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# Librarian Participation in Chart Rounds: Final Results of Two Surveys Measuring the Effectiveness of Librarians Working with Family Medicine Residents in a Clinical Setting

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# Librarian Participation in Chart Rounds:

## Final Results of Two Surveys Measuring the Effectiveness of Librarians Working with Family Medicine Residents in a Clinical Setting

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Lamar Soutter Library  
A Leader in Service and Learning

### Introduction

This study was conducted in order to measure the impact of librarian participation at multi-disciplinary chart rounds at three central Massachusetts health centers affiliated with the UMass Medical School, Worcester Family Medicine residency program.

Chart rounds are held at each residency practice site, where Family Medicine residents present patient cases. New guidelines for conducting chart rounds ("COMPLETE") were developed by residency leadership in 2007 through a grant from AAMC Regional Medicine-Public Health Education Centers. Based on these guidelines, librarians, behavioral health specialists and pharmacists are invited to participate.



### History of Librarian Involvement with Family Medicine Residents:

- 2000 – Library director charges reference librarians to begin outreach to residents. Family Medicine chosen due to strong relationship with department and faculty.
- 2000 – Single presentations on resources and proxy access given to Family Medicine residents.
- 2001 – One librarian begins attending Chart Rounds informally at four family health center locations.
- 2002 – Other librarians begin participating.
- 2003 – Librarians begin reaching out to other departments (Pediatrics, Surgery) to develop similar relationships.
- 2007 – Librarian participation at chart rounds formalized with introduction of COMPLETE guidelines.
- Today - 1<sup>st</sup> and 2<sup>nd</sup> authors work with Family Medicine residents at three practice locations.

### Abstract



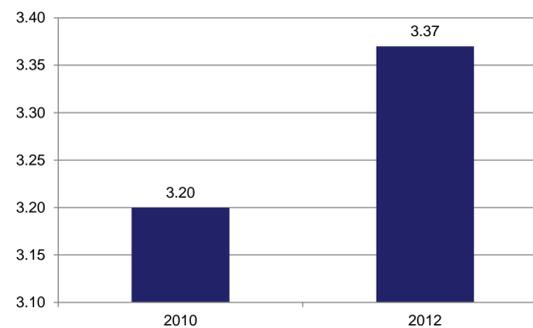
### Results

Results were tabulated for the 2010 and 2012 surveys (Likert-scale 1=strongly disagree to 5=strongly agree). Librarian participation **rated high** in all 2010 results **except** for the PGY1 cohort.

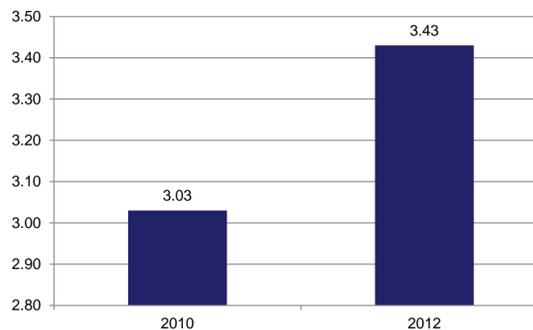
Below are the 3 questions and 2010 and 2012 responses of **PGY1** residents relating to the librarian's participation in chart rounds:

#### Information retrieved by a librarian at chart rounds...

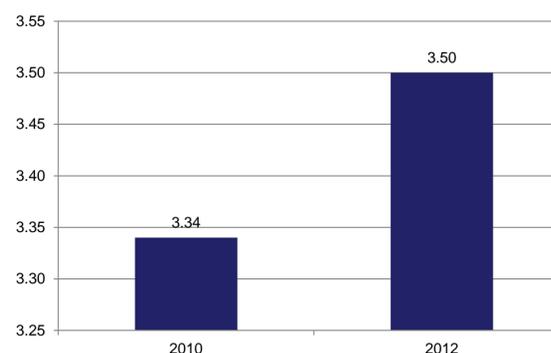
...changed their [residents] short-term and/or long-term treatment plans



...helped [them] locate useful information more efficiently than in the past



...helped increase their understanding of identifying and utilizing best-evidence information resources in their practice



### Initiatives

#### WHAT COULD WE DO TO BETTER CONNECT WITH FIRST YEAR RESIDENTS?

After reviewing the 2010 results, we speculated that the low scores in the PGY1 cohort may have been due to their heavy inpatient activities, which resulted in sparser attendance at chart rounds. We further speculated that this cohort was not fully aware of how librarian participation could enhance their education and clinical practice.

We introduced these initiatives with the goal of increasing awareness of site librarians for the first year residents:

- In addition to a large group orientation of all incoming residents, we held a special Family Medicine orientation in a more informal setting for just the 12 PGY1 residents. There, we would meet each resident personally and more clearly introduce our roles in the program.
- We also collaborated with residency leadership to offer special sessions during their first year Community Health block, demonstrating demographics and health statistics databases.



#### University of Massachusetts Worcester Family Medicine Residency "COMPLETE" Chart Round Guidelines

##### Context

- ◆ Begin each presentation with the "culture of context."  
Describe the person, i.e., "a 38 y/o female from Jamaica, whose PCP is Dr. Jones; she is a baker and lives with her 3 children whom she raises on her own. (Not, "a 38 y/o black woman.")"

##### Outside Visitors/Resources

- ◆ Incorporate visiting experts, i.e., librarian, pharmacist, etc. directly into the discussion.
- ◆ Use their expertise to set up permanent resources, e.g., web-based favorites.

##### Mental Health

- ◆ Assess behavioral issues for every case presentation.

##### Population Perspective

- ◆ Address population and community health aspects: What is the prevalence of the condition/issue in our community? What are the root causes? What community resources exist? Which are needed?

##### Learn from Others

- ◆ Who else could this patient benefit from seeing? Consider specialists, home care, complementary medicine, etc.
- ◆ How would people code and bill for this visit?

##### Expectations

- ◆ Have you and the patient set clear goals together?

##### Time

- ◆ Start on time; end on time. Respect everyone's time.

##### End with the "Culture of Continuity"

- ◆ In keeping with the "culture of continuity of learning," have a learner summarize the key educational lessons at the end of chart rounds.
- ◆ When will this patient be seen again? What long term issues and health maintenance issues/screens need to be addressed?