



Classics

Gertrude Lamb's Pioneering Concept of the Clinical Medical Librarian

A Review of:

Lamb, G., Jefferson, A., & White, C. (1975). And now, 'clinical librarians' on rounds. *Hartford Hospital Bulletin* 30(2), 77-86.

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Abstract

Objective – To determine if “the medical librarian with special skills and training in tested methods for approaching medical literature serve a valuable interface between the professional who is taking care of patients and the knowledge explosion in medicine wherein lies the key to better patient care” (p. 78).

Design – Qualitative study involving the participant librarians keeping a reflective journal of all interactions with the subjects involved in the first 6 months of the study (September 1974 – March 1975).

Setting – Hartford Hospital, Connecticut.

Subjects – Teaching physicians, house staff, and medical students at Hartford Hospital.

Methods – This pilot project, funded by a two-year grant from the U.S. Public Health service and the National Library of Medicine, placed three medical librarians (two full-time and one part-time) on rounds with pediatrics, medicine, and surgery teams. The librarians kept diaries to record “critical incidents” (p. 86), including the “acceptance of the program, its impact on patient care, its potential for changing the information seeking behavior of health professionals, and its usefulness for developing a core collection of clinical readings” (p. 86).

Main Results – Despite a few physicians' initial apprehension, each of the three clinical librarians recorded indications of acceptance

by clinical staff, including a dramatic increase in literature search requests; increased phone calls, drop-ins, pages, and requests for research assistance; and gestures of acceptance from house staff and students.

More broadly, the literature searches in Lamb's report identifies direct patient care (including to "resolve a debate" (p. 84)), medical teaching/education, and searching techniques for clinicians. It is implied that these interactions resulted in a higher profile of the resources and services offered through the library; as one patron queried, "Would you show me how to find articles and where everything is in the library sometime?" (p. 83).

Conclusions – The authors state that while their conclusions are only preliminary and no firm conclusions can be drawn, there are four observations of note:

1. The clinical librarian can be accepted as part of a patient care teaching team by contributing to educational activities.
2. The clinical librarian provides quick and useful information to assist in the decisions and management of patient problems.
3. There is an opportunity to strengthen and modify the information seeking behavior of the health professional.
4. As patient care questions recur, there is a need for a "patient care information system" which can be initiated and supported through the provision of photocopied articles (p. 86).

Commentary

Dr. Gertrude Lamb is credited with originating the concept of the "clinical librarian" (Cimpl, 1985, p. 21). By identifying a gap between what medicine as a discipline knew about good patient care and the knowledge that was actually applied to the care of patients (Arcari, 1977, p. 18), Lamb saw an opportunity for librarians to be the connection during a time of "information explosion" (Lamb, Jefferson & White, 1975, p. 79).

Prior to this preliminary report, *JAMA: Journal of the American Medical Association* announced the funding and goals for the project, entitling the short column "And now, 'clinical librarians' on rounds". Lamb uses the same title for this article crediting *JAMA* in her opening paragraph (Lamb, Jefferson & White, 1975, p. 77).

Lamb's anecdotal, story-like style was a means of providing an update for the project in its early months. Despite being written in 1976, many of the issues reported through the clinical librarians' diaries resonate with hospital librarians today, such as the physician transition from being highly skeptical of a librarian's value to realizing the value and benefit of having a librarian on the clinical team.

The following excerpts capture the team dynamic often evident between physician and clinical librarian in today's health care environment.

Dr. ___ made it clear that ... this project would not be high on his list. He felt particularly strongly that the House Staff should get most of their information from textbooks. If they were desperate, then they might ask the Clinical Librarian to help solve their problem. (Lamb, Jefferson & White, 1975, p. 79)

I got a frantic call from Dr. ___ just before 9 a.m. He had a very sick patient and wanted to know what I could find on current treatment for lymphangitic cancer of the lung. I did a MEDLINE search, reviewed the citations, and selected four good articles. I photocopied these articles and delivered them to Dr. ___ on my way to 10:00 a.m. rounds. (Lamb, Jefferson & White, 1975, p. 79)

Another clinical librarian reports her experience with acceptance on the clinical teams:

A librarian working in the wards is a novelty. People accepted me at first because I was such a novelty. The first few days they made a point of explaining things to me – what rounds are, what terms means, etc. After the first week they stopped explaining and assumed I knew. I suppose that is a measure of acceptance. (Lamb, Jefferson & White, 1975, p. 80)

It is of interest to note that the uptake of clinical librarian services greatly impacted the workload of the librarians: “At the end of the first month, the Clinical Librarian was working a six-day sixty-hour week. To save her health and sanity, she was assigned to a four-day, forty-hour week” (p. 81).

This article is later followed-up with another report, “Bridging the Information Gap” (1976), in which Lamb reviews the hurdles and successes of the project, including a budgetary decision to forego the addition of another surgical resident in favor of keeping the clinical librarian.

Lamb did not capture or present any empirical data on this project. In one of Lamb’s later articles, Lamb (1982), compares the use of surveys to “beauty contests,” measuring popularity rather than actual impact (p. 4).

Lamb was directly involved in several early adopters of the Clinical Medical Librarian (CML) design (Algermissen, 1974, p. 358) and paved the way for other clinical librarian projects for decades to come (Scura, 1981, pp. 50-52). Other, more quantitative studies were later performed as a derivative of the work done by Lamb and others (Scura, 1981, pp. 50-52) showing the efficiency and effectiveness of clinical librarian programs (Davidoff, 2000, p. 996).

Despite many reviews, reports, and articles highlighting the benefits of clinical librarians as part of hospital patient care teams (Scura, 1981, p. 50; Barbour, 1986, p. 1921), Lamb’s CML concept is often criticized for being too labor-intensive, expensive (Demas, 1991, p. 17)

and lacking sufficient evidence of impact on patient care (Veenstra, 1992, p. 21).

More recent research on CMLs employ far more rigorous methods to examine CML value and effectiveness. One such systematic review on the effectiveness of clinical librarianship concludes that “there is some relatively strong evidence that [CML] programs have been well accepted and liked by most” (Cimpl Wagner, 2004, p. 31), while another systematic review challenges this notion by stating, “although it is widely accepted that C[M]Ls are effective, this review has identified little evidence to support this” (Winning, 2003, p. 19).

Three systematic reviews (Brettle, 2010; Winning, 2003; Cimpl Wagner, 2004) examining the effectiveness of CML programs all conclude that further, high quality research is required in order to more fully understand the impact of such services.

Criticism of the CML concept does not change the fact that Lamb’s innovative project not only inspired further research on the topic, but also fundamentally changed the way many hospital librarians viewed their services and value in the health care setting.

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