Submitted by Martha Earl, AHIP, University of Tennessee Graduate School of Medicine, Preston Medical Library Awards Committee; Martha R. Harris, AHIP, Harris Abstract Service, College Station, TX; and Carole M. Gilbert, AHIP, FMLA, Helen L. DeRoy Medical Library, Southfield, MI, Awards Committee Chair.

Fifth International EBLIP Conference in 2009

The Fifth International Evidence Based Library and Information Practice (EBLIP) Conference will be held June 29-July 3, 2009 in Stockholm, Sweden. This Conference will be a wonderful opportunity to learn from, discuss, and network with other librarians and informaticists who share an interest in applied research.

The EBLIP 5 website provides information on the conference at http://eblip5.kib.ki.se. Lotta Haglund, MLIS, the principal local organizer for EBLIP 5 has created a lively YouTube video promoting the conference at: http://www.youtube.com/watch?v=b-5nf2eEZPw

The MLA Research Section has been a co-sponsor and financial backer of these international conferences since the second EBLIP Conference held in Edmonton, Alberta during June 2003. MLA itself became a co-sponsor as well during the 2007 EBLIP Conference held in Durham, North Carolina.

As someone who has participated in all four previous EBLIP conferences, I highly recommend these conferences for all my MLA Research Colleagues. I always leave these conferences full of ideas, the names of new friends and potential collaborators, and the inspiration to become a better researcher. Feel free to contact me at jeldredge@salud.unm.edu if you would like to learn more about EBLIP 5.

Submitted by Jon Eldredge

MLA Leaders & Research Section Identify Major Research Questions

The 2007 MLA Research Policy "The Research Imperative" calls for the promotion of a culture of research and concrete initiatives to conduct and apply research in the practice of medical librarianship.[1]

The Policy includes an action plan with two specific recommendations:

- MLA will ask the MLA Research Section to create a forum for identifying research priorities in the field;
- MLA will ask the Research Section to recommend annually to the MLA Board of Directors an MLA research agenda that suggests research topics of highest priority to the association

The MLA Research Section has charged the Research Agenda Committee with implementing these two Policy recommendations. The Committee conducted a survey of MLA leaders and all members of the MLA Research Section during June 2008 to elicit the "most important and answerable research questions facing our profession." The full research methodology as well as the results of this methodology will be published elsewhere. In the meantime, the full list of the original 62 questions that MLA leaders submitted to the Research Agenda Committee appears below. The questions are arranged by the primary topical domains to which they were assigned by the research team. The domains and their definitions were adapted from Crumley and Koufogiannakis[2] and Koufogiannakis, Slater and Crumley.[3]

The Original 62 Questions by Domain. Final 12 Questions are in bold typeface.

Collections

Definition: The building of high-quality collections (print and electronic) that are useful, cost-effective and meet the needs of users.

Questions submitted:
1. In two parts:
   a. What are the permanent digital archiving options available to libraries that provide perpetual no-cost access to digital content (backfiles) "owned" (subscriptions paid) by the library? (This involves post-cancellation rights as well).
   b. A follow-up question might be: Which publishers (and/or sources) provide perpetual access to digital content owned by libraries at no additional cost? (A so-called reasonable annual access fee for post-cancellation rights to owned library content is not defined as "no-cost").
2. ROI: what return on the investment does the medical college receive from funding the medical library? The recent Elsevier white paper on this http://libraryconnect.elsevier.com/whitepaper/0108/lcwp010801.html might be a starting point. Certainly it's vitally important and I think it's answerable.
3. When you cancel an online subscription, do you lose the journal's backfiles as well?
4. What are the best (evidence) medical information resources and how do we make sure our patrons/users (physicians, nurses, medical students, allied health personnel, institutional staff, etc.) are aware of them and use them? What are the top ten in medicine/health care?
5. What value does an institutional subscription add to a journal to make it visible and desirable to future subscribers or future contributors? Can that value be factored into the price? Is there a loss in value (or impact factor?) of a journal if institutional subscribers drop their subscriptions, thereby making the journal less visible to potential subscribers or contributors?
6. How can the mandate and resources of the National Library of Medicine and the NN/LM be leveraged to provide equal access to all forms of healthcare information for all healthcare libraries?

User Education

Definition: Teaching methods, strategies to educate users about library resources and how to improve their research skills.

Questions submitted:
1. Do library outreach initiatives increase resource usage?
2. **Is there a direct relationship between a consumer/patient's ability to access high quality and relevant information (search and retrieve) and their ability to make healthcare decisions that are beneficial to their long-term health?**
3. Besides employing surveys, how can we measure the effectiveness of our face-to-face classroom teaching? Do attendees become better searchers by attending one class? Are we answering the questions our medical populations really have? Are our examples clear or do we speak too much library jargon, etc.?
4. Do students and residents with superlative search skills and ability to find and appraise the medical literature make better doctors?
5. Does hands-on course-integrated library instruction lead to higher library search skills retention compared to non-hands-on basic orientation sessions?

6. What impact does the physician's ability to access and evaluate medical information - published literature, etc - have upon the patient's outcome?
7. **Does library/informatics training result in trainees then becoming more likely to engage in information-seeking behavior?**
8. Do clinical nurses in a hospital setting prefer librarians to conduct their literature searches or do they prefer classes/consults that teach them how to search use the best resources available to them?

LIS Education

Definition: Professional education of librarians (including continuing education and credentialing programs).

Questions submitted:
1. Do library schools teach what students need to learn in the real world (e.g., political skills, electronic resource management, IT skills, business skills, organizational behavior, etc.)? How do librarians, particularly those medical or special librarians in small libraries, learn these skills and what value do they place on these skills for their success--as opposed to the skills they were taught in library school?
2. What are the core skills and abilities that EVERY healthcare librarian should have (not just hospital, not just academic), and how can MLA create a certification program that is recognized by ALL healthcare employers and accreditation organizations as a MUST HAVE mark of expertise and excellence?
3. Is there a need to create and develop a medical librarianship certificate that coincides with an MLS?
4. How can we best measure "The MLA Research Imperative" competencies?
    a. Test a representative sample of MLA members on their actual knowledge of research methods.
    b. Compare above results with curricula of both 15-week academic courses and 4-8 hour MLA CE courses.
    c. Explore possible correlations of results with academic/CE courses taken, and with time passed since education.

Information Access & Retrieval (I)

Definition: Creating information systems and methods for improved information retrieval and access.

Questions submitted:
1. **Is there any correlation between quality of care provided by physicians who have access to and regularly utilize the resources provided by a library/librarian compared with those who do not?**
2. How can public health librarians help health departments around the country transfer information more efficiently? Quick, reliable information about disease outbreaks, monitoring and statistical data could really change the health landscape. What can we do to facilitate the process for an overworked, underpaid, stressed constituency?
3. Indirect Cost (IDC) money is the money received by an institution as part of a grant or contract. It is the overhead money the host institution receives. Each institution negotiates its IDC rate and how it is allocated back to the institution. So, some institutions might send it all to their facilities departments for power, building maintenance, etc. while others may be more granular in their allocation. In this digital environment, with electronic accesses of our information in addition to physical use, how do we establish quantifiable numbers (percentages) directly related to the

percentage of time/effort/use of library information resources in the preparation and ongoing progress of the grant? What percentages of library resources are consumed by the research endeavor?

4. There are a variety of models for web interfaces for accessing library resources currently available, but what evidence exists about the effectiveness of any particular interface?

5. The profession should do the equivalent of a second generation Joanne Marshall study, but this time, focusing on resources that librarians license and aggregate (via a variety of technologies) vs. what people find on their own, via the Web, and its impact on patient care and/or health consumer decisions. The original survey involved interacting directly with librarians, but the users tend now to "do their own thing" with what they think are "free resources" but are actually carefully selected, filtered, licensed and delivered by librarians and library systems.

6. Do physicians who are exposed to current literature services make better decisions (e.g., treatments, diagnostic tests, etc.) than those not exposed?

7. **What features (search options, presentation of results, etc.) do information specialists value in retrieval systems? What features do other information users value in retrieval systems?**

8. What will be the impact (financial, services, perceived value to the parent institution, etc.) of the open access trend on libraries?

9. What is the "best" catalog interface for self-discovery?

10. Does patient use of consumer health collections in healthcare institutions measurably improve patient well being (e.g., by reducing mortality, morbidity, and/or higher quality of life rating)?

Reference / Enquiries

Definition: Providing public services and access that meets the needs of the library's users.

Questions submitted:

1. How can we obtain evidence/data from physicians on whether the information provided by a librarian was relevant to and affected their clinical practice? Did it confirm a current treatment, result in changing a test, etc.?

2. How can librarians make quantifiable contributions to the improvement in patient care outcomes and increase the practice of evidence-based methodology in healthcare by providing expertise and training at the point of care in a clinical setting?

3. **In what ways do library services improve or benefit health care education and patient care? Beyond providing the access to online resources, how do reference services, education services, etc. improve test results, papers, presentations of students or residents and patient care? Specifically:**

    a. How do library services [may select specific service] improve or benefit patient care as measured by:
    Change of treatment
    Number of patients treatment with current best practice
    Reduction of patient stay
    Reduction of return visits
    Patient satisfaction
    Other

    b. How does library education or instruction impact student or resident performance as measured by:
    Performance on exams
    Quality & variety of sources cited in exams

Quality & variety of sources cited in presentations
Quality & variety of sources cited in papers
Number of presentations given by residents
Quality of patient care (as measured in question 1)

    c. In academic centers, how do library-provided literature searches impact research and publication as measured by:
Number of searches requested
Number of articles published by faculty/researchers requesting searches
Number of articles published by faculty/researchers NOT requesting searches.
Number of grants applied for by and number of grants awarded to faculty/researchers requesting searches
Number of grants applied for by and number of grants awarded to faculty/researchers NOT requesting searches

    d. In hospitals having a librarian, is there a higher expectation to use evidence in practice versus hospitals having no librarian? Is there a difference between services provided by a 'clerk' and a 'librarian'?

4. To what extent does the provision of professional information services improve the quality of health care (in terms of length of stay, reduced costs and/or reduced mortality) in institutions with medical libraries?

5. What forms of support from information professionals/academic medical libraries do clinicians, researchers, faculty, etc. require in their every-day practical settings? What forms of support from information professionals/academic medical libraries do clinicians, researchers, faculty, etc. desire in their every-day practical setting?

6. **How does the medical librarian, using the print and on-line resources in the library, provide information to allow the physicians and other staff to give the best evidence-based care to the patients? How does this information impact on length-of stay, nosocomial infections, drug interactions, outdated protocols, patient safety, etc.?**

7. Which is more effective: chat or in-person reference? Under what circumstances might one mode be better than the other?

8. Do patients who use quality information provided by a consumer health information service (or similar entity) have better outcomes (shorter hospital stay, lower health costs, less time away from work, greater satisfaction, etc.) than those who do not use such a service?

9. What role can medical librarians transition themselves into to work in a mobile e-health information exchange world?

10. Does the information researched by the medical library/librarian to explain or clarify a disease/condition for a patient in the hospital concerning their disease/condition reduce the length of stay in the hospital, the costs entailed with caring for the patient in the hospital, or readmission to the hospital? What is the financial impact a librarian's work would have on helping a patient truly understand their disease or condition?

11. What behaviors of information professionals facilitate access to health information for consumers? What resources of academic medical/health libraries facilitate access to health information for consumers? What behaviors of information professionals facilitate health literacy of consumers? What resources of academic medical/health libraries facilitate health literacy of consumers?

12. **What librarians' cognitive errors lead to poor answers to reference questions, and how can we educate ourselves to avoid them? Conversely, what cognitive strategies produce the most successful results?**

Management

Definition: Managing people, services, and resources within an organization.

Questions submitted:
1. We are asked to do more and more new things – but at the same time we are reticent to stop providing existing services. When an existing service is stopped or limited do we really see the patron dissatisfaction that we fear?
2. How can public health librarians shape or impact disaster planning and recovery (both to prevent disasters and coping with disasters)? Disasters occurring at international, national, community and neighborhood level.
3. How can concepts of "evidence-based librarianship" be effectively percolated to members of library staffs? What are some limitations of EBL as a philosophy, and what are the enduring barriers to full EBL in practice?
4. Are professional health sciences/medical librarians practicing evidence-based librarianship?
5. What is the future role of the library as "place" in the research process?

Marketing & Promotion

Definition: Promotion of the profession, the library and its services to both users and non-users

Questions submitted:
1. Because the most important issue facing hospital libraries is survival, how can we promote library advocacy and the means to demonstrate our value?
2. Beyond telling a story, what are the discrete, quantifiable measurements libraries can use to show a clear correlation of the impact of library services on patient care?
3. How can libraries best demonstrate their value?

Professional Issues

Definition: Exploring Issues that affect librarianship as a profession.

Questions submitted:
1. In a hospital setting, does having a professional librarian available result in more cost effective health care? In addition, I am aware of this study http://nnlm.gov/mar/about/value.html)
2. What is unique and valuable in a librarian's training and professional expertise that cannot be easily replicated by an administrative assistant, a clerk, a computer, etc.? How would you research it? Would you compare library school curricula and professional CE to that of other disciplines? Would you analyze the skills used by a professional librarian in the course of a day (week, month) and compare to those of administrative assistants or nurse educators or whatever to identify what is unique and uniquely valuable in the librarian's knowledge base?
3. **As a profession, how do we measure our impact in our environment - be it clinical or academic - in such a way that it influences the decision makers in our institutions?**
4. What evidence should we collect and analyze to determine the outcomes of our work? Instead of merely compiling the number of search results we complete each year, how can we determine how those search results were used to support clinicians' developing national practice guidelines, systematic reviews, changes in hospital procedures, etc.?

5. **What is the quantifiable evidence that the presence of a librarian, not just information resources, improves patient outcomes or increases research dollars, improves student outcomes (better board scores), hospital intelligence (do the top hospitals have access to hospital librarians/libraries?).**

6. How do we prove our worth to our institutions?

7. In hospital settings is there any evidence that demonstrates a link to length of stay, altered treatment plans, alternative therapies (where an MD changed her mind about treatment) and library involvement?

8. How do we demonstrate that medical (health sciences) librarians are a vital member of the health care team by demonstrating that information and access to it can improve patient outcomes?

9. Is there a correlation between the onsite availability of professional librarian services in hospitals and national recognized quality of care indicators?

10. **In an academic setting, are USMLE scores higher in schools where librarians were involved in the curriculum? Is there a correlation between library services and research?**

11. **How do we demonstrate the impact of librarian services on clinical care and research outcomes (e.g. infection rates; morbidity and mortality; grant dollars received, etc.)?**

12. In three parts:
    a. To what extent does the provision of health information by librarians increase or decrease the gap in access to care/quality of care received by people in the united states?
    b. Does the disparity in the provision of health information, as measured by the ratio of information professionals to health care professionals, mirror, exceed or fall below the disparity of access to health care professionals across the country?
    c. Would increasing the availability of health information professionals within medically underserved regions contribute to reducing gaps in quality of care?

13. **How will professional librarians reengineer their skills to meet the growing challenges of embedded clinical decision support within electronic health records, data-mining and integrated knowledge management of huge research databases?**

14. What are, and how do you measure, the value-contributions a hospital/medical/health sciences _librarian_ provides his/her healthcare facility/organization/educational institution (e.g., financial gain, liability avoidance, higher order contributions to research and education, improvements on patient safety and healthcare quality).

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