



# INTRODUCTION

## BACKGROUND

With ongoing budget cuts resulting in a general decline of resources, health sciences

library staff are overextended at both ends. It is an uphill battle for the typical Health

Sciences Library working in a small community hospital. The only appropriate space

allotted may be a basement corner or a spare room retrofitted (poorly) to resemble a

## RESULTS AND DISCUSSION

library. Competing with other departments in a hospital, it is difficult for the Health

Sciences librarian to raise the library's profile. If hospital administration does not

support its value, it becomes challenging for the library to capture its intended users

## Acknowledgements

and evolve.

## References

The Health Sciences Library represents the knowledge hub of the hospital. In the world

of Google, Wikipedia, and Facebook, it is essential for hospital librarians to provide the

highest quality information to its users. Hospital libraries should be at the forefront in

providing high-quality, evidence-based resources to support patient care.

This article explores the transformation of a hospital library from the established service delivery model in which physicians and hospital staff come to the library with a request for a mediated literature search, to order journal articles, and request library instruction as well as requesting materials by phone or e-mail. It explores Hospital H's Information Takeout and Delivery Service, a service delivery model that commenced in the summer of 2006. It provides background information on the hospital, its libraries, staffing, and the steps involved in shifting from the traditional service delivery model to a more dynamic, proactive model for delivering library services. Delivering services

became a priority for the hospital. The hospital's staff "take out" information

on behalf of the hospital's staff. The hospital's staff "take out" information

clinical research, journal articles, and books. The hospital's staff "take out" information

They travel to the hospital's library to request materials. The hospital's staff "take out" information

Library users are encouraged to use the library's services. The hospital's staff "take out" information

new delivery model. The hospital's staff "take out" information

to you. The hospital's staff "take out" information



This strategy is designed to improve the hospital's information services. The hospital's staff "take out" information

literature. The hospital's staff "take out" information

the Information Takeout and Delivery Service. The hospital's staff "take out" information

who work in the hospital's library. The hospital's staff "take out" information





resources at less expensive subscription costs. As well, they have entered into a reciprocal borrowing agreement when they use Docline, the automated interlibrary Loan and Document Delivery requesting system. Consortium fees are calculated based on the number of full time library staff in the organization. Hospital H's consortium fees are \$2200 Canadian dollars per year.

Each site library at Hospital H provides research assistance, article retrieval and delivery services, and mediated literature searching. In addition, each site library is equipped for staff to check in journals, check out and check in materials, catalogue materials, process interlibrary loan, and document delivery requests. Each site library has two computer workstations for patrons to do research and to study. Group study tables and carrels are also available for group study and personal work. Facebook, MySpace, YouTube, and Flickr are blocked from all Library workstations and staff computers. There is a network printer at each site library permitting free printing for all staff and physicians.

In the past, few users visited either library because of their locations in the hospital. Due to poor signage and insufficient marketing and promotion, the Health Sciences Libraries at Hospital H were so underused and invisible that some staff who had been working there for years had never visited the library. The "Information Takeout and Delivery Service" was developed so that staff and physicians who were very busy and did not have the time to visit the library could utilize library services because the library would come to them and deliver whatever services they needed.

Another change occurred in the summer of 2006 that assisted the libraries' outreach initiative. In the summer of 2006, the Health Sciences Libraries at Hospital H were open 12 hours each month, the Consumer Health Library was open 15 minutes per day. The Health Sciences Libraries' outreach initiative was developed so that staff and physicians who were very busy and did not have the time to visit the library could utilize library services because the library would come to them and deliver whatever services they needed. In the summer of 2006, the Health Sciences Libraries at Hospital H were open 12 hours each month, the Consumer Health Library was open 15 minutes per day. The Health Sciences Libraries' outreach initiative was developed so that staff and physicians who were very busy and did not have the time to visit the library could utilize library services because the library would come to them and deliver whatever services they needed.



# Marketing in Medical Libraries

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LIMITATIONS AND CONCLUSION

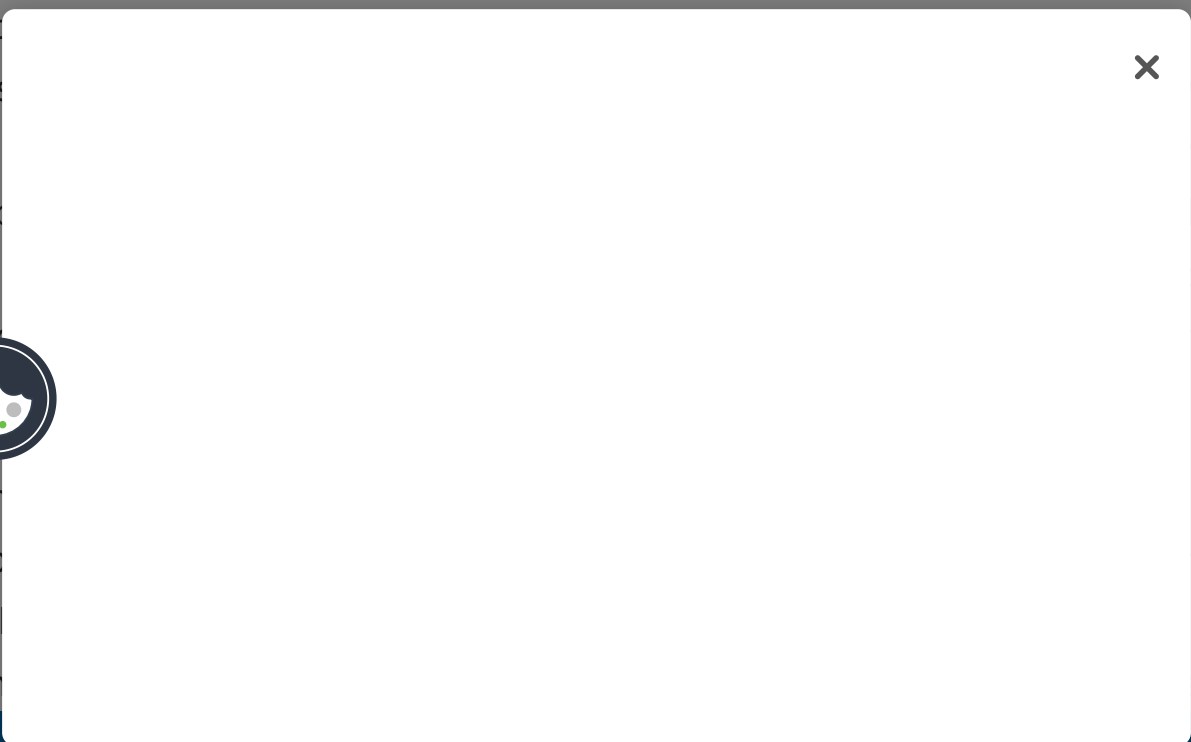
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Cuddy's 2008 article describes how the iPhone can be utilized as a tool to deliver information and services to clinical staff (2). Her article examines the technical details of the iPhone, its dimensions, and some of its features. She discusses some of the applications that are available on the iPhone, including a list of contacts, calendar, alarm clock, notepad, its Web browser, and most importantly, its phone. It is only at the end of the article where she briefly mentions medical Web applications that are supported by the iPhone. Cuddy lists various vendors that offer medical reference books online for the iPhone. Some titles include Harrison's Manual of Medicine, McGraw Hill's Pocket Guide to Diagnostic Tests, and Lippincott, Williams, and Wilkins' 5 Minute Clinical Consult. There is also a version of MEDLINE for the iPhone entitled Unbound Medline. It resembles the traditional MEDLINE, but is less cluttered and has a cleaner interface. Drug databases (such as Epocrates) and Clinical Information Tools (such as

UpToDate) are also available on the iPhone. Because the iPhone is a handheld device, it is easy to use and not cumbersome. It can be used to create a clinical reference list, a list of clinical references, or a list of clinical references on the go. It can also be used to train clinical staff. Peterson et al. (3) use technology to show the personalization of clinical libraries, and questionnaires to assess the



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devices such as the PDA, database vendors have recognized this and offered PDA versions of the same Web-based tools accessible on the World Wide Web.

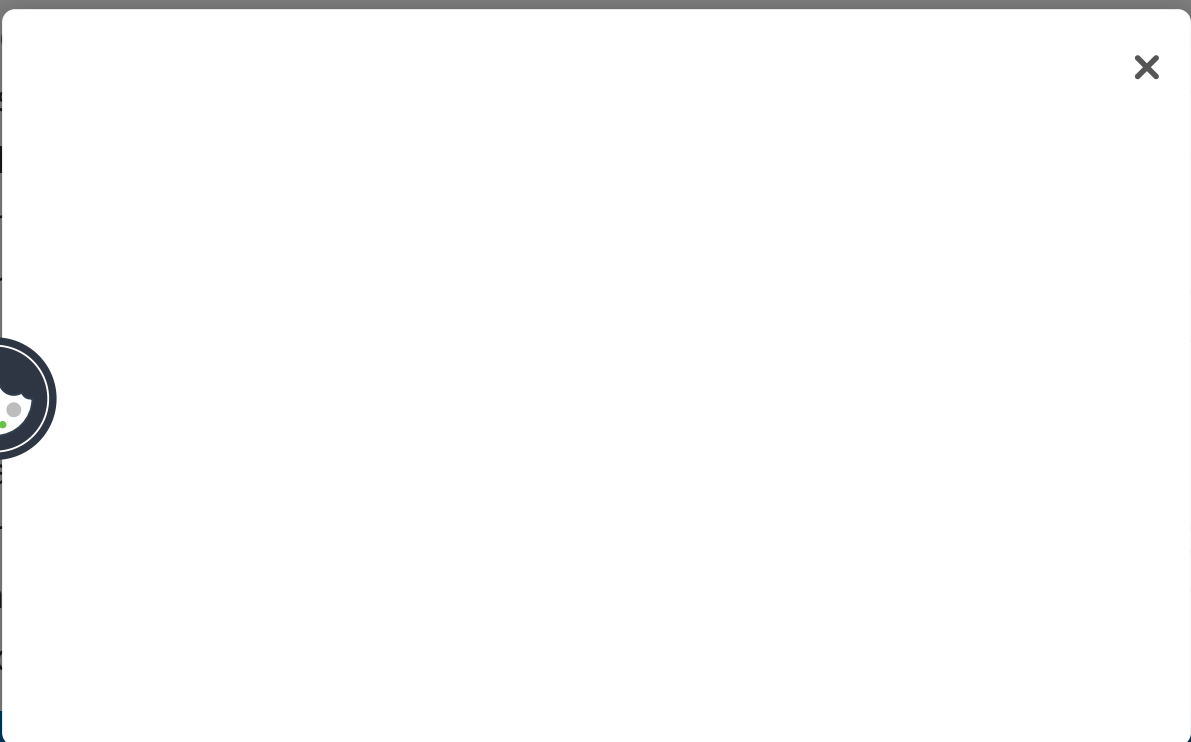
She states that the library is in an ideal position to support the requests of hospital staff. She discusses how libraries should adopt a proactive approach in providing assistance in using new technologies to access information resources. It is important for libraries to make PDA-friendly Web pages and offer technical support for the PDA. She also illustrates some of the problems relating to PDA technology, including synchronizing PDA software on a PC workstation. She also indicates that PDA software synchronization is not compliant with multiple devices. Docking stations must be enabled to be utilized by multiple devices without problems.

Peterson concludes that the PDA will become as much a part of the clinicians' armory as the stethoscope. She argues that the library is well positioned to ensure access to the highest-quality information and that they also can offer technical support.

Peterson and Cuddy both conclude that Health Sciences Librarians have the time to offer information technology (IT) support and guidance. Many institutions already have an IT department that offers hardware and software support. It does seem potentially dangerous for librarians to position themselves in a domain in which we are not experts. It may be an excellent outreach strategy; however, it may create an unrealistic expectation of the Health Sciences Librarian as technical guru and IT specialist and that we may be spreading ourselves too thin.

Schwing and Coldsmith's 2005 study (4) illustrates how Clinical Medical Librarians can provide activities discuss the Morrison. Sometimes cases the libra as well a Librarian Program would po

cian program. They participated in director. and in other on the the search cal Medical y Academic rarians ext articles



**INTRODUCTION**  
The authors developed a survey with 21 respondents who were asked if the presence of a librarian had a positive effect on their learning. Respondents were also asked if librarians improved access for them, and if they found librarians helpful. One hundred percent of respondents replied that the presence of a librarian had a positive effect on their learning; 85% of respondents felt that librarians helped improve access to information resources; 91% of respondents thought that librarians were accessible; and 86% found them very helpful.

**LIMITATIONS AND CONCLUSION**

The residency program director also asked librarians to assist resident physicians in research, writing, publishing, and presentation development. This relates to the annual medical education day where resident physicians present their research. This strategy is beneficial for librarians to build strong relationships within the hospital and it helps raise their profile.

Mani's 2008 article illustrates how Health Sciences Librarians adopted a "Library-On-The-Go" project, a mobile cart that could be moved within clinical units to provide services (1). They used their institution's internal marketing department to create a logo, flyers, pamphlets, a newsletter, and a training brochure. Health Sciences Library staff began to publicize this new service to department chairs, program directors, and the nursing development office.

Bunyan and Lutz's 1991 article entitled "Marketing the Hospital Library to Nurses" discusses how hospital librarians can meet the needs of nurses by entering their work zone and immersing themselves in their culture (5). Bunyan and Lutz illustrate that there are some marketing strategies that could be employed to raise the profile of the

library and nurses with a column of shift" the illustrates meeting an early alternative methods

Enye "reaching their users by getting a involves the service provider cause the





INTRODUCTION  
Although Florance is a librarian, she and Davidoff may not be fully aware of the diverse workload and job roles of current clinical medical librarians. They write, "For decades, when physicians wanted information from the published literature, they relied heavily on medical librarians or office assistants to do the searches." This statement illustrates how physicians equate office assistants with medical librarians, thus not understanding the librarian's skill set. They also argue that physicians are very proud of their knowledge and they are reluctant to seek help from medical librarians.

RESULTS AND DISCUSSION  
LIMITATIONS AND CONCLUSION  
Davidoff and Florance propose that the Informationist be a permanent member of the clinical staff team, act as a consultant with clinicians and physicians, be a leader in accessing and filtering the highest quality information, and read and summarize articles into short reports. This would empower a Clinical Medical Librarian. It would help raise the profile, and help legitimize their value in the clinical setting. Davidoff and Florance's proposal for the new health professional entitled "Informationist" already exists. Their in-depth description closely matches that of a Clinical Medical Librarian.

Appendixes  
Michael Kronenfeld criticizes Davidoff and Florance's proposal, arguing that the Informationist is not a new health professional (9). He claims that Medical Librarians have always performed those duties that Davidoff and Florance cite. He concludes that Davidoff and Florance's article illustrates the marketing and promotion Clinical Medical Librarians fail to do with their users. He believes that Clinical Medical Librarians have not been proactive in asserting their roles in their institutions. Some are very comfortable in the library, whereas others do not receive any support from the larger institution's public relations or communications departments. Some may need to develop

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**Introduction**  
Informationist is a permanent member of the health care team. The clinical informationist model combines both medical librarianship and medical informatics knowledge. Giuse et al. state that the Clinical Informationist can evaluate a patient's medical record and then match the clinical problem with the appropriate evidence-based resources needed to support patient care. The Clinical Informationist focuses on the intersection between clinical care and the provision of the evidence in the literature. The Clinical Informationist is an expert in locating, identifying, and meeting the information needs of the clinical team.

**Acknowledgements**  
Before the clinical informationist model was established, the Clinical Medical Librarian represented the intermediary between the vast amounts of information and the clinical team. Now the Clinical Informationist is a part of the clinical team and is more involved in clinical decisions and is less "out of the loop." They no longer support patient care; rather they are active members of the patient care team. Giuse et al.'s article suggests that the main difference between a Clinical Medical Librarian and a Clinical Informationist is the level of involvement. Clinical Informationists not only retrieve and select the highest and most relevant information for the clinical team, but they read, analyze, and make summaries of the articles. They also have access to the patient record, so they can attach notes or reports (electronically). They have subject knowledge, and possess medical informatics expertise. With these new skills, the Clinical Informationist can be a member of the health care team and help answer clinical questions, instead of acting as an intermediary.

Brown compares the traditional Clinical Medical Librarian with the revamped Clinical Informationist is a permanent member of the health care team. The clinical informationist model combines both medical librarianship and medical informatics knowledge. Giuse et al. state that the Clinical Informationist can evaluate a patient's medical record and then match the clinical problem with the appropriate evidence-based resources needed to support patient care. The Clinical Informationist focuses on the intersection between clinical care and the provision of the evidence in the literature. The Clinical Informationist is an expert in locating, identifying, and meeting the information needs of the clinical team.



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governmental reports) for clinicians to review. They evaluate material but they do not read, analyze, and summarize the literature. There appears to be more accountability on the Clinical Informationists described in Brown's and Giuse et al.'s articles (10, 11). It is important to note that many Health Sciences Librarians may have limited clinical knowledge and that they are information experts and providers first and foremost, not health care professionals.

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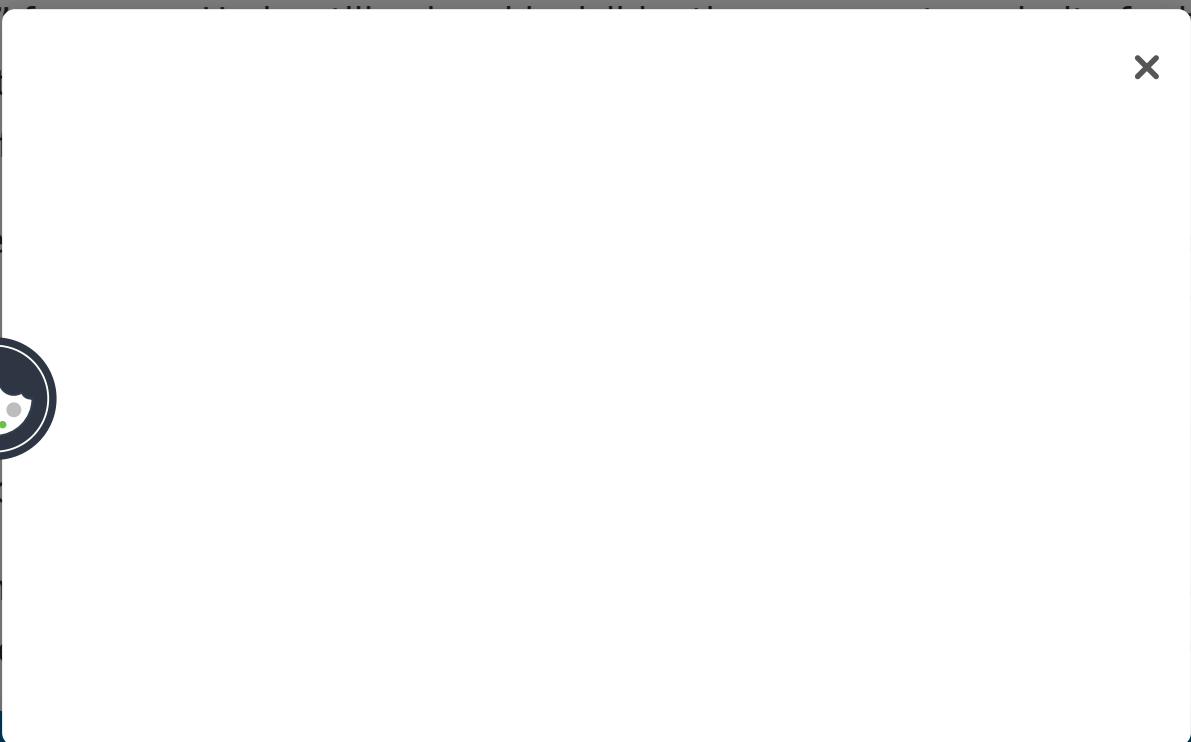
## METHODS

**Acknowledgements**

**References**

Due to low library usage in the Health Sciences Libraries, the author felt it was necessary to find ways to raise the profile of the libraries. He decided that bringing the services to users' clinical work spaces would best suit users' research and information needs. It would also help raise the profile of the libraries and provide an identity for the Health Sciences Libraries. This proposed change of service would benefit both the library user and the Health Sciences Libraries twofold. If staff delivered services in clinicians' offices and on clinical floors, it would serve as an excellent example of outreach. In addition, it would help increase the libraries' visibility. This proposed "mobile" library service might also help change the perception of the library as a static and stagnant place. The Health Sciences Libraries wished to be perceived as efficient and dynamic, not simply a place to access books, medical journals, and to study. It could also be argued that the libraries support patient care by providing services in a more proactive way. The Health Sciences Libraries remained "under the radar" and "hidden" from the rest of the hospital.

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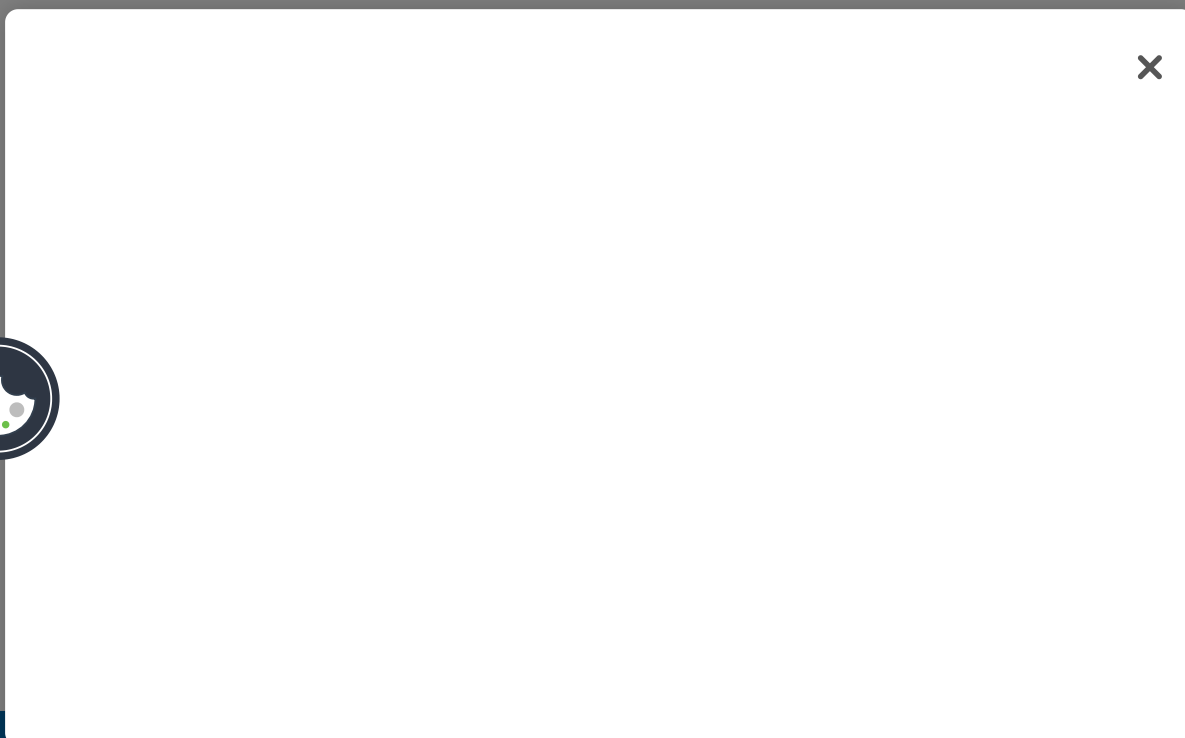
librarian made online forms available on the library Web site and staff and physicians could easily request materials online without visiting the library, the number of requests increased; however, there still existed a problem in visibility and usage. The libraries were still invisible within the greater organization and there was a need to bring them out of the basement and into the various units of the hospital.

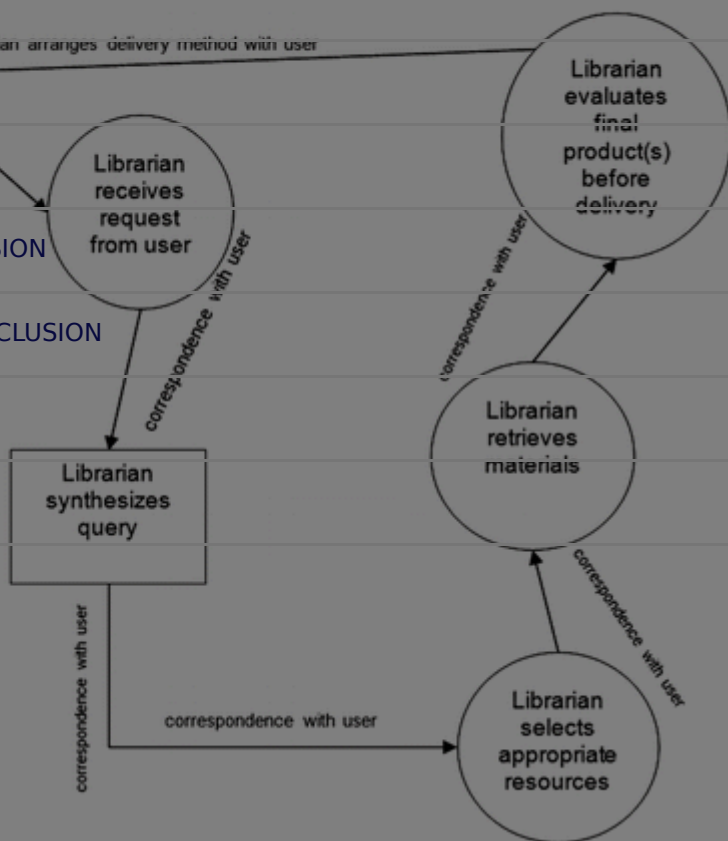
The author believed that revising the current model would help improve visibility, and meet library users' needs. The newly proposed "Information Takeout and Delivery: The Library Comes To You" model is not an original or unique approach to delivering services. The model involves the librarian as a receiver of an information request.

He/she then processes the query, selects the appropriate information sources while in ongoing communication with the user, retrieves and evaluates what has been found, and then delivers the materials to the library user. During this time, the librarian is also attempting to build positive and ongoing working relationships with staff and physicians by meeting with them to discuss their research and information seeking needs.

The physical library remains the permanent hub for library staff, but when library staff leave the library to provide service, this "mobile" service promotes the library, its staff, and most importantly, its services. Library services are viewed as more dynamic, mobile, and flexible. [Figure 1](#) is a flowchart of the model.

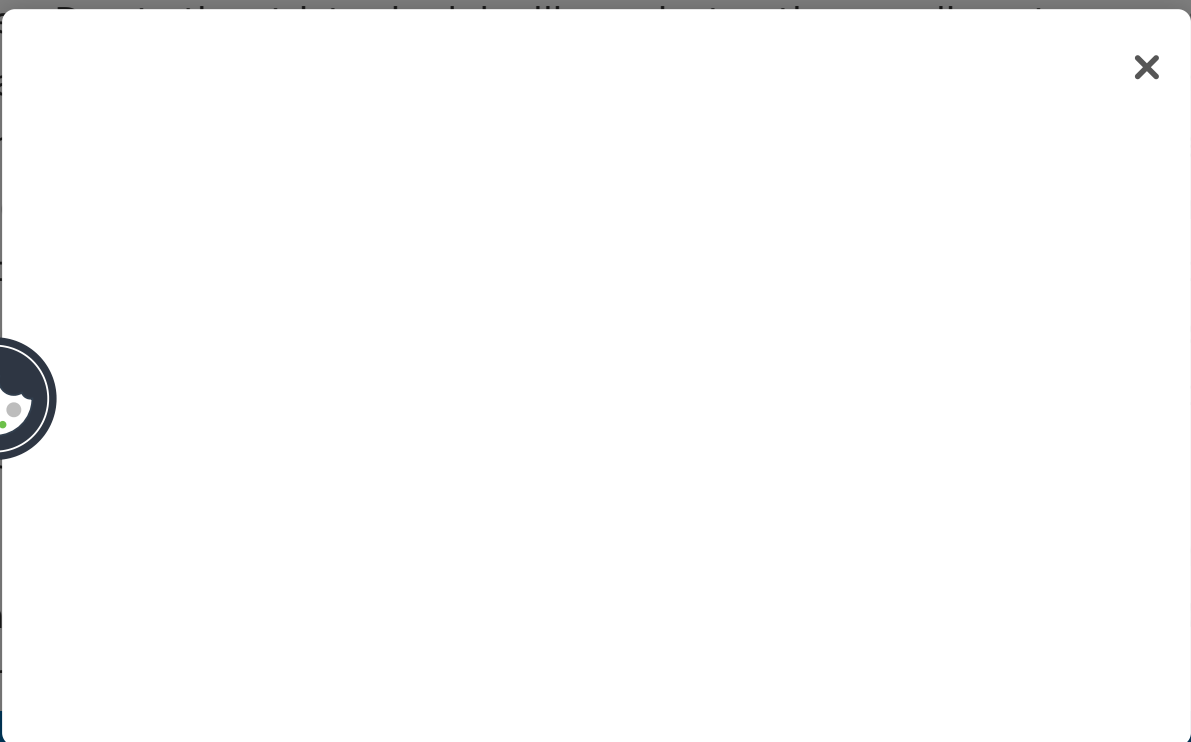
FIGURE 1 Flowchart of the "Information Takeout and Delivery: The Library Comes To You" model.





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The Information Takeout and Delivery Service was implemented in the summer of 2006 with no official planning or research involved. It was initially created as a pilot project and then feedback was solicited to users to determine if they preferred this new service delivery model. For many years, the Corporate Education Calendar offered library instruction classes with firm dates that were not flexible to staff and physicians' busy schedules.



As part of the information takeout and delivery service, the library provided a steady decline in the number of instruction classes. As part of the information takeout and delivery service, the library provided a steady decline in the number of instruction classes. As part of the information takeout and delivery service, the library provided a steady decline in the number of instruction classes.

In order to provide a more flexible service, the library implemented the information takeout and delivery service in 2006, 2006-2007, and 2007, and the information takeout and delivery service was implemented in the summer of 2006.

evaluate its progress. In addition, a short questionnaire was administered in April of 2009. The manager of the Health Sciences Libraries sent an e-mail to a preselected list of 75 “active library users.” They were selected randomly from the Microsoft Access database based on the frequency of their requests using no algorithm or pattern. The recruitment e-mail was sent to physicians, nurse clinicians, clinical nurse specialists, social workers, pharmacists, unit managers, administrative managers, nurse educators, and professional practice leaders. The author is unaware of the identities of the respondents because the Health Sciences Libraries agreed to respect the confidentiality of the subjects, developing the questionnaire in such a manner that any data gathered would never uncover the identity of the subject.

From the group of 75 subjects, 50 respondents completed the questionnaire. It is unknown if respondents completed the questionnaire more than once or if they forwarded the questionnaire to other colleagues who may identify as “nonusers” or “occasional users.” The sample size did not contain an equal number of physicians, nurses, nurse educators, nurse clinicians, clinical nurse specialists, and allied health professionals. The breakdown is as follows:

Table

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The questionnaire comprised six questions. The author sought to identify the type of employee... “Informa... had an e... physicia... because... study... Health... high qua... Delivery... the delivery and measure equal. This care. As the provision of ut and



The author was granted access to usage statistics from the last 3 fiscal years. The following statistics illustrate a comparison across 3 fiscal years relating to Tables 1 to 6:

**Table 1:** Number of library instruction classes and participants

**Table 2:** Percentage of information request by user type

**Table 3:** Total Number of information requests

**Table 4:** Total Number of mediated literature searches

**Table 5:** Percentage of requests by communication method

**Table 6:** Interlibrary Loan and Document Delivery- Supplying and Requesting

## TABLE 1 Library Instruction Classes—Participants and Number of Classes

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## TABLE 2 Percent of Requests by User Type

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# TABLE 6 Interlibrary Loan and Document Delivery—Lending and Borrowing

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## Borrowing

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[Display Table](#)



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It can be noted that the number of mediated literature searches decreased over the

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last 3 fiscal years. This could be due to the increase in the classes taught on the use of

MEDLINE and CINAHL.

This decline may suggest that staff and physicians feel more

LIMITATIONS AND CONCLUSION

independent and may conduct their own searches. The number of information requests,

Acknowledgements

which include research assistance, article requests, citing references, has steadily

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increased over the last 3 fiscal years. This could be the result of more aggressive

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marketing and outreach. With the “Information Takeout and Delivery Service,” librarians

became more exposed and visible. This may have lead to a general increase in library

use.

It is evident that the communication method has changed over the years. In 2005–

2006, only 30% of requests arrived via e-mail; currently this has increased to over 80%.

This may result from the electronic forms for requesting mediated literature searches,

articles, and requesting to subscribe to the library's journal table of contents alerts

service, and a feedback form launched in mid-2006. Meanwhile, in-person requests

declined from more than 40% to 10%. Phone requests have also declined (from over

20% to 7%) over the last 3 fiscal years. This could be the result of the perception that

e-mail responses are faster than the telephone. When library staff deliver articles, they

attach business cards and circle their e-mail addresses. Because library staff are not

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INTRODUCTION  
there was an influx of newly hired nurse educators. As well, during the same period, there was a large exodus of nurse educators who left the organization. There has been a steady decline in library use from nurses, who represent the majority of the hospital's staff. Because the nurses in the organization generally work different shifts, it has been difficult to reach this user group. Health Sciences Librarians usually promote their services via the Unit manager or Nurse Educator as they are more accessible via e-mail.

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## Questionnaire Data

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The recruitment e-mail announcing the questionnaire was distributed in April of 2009 to a preselected list of approximately 75 "active" library users. Of that 75, 50 responded to the questionnaire. Approximately 40% of respondents were physicians, 30% allied health professionals, 11% nurse educators, 2% nurses, 6% clinical nurse specialists, 2% nurses, 4% corporate educators, 2% unit managers, and 2% clinicians. Over 25% of respondents use the Health Sciences Library more than once per week, 21% twice per month, 16% once per week, and 37% once per month.

Forty-four respondents use the Health Sciences library for article requests, 30 for mediated literature searching, 30 for borrowing books or journals, and 18 for research assistance; 12 respondents have used the library Interlibrary Loan, and 13 respondents have used the library for the Journal Table of Contents Alerts service.

Approximately 90% of respondents were of the opinion that this delivery service model has made a positive impact on their professional lives, whereas 2% responded that the

new model with "I don't know". Approximately 2% responded that this model significantly improved their professional lives. Respondents who responded that they did not know their professional lives were significantly improved. Respondents who responded that they did not know their professional lives were significantly improved. Respondents who responded that they did not know their professional lives were significantly improved.

INTRODUCTION Many commented that it helped them during their busy times when they did not have time to visit the Health Sciences Library to pick up materials.

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METHODS One respondent stated, "It really improved my practise to have house calls

implemented by library staff. It made my job a bit easier," whereas another

commented, "Evidence based care is the mantram of healthcare providers and payors.

LIMITATIONS AND CONCLUSION

Finding the time to ensure all decisions include effective, up-to-date literature review

can be a daunting task. Having librarians you can trust to support effective searches

and ensure you have expedited access to articles is absolutely critical to meeting the

References

demands of emerging trends. This change definitely made it easier to provide excellent

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evidence-based care and get policies updated on time."

"As a Professional Practice Leader, I was able to arrange inservices to the Occupational Therapy staff on library services of which staff afforded themselves of. [sic] Having this new model of service delivery made it easy to do research when our time constraints are increasing and often 'best practice' searching and review is not always a priority. I also think it greatly benefits students who come here for placements. It helps expand their knowledge of what is available and how to access services in their practise. I appreciate the enthusiasm of the librarian who demonstrates a commitment and dedication and love for the work they are doing."

"Each request for articles has enhanced my professional growth with the ultimate goal of improving patient care by myself and those whom I teach." "This improved library service e

"Flexibili

"It would h time I

needed

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doing.

LIMIT

**INTRODUCTION**  
For the purpose of this study, convenience sampling was employed to ensure that we reached frequent library users. It is evident that the data could be distorted because our sample comprised participants who were generally supportive of the Health Sciences Libraries. The author did not select a randomized sample of hospital staff and physicians, but a sample of specific staff and physicians who use the Health Sciences Libraries. The recruitment list was selected by the manager in consultation with the Health Sciences Librarian, based on the frequency of their visits. The sample of 75 active library users is not representative of the staff and physicians of Hospital H. The list of potential respondents was selected based on how frequently they visit the libraries and use our services. The questionnaire was anonymous, thus the author could not identify who completed the questionnaire. Because some respondents forwarded the link to their colleagues, this breakdown above is not completely accurate. They were sent one initial e-mail asking them to participate in a voluntary anonymous questionnaire, then, in 30 days, they were sent a reminder e-mail to complete the questionnaire if they were still interested. There was no coercion to complete the questionnaire and there was no incentive or reward upon completion. The response rate was 66%, surprisingly high for a small sample. However, some completed the questionnaire after receiving the reminder e-mail that was distributed 1 month later. It can also be assumed that some respondents forwarded the questionnaire to colleagues.

In the future, it would be interesting to study data from the questionnaire using newly hired hospital staff (within 1 year) and compare their responses with hospital staff who have been with the organization for a longer period of time. It would be interesting to identify staff at different data do not indicate rs could participate pare how they per already take adva trast and comp aps, Health Sciences ate some underus re not using the Heal such as nurses, s users. Usage



“Information Takeout and Delivery” service. It may be useful for library staff to target user groups such as nurses, to better understand their information seeking behaviors and how library staff can meet their patient care needs.

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The author wishes to thank former colleagues L. Barber, A. K. Pullattayil, C. Oakes, N. Bansil, and C. Alcalde for their assistance, support, and enthusiasm for this project. He

also honors the request of the Research Ethics Department of the hospital that the confidentiality of the hospital be respected.

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APPENDIX

Question

1. Type



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Nurse

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Nurse Educators

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Professional Practice Leader

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Unit Manager

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Administrative Manager

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Corporate Educator

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Allied Health Professional

Appendices

Other (please specify)

2. How often do you use the Health Sciences Library?

More than once a week

Once a week

Twice a month

Once a month

Other (please specify)

3. What type of service did you use?

Liter

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4. In the last 2 years, the library changed the way they delivered library services.

Users had to visit the library to get materials, get help, order articles and books. In

the last 3 years, library staff now make "house calls" and visit clinical units. How has this affected you?

Positive change

Acknowledgements

No change

References

Negative change

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I don't know

Other (please specify)

5. Has this change (in service delivery) improved the patient care experience?

Significantly improved

Improved

Has not had an effect

Has not improved

I don't

Other

6. Any m



Down

Related



Information for

Open access

Authors

Overview

R&D professionals

Open journals

Editors

Open Select

Librarians

Dove Medical Press

Societies

F1000Research

Opportunities

Help and information

Reprints and e-prints

Help and contact

Advertising solutions

Newsroom

Accelerated publication


All journals

Corporate access solutions

Books

### Keep up to date

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