

## deadlines

**March 15, 2010**

Copy for April NN

**June 15, 2010**

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## Message from the Chair

As the ice melts and the dead leaves are plucked away, we wait with anticipation for signs of spring! Spring is the glorious sign of growth and life and promise for the New Year. A most important task on everyone's calendar is "Spring Cleaning" – where we make room for new things by dusting off or pitching out the old! On my "to do" list for HLS are some of those unfinished business items from 2009!

On my shelf of things to revisit and dust off I found *Vital Pathways!* Do we all know what became of it and where it now resides? The Vital Pathways task force that we grew to love over several years, took on the charge - *to review existing data and trends in the status of hospital librarians, collect data on the links between libraries and quality and financial outcomes, and develop an action plan for MLA to use this information to influence hospital decision-makers and key leaders in the health care field.*

What became of... *The White Paper Executive Summary, Bibliography of Truths and Myths about Library Services*, as well as several important brochures and the important work of the *MLA Literacy Project* and the *MLA Position Paper on the Role of the Health Sciences Librarian in Patient Safety ???* All this and much more is available on the Resources page of the MLA Website and is being maintained by HLS and the Vital Pathways liaison to the HLS Board, Marsha Kmec. If you haven't visited this page and discovered these treasures, I encourage you to do so!

*Benchmarking*, another important project which was once so near to our hearts, seems to have fallen off our radar and the Benchmarking Network Editorial Board was dissolved. A project into which we as an organization put great efforts, a hallmark of this HLS decade which would provide us with many years of important research and statistics is now somewhat on the back burner. I hope that members will continue to utilize the information and find its content supportive especially in these trying financial times! Perhaps Benchmarking will find a home with the new MLA management software with kinder and easier access when it is resurrected in the future.

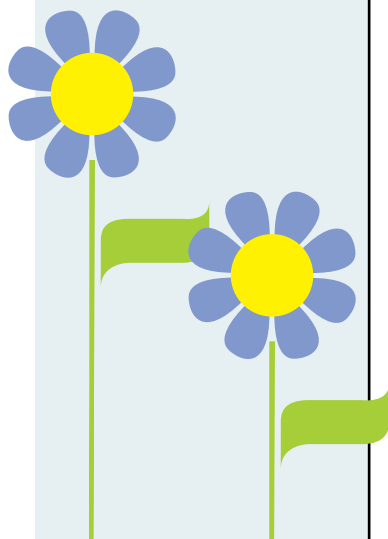
Lastly, a dusty but significant reminder of the importance of HLS committees! HLS has several important committees that are seeking membership for the spring. If you have an interest in serving the Section this is an opportunity not to be missed! Please watch for announcements from membership Chair, Mary Congleton.

With spring cleaning on my mind and the promise of great things to come, I can't help but be inspired and think of our upcoming time together in Washington. MLA is merely a few months away and there is much to be done to prepare! I know the task is in the very capable hands of Chair-Elect Pat Hammond and we can look forward to a wonderful program, currently in the works!



Linné Girourard  
The Methodist  
Hospital  
Houston, TX

Spring is  
the  
glorious  
sign of  
growth  
and life  
and  
promise  
for the  
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Year.



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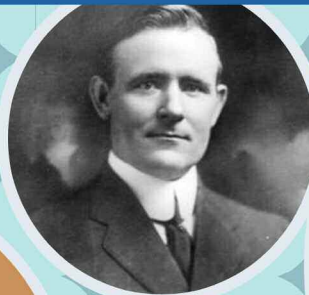
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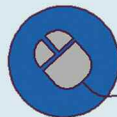
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**H**aiti. A country with little. Now a country with even less. If you thought things could get worse, they just have.

For years my brother-in-law has traveled back and forth to Haiti in his role as an oral epidemiologist, consultant, and general "good guy." He has worked with health providers in the countryside and helped the faculty at the dental school in Port-au-Prince. He has forged relationships between the people in Haiti and academic institutions in the states. He mentored a Haitian-born dentist through a second dental degree here in the States. The dental school, as with much of the city is surrounded by rubble. Gone. My nephew, a physician, is trying to get to Haiti to help with the medical needs there. And, the question is, what can I do? What can we do?

So, yesterday, as I watched the television news and read the multiple websites and papers that I peruse regularly, I realized that the most I can do right now seems so insignificant, but it is really quite a lot. I can make a donation. I can reach out to my Haitian friends – the people I've met through my brother-in-law and others – and offer any support they need.

What does this have to do with hospital libraries? As I reached out to all of you trying to identify medical "missions" going to Haiti, the response was swift, as with all requests I've ever sent. We are a remarkable network of caring, thoughtful, and involved individuals who help one another on a daily basis. I know that when the time comes, and I'm sure it will, we will reach out to help individuals in places like Haiti, too. Perhaps it comes with providing assistance to a medical/dental school as it rebuilds. Or sending information to a healthcare provider who is working with the myriad of health concerns that arise under such dire circumstances – be it Haiti or elsewhere. Or working with groups that help send gently used health-related texts to places in need. We will all help. This I know.

So, I am thankful for each and every one of you. You are a community of professionals and you care. What more can one ask for?



by  
Amy Frey  
Hospital for  
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New Britain, CT

▼

**We are a remarkable network of caring, thoughtful, and involved individuals who help one another on a daily basis.**

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# A Place at the Table: The Librarian's Role in an Evidence-Based Practice Nursing Initiative

(This brief article updates a poster presented at NAHSL 2007 in Woodstock, VT.)

In 1997, when initially reporting on Rutland Regional Medical Center's Evidence-Based Practice (EBP)/Research Council, the group had identified the need to survey our nursing staff regarding level of understanding and current implementation of EBP, before initiating an educational program designed to reach all nursing staff. The major impetus for forming the Council and pursuing an evidence-based culture was the goal of applying for and attaining Magnet Hospital recognition. The survey developed and tested by Kate Gerrish et al (2007) and Peter Ashworth et al (2007) was adopted and adapted for completion by our nursing staff.

by  
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Analysis of our survey results indicated that a belief existed among some nursing staff that they were more comfortable and competent with research methods and searching the literature than was, in fact, the case. This was most likely simply due to the fact that they were not aware of what they did not know. The Council formed an Education Subcommittee – the librarian and two nurses (Irene Fortin, Emergency Department Educator; Rebecca Denofer, Clinical Research Coordinator for

The Foley Cancer Center) – to design educational activities to be rolled out over the next 12-18 months, reaching as many staff as possible with these activities, and then re-administer the survey tool in the spring 2010.

During 2008 and 2009, the Council also monitored and supported its first research project, related to the question of what were the appropriate assessments needed when administering blood transfusions. This project – “The Blood Project” - provided a practical introduction to using the literature to support practice change.

In late 2008, the Education Subcommittee met weekly to review articles related to teaching EBP and diffusion of EBP concepts to nursing staff before rolling out staff education. We settled on a basic education program timeline and specific activities. These included two day-long classes on the

basic concepts of evidence-based practice that were incorporated into standard Educational Department offerings.

“The Nursing Practice Court” play, authored by librarian Jean Slepian of Cheshire Medical Center kicked off the day and was received enthusiastically by attendees. This was followed by basically a walk-through of an existing tutorial produced by librarians at UNC Chapel-Hill and Duke (available free-of-charge: [www.hsl.unc.edu/Services/Tutorials/EBM/welcome.htm](http://www.hsl.unc.edu/Services/Tutorials/EBM/welcome.htm)). Attendees were then provided with a copy of a New England Journal of Medicine and asked questions relating to the validity of the results. We then reviewed the answers

together and discussed terminology, various types of articles that appear in the literature, and where to find the tutorial on our portal for review and further study.

The education session also included presentation of the process used and results from “The Blood Project,” which the audience found very relevant to their daily work. Additional instruction was provided on the various levels of evidence-based literature, (including systematic reviews), study terminology and basic statistical concepts. The attendees also learned about the Journal Club Taskforce and its progress toward starting a Journal Club at the hospital.

The hospital implemented a Nursing Scholar Program to support a nurse in developing and completing a major research project. Part of the support offered is information support provided by the librarian. It is hoped that this new program will stimulate multiple submissions of potential research projects, generating a bit of competitiveness and excitement around the Scholar Program.

To date, two classes focusing on EBP have been held, in March and in October 2009. Thirty nurses attended the first class and 20 attended the second. Our literature review showed it was important that clinical educators embrace these concepts and that they were a key resource in the advancement of research to support practice, however attendance was optional and open to all staff. An initial concern was that nurses would find the material rather dry - and the day long - and that their eyes would begin to glaze over shortly after lunch. However, they were engaged and enthusiastic from start to finish, for which we were very grateful!

Next steps? These include a series of twelve brief, email-delivered “fast facts” about evidence-based practice and the research model and research process that nursing staff should follow at RRMHC. The plan is to send out a fast fact every two weeks to all nursing staff, so that this step is completed in the next six months. The Committee plans to re-survey nursing staff in spring 2010 and to determine if these educational activities have increased awareness of EBP and familiarity with print and electronic resources available to nursing staff. Stay tuned...

## Relevant Articles:

Gerrish, K. et al. (2007). Factors influencing the development of evidence-based practice: a research tool. *Journal of Advanced Nursing*; 57(3), 328-38.

Ashworth, P. et al. (2008). Developing evidence-based practice: experiences of senior and junior clinical nurses. *Journal of Advanced Nursing*, 62(1), 62-73.

Milner, F.M., Estabrooks, C.A., Humphrey, C. (2005). Clinical nurse educators as agents for change: increasing research utilization. *International Journal of Nursing Studies*, 42(8), 899-914.

Milner, M., Estabrooks, C.A., Myrick, F. (2006). Research utilization and clinical nurse educators: a systematic review. *Journal of Evaluation in Clinical Practice*, 12(6), 639-55.

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# Highlights from the National Magnet Nursing Conference: October 1-3, 2009, Louisville, KY

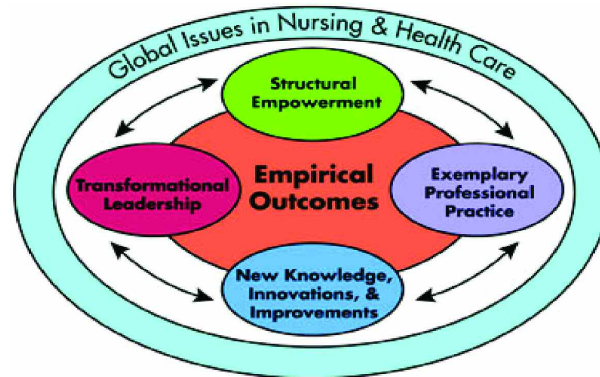
**R**ecession or not, over 5000 nurses and others attended the National Magnet Nursing Conference this year. There are now 352 Magnet hospitals. Most Magnet hospitals are in the United States, but there were representatives from all over the world attending. Hospitals in New Zealand and the Lebanon were "magnetized" this year. Though the Magnet model has been modified and the criteria tightened, institutions still covet their place in this inner circle of excellence in nursing care. This year 90 hospitals were recognized for Magnet designation or re-designation. The re-designations happen every four years, by application and site visit evaluation. Now the Magnet criteria are recognized by *US News and World Report* as criteria for its "best hospitals" list, so it is quickly becoming an indicator of healthcare excellence. Over the last eight years, the list of Magnet hospitals has grown from 18 to 352, an average growth rate of 32% annually. One of my Magnet hospitals was the eleventh in the country. We have a combined five Magnet nursing designations, with three other Baptist Health South Florida hospitals now also on the journey.

As in years past, the conference kicks off at 9:00 am with a local band. As this was Kentucky, it was a blue grass band. The awarded institutions are in the front and, as their organization's slide appears on the screen and their hospital's name is called, the groups usually jump up, throw confetti, beach balls, candy, pompoms, and generally have a great time dancing and celebrating their successful Magnet journeys. The nurses wear t-shirts and funny outfits celebrating their organization or city...all this at 9:30 in the morning.

The conference may start out with fun and games, but it soon gets serious. General sessions include updates from ANCC Magnet leaders on implementation strategies and changes in the program. There are also concurrent and poster sessions on the Magnet forces in action in Magnet hospitals.

This year Deniz Ender, librarian from Rex Healthcare in Raleigh, NC, presented a poster titled "Promoting Critical Thinking through Journal Clubs." (Last year I presented a paper titled: "Next stop on your Magnet Journey: the hospital library.") So the message is we librarians can get papers accepted for presentation at the annual Magnet nursing conference.

## Here is the new Magnet Nursing Model:



All forces are expected to be reflected at the bedside as well as in the board room. Following the directions of the revised application manual, what is said in the application must reflect what really is going on in these Magnet hospitals. The bedside nurse is expected to be a transformational nurse as much as the chief nursing officer is. The nurse's professionalism needs to be shown by implementing changes based on evidence-based practice and research initiatives in their hospitals. It is expected that organizations have more BSN-prepared, especially at the nursing leadership level and including nurse managers. Chief Nursing Officers at Magnet hospitals now all have graduate degrees in addition to their BSNs. The Master's degrees, for many, is an MBA or MS in Healthcare Administration. By 2011, 75% of nurse managers and directors in Magnet hospitals must have BSN degrees; by 2013 it will be 100%. So as the criteria tighten, there are many opportunities for hospital librarians to extend their roles in these settings and assist their organizations on their journeys.

I know that many of our members work in libraries that are living laboratories for innovation and transformation. By connecting to this conference, we get a closer view of how to integrate these forces into our professional library "magnetism." There were so many papers this year on journal clubs and evidence-based practice. Many hospitals have electronic nursing journal collections and resources. Now is the time to push them out to our nursing staff on their Magnet journeys.

On October 14, I presented a webinar to the Southeastern Atlantic Region's hospital librarians on highlights of this conference and the new Magnet model. The presentation is available at their website. ([nnlm.gov/sea/services/webconf/hosplibrarian/index.html](http://nnlm.gov/sea/services/webconf/hosplibrarian/index.html)) I recommend continuing the relationship with the ANCC Magnet Recognition program. Next year's conference is in Phoenix, AZ. October 2010.

by

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(With thanks  
to MLA and the  
Hospital  
Libraries Section  
for partially  
funding my  
attendance at this  
conference.)

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# Diagnostic errors: Teamwork to solve tough diagnostic puzzles includes librarians

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## Issue of dx error

Clinical care is a complex endeavor. Access to expertise and evidence—along with clear communication—affect safety and reliability. Increased awareness of the key role appropriate information plays in safe patient care came about after the death of an asthma study volunteer at Johns Hopkins University, a tragedy that occurred in part because of an incomplete literature review by the research team (1). Recently, a study found that 53% of all clinical colleagues' professional advice was not actually in line with the research literature (2). In contrast, access to clinical evidence supplied by a trained professional librarian was found to decrease length of stay and improve clinical decision making (3-4).

Evidence-based practice is the ideal whether in clinical practice or healthcare research. Teaching critical thinking and decision-making is a challenge for those who are training the next generation of physicians. (5) This is especially true for teachers who have attained a level of expertise that allows rapid differential diagnosis. It is difficult to remember what it is like not knowing, not having that skill. And our human nature works against seeking information that contradicts what we believe to be true. (6) It is also difficult to recognize one's own knowledge deficit and know precisely when it is time to consult a librarian.

It is widely acknowledged that communication issues contribute to failures in care. A common thread running through the entire process of diagnosis and treatment is the dialogue and discussion of

each case in the process of problem solving. Effective communication between professionals from the same discipline can at times be difficult and require focused effort additionally physicians from different specialties may not share a common vocabulary. Other health professionals share similar communication barriers. (7) Nurses and physicians certainly have common elements of professional language, but room exists for significant misunderstanding. (8-10) The scenario is complicated further when a librarian is added. Clinicians gen-

erally do not speak the same professional language as librarians. Librarians should be mindful that physicians may not understand the intricacies of library science just as physicians shouldn't necessarily expect librarians to fully conceptualize the complexity of healthcare delivery.

Effective communication requires establishing a common area of language and understanding so that interdependence on the professional skills of others can emerge. Mindfulness of and sensitivity to the differences in terminology can narrow the gap that results from years of education and experience in widely differing fields of expertise. Successful communication across professions will help to close holes in the "Swiss cheese" in order to block the failures these misunderstandings provoke. (11)

erience in widely differing fields of expertise. Successful communication across professions will help to close holes in the "Swiss cheese" in order to block the failures these misunderstandings provoke. (11)

## A Story of Error Demonstrates a Lack of Vision

In 2006, Atul Gawande told a story as a part of a key note presentation at the MLA conference in Phoenix. (12) He shared with the audience an experience he had around diagnostic error: at her insistence, he had prepared an 87 year old patient and her family for imminent deterioration and death due to a likely severe dissecting abdominal aortic aneurysm; gave end-of-life counseling, offered condolences and his phone number should the family need to have questions answered during her decline and death. He told the audience of his surprise two weeks later, when he phoned the family expecting to hear of her death and she answered the phone in good spirits.

In retrospect, during the question and answer portion of this 2006 session, we shared our expertise in what databases could have been searched to try and find information to amend Gawande's conclusions about this patient instead of what we now might say in 2010 about the information gathering process—how partnership between diagnosticians and librarians can achieve improved outcomes, and how effective librarians can be at the point of information need. Furthermore, today we would add the deeper questions about how information and knowledge affect the clinical reasoning process. (13) The authors believe it is time for medical librarians to be proactive and learn more about patient safety and the associated systems safety issues, seek to join the clinical team,

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raise questions, identify risks for failure, seek collaborative solutions, and together build a highly reliable evidence-gathering process into the work of diagnostic decision making.

## Exploring a role for librarians

Diagnostic error in general is understudied. (14-15) Librarians can improve the diagnostic process by taking an active role and demonstrating expertise in providing information to support human cognitive strengths and compensate for known human vulnerabilities such as: bias, over-confidence, and fixation on an initial course of action. Librarians are well situated to help address these human factors issues as they play out in the diagnostic process. Librarians play a unique role in designing, selecting, training and employing information strategies for decision support, online research competencies, and evidence access issues.

## How to get started

### ■ Educate ourselves:

Read, explore the topic in the literature and attend professional sessions on safety-related topics. (see suggested readings in side bar)

### ■ Observe/shadow/simulate:

Connect with clinicians; attend morning report or rounds; and offer support and suggestions for improvement as appropriate. Adjacency is terrific in showing our importance and value to the diagnostic challenges. Granted, all librarians don't necessarily have access to patients or the ability to observe what happens in the exam room. Understand how to effectively slow down the process to enable reflective thinking to help the physician think things through without all the distractions, interruptions, and time-limitations they encounter clinically.

### ■ Build on real experiences to understand the issue:

Attend M&M conferences to listen to discussions of misdiagnosis to see how our role and skill set may have been applied to mitigate the outcome. Observe our own care (or that of family members) to brainstorm some ideas on improvement that go beyond health literacy and patient education efforts.

### ■ Explore failure (16):

As a member of the staff that plays a role in complex system of care provision, librarians can learn from what goes wrong. As others working in health care have done through failure mode and effects analysis (FMEA), pro-

Librarians can improve the diagnostic process by taking an active role and demonstrating expertise in providing information to support human cognitive strengths and compensate for known human vulnerabilities such as: bias, over-confidence, and fixation on an initial course of action.

cesses are reviewed for opportunities for failure, those failures are assessed for impact, visibility and likelihood of occurrence and an examination of improving the process to mitigate those failures is undertaken. (17) Craft a cause and effect diagram of the process to illustrate what was learned. Speak to your local quality of care or compliance folks about collaborative opportunities.

### ■ Commit to high reliability (18)

Explore our processes to determine what there is inherent in them that may reduce their reliability in the field by contributing steps, encouraging work arounds, and engendering unintended consequences that create opportunities for failure. What in the process could be simplified to make involving the librarian in medical decision-making a logical step?

## Tactics at hand

The following tactics serve as a select list of ways that librarians can begin their journey to integrating their work into diagnostic error reduction efforts:

■ Use the Information Specialist in Context (ISIC) model. (4, 19). Incorporate observation opportunities into the daily work of clinical teams. ISIC librarians in this role have a heightened awareness of the clinical conversation and team work characteristics that could play a role in the diagnostic process.

■ Build on MLA policy for the role of medical librarians in patient safety. (20) Use it to get a seat at the table as a partner in problem solving, rather than only an information provider.

■ Include the notion of failure into EBM training discussions. Don't only craft exercises and search strategies that are straight forward, but demonstrate that the process can be tricky. Use teaching methods that will infuse the reality of failure without seeming self-serving. Risk of failure is as present for the human librarian as it is for the human clinician. This commonality will allow clinicians to understand the nuance and redundancy required for a highly

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# Diagnostic errors: Teamwork to solve tough diagnostic puzzles includes librarians

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reliable search in a way similar to what they experience in diagnosing and treating complex disease processes.

- Attend CE classes and professional development opportunities that explore diagnostic error from a multidisciplinary perspective (21)
- Contact the hospital patient safety or quality office to volunteer as a participant on problem solving teams doing root cause analysis and failure mode analysis. These activities are required by The Joint Commission. Librarians should be seen as contributors to the success of these teams.
- Educate other health professionals about available library/information services and how they can be integrated into the process.

## Laying a groundwork for change

An exploration of what potentially contributes to diagnostic failure and how librarians can make a difference can inform conversations with clinicians and hospital leadership. These discussions will provide an opportunity to advocate for the involvement of librarians in finding solutions to the problem of diagnostic error.

An exploration of what potentially contributes to diagnostic failure and how librarians can make a difference can inform conversations with clinicians and hospital leadership.

### Consider these questions:

*What could happen?*

A patient could experience harm due to diagnostic error or an incorrect research protocol. The diagnostic error or incorrect protocol could result from a deficit in the clinician's information or knowledge. This deficit may go unrecognized because it is difficult for humans to assess that which is absent. The deficit may extend to flawed search methods or use of unreliable search tools or resources. The clinician may not know when it is time to consult an expert librarian just as it is difficult to know precisely when it is time to call a clinical consultant.

*Why does it happen?*

Healthcare delivery is subject to the pressure of time and cost. The work is intensely intellectually

demanding. Taking responsibility for the care of patients requires strong self-confidence. Previous experience may have taught clinicians that their own search methods are quick and usually sufficient; that the librarian is difficult to find; and that refining the search with the librarian is time consuming. Awareness of the information deficit may not occur until after the patient has suffered harm. It is only after something bad happens that the savings of time, cost, and patient health is clear.

*What can librarians do to prevent it happening again?*

Librarians can demonstrate and display an expertise not available in any other healthcare specialty. Clinicians necessarily rely on and recognize specialized knowledge and information sources. Librarians serve patients best by pursuing adjacency to clinicians—exhibiting our indispensability by being in the right place, where the information needs are most crucial, at the right time. We should be recognizable, easy to locate and consult to best facilitate and impact evidence-based clinical practice.

Becoming a highly-reliable information provider requires looking at how library/information processes could fail to meet the needs of clinicians. Understanding how and why the process can fail allows preemptive problem solving. A practical method with which to evaluate systems is an engineering method known as Failure Mode and Effect Analysis (FMEA)(17). FMEA scores failure points higher if the failure is unlikely to be observable; therefore, identifying places in the process most in need of backup plans.

In the longer term, just as medical and clinical librarians add value and safety to healthcare, they also contribute to the future of library and information science. Offer to teach as a guest lecturer in graduate schools of library and information science with the strategy of recruiting the best and brightest into medical and clinical librarian roles.

*How can librarians measure & document the effectiveness of their involvement?*

If tightening budgets threaten, documented evidence of the effectiveness of the work done by librarians may be essential in justifying continuation of library services. To this end, track your participation in all patient care activities whether patient rounds, patient safety rounds, or as a member of patient safety problem solving teams. Keep a record of your visits to hospital units or clinic sites. Track requests for expert searches, and the trends of those requests as you take steps to be more recognizable, available, and involved.

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## Conclusion

Many in healthcare safety circles struggle with how to address this complex systemic challenge, understand its causes, and work to ensure the safety of care. The emerging informationist specialty dovetails with the growing number of librarians who see this clinical work as an important, front-line opportunity to contribute to decreasing diagnostic error. The right informationist/librarian at the point of need amply reinforces our crucial role in diagnostic error detection and prevention while immensely expanding clinicians' perceptions of our range, roles, and capabilities.

## Acknowledgements

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## Core readings:

These review articles and special issues will provide a foundational understanding to the issues involved in diagnostic error:

Berner ES, Graber ML, eds. Diagnostic Error in Medicine [special issue]. *Adv Health Sci Educ Theory Pract.* 2009;14(suppl 1):1-112.

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Norman GR, Eva KW. Diagnostic error and clinical reasoning. *Med Edu.* 2009; 44:94-100.

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Schiff GD, Kim S, Abrams R, et al. Diagnosing Diagnosis Errors: Lessons from a Multi-institutional Collaborative Project. In: *Advances in Patient Safety: Vol. 2.* Rockville, MD. Agency for Healthcare Research and Quality: 255-278.

Rankin JA, Grefsheim SF, Canto CC. The emerging informationist specialty: a systematic review of the literature. *J Med Lib Assoc.* 2008;96:194-206.

In addition, the following illustrate the personal side of the issue:

Sanders L. *Every Patient Tells A Story: Medical Mysteries and the Art of Diagnosis.* New York: Broadway Books; 2009. ISBN: 9780767922463.

Groopman J. *How Doctors Think.* Boston: Houghton Mifflin; 2007. ISBN: 0618610030.

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**Sunday, May 23rd**

**7:30 – 9am**

**Sunday, May 23rd**

**6 – 7:30pm**

**Monday, May 24th**

**2:30 – 4pm**

**Tuesday, May 25th**

**5:00 – 6pm**

**Tuesday, May 25th**

**7:30 – 9am**

**T**he draft schedule for the Medical Library Association annual meeting is available to meeting planners. Please pencil in (after all this is a draft schedule) these important Hospital Libraries Section activities on your calendar:

HLS Executive Board Meeting

(Elected & appointed officers & committee chairs required; others welcome with a reservation.)

HLS Business Meeting & Connection Reception

(Section members and all interested MLA attendees are invited. When registering for the annual meeting, please mark the checkbox on the form so we can plan for refreshments.)

HLS Section Program

**Added Value: Linking E-Resources to Clinical Information Systems**

Description: E-Resources and information systems must remain relevant and easily accessible and the librarian needs to be involved. An invited speaker(s) will provide a state-of-the-art overview of the background and methods available to link our resources to clinical information systems and other related applications. Practical advice will be presented about how to collaborate with your IT staff. In addition, papers highlighting best practice projects that have been successfully implemented in the healthcare arena are invited. Possible projects may include Electronic Health Records, Internet Point of Care Learning CME, Znyx and various mobile platforms.

Section Shuffle

HLS will participate once again in the Section Shuffle, so stop by our booth to learn how to get the most out of your section. And bring new recruits!

HLS Committee Meetings

Executive Board and all committee members are encouraged to attend. An application for committee membership is in this newsletter. A continental breakfast will be served.

## WRAP: WARM UP & READ PROJECT

**J**oin us as we knit, crochet, even quilt as part of WRAP: the Warm up & Read Project. Our goal is to have librarians create a throw/lap afghan/quilt and bring it to MLA with them in 2010, along with a book chosen to go along with the completed project. It can be a children's, young adult's, or even adult's book, but try to include a message about why you chose that particular title. We will donate these (based upon numbers received) to a charity or charities in the DC area. We are in the process of finalizing which organizations will receive the finished goods. It is our goal to continue this throughout the years in our various host cities...a way to say thank you for opening their doors to us and to give something to individuals in need in these trying times. If you have any questions, please contact either Amy Frey (amyfrey@hfsc.org) or Dena Hanson (dena.hanson@cookchildrens.org). If you are NOT going to MLA, please contact Amy regarding submitting your finished project.

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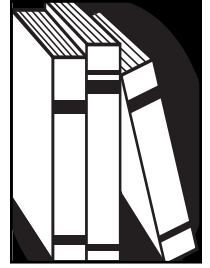
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## Books in Print

**Michelynn McKnight**, a former editor of National Network and longtime member of the Hospital Libraries Section has published a new book – **The Agile Librarian's Guide to Thriving in Any Institution**. Michelynn's career has spanned public, academic, school, and special libraries. She was a hospital librarian for over twenty years before switching gears (upon finishing her PhD) and joining the faculty at Louisiana State University's School of Library and Information Science. The book grew out of Michelynn's workshops on "Proving Your Worth: Convincing Non-Librarian Decision-Makers of the Value of Your Essential Services." The book has been published by Libraries Unlimited and retails for \$30.00. (ISBN 10: 1-59158-668-2; ISBN 13: 978-1-59158-668-5)



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