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Information literacy clinics: creativity on prescription
Catherine Parkin and Liz Lanfear

Libraries & Learning Innovation staff at Leeds Met undertake many activities to enhance information skills teaching and learning for both staff and students. We are always seeking new ways in which we can spread the message of what we do in the Library and enhance our delivery of information literacy teaching sessions. Inspired by the opportunity to update the book 500 tips for academic librarians (Brown, Downey & Race, 1997), several Library staff attended a creative writing workshop. The workshop, organised by Carolynn Rankin and delivered by Rommi Smith, included exercises informed by Csikszentmihályi’s theory of ‘flow’. Csikszentmihályi (1991) theorised that people are most happy when they are in a state of ‘flow’ (a state of complete absorption with the activity at hand). We found this enabled us to be more creative during the workshop and as a result we have become more creative in our teaching. Creative teaching techniques used in the workshop included letter writing and poetry. One key creative technique which a group of librarians has since used in staff development workshops is the ‘prescription pad technique’. The ‘information literacy clinic’ we delivered using this technique is based on an original idea by Liz Lanfear. More information about the technique can be found on Rommi Smith’s website (Smith, 2010).

Several librarians delivered the information literacy clinic to a group of academic staff on 8 September 2009 as part of the Staff Development Festival at Leeds Met. Participants worked in small groups to determine the content of the session, and exchanged ideas on best practice to improve the student experience. The session was an interactive and problem-solving workshop. According to Vygotsky (1978), learning occurs through social interaction, language and the provision of scaffolding, where a more knowledgeable other provides support to facilitate the learner’s development. So these information literacy clinics aim to aid learning by getting attendees to work in groups and discuss possible solutions to problems, with scaffolding support from the librarians, helping attendees to build on their prior knowledge. The learning outcomes for the session were that participants would be able to demonstrate an increased understanding of information literacy, show awareness of a range of key information skills and resources, would have networked with people with similar problems and have contacts who might be able to help them in the future. We wanted to define what we meant by information literacy/information skills before embarking on the group exercises. We began by asking the group what they understood by the concept, and spent some time discussing people’s ideas and reaching a common agreement on what we meant by the terms. The ‘prescription pad’ process was then explained. Groups of five people were provided with one ‘prescription pad’ each and given five minutes to think of one problem they had with their students, connected to information literacy. We gave them examples, such as students handing in poorly referenced assignments or not using a good range of sources. They then had to write a summary of their problem on one page of their pad. The pads were then collected, and each group’s set of pads was given to another group, who then had 20 minutes to work as a team, providing possible solutions to the other group’s problems.

‘Innovation’ and ‘creativity’ are buzzwords, perhaps over-used, but we believe the ‘prescription pad’ technique is creative, and that it is important to use creative techniques in teaching. Sawyer (2004) argues that creativity results in a deeper understanding among learners. Hensley (2004) suggests, in an article about curiosity and creativity as attributes of information literacy, that “the instructor can foster creativity and curiosity by encouraging students to explore their experiences in a new way or to ask ‘why’ from a new and different perspective.” Creativity may come partly from being unscripted and letting students themselves guide sessions and dictate the content. Asking students to write problems down as part of a ‘prescription pad’ allows them to be more creative about how they think about their problems, and empowers them to think of their own solutions to problems. Sawyer (2004) says: “Scripted instruction is opposed to constructivist, inquiry-based, and dialogic teaching methods that emphasize classroom collaboration.” However, that is not to say that ‘scripted instruction’ cannot be creative.

The group working element was very important to the success of this session. According to Vygotsky (1978), students are capable of performing at higher intellectual levels when asked to work collaboratively than when they are asked to work on their own. If groups consist of members with different ability levels then it is hoped that more advanced peers can help less advanced group members operate within their zone of proximal development, or ZPD. Vygotsky described this zone as “the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers” (Vygotsky, 1978, p. 86). In simple
terms, the ZPD is the difference between what a learner can do without help and what he or she can do with help. Vygotsky intended his quote to apply to child learners; however, we would argue that this pedagogical observation can be applied to already intellectually developed adults. Vygotsky mentions “adult guidance”; however, he also mentions “collaboration with more capable peers”, which is key to this type of workshop. As Hardman and Dunlap (2003) state, “Although the concept of ZPD and the scaffolding metaphor were originally used to describe child development, the current view of the ZPD has extended beyond child-adult and novice-expert interaction to include a view that describes the ZPD as ‘an opportunity for learning with and from others that applies potentially to all participants’”. That is, the peers do not necessarily need to be more capable than each other. We have seen that the prescription pad process still works where participants are all at the same level of capability.

The second part of the workshop was devoted to feedback and discussion. We got each team to feed back one question and its solutions to the rest of the room. Then we suggested other solutions that they might not have thought of. We ended the session by demonstrating Library web pages, subject guides and Skills for Learning pages, which helped to answer more fully some of the participants’ problems. Using these demonstrations moved the workshop away slightly from a totally ‘unscripted’ format; however, we felt that the session benefited from both techniques and showed that using some pre-prepared material in a ‘creative’ session can work. It is important to note that we were not demonstrating Library web pages in a dry ‘lecturing’ style, rather we used excerpts and real life examples in order to answer questions which had been raised by the group discussions.

We gathered feedback by giving each person two different coloured Post-it® notes, on which they were prompted to write down one good thing about the session and one way in which they thought it could be improved. We encouraged attendees to note the details of their Faculty librarian and contact them if they had any questions raised by the session. We typed up all the questions and answers from the session, summarised them, and sent them to all participants by email. A few months later, we sent a further email to offer support and to find out how the participants were using information from the workshop.

Librarians have delivered this information literacy clinic using the prescription pad technique with several groups of lecturers and librarians. The feedback from all the information literacy clinics so far has been mostly positive, for example with attendees saying: “As a new full-time lecturer I found this session very helpful and timely” and “Exemplary workshop – brief introduction then group task/healthy discussion around topic”. However, we have received some constructive criticism from people who have attended this session, such as: “The session would have benefited from being longer” and “Not sure how ‘practical’ the workshop discussions were. Perhaps more instruction to academic staff to keep them on a pragmatic level.” We acknowledge that the ‘information literacy clinic’ often raises more questions and problems about issues relating to information literacy than can possibly be answered in a 90-minute session. We are also aware that not all people who attended would have been willing to leave negative feedback, although feedback was collected in a way which allowed for anonymity.

We plan to see how the same technique can be adapted to be used with groups of students, and are also investigating how we can make use of Elluminate software to offer an online version of the workshop which can be delivered to staff and students off-campus.
References


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If you would like us to talk to you about organising a workshop for your team, please contact Catherine Parkin in the first instance.
General Prescribing Guidance for doctors, and General Prescribing Guidance when encountering difficulties. Repeat dispensing is a type of repeat prescribing which allows community pharmacists to dispense regular medications to suitable patients without the direct involvement of the GP surgery on each occasion the prescription is needed. This is done according to an agreed protocol for patients with stable conditions for periods of time up to one year. Because information literacy augments students’ competency with evaluating, managing, and using information, it is now considered by several regional and discipline-based accreditation associations as a key outcome for college students. For students not on traditional campuses, information resources are often available through networks and other channels, and distributed learning technologies permit teaching and learning to occur when the teacher and the student are not in the same place at the same time. The challenge for those promoting information literacy in distance education courses is health literacy has increasingly been viewed as a patient safety issue and may contribute to medication errors. To examine patients' abilities to understand and demonstrate instructions found on container labels of common prescription medications. Cross-sectional study using in-person, structured interviews. 3 primary care clinics serving mostly indigent populations in Shreveport, Louisiana; Jackson, Michigan; and Chicago, Illinois. 395 English-speaking adults waiting to see their providers. Measurement: Correct understanding of instructions on 5 container labels; demonstration of 1 label. Start studying Information Literacy. Learn vocabulary, terms and more with flashcards, games and other study tools. Teaching Information Literacy Lessons. The taxonomy of educational objectives is a framework for classifying statements of what we expect or intend students to learn as a result of instruction. Blooms Taxonomy. All three clinics provided free parenting magazines. None of the three clinics offered any additional literacy-related information such as brochures with advice on literacy development in the home or videos modeling ways to engage in book sharing. While the information in the prescriptions to read may vary slightly across programs and doctors, doctors participating in this ROR program reported spending 1-3 minutes of the well-child visit implementing the ROR elements. Within these 1-3 minute interactions, doctors imparted their literacy advice while handing parents a written prescription to read. They then walked parent and child out to the hallway where the books were stored and where either the doctor or the attending nurse provided the family with their free book.