Informationists: Making rounds makes a difference

If you have a passion for medical information, teamwork and lifelong learning, then working as an informationist in Eskind Biomedical Library's (EBL) Clinical Informatics Consult Service might be your job of a lifetime. Eskind's primary clients are the Vanderbilt University Medical Center (VUMC) and the School of Medicine. Eskind also trains future informationists through its renowned post-MLS internship program, founded by the library's director, Nunzia Giuse.

Both Taneya Koonce, assistant director for Education Services and co-coordinator of Web Team, and Rebecca Jerome, assistant director for Filtering and Evidence-Based Services, went through the training program, in 2000 and 1998 respectively, and have stayed on. They both attend rounds at VUMC but have many other duties as part of their multifaceted jobs.

Commitment is the key

One of the first questions I asked was whether it was necessary to have a science background to be successful as a clinical librarian. Jerome, whose undergraduate major was in English Literature, said, “In fact most of our clinical librarians don’t have science backgrounds when they come to us. What we’ve really found to be a factor is the librarians’ interest in medicine and their willingness to commit to finding a subject area in which they’re interested, and to developing their knowledge of that area.” Koonce, who majored in Biology and Religion, added that another important factor is “understanding that as librarians we fulfill a crucial role and to advocate that throughout the medical center and demonstrate our value and prove our worth.” She continued, “You also need to be able to multitask and to be self-directed. It’s important to figure out how to establish priorities and get things accomplished right from day one.”

Eskind’s internship program incorporates principles of adult and lifelong learning based on self-directedness and promotes a culture where learning does not cease. This helps librarians acquire the knowledge base necessary to perform confidently as part of the clinical teams. Jerome commented that part of what attracted her to Eskind was both “what they were doing on rounds and the training. I was very interested in additional training beyond my graduate degree.”

Going on rounds

Jerome makes rounds once a week with the Trauma Intensive Care Unit at 6:30 a.m. Jerome described, “Rounds usually last 1 to 1½ hours and they really ask questions at any point. We focus on patient-specific questions, so as they’re debating about care for a particularly challenging case or a condition that’s a little bit rare, there’s an opportunity for me to jump in and take a look at the literature to see what else it might offer.” She talked about the
advantage of being present. "One thing that we enjoy about being on rounds is that we really get the best reference interview by being there and hearing all of the details. We know exactly what’s going on with the patient. We can not only bring back information on a condition, but information that’s tailored to the case that they’re dealing with, which makes it that much more relevant and applicable."

Jerome went on to say, "Another great thing about being on the rounds, we do get a really clear sense of the urgency of the question. For example, if we have a question where the patient has developed a complication or requires urgent intervention, we have the opportunity to return very quickly with information, even within a few hours. We really mobilize the resources in the library to deal with that kind of question."

Koonce recalled, "One of our former colleagues here once had a question that she had to turn around within three hours because they were making a decision based on it. When it comes down to it, that’s what we’re here for and we’ll drop everything, if needed, to answer their question."

Koonce makes rounds once a week with the Clinical Research Center. She explained that this team is made up of "a group of about 15 clinicians and researchers that (meets) once a week for two hours to discuss anything that has come up that week with the patients they are seeing. My role there is to help them to use the literature to answer any questions that they have."

Quality filtering adds value to the literature search
For the informationist, the literature search is one part of a complex process whereby the librarian contributes to the work of the clinical team. Koonce explained, "When we receive a question on rounds, we start by getting the information about that case or about that particular context." Back at the library, the first step is "really making sure we understand the concepts. We read and increase our knowledge base about the disease or trauma before we begin the literature search. This helps us define exactly what we are looking for. We search the literature and select the most pertinent articles to answer that question." That is where a literature search stops in most settings. But at Eskind, "we read the articles with sensitivity to research quality and make sure that we pull together a packet that demonstrates the different facets and viewpoints that make up the question. We don’t just stop with one answer. If there’s a sound article that expresses a different viewpoint, we will include it. We then summarize the articles with a focus on the question that was asked, and present the packet to the team."

An invaluable part of the team
Jerome recalled a memorable day from about a month after she started rounding with the Trauma team. "We really do try to get to know the culture and the subject matter of the unit so I was looking at the MDConsult News feature every day as one of the ways to keep up with developments in medicine. That day, I looked at a news story and realized that an antibiotic that they had been using pretty heavily there and on other intensive care units had just had a warning posted that morning. There was a complication that had not been discovered during clinical trials but they were discovering from reports from clinicians. I sent that news item to the attending physician that I was working with, the director of the unit. He actually heard about it from me before being contacted by the drug rep. They moved to look at other antibiotics that they’d be able to use. I think that was the first time when I realized I was truly part of the team."

What the future holds
Jerome is going to be involved in a project to study the contribution that informationists make. "We’re hoping to conduct a more formal evaluation of the service." The study will address the question: "How do we know that these services really do impact patient care?" Continuing to grow the service is also an important goal. "We continue to identify teams that would benefit from our librarian services. As we have more librarians available, we hope to keep strengthening that relationship as well."

Koonce summed up her overall goals for the future in this way. "I just want to continue to excel at what I do, continue to grow, and continue to learn because those efforts never end. Something we all can strive for."
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