

July 2020
Issue 124

The Swimming Pool



**Newsletter for the
SWIMS Network**

The Editorial Team

Katie Barnard

Sam Burgess

Pam Geldenhuys

Lucy Gilham

Helen Licence

Jessica Pawley

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COVID-19 Rapid Reviews

Sarah Rudd, Bristol

As part of the drive to support the work going on to tackle the covid-19 crisis, a call was put out to ask if anyone would be willing to help the Centre for Evidence Based Medicine (CEBM) at the University of Oxford conduct searches for rapid reviews on topics relating to covid-19.

Rapid reviews are described as 'a type of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a short period of time' (Khangura S, 2012).

Over the past few years we have gained a fair amount of experience in doing searches for systematic reviews at North Bristol NHS Trust and knew that the skills that we had learned doing those would be useful in helping the CEBM with the searches they needed done. Katie Barnard and I volunteered to help with the searches.

In practical terms this has meant that rather than the 20 or more hours to draw up the search strategy for a systematic review search, for the CEBM searches we have had around 8 hours to both compile the strategy and review/sift the results. The searches therefore aren't as comprehensive as for a systematic review, but the CEBM provided a few starting points to help us.

"Quick and dirty searches" but of our normal standard were expected despite the short timeframe. To aid this guidelines for the searches (Roberts, 2020) were provided which include search blocks for covid-19 terms (or acute respiratory infections (eg SARS/MERS) if nothing on covid-19) for Trip, PubMed and Google Scholar. The rest of the search is built based on the topic of the search in the same way that you would a normal search, while trying to be as comprehensive as possible.

The term "coronavirus" in itself is a massive topic. It relates to the common cold, influenza, SARS, and MERS, as well as the new covid-19. Consequently, depending on the search terms being used, there can either be thousands or very few relevant results.

Sorting the results is the next point where the CEBM searches differ. Guidelines and systematic reviews are the primary point of interest, but in their absence RCTs or cohort studies were accepted. Citation mining and forward/backward citation tracking of any papers selected are also suggested as useful ways to find other papers (Roberts, 2020).

Surprisingly, unlike with most searches that we do, we are being asked to make a judgment as to relevance of the article/guideline to the search question, much more like with a standard literature search. Being asked to do this, with such a critical topic can be a bit daunting, especially when you add it the short time frame and the number of articles that are out there. You need to be sure that the results that you provide are only those that are relevant.

In the past few weeks we have conducted searches on:

- Thresholds for admission
- Evidence on mortality for escalation of care
- Mortality risk factors for Coronavirus, COVID-19, SARS and MERS

- Oxygen for breathlessness when dying with covid-19

Final thoughts: All this said, doing these searches makes it feel like I am making a practical contribution to the efforts to fight the pandemic. I am in one of the vulnerable groups and as a consequence am unable to go into the hospital and help out with some of the more practical tasks that colleagues are helping with through redeployment, such as fit testing.

The more collaboration there is on searches relating to covid-19 at the moment the better, as it will prevent duplication of work. Regionally and nationally within Library and Knowledge services, we are great at collaborating and I believe that the way that we have pulled together, whilst working from home or from our library, shows just how versatile and fabulous we all are at providing the evidence for the best possible patient care.

Sarah Rudd
Clinical Librarian
North Bristol NHS Trust (SMD)

A Celebration of Health Literacy: reflections on a virtual conference

Morag Evans, Dorset

A virtual conference celebrating health literacy was held on 30th April 2020 via Webex; there were two sessions, one in the morning at 10.30am-12.30pm and the other at 2-3.30pm.

The day started with introductions from the seven panellists – Sue Robertson, Ruth Carlyle, Catherine McLaren, Holly Case Wyatt, and Joanne Naughton all work for the national Library and Knowledge Services team in Health Education England (HEE). Sally James also works for HEE as a Public Health Workforce Specialist in the West Midlands. The final panellist was Jonathan Berry, the National Policy Lead for Health Literacy for NHS England and NHS Improvement.

After a warm welcome given by Sue Robertson, Jonathan Berry began with a refresher and history of health literacy. According to the World Health Organisation this refers, broadly, to the ability of individuals to “gain access to, understand and use information in ways which promote and maintain good health for themselves, their families and their communities.” <https://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/> It is a two-sided issue; it is both system-wide and also concerns an individual’s ability.

The Scottish definition of health literacy was also discussed which describes health literacy as “people having enough knowledge, understanding, skills and confidence to use health information, to be active partners in their care, and to navigate health and social care systems.” <https://www.gov.scot/publications/making-easy/>

The statistics surrounding health literacy are well-known: In England 43% of adults (16-65) do not have adequate literacy skills, and 61% of adults do not have adequate numeracy skills, to routinely understand health information. But the impact which low health literacy has on individuals and society is staggering: did you know that those with lower health literacy will die earlier, don’t take medication as instructed and that health literacy is significantly lower among men, those with lower levels of learning, those in deprivation and younger people and perhaps, surprisingly, those with a long term health condition? It’s an important issue and one which needs addressing from a variety of angles. The angle I am interested in is how

library staff can highlight and raise awareness of the problem and offer solutions in the way of tools and techniques (more of those later!) to clinical and non-clinical members of staff who communicate with patients and carers on a daily basis. At Dorset County Hospital I have recruited a team of enthusiastic health literacy champions who do just that – they are passionate about communicating with patients in ways which matter to them.

Ruth Carlyle gave us a snapshot of the 60-minute training developed and accredited by the Royal Society of Public Health. Ruth showed us how we could use and deliver the training to staff, both face to face and virtually. I thought WebEx was a good platform to use because of its functionality. Attendees were invited to take part in the discussion by selecting emojis and using the chat box to add their contributions.

An expert panel at midday took questions from the ‘floor’. The questions were insightful and interesting, ranging from how we can deliver training for public library colleagues to what examples of non-medical misunderstandings we can use when delivering training.

After lunch Sue Robertson shared details about the Health Literacy Community of Practice in the South. Its main functions are to share resources and presentations, best practice ideas, and is used as a platform to discuss ideas. I have found the CoP very useful and supportive and a good place to bounce ideas with colleagues who have a like-minded passion for health literacy. <https://southlks.libguides.com/healthliteracy/home>

Also, in the afternoon Joanne Naughton shared further details about the 15-minute induction tool which has been designed for Trust inductions. This is a great resource for sharing with staff. It explores why low health literacy is a problem for the individual and the health care system as a whole. Improved health literacy can help improve practice, patient care, patient satisfaction, and safety and ultimately saves time and money. Five tools/techniques are demonstrated including Teach Back, Chunk and Check, using simple language, using pictures, and routinely offering help.

Next, Ruth Carlyle spoke about the Health Literacy Training accreditation pyramid.

1. E-learning – introduces the core techniques (Teach Back, etc). Attendees do not receive an accredited certificate, but they are able to download an action plan on completing the course.
2. 15-minute induction course – this offers a flexible basis for training; not accredited, attendees may receive a locally produced certificate but not from Health Education England.
3. One-hour introduction to Health Literacy – the course (not the trainer) is accredited by the RSPH and its logo can be used on course materials and advertising. Once completed attendees receive an RSPH and HEE branded certificate and 60 minutes towards their CPD portfolio.
4. Full day training, developed by CHLF and HEE, is available through HEE. Once completed, attendees receive a certificate, but it is not accredited by the RSPH.

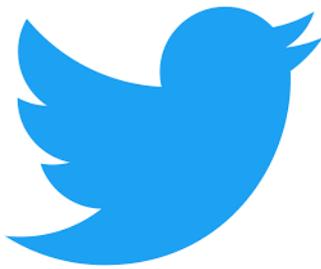
This was followed by a Twitter chat which was my first. The idea is that you use the hashtag which is the ‘basis’ for the conversation, in this case it was #HealthLitTools and three questions were asked; when we wanted to contribute we added the hashtag and A1, A2 or A3 in response to the three questions with comments. Some of the ideas people are using to

promote health literacy were really interesting. I particularly liked the idea of a Knowledge Café and “Health Heroes”!

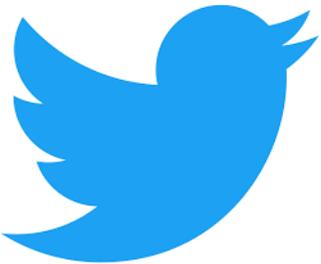
All in all, it was a great day with informative and interesting speakers, useful tools and ideas and innovative ways of working remotely.

**Morag Evans,
Librarian,
Dorset County Hospital (D08)**

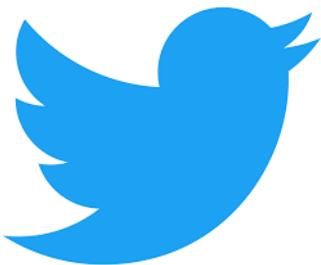
Some #HealthLitTools tweets from the above conference:



@abrine: some local authorities are producing reports drilling down into health data among other things to address & identify future needs #HealthLitTools



@CathLynneJ: Fantastic to hear a question in today’s #HealthLitTools session about collaborations across all sorts of libraries – public, health, school, prison – to build #healthliteracy and #digitalhealth



@suzwilson: We also delivered awareness sessions at Trust AHP conference. We were scheduled to deliver more across our localities before pandemic hit! #HealthLitTools

@TEWV_library: Question: what ideas do we have to spread awareness of health literacy #HealthLitTools? Tell stories of real people’s experience to heighten impact and tell people about teach back and chunk and check

@YDHLlibrary: looking forward to using #HealthLitTools highlighting health literacy to our Talent Academy young people....when the programme can safely restart!



NBT Hero Award

Our wonderful senior library assistant, Samantha Penny, was recently awarded an NBT (North Bristol Trust) Hero Award. The award was in recognition of how exceptionally she has stepped up into her new senior library assistant role (she has been a library assistant at NBT for 15 years), as well as her general willingness to go the extra mile and the support she has given new library colleagues. Samantha was presented with her award by our trust’s Chief Executive, Andrea Young, at an afternoon tea event.

**Katie Barnard
Clinical Librarian
North Bristol NHS Trust (SMD)**

People News from Around the Region

A familiar face returns...

After a gap of a couple of years for family and health-related reasons, Paula Younger has just rejoined the NHS Library "family" as a Bank Librarian. Paula will mainly be assisting with literature searching for the newly formed Somerset NHS Foundation Trust (MPH). She has been keeping herself occupied for the last few months with a range of short, ad-hoc research support, library-related, and non-fiction writing projects on a range of topics. Including coffee - about which she has learned more than she ever thought she would.

Paula Younger, Bank Librarian, MPH

Welcome to Lisa



Hello, my name is Lisa and I am a library assistant at Berkshire Healthcare Library and Knowledge Service (PPH) in Reading. I'm new to the world of Healthcare Libraries and very lucky to have joined such a wonderful team.

My background is in Primary education where I was an Emotional Literacy Support Assistant. I'm looking forward to adapting my skills to support the library service and its users.

Personally, I love live music and regularly attend gigs and help at local music festivals. I also enjoy drawing and baking when I have the time and if you hadn't already guessed – I like cats!

Lisa Manning, Library Assistant, PPH

Goodbye and Hello

EXE goodbye to Cate Newell

We had a virtual leaving party for Cate on Friday 12 June (via MS Teams) with the proviso that once things are back to a steady state, we can hold a 'proper' leaving do with shared food and drink! It was a first for all of us to part company with one of our own who has been with us since 2013 in her current role but was also a library trainee with us too back in the day! Where has the time gone?

She has helped build up our service steadily and energetically over the years with lots of innovations along the way. Cate leaves us with a well-supported LibGuides resource (and useful guides on how to carry on the good work) as well as being instrumental in literally building the RDE Repository from virtual brick one! She has almost completed her CMI (Chartered Management Institute) course. Cate set up our virtual RDE Craft Club on Facebook. We did have a physical meeting each month but that too has moved online via Zoom for the foreseeable future. We have had two meetings so far and I will be carrying on the good work! 😊

So we know she is ready to use all the skills she has been honing while with us to good effect as she takes up the reins at the Somerset NHS Foundation Trust library (MPH) from 15

June. We realise it is really au revoir as she is still close by and no doubt will be working together with us on regional projects in the years to come.

MPH welcomes Cate!

Hello everyone, I'm Cate Newell, the new Library & Knowledge Service manager at MPH. I'm probably a familiar face to many, having worked at EXE as Reader Services Librarian for the last several years. Or you might know me as the 'repository' lady from regional events and training, as I have a professional passion for developing research repositories in the NHS. It has been a challenging time to start a new role, but my colleagues in Taunton have been lovely and welcoming, and I'm looking forward to new challenges and working with you all in my new capacity!



Pam Geldenhuys, Electronic Resources Librarian, EXE
Cate Newell, Library and Knowledge Service Manager, MPH

Retirement and a new deputy librarian

After sixteen years, we are saying goodbye to David Chambers as he takes early retirement at the end of April. David is our deputy library manager and e-resources co-ordinator. Many of you will have met him at various training days over the years and will know that he is a bit of a legend. He is not one for a fuss but even so it is a strange time in which to be leaving. We wish him well and he will be very much missed by the team and I'm sure by the wider region.

We would like to congratulate Siobhan Linsey, our outreach librarian, on her appointment to the deputy manager position.

Library Team, MPH

Welcome to Ana

Hello everyone. My name is Ana and I am the new Library Assistant at Healthcare Library within Salisbury Hospital. It has been really strange starting a new job where I have to work from home from my first day, but luckily I have joined a fantastic team who are helping me navigate the new systems and procedures as I answer queries and do searches from my house on the edge of the New Forest.

My background is in education and public libraries. I have been a primary school teacher, Pastoral teacher, and secondary maths teacher, and am currently studying part-time for an MA in International Relations. Learning and access to knowledge is very important to me. I already work part-time at Health Services Library in Southampton, so feel at home helping others to access information.

My start at Salisbury Hospital has perhaps been unorthodox, but I already feel part of a great team and am really looking forward to working with you all.

Anamaria Williams, Library Assistant, Salisbury NHS Foundation Trust (W11)

A retiring gardener!

Denise Manning, one of our library assistants at TAU, has retired after 19 years' NHS service, 17 of those spent with the library. Previously working for the Somerset Partnership, Denise moved over to join the main team at Musgrove Park in 2016. Her last day was at the end of May and we had a "virtual" Skype tea party to send her off. She is now spending her time sitting with her feet up, planning what to spend her vouchers on.

Denise is a keen gardener and DIY-er and isn't one to sit down for long so she will have plenty to do to keep busy while the weather is nice. She will be very much missed by the team and I'm sure many of you around the region have met her over the years and will also wish her well for the future.

Library Team- TAU (MPH)

New library Assistant at PPH

Hello! My name is Roelien Clarke. I am the new library assistant at the Berkshire Healthcare Library and Knowledge Service (PPH). I have previously worked at several academic libraries in higher education in South Africa, and recently at the University of Roehampton.



I was mostly involved with library systems and digital collections administration, electronic resource management and user and access services. I have also worked as part of a library system consortium for 20 years, sharing skills, knowledge and best practices.

I am looking forward to become part of the NHS Knowledge and Library services community, and supporting the Trust and its service users. I love reading, love walking and enjoy nature. I am looking forward to know you all and working with you.

Roelien Clarke, PPH

New apprentice at MPH



Phill Taylor started working at Musgrove Park Hospital in 2020. He has a background in customer service with 10 years' experience in retail. He is an apprentice with the People Services team where his time is split between departments in order to gain experience and knowledge from different areas. Due to this, Phill works in the library for one morning on a Tuesday and a full day on a Thursday.

He is well versed with technology and his favourite book genre is Fantasy, his favourite series being Harry Potter. Phill has currently been tasked with supporting another department during this time, but we hope to welcome him back soon.

Library Team MPH

V-Smart Progress so far

Morag Evans, Dorset

I'm not a lover of change - I'm quite happy to get stuck in a rut! So when it was decided that the SWIMS Library Management System (previously OLIB from OCLC, since 2003) was to be replaced with a more modern one my heart sank. As a relative newbie to librarianship I'd only just got used to OLIB! However, change is a good thing. It encourages us to up our game, shoves us out of our comfort zone and keeps us abreast of the ever-changing information society. We have come a long way in eighteen months since the decision to change to a new LMS and I'd like to reflect on the journey up to this point and highlight the benefits the new system has brought.

After a procurement process running from November 2018 to March 2019, the successful bidder was announced on 29 March 2019: Infor (UK) Ltd. Infor's LMS is named V-Smart while its end-user interface is called Iguana. OLIB "stop day" for circulation and cataloguing was on Thursday 6 February 2020. On Friday 7 February all the data was exported and was loaded into the Infor systems. Meanwhile, circulation activity was recorded on a temporary piece of software called Wincirc. V-Smart went live on 2-4 March 2020 and access to OLIB ceased on 30 April 2020.

Implementation of the new system has been co-ordinated by Jenny Toller from Health Education England. A 'core team' has been established including Lucy Farnsworth as system manager and lead for Iguana. Later Catherine Micklethwaite joined as cataloguing lead, Barbara Peirce as lead for circulation and users and Stephen Filed as lead for print journals check in. The team worked closely together during the data migration and implementation phase and continue to do so. Under the guidance of the SWIMS Network Board, the core team set up the arrangements for groups and support as we had for OLIB. The work which the core team has undertaken is no mean feat! A description of the background processes can be found at <http://www.swimsnetwork.nhs.uk/system-general/background/> And some of it during COVID-19!

Despite the glitches and the inevitable problems of getting used to a new system, V-Smart will undoubtedly change our and our users' experience for the better. The new system is already helping to streamline workflows for library staff and integrate with other systems for a better end user experience. V-Smart has been running for over two months and the benefits are already being felt, despite the interruption of the coronavirus. We now have:

- a faster system
- the option to set up location specific Iguanas as individual library website with local links
- really flexible reporting

- better integration with discovery systems
- time saved during cataloguing thanks to the ability to download records
- an integrated inter-lending and document supply module! (watch this space!)

Thank you to the core team for their hard work and commitment to making the changeover as seamless as possible and for their continued dedication in assisting the rest of us in getting used to it!

Change is often a painful process but with it comes growth, new learning and innovative ways of working.

By Morag Evans,

Librarian

Dorset County Hospital (D08)

Merger News- TAU and SPT are now MPH

As of 1st April Taunton and Somerset NHS Foundation Trust and Somerset Partnership NHS Foundation Trust officially merged to form a new organisation: **Somerset NHS Foundation Trust**. This is after a long process of working in alliance across the two Trusts, and means that there will be closer working between community, mental health and acute services to improve care in Somerset.

For the library, this means that we have had to make some changes to our stock which we have previously communicated to you, but which we have reiterated below. Our users will continue to receive the same service from us across both our of library sites and more importantly across the community with people accessing services remotely.

The main library address and contact details remain the same.

Our webpage is linked to the Trust's external site and as TAU and SPT internet pages have merged to form a new page we have had to re-create a new webpage simultaneously. This is a 'work in progress' and we hope to fine tune in the coming weeks. You can visit our new site here: <https://somerseft.nhs.uk/library/>

Prior to the launch of v-Smart we took the decision to unify stock so our books already show in v-smart and Iguana as **MPH**. As you are aware due to the current situation we are unable to supply book loans from either library site.

Please update any previous references you may have for TAU & SPT to **MPH** as this is the library code we will be using from this point forward. Books held at our Cheddon Lodge site will have a prefix of CHED.

If you have any queries about this please do get in touch.

Library Team
MPH

UHMLG goes Virtual

Jo Fabling, New Forest

On the 3rd of April I attended the University Health and Medical Librarians Group (UHMLG) Spring Forum 'Systematic Reviews: Building Our Role and Expertise'. Originally scheduled to be held at the Royal Society of Medicine in London, the whole Forum was moved online so as to comply with travel and socialisation restrictions imposed due to the COVID-19 pandemic.

Although there are definite advantages to holding a face to face event, moving online allowed the UHMLG to open up an additional 400 delegate spaces; the decision was taken to make the event free of charge and open to NHS staff as well as UHMLG members. Whilst this provided me the opportunity to attend, I was wondering how I'd get on with an all-day programme of online presentations. At a face-to-face event, there are additional elements which allow you to come to each presentation refreshed; networking with colleagues over tea and lunch, checking out the poster presentations, visiting trade stands - and if it's one of our regional events there's always the possibility of John Loy throwing sweets at you - none of which is going to happen in your own back bedroom.

And if I'm honest, I've always felt that - despite their undoubted advantages - online events are second best. Somehow the screen between myself and the presenter made it much harder to engage with them for longer periods of time - presentations were to be dipped into rather than actually *attended* to. But - COVID-19 has changed everything and "needs must" as the saying goes...

I'm a convert.

It helped that the organisers had their act together as far as the technology was concerned. And it helped that presentations were really interesting and relevant to my work and to our service as a whole. Reflecting on them from a distance of 7 weeks or so, for me personally there was a general theme of the need to be proactive and to not undersell our expertise. This especially came from those presentations looking at the development and introduction of new support services (Delyth Morris from Cardiff University and Jane Falconer from the London School of Hygiene and Tropical Medicine). Sharing of skills was another theme, either locally within the library service (Judy Wright's Wiki) or geographically local (Jane Falconer again) which is something we could perhaps do better across the SWIMS patch. A third theme, that of charging for support provided is always going to be problematical in the NHS - our funding streams are very different compared to those of academia! But it does bring up discussions around the value placed on the service we provide to our organisations. Powerpoint presentations from the day are available on the UHMLG website now - videos are to follow <https://www.uhmlg.org/2020-spring-forum/> .

It also helped that the presenters were able to talk to their webcams as if to a physical audience. But what REALLY helped was the most unexpected factor - being in my own back bedroom. When I've accessed online presentations before now I've always been in the workplace with all its demands on my attention - the problem with engagement was not a product of the technology or hardware, it was due to the environment in which I was using it. Whereas I had previously thought that I was giving the online presentations my attention, being at home meant that I was *actually* able to fully focus on the presenters. I took notes - 16 pages of them! - that make more sense than any I have made at a face-to-face event (I read through them then checked them against the presentations on the website. There were no surprises!). 'Changeover' periods and lunch brought the opportunity to take breaks from

the screen, returning refreshed in readiness for the next speaker; although there were no networking opportunities and no poster presentations with which to engage, it was the break that mattered the most.

At the end of the day we were asked for feedback on the the group's future plans - I found myself answering that I would welcome more online only events in the future - I took this to mean even after the social distancing restrictions were lifted - in fact, I'm certain now that I would *prefer* online only, providing I could 'attend' from home rather than from my workspace. And yes, I felt my service would be willing to pay a registration fee were one to be charged.

Now - if we could just somehow digitise John Loy and his bag of sweets...

Jo Fabling,
Knowledge Specialist
Hampshire Healthcare Library Service (H04)

Celebrating our published authors

Congratulations to Sarah, Jess, Jenny, and Mpilo on having their peer review articles published in the Library and Information Research Journal 2020 43 (127)

www.lirgjournal.org.uk

Sarah Lewis, Tracey Pratchett

[Delivering search skills training for healthcare staff in EnglandA collaborative approach to developing e-learning](#)

Evaluation of a national collaborative project to develop generic, freely available e-learning modules on literature search skills for the healthcare workforce in NHS England.

Jennifer Lorna Moth

[Embedded Librarian in an Emergency Department A service evaluation](#)

This paper describes the initial findings of an embedded clinical librarian project in the emergency department on the Isle of Wight

Carol-Ann Regan, Simon Goldsworthy, Jessica Pawley

[Optimising real time clinical librarian support to enhance the evidence base in radiotherapy clinical protocols](#)

Describes the lean process undertaken to offer real-time evidence-based live updates of clinical radiotherapy protocols.

Mpilo Siwela

[Making serious learning easy and fun at OHFT Educational board games](#)

Promotion and evaluation of a games day using educational board games and demonstrates how interactive learning through board games improves learning for both patients and staff.

What do Library Managers Do All Day?

Natalie Parsley, Somerset

Reflections on attending the HEE Knowledge for Healthcare Paraprofessionals Engagement Session hosted online, by Clare Edwards and Dominic Gilroy.

Apart from weekly virtual team meetings, the engagement session I attended on Wednesday 1st July was the first online CPD experience I have personally had since recent world events. The focus of the session shed some light on a question that I anticipate many a curious and slightly mischievous Library Assistant has pondered, in exactly what **do** Library Managers do?

I learnt that over the past five years as part of Health Education England's (HEE) strategy for knowledge services across England, Library Managers have been applying and exploring how these strategies have and may continue to develop our ever improving library services and push further into exciting territories in the broader impact of how knowledge is being accessed and utilised in Healthcare i.e. the Topol Review. The latter being felt quite prominently in our Trust, with our embedded Improvement Librarian, Jess Pawley, working with NHS England in response to COVID-19.

After a brief overview of the strategy we were shown the responses that Library Managers had to three key questions on ***What should we stop?***, ***What should we start?*** and ***What should we expand?*** Their replies were ambitious and quite broad, ranging from big service-level decision making to general feeling on library services as a whole, things like; 'embedded librarian roles in departments' to 'being less humble about what we deliver/do' etc. The expanding use of technology and digital ways of working being one of the most prevalent and perhaps (as necessity has proven to dictate over the last three months) anticipated responses.

On that note, I am pleased to say that the technology from our end worked, which was a bonus from the start! We used Slido, which I had never used before and (as I understand it) is basically an audience participation/feedback platform to anonymously answer the same three questions. Attainment was good, so there were approx. 12/13 library paraprofessionals on the session I attended and after the usual pause in getting to grips with the technology comments were abundant.

Under, '***What should we stop?***' were suggestions such as, stopping paper-based practices, stop using confusing terminology and, to stop playing-down what we do in the value of our roles. '***What should we start?***' included; CPD opportunities, collaborative e-resource purchasing, digital working, and peer support. Lastly, working with public libraries, more marketing and communication development, professional CPD courses (conference attendance), help with Wellbeing, more networking, professional qualifications/career development opportunities, developing the concept of the library outside the physical space of the library itself and communities of practice were some of the many responses to the question, '***What should we expand?***'

By consensus it felt that there were two dominant themes of; more CPD opportunities for paraprofessionals and an emphasis on more digital resources and their accessibility. Looking back on it now, I think that the answers got too introspective in terms of answering these questions in relation to our personal roles rather than answering them in relation to our library users/service-needs. So maybe the focus of the questions could have been emphasised and

asked from both the context of our role and context of the library service. Though the fact that the exercise did go more introspective towards the role we do, suggests that there is a desire for this type of engagement for paraprofessionals and in a context where it can be heard and perhaps acted on.

After so long without speaking to many people outside our library team at MPH, I thought it was nice to hear other thoughts, particularly with those doing the same Library Assistant role as myself and have consensus in some of our thinking/ideas. Personally, I have echoed the idea of community of practice groups as I think this would be useful going forward.

Whilst I have no burning desire to learn overnight all the machinations of what else Library Managers do, (or start drinking coffee!) this session was a very good insight into how strategies influence decision making in our library service as well as the wider ambitions and scope of the knowledge healthcare sector. There is much opportunity too, which feels hopeful and echoed in the way we already work collaboratively within the SWIMS network. Thanks to the hosts and those who attended who made it so constructive.

Natalie Parsley
Library Assistant
Musgrove Park Hospital (MPH)

To paraphrase or not to paraphrase: the influence of Shakespeare in the medical literature

Andrew Brown, Slough

While doing a search recently on mycobacteria mimics, I came across this article by Chanvarria, Lutwick & Dickinson (2018):

“TB or not TB? Mycobacterium celatum mimicking Mycobacterium tuberculosis: a case of mistaken identity”

This obvious rephrasing of one of Shakespeare’s most famous lines (*Hamlet*, Act 3, Scene 1) made me wonder if any other authors had been tempted to do the same, and a quick search in Medline for (“tb or not tb”).ti,ab retrieved a surprising 91 results, with journals from the *BMJ* to *The Veterinary Record* containing articles, editorials and letters that all use the same play on words.

What other variations are out there on Hamlet’s well-known philosophical conundrum (which in itself is a perfect Boolean expression that would retrieve an entire database)? I ran a basic search on (“to” ADJ2 “or not to”).ti,ab, and out of over 11,000 results, found a range of interesting paraphrases, such as:

- “To resect or not to resect” (Lang-Stevenson, 1983)
- “To treat or not to treat” (Eraker et al., 1986; Mazon, 2017, to name only a few)
- “To stent or not to stent” (Arezzo, 2017; Martins et al, 2019)
- “To screen or not to screen” (Peterson & Diekema, 2010, plus many others)
- “To intubate or not to intubate” (Kim et al., 2017)

A further 26 results use the phrase “2b or not 2b”, mainly in relation to type 2B von

Willebrand disease, and even more articles utilise “that is the question” as part of the title when highlighting either/or situations.

Out of interest, I looked for quotations from other plays. *Romeo and Juliet* in particular has been utilised a number of times; Juliet’s famous lines from Act 2, Scene 2, have been paraphrased in some interesting and unexpected ways, for example:

- “Leadership, leadership, wherefore art thou leadership?” (Brooks, 2004)
- “Wherefore art thou, o treatment for diabetic neuropathy?” (Malik, 2016)
- “Wherefore art thou liver disease associated with alpha-1 antitrypsin deficiency?” (Sharp, 1995)
- “Albuminuria, wherefore art thou?” (Jarad & Miner, 2009)

My personal favourite comes courtesy of Semenzato & Scorrano (2014), with an inventive play on the acronym for Reactive Oxygen Species (ROS) modulator protein 1 (ROMO1):

- “O ROM(e)O1, ROM(e)O1, wherefore art thou ROM(e)O1?”

The opening of Jaques’ monologue from *As You Like It* (Act 2, Scene 7), is another well-represented quotation. Some of the best examples include:

- “All the world’s a clinical trial” (Malik, 2001)
- “Evolutionary relationships among diverse bacteriophages and prophages: all the world’s a phage.” (Hendrix et al., 1999)
- “All the hospital’s a stage” (DeWitt, 1979)
- “All the embryo’s a stage, and Olig2 in its time plays many parts.” (Gaber & Novitch, 2011)
- “All the ward’s a stage’: a qualitative study of the experience of direct observation of handoffs.” (Huth et al., 2019)

While there are many more quotes and paraphrases from the plays (there are a lot of “winters of discontent”, for example), I’ll just highlight one of Shakespeare’s sonnets (Sonnet 18), which has moved more than one author to make some poetry of their own:

- “Shall I compare thee to a GM potato?” (Colquhoun et al., 2006)
- “Shall I compare thee to a dose of donepezil? Cultural arts interventions in dementia care research.” (de Medeiros & Basting, 2014)
- “Shall I compare thee...to a robot? An exploratory pilot study using participatory arts and social robotics to improve psychological well-being in later life” (Fields et al., 2019)

Moving beyond mere paraphrasing, there appears to be further layers to the influence of Shakespeare in the medical and health science literature. As well as a large body of work looking at the psychology of his characters - see for example “Cure and consequence: King Lear’s destructive narcissism” (Schafer, 2010) – and sometimes their physical conditions (“Bardolph’s rosacea: skin disorders that define personality in Shakespeare’s plays” by Hassan, Mohammed & Hoenig (2019)), I started finding references to some seemingly Shakespeare-inspired acronyms, such as:

- MACBETH – Multiplex Automated Corynebacterium Base Editing Method (Wang et al., 2018)

- MACBETH – Measuring Attractiveness by a Categorical Based Evaluation Technique (Oliveira et al., 2018)
- HAMLET – Huma Alpha-lactalbumin Made Lethal to Tumor cells (Ho et al., 2016)

Last but not least, a VR skull named *Yorick* is cited by Nieder, Scott & Anderson (2000) as an effective learning tool for medical students.

Andrew Brown
Library Services Manager
WXM

Thank you to everybody that continues to get the authorial pen out – whether voluntarily or arm-twisted! We welcome all contributions, please do tell us what you have been up to – how are you coping with COVID restrictions, have you been deployed, what has changed for you and your teams? Please share and share alike, we love to hear what people have been doing and to learn from your experiences.

Please send all contributions either to your nearest editor or direct to me at sam.burgess@southernhealth.nhs.uk – if I see something interesting on Twitter I am likely to give you a tweet and a virtual arm twist!

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