



**Chapter Council Presents  
Sharing Roundtables  
MLA Annual Meeting  
San Antonio, TX  
Monday, May 16, 2005**

## **Tables 13A/13B: Informationists**

**Facilitator:** Ann Ryan & Patricia Wilson    **Recorder:** Pam Murnane

**Participants:** Tania Bardyn, Rebecca Dillen, Judith Hayes, Leigh Medford, Catherine Morton Reiter, Patricia Vital, Mary Wittenbreer

### **Topics Discussed:**

Are informationists clinical librarians?

Should MLA provide certification for informationists?

ISIC – not just clinical. Bioresearch, public health

How much time, \$\$, training goes into preparation to become an ISIC?

How to keep other library services running while getting out “in context”?

- some don't need to run as they used to – eg, less visitors to the ref desk
- support staff can be trained to do more
- merge services desks. Can take 1-2 years to get support staff up to speed before freeing reference librarians from desk training
- Where do we provide the most value? On the floor. Some things just may not get done – do what's most important.
- When there's a conflict – desk vs going out – go out. The desk will take care of itself.

What training is needed to be a clinical informationist?

- RN?
  - But note that RN salaries are higher
- may need broader coverage of health care information, pharmacy, etc
- informatics training?
- mini med school
- degree, initials after name, help gain respect/validation. RN, MSW, MPH.
- On the job training – have rns or other clinicians already doing it that can help train others.

- Note that UNC has an MD/MLS joint program, but, designed for MDs with an info slant, not the other way around.

Time and experience doing rounds, working in context, builds:

- trust (acceptance on the team)
- understanding and knowledge of clinical information
  - article not always best, may just need dosage. We may need some clinical certification to know when/what's best here
  - need to learn language and slang – clinicians shouldn't have to stop to explain/interpret, we need to be able to know/understand the questions
- you learn how clinicians learn (eg "they don't take notes")

How to get an "in" at your institution?

- In teaching hospitals, often through residents, rounds
- Community hospital, try through nursing.
- Give a standing offer for CME to a dept: "If your speaker doesn't show last minute, call me" – be prepared with a small handful of "out of the box" classes.
- Again, degrees/initials are recognized/respected on clinical team
- Make inroads with new staff

Culture shift

- For us
- For the hospital
- We need training here too. First year is tough, not accepted. After time, gradually become part of the team.

Statistics

- Need to count/measure encounters
- Web stats important too – new way of using the library. Service points are changing.

Institutional challenges

- How to fund? It's a matter of survival – change. Redirect funds.
- Need to balance w/ teaching, not just ref desk
- Need organizational support for training -- \$\$ and time

Is Endnote help part of the informationist role – knowledge management.

What about naming – Clinical librarian vs informationist vs information specialist in context?