Use of a Medical Librarian to Facilitate Evidence-Based Medicine Faculty Development

Kristine A. Petre MLS, CM, AHIP  
Lehigh Valley Health Network, kristine_a.petre@lvhn.org

Kevin Weaver DO  
Lehigh Valley Health Network, kevin_r.weaver@lvhn.org

Linda M. Schwartz MDE, AHIP, CM  
Lehigh Valley Health Network, linda_m.schwartz@lvhn.org

Dawn M. Yenser  
Lehigh Valley Health Network, Dawn.Yenser@lvhn.org

Bryan G. Kane MD  
Lehigh Valley Health Network, bryan.kane@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/education

Part of the Education Commons, and the Medical Education Commons

Published In/Presented At

Petre, K., Weaver, K., Schwartz, L., Yenser, D., Kane, B. (2015, May 15-20). Use of a Medical Librarian to Facilitate Evidence-Based Medicine Faculty Development. Poster presented at the Medical Library Association Annual Meeting and Exhibition, Austin, TX.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Introduction/Background:
Residency programs are required to provide Faculty development. Evidence-based medicine (EBM) is a topic in which residents require instruction necessitating a faculty adept with the topic.

Objectives:
In our community teaching hospital, the Emergency Medicine Residency (EMR) and Library Services established an interdepartmental relationship and determined that Library Services could support the EMR residency through faculty development and data generation to meet Accreditation Council for Graduate Medical Education (ACGME) requirements. The primary goal was to instruct EMR Faculty in use of bedside EBM techniques and resources.

Methods:
Medical Librarians provided instruction and support in the use of current high quality electronic EBM resources for clinical teaching. Gathering ACGME reporting data was a secondary goal. Based on attendance, the monthly Faculty meeting was selected for instruction. Library Services provided a staff liaison as the resource. The goal of this liaison was to: Create an EMR EBM section on the digital library website, including links to EBM resources, bedside teaching programs, videos and EMR Journal Club; provide instruction using these and other hospital EBM resources; serve as a liaison to the faculty for independent literature searches and research support. The Assistant Program Director for Research served as the EMR liaison and identified areas of faculty and resident development need relating to EBM to both populate the EM section of the digital library and serve as topics of discussion.

Results:
Searchable databases, real time clinical teaching tools, and internally developed resource tools such as an EMR literature reading list were emphasized. The web pages conjointly developed included an EBM page, an EM resource page, a Journal Club page, and a clinical bedside teaching resource page. With Library Service support a library system was used to develop topical teaching guides for Cardiology, Critical Care, Pediatrics and OB/GYN. Library Services has implemented software to gather data on faculty and resident using online resources discussed. This data assists the EMR in its ACGME reporting requirements. Utilization data also supports Library Services budgetary requests.

Conclusions:
Establishing a Library Services-Residency liaison can facilitate faculty development and programmatic ACGME reporting requirements.