overall responsibility, every effort should be made by all concerned to make the most of this resource. Librarians should not wait for others to make the first contact in such cases, but should actively promote close liaison with any separate A/V department in an effort to establish some degree of sharing of resources, services and expertise.

A British Library Research and Development Report recently gave a figure of 20,000 A/V publications each year (50). This may be an underestimation, because there are many sources of A/V publications and the material is published in several formats. Graham Cornish has pointed out that there is no national interlending system for A/V material (51). He concludes that although the medical and health care fields are relatively well catered for in terms of A/V resources, librarians in these areas should take a lead in discussing the potential role of A/V material and in making information about current holdings more widely available. To set up a national interlending scheme will pose considerable problems, considering the large number of sources of material and the lack of one major supply centre. A national scheme is still some way in the future, but on regional and local levels, librarians might have more success in setting up and maintaining comprehensive

union lists and lending systems.

Linked to the increase of information in non-paper format, is the rise in computer assisted learning (CAL) programmes available as teaching aids. CAL programmes generally consist of models designed to allow students to learn in several ways. One model will probably consist of multiple choice questions and answers, another might allow students to learn by role playing, different situations demanding critical analysis and decision making, and so on. Their use as learning aids has been evaluated over a period of several years and has been found to be beneficial in some instances.

Richards discusses the merits of a CAL system for nursing (52) environments and confirms that the acquisition of CAL facilities would be an expensive step if both hardware and software needed to be purchased. This would need to be considered thoroughly beforehand. It is also possible for in-house CAL programmes to be developed assuming that the necessary hardware (a microcomputer) is available and that at least one member of staff has the necessary computer programming skills. Townsend argued that this step would prove too expensive, complicated and time consuming for college of nursing staff to undertake (53). However it seems that the problems which currently affect CAL in the UK may largely be solved in the near future. Project 2000 encourages:

> the use of technologies that will allow students to experience situations at a distance and not infringe unnecessarily upon privacy (54)

and hopefully will promote a more widespread acceptance of the need to investigate the potential benefits of this technology to nurse education.

The ENB is currently attempting to makeCAL technology more widely available to colleges of nursing, by making available to colleges of nursing, study and materials packages. An example of the ENB's publicity leaflet is shown in Appendix 4. There is reason for optimism that this kind of initiative combined with falling (relatively) costs of software and hardware will result in greater use of this medium. CAL initiatives both in the UK and the USA have recently been described by Beryl Howard (55).

It is clear that stock must be a major consideration for any librarian involved in planning the provision of services in support of a Project 2000 based curriculum. There are likely to be many subject areas and types of stock which need to be developed on a long term basis according to a programme of planned expansion. It is increasingly obvious that libraries must not rely any longer on a collection of textbooks complemented by a small journal collection. Instead, it is important that all the available resources are considered. At present the building of strong collections of textbooks, ensuring that journals holdings adequately reflect the needs of users and that there are sufficient bibliographic and indexing terms available seems most important at present for colleges of nursing libraries. However, librarians may wish to consider making plans for the acquisition of other material and learning aids as part of a planned expansion into these areas as and when funds permit.

CHAPTER 6

COMMUNICATION

6.1 Background

Effective communication is an essential part of the Project 2000 requirements. In the Report, one of the major advantages is seen as being the opportunity for colleges of nursing to forge new links with other educational institutions. For the librarians involved in supporting Project 2000 in colleges, communication is essential in two main areas:

1. internal communication with members of college management and teaching staff;

2. external communication with other health care libraries and in the wider context of libraries in the general higher education sector.

6.2 Internal Communication

it is important not to underestimate the role that this plays in determining how efficiently a college of nursing library can support Project 2000. Poor communication on an internal level can lead to misapprehensions on the part of college management and a poor internal "visibility" or reputation for the library. On the other hand, good communication, for example between library and teaching staff can enable the library to prepare for particular projects which may be set for students and to ensure that the required information is made available at the time that it is needed.

The making available of reading lists to the library by teaching staff before the courses begin is also an example of the importance of liaison. Without these lists sufficient numbers of set texts may not be available in time for new intakes of students. In a college (or any other institution) where good communication at all levels is the norm, it tends not to be noticed. In situations where there is a history of poor communication the opposite may be true and problems often apparent.

A specific example of poor communication between college teaching staff and the library at JPL has already been given in Chapter 3 when the Librarian was not consulted about the purchase of bookstock for midwifery students.

Further examples of poor or non-existent communication have been noted at other colleges. The most common problem has been that tutors set project work without informing the library. This makes the library's task of providing on demand, adequate information difficult in the extreme. It may for example be necessary for items of stock to be placed on short-loan or on temporary reference to cope with demand. This can not be achieved if the first students to reach the library shelves have borrowed the relevant items. A further example, again involving JPL was when the Librarian was asked to lecture to students about the use of bibliographies as part of a user education programme. When she arrived to give the lecture, the students were expecting one on an entirely different subject! The tutor involved had changed the subject of the lecture without thinking to let the speaker know.

This type of communication breakdown has important consequences. Firstly, students may suffer a "negative learning experience" if there is a frustrating delay in their being able to access information reasonably quickly.

Secondly, the effect on library staff is not beneficial. If staff are suddenly overwhelmed by demands from an intake of thirty students for the same information and this has not been prepared for, they are likely to be demoralized by their failure to provide an adequate service; even if this is not strictly the library's fault.

The occasions when communication fails can be kept to a minimum if the need to liaise effectively is borne in mind. A sensible solution is to have regular meetings between library and teaching staff, where potential difficulties can be discussed and ironed out. Much depends on the fostering of an open atmosphere throughout the school, in which library staff can play a suitably professional role. Since project work is comparatively new for nursing students, it is perhaps not surprising that their teachers are also taking some time to adjust to the greater need for liaison with library staff. There is currently an opportunity for librarians involved in services to student nurses to examine the way that libraries in institutions such as universities and polytechnics liaise with teaching staff. It may then be possible to adopt some of the more successful policies in colleges of nursing. The key is that librarians and teachers should work together to plan the most effective use of library resources possible.

6.3 External Communication

Communication and liaison with external bodies will also be an important consideration under Project 2000. Libraries have often found in the past, the maintenance of local and regional cooperation networks helpful in providing access to shared resources. In the future, libraries catering for student nurses will need to improve external contacts, including those libraries not directly

associated with colleges of nursing. For instance small hospital based libraries, serving all health care staff on site, will need to make provision for close liaison with the main college library. The college of nursing libraries must establish links with the libraries of the polytechnic or institute of higher education with which the college of nursing is formally associated. This may not be straightforward. The students based at JPL have apparently not felt that they are terribly welcome on the few occasions that they have visited the library at Ipswich College of Higher Education. This is of course a new situation for the library staff in Ipswich and one which will take some time to adjust to.

6.4 External Communication: Leicestershire

In Leicester, the Charles Frears College of Nursing and Midwifery has recently hosted meetings with librarians from the area who are likely to come into contact with Project 2000 students. These meetings have been held at the request of the librarians in an attempt to create an environment in which information of use to both college and library staff can be freely exchanged. Without the librarians' intervention it is perhaps doubtful whether the college would have realised that libraries in the area face potential difficulties which need attention.

During these meetings, several interesting points have emerged (including some which were not previously known to the librarians). These include:-

1. the college will be officially linked
   with Leicester Polytechnic;

2. the Polytechnic will be running a
   parallel three year degree course and

would be "buying" teaching from the college;

3. each intake of college students will spend three days per week over an academic year of forty-five weeks, at the polytechnic;

4. that college students will have at least part of one day per week as private study time;

5. that college students will be accommodated in nurses' residences across Leicester.

These points indicate definite areas of impact on the health care libraries in Leicester, and it is important that this kind of information is readily available to all those who need it.

As the formal link for CNAA validation of the Project 2000 course is to be with the Polytechnic, this brings into question the continuing role of the University run Clinical Sciences Library at the Leicester Royal Infirmary. This has always catered for the information needs of both student and trained nurses, alongside medically trained staff and student doctors, though with the emphasis on trained nurses who are not eligible to use the Charles Frears College of Nursing and Midwifery Library, unless they are on a course run by the college. The university does not have a formal reciprocal borrowing arrangement with the Polytechnic, which raises the question of continued support by the CSL, for student nurses who are served by the college of nursing library. Services provided by the CSL in the past such as literature searches and Inter-Library Loan facilities

should probably be provided if not by the College library, then by the polytechnic library.

There is an important principle at issue here; that is should the CSL be recompensed for work carried out for Project 2000 staff and students? The relationship between the polytechnic and the CSL was clear in the past (the CSL was quite seperate from the polytechnic library).This now needs to be clarified as does the relation between the CSL and the Charles Frears library. Good liaison between the Librarians concerned seems to have kept problems to a minimum in the past and it is to be hoped that this can continue.

There are also considerable implications for the polytechnic library. The level of student teaching to be carried out at the polytechnic site (the college will be buying lecturing time from the polytechnic) means that students will wish to make use of the library facilities at that site as well. Communication between the Librarians at the polytechnic and the college will be paramount. The issues involved include the building of suitable stock at the polytechnic, the level of duplication of texts by both libraries, user education programmes at both sites and so on. It is important that a channel of communication is established and maintained as the basic mechanism for allowing these issues to be discussed and solved.

6.5 The Potential Problems of Multi-Site Education

Difficulties on a wider scale are likely to occur when the college is located on more than one site. This is inevitable, at least during the early years of Project 2000 implementation, because it will take some time to reorganise several of the old schools of nursing into single colleges.

Since the students will be accommodated in residences on several hospital sites in Leicester such as the General Hospital, the LRI and others, it is logical to expect that students will wish to make use of the library facilities on these sites. This is likely to occur particularly at times when students have private study periods. Some will find that the library facilities on site are excellent (the CSL for instance), but other hospitals have very small libraries some of which are not staffed on a full-time basis and most of which will be unable to cope with a large rise in demand for services. The typical location for these libraries is a single room, originally designed for a completely different purpose.

These libraries will probably not receive significant levels of additional funding for Project 2000. What extra money that is available to DHAs will mostly be used by the college and polytechnic libraries. The smaller, hospital libraries also funded by the DHAs are probably not capable of stretching budgets to provide new stock.

It seems likely that the CSL will be called on to increase its existing level of support to these libraries, but it is unlikely to be able to buy much more stock than at present. Current financial constraints almost certainly mean that neither the university nor the DHA will be able to find new money for an expansion of the library service to student or indeed, trained nurses. Local support schemes are useful, but the CSL which is likely to act as the back-up library for the area, must look further afield perhaps to regional or national support.It is vital that liaison is effective here also, and that the mechanics of the network of local support are properly organised. For example, van transport schemes which the NHS uses to transport mail and other items between hospitals is a

useful means of moving stock between hospital libraries
(56).

Project 2000 students will spend periods in clinical
teaching situations on various hospital sites. This will
entail the use of different hospitals, because of the
numbers of students involved and in order that they can
gain a balanced perspective of all areas of nursing. They
will probably wish to be able to supplement their clinical
teaching with reference to the local library where
necessary. In addition, the groups of clinical teachers
charged with the task of providing the hospital based
tuition will also need access to library facilities in
order to keep up-to-date with current trends and
practices, to prepare teaching sessions and to find
specific information when necessary. The increased load
for teaching staff has been highlighted by Brown (57).
Hollingworth (58) further emphasises the crucial role that
teaching staff will play in the implementation of Project
2000.

Librarians involved in the provision of services to
Project 2000 students may need to strengthen existing
regional networks, or to establish them if they do not
already exist. In this manner, problems may be discussed
at a wider level bringing greater depth of experience to
bear on specific problems. In addition, material may be
lent or borrowed in order to support areas of heavy demand
on a short term basis.

Clearly, communication and liaison is an integral feature
of the demands of Project 2000. This applies to libraries
with direct and indirect links to the new colleges of
nursing and the liaison must be on two levels: local and
regional. In both cases it is important that the actual

mechanics of the channels of communication are well established before they are put under pressure.

CHAPTER 7

LIBRARY ACCOMMODATION

7.1 Background

Under Project 2000, many existing schools of nursing and
schools of midwifery will amalgamate to form a smaller
number of larger colleges of nursing and midwifery. It is
hoped that this will concentrate educational resources for
nurses and midwives more effectively than has been the
case in the past. This concentration of resources should
enable them to be used more economically since it is
probable that many of the smaller schools of nursing might
be forced to close in the future due to financial
constraints even without the intervention of the Project
2000 initiative. It may also reduce the sense of isolation
felt at some provincial schools of nursing which may not
have had a great deal of contact with similar
institutions.

7.2 Amalgamation of schools of nursing

One problem which may not have been widely anticipated is
the effect that the recent fall in land values can have on
DHA's ability to fund the construction of new premises. It
may be in some cases, the expected proceeds from the
sale of existing sites into private hands have been
overestimated. This could mean that the shortfall between
the proceeds and the cost of new premises is too great for
the DHA and may cause plans for new library accommodation
to be shelved.

In its policy document for future service provision (59),
Trent Regional Health Authority proposed the amalgamation

of existing schools of nursing in twelve areas to form four major colleges of nursing and midwifery:

1. North Trent College

2. Mid-Trent College

3. South Derbyshire College

4. Leicestershire College

There is an obvious concentration of resources implied here, and the consequences for library provision are considerable. Each new college must have suitable library resources on site and it is important that the librarians involved in the changes are consulted and given an opportunity to provide advice and contribute to the decisions affecting library services. The problem of how to ensure adequate service provision at hospital sites vacated by schools of nursing is also important, as are the related questions about the role of staff, stock and equipment at these libraries. As far as the continuance of library services to hospitals are concerned, the college library may need to act effectively as the centre of a local network supporting services to outlying hospitals.

These points are ones which librarians must take more than just the usual professional interest in. Instead it is necessary for librarians as a professional body at national, regional and local level to initiate debate and discussion about the most suitable way to proceed with these issues.

7.3 New College Premises at Great Yarmouth

The problems associated with the provision of library
facilities at more than one site have already been
encountered at Suffolk College of Nursing and Midwifery
(with centres at Great Yarmouth and Ipswich, and the
associated College of Higher Education also based in
Ipswich). The round trip between college sites is
approximately one hundred miles, which means that the type
of resource sharing possible in a large city is not as
easy in this case. The idea of creating one library
facility at either of the two bases has been discounted
because-the other site would suffer greatly with little or
no library access for students and staff at that site.

The problems have recently been compounded for JPL at
Great Yarmouth, with the removal of the college to new
premises in a disused high school. The new site provides
good accommodation for the college and the potential
library space is excellent. The college authorities had
assumed (without communicating with the District Librarian
at JPL), that the library would move in its entirety with
the school. The District Librarian has been forced at
short notice to make it plain that this can not happen,
for three main reasons:-

    1. funding and resources;

    2. staffing;

    3. security.

As the library at the James Paget Hospital is
multidisciplinary and caters for the needs of all of the
health care professionals on site. Funding for the library

has come jointly from medical and nursing budgets and indeed, medical funds have provided for several one-off purchases of special equipment. At the same time, staff numbers are limited and the optimum use of staff is demanded. In addition, a security system has recently been installed at JPL which has greatly reduced the level of stock losses. This level would almost certainly rise sharply at a new site without the system.

The issue of funding alone would make it impossible to move the nursing library away from the hospital to the new college site. Resources would have to be split between nursing and medicine and this would cause insurmountable problems, given that budgets are limited. For example, there is some overlap of stock between the two disciplines and both medical and nursing staff make use of the library's bibliographic and information tools. Any division of resources would seriously weaken the library's ability to serve all its users satisfactorily. If the librarian moved only nursing related material, then this would leave trained nurses without library provision. The needs of this user group should not be underestimated. Janette Bysshe (60) has argued that trained nurses will also benefit from Project 2000. It is likely that together with nurses trained under the new curriculum, they will demand suitable library resources.

The District Librarian's justified reluctance to split or move the nursing library has caused some consternation among the college management. Significantly, it is she who has proposed a compromise solution to the problem. This would involve the resourcing of a limited library facility at the new college site on the following basis:

1. bookstock to consist of duplicate copies
   from JPL on a "reference only" basis;

2. improved communication between library
   and teaching staff, in an effort to
   make the best possible use of staff time
   and resources in the library;

3. the installation of CD-ROM equipment at the
   new site, enabling access to databases
   avoiding the need to duplicate paper based
   information retrieval.

It is apparent that the District Librarian has acted
promptly and with insight in tackling the difficulties of
this situation, and that members of the college
administration may not have realized the complexities of
information provision in a multidisciplinary environment.
This is not surprising, as these kinds of problems have
not been widely experienced before.Both librarians and
college administrators will need time to adjust.Many of
the problems associated with the removal of the college
could perhaps have been solved at a much earlier planning
stage with better communication.

7.4 Amalgamation of Existing Schools of Nursing in Leeds

Similar problems might occur in Leeds, where the two
health districts, Leeds Eastern and Leeds Western are
uniting their schools of nursing to form a single college
based in a central Leeds location, though not at an
existing hospital site. This will no doubt help to
maximise the efficient use of available resources, but at
the same time will pose significant problems for the
libraries involved. The site of the new college has not
yet been decided, but it is likely to involve the
utilisation of old school premises. From the librarian's
point of view, the administrators have exhibited little
urgency about the location and organisation of the

college. They also appear unaware of the need for the librarians to be able to plan well in advance of any possible move. However, one positive effect of the delay is that it gives staff and administrators time to consider any possible areas of difficulty and to work out solutions (61).

While the arrangements for the creation of the new college are progressing, the school of nursing at St James's University Hospital (Leeds Eastern), has already received two Project 2000 intakes, which are being taught alongside students following the traditional training programme. The formal relationship between the libraries at the two existing schools has not yet been seriously considered.

Perhaps now is the time for the two.Librarians to start working on a joint statement of service objectives and making proposals for the most suitable method of achieving a smooth unification. This should entail considerations of the type and size of accommodation necessary for the new library and the levels of funding to be requested for the building of stock levels. More basic questions such as which of the two book classification schemes currently in use is to continue in the new library and the extent to which duplication of materials particularly journal subscriptions is to be avoided, should be addressed.

The library facilities for those members of staff based at the hospital sites when the schools of nursing have closed should also be examined. In the case of staff at St James's, the possibility of the Clinical Sciences Library (run by the university medical school) providing better services to non medical staff should be explored. As has already been pointed out in relation to student nurses in Leicester, the Project 2000 students in Leeds will continue to live in residences at hospital sites. They

will therefore require some on-site access to library resources if their information needs are to be satisfied.

The Clinical Sciences Library at St James's is fairly compact and would find it difficult to accommodate large numbers of people wishing to study in the library, although there is potential for expansion into two other rooms. However, the two full-time and two part-time members of staff could, with a little reorganisation of their working practices, cope with an additional workload. In addition, the DHA already makes a financial contribution to the running of the library. It would therefore not be wholly unreasonable to expect that the expansion of services to NHS staff be considered.

There is still time before the Leeds schools of nursing amalgamate for these issues to be properly addressed and the sort of problems recently encountered in Great Yarmouth to be avoided. It is up to the Librarians involved to press their case for a suitable level of involvement in the planning of new library facilities, and to allow their professional skills to be used to the full. If evidence is required to support their conclusions and recommendations, then the experience of staff at JPL and other libraries which have already amalgamated will be useful.

CHAPTER 8

CONCLUSIONS

8.1 General

Project 2000 represents change. The UKCC has formally acknowledged the need for nurse education and training to move forward from the apprentice style which has provided the basis of training for all nurses since the inception in 1860 of Florence Nightingale's Nightingale Training School. The need for the nursing staff of the future to feel more comfortable with a new role as health practitioners , increasingly providing care and support in a non-hospital, community environment is vital.

Nurses will have to be trained to be capable of self-initiated critical evaluation of the needs of the patient and the planning and formulation of their care. This means that nurse teachers must be able to respond to the challenges of the new curriculum, which in turn will place greater emphasis on the use of library resources than has generally been the case before.

The Project 2000 report does not directly emphasise the need for improved library facilities, but some of its key recommendations can not be met by the new colleges, without a recognition of the role that information resources will play in the new curriculum. Under Project 2000 nurses will learn the skills of information retrieval and handling. The most suitable place to do this is in a well stocked library, with staff who are enthusiastic and fully aware of their clients' needs. The major problem for librarians is coping with the conflicts

caused by having to prioritise services to particular user groups given that limited funding is available.

There are specific difficulties associated with the provision of library services to college of nursing staff and students:-

8.2 Funding

The greatest problem for librarians is simply attracting the funding necessary to provide an adequate service. If the money is not there, then all other areas of potential problems such as staffing levels, collection building and the acquisition of new information technology can not be solved.

As a professional group, librarians have traditionally not been obviously successful at convincing budget holders that information is an expensive commodity and that it must be bought like equipment and buildings and other material.

It is imperative that those librarians with responsibilities in the field of nurse education make strenuous efforts to attract suitable levels of funding. In many individual cases, it is likely that the implementation of Project 2000 will have a considerable impact on the demand for textbooks, journal collections and information retrieval tools. The role of the LA seems obvious, but there is little evidence that the Association has so far made much impact on the UKCC, National Boards or on the Department of Health. The UKCC is the most logical body for the Library Association to lobby, since it is directly responsible for the success of Project 2000.

8.2.1 The Case for Additional Funding for Libraries

The presentation of the case for additional funding is vital. The case is a strong one, which demands suitable lobbying of those who control budgetary matters.Library and information provision generally has not yet been adequately considered, in the light of the Report, but there is still time for the UKCC in consultation with other bodies to consider means of improving the situation. A first step would be for the UKCC to issue firm guidelines about the apportionment of budgets to library services, with the aim of establishing some kind of uniformity on a nationwide basis.

If the Library Association is unable to present a solid case on a national basis, then additional responsibility is placed on individual library managers and on their local and regional groups. This calls for skilful use of management information.

Librarians should make the most of the opportunity to impress upon college and other NHS authorities exactly how important library facilities are. As a part of this strategy, it is important that librarians should aim to maximise the efficiency of their libraries and seek to market their services more effectively. John Van Loo has stressed that libraries can adapt the methods employed by commercial marketing companies (62). He believes that librarians must analyse groups of users (and potential users), their current and changing needs and then attempt to target services directly to these needs. This kind of approach will become increasingly important. All methods of raising the visibility of the library in a positive fashion should be considered. Publicity material, the tailoring of specific services to meet individual user group needs and offering specialist services may be

relevant. If the Librarian can also attract the support of
college teaching staff the case may be even more
convincing.

Legislation relating to the reorganisation of the NHS
further complicates matters and creates some confusion
over the future source of funding for Project 2000
colleges. If as seems likely, the RHAs take over funding
entirely, then the position will at least become clearer,
even if the sums of money available are not increased. One
further implication which may have a considerable impact
on library services related to the NHS is the possibility
of hospitals and individual colleges of nursing being able
to make contracts for library (and other) services with
outside bodies.

The essential point is that librarians must in the
planning stage, take the initiative in seeking to convince
those in positions of authority that the library is an
essential resource which needs a planned framework of
budgeting, ideally involving the librarian as budget
holder.

8.3 Communication and Liaison

Communication and liaison can help to prevent difficulties
arising and to cope successfully with those that do occur
when dealing with the changes brought about by Project
2000. The need for regular liaison with tutors concerning
the day-to-day information needs of students has been
mentioned. The need for improved local and regional
networks and the establishment of links with non-NHS
related centres of education is also important. Both rely
on the librarians concerned to recognize the benefits that
such communication can bring.

A specific example of the need for effective liaison is that of the need to cope with the demands of multi-site education. It is very important that the necessary arrangements for providing library services to students who may live at one site, study at one or more others and be placed on ward attachments at a further hospital site, are made. In many cases, the libraries at some of the sites will not be funded to provide the extensive services that student nurses and their clinical teachers will need. Securing new money to cope with this is important, but effective support networks will be vital.

8.4 Staffing Considerations

The attitude of staff towards change is very important. Large amounts of additional funding can make little significant beneficial impact, unless the staff involved in the delivery of the service are alive to the changing needs of the users. On the other hand, some deficiency in the levels of funding available can be balanced if staff are adaptable and innovative. The right attitude must flow down through the library structure from senior to junior staff and it is crucial that managers recruit and retain enthusiastic staff, who are flexible in their approach.

8.5 User Education

One other issue will be very important and must be given due consideration. This is user education. In order for college staff and students to use library resources efficiently, library staff must be able to teach information skills and relate these to the needs of the curriculum. Many members of college teaching staff will never have been trained in the use of libraries and may also need some assistance in coming to terms with the

revolution in teaching methods which will entail more widespread library use.

Clearly, the change demanded of nurse educators by Project 2000 will be reflected in the changes demanded of those libraries supporting the new curriculum. The shift away from student nurses as apprentices to supernummary full-time students, will mean that the libraries which serve them will, in turn, need to become more academic and research oriented in outlook. This is a process which will take some time to achieve, but is possible, if all the parties involved can come to an understanding about the way forward.

Librarians must take a lead in the forthcoming debate about the most suitable methods of meeting the challenge set by Project 2000 for library services. This is something of a learning process and mistakes will be made. Libraries in the health-care field have shown that they can adapt well to the changing needs of users, but this is difficult if it is only librarians who recognise the importance of information resources. That libraries are a valuable educational resource must therefore be publicised as widely as possible.

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APPENDICES

APPENDIX 1

FUNCTIONS OF THE UKCC AND THE NATIONAL NURSING BOARDS

The UKCC has five main functions-:

1. to establish and improve standards of training
   and professional conduct for nurses, midwives
   and health visitors;

2. to ensure the standards of training established
   meet the UK's obligations to the European
   Community;

3. to determine the entry requirements for training
   courses;

4. to make provision for the type and standard of
   post-registration training;

5. to provide advice on standards of professional
   conduct.

The four National Boards complement the responsibilities
of the UKCC, their main functions being:

1. to provide or arrange for others to provide at
   institutions approved by the Boards:

   a) courses of training designed to enable persons

      to qualify for registration as nurses, midwives

      or health visitors;

   b) courses of post-registration giving additional

      qualifications.

2. to ensure that such courses meet the requirements
   of the UKCC in terms of content and standard;

3. to hold or arrange whatever examinations may be
   necessary for registration or for post-
   registration;

4. to collaborate with the UKCC in promoting training
   methods;

5. to carry out investigations of cases of alleged
   misconduct.

APPENDIX 2

KEY RECOMMENDATIONS OF THE PROJECT 2000 REPORT

The key recommendations of the Project 2000 Report are as follows:-

1. there should be a new registered practitioner competent to assess the need for care, provide care, monitor and evaluate and to do this in institutional and non-institutional settings;

2. preparation for the registered practitioner should be completed in three years;

3. training should commence with a common foundation programme, which will be followed by a further eighteen months in one of four specialities;

4. the four specialities or branch programmes should be designed to train specialist nurses of mental health, mental handicap, nursing of children and the nursing of adults;

5. there should also be a post registration course in midwifery.

6. students should be accorded full student status; be essentially supernummary to ward staffing and be in receipt of a non means-tested bursary;

7. a new grade of ward based "helper", known as healthcare assistants should be created. T

8. nurse education to develop ties with centres of higher education, as a result of which, schools of nursing should become colleges of nursing;

9. in order to achieve suitable educational resources, schools should consider partnerships, re-establishment and the forming of consortia;

10. training for Enrolled Nurses to be discontinued allowing training for a single grade of nurse to be achieved;

11. opportunities for Enrolled Nurses to train for entry to the professional register at a higher level to be developed.

APPENDIX 3

THE STANDARD QUESTIONNAIRE

QUESTIONNAIRE

GENERAL
1. Please give some general background information about the library (eg. history, user groups served etc.)

2. Does the library act as back-up to others, or does it receive support from other libraries? If yes, please give further details.

3. Is the library supporting the P2 curriculum at present?

4. Either:
When did the P2 course commence and how many intakes have there been so far?.
Or:
When is the library likely to start service provision to P2 staff and students?

FUNDING
5. What are the library's sources of funding?

6. Has the library requested "new money" for P2?

7. Has additional funding been allocated?

8. If yes, how has this been appropriated to the various library budgets?

9. Are you going to request additional funding in the near future?

STAFFING ISSUES
10. What proportion of the library staff is involved in meeting the information requirements of P2?

11. Have any new members of staff been appointed specifically for P2?

12. Are you hoping to recruit additional staff in the near future?

13. How have staff workloads changed (if at all) due to P2?

14. Does the library encourage personal/professional development? If so, in what ways?

STOCK
15. What steps have been taken to try to ensure that stock levels can cope with any increase in demand prompted by P2? (both books and journals)

16. Is there a "reference only" or short loan collection? On what basis does this work?

17. Have the paper-based bibliographic/indexing or reference tools been expanded?

18. What computerised information retrieval resources are available? Have these recently been expanded?

USERS
19. Have you noticed any change in patterns of use by either:
   Nurse educators
   student nurses
   other user groups
following the inception of P2?

20. What user education is available and has this changed follwing P2? Do users need more user instruction under P2?

COMMUNICATION
21. Are professional librarians represented on school/college working groups or liaiason committees? If not, have library staff made representations to school/college lecturers or administrators? Why do you think that new groups have not been instituted?

22. Were professional librarians involved in planning library services to P2?

23. Do library staff have much professional contact with other health care librarians in the area or region?

CONCLUSION
24. What have been the major problems relating to P2 implementation encountered by the library?

25. Have initial remedies/solutions been changed? If so, why?

26. What new problems do you anticipate?

27. Have you made preliminary efforts to counter these?

28. Do you have any general thoughts on how successful the library has been in supporting P2 or, do you feel optimistic that the changes demanded by P2 can be met successfully?

APPENDIX 4

CAL INITIATIVES BY THE ENB

Materials

This package is automatically supplied in two versions.

- ♦ BBC Master Version
- ♦ MS-DOS Version

Within the ONE purchase, you will receive the following components:-

- ♦ Student Pack (both BBC & MS-DOS)
- ♦ Master Student Packs (paper masters)
- ♦ Teacher's Manual (incorporating both teacher notes and student's booklet in the 2 versions)
- ♦ Master Course Disks (5¼ DFS BBC & 3½ MS-DOS)
- ♦ OHP Acetates (for use in conjunction with BBC and MS-DOS versions)

BBC Version

The BBC Disk contains data files for use with the following applications:-

- ♦ VIEWSHEET *(available BBC Master)*
- ♦ VIEWSTORE *(not supplied)*

MS-DOS Version

The MS-DOS Disk contains data files for use with the following applications:-

- ♦ DBU *(Database on disk supplied)*
- ♦ Lotus 1-2-3 *(not supplied)*

NOTE: Lotus 1-2-3 was used as it is possible to load this type of file into other spreadsheets used in Health Authorities. Lotus 1-2-3 is not supplied with the materials.

How much does it Cost?

**Computers and
Information Technology**

A Study Programme for Nurses

The cost of this package has been kept purposely low in order that Schools of Nursing and District Health Authorities may take advantage of this material.

___

To ALL Organisations

The cost of the material will be:-

£200.00 inclusive of post and packaging

___

To Schools/Colleges of Nursing and Midwifery in England

The cost of the material will be:-

£100.00 inclusive of post and packaging

___

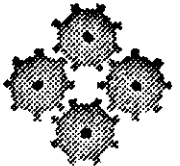All orders should be accompanied by a cheque for the set amount, payable to:-

The ENB CAL Project

and sent to:-

The ENB CAL Project
Woodseats House
764a Chesterfield Road
Sheffield S8 OSE
☎ (0742) 553231

Computers and Information Technology

A Study Programme for Nurses

English National Board
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ENB

Computer Assisted Learning
(C.A.L.)
Project 1988 - 1991

Nursing and I.T.

'All practitioners should be trained and experienced in the clinical use of Information Technology; they should be enabled to maintain and build on any computer literacy acquired at school or during a period of training'.

Poole, A. *et al*
A Strategy of Nursing; A report of the Steering Committee. 1989, para 33, DoH, HMSO London.

'Accountable practitioners, must be more than passive recipients of information. They will need to acquire the analytical skills to ask the right questions, to know where to seek answers to them and to reach informed decisions on the basis of the fullest knowledge available'.

Poole, A. *et al*
A Strategy of Nursing; A report of the Steering Committee. 1989, para 33, DoH, HMSO London.

The English National Board Computer Assisted Learning Project

...is pleased to announce the development of new course materials, specifically targetted at trained nursing staff within the secondary health care setting.

'Computers and Information Technology A Study Programme for Nurses'

...has been designed to assist all trained staff to explore the potentials of the computer within health care. It provides the qualified nurse with the opportunity to see and use practical, working examples of Information Technology (I.T.) enabling them to experience how I.T. can help them manage effectively the resources available within their areas.

This package is a comprehensive over-view to Nursing and I.T. in all its guises, not just another computer appreciation course.

'Computers and Information Technology A Study Programme for Nurses'

The flexibility of the course materials allows the facilitator to design a single or group of workshops, reflecting the specific needs of the nurses undertaking the study.

The materials have been piloted across the UK within health authorities, further and higher education. It has been well received.

The Educational Process

What is the course and what do you learn?

The course philosophy, reflecting the previous stances taken by the ENB CAL Project, sees the central key to the use of I.T. by nurses as that of the influence of information.

Areas included within the course materials are

- The nurse and information - a conceptual framework

- Databases (the law and management of people)

- Spreadsheets (the nurse and finance)

- Electronic Communication (acquisition and dissemination of information in nursing)

- Coping with the I.T. expert

Within these five areas are two major sessions where the course members utilise simulations of a nursing personnel database and a unit nursing finance system.

The simulations enable the course members to consider the differing roles of 'people' information and 'financial' information. Facilitator support for ensuing discussion and implications exploration with the group are provided in the Teacher Notes.