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#### **Recommended Citation**

Ascher, M.T., Holmes, H.N., and Eldredge, J.D. (2013, May). Addressing the MLA research agenda questions: where are we now? Poster presented at the meeting of the Medical Library Association, Boston, MA.

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## Addressing the MLA Research Agenda Questions: Where Are We Now?

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### 2007

The MLA research policy, The Research Imperative, recommends that the MLA Research Section create a mechanism to identify research priorities: The Research Agenda Committee is formed:

# First Delphi Study

**During 2008 the Committee conducts its first** Delphi study to identify and rank the top research guestions. The Committee polls both MLA leaders and members of the Research Section and identify 62 research questions that are distilled down to 12 topranked questions. The Delphi study results appear in the July 2009 issue of the Journal of the Medical Library Association.

### Defining the Medical Library Association research agenda: methodology and final results from a consensus process onathan D. Eldredge, MLS, PhD, AHIP; Martha R. Harris, MLS, MA, AHIP

Methods: The delphi method was used. The

such as the Medical Library Association (MLA) in ocusing its limited resources on investigating those nembers. For example, a research agenda might

## December 2012 **Recruiting for a Systematic Review Project**

An announcement by the Committee that appears in the December 21 (?) 2012 issue of the MLA Focus electronic newsletter solicits volunteers to join one of 15 teams conducting systematic reviews on each of the top-ranked research questions.

#### **204 volunteers**

- 66% US,
- 18% Canada,
- 13% Europe.

## **Second Delphi Study**

The Committee conducts a second Delphi study to identify and rank research questions during 2011. The Committee asks 581 MLA leaders about their most important research question. The subsequent 140 research questions are then sent to 298 authors of published research articles in the top health sciences library journals. The 108 researchers participating in the Delphi method select their top 35 research questions. The same MLA leaders who generated questions in the first round then winnow these 35 questions down to 15 top-ranked research questions. This second Delphi study appears in the July 2012 issue of Journal of the Medical Library Association.

### **Spring 2013 Teams Formed**

Leaders selected and teams formed based on experience and willingness.

The new Medical Library Association research agenda: final results from a three-phase Delphi study Marie T. Ascher, MS, AHIP; Heather N. Holmes,

consultation with the MLA Board of Directors, the

rected the Research Agenda Committee to conduct a new study during 2011, implementing the adaptations recommended in the previous report [4], while up-

night reflect support for the research endeavor or a

esearch experience. Those Research Section members

# Systematic Review Project Appraising the Best Available Evidence

## Thank you to the systematic review project's **Team Leaders!**

- 1. Laure Perrier
- 2. Priscilla Stephenson
- 3. Margaret Foster
- 4. Mary Lou Klem 5. Aileen McCrillis
- 6. PF Anderson
- 7. Lindsay Alcock Glynn 8. Brenda Linares
- 9. Margaret Henderson
- 10. Anne Madden 11. Myrian Grondin
- 12. Kaitryn Campbell
- 13. Assako N. Holyoke 14. Linda Slater
- 15. Catherine Boden

## Guiding principles and guidelines of the project:

- Teams work autonomously and set their own meeting schedules.
- Define and refine questions.
- Form subgroups as needed.
- Search strategies are to be peer-reviewed and fully documented.
- Follow PRISMA guidelines.
- Identify best studies and gaps in the knowledge base.
- "Restrain any impulse toward perfectionism."

## **Expected Outcomes:**

- Publishable manuscripts of use to health sciences librarian colleagues and researchers.
- A central register of high-quality articles in health sciences librarianship.
- Expected project completion: July 2014.

# The MLA Research Agenda

1. There are still a number of relevant questions from the 2008 research agenda, but to me this is most critical: "What is the quantifiable evidence that the presence of a librarian, not just information resources, improves patient outcomes, increases research dollars, improves student outcomes (e.g., better board scores), or increases hospital intelligence (e.g., if the top hospitals have access to hospital librarians/libraries)?" 2. Is there a significant difference in patient outcomes (or research output or educational outcomes) between institutions with and without libraries?

3. What is the added value libraries bring to education, research, and patient care in the health sciences and health care fields? Even if it is not possible to quantify benefits, documenting qualitative research results rigorous enough to stand the scrutiny of administrators and researchers would be of great value. 4. Low health literacy can result in medication errors, noncompliance of treatment regimes, poor health outcomes and even death. What is the role of the medical librarian with health care providers, community organizations, local public libraries and members of the public to improve health literacy among entire communities?

5. What are the information needs of practicing physicians and other health care workers? The 1985 Covell article is still heavily cited but was published way back in 1985. The information environment has changed dramatically. We need to update that study in lite of new educational strategies, resources, technology and social networks.

6. The explosion of information, expanding of technology (especially mobile technology), and complexity of healthcare environment present medical librarians and medical libraries opportunities and challenges. To live up with the opportunities and challenges, what kinds of skill sets or information structure do medical librarians or medical libraries are required to have or acquire so as to be strong partners or contributors of continuing effectiveness to the changing environment?

7. Does what we do matter? Longer form: Do the resources we provide - materials, reference services, and educational offerings - make a difference to our customers - save lives, shorten length of stay, improved educational outcomes, increase research dollars, improve research results?

8. How do we provide information support in a clinical world that functions based on electronic medical records systems and other similar informatics platforms and tools. What is the library's role, if any, in providing preclinical education with respect to informatics applications like electronic medical records systems? 9. Do health sciences libraries and librarians have any measureable (statistically significant) positive impacts on consumer health, the outcomes of medical care, the productivity of biomedical researchers and the knowledge obtained by graduates of biomedical and health sciences training programs, and at what total cost? 10. How best to objectively document library/librarian impact on the 'bottom line' (time, money saved, shorter length of stay, ROI for expensive electronic resources, support training programs/Magnet status, funded research support, etc.)?

11. As a profession, how do we measure our impact in our environment—be it clinical or academic—in such a way that it influences the decision makers in our institutions? [I "stole" this from the previous study, but I think that it is still the most important question facing us.]

12. Does the intervention/instruction/assistance of a professional medical librarian have a long term impact on the information seeking behaviors of health care professionals?

13. What are the most effective instructional methods for teaching informatics/knowledge management/EBP within health sciences curricula?

14. In medical schools where librarians are included in the curriculum, do the students have a greater degree of information literacy than students in schools where librarians are not part of the curriculum? 15. What skills and knowledge must librarians possess in order to be able to design tools to help researchers visualize, mine, and otherwise manage large and complex data gathered during both quantitative and

qualitative research?