Extreme Outreach:
Having a Librarian in the OR Areas

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Strategies to get your physicians hooked on using library services!

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Get Out of the Office!
Look for Opportunities
Librarian “On Call”
Ready to Jump at Each Request
Captivate
Provide 1:1 Consulting

51 questions from 35 staff members
50%- “I had never used a librarian before”
75%- “I had no idea!”
92%- “Please keep coming!”
Change in Ejournal Usage

Percentage Change from baseline

-40% -20% 0% 20% 40% 60% 80% 100% 120% 140% 160%

Project Time
2 Month After

- Pain
- Anesthesiology
- Clinical Jnl Pain
- Anesth. Analg
- European Jnl Pain
- Reg Anesth. Pain
- Acta Anesth. Scand
- Overall
Collaborate
Involvement in the Curriculum
Excellent resource for Anesthesiologists detailing useful library and information resources available to Yale clinicians.

Ways you can easily find journal literature.

Simple ways to get the books you need.

You can keep up with the current literature.

Workshops on Campus

StatLab Workshops, Spring 2009

Teaching With Technology Tuesdays, Spring 2009

Check out the Anesthesia Simulators and similar simulation resources on Classes'v2
The Perioperative Librarian – A new ‘Avatar’ for the 21st century?

Viji Kurup MD., Denise Hersey MA, MLS., Paul Barash MD., Zeev Kain MD.

Introduction:

Information technology is a dominant force in education today. The ubiquitous use of computers make information seeking skills critical to rapid and accurate retrieval of knowledge. Since the advent of clinical medical librarian (CML) programs 30 years ago, studies document their unique qualification to impart these skills(1,2). However their effect in the perioperative setting has not been assessed.

Hypothesis:

An educational intervention on optimum electronic search strategies and efficient use of databases delivered by a CML, in the operating room suite, would result in increase in number of times full text articles in journals related to anesthesiology were accessed electronically at the medical school library.

Methods

• IRB approval
• CML met with members of the Yale Anesthesia department in the OR work area for 1 hour/day, 4 days a week for four months.
• Demographic data and data from the library tracking system for search requests were collected.
• Repeated measures analysis were employed for data analysis (p<0.05 significant).

Results

• 35 participants submitted 51 search strategy requests in 36 hours (total) that the CML spent on the intervention.
• 52% users were in the age range 31-40 years with faculty making up 80% of users.
• 41% of questions presented by the participants were related to medical database searches (e.g. MEDLINE).
• The median time the CML spent answering an individual question was 20 min (range 10-90 min).
• Figure 1 demonstrates that full text article requests for Anesthesiology journals increased significantly during and after the Perioperative Librarian intervention (F=3.97, p=0.013) [ marks significance as compared to baseline(2 months prior to intervention)]. The same data for other journals did not show significant changes. The journals were chosen based on highest impact factor (Journal citation report).
• Post intervention survey indicated that 50% of users had never contacted a medical librarian before and 80% of users had learned of a new service that they were previously unaware of but would now use.

Discussion

• A knowledge paradox exists: although more information is available, there is more difficulty in accessing precise data required(3).
• Anesthesiologists are disadvantaged as clinical needs usually preclude a physical visit to the library during working hours. To overcome this obstacle we brought the CML to the OR.
• Data from this study supports the importance of such a strategy in enhancement of skills that allow the clinician rapid entry to a wide array of medical databases.
• In conclusion, the presence of a CML in the OR results in an increasing use of library resources.

Figure 1:

Percentage change in the electronic full text article requests from anesthesiology journals during project time and 2 months after the project compared to baseline of 2 months prior to commencement of project.

References:

In Search of Systematic Review

Denise Hersey, MA, MLS

Viji Kurup, MD

The midday sun streamed into the preadmission area, casting its golden glow across the sterile hospital floor. I looked hastily at the computer screen, trying to find the location of my next case, a 56-year-old man scheduled for nasal surgery.

As it happened, my resident had beaten me to the area and had already talked to the patient. He proceeded to communicate his assessment to me and remarked that the patient seemed very anxious. But my resident hesitated to give him an anxiolytic because he felt the medication could delay discharge from the postanesthesia care unit. Given that it was now late afternoon, his concern for a delayed discharge seemed justified, but I wondered again, “What does the evidence say?”

We come across clinical questions like this during our daily practice. Personal opinions direct our interventions as we feel that clear answers may not exist in the literature. A query of PubMed for “anxiolytics and discharge” yielded no fewer than 852 results, not at all bite-sized, for me or my resident at that time. We needed the information that was available on the topic to be synthesized to give us the most practical answer to our question, but we did not have the time to compile such a search. For topics with abundant available information, as in the current situation, systematic reviews provide a good resource.

Systematic reviews have gained importance in the past two decades. The American College of Physicians Journal Club and the Cochrane Database of Systematic Reviews bring together the best available information about health care interventions. The Cochrane Library is published four times a year by the Cochrane Collaboration.
Becoming One of the Gang
“Hey, maybe we should contact the librarian!”
The librarian “has done more to bring academics to "the patient bedside" (in this case, the OR table), than any other person or program I've encountered in my 15 years at Yale.”
“Probably more than most departments, we really need this function. We didn't realize how much until we had a departmental librarian - we have come to rely on her.”
Our Librarian “has filled a critical role and must never leave. She is crucial to the continued academic productivity of our department.”
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