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# Information Takeout and Delivery: A Case Study Exploring Different Library Service Delivery Models

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# INTRODUCTION

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 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 and evolve.

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 2015. The service model to libraries, staffing, a more cost-effective service model to a more cost-effective service model to services became a more cost-effective service model to information on behavior and clinical research in hospital departments. They travel to the hospital. The hospital. Librarian to market our library Comes new to you."

This strategy in the literature role in that the Information clinical team who work staff who are



To measure the effectiveness of this model, a questionnaire to measure the manner in which the change in service delivery impacted staff and physicians was prepared in April of 2009. It was distributed to a list of “active library users” generated from the library's Microsoft Access usage database. An active library user can be identified as someone who visits the library on a regular basis, who is recognized by name, and who is a consistent user of the library. In addition, an “active library user” has been defined as using the library between one to four times per month.

Fifty respondents completed the online questionnaire, administered by e-mail by the manager of the Health Sciences Library. The results of this questionnaire indicate that this new service delivery model had a positive impact on the professional lives of staff and had a positive effect on patient care.

## BACKGROUND

Hospital H is a three-site, partial teaching community hospital located in Northwest Toronto, Ontario, Canada. It is comprised of approximately 540 beds with over 635 physicians and 3300 staff. It was founded in 1997 as the result of the merger of three hospitals in the Greater Toronto Area. It is a community hospital that specializes in dialysis, pediatrics, and mental health care. Although not a fully teaching hospital,

Hospital H is currently working on various projects with physicians and staff. The hospital is currently working on various projects with physicians and staff.

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staff. If staff would like access after hours, they can obtain permission from the Health Sciences Librarian, and security can alter the permissions on their staff card.

Library instruction is publicized on the Corporate Education Annual Calendar that advertises all workshops and classes for staff and physicians. The calendar circulates at the start of the academic year and classes and workshops run until the end of the summer. Some workshops included in the calendar include, stress management, project management, time management, how to cope with an abusive colleague, customer service, and a suite of over 20 library instruction classes that are scheduled and require reservation and approval from a department manager. After the Information Takeout and Delivery Service was implemented in the summer of 2006, registering for library instruction became seamless, library instruction was offered year round, and strict scheduled times were removed. Staff were no longer required to register for library instruction through a manager. Library instruction was offered “at the point of care” and the prescheduled classes were removed. Staff could give as little as 48 hours notice and the librarian could develop a tailored, individualized library instruction class for the individual, for a small group, or for the entire department.

The Health Sciences Library has an annual budget of \$500,000 Canadian dollars. This includes salaries of the five library employees; \$120,000 Canadian dollars is earmarked for services and resources. \$45,000 is the annual budget for medical and health

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There are approximately 15,000 square foot libraries comprising The Con Health S and phy

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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 time to visit the library were able to use the library without leaving the hospital.

Another initiative was developed to increase outreach hours each month, to provide a more user-friendly service. Consumer

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# Marketing in Medical Libraries

There is a gap in the literature on service delivery in hospital librarianship. Most of the literature delves into marketing strategies hospital librarians utilize to meet users' needs. As the literature suggests, library staff who immerse themselves in clinicians' workspace may help raise their profile and gain credibility. Some librarians deliver materials to their users and offer current awareness services similar to the Journal Table of Contents Alerts service or the Auto-Search alert service. Some librarians visit clinical departments and provide an in-service workshop or class. Although these services have existed in medical libraries for some time, there is little written relating to the method by which the service is delivered to the user.

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



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

Schwing librarians can provide clinician activities program. They discuss participated in the Morrison director. Some and in other cases, on the library's the search as well as cal Medical Librarian y Academic Program rarians text articles would po



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.

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" discussed their work zone and how they promote their work. They state that there are several ways to raise the profile of the library and its services. One of the ways is to meet with nurses with a column of "shift" articles. The article illustrates an early meeting with a representative of the hospital.

Enyeart's article "Hospital Library" discusses how the library reaches their users by "reaching out" to them. This involves getting a list of the service providers and their needs. Because the





Librarian attempts to promote the product to the potential users. She also notes that Health Sciences Librarians help fulfill the mission of the larger institution through supporting staff and physicians and that is accomplished through identifying the customer's needs and then influencing them to use your services.

Wakeham's article discusses how medical libraries employ marketing to connect with their users (7). He identifies the range of library services as a "marketing mix." This "mix" represents the balance of the four "P's" of marketing: product, price, place, and promotion. Wakeham defines marketing as strategies involved to develop a relationship with existing or potential users. In the literature on marketing in libraries, it is often optimal for medical libraries to collaborate with its institution's marketing or communications department in order to develop materials such as posters, newsletters, a logo, brochures, and even a Web site presence. He emphasizes that the marketing mix needs to be balanced according to each library's specific needs. According to Wakeham, the product represents the services and resources of the library. It also represents the staff as well as the books, databases, and physical space (study space, computers, reading areas). He argues that marketing should be at the center of library service and that library patrons or customers represent the driving force of the library. He states that marketing represents "the right offerings in the right place at the right time at the right price." Marketing examines customer needs and tailors their services and resources to meet their needs. Marketing is not limited to books, furniture, the

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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.

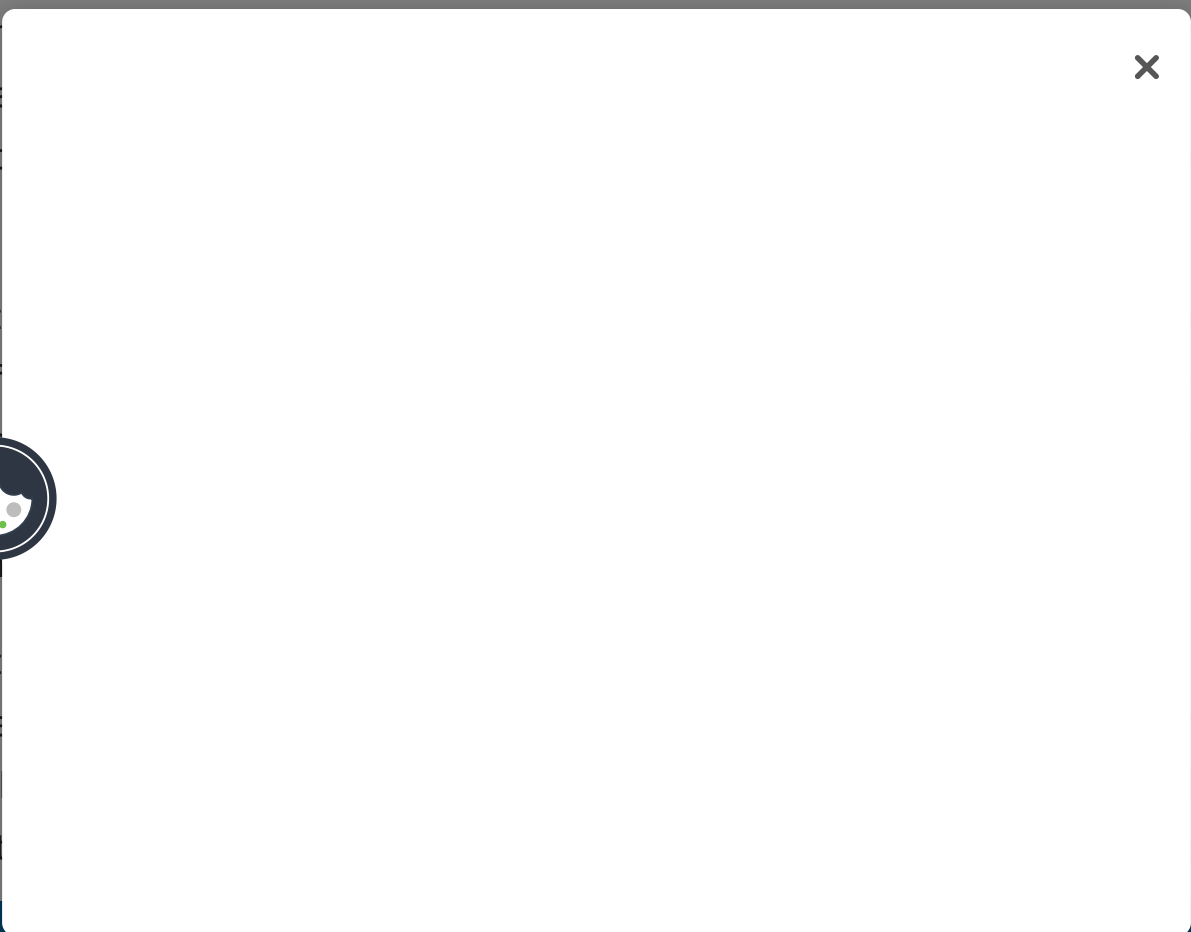
Davidoff and Florance propose that the Informationist be a permanent member of the clinical staff team, act as a consultant with clinicians and physicians, be a leader in accessing and filtering the highest quality information, and read and summarize articles into short reports. This would empower a 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.

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 comfortable with the larger institutional development.

The first Davidoff and Florance's proposal and ignored the need to get out of the

Giuse et al. illustrate the clinician is not available to the clinician does not particular



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.

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.

Brown et al. describe the Clinical Informationist as a permanent member of the clinical team. The Clinical Informationist is a professional who has evolved from the role of the Clinical Medical Librarian.

Both the Clinical Informationist and the Clinical Medical Librarian have access to the patient record and are able to respond to clinical questions. The Clinical Informationist has evolved from the role of the Clinical Medical Librarian.

At Hospital X, the Clinical Informationist is a permanent member of the clinical team.





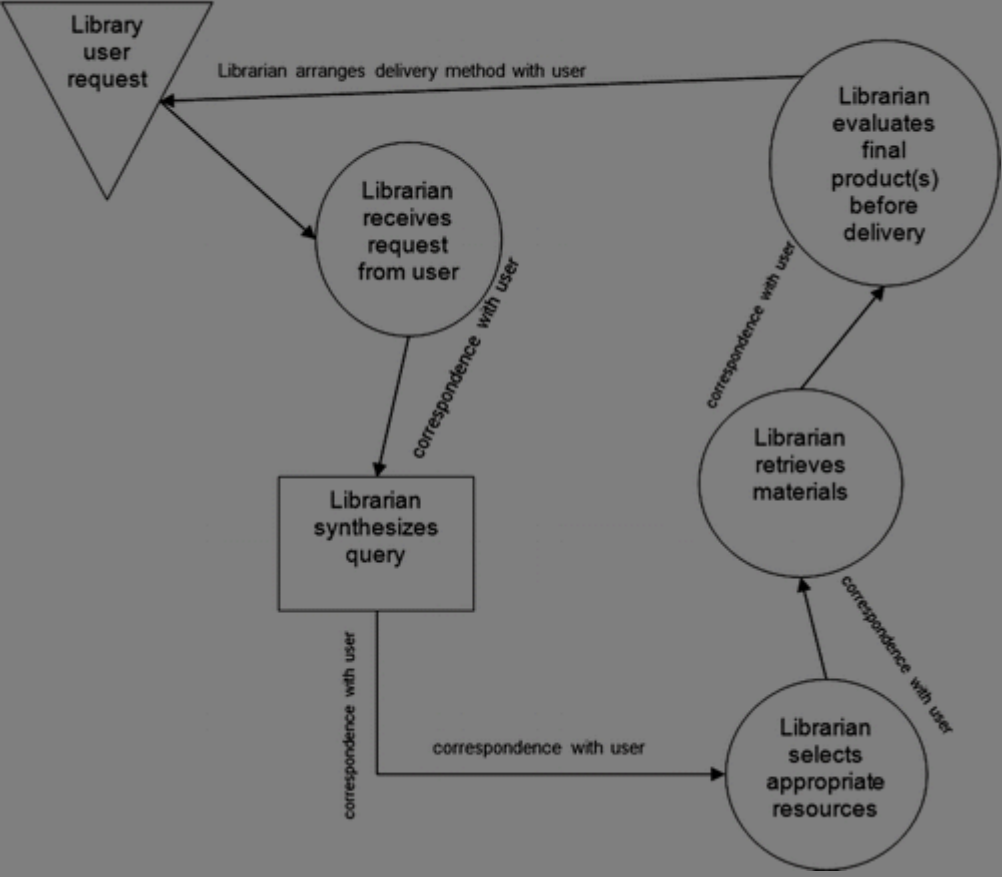
librarian made online forms available on the library Web site and staff and physicians could easily request materials online without visiting the library, the number of requests increased; however, there still existed a problem in visibility and usage. The Libraries were still invisible within the greater 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

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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:

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# Usage Statistics

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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It can be noted that the number of mediated literature searches decreased over the 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 independent and may conduct their own searches. The number of information requests, which include research assistance, article requests, citing references, has steadily increased over the last 3 fiscal years. This could be the result of more aggressive marketing and outreach. With the “Information Takeout and Delivery Service,” librarians became more exposed and visible. This may have led 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 10%). The number of e-mail requests increased from 10 to 50. The number of articles they request has increased from 31 to 147. After the implementation of the service, staff are not often in person method.

The number of classes increased from 2006 to 50. The number of articles they request has increased from 31 to 147.

After the implementation of the service, staff are not often in person method. The number of classes increased from 2006 to 50. The number of articles they request has increased from 31 to 147. After the implementation of the service, staff are not often in person method.

It can also be noted that the number of articles they request has increased from 31 to 147. After the implementation of the service, staff are not often in person method.



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.

## Questionnaire Data

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 50% of respondents use the library for article requests, 30% for mediated literature searching, 30% for borrowing books or journals, and 18% for research assistance; 12% have used the library Interlibrary Loan, and 13% have used the library for the Journal Table of Contents Alerts service.

Approximately 50% of respondents use the library for article requests, 30% for mediated literature searching, 30% for borrowing books or journals, and 18% for research assistance; 12% have used the library Interlibrary Loan, and 13% have used the library for the Journal Table of Contents Alerts service.

Themes identified in the questionnaire data include the need for more user-friendly, flexible, and accessible library services.



focused. 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.

## Feedback From Library Users

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

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LIMIT



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.

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“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.

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

### Questions

1. Type

Phys

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Nurse

Nurse Educators

Professional Practice Leader

Unit Manager

Administrative Manager

Corporate Educator

Allied Health Professional

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

3. What type of literature do you use?

Literature

Articles

Interviews

Books

Research

Libraries

Journals



Citing your references

Other (please specify)

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

No change

Negative change

I don't know

Other (please specify)

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

Significantly improved

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