

## January 2012

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### Whooo Says:



Dear Whooo,

*I am a hospital librarian in the MidContinental Region. Last month, my RML held a discussion during their "Breezing Along with the RML" session on the library closures and layoffs occurring this year. This program made me very nervous about my job, and has caused me to wonder if there is anything I should do. Maybe I should just continue to do my job as well as I can and not make any waves. What do you think?*

*Quaking in my boots,  
Nervous Nellie*



Dear Nellie,

Thank you for your question. I'm sure there are many librarians worrying about the same issue.

As you know, we are in the middle of a tough economic time, with many businesses and individuals struggling to survive. An article in the Wall Street Journal of August 10, 2011<sup>1</sup> stated that nonprofit hospitals' revenue is growing at the slowest rate in 20 years, and that many are operating at a 2% profit margin. These are significant figures.

However, this is not the time to hide in your library! These figures make it even more important for librarians to be

- visible,
- proactive in providing excellent service and
- creative in finding ways to demonstrate the impact of services provided.

In the current economic conditions, all areas are being evaluated and examined for relevance and more efficient ways to achieve needed results. This means that more than ever the library is being compared with other services and departments within the hospital. To keep your head down and decrease your visibility increases the likelihood that the library will be downsized or eliminated.

So, what are some of the things you should be doing? Anything you can think of to bring you positive visibility. Now is the time to:

- Network with your users
- Collect stories relating to how library services impacted patient care
- Share those stories with your supervisor
- Practice your elevator speech and use it!
- Show your financial impact by using the library value calculators (remember to involve your supervisor in this process) <http://nmlm.gov/mcr/evaluation/calculator.html>
- Write an annual report showing how you support the mission and goals of your hospital. For help see the Hospital Librarian's Toolkit: <http://nmlm.gov/mcr/advocacy/toolkit/introduction.html>

Nellie, I encourage you to continue your hard work and publicize the value you bring to your hospital. I also encourage you to contact your RML state coordinator for help in thinking up new ways to express your value. Those RML folks are always willing to help, and come up with some awfully good ideas.

Please let me know about your progress. I'm always concerned about librarians and love to hear what you are doing.

Sincerely,

*Whooo*

<sup>1</sup>Anna Wilde Mathews. "Hospitals Put on Sick List; New Study Finds Revenue is Growing at Slowest Rate in Two Decades, Leading to Uptick in Mergers". Wall Street Journal. August 10, 2011



## Funding Opportunities!

The NN/LM MidContinental Region is now offering two funding opportunities. The awards will be made until the funds are exhausted, or until the end of the contract year (April 30, 2012,) whichever comes first.

### Professional Development Award

**Attend a conference! Take a training or workshop of your choice! (in-person or online)**



**Apply for a Professional Development Award that will cover your costs for up to \$1500!**

Priority will be given to professional development in the areas of e-science, emergency preparedness, personal and electronic health records, health information literacy, or library advocacy.

- Attendance at the conference/training must take place before April 30, 2012.
- Funds can be used for registration and/or travel.
- Your responsibility to the MidContinental Region will be to share your experiences through a newsletter article, presentation, or a way mutually agreed upon with the NN/LM MCR.
- The applicant's institution must be a Network member of the MidContinental Region and the applicant must hold a health science library position.
- Applications will be accepted, reviewed, and awards made, until funds are no longer available, or until April 30, 2012.

Contact: Marty Magee [mmagee@unmc.edu](mailto:mmagee@unmc.edu) (800) 338-7657 opts. 1,2, 5

To apply, please fill out the application found at:

<http://www.surveymonkey.com/s/ProfessionalDevelopmentAward>

## Training Health Professionals Stipend



The NN/LM MCR will be awarding approximately 3 Training Health Professionals stipends to support health science, public, or special librarians who wish to exhibit and present at a medical or health-related meeting or conference in the MidContinental Region by the end of April, 2012. Three awards will be made with each for up to \$1,000.

- EXHIBITING/PRESENTING (Attendance) at the conference must take place before April 30, 2012.
- The applicant will receive training on the Exhibitor Toolkit and be certified as an exhibitor.
- The applicant's institution must be a Network member of the MidContinental Region and the applicant must hold a librarian position.
- Your responsibility to the MidContinental Region will be to share your exhibit experiences through a newsletter article, presentation, or a way mutually agreed upon with the NN/LM MCR.
- Applications will be accepted, reviewed, and awards made, until funds are no longer available, or until April 30, 2012.
- The stipend can be used for exhibit fees, registration and/or travel expenses. Expenses will be reimbursed.

To apply, please fill out the application by clicking [Application](#)

Contact: Dana Abbey [dana.abbey@ucdenver.edu](mailto:dana.abbey@ucdenver.edu), (800) 338-7657, options 1, 2, 3



## Finding Out How to Communicate Better within the MCR

[The communication audit along with a summary of our action plan is available at <http://nmlm.gov/mcr/evaluation/memberinput.html>]

In February and March, 2011 Salzman and Associates conducted a communication audit for the National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR). Over the past few years, feedback from Network members indicated that information that we were distributing was less useful than it had been in the past. We were concerned that many members were not receiving our communications, even though we were using multiple media. Some of our members wanted to stop receiving our communications because it was not applicable to them. Salzman and Associates interviewed and surveyed members in order to obtain a clear picture of the communication needs and preferences of NN/LM MCR members and the most effective way to deliver information to you.

### Results

You and other members responded to the questions with helpful data that we are using to formulate our communication plan. (See [MCR Communication Plan](#))

The report:

- Defined key external audiences;
- Identified what communication practices and vehicles are most effective;
- Identified existing efforts that are ineffective;
- Located communication gaps; and
- Offered recommendations to enhance communication to key audiences.

### Newsletter

When we switched our newsletter from paper to digital only, we simply saved it as a pdf and sent it out to our members. Although you appreciate the content, you found navigating a pdf document to be difficult when reading online. You asked that we produce *Plains to Peaks Post* in a format more easily read on the

web. This is the first issue in its new format. We hope you find it easier to read. Let us know if this format works for you or not.

### Communication by Email



The primary communication media used by the RML is the mcr-mcmla listserv. The audit showed that approximately 50% of those who responded to the questionnaire subscribe to the listserv. This means that half of the people that we want to communicate with are not receiving our message. We have just completed our membership renewal where we required for each member institution, a contact person and an email address that we added to the listserv. At least one person at each member institution is receiving our news, our announcements of training and funding opportunities. We hope that all of you who receive our RML News and other messages will forward on pertinent information to others at your institution who are not subscribed.

Soon, you will be given the choice of receiving all the news we push, or subscribing to news that pertains only to your interest(s). Stay tuned, the details are being worked out.

### Duplication of information

Those of you who follow several of our communication streams astutely noted that we distributed the same information through most of them. We expected members to follow only one stream and wanted to be sure that you missed no information. You told us that you prefer not to have the same information repeated through each of our communication streams. MCR staff has come up with a plan to reduce repetition.

### Web 2.0 Technologies

No one strongly preferred the use of web 2.0 technology as a way to receive information. This surprised us. We thought newer librarians already using social media would prefer to receive information from us on platforms such as Facebook and Twitter. The RML believes we should promote the use of new technologies and will continue to use Facebook and Twitter to send out information and to communicate and engage with you. We hope you will join us in our effort to explore how to best use new communication technologies. (See the [MCR Communication Plan](#) article for more details)

### Web Site



We received mixed messages on our web site (<http://nmlm.gov/mcr>). Respondents to one questionnaire thought our web site was usable and easy to navigate. However, some respondents who were interviewed for the communication audit, had difficulty finding what they were looking for on the web site. The top reasons for visiting the web site were:

- Contact information
- E books
- Archived training and presentations
- Document delivery information
- Cost benefit analysis/Return on investment calculator

To add to this feedback we also ran Google Analytics reports on use of our web site, especially hits coming from our region. There were pages that had very few views. We are in the process of weeding our web site to make it easier for you to find the information you need.

We hope these changes improve our communication with you. We want to hear back from you whether we're on the right track or not.

-Claire Hamasu, Associate Director



## MCR Communication Plan



The NN/LM MCR is constantly assessing and responding to Network member needs by tweaking the services it provides or creating new ones. Probably the most important and complicated area the MCR has assessed is the way we communicate with our members. It is complicated because there are so many ways to communicate (snail mail, email, Facebook, LinkedIn, television, Tweets, blogs, RSS, in-person, via telephone, webinars, podcasts, osmosis, telepathy... the list goes on and on) and everyone has their own communication

preferences. Some will only use one, maybe two of these tools whereas some like to use a three or four, while there are some crazed **multi-tasking-enabled savants** (a.k.a. crazed **Mu-Ta-nts**) who use a five or more of these throughout the day.

The MCR recently completed the analysis of a communication audit we conducted with our members. It was very enlightening. We separated what we heard from you into two categories:

#### You want...

- Health information content focused on services we provide that help keep your skills as librarians sharp along with information you can rebrand and push to your users.
- Information parsed to you in different amounts so that you can manage how and when you access information coming from us.

#### You DON'T want...

- To read-hear-watch the exact same thing twice on any of the different communication tools you use.

*(Note: This is an extremely brief interpretation of the audit. You are strongly encouraged to read the entire [2011 NN/LM MCR Communication Audit Report](#) or read the article [Finding Out How to Communicate Better within the MCR](#) .)*



Feeling pretty good about having an understanding of what our members want from us, we have developed a communication plan. We will be using seven communication tools (unfortunately telepathy is not one of them...we were promised that an app for this will be available next year). Each will allow our members to control when, how much, and where they receive information from us. Most of the tools are tools we have been using for years but they will be used slightly differently. Some are new to us.

We also heard that Network members want to interact with the messages we send out. This means members will be able to: easily rebrand what we send and share with their patrons; join/contribute to conversations with their colleagues; and rate the usefulness of the content. Members interacting with the information we push out indicates to us that the information was important or relevant enough to engage with us and other Network members.

#### Here's an overview of the use of our communication tools:

##### [Web site](#)

- MCR programs and special project areas
- Webinar archives
- Events

##### NN/LM MCR Listserv (Weekly)

- Links to more information
- Important MCR related announcements
- Breaking health information related news
- Appropriate messages based on profile
- Subscriber(s) from each Network member institution

##### [Facebook](#) (Daily)

- Invites discussion, knowledge sharing, feedback, etc.

##### [Twitter](#) (2-3 x Daily)

- Very short messages
- Links to more information
- Ideas to share (Retweet)

##### [NN/LM MCR News Blog](#) (Daily)

- Links to more information
- New posts delivered weekly via NN/LM MCR Listserv

##### [Bringing Health Information to the Community BHIC Blog](#) (Daily)

- Links to more information

- Primary audience is community based organizations (CBO) and those serving CBOs

[Plains to Peaks Post](#) (Quarterly)

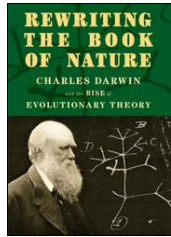
- Articles on special projects, reports from members, etc.

The NN/LM MCR hopes that our Network members and others who read our messages will appreciate this plan on using different media for different messages. If not, we REALLY would like you to tell us how we can better communicate with you.

-John Bramble, Technology Coordinator



## Consider hosting a traveling exhibit from NLM!



Melissa DeSantis  
Deputy Director  
Health Science Library University of Colorado  
[melissa.desantis@ucdenver.edu](mailto:melissa.desantis@ucdenver.edu)

The Health Sciences Library at the University of Colorado Anschutz Medical Campus hosted a traveling exhibit from the NLM in the spring of 2011. The exhibit was "*Rewriting the Book of Nature: Charles Darwin and the Rise of Evolutionary Theory.*" It was very easy to apply for this exhibit. We just had to send an e-mail to the Exhibitions Program at NLM and request one of the available dates for the exhibit. There was no fee to host this exhibit except to pay for shipping of the exhibit to our library. NLM says this amount is usually between \$200-\$400 and we spent \$120.

This exhibit did not require any programming to take place in conjunction with the exhibit, but we did organize and host two speaker events during the six weeks we had the exhibit on display. Both speakers were faculty on our campus and were happy to participate. One speaker presented on Darwin's physical illnesses and the other presented on the topic of religion and evolution. Both events were well received and brought people into our library.

This particular exhibit was relatively small as it consisted of just four floor standing banners. Because the space we set up the exhibit in was a bit larger, we added to the exhibit by displaying items in our collection that were written by Darwin or his contemporaries. We also set up a DVD on repeat that played a documentary with free performance rights discussing Darwin and his theory of evolution.



The process to apply for and host this exhibit was very easy and I'd encourage other libraries to consider hosting a traveling exhibit too. NLM has a variety of traveling exhibits available. Most of them are very low cost to host and they come in a variety of sizes. Check out what is currently available at: <http://www.nlm.nih.gov/hmd/about/exhibition/travelingexhibitions.html>



## MedPrint



Who will have the last print copy of our core medical journals? If MedPrint is successful, 13 DOCLINE libraries will have the last print copies. The National Library of Medicine has developed a collaborative plan for DOCLINE libraries all across the country to commit to preserving print copies of 250 Abridged Index Medicus® and PubMed Central® titles for 25 years; that is until 2036. If you are a DOCLINE library and have any of the titles in your collection, you could be one of the twelve libraries. The National Library of Medicine is committed to holding the 13<sup>th</sup> copy.

NLM has established a web site to provide you with criteria for participation, the directions on how to participate, and the list of the 250 serial titles. <http://www.nlm.nih.gov/psd/printretentionmain.html>

**Do you have to have a complete run of the title?**

Yes, from the first published volume until 2000, if the title remained the same for the whole time. If there were title changes, you need to have a complete volume run for the title. For example *Archives of Physical Therapy* became *Archives of Physical Medicine* in 1945. If your subscription started with the *Archives of Physical Medicine*, you may commit to holding *Archives of Physical Medicine* (1945-1952), *but you do not have to commit to Archives of Physical Therapy* (1926-1944).

#### What if you didn't bind the whole volume?

Many of us got rid of covers, ads, and other content when we bound our serials. At this time, NLM is only accepting holdings into the program, if all of the serial parts are available.

#### Is NLM expecting you to take special care of these print titles?

Yes. The program is meant to preserve the print volumes. As a participant in the program, your MedPrint volumes should be housed in moderate and stable levels of temperature and humidity. The facility should have fire suppression, smoke detection and building security systems. NLM also recommends that you have a disaster response and recovery plan.



#### How do you participate?

There's an agreement that an authorized representative from your institution and NLM will sign. You will identify the titles and holdings you are committed to preserve. Your DOCLINE record for the titles and holdings must be updated to indicate your commitment. Your state coordinator can help you with this.

#### What's your first step?

Review the list of titles on the MedPrint web site and compare it with your DOCLINE holdings to determine whether you have any titles to contribute. Participation is totally voluntary.

Contact your [State Coordinator](#), if you have questions.

-Claire Hamasu, Associate Director




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## Hospital Evaluation Scan



### Background

The National Network of Libraries of Medicine, MidContinental Region has had several library closures during the past five-year contract. For this reason we decided to monitor the ongoing status of our member libraries. We intend to look at trends in budget and issues related to budget such as the collection budget, staffing, library location, and hours of operation. We assume that the budget is a primary factor in the library's continuing operation. We are also tracking information on the service to and importance of the various groups (e.g., management, physicians, etc.) in the hospital and external events that impact the library. From this data we hope to determine the qualities in the librarian and library's operations that are indicators for success or are warning signals that indicate the need for assistance.

### Methodology

The NN/LM MCR conducted an online scan of member (full and affiliate) hospital libraries to look at the standing of those libraries within their institutions. The scan was concerned with the relationship between the budget of member libraries and their collection maintenance, staffing, physical location, and hours. The scan also looked at major community events and the impact on the hospital and the library. In addition, the scan compared the major users of the hospital library to the users that had the most influence over the continued health of the library.

The scan asked:

1. for their LIBID;
2. for their non-profit/for profit status;
3. for their 2009-2010 budget compared to the 2008-2009 budget;

4. about the affect of the 2009-2010 collection budget on their collection size;
5. whether there were changes on their staffing level;
6. whether there were changes in their hours, location, physical space or accessibility and the involvement of the librarian in the decision making process;
7. about the ranking of various groups in importance of impact on status of the library;
8. for the ranking of the top users of the library;
9. about new programs and services;
10. whether the library has a long range plan and whether it had management approval; and
11. about external events that impacted the hospital and the library.

The scan was distributed to 127 full and affiliate member hospitals in the region and completed in April 2011. Sixty-three (49%) usable responses were submitted. Hospital responses from other regions were not counted in the results. Obvious test replies were also discarded. Ten libraries did not provide a LIBID, so determining state affiliation was not possible. Responses indicating state location were:

State	Number of Responses	Response Rate by State
Colorado	10	29%
Kansas	7	41%
Missouri	21	45%
Nebraska	9	56%
Utah	5	45%
Wyoming	2	18%

(Figure 1) Responses by State

Of the total number of usable responses, sixty reported coming from a non-profit organization and three from a for profit organization. Data collected in this scan did not show significant responses when analyzed by state due to the small numbers received. When the scan is completed in 2012, analysis by state may be more meaningful.

#### Results Summary:

- Budgets for hospital libraries in the MidContinental Region remained the same with 48% of libraries reporting a static budget. Equal numbers of libraries (25%) reported either an increase or a decrease in budget amount.
- Thirty-six libraries were able to maintain their collection, twenty were forced to decrease their collection and five were able to increase their collection.
- Staffing, location, and library hours remained the same for a large majority of libraries.
- 44% of libraries report having a long-range plan.
- Physicians are reported to be the users having the greatest impact on the library and are also the most frequent users of the library. Nurses are reported to be the second most influential group on the library as well as the second highest user group. Management is reported to have significant impact on the library, but is not reported to be a high user of library resources and services. Allied health professionals and education professionals use the library, but are not reported as being heavy users or having a significant impact on the library.
- The majority of respondents did not report a significant community event affecting the hospital or the library. Those who did report such an event mentioned the general economy, hospital expansion or upgrades, new hospitals opening in the area, H1N1, health care reform, and closure of hospitals in the area.
- Community events affecting the library resulted in increased requests for services, budget cuts, cuts in hours, changes in services, and seeking additional funding.

The final report of the scan will be completed and posted on the NN/LM MCR web site.

- Barb Jones, Missouri/Library Advocacy Coordinator




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## What's New with...

– the NN/LM National Library Medicine of Training Center (NTC)



Sharon Dennis  
Assistant Director  
NLM Training Center  
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The NN/LM National Library of Medicine Training Center (NTC), located at the University of Utah, offers in-person and online training related to NLM products.

### PubMed® class



The previous one-day PubMed class is being replaced with a hybrid PubMed for Trainers class. This hands-on course consists of lectures, individual exercises, group work and discussions in four sessions, with independent work before or after each session. The course consists of three 2-hour online sessions and an in-person session. NLM or NTC trainers will deliver the lectures and facilitate discussions.

The objectives of the class are for current and future PubMed trainers to discover and develop:

1. functional knowledge of the MEDLINE® database,
2. understanding of the structure and use of the Medical Subject Heading (MeSH®) vocabulary in MEDLINE/PubMed,
3. expertise in the use of features and functions of the PubMed system, and
4. techniques and best practices in MEDLINE/PubMed instruction with fellow trainers.

The class is intended specifically for those who train, or will train, others to use PubMed. This class could be for you if you teach PubMed to large groups, small groups, or one-on-one training. We look forward to lively discussions on PubMed instruction and adult education best practices.

The first NTC PubMed for Trainers class was held in October 2011 in Bethesda, MD. NTC will be offering PubMed for Trainers classes in five different locations from February through April 2012. The locations are Los Angeles, CA; Houston, TX; Chapel Hill, NC; Chicago, IL; and Syracuse, NY. The class will also be offered in 2012 at the annual meeting of the Midcontinental Chapter of the Medical Library Association (MCMLA) in Kansas City, MO (dates to be announced).

### TOXNET® and Beyond class



We will continue to offer the one-day TOXNET and Beyond class. This course is designed to convey the basics of searching TOXNET, a Web-based system of databases in the areas of toxicology, environmental health, and related fields. The course also teaches students how to use the NLM Environmental Health and Toxicology portal which provides resources beyond the TOXNET® databases. Students learn the content and structure of files covering toxicology data, toxicology literature, toxic releases, and chemical nomenclature. The databases highlighted are TOXLINE®, the Hazardous Substances Data Bank (HSDB®), the Integrated Risk Information System (IRIS), the Toxic Release Inventory (TRI), and ChemIDplus®. The course includes lectures, online demonstrations, and hands-on exercises.

NTC has TOXNET and Beyond classes scheduled beginning in February 2011 in Los Angeles, CA; Houston, TX; and Chicago, IL.

### Plans for Online Training

In addition to the hybrid PubMed class and in-person TOXNET and Beyond class, NTC will be offering shorter online Adobe Connect classes for delivery later this year. In conjunction with the Pacific Southwest Region, we are also developing a Moodle version of the "Effective Training Design: Teaching with Technology" class (see <http://cech.mlanet.org/node/576>).

In the next few months, we will be conducting a needs assessment to identify gaps in the current web-based training offerings. After the needs assessment is completed we will be developing additional web-based training.

### Wait, there's more...

The NTC blog features regularly published short articles about teaching technologies, adult education, and upcoming activities. You can also follow us on Twitter where we are posting links to resources related to education and NLM products. Please visit the NTC Web site at <http://nnlm.gov/ntc/> for more information, to register for classes and to follow the NTC blog or Twitter feed.



## Consumer Health Literacy in the Public Library



Christina Pryor, MLS  
Reference Manager  
St. Louis County Library  
[cpryor@slcl.org](mailto:cpryor@slcl.org)

I came to St. Louis County Library just over a year ago as a Reference Librarian but prior to that I was a corporate medical Research Librarian. I had also worked at a medical publishing company and an academic medical practice. In all I had almost a decade of experience in the medical area but I assumed that was over when I moved to the public library setting. Shortly after I started at St. Louis County my manager sent me to a session on consumer health literacy by NNLM. Having been a medical librarian I was familiar with the tools presented, however, I was caught off guard about by the videos and statistics presented about consumer health literacy in this nation. I immediately started thinking, "What can I do to help my customers at St. Louis County?"

By the time I arrived back at my library, I had a plan. I wanted to assemble a consumer health literacy lecture series but I knew that it would be a challenge to get people to come to the library to hear a librarian talk about health literacy. What would make them come to the library? St. Louis County Library needed a medical partner. I contacted SLUCare, the Physicians of Saint Louis University, and they were immediately on board with the idea. When I left that first meeting, I knew we had a beneficial partnership for both the library and SLUCare.



The "SLUCare 60-minute check-up" lecture series at St. Louis County Library was created. Each month SLUCare would send one or more physicians to the library to cover a different medical topic such as how to get the most out of your doctor visit. In addition to the lecture by the physician, I would do a brief presentation on consumer health literacy including health literacy tips or a demonstration of a medical research tool such as MedlinePlus. SLUCare also provided clinical staff to provide free blood pressure screenings at each event.

I knew we had a winner! In January 2011, we held our first event at the St. Louis County Library Headquarters and over 70 people registered for the event. Each month we have consistently had an average attendance of 40-50 people at the library and our highest registration was 100 people for the arthritis lecture.



We had the right formula for the lecture but that was not the only key to the program's success. SLUCare promoted each lecture with newspaper and direct mail advertisements. They also ran radio spots mentioning the library. St. Louis County Library used our email newsletter as well as our social media vehicles to promote the series. The marketing and promotion of this series has led to its success.

Both SLUCare and St. Louis County Library have been pleased with the results. Now that I have become the Reference Manager at St. Louis County and we are preparing for our last "SLUCare 60-minute check-up" for 2011, SLUCare and I are planning for another great year in 2012. If you have questions or suggestions, please feel free to contact Christina Pryor at St. Louis County Library.



## Book Review: Internal Bleeding

Darell Schmick  
Information Services Librarian  
University of Missouri-Columbia  
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I had a chance to read *Internal Bleeding: The Truth Behind America's Terrifying Epidemic of Medical Mistakes*. Penned by two physicians, the authors do a great job explaining the shortfalls present in the healthcare field, the errors that can arise from such shortfalls, and what actions the reader/patient can take to be better protected from medical errors. In each chapter, the authors



discuss issues of particular interest and value to the vigilant patient. The final chapters (which advise the reader of what he/she can do to protect themselves from medical errors) are worth the read alone. Small things, such as “bring a list of medications you’re currently taking when going to see the physician” are simple but important takeaways that can reduce the chances of error when entering as a patient in the healthcare system.

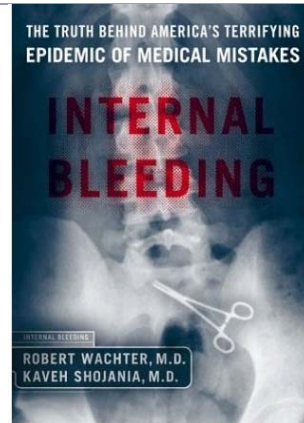
The book is filled with stories that will grab your attention, and are likely to make you uneasy at times. After each vignette, the authors take a step back and explore what happened. What went wrong, and at what point? What could have been done to prevent it? It’s akin to a morbidity and mortality conference, candidly conveyed and crisply condensed for a general audience.

In one stirring example, a Mexican teenage girl whose life depended on a new heart and lung transplant sought care from a world class medical center in the United States. The specialists that her family was fortunate enough to find were top tier and confident that they would be able to save the child’s life, provided a perfect match could be located. After several untenable prospects, a “perfect” donor match was finally located halfway across the nation. This was incredible, considering the impossible requirements: the heart and lungs must be from a newly deceased adolescent boy or girl, and must be completely intact. The organs from this miracle donor were successfully excised and shipped in ice, ready for transplantation. The parameters and requirements for transplantation were all fulfilled, save one—the blood types of the patient and donor were not compatible. The surgery continued, with all parties fully aware of the new set of complications arising from a patient rejecting her newly implanted, incompatible heart and lungs.

The authors refrain from chastising the actors involved, but rather use this as a lesson in how miscommunication can derail what should have been an otherwise successful operation.

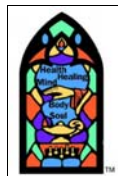
There is no perfect system, and the authors illustrate that the healthcare industry is no exception. While it is impressive that our healthcare system runs as well as it does, errors arise from time to time. And when that happens, the authors point out that money is wasted, careers are ruined, and lives are lost.

Not only is this an important read for patients and doctors, but for the librarians who serve them as well. For me, it really hit home hard that the lack of specific information at the right time can have deep and lasting implications. I highly recommend reading this book to anyone with an interest in patient safety.



## Faith Community Nursing

### – A Holistic Approach to Care



2011 marked the 25th year for the Westberg Parish Nurse Symposium. This annual event brought together faith community nurses (FCN)<sup>1</sup> – also known as parish nurses, congressional nurses, health ministers, pastoral associates, parish care coordinators, church nurses, and health ministry nurses – from around the United States, to explore their roles in the integration of traditional nursing care with the spiritual and emotional needs of individuals.

#### What is Faith Community Nursing?

Faith community nursing is a unique specialty practice. The “Parish Nurse Movement” began over 25 years ago with the work of Rev. Dr. Granger Westberg, and his vision of parish nursing as a partnership between health care systems and faith communities. The movement began with humble roots in Park Ridge, Illinois and now serves 23 countries.<sup>2</sup>

FCNs have completed an accredited nursing program and are currently licensed as a registered nurse. While faith community nurse training is not required, it is recommended by professional nurse organizations for those interested in working with faith communities. Over 10,000 nurses have completed the curriculum offered by the International Parish Nurse Resource Center.<sup>3</sup> It is estimated that there are over 15,000 FCNs worldwide.

Of the 417 client interventions identified by respondents in a national survey exploring the complexities of FCN, the primary focus of their work relates to health promotion, coping assistance, and spiritual care.<sup>4</sup> They serve as educators and counselors, and provide spiritual support, referrals, and health screenings. Because they work with a variety of faith communities – including Christian, Jewish, and Muslim, in a variety

of settings – homes, community centers, and houses of worship – access to appropriate consumer health information can be a challenge.

### FCN Health Information Needs Assessment

The National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR) identified FCN as a potential collaborator for health information literacy outreach. At this year's Westberg Symposium, MCR coordinators distributed a short questionnaire to 135 attendees to learn what type and format of health information was most needed by FCNs for their outreach to clients and for their own professional development. The results indicated a high need for print materials, as many clients served in the faith communities did not have online access. There was also a need for audio and visual materials. The main barriers to locating health information materials for clients were lack of time and not knowing how to identify reliable resources. The main barrier to their own professional development was the lack of published research for practicing in a faith community.

Based on the needs expressed by respondents to the questionnaire, MCR coordinators will work with FCNs to raise awareness of high-quality National Library of Medicine consumer information and patient education resources available online and in print through a series of articles highlighting resources and health topics. Coordinators will continue to seek avenues to provide hands-on and virtual training on biomedical research tools for FCN professional development.

-Dana Abbey, Colorado/Health Information Coordinator

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<sup>1</sup> For the purposes of this article, FCN, faith community nurse, and faith community nursing will be used to encompass the variety of titles used to identify this nursing specialty.

<sup>2</sup> International Parish Nurse Resource Center (2011). *History of the International Parish Nurse Resource Center*. Retrieved from [http://www.parishnurses.org/HistoryofIPNRC\\_221.aspx](http://www.parishnurses.org/HistoryofIPNRC_221.aspx).

<sup>3</sup> As of October 1, 2011, the Church Health Center will serve as the new home for the International Parish Nurse Resource Center.

<sup>4</sup> Solari-Twadell and Hackbarth, "Evidence for a New Paradigm of the Ministry of Parish Nursing Practice Using the Nursing Intervention Classification System," 72.



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