The Evolving Role of the Librarian in a Family Medicine Clerkship

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Librarian Involvement in the Family Medicine Clerkship

• 2007: Began with 8 week Primary Care Clerkship
• 2009: Transitioned to 4 week Family Medicine Clerkship
• Required family medicine rotation for 3rd and 4th year medical school students
Librarian Involvement in the Family Medicine Clerkship

• Librarians work with students on Evidence Based Medicine project

• Project faculty/instructors
  – Course Director (Family Medicine Doctor)
  – Family Medicine Adjunct Faculty (Addiction Medicine Doctor)
  – Usually 2-3 librarians
    • Medical School Liaison Librarian
    • Clinical Information Librarian
    • Outreach Librarian
Evidence Based Medicine Project

• In-library instruction session during week 2
  – Evidence Based Medicine
    • Critically Appraised Topic
  – Patient Education/Health Literacy
    • Plain Language Summary

• Presentation of Evidence Based Medicine projects on last day of week 4
Evidence Based Medicine Project

• Library instruction session week 2
• Goal: Help develop habits around finding answers to the questions that require follow-up in 5 minutes or less.
• Encouraged to use a question that has emerged from a clinical scenario
• Find the best evidence
• Critically appraise the article chosen
Family Medicine Clerkship ‘CAT’ template

**Reviewer:** Your name here

**Clinical Bottom Line:**
A concise statement of how this evidence affects patient care and clinical decision-making. No more than three sentences.

**Strength of Recommendation:**
Assign a letter to the strength of your clinical bottom line, based on SORT.

**Clinical Scenario:**
A brief description of the patient scenario that identified the knowledge gap

**Question:**
Clinical question you formulated (in PICO format if possible)

**Search Strategy:**
Brief description of the search strategy used

**The Study:**
Briefly describe the type of study, intervention, patient population, etc

**The Evidence:**
Summary of evidence - ideally in a table with appropriate “useful” statistics (ideally NNT or NNH if calculable)

**Comments:**
Any other pertinent issues identified in the critical appraisal of the paper, especially side effects, cost, limitations etc.

**References:**
Cite your article here

**Level of Evidence:**
Assign the appropriate level of evidence based on the Oxford levels of evidence rating to the article you have critiqued.
How It Has Evolved

• “Already know how to search PubMed”
• Less about straight PubMed Searching
  – Supplemental tutorial available
• More about strategy
  – Using filtered resources to work “backwards”
• More time allotted for one-on-one help
• Students are expected to leave with their evidence
Patient Education

• 10-15 minutes in spent on basic health literacy concepts, importance of patient education, sources of reliable consumer health/patient education information

• Students create Plain Language Summary Based on their Critically Appraised Topic article
Family Medicine Clerkship
Plain Language Summary Template

Title:

Name:

Plain Language Summary:
Clearly translate the salient features of your Critically Appraised Topic into a document that can be understood by patients and their families. National recommendations are to write at grade level (Target: 6th grade). These should be brief abstracts of roughly 400-600 words.

Additional Resources:
Please provide a limited number of quality resources that you think would be of value to patients and their families.
How it Has Evolved

• First iteration: students created Patient Education Tool (PET)
  – More of a formal patient education handout
  – Uploaded to University Digital Conservancy

• Transition to Plain Language Summary (PLS)
  – Much less time intensive
  – Still get the general idea
  – Expected to share PLS with a patient

• Adjusted Health Literacy instruction to be more interactive
Revised Instruction Example

GNINAELC – Ot erussa hgih ecnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-der edixo selcitrap. Esu a nottoc baws denetsiom htiw lyporposi lohocla. Eb erus on lohocla sehcuot eht rebbur strap, sa ti sdnet ot yrd dna yllautneve kcarc eht rebbur. Esu a pmad tholc ro egnops ot naelc eht tenibac. A dlim paos, ekil gnihsawhsid tnegreted, lliw pleh evomer esaerg ro lio.

From the Minnesota Health Literacy Partnership
Translation

CLEANING - to assure high performance periodically clean the tape heads and capstan whenever you notice an accumulation of dust and brown-red oxide particles. Use a cotton swab moistened with isopropyl alcohol. Be sure no alcohol touches the rubber parts, as it tends to dry and eventually crack the rubber. Use a damp cloth or sponge to clean the cabinet. A mild soap, like dishwashing detergent, will help remove grease or oil.

From the Minnesota Health Literacy Partnership
Revised Instruction Example: Practice “Living Room” Language

<table>
<thead>
<tr>
<th>Adverse</th>
<th>Lipids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>Oral</td>
</tr>
<tr>
<td>Benign</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Contraception</td>
<td>Terminal</td>
</tr>
<tr>
<td>Lesion</td>
<td>Toxic</td>
</tr>
</tbody>
</table>

From the Minnesota Health Literacy Partnership
CAT and PLS Presentations

• Two hour session week 4
• Students split into two groups – each group with one faculty and one librarian
• 10 minutes to present both CAT and PLS
  – Faculty grade CAT
  – Librarians grade PLS
How it Has Evolved

• Librarians no longer just the AV support
• More collaborative grading
  – Utilizing Google Docs
• Adjusting librarian responsibilities to strengths
Looking Ahead

• Examine the use of anecdotal evidence to shape library sessions

• Conduct a targeted assessment on library session/librarian involvement
  – Currently just one rated question and open ended comments
Questions?

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