Extreme Outreach: Having a Librarian in the Operating Room Areas
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Abstract:

Objective: To increase awareness and use of library-funded resources by physicians and residents who work in the operating room (OR) areas of a busy teaching hospital, and to promote the inclusion of medical librarians in clinicians’ information-seeking activities and curriculum decision making.

Methods: In an effort to provide library assistance to clinicians typically unable to find time to get to the library, a medical librarian was available in the ORs for one hour, four days a week. Statistics were recorded on the types of inquiries she received and from whom. In addition to these data, a survey was distributed to those who used the service to determine if they were satisfied with the “perioperative librarian” service.

Results: During the initial two and a half month period of the program, the librarian collected data from the reference interviews and the survey that indicated that anesthesiologists felt having a perioperative librarian was useful, and that they wanted the service to continue. She has since been added to curriculum committees, participated in resident interviews and orientations, coauthored articles with anesthesiologists and presented papers with them at their national meetings.

Conclusion: Since the time that the perioperative librarian began working in the ORs, she has been invited to work more closely with the anesthesiology department faculty. Data from this experience indicates that having a librarian in the operating room area is important to the medical staff working there and a useful way to integrate librarians into hospital and academic departments.

Gate counts are down at libraries, but the same cannot be said of people’s information needs. Unfortunately, the perception that all useful information is available for free, somewhere on the World Wide Web, can deceive typical library users into believing that they do not need the searching skills of a librarian.[1] For busy physicians, working in clinical, teaching, and research capacities, this misconception can prove particularly problematic.[2] Medical Librarians are faced with the challenge of adequately supporting staff in clinical settings who no longer come to the library nor feel they need to. One solution to this dilemma is for medical librarians to offer services where the clinical staff are working, in this case, the operating room suites.

The Yale Medical Library’s liaison to the University’s Anesthesiology Department offered to provide library services in the operating room suites of Yale New Haven Hospital in the spring of 2006. The idea behind this service came from a conversation the librarian had with an anesthesiologist during a focus group meeting the library had held with faculty on the use of online clinical resources. The physician remarked that he was unaware of all of the clinical resources available because his time in the operating room (OR) areas made it difficult for him to get to the library. As a result, the medical librarian worked with this physician and another anesthesiologist to create a pilot program of office hours during which the librarian would be available to anesthesiology staff working in the operating room suites. A search of the literature indicated that this type of service, located within the operating room suites, had not been written about before. There were a multitude of articles on clinical librarianship but none on what Yale began calling “perioperative librarianship.”

During the pilot, the medical librarian was available in the OR suites for one hour, four days a week. After receiving permission from operating room administration, she advertised her hours by hanging signs in the Anesthesiology Department offices and throughout the OR area. An anesthesiologist she worked with helped to
initiate the program and also sent out an email about the new service, known as “Librarian on Call,” to the department staff along with information about the librarian’s hours and location. The librarian sat at a computer terminal in the Anesthesiology break room during office hours with a nametag on to identify herself. The break room proved to be a good area to meet physicians, talk about the research they were doing, and offer assistance.

The librarian began the two and a half month pilot in mid June and collected data on the types of inquiries she received and from whom, including what resources she used to assist them. Fifty-one questions were asked during the pilot, from 35 different faculty members. Most of the questions centered around finding medical literature on specific topics, including what resources to use and how to use them. Fifty two percent of users were in the age range 31-40 years with faculty representing eighty percent of users and an equal gender distribution. Forty one percent of questions presented by the participants were related to searching for medical literature. The median time the librarian spent answering an individual question was 20 minutes (range 10-90 min). Searching one on one with faculty offered the librarian an opportunity to discuss managing references that naturally led to instruction on citation management systems. Often, out of curiosity, other faculty would walk over to join in on the instruction sessions. This often led to additional consultations.

During this time, usage data on electronic journals was also collected for three time periods, T-0 (2 months prior to intervention), T-1 (Study time) and T-2 (2 months after intervention). Journals in anesthesiology, with an impact factor of greater than 1.5, were selected for monitoring. During the same period of time, journals from the field of internal medicine, with an impact factor greater than ten, were also monitored for electronic search requests. Use of all eleven online, high impact anesthesiology journals monitored increased within two months after the pilot (use of Acta Anaesthesiologica Scandinavica went up by 160%), where as the use of the internal medicine journals remained the same or even declined in some cases.

After the pilot program, a survey was sent out to Anesthesiology Department faculty to determine if they were satisfied with the “Librarian on Call.” Out of 78 faculty, 41 responded to the survey. Thirty-five of these had met with the librarian in the O.R. area. The survey of users of the service showed that fifty percent of the users had never contacted a medical librarian before. Seventy percent of these users said that they learned of a new service or strategy that they were not aware of but would now use. The overwhelming majority of users (92%) felt that the perioperative librarian served a useful purpose and wanted the project to continue. The users of the program were asked to assign a dollar value for the program, if given $100 for support services (administrative assistant, statistician and librarian). The librarian was assigned a mean dollar value 30% higher than that for a statistician and 62% higher than that for an administrative assistant. Another indication of the success of the program was that shortly after the pilot, anesthesiology faculty asked the perioperative librarian to initiate regular visits to the Ambulatory OR and Pediatric OR as well.

People appreciated the service but did the service actually make a difference in how physicians were using the library’s resources? The medical library’s Web Master happened to do a click through study of a number of library web pages. This was a survey of links clicked on the library's homepage during a period of two weeks. Data was collected from August 15, to August 29, 2006 (as the OR pilot was ending). The click through study of the library’s site of subject specific ejournal collections revealed that the link to the anesthesiology ejournal page was accessed 294 times, more than any other of the 78 subject links, and significantly more than the average, which was 49 times. There is no way to be certain that this was the result of the “Librarian on Call Program,” but since the pilot, Anesthesiology Department staff have continually sought the involvement of the perioperative librarian in numerous departmental activities and work.

Working in the operating room suites offered the perioperative librarian an opportunity to identify the unique needs of the Anesthesiology Department. As a result, when she noticed that staff were sharing and photocopying journal club articles, she was able to recommend that they use Yale’s course management system to post the electronic version of the articles for the department. By introducing the use of the course management system, she was also able to demonstrate how the clinicians could use it for teaching the residents.
As a result of these efforts, the perioperative librarian was asked to serve on the Anesthesiology Department’s Curriculum Committee on a permanent basis. This involvement led to collaboration between the Chair of the Curriculum Committee and the perioperative librarian. Together, along with two other physicians, they presented a workshop at a Society for Education in Anesthesia Conference in the spring of 2008 on using technology as a catalyst for learning and teaching. In addition, this partnership has produced 3 posters presented at anesthesiology conferences, two trials focusing on resident education and patient information seeking, and an ongoing column in the publication “Anesthesiology News.”

(http://www.anesthesiologynews.com/)

Their work together inspired them to write an article reviewing the work of clinical medical librarians and emphasizing the importance of having librarians available in the operating room suites. In December 2007, “The Perioperative Librarian: Luxury or Necessity?” was published in Current Opinion in Anaesthesiology. [3]

In addition, the Chair of the Anesthesiology Department also invited the librarian to present at the Department’s Grand Rounds and speak to new residents at their orientation. One on one consultations between the librarian and anesthesiology staff also continue regularly. While not all consultations take place in the OR suites, many are requested while the librarian is there and visible. Her presence in the work environment reminds clinicians of her availability and makes it easy for them to schedule consultations. For the librarian, the inclusion shown by anesthesiology faculty has provided her with unique opportunities. She was invited to observe interviews of potential residents, shown how an echocardiogram simulator worked, and was given the opportunity to view both open heart and brain surgery directly in the operating rooms. In 2007, the Anesthesiology Department presented the perioperative librarian with a special award for “dedication and commitment to education in the Department of Anesthesiology,” the first award given by the anesthesiology staff, faculty and residents to someone not officially a member of the department.

A physical presence in the operating room suites does have a positive impact on the overall relationship between physicians and librarians. While the library’s virtual presence is extremely important, the personal relationships cannot be undervalued. By providing library services outside of the library, and in areas where physicians work and collaborate, librarians can become integral and appreciated members of medical departments and initiatives.

References