Clinical Librarianship: an Update

By Cleo Pappas

My previous piece on clinical librarianship in the NICU brought me emails from all over the country. I was touched and encouraged by caring words from so many people whose names I recognize and have always respected. As an update, I would like to share some observations based on the 26 months I have served as a clinical librarian. These thoughts are personal to me alone and not based on literature or anecdote.

I am observing how doctors are trained to think methodically. In morning report, a case is presented, and residents and medical students develop differential diagnoses (alternative diagnoses), as many as they can think of. They then dismiss those that obviously do not fit and suggest diagnostic tests that will narrow the final diagnostic possibilities. Why is this important? The need for premature closure, the urge to reach a solution and begin to develop a solution is a cause of diagnostic error. Residents also learn to function under pressure, lack of sleep, mental, physical, and emotional exhaustion. The 80 hour work week requirement evolved as a result of medical error occurring under these conditions. For anyone interested in pursuing these aspects of physician training there are several books I have enjoyed and can recommend: How Doctors Think by Jerome Grupman, County by David Ansell, David and Quentin Young, and The House of God by Samuel Shem. For a particularly devastating account of the pressures trainees undergo, take a look at Intern: a Doctor's Initiation by Sandeep Jauba. The problem solving trait of physicians may be observed in Atul Gawande’s Checklist Manifesto.

Of course, many doctors are highly creative, too. Suspense novel readers will recognize the names Robin Cook, Tess Gerritsen, and Michael Crichton, who are all medically trained, but so is the highly acclaimed author of The Kite Runner, A Thousand Splendid Suns, and the recently published And the Mountains Echoed, Khaled Hosseini.

Continuing education is important to me, but where do I go to better my work? Medical literature and conferences speak to me right now as much as library conferences, workshops, and literature. Last summer, a hospitalist invited me to speak on novel rounding methods. I felt that was a way to expand the profession and let other institutions know what we are doing. What surprised me was that each of the physicians’ presentations spoke to exactly what I do on a daily basis. I have joined the Illinois chapter of the American Academy of Pediatrics (IAACP) after attending one of
their meetings at which our residents presented. The notifications and literature help me greatly on a daily basis, and the organization keeps me apprised of what the pediatric residents and fellows are reading.

To what other organizations do I belong? In addition to the Medical Library Association (MLA), Midwest Chapter of MLA, and the Health Science Librarians of Illinois (HSLI), I support the IAACP, Academy Health, American Society for Bioethics and Humanities (ASBH), and the Society to Improve Diagnosis in Medicine (SIDM). After participating in a locally held Diagnostic Error in Medicine (DEM) workshop, the president of the organization told me, "It looks like you have succeeded in integrating a variety of silos."

It is nice to know that I have something to offer clinicians and that they appreciate it. Organizations further the growth of my exposure to major issues and trends in medicine and pediatrics. Their discussion lists and their conferences give me an opportunity to spread my wings further, share my role with doctors from other institutions, and help my own docs see how seriously I take my role at the hospital. I think it is a quiet way of advertising to the hospital the library’s seriousness of intent in providing clinical librarians opportunities to grow, to expand our horizons, and to bring these experiences back to our work.

The Ethics Committee in the hospital is one of my favorite commitments. I feel strongly that anyone who works at the hospital should sit on this committee. The work is advisory and strictly confidential. Our hospital has a unique safety environment in which anyone can report an unsafe incident with complete anonymity. There is also an on call service available 24/7 should a situation arise in which a patient or a patient’s caregiver may have a serious complaint. Familiarity with these protocols has enabled me to assist attendings facing an angry parent on rounds, has made me aware of books we should purchase, helps me to select articles and book titles to recommend to the committee, and has exposed me to the gray areas in health care. I particularly enjoy the ethics grand rounds that are held quarterly. They are fascinating and carry Institutional Review Board (IRB) credit for attendance. For a taste of what some ethical dilemmas look like, read Brawley’s How We Do Harm.

How do I measure my performance? The docs tell me they are glad I am there. I have an email folder full of acknowledgements. Frequently docs tell me, "I didn't know you could do that." And, now, happily, I have extended my network of clinical librarians who are uniquely able to understand the combination of competence, skill, and experience that support my work.

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