

Scared and Squeamish: Identifying Fears and Barriers to Providing Information Services in the Real World of Rounding

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ABSTRACT

Objectives:

One of the most intriguing challenges in medical librarianship is the integration of the librarian into the clinical rounding team to provide service at the point-of-care. The purpose of this study is to apply the techniques of qualitative research to gain a better understanding of the experiences of clinical librarians including personal fears, ethical issues, and emotional barriers that inhibit individual success in the clinical environment.

Methods:

To identify common concerns, focusing on emotional barriers, ethical issues, physical practicalities, and building confidence, librarians at the UF Health Science Center Libraries conducted an internal, reflective focus group session. Then, drawing on that collective personal experience, we created an anonymous, online survey dispersed to the medical librarian community via social networking tools and listservs to gather wider experience and data.

The data presented here are preliminary results from the initial focus group and early survey results (as of April 1, 2011).

Themes:

Maintaining professional detachment and confident demeanor while experiencing emotionally disturbing or unpleasant patient cases.

- Dealing with patient death
- Disturbed by cases or what you see or smell (wounds, rashes, blood, odors, abuse, etc.)
- Dealing with psychiatric patients/mentally ill
- Dealing with medical crisis/emergency
- Variations in what disturbs each individual
- Ethical issues

Introductions, explaining one's role, and determining one's place within the team.

- Introducing yourself to team and patients
- Developing relationships with team members
- Team acceptance
- Finding your advocate (connects to #5 below)

Dealing with physicians' expectations and one's own lack of familiarity with clinical personnel, hierarchy and environment.

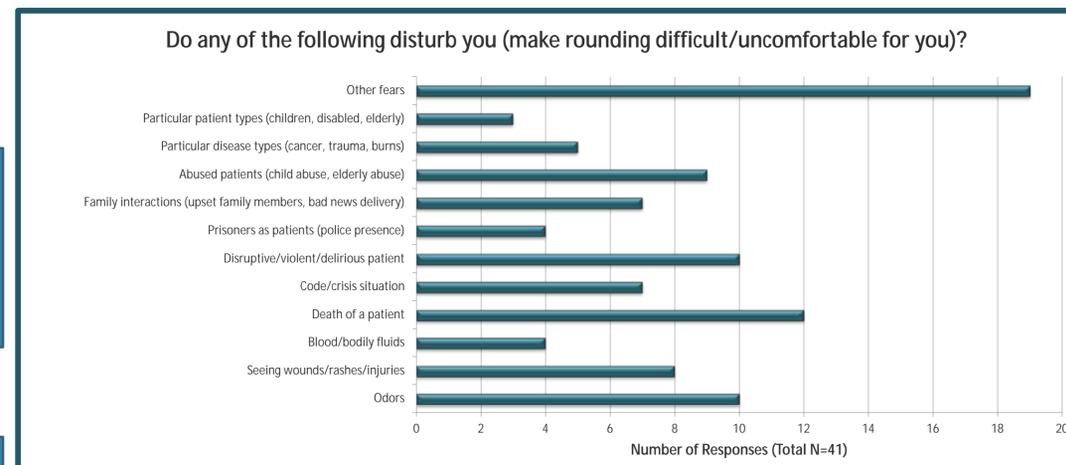
- Understanding medical culture
- Familiarizing yourself with the environment and physical setting
- Understanding team hierarchy and composition (who is who?)
- Dealing with lack of confidence/nervousness

Recognizing that the learning process happens mainly 'on the job' or as self-directed exploration.

- Looking things up afterwards
- Learning on the job
- Seeking learning opportunities
- Self-preparation
- Preparation needs: medical terminology, slang, medical shorthand, acronyms, rapid speech, learning the numbers

Establishing value, identifying advocates, and measuring outcomes.

- Anecdotal evidence (personal responses)
- Referrals
- Publication collaboration
- Invitations to teach/speak
- Other methods?



Conclusions: Medical librarians entering the arena of clinical care face personal, emotional, and professional challenges. Our results suggest that learning is primarily a self-directed, 'on-the-job,' experiential process rather than formal preparation through official training or classroom participation. Most librarians lack training regarding hierarchy, roles, culture, and language in the clinical environment. Our initial results suggest that preparation in these issues may be vital to improving confidence and success.

Future Research Plans Include:

- Further examination of survey data
- Continuing Focus Groups and Interviews
- Develop continuing education resources and support for clinical librarians

WE INVITE YOU TO PARTICIPATE!

Quotes:

Seeing 'gross' wounds, however it is getting better.

Interesting, scary, intimidating, exhilarating, disgusting.

I remember feeling that the doctors were speaking all in acronyms and code! I had a hard time keeping up with the discussion because of that.

I see my role in part as helping mitigate the impact of death, family interactions etc. on the students at least by providing social support resources.

Very nervous about appearing professional and confident on my first day. Had to work very hard to find just the right way to participate and ask questions, provide materials, etc. Trial and error.

I can not believe I am in the clinical setting, my whole life I've loathed hospitals, in high school I often fainted in health class due to talking about medical subjects. Now that I have a role in helping support healing children I have found strength I didn't know I had. I still have my moments and I will come back from rounds and cry some days but I 100% believe I'm providing a need service and will continue to face my own fears.

Having never experienced death first hand, the specific episode was very shocking/upsetting to me and made me much more aware of how team members are/are not supported or debriefed after things happen.

After working with attendings for about a year, one turned to me and said, 'You are part of this team. You are valuable and we need you.'

I do not like seeing sick people- I was just too warm, we were in the middle of an open ward with closed curtains around the patients. I almost fainted from the heat and anxiety of what was behind the curtains. After I was encouraged to sit down and relax-- I was ok. From then on the attending carried smelling salts for me!

Nervous. I tried to write down everything they said and they had no clue who I was.