something to know a bit about

Have you heard about this...this altmetrics (short for alternative assessment metrics or alternative metrics) business? We know it has to be important because it is one of the topics for the Chapter Sharing Roundtables at this year's Medical Library Association Conference. We know it might even be super important because it is right at the top of the list of 25 topics being discussed. It beat out Building a Network of Partners, which came in second, followed by Consumer Health, Copyright Issues, and Embedded Librarians. Wow!

Why is it a good idea for librarians to pay attention to altmetrics to at least a level of understanding where we can carry on an intelligent conversation with a...Altmetricologist (fyi, not a real word...yet)? We hope that by reading through the rest of this article and following the links to some websites, you'll be able to determine for yourself if this is something you need to add to your Things-To-Know-More-About list.
According to the good folk at altmetrics.org*, altmetrics is "the creation and study of new metrics on the Social Web for analyzing and informing scholarship."

The folks at www.altmetric.com (no apparent affiliation with altmetrics.org) discuss how altmetrics work on the premise that researchers are very interested in what other people think of their work (it’s true...they do care) and if it is having some sort of impact. Altmetrics goes beyond or provides an alternative measurement to the traditional method for measuring impact of published research, which is at the journal level with impact factor measurements of how many times a paper has been cited. Altmetrics allows for harvesting the more real-time buzz of someone’s published work. When papers are published, the authors hope and pray that people are discussing their work. Typically, people share what they think about other people’s work on social media sites, publisher’s sites, daily newspapers, government regulatory sites, and wherever else people go to discuss published research. That people are discussing a paper in anyone of these outlets produces impact. For researchers to measure this discussion of their work, requires access to companies like Altmetric.com. These companies have tools that monitor online discussion outlets, compile what is being discussed, give scores to different levels of discussion, and then compile it into one report for a specific published work.

To help better explain altmetrics, let's look at a scenario from Altmetric.com. A paper published in a research journal reports on a particularly effective way to get HIV/AIDS patients to comply with their doctor's prescribed therapy. A nurse reads the paper, begins using the method, and also finds it to be effective. The nurse then shares his/her results on a listserv he/she belongs to, such as any of the great email lists hosted by the Health Care Education Association. His/her sharing and any potential ripple effects can be collated using altmetric tools, and the impact of the paper can be measured. Without altmetrics, however, the authors of the paper would never know about the impact because the nurse wouldn't report the successful implementation in a formal venue, like a journal.

Altmetrics can potentially reduce the time it takes for the impact of peer-reviewed scholarly work to be identified as good (or bad) contributions to science using the concepts of crowdsourcing to get it done. Altmetrics.org writes that more and more researchers are sharing their publications online through social/reference manager apps like Zotero and Mendeley, who use a form of altmetrics to provide an impact score of published research.

We strongly recommend that you read altmetrics.org's manifesto. It addresses the statement "no one can read everything." A statement we librarians can relate to very well. Especially as this is basically the entire premise for why library card catalogs...oops...we mean...why OPACs exist. Many librarians have been saying this for years when we get a little defensive when uninformed people ask us to justify the importance of our role in analyzing and informing scholarship. How many of you have said, "because nobody can read everything," when a student asks you why they need to become proficient using PubMed MEDLINE? The manifesto also rationally discusses how altmetrics can address the crush of abstracts from new academic literature being indexed in MEDLINE. Remember back to the 1950s when Index Medicus indexed a respectable annual ~100k-170k abstracts. The number of abstracts indexed in 2010 was over 900k. Yikes! Oh, and remember that not every biomedical journal is indexed in MEDLINE, right? Double Yikes!

Now, where were we...oh, yes...

Altmetrics also has a nice list of tools that are using altmetrics. Among those tools, you’ll probably recognize the name “PLoS.” Their tool, the PLoS Impact Explorer, makes it possible for users to find online conversations on PLoS papers found on altmetrics.org. Altmetrics.org also provides some nice links to social media resources you might want to checkout: @Mendeley, @GoogleGroups, @LinkedIn, and @FriendFeed.

You can also find several videos on altmetrics for those of you who want to get your altmetrics-geek-on. They range in length from 30 minutes to a little over 120 minutes. If you only have time to watch one of these, we recommend watching the first video on the list, Jason Priem's 2012 lecture given to an audience of librarians at Purdue. Just think, you can view this right at your desk while eating your lunch.

The site nicely tracks who is writing about altmetrics on their press page. There are publications from The Guardian, IEEE Spectrum, Chronicle of Higher Ed, Forbes, and some cool blogs.

If you’d like to talk with John or Rachel about the Altmetrics’ing (again, not a real word...yet) that is taking place around you, please reach out to us. We’d like to hear from you and what you think. Really! We do.
*Researching who is behind almetrics.org led to Dr. Jason Priem, of University of North Carolina Chapel Hill. If you want to be amazed, checkout his CV. You can tell he is totally invested in finding ways to blend the social aspect of the Web with science.

- John Bramble, Utah/Technology Coordinator
- Rachel Vukas, Kansas/Technology Coordinator

---

**Becker Library’s Archives and Rare Books**

at the Washington University School of Medicine

_Elisabeth Brander_
_Bernard Becker Medical Library_
_St. Louis, Missouri_
_brandere@wustl.edu_

_Stephen Logsdon_
_Bernard Becker Medical Library_
_St. Louis, Missouri_
_logsdons@wustl.edu_

The [Archives and Rare Books](#) at the Bernard Becker Medical Library of the Washington University School of Medicine serves as a continuing resource providing information services to faculty, staff, and students as well as visiting researchers, scholars, and the general public. The library’s rare book holdings consist of some 20,000 volumes spread across nine distinct collections. Some of these collections are general in scope, and contain works on a wide variety of medical topics, while others are focused on a specific subject. Altogether, the Becker’s rare book collections cover the past 500 years of medical history, and contain several landmarks in medical publication including the first and second editions of Andreas Vesalius’ *De humani corporis fabrica*, Siegfried Albinus’ monumental *Tabulae sceleti et musculorum corporis humani*, with its superb copperplate engravings, and the first American edition of Henry Gray’s *Anatomy, descriptive and surgical*.

---

**IMAGE 1**

_Copperplate engraving from Cowper’s 'Myotomia reformata'. William Cowper (1666-1709). Myotomia reformata, or an anatomical treatise on the muscles of the human body illustrated with figures after the life. London: Printed for Robert Knaplock . . ., William & John Innes, and Jacob Tonson, 1724. (Plate XII) Copper engraving._

The medical school began to collect rare books in 1912, when it purchased the library of Professor Walter Pagel, Professor of Medicine at the University of Berlin. This initial purchase was followed by the acquisition of Dr. John Green’s collection of 19th century books on ophthalmology and otology, and, in 1916, the purchase of Frank J. Lutz’s collection of early printed medical works. These books are now the basis of the
Becker’s Classics of Medicine and Monuments of Medicine collection. The Classics of Medicine contains works from the late 15th century up to 1820 while Monuments, the largest of the individual collections, holds books from 1820 to the mid-20th century. These two collections, which hold works by both major and less well-known medical authors, form the core of the Becker’s rare book holdings.

The other rare book collections are more specialized in nature. Two of the most significant of these are the Becker Collection in Ophthalmology and Optics and the H. Richard Tyler Collection of the American Academy of Neurology Library. The Becker collection was donated to the library by the former Chairman of the Ophthalmology Department, Bernard Becker, in 1975, and contains over 300 works on ophthalmology and optics dating from the 16th century to the 1850s. The Tyler collection was donated by neurologist H. Richard Tyler, a Washington University School of Medicine alumnus, in 1999. The library’s copies of the 1543 and 1555 editions of Vesalius’ Fabrica, several 17th century editions of Thomas Willis’ Cerebri anatome, and Charles Bell’s beautifully illustrated 19th century work The anatomy of the brain, explained in a series of engravings, were all part of Dr. Tyler’s donation. In addition to the Becker and Tyler collections, the library holds the CID-Max A. Goldstein Collection in Speech and Hearing, the James Moores Ball Collection, which contains numerous beautiful anatomical atlases; the Robert E. Schleuter Paracelsus Collection, the Henry J. Mckellops Collection in Dental Medicine, and the Rare Medical Periodicals.
The Becker’s rare book collections are used in a variety of ways. While the collection is of course used by researchers working in the history of medicine, they are also used in educational displays for undergraduate and graduate classes from several St. Louis area institutions, and serve as centerpieces for exhibitions highlighting specific historical trends. The Library’s archival collections on the other hand are more focused on St. Louis medicine, with a particular emphasis on the School of Medicine, its individual departments, its faculty, and the associated hospitals and research institutions at the Washington University Medical Center. There are over 900 individual archival collections that occupy nearly 4,000 linear feet of stacks space at the Becker Library.

One of the most significant archival collections at the Becker Library is the William Beaumont Papers. William Beaumont (1785-1853) was a US Army surgeon who served during the War of 1812, and was later stationed in New York, Michigan, Wisconsin, and Missouri. He is remembered for his book *Experiments and Observations on the Gastric Juice and the Physiology of Digestion*. Beaumont was able to write this book after spending eight years (1825-1833) performing various digestion experiments on a French Canadian named Alexis St. Martin. While stationed in Michigan, Beaumont treated St. Martin for a gunshot wound to the stomach. St. Martin’s wound healed with a permanent opening in his abdomen through which the interior of his stomach was exposed to the outside. This opening, along with St. Martin’s cooperation, allowed Beaumont to observe the functions of the human stomach.

One of Beaumont’s annotations included in the notebook he kept on the St. Martin experiments describes the insertion of “different kinds of food, drinks, elastic catheters, [and] thermometer tubes into the opening and extracting large quantities of gastric juice.” As one might imagine, the experiments were often quite painful for St. Martin. Beaumont writes, “When the bulb is sunk low into the stomach, and suffered to remain there a minute or two it gives severe pain and distress at the pyloric extremity, like the cramp, or, the sensation frequently described by persons suffering from undigested food in the stomach, and leaves a sense of soreness, if repeated a few times, as was very evident this morning.” Beaumont later complained that St. Martin exhibited an “obstinacy and unwillingness” throughout the experiments.

While Beaumont’s experiments may have resulted in a greater understanding of the physiology of the stomach, their physician/patient relationship would not meet the modern standards of ethical awareness in the medical community. For instance, the Beaumont collection includes several copies of the contracts that
were signed by Beaumont and St. Martin to conduct the experiments. Given that St. Martin was being compensated for his discomfort, Beaumont believed that he was entitled to St. Martin’s cooperation. It is clear from Beaumont’s writings that he expected St. Martin to comply with each and every experiment.

Meanwhile, Beaumont considered that his experiments “were executed in obedience to the dictates of humanity, and a desire to benefit community and perpetuate the advantages of this signal opportunity for physiological improvement.” His contemporary reviewers and later biographers also showed little concern for the rights of St. Martin. In fact, few even recognized the significant role that St. Martin played in the Beaumont experiments. It would not be until the late 20th century when medical ethicists would start to look at Beaumont’s relationship with St. Martin with a critical eye.

If you would like to learn more about the William Beaumont Papers, over 500 of his letters have been scanned and are publicly available online in the library’s Beaumont Collection in the Digital Commons. For more information on the archives and rare books at the Becker Library, take a look at our website or contact us.
Kencee Graves, University of Utah School of Medicine Chief Medical Resident
Claire Hamasu, NN/LM MCR Associate Director
Robert Millsap, NN/LM MCR Financial Analyst
Debra Simmons, Utah Diabetes and Endocrinology Center Director of Clinical Affairs
Nathan Wilding, School of Business Six Sigma Green Belt trainee

The Problem

The problem we identified was that the expertise of librarians is not being used appropriately to inform physicians as they care for patients. Healthcare professionals do not realize that a call to a librarian can be helpful. We assessed that they spend valuable time (3-5 hours/week) trying to find information but do not always get the highest quality or the most relevant information. A 2013 library survey indicated that 50% or more of the faculty who have a clinical role had not used the services of a librarian in the past year. Thirteen percent indicated that they were unaware that librarian services were available. Physicians in the hospital setting may have difficulty finding the answer to a clinical question because there is no recognized process in normal patient care operations to consult with a librarian. This adds to underutilization of librarian expertise.

What We Did

The team decided to use rounding as an intervention. Rounding has been used successfully at many institutions to make health information available at point of need. The Research Librarian was imbedded on four internal medicine rounding teams for 4 morning rounds. A total of 29 questions were asked during the four morning rounds. Search results were returned the same day. The only time this was not possible was the day when 13 questions were asked. While the Research Librarian participated in this project, she continued to fulfill her regular responsibilities of teaching, consulting, and attending meetings. The Research Librarian spent two hours/day rounding and an average of three hours/day searching and distributing the answers she found.

We distributed two surveys: the first to the physicians on the internal medicine rounds with the librarian intervention and the second to physicians on cardiology, hematology, oncology and pulmonary rounds without the librarian. This second group acted as our control group. The first survey gathered information on physician search habits and the use and usefulness of the librarian provided information. The survey of the second group gathered information on their search habits.

We evaluated the quality of the searches by enlisting the trainers from the National Library of Medicine Training Center to review the search strategies and the physicians on our team to review the search results.

Our original intention of assigning a dollar value to the impact of the librarian on patient care was not realized due to the brevity of the project period (2.5 months) and because the data was not available. We discovered, as did other Lean teams, that University of Utah Health Care does not have cost data readily available.

The project ended with all 20+ Lean teams presenting the highlights of what they did and the impact of their project to administration.

Study Results

Feedback from the participants confirmed the value of the librarian as identified by other value studies. The information provided by the librarian affected knowledge that could be used with current and future patients. The majority of the responding physicians reported that they learned something new or updated their knowledge and that the information gave them more confidence in their decision or action. Forty-three percent said that patient treatment was altered as a result of the librarian provided information and an equal
number said that the information provided did not alter patient care. 86% said that there were no adverse events avoided due to the information they received from the librarian. Over half of the respondents said that having the librarian provide the information saved them time. Physicians on the internal medicine rounds spend an average of five hours/week searching for information. The search strategies were rated an average of 9.5 out of 12 points. The quality of the search results was also rated highly with the physicians indicating positive impact on knowledge and patient care.

Outcomes

- Having a librarian on rounds capturing and following up on questions increased the number of clinical questions entering the library system. We increased the number of inquiries to a librarian by 50%.
- Because the librarian, not the physician, took responsibility for finding the evidence to patient care questions; we reduced the time spent by professionals looking for information. This freed them to use that time in other ways.
- Our intent was to determine the dollar value of these impact factors. However, the only dollar value we could determine was for avoided payroll costs due to the time saved for physicians by the librarian providing the answers to the questions generated on rounds. We estimated that a 1.0 FTE rounding librarian would save clinicians five hours of search time/day. This is a conservative estimate based on the amount of time a librarian would take to do the searches. The result is $29,500 – $94,300 net annual savings depending on the salary of the physician.

Next Step

A subgroup of the team decided to continue exploring how financial impact could be assigned with the information we have. The results of this work will be presented at MLA 2014.

-Claire Hamasu, Associate Director

Highlights from the PubMed Update – January 2014

Lisa Traditi
Health Sciences Library – University of Colorado
Aurora, Colorado
lisa.traditi@ucdenver.edu

-Dana Abbey, Colorado/Health Information Literacy Coordinator

If you missed the January 2014 Spotlight! on NLM Resources with the National Training Center’s (NTC) Jessi Van Der Volgen discussing recent updates to PubMed, don’t fret. We’ve put together a recap of the information.

Here’s what’s new:

PubMed Commons

The PubMed Commons forum lets authors share opinions and information about publications in PubMed. It’s currently a pilot project, with participation by invitation – if you have at least one article or item in PubMed you are eligible for an invitation. However, anyone can view the post peer-review comments, there are two ways:

1. Enter “has_user_comments[sb]” in the search box to retrieve all citations with comments, or
2. Click “PubMed Commons Reader Comments” on the left hand sidebar to filter your search.
Relevance Sort

This feature is available from the Display Settings. It uses an algorithm to analyze each PubMed citation for the terms you used in your search and then the weight, or importance, is calculated depending on how many search terms are found and in which fields they are found. Also, recently published articles are given more weight than older ones.

Using History in Search Builder

Now when you click “add,” your search terms, not the search number appears in Search Builder. If you prefer to use numbers, you just need to add them manually to the Search Builder. In the example below, the Search Builder now displays the terms “parish nursing” and “spider bites,” instead of #5 and #2.
Modifying a Saved Search

In My NCBI, find one of your saved searches. Click on the gear icon and add/delete any terms you wish. Click the "Test search terms" to test run your search strategy.

Recent Activity

This is not a new feature, but might include new information. In My NCBI, go to your Recent Activity and click See All Recent Activity. This view will list the date saved, the resource (e.g., PubMed, MeSH), the type of activity, and the activity title. Items displayed can be added to your Saved Searches, copied to a Collection, or deleted altogether. If you deleted something from History, don't worry – it will stay in your Recent Activity for six months.

MeSH Terms for 2014

There are many enhancements to MeSH vocabulary. The NLM Technical Bulletin has the full list of changes, but here's a quick glimpse:
304 Descriptors, including air travel, dandruff, hope, medical identity theft, patient harm, public health nurses.

- 3 new Publication Types: data set, observational study, and pragmatic clinical trial.
- 40 Descriptor replacements to reflect more up-to-date terminology (e.g., arachnidism is now spider bites, dengue hemorrhagic fever is now severe dengue.

NLM does not do retroactive indexing, meaning the new terms will not be applied to existing citations. This is something to keep in mind regarding your saved searches – remember to review and update them. But with any good rule, there is an exception: where there is a one-on-one relationship between a new and old term, NLM will conduct a find and replace. In the 2010 citation example below, the 2014 MeSH term Spider Bites is now reflected in the record. If you are in Abstract View, you can also add citations to your My NCBI collections with the Add Favorites button.

![Figure 6 – Updated MeSH Terms](image)

View the Archived Session
View the [archive](#) of this and the most recent Spotlight! sessions.

Stay Current with NTC
Subscribe to the [NTC blog](#) to learn about upcoming classes, trainings and tutorials, tips for training, and more.

Stay Current with NLM
Subscribe to the [NLM Technical Bulletin](#) to be in the know about the latest searching information, and access the archives.

---

**Whoooo Says...**

*Dear Whooo,*

*I am one of four librarians who work in a medium sized urban hospital. I am fairly new to this job and to the profession, and I want to be sure and start my career off on the right foot. In my few months here, I have noticed there is a difference in how people are treated and how their ideas are received that doesn't seem to correlate to the quality of their work. I'm not sure what is going on here; is this common? How can I ensure that my contributions are recognized favorably?*

*Sincerely,*

*Confused*

*Dear Confused,*

*I’m so glad you wrote with this question. I think you have stumbled on a very important part of the workplace, and I congratulate you for your astute perception. You are very correct in your observation that the quality of your work is not the only criteria for job success.*
One of the important aspects of any job is your relationship with your boss. This relationship is important now, and may continue to be important in your career as a source of references and mentorship. It is also an area in which you have some degree of control.

One tactic you might use is called “managing up.” According to Thomas Zuber and Erika James, managing up is “the process of consciously working with your boss to obtain the best possible results for you, your boss and your organization.” While some may call this political manipulation or “kissing up,” really it is making a conscious effort to create a good working relationship between individuals with different perspectives. In essence, you and your boss depend on each other. You depend on her for direction, feedback, and support; she depends on you for new ideas, hard work, and contributions to the hospital’s goals.

The first thing is to develop this positive working relationship is to get to know your boss. What is your boss responsible for, and what are the pressures associated with that? What are her strengths and weaknesses? How does your boss like to work and to communicate? If your boss prefers to receive information in a written form, make it easy for her and send your ideas in a memo or email. Learn to listen to how your boss speaks and how she likes information presented. If she speaks quickly, learn to present your projects in that same style. If she likes to hear a summary rather than details, present your ideas in a short, concise message. Use your skills to listen, hear, and then talk.

The next thing you need to do is to know yourself. Recognize your own strengths and weaknesses, as well as your preferences. If you tend to resent your boss’ authority and are rebellious, you will need to acknowledge that and find a way to handle those feelings without damaging your relationship. Do you tend to be overly compliant? If you always agree, you may be failing to provide additional insight or needed input on critical issues.

Other important issues to consider are:

- Make sure you know exactly what your boss expects from you. Be sure to find an opportunity to clarify what you are supposed to do before the task needs to be completed. Also, be sure to clarify priorities so you can complete your assignments in a timely and appropriate manner.
- Keep your boss informed on your progress, needs, challenges, etc. If your boss doesn’t know what you need, she cannot effectively advocate for you.
- Make sure to tell your boss both the good news and the bad news. Problems need to be faced and handled with courage and innovation.
- Build trust in your relationship. Maintain a high level of honesty and dependability; honor your deadlines and commitments.
- Respect your boss’ time. Use your initiative to solve your challenges whenever possible. Make sure any request of your boss is necessary, and a required use of her time.
- Learn how to sell your issue. In order to get what you need or want from an organization, you need to be able to ask for it and sell your boss on the idea. Learn effective presentation skills. Use such skills as “bundling” (connecting your issue to another important issue), or by “framing” (placing your issue in a context that your boss can understand). Pay attention to your timing and present your issue when your boss is not overwhelmed with other more pressing issues.
- Recognize your boss’ positive qualities.
- Discover what you can learn from your boss. Each of us has special skills that have helped us to achieve our current success. Your boss may be an excellent supervisor, a skilled politician, an expert searcher, or any number of other things. Allow your boss to teach you.
- Be a solution provider. Search for solutions to the problems you face, and then tell your boss how you have solved them. On a larger scale, if you see a problem come up in your department or in your departmental relations with others, offer to lead the effort to fix the problem. Avoid being the person who says “It’s not my job.” Again, this positive attitude and leadership offer helps to make your boss’ job easier.

By now, I’m sure you get the idea, Confused. The goal should be to make your department and organization the best that they can be. Working together and being a team player helps create a positive environment for all. The employee that can be a successful team player, helping the boss and the rest of the team to accomplish the desired goal will be well respected by all.

Sincerely,
Supporting Public Library Health Information Programs and Training

One of the major charges for the NN/LM MCR is to work toward improving access to and sharing of biomedical information resources throughout the region. We believe working with and through public libraries is one of the major ways to reach out to the residents of our states. Public libraries interact with individuals and groups in ways that hospital and academic libraries cannot.

Our coordinators have formed relationships with many of the public libraries in our states, and also with our state libraries in order to offer educational programming and opportunities for partnership to achieve our mission. We also offer region-wide programming opportunities with Spotlight! on NLM Resources. For the past few years, we have noticed that participation by public librarians has decreased. In order to increase public librarians’ attendance at our training opportunities, we decided to work through our six state libraries to find out what the interests and needs are for health information trainings.

We developed a questionnaire asking for information about the perceived need for trainings, the types of trainings preferred, and the desired delivery methods for those trainings. Each coordinator worked with their respective state library to distribute the questionnaire to public libraries during February 2013. Overall, 182 responses were collected and analyzed.

Questions were arranged in three areas: 1) Perception of staff knowledge about and access to health information and the public’s use of the library for health information. 2) Interest in training on health resources, training formats preferred and the kinds of skills deemed important. 3) Librarians’ perception of what health topics their patrons thought were important.

- 72% responded that members of the community look to the public library for health information. (“Do you get reference questions about health topics?” “Do you maintain a health information collection in your library?”)
- More than 84% somewhat agreed or strongly agreed with this statement: “Our staff has access to the health information resources we need to answer the majority of our patrons’ questions.”
- 58% somewhat agreed or strongly agreed that their staff has adequate knowledge of health information resources to comfortably answer the majority of health questions they receive.

It appeared that although the respondents thought access to health information was adequate, there was a noticeably weaker positive response that their knowledge of health information resources is adequate.

The overwhelming majority of respondents indicated that “Yes” they, or their staff would be interested in having training on health information, if it were free and offered in a convenient venue. Most of the respondents (54%) indicated that they would participate in archived or live online training sessions. Other responses favored self-guided training modules (19%), in-person training (19%), and training at conferences (11%).

Responses to queries about skills training, showed that they were interested in learning how to develop a consumer health collection or learning more on conducting a health reference interview. Responses also showed strong interest in training on health resources for different groups.

Respondents identified health topics important to their patrons: Diabetes (25%); Cancer (24%); Heart Disease (20%); Obesity (13%); and Asthma (10%). Open-ended responses captured other topics. Those mentioned most frequently were ADHD, Alcoholism, Alzheimer’s disease, Autism Spectrum, Mental Health, and Nutrition/Healthy Living.
In conclusion, public libraries have good access to health information resources, and the knowledge to use them. However, they continue to be interested in additional training. A large majority (more than 70%) indicated they prefer online training as opposed to various forms of in-person trainings. We will continue to offer online trainings and presentations directed at public library staff. Finally, the feedback reaffirmed our belief that public librarians and libraries are an important link in the provision of and access to health information for community members.

- Barbara Jones, Missouri/Library Advocacy Coordinator
- Jim Honour, Wyoming/Member Services Coordinator

Health Literacy: Succeeding One Project at a Time

**Note:** This is the first in a series of articles on librarian involvement in health information literacy.

Health literacy is the “degree to which an individual has the capacity to obtain, communicate, process and understand health information and services in order to make appropriate health decisions.” The RML wants to help you foster health literacy in your institution, while also advocating for your library and its services, so we’ve made a list of things to keep in mind and ways to get started!

Before diving in, it’s important to keep in mind that this is a gradual process and it takes time to build relationships and trust and as they say, “slow and steady wins the race.” We also know that not all suggestions or activities are appropriate for every institution. We encourage you to get creative and find ways to either make an adjustment so it can work for you, or use it as a jumping off point to think of new ideas. We highly suggest you seek out your supervisor’s approval. This offers them the opportunity to provide support and suggest contacts. As an added bonus, you can use this as a way to get buy-in from them to not just support you in your efforts, but to become involved themselves.

Getting started can be the hardest part, but not if you build and use your network. Start with people you know first, get them on board and then work out from there. Have them suggest people who have a stake in health information literacy, and have them introduce you or otherwise facilitate the relationship. Build on success, if there is already a great program in place, build on that and supplement it. Or if something is already working, try and expand the program into new areas. Do keep in mind, you need to know your organization. You want to make sure your efforts are in step with the current culture and you follow protocols.

We’ll be detailing ways to get involved in a series of articles, and we’re going to kick off by giving you two ways to get started with simple step by step instructions.

**Project: Get Involved in Patient Education**

1. Identify the department head or appropriate person in patient education and contact them. This could be the patient education nurse, if your institution has one.
2. Ask what the department is doing for health literacy and how the librarian can help.
3. Find out when patient information is provided, and if appropriate, investigate ways the librarian can provide information. This might involve integrating MedlinePlus Connect into the electronic health record, or some other kind of change, like patients being referred to the library.
4. Obtain and do a health literacy audit of current education materials. This can be used to illustrate potential hurdles for patients, demonstrate a need for librarian involvement in patient education, and advertise services for health literacy the library provides.
5. Prepare talking points about why the librarian should be involved. Have an “elevator speech” ready. You never know when a decision maker might be in your company, and you want to be prepared. Constant vigilance.
6. Identify a list of health literacy resources for use in patient education and have it vetted by medical staff. Revise as needed.
7. Potentially offer training on said resources to patient education staff.
8. Always work towards library inclusion in the process of project development.
Project: Provide Lunch & Learn on Health Information Literacy

1. Identify and work with the Continuing Education department. This might be for physicians, nurses, or other personnel.
2. Assess needs and interest. This could be done by checking past CE offerings, have there been any classes or training on health literacy? You could also do an informal survey of colleagues to determine specific topics of interest, either in person or via email.
3. Meet criteria for continuing education credit approval. This process is subject to change depending on your audience. Be flexible enough with your content and delivery to be able to meet the criteria.
4. Decide on the focus – what are the goals? Be clear about what you want to accomplish. It could be to raise awareness of health literacy, train people how to use a resource, or showcase your role as a librarian in patient education and how that can impact health outcomes.
5. Develop an evaluation plan. Once you have your goals laid out, you can decide how to measure success. Be specific.
6. Develop a promotional plan. Consider how to attract participants. Can you offer free lunch or refreshments? Is there a space available that is convenient to the audience you want to attract? Think about what channels you can use to reach your potential audience – if email is best or the departmental newsletter, or maybe even posters in your library.

We hope this is enough to get you started, or at least thinking about ways to get involved in health literacy. As always, we invite you to please share your success stories, not-so-success stories, challenges, barriers, suggestions, tips & tricks for others and anything else you think can help.

-Monica Rogers, Health Information Literacy Coordinator
-Barbara Jones, Missouri/Library Advocacy Coordinator

NN/LM National Initiatives

As part of supporting the mission of The National Library of Medicine, the NN/LM MCR also participates in national outreach initiatives. The NN/LM is currently focusing on four outreach initiatives. The NN/LM MCR has a coordinator serving on each of the task forces.

- Community College Outreach – John Bramble
- MedlinePlus Connect – Rachel Vukas
- ClinicalTrials.gov – Dana Abbey
- K-12 Education – Barb Jones

Each task force was asked to define desired outcomes from outreach activities targeting a specific population or subject. Then the task force was to learn about the group’s needs and currently available resources. Once the task force identified needs, they developed a logic model to describe how to achieve outcomes, and determine how those outcomes would be measured, and data collected. Throughout the process they were to identify and document effective practices for providing outreach and then share those findings with the rest of the NN/LM.

Community College Outreach

The Community College task force set out to promote NLM resources, offer trainings, and encourage community college libraries to become NN/LM members. Interviews with community college librarians were conducted to assess needs and trainings are being offered. The task force compiled a list of suggested outreach activities that included submitting articles in state library newsletters, exhibiting at appropriate conferences, participation on social media channels that are commonly used by community colleges, and posting to listservs specifically for community colleges.

MedlinePlus Connect

The MedlinePlus Connect task force conducted interviews with electronic health record stakeholders to identify ways to support EHR adoption and the inclusion of MedlinePlus Connect within the EHR. Additionally, they created and compiled resources to promote MedlinePlus Connect Educational Resources Toolkit, which includes a checklist, videos, presentation slides, online course modules,
handouts and other materials. They chose to share these materials with the NN/LM community by the use of an internal webpage. Contact your state coordinator if you are working with electronic health records and could use these resources.

**ClinicalTrials.gov**

In the past, ClinicalTrials.gov was a database for patients and clinicians to identify trials for participation. With an update of the website, it now includes summary results tables for close to 5,800 trials, with many of the results not publicly available elsewhere. This makes the database an important source of evidence for those performing systematic reviews. The task force created an internal wiki page for NN/LM regions to communicate their efforts as well as share materials such as exhibit booth slides, presentation slides, and other materials to support the training of the new use of the database. Contact your state coordinator if you’d like to make use of these materials in your library.

**K-12 Education Outreach**

The K-12 Education task force created a logic model that included such outcomes and activities as exhibits, promotional outreach by email, phone, and published articles, training at statewide education association meetings. In addition to the suggested activities, a checklist was created that includes step-by-step instructions for various kinds of outreach and provides examples for best practices in response to questions and training activities.

Looking forward, the NN/LM aims to expand on the work of the task forces and see outreach suggestions and activities be adopted across regions and results shared.

For our members, not only is your state coordinator able to provide you with presentation materials, but also these materials have already been tested and NN/LM approved. The NN/LM coordinators who developed the materials have used them in classrooms, at exhibits and in other settings. Members benefit by getting material they know can be trusted as an authoritative source and work as effective presentations. Please do not hesitate to ask your state coordinator for digital copies. Additionally, Monica Rogers and Dana Abbey offer consultations relating to health information literacy. Teaching classes on NLM resources, such as clinicaltrails.gov or the numerous K-12 resources, means you are involved in health information literacy, so if you have any questions or would like to chat with someone to get ideas, or help to get you started, the RML is here to support your efforts.

-Monica Rogers, Health Information Literacy Coordinator