COLUMN/CHRONIQUE

Current research

Compiled by Sophie Regalado

Bradigan PS, Rodman RL. Single service point: it's all in the design. *Med Ref Serv Q.* 2008 Winter;27(4):367–78. PMID 19042717.

"Design thinking" principles from a leading design firm, IDEO, were key elements in the planning process for a one-desk service model, the ASK Desk, at the John A. Prior Health Sciences Library. The library administration and staff employed the methodology to enhance customer experiences, meet technology challenges, and compete in a changing education environment. The most recent renovations demonstrate how the principles were applied. The concept of "continuous design thinking" is important in the library's daily operations to serve customers most effectively.

Murphy B, Peterson RA, Vines H, von Isenburg M, Berney E, James R, Rodriguez M, Thibodeau P. Revolution at the library service desk. *Med Ref Serv Q.* 2008 Winter;27(4):379–93. PMID 19042718.

This article will describe how a revolution in customer service provision beginning in 2002 has led to an evolution of library services. When the reference and circulation desks were merged to create a single service point, responsibilities were broadened, core competencies were developed, and staff members were cross trained. In 2005, an analysis of staffing and work patterns demonstrated a need to build upon the original model to better utilize staff and ensure coverage of the desk. Reference librarians were moved to "on call" status, technical services staff were added to the schedule, and core competencies and procedures were refined.

Bandy M, Condon J, Graves E. Participating in communities of practice. *Med Ref Serv Q.* 2008 Winter;27(4):441–9. PMID 19042723.

Hospital librarians understand they need to move outside the four walls of the physical library and provide information support for clinicians in various settings. Librarians round with patient care teams as clinical librarians. They sit on quality improvement and patient safety committees in order to provide information to those groups. Many are members of their organization's Institutional Review Board. Some of these activities are done for a specific purpose and are short-lived. Other activities become institutionalized as the value of the librarian's contribution is recognized. This article will describe examples in which hospital librarians are part of multidisciplinary teams created to improve patient care in their hospital.

Mercer, BJ. Starting a library in a teaching hospital: a case study. *Journal of Hospital Librarianship.* 2008;8(3):264–77.

This case study describes the author's experience of creating a library for graduate medical education (GME) in a hospital without an existing library. Needs assessment, collection development, and end-user education activities are described, along with the process of working with hospital administration to establish a physical library. Issues discussed include impact of the hospital firewall on electronic collections and the provision of resources and services to non-GME hospital staff in a situation where library funding comes from medical education.

Pappas, C. Working environments of hospital librarians supportive of evidence-based health care. *Journal of Hospital Librarianship.* 2008;8(3):278–294.

Hospital librarians report that they are supporting evidence-based health care (EBHC) in their hospitals, and contributions of medical librarians to the EBHC process are recognized in the literature. This article describes the work environment of hospital librarians who participated in a survey on hospital librarians promotion, understanding, and exposure to EBHC.

Kloda, LA. Health information literacy in Canadian medical curricula: an opportunity for librarians? *Journal of Hospital Librarianship.* 2008;8(3):314–22.

As medical and other health professional school curricula evolve to include new outcomes centered on the patient, librarians can and should take the opportunity to integrate the subject of health information literacy into program objectives. This article identifies justification for the importance of teaching health professionals about health information literacy and reports on the findings of an exploratory survey to determine what is already being done in Canadian medical schools in this regard. It is concluded that more research is required to address how to teach information gathering for patient education, as well as methods for communicating and disseminating patient-appropriate information.

Eldredge JD, Carr R, Broudy D, Voorhees RE. The effect of training on question formulation among public health practitioners: results from a randomized controlled trial. *J Med Libr Assoc.* 2008 Oct;96(4):299–309.

Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2568834

Objective: To improve understanding of the information-seeking behaviors of public health professionals, the authors conducted this randomized controlled trial involving 60 participants to determine whether library and informatics training, with an emphasis on PubMed searching skills, increased the frequency and sophistication of participants' practice-related questions. **Methods:** The intervention group (n = 34) received evidence-based public health library and informatics training first, whereas the control group (n = 26) received identical training 2 weeks later. The frequency and sophistication of the questions generated by both intervention and control groups during the interim 2-week period served as the basis for comparison. **Results:** The intervention group reported an average of almost 1.8 times more questions than those reported by the control group (1.24 versus 0.69 questions per participant); however, this difference did not reach statistical significance. The intervention group overall produced more sophisticated (foreground) questions than the control group (18 versus 9); however, this difference also did not reach statistical significance. **Conclusion:** The training provided in the current study seemed to prompt public health practitioners to identify and articulate questions more often. Training appears to create the necessary precondition for increased information-seeking behavior among public health professionals.

Abrahamson JA, Fisher KE, Turner AG, Durrance JC, Combs Turner T. Lay information mediary behavior uncovered: exploring how nonprofessionals seek health information for themselves and others online. *J Med Libr Assoc.* 2008 Oct;96(4):310–23. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2568838.

Objectives: This research studied motivations for, barriers to, and effects of online health information seeking and explored lay information mediary behavior (LIMB) characteristics in the consumer health information domain. Lay information mediaries (LIMs) seek information on behalf or because of others, without necessarily being asked to do so or engaging in follow up, and have represented more than 50% of health information seekers in prior studies. **Methods:** A Web-based survey was posted on NC Health Info (NCHI) with 211 respondents, self-identified per the information need that brought them to NCHI as 20% LIMs (n = 43), 58% direct users (n = 122), and 22% health or information providers (n = 46). Follow-up telephone interviews were performed with 10% (n = 21). Interview analysis focused on lay participants (n = 15, LIMs and direct users combined). Interviewees were reclassified post-survey as 12 LIMs and 3 direct users when studied information behavior extended beyond NCHI search. Interview data were analyzed using grounded theory approach. **Results:** Surveyed LIMs were 77% female (n = 33) and searched on behalf or because of family members (81%, n = 35) and people they felt "extremely close" to (77%, n = 33). LIMs reported various information seeking barriers "sometimes" to "often." LIMs searched mostly without prompting (51%, n = 22). Interview results triangulated survey findings regarding gender, tie strength, and prompting. **Conclusions:** LIMB may be related to gender and relationship tie strength and appears more internally than externally motivated. Further LIMB research is warranted.

Turner AM, Stavri Z, Revere D, Altamore R. From the ground up: information needs of nurses in a rural public health department in Oregon. *J Med Libr Assoc.* 2008 Oct;96(4):335–42. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2568844

Objectives: The research identified and assessed information needs and resources of public health nurses in a local health department. **Methods:** Semi-structured in-depth interviews were conducted with 17 public health nurses at a local health department in rural Oregon. Interview transcripts were analyzed using a constant comparative method to assess the information nurses sought and used in their work. **Results:** Public health nurses performed a wide variety of roles and associated tasks. Major themes that emerged from analyses of interview transcripts included (1) differences in information needs depending on position and role; (2) colleagues as the most efficient and trusted source of information; (3) limitations of existing knowledge-based resources; (4) need for up-to-date and pertinent information; and (5) need for personal computers, basic communications software, and expanded Internet access. **Conclusions:** Lack of Internet access is a significant barrier to use of information resources, and information tools tailored to meet the needs [of] diverse public health nursing roles and facilitate information sharing among colleagues are needed. Librarians and informaticians can assist by addressing these needs and improving the organization of content and interface design for commonly used Web sites.

Krieger MM, Richter RR, Austin TM. An exploratory analysis of PubMed's free full-text limit on citation retrieval for clinical questions. *J Med Libr Assoc.* 2008 Oct;96(4):351–5. Available from: http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2568849.

Objective: The research sought to determine (1) how use of the PubMed free full-text (FFT) limit affects citation retrieval and (2) how use of the FFT limit impacts the types of articles and levels of evidence retrieved. **Methods:** Four clinical questions based on a research agenda for physical therapy were searched in PubMed both with and without the use of the FFT limit. Retrieved citations were examined for relevancy to each question. Abstracts of relevant citations were reviewed to determine the types of articles and levels of evidence. Descriptive analysis was used to compare the total number of citations, number of relevant citations, types of articles, and levels of evidence both with and without the use of the FFT limit. **Results:** Across all four questions, the FFT limit reduced the number of citations to 11.1% of the total number of citations retrieved without the FFT limit. Additionally, high-quality evidence such as systematic reviews and randomized controlled trials were missed when the FFT limit was used. **Conclusions:** Health sciences librarians play a key role in educating users about the potential impact the FFT limit has on the number of citations, types of articles, and levels of evidence retrieved.