Health Reference Service

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REFERENCE SERVICE BEGINS WHEN a patron presents with an information need. A librarian then becomes a bridge, connecting the user to the information resources they seek. These tenets of reference service are the same in all types of libraries, but the provision of consumer health reference stands apart.

There is a responsibility inherent in consumer health librarianship not found in other reference work, as patrons’ very lives may be at stake. Whether a patron is a patient or family member, the ultimate goal of searching for information may be to make a critical decision about choosing treatment or understanding a diagnosis. The interaction may be fraught with emotion, as patrons may need to share intimate, even frightening details with a librarian. Add in an ever-changing and complex healthcare system, pervasive new technology, and a demand for evidence-based research and the interaction becomes even more daunting. Librarians today face unprecedented challenges when providing consumer health information.

The volume and complexity of medical information is growing just as the healthcare infrastructure is placing increasing demands on patients to participate in their own care decisions. Despite an omnipresent Internet and the sense of empowerment that it offers to us all, the need for an evidence-based, consumer health reference service is as important as ever.

The Internet has changed the face of health and healthcare. Internet use by adults searching for consumer health information is well documented. While the Internet provides a ready source of information, the consumer’s ability to understand the content and make an intelligent judgment about the validity of the information is often inadequate. Research indicates that few are skilled
in Internet searching or skeptical and capable of effectively evaluating the information found (Hersh, 2008). The provision of quality, evidence-based information is critical when consumers are making important healthcare decisions. A professional librarian, well versed in consumer health reference work, can play an important role in helping consumers find scientifically based information from a trustworthy source.

Even so, proving the value of a librarian-mediated search is a challenge. In a world where people believe that search engines hold all of the answers, it can be difficult to explain why it is not always the best solution to “Google” for health information. This is why a successful reference experience is important. It can transform even the most skeptical patron into a fan. The following case study illustrates this point:

Dorothy came into the library having already done her own research online. Her daughter was diagnosed with a brain tumor, and her daughter’s doctor recommended the standard protocol, which included a high dose of radiation. Dorothy worried about the side effects of radiation to a three-year-old brain. She had some sites online that led her to believe that there were places in Europe where children were successfully treated with a much lower dose of radiation. Dorothy was intrigued but had no way to determine if this was a legitimate treatment. Her daughter’s doctor was skeptical.

Dorothy showed the librarian the sites she had viewed. The librarian searched PubMed to see if any peer reviewed publications supported the reduced treatment regimen. Indeed, there was an individual doctor in Europe who had published research on the subject. Dorothy received copies of those papers from the librarian and found out how to contact the researcher. She talked to her daughter’s doctor, who spoke with the doctor in Europe. Not only was Dorothy’s daughter treated successfully with the reduced dose of radiation, it ultimately helped many more children as the protocol for treating similar tumors in children was changed.

Evidence-Based Practice

Evidence-based medicine is the practice of systematically locating, appraising, and applying high-quality research in an effort to make sound clinical decisions (White, 2002). Applying criteria for evidence-based information is critical when helping consumers find the information they need to make decisions about their personal healthcare. Evidence-based practice should be an integral part of providing reference service to the public.

Evidence-based practice is based on two fundamental principles. First, patient values and preferences are an essential part of the decision process; second, the better the quality of the research results, the more confident one
can be with a decision. The second principle requires consumers to understand that not all evidence is valid and that there are factors such as the size of the study, the exact methodology for conducting the study, and potential conflicts of interest that can affect the accuracy of the results (Schardt, 2011).

Evidence Online

There are a number of resources available to guide patients and consumers in the evaluation of evidence-based information, including the National Cancer Institute (2012), MedlinePlus (National Library of Medicine, 2012), Health on the Net Foundation (2012), the Medical Library Association (2013), the National Center for Complementary and Alternative Medicine (2013), and the Meriam Library of California State University at Chico CRAAP Test (Meriam Library, 2010). The “Bright Lights” box below provides a list of questions these sources suggest be asked when evaluating online health information.

**Bright Lights: Evaluating Online Health Information**

1. Who manages or sponsors the website?
   - The URL (.gov, .edu, .org, .com) reveals author or source and may point to bias.

2. How current is the information?
   - Look for last update or dates on documents.
   - Look for broken links, indicating the site might not be kept up to date.

3. Does the information complement and not replace the doctor-patient relationship?

4. Is it evidence-based?
   - Information should be presented in a clear manner and verified from a primary information resource, such as professional literature or links to other websites.
   - If an opinion, it should be dated and identified as such and come from a qualified professional or organization whose name and credentials are shared.

5. Who is the intended audience?
   - Consumer or the health professional?
   - If the resource provides information to both consumers and professionals, the website design should make the selection of the appropriate content area clear to the user.

6. Is personal information protected?
   - Personal information should not be shared unless there are clear policies to protect an individual’s privacy.

7. Feel skeptical about the site?
   - Check more than one source.
The Reference Interview

It is challenging to conduct a skillful consumer health reference interview. A patron may have difficulty understanding medical terminology, be emotionally frail after a new diagnosis, or be hesitant about communicating a personal issue (Eberle, 2005; Price, Urquhart, and Cooper, 2007; Thomas, 2005).

Users frequently have a difficult time expressing their specific information needs. Dewdney and Michell write: “Librarians have long recognized the tendency of library users to pose their initial questions in incomplete, often unclear, and sometimes apparently covert terms” (Dewdney and Michell, 1997, p. 51).

Anxiety about a condition, embarrassment about discussing personal issues, and lack of understanding of a diagnosis are just a few of the many reasons why users may struggle to express their health-related questions. Through the reference interview, the librarian can help the user clarify and define the specific information he or she is seeking. This, in turn, enables the librarian to provide the most relevant materials in response to the query.

According to the National Network of Libraries of Medicine, some of the special circumstances that a librarian may encounter during a consumer health reference interview include the following:

1. Consumers have incomplete information about their health condition or are unfamiliar with the terminology.
2. Information needed may be of a sensitive nature, such as a sexual or mental health condition.
3. A patron may feel nervous, embarrassed, upset, or emotional, and health concerns may be serious, life-altering, or life-threatening. Often the individual or a loved one is newly diagnosed.
4. Consumers may have unreasonable expectations about the information available. For instance, they may want an easy-to-read resource that clearly explains their medical condition or a straightforward answer to a complex medical question. In reality, this kind of information may be difficult or impossible to find.
5. Consumers may be concerned about confidentiality, anonymity, and security, especially about their personal health information transmitted electronically.
6. Consumers may be confused about the role of the librarian. They might assume that the librarian can advise them on making healthcare decisions.
7. Librarians may be afraid of providing the wrong answer to the individual’s health information question, or be concerned about providing negative information to the patron (Ham and Liebermann, 2012).
Regardless of collection focus or community served, the reference interview is of critical importance to all librarians. In all types of reference interviews, the librarian should:

- Demonstrate a welcoming presence.
- Show interest.
- Allow the patron to express him- or herself without interruption.
- Use open-ended and neutral questions to solicit information.
- Verify that the information given is what is needed.
- Close by encouraging the patron to ask future questions (Eberle, 2005; Price, Urquhart, and Cooper, 2007; Thomas, 2005).

Steps of the Consumer Health Reference Interview

In addition to the patron’s general contact information, initial information intake should also include age or age range, gender, other existing health conditions, called comorbidities, as well as treatment. Age and gender are important factors when reviewing resources on a condition or treatment. Published research and medical reference materials may categorize the results and treatment options based upon these criteria. Knowledge of other existing conditions and treatment is also important when interviewing a patron. Literature may cover comorbidities, and concurrent treatment that may have an impact on the research request.

Another important determination is: who is the information for? Library patrons may request information on behalf of a relative or friend, as well as for themselves. They may be working on a school report or simply curious. Patrons may provide their own gender and age, but neglect to tell you the information is for someone else.

What level of information do they want? During the interview, try to determine patrons’ health literacy level. Showing examples of professional-level versus consumer-level materials is useful when describing the type of resources available. A good health literacy benchmark would be to ask the question, “What type of material would you prefer: written or something visual?”

Knowing the patron’s level of understanding can establish a baseline the librarian can use to determine appropriate information for the patron. Therefore, it is always good to ask, “How much do you already know about the condition or treatment, and how did you learn about it?” It is dangerous to assume that a patron is familiar and comfortable with his or her health condition unless he or she demonstrates that understanding. Presenting information on a sensitive subject to an unprepared patron can be distressing for all
parties concerned, so ascertaining how much they know already is crucial to avoid this misstep.

Patrons may already have information from a healthcare provider or from the Internet, so clarify this by asking. Doing so can avoid duplication of effort and may also provide insight into what the patron is really seeking. When an individual has already done a lot of Internet searching, find out about the specific websites he or she visited. Whenever possible, offer these individuals additional appropriate websites that may supply the desired information.

To aid successful communication between patron and consumer health librarian, which is crucial to the success of the reference process, a checklist approach can be used. A well-executed reference interview that follows the flow and structure of a checklist can help the librarian delve into the deeper aspects of the individual’s information concern and positively influence the outcome of a complicated interaction (Coonin and Levine, 2013). Table 7.1 shows the Research Request Form used as a checklist during reference interviews at Stanford Hospital Health Library (Stanford Hospital Health Library, 2013).

**Getting to the Real Question**

Patrons may not be fully aware of how to articulate the information they want or need. They may ask a question and during the interview process it becomes evident the information they are really seeking is on a different issue. Often in the medical center setting, the library is the first contact for more information on a diagnosis. Patrons may be confused, upset, and not know how to ask for what it is they are seeking. They may not know what to share because they do not know what is relevant to the interview and subsequent research.

To overcome this, listen carefully to what the patron is saying. Allow the patron to fully state his or her request in his or her own words. Try to avoid influencing what the patron is asking (Reference and User Services Association [RUSA], 2010). Write down exactly what the patron says, using his or her words. A patron may not know how to say or spell medical terminology. It may be a word that is also unfamiliar to you. If so, a medical dictionary can provide the meaning and put the condition into a larger context in order to begin the research process.

After the initial reference interview, repeat the patron’s question to verify that correct information has been collected. Doing so allows the patron the opportunity to confirm or perhaps rephrase the original request. Say, for example, “I understand you want to know more about treatment choices for atrial fibrillation, is that correct?” Michele Spatz, in *Answering Consumer Health Questions*, calls this the “talk-back” or parrot technique (Spatz, 2008).
# TABLE 7.1
Stanford Health Library Research Request Form

## RESEARCH REQUEST FORM

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER</th>
<th>FAX</th>
</tr>
</thead>
</table>

(PLEASE READ BACK TO CALLER TO CONFIRM ALL OF THE ABOVE)

**INTERVIEWER NAME:**

*Fold from top to here to protect Patron Privacy*

Notes from Reference Interview (WRITE ON BACK IF YOU NEED MORE SPACE):

**IS THIS INFORMATION FOR:** SELF / OTHER

<table>
<thead>
<tr>
<th>PATIENT AGE</th>
<th>PATIENT SEX: M / F</th>
</tr>
</thead>
</table>

Information to be:  
☐ EMAILED  ☐ FAXED  ☐ POST-MAILED  ☐ NO PREFERENCE

Body Part Affected:

Diagnosis:

Stage of Disease or Prior Treatment:

What is Your Question?

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**KIND OF INFORMATION DESIRED AND LEVEL OF DETAIL**

☐ General information—includes definition, diagnosis, care, and treatment
☐ Latest research
☐ Support groups and/or local agencies
☐ Patron just starting research or
☐ Patron has some prior knowledge of topic(s)

PACKET COMPLETED BY __________________________ DATE __________________________

PLEASE CHECK HERE IF YOU HAVE ALREADY EMAILED OR FAXED THE INFORMATION REQUESTED ☐

Have you answered the question? Yes __ No ___ (if no, please explain—use back if needed) v.8-6.16.13
While it is important to encourage conversation, librarians should never share their personal experiences or offer advice.

Clarifying questions and reflective listening techniques can show empathy and compassion. Ask open-ended questions to encourage a patron to expand on the information provided. Think about the “Five Ws,” an adage commonly used in journalism. Ask “who, what, when, where, and why” when conducting the interview.

One can also take advantage of an opportunity to teach that is unique to in-person reference (Spatz, 2008). For example, before beginning in-depth research for a patron, the librarian can say something like, “So you would like to understand your atrial fibrillation better? Let’s take a look at a website called MedlinePlus and find out more.” Or, “While I look online for answers to your question, here is a book on heart arrhythmias that you might find interesting.”

After the patron reviews the materials, subsequent questions may arise. Let the patron know he or she can return to the library if additional questions arise. Always close a reference interview with an invitation to ask for more.

Reference Challenges

Understanding an individual’s real information need does not mean that a satisfying answer will be found. This is part of the challenge of reference work. Perhaps published research on the requested topic does not exist. For example, there are no currently published studies on the effects of using underarm deodorant on the entire body or of life expectancies of ovarian cancer survivors after ten years in remission. Unfortunately, the librarian does not realize information is elusive until after having spent a great deal of time and effort looking for it. In these cases, it’s important not to get discouraged and to remember that finding no research is itself significant information. It may not be either the librarian’s or the patron’s favorite response, but it still is a legitimate answer.

Another challenging reference request comes when a patron asks a librarian to prove a negative. For example, a patron asks for evidence that drinking carbonated water does not cause migraines. This request may require that the librarian spend a lot of time sifting through voluminous literature on migraines, hoping to find the one study that may have looked at carbonated water as a possible trigger. After much research, the librarian may determine that such a study doesn’t exist, meaning there is no written statement concluding “carbonated water does not cause migraines.” In this situation the librarian can respond
by providing the patron with sources that list known migraine triggers, then letting the patron discover carbonated water is not included.

The lack of clear communication between patients and their care providers may pose a difficult scenario in the reference setting, especially when patients leave their provider’s office not fully understanding the ramifications of a diagnosis. For instance, a young man might come to the library for information about brain tumors and treatment for his recently diagnosed wife. As he starts going through the reference material, he may become very distressed because no one had told him his wife’s “tumor” meant she had “cancer.” Unfortunately the library becomes the place where the husband first heard this vital news rather than in the doctor’s office where he and his wife could ask specific questions about this frightening diagnosis. In such circumstances, it behooves the librarian to offer comfort care to this individual in the form of a listening ear or encouragement to contact the care provider for a more thorough conversation about the cancer diagnosis.

Challenging reference interactions are illustrated in the following example:

Pearl was pregnant and diagnosed with breast cancer. She was understandably concerned about the effect of cancer treatment on her unborn child. She came into the library hoping to find research articles that reported successful outcomes in patients like her who opted not to have chemotherapy.

Librarians could not find any published literature that showed successful outcomes for Pearl’s type of breast cancer when either a placebo was given or treatment was declined. Although Pearl did not receive the search results she hoped for, she was grateful to receive current articles on management of pregnancy-associated breast cancer.

Types of Reference Interviews

The evolution of communication technology continues to impact consumer health reference work. Classic face-to-face interaction may be optimal for receiving the most complete range of communication cues and informing the reference interview; however, other formats for submitting questions and conducting reference services are becoming more common. Telephone, e-mail, and live chat are important modalities in consumer health librarianship.

Librarians interact with users in various ways but no matter how the information is exchanged, there are shared elements of the reference transaction intersecting all types of communication. Table 7.2 highlights both similarities and differences found in reference interactions, based on mode of communication (Dickenson and Kumagai, 2013).
<table>
<thead>
<tr>
<th><strong>Set the Stage</strong></th>
<th><strong>Gather Facts</strong></th>
<th><strong>Ask and Ask Again</strong></th>
<th><strong>Give Information</strong></th>
<th><strong>Verify</strong></th>
<th><strong>Open Closure</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In person</strong></td>
<td>Position the service desk in a prominent place. At the desk, look up, make eye contact, use welcoming body language, and have a friendly expression.</td>
<td>Greet user in a personal and comfortable way (e.g., “Hi, may I help you?”). Restate what you have understood of user’s questions. If necessary for a shared understanding, paraphrase.</td>
<td>The initial question may not be the real question. Use open-ended questions to determine patrons’ information needs and health literacy.</td>
<td>Turn computer screen towards user and include him or her in the search. Let the user know what you are looking for and why.</td>
<td>Before searching, restate the question in your words to confirm the request.</td>
</tr>
<tr>
<td><strong>Email</strong></td>
<td>Display chat link prominently on all web pages. Let users know when questions can be submitted (or if service is twenty-four/seven).</td>
<td>Give users a personal greeting along with the scripted greeting. Use first names if possible (e.g., “Hi, Pat, that’s an interesting question.”).</td>
<td>The initial question may not be the real question. Use open-ended questions to determine patrons’ information needs and health literacy. Don’t be afraid of back and forth communication, despite email’s lack of immediacy.</td>
<td>Use the reference request form to explain why the patron’s responses will help you provide a more helpful answer. You may need to repeat that message in subsequent emails.</td>
<td>Before searching, restate the question in your written words to confirm the request.</td>
</tr>
<tr>
<td><strong>Virtual/online</strong></td>
<td>Provide an easy-to-find and well-designed form that is not overcrowded. Questions can be submitted twenty-four/seven.</td>
<td>Send an automatic receipt thanking the user for the question and explaining when a response can be expected.</td>
<td>The initial question may not be the real question. Use open-ended questions to determine patrons’ information needs and health literacy. Don’t judge patron needs based on chat skills.</td>
<td>Keep patrons engaged in the conversation. Ask if they received the page you sent. Ask if the information is the sort of thing they want.</td>
<td>Before searching, restate the question in your words to confirm the request.</td>
</tr>
</tbody>
</table>

**TABLE 7.2**

Health Reference Process by Mode of Communication
Telephone

Long before the prominence of email and chat, the telephone enabled libraries to serve remote users. Today the phone still affords great opportunities to connect with users who may not be able to come to the library or those who cannot or choose not to access the library through electronic means. Nonetheless, telephone reference has its limitations.

Callers often want the answer to a reference question over the phone, yet responses to some queries do not lend themselves to this format. It is not practical to read complete articles over the phone, and one cannot give incomplete information. Medical words are frequently misunderstood. So while librarians can respond to inquiries about their collection, provide information about local resources, and answer other ready reference type questions, they should not relay medical information beyond a simple definition over the phone. It is acceptable to read a definition from a dictionary, provided the source is always cited. For those callers whose questions cannot be answered by phone, the librarian may suggest the user come into the library. If the person is unable do so, the librarian may offer to mail or email materials after conducting a reference interview.

Virtual Reference

Virtual reference is well integrated into library services and has been since the advent of email reference. The RUSA states, “Virtual reference is reference service initiated electronically, often in real-time, where patrons employ computers or other Internet technology to communicate with reference staff, without being physically present. Communication channels used frequently in virtual reference include chat, videoconferencing, Voice over IP, co-browsing, e-mail, and instant messaging” (RUSA, 2010). RUSA’s “Guidelines for Implementing and Maintaining Virtual Reference Services” offer a helpful framework, and even those experienced in virtual reference may benefit from evaluating their reference services against these guidelines.

Email

Email reference allows users to contact the library without the constraints of geography or time. In order for asynchronous communication to be effective and efficient, one must consider how to best shape these interactions.

While the library’s email address is no doubt included in the contact information, it makes sense to have a web form specifically for reference questions. The form serves as the reference interview and consequently it is important to choose questions that will solicit the information needed to begin research, in addition to providing a statement of the library’s scope of service. It should
be made clear to users that their answers to the web form’s questions will help ensure the information they receive back is most relevant to their specific concern. One may consider the following questions for a web form:

- What is your age and gender?
- What is the diagnosis?
- How much do you already know?
- What is your question?
- How do you plan to use the information we send?

No matter how well the form is designed, the librarian will frequently have to engage in a back and forth exchange for question clarification. This exchange often lacks the immediacy of a face-to-face and/or telephone conversation in that email communication can be marked by large time gaps between responses. Some may find it is easier to contact the user by phone to clarify their question.

**Bright Lights:** The following example is from an email request received by the Stanford Hospital Health Library:

Can you send me as much research as you can on arthritis? Anything regarding the cause, most successful treatments, etc., would be appreciated.

Where to begin? Because the question is so broad, the librarian must first educate the requestor on the basics of the topic, arthritis, and the library’s services before providing more detailed information. Part of the initial response to this request was:

This email includes a full-text document that describes different types of arthritis. In order to locate appropriate research and studies, we would need to know the specific type of arthritis and which joints are involved. We’ve also included several research article abstracts. This is a sample of the type of information we can provide.

The hope is that the patron writes back with more details on the diagnosis or what specifically he or she is looking for. Even if the patron doesn’t respond, the librarian can find some solace in providing the patron with a more informed beginning for his or her own research.

**Chat**

Chat offers another option for remote users. These exchanges are convenient for users as their experience is interactive and responses to queries are in real time.
Staffing is a major consideration when undertaking a chat reference service. It is not realistic for the librarian at the reference desk to respond to both chat and face-to-face requests. Due to the real-time nature of chat, the efficacy of the librarian’s efforts is dependent on a singular dedication to that specific chat exchange. This efficacy diminishes if the librarian needs to help other individuals at the same time. Though chat may be a viable method of communication, the bottom line is that it is difficult to maintain a chat service unless someone’s position is dedicated to respond to virtual requests or the responsibility is shared among staff scheduled for specific shifts to field chat queries.

There are many options when choosing chat reference tools. Free instant messaging tools may meet the needs for basic reference transactions. Libraries that want greater functionality such as co-browsing with the user can purchase proprietary software. Software options are constantly changing. The American Library Association’s Technologies Toolbox (http://www.ala.org/rusa/vrc/tech/toolbox) offers a comprehensive list of options for providing virtual reference services including collaborative services, chat tools, reference specific tools, and complimentary tools.

Questions asked during chat sessions cannot always be fully answered during the exchange due to the complexity of the questions or the limits of the library’s electronic resources. The licensing and copyright agreements of the collection will dictate what may be sent electronically. In general, items found on the Internet are safe to send. The ability to send journal articles electronically is governed by subscription agreements. As is true with other forms of remote communication, the librarian may need to complete the request by offering to send items by post mail.

**Taking Library Reference Service to Patients**

Following the principles of embedded librarianship, which is taking reference service out of the physical library and going where the patrons are, consumer health library services in some medical centers are expanding to include patients who may not be able to physically visit the library. Patient mobility is an obstacle to library access, and there are additional factors that make a strong argument for incorporating the moveable library model into reference service delivery. No matter how well we market our libraries, it is likely that many patients do not know they exist. Other nonusers may know about the library but lack awareness of its services, think the library is for staff use only, or feel intimidated about coming in and asking for help. Taking the library to patients eliminates these barriers. With the movement towards patient-centered care, it is imperative health information services travel outside the library to the bedside or clinic setting to serve this population.
Providing a mobile reference service is in many ways the same as any other form of reference. The primary difference is that it is a “cold call.” Patrons did not decide to make contact with a library themselves and they are not expecting to see a librarian. That means that it is important to describe the library services available to them, perhaps even show some samples of the types of printed or other information they would receive. It is also crucial, in any kind of patient care setting, to carefully observe privacy regulations, especially to ask permission and question cautiously when others are present in the room.

Mobile reference provides an opportunity for librarians to further develop relationships with clinical staff. First of all, it is important for clinical staff to support the mobile library concept. Obtaining their “buy in” before launching a program is critical. Staff can provide patient lists and suggest patients or family members that they think would appreciate contact from the library.

In serving hospital inpatients, turnaround time is important. Patients may be discharged before the information they requested gets back to them. It is a good idea to respond as quickly as possible and include an invitation to contact the library for more information if desired. Obtaining name and address during the reference interview is a good idea so that the information can be mailed to the patient’s home in the event they are discharged prior to receiving library resources.

**Confidentiality, Privacy, and Scope of Service**

All ethical librarians practice the principle of patron confidentiality, but never is it more important than in the interactions regarding personal medical research. At medical and consumer health libraries, a patron’s confidence in librarian discretion is paramount. Health librarians often hear many intimate details of someone’s health history.

When consumer health librarians do their job right, they listen carefully and non-judgmentally, asking questions to ascertain the appropriate information as well as to keep the patron focused. In responding to patrons’ requests, librarians need to be ever mindful of not giving medical advice or
opinion, and must sometimes remind patrons of the nature of their role as information liaison, not medical practitioner. In order to avoid misunderstandings about the library’s services, it’s important to delineate its service parameters. This may include clearly indicating:

- Who can use the service? Is it open to the public or restricted to patients, family members, and those affiliated with the institution?
- What types of questions will the library answer?
- Are the services free?
- What is the typical response time?
- What is the privacy policy?

Guidelines and Caution Statements

Guidelines and disclaimers can help clarify the library’s role and responsibility in providing health information. Guidelines refer to rules of practice for staff; disclaimers, also known as caution statements, outline the library/librarian’s role, as well as the limits of their responsibility for patrons. Several examples of both of these are listed in Table 7.3 (Ham and Lieberman 2012; Nebraska Library Commission, 1998; University of Connecticut, 2000). Guidelines can provide the librarian and other library staff with an informed beginning to reference service.

Assessing Health Literacy

An effective reference interaction includes a librarian assessing the patron’s health literacy. Health literacy is defined in “Healthy People 2010” (U.S.

| TABLE 7.3 |
| Guidelines and Caution Statements |
| Healthnet-Connecticut Consumer Health Information Network. Guidelines for Providing Medical Information to Consumers. |
| http://library.uchc.edu/departm/hnet/guidelines.html |
| Medical Library Association Consumer and Patient Health Information Section. Disclaimers. |
| http://caphis.mlanet.org/chis/disclaimers.html |
| http://nnlm.gov/outreach/consumer/ethics.html |
| http://nlc.nebraska.gov/Rel/STAR/chapter9b.aspx |
Department of Health and Human Services, 2010) as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Understanding an individual’s health literacy allows librarians to find and provide appropriate materials that will answer patron questions and satisfy their information needs.

It is estimated that nearly half of all Americans are functionally illiterate when it comes to dealing with healthcare issues. Functional literacy is needed to be able to read and understand patient consent forms, medication information, and other written health information. Studies of online health resources have found these materials require average reading levels ranging from tenth grade to college (Adult Basic Education Florida, 2013; National Cancer Institute, 2013; Rudd, 2004; Rudd, Pereira, and Daltroy, 2005).

It can be difficult to assess a patron’s health literacy during a reference interview. People with low levels of health literacy may be embarrassed to tell a librarian they do not understand. People with stronger literacy skills generally are comfortable asking for more in-depth or professional information (Kars, Baker, and Wilson, 2008).

There are, however, a few clues that may identify patrons with low literacy issues. These patrons might ask poorly worded or vague questions that demonstrate limited understanding of the situation. They may not even look at the material you gave them, saying they forgot their glasses or they tell you they want to look at the information at home (Osborne, 2005).

Some tips to help a librarian assess for health literacy include the following:

- Explain that medical terms are complicated and many people find the words difficult to understand. Ask if the patron ever needs help filling out forms, reading prescriptions, insurance forms, and/or health information sheets.
- Let them know that a lot of people have trouble reading and remembering health information because it is difficult. Ask if they have ever had this problem.
- Offer different avenues to access health information. Ask about their preferred method of learning something new: watching a video, listening, talking with people, or reading.
- Use plain language and avoid medical jargon and terminology (Cornett, 2009).

Language Issues

The challenges of the health reference interview increase when the issue of language is added. Hispanic and Asian populations are currently the fastest
growing ethnic groups in the United States (U.S. Census Bureau, 2011). By 2060, it is projected that one out of every three U.S. residents will be of Hispanic origin (U.S. Census Bureau, 2012).

Spanish language consumer health information is readily available. While there is a growing body of consumer health information in languages other than Spanish and English, it is still somewhat limited. The Cross Cultural Health Program in Washington produced a comprehensive report on access to information that is culturally and linguistically appropriate for all (Cross Cultural Health Care Program, 2007). In addition to their own resources, they cite several organizations as good sources of useful printed and visual material:

- 24 Languages Project: http://library.med.utah.edu/24languages.

Communicating with patrons when English is not a patron’s preferred language is difficult. Even when there is a bilingual librarian, there can be challenging situations. Patrons may speak in English, even when it is not the language they are most comfortable speaking, simply because they may feel that is expected. It is incumbent upon the librarian to let the patron know they can request library resources and materials in their preferred language.

Of course, the value of any print material is dependent upon the reading level of the patron, independent of language spoken. Even easy-to-read material might be too difficult for patrons who read at a very low level. Audio and video formats, along with photographs or line drawings, can provide a solution when language access or literacy issues present a problem.

Health Librarians Support Clinical Practice

Although the Internet serves as a primary source of health-related information for many patients, most people still consider physicians and caregivers their best source of reliable information (Hesse et al., 2005). Health librarians serve both worlds by bringing trusted information resources to patients in the healthcare setting. This allows the caregiver to focus on treating the patient rather than having to locate educational resources for each specific condition in a language and level the patient will comprehend.

“Information prescriptions” are gaining popularity as a way of addressing this need. The healthcare provider fills out a form similar to a drug prescription, but the prescription is for health-related information (Kars, Baker, and
Clinicians who use the information prescription in collaboration with a health library are giving their patients access to trustworthy, evidence-based medical information.

To improve communication between patient and provider, public agencies and private organizations have developed patient guides for talking with healthcare providers. Table 7.4 lists some print, electronic, and video resources to help patients develop questions (Agency for Healthcare Research and Quality, 2012; MedlinePlus, 2013; Joint Commission, 2013). Many of these resources suggest patients ask their physician where they can obtain more information.

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<td>This webpage tells patients how to talk to their professional caregivers. The materials include videos and online and printable lists to help patients prepare questions before their visit, ask during the visit, and then write down any questions that come up after the visit.</td>
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<th>The Joint Commission</th>
<th><a href="http://www.jointcommission.org/assets/1/18/speakup_understanding.pdf">http://www.jointcommission.org/assets/1/18/speakup_understanding.pdf</a></th>
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<td>A series of brochures called <em>Speak Up</em> encourages patients to ask questions. Patients are told about the right to receive health information in their language and to have a medical interpreter available to explain the caregiver’s instructions. There is a link to both the Medical Library Association and MedlinePlus for further information.</td>
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<td>“Talking with Your Doctor” includes online resources about talking with a healthcare provider. There are links to information in twelve languages, including a video in American Sign Language.</td>
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These materials are also beneficial to the consumer health librarian, as they can be used to help patrons formulate and express their information need, thus improving the reference interview. To make these resources more accessible, printed versions of the guides may be distributed throughout inpatient and outpatient settings.

**Librarians’ Value Is in Building Relationships**

When discussing the value of consumer health reference service, librarians are quick to draw attention to resources that take the user beyond Google and
the free Internet. While these databases, print books, and eBooks are rich in their offerings, this narrow focus overlooks the most powerful asset: relationships. The importance of what librarians do is not only based upon the pertinence and relevancy of the information they provide but also on their connection with users. The often overlooked value-added is the human element: librarians who listen to the user’s needs, define queries, perform searches, and deliver information that will best answer patrons’ questions.

In contrast to the algorithmic search formulas employed by Google, Amazon, or Facebook, a good librarian is capable of independent thought. He or she is also committed to nurturing critical thinking in others. Regardless of the technology developed and deployed, librarians provide an often needed human interface to help individuals find their way (Goodyear, 2013). It’s incumbent upon librarians to understand how to best foster and maintain relationships with their patrons, so that both clinicians and the public consider them as indispensable partners in the patient experience.

In order to meet their patrons’ expectations and foster positive relationships, it behooves librarians to consider the user experience in the design and execution of all reference interactions, whether by telephone, online, or in-person. Regardless of medium, it’s important for users to feel welcomed and understood, setting the stage so to speak, so they are comfortable asking sometimes difficult and often highly personal questions. Ending all reference communications with a warm invitation to come back or make contact again if future information needs arise is a positive practice.

Anticipating and being sensitive to patron needs as they navigate their health or medical topic is an important skill as well. For example, while working with a cancer patient, a librarian may learn the individual is adjusting to his or her diagnosis and would benefit from reassuring information resources such as materials on coping, support groups, self-care, and the like. This approach may offer a more comfortable entry point into the vast wealth of consumer health information, especially for someone with a life-threatening diagnosis.

Because clinicians’ patients benefit most from the consumer health library’s services, librarians are wise to develop relationships with clinicians. Clinicians may not know the breadth and depth of the librarian’s capabilities, the extent of the library’s resources, or even who it serves. Successful consumer health librarians do not wait for clinical staff to walk in the door to educate them about the library and its services; rather, they seek out opportunities to forge connections. By joining hospital committees, giving presentations at clinical staff meetings, and talking with clinicians one-on-one, librarians share the many ways the library serves and supports patients’ ability to learn about their medical diagnosis or condition with evidence-based resources.
Forging clinical relationships is more than just meeting with doctors and nurses and includes social workers, physical therapists, physician assistants, and other clinicians within the larger organization in order to promote the library as a source of trustworthy information.

The value of building strong relationships with patrons is illustrated in the following example:

Gus initially came to the library looking for a book about heart failure following his wife Elsie’s diagnosis. The librarian engaged him in conversation about the library’s services, and Gus left with a book along with a number of current articles addressing his specific questions about valve replacement. In a future visit, Gus reported that the articles were instrumental in discussions with his wife’s cardiac surgeon. Because Gus and Elsie read the articles, they knew what questions to ask, and his wife was able to successfully have a new minimally invasive procedure with reduced recovery time.

Over the years, Gus has maintained contact with the librarian and has made requests by phone and email for information on other health topics, including his own problems with arthritis. He has repeatedly given feedback that the service he receives from the librarian reduces his anxiety and gives both he and his wife some independence about what the best treatments are when making decisions with their medical team.

**Summary**

A successful consumer health reference service depends upon many things: solid communication skills, adhering to the components of the health reference interview, and the ability to provide appropriate, evidence-based information in a reading level and language the patron can understand. The advent of new technology continues to change the ways librarians interact with patrons as well as how they find and deliver information.

To thrive in the world of the Internet, with its immediate access to information but often questionable retrieval, librarians must provide consumers and patients with information that is timely, trustworthy, empirical, and highly relevant.

Access to health information empowers consumers, allowing them to participate actively in their healthcare decisions. In today’s changing healthcare landscape, it is ever more incumbent upon individuals to understand and be knowledgeable about their own health. Consumer health librarians play an important role, helping patrons navigate the complexity of understanding their medical diagnosis or condition by finding meaningful, evidence-based information that begins with the reference interview.
References


