

From Triage to the Big Picture: Developing a Comprehensive Information Literacy Program for a Medical Faculty

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Introduction and Context:

The Faculty of Medicine and Dentistry at the University of Alberta is large and diverse. Liaison librarians at the health sciences library are evaluating the information literacy (IL) instruction being delivered to the Faculty, in order to identify current strengths and gaps in instruction, realign teaching priorities, and develop effective asynchronous delivery mechanisms. The end-goal of this evaluation will be the development of a comprehensive IL program that meets the needs of all constituents within the Faculty. This program will be implemented and evaluated in stages over the next three years.

Development of information skills is recognized as an important learning objective in medical education (1). The majority of research has studied integration of IL instruction into undergraduate medical education curricula, residency programs and clinician education (2). Fewer studies have examined instruction for graduate students and faculty, but what does exist indicates that this population is more challenging to reach (3-4).

Very little research has been conducted which examines evaluating and redesigning a comprehensive information literacy program for an entire medical faculty, although two articles describe models and best practices for delivering broad programs (5-6).

Research Questions:

1. Who are we currently teaching?
2. Are we reaching everyone who could benefit from instruction?
3. Are our current programs effective?
4. How can we make sure that everyone who needs instruction receives it in a timely and appropriate way?

Methods:

Methods included surveying constituents of the Faculty, consulting with key stakeholders and collaborators, and analyzing relevant program documents.

Paper surveys were completed by 3rd year clinical students prior to an instruction session. Online surveys (Survey Monkey) were distributed to residents, graduate students and faculty over listservs. Instead of surveying pre-clinical students, we analyzed course evaluations and consulted medical education faculty.

Results:

Results are presented in the centre diagram. For multiple response questions (e.g. preferred resources, training modality), only the top answers out of all responses are reported. Many participants commented that preferred resources were chosen based on familiarity and ease of use.



Discussion:

There are notable similarities in responses across all groups that suggest future directions for instruction:

- Many resources in the library collection are underused. Although medical students do use a variety of synthesized resources, most other groups rely on UpToDate (to which the library does not subscribe) or PubMed/Medline, because of familiarity and ease of use. Other databases are used occasionally by faculty and graduate students, but many resources remain unused or unknown (especially among residents). Efforts should be made to promote the benefits of these less familiar resources.
- All groups remain interested in database searching skills and strategies for navigating the primary literature. Despite a proliferation of new tools, finding relevant and timely information remains a challenge.
- Many individuals still prefer in-person instruction sessions. In recent years, instruction sessions have been provided primarily at the request of instructors, but it may be worthwhile to provide independent workshops based on topics of interest.
- Interactive Web-based tutorials are preferred over other asynchronous delivery methods such as videos or print tutorials. These tutorials need to be developed for the substantial number of users who prefer to learn on their own or require assistance at point of need.
- Undergraduate medicine training should be revised be less repetitive, by focusing more on laddered instruction of database searching and critical evaluation of Web sources like Wikipedia. Future instruction will also be integrated into the students' virtual learning environment.

Conclusion:

The J.W. Scott Library is serving many constituents within the Faculty adequately, but much work remains to be done improving existing delivery and promoting our services to other groups. This data suggests some potential options for focusing librarian efforts in order to develop a unified training program that is centered on Faculty needs.

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