

Boost Box: New Roles for Librarians

January 8, 2013



Mark Vrabel, MLS, AHIP, ELS
Oncology Nursing Society, Pittsburgh, PA

About ONS

- The Oncology Nursing Society (ONS) is a professional organization of over 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education, research, and administration in oncology nursing.
- Our **mission** is to promote excellence in oncology nursing and quality cancer care.
- Our **vision** is to lead the transformation of cancer care.
- Our **core values** are Integrity, Innovation, Stewardship, Advocacy, Excellence, and Inclusiveness.

About ONS (Chemotherapy)

- Chemotherapy and Biotherapy Course -- After successful completion, a registered nurse is eligible to receive an ONS Chemotherapy Provider Card. This card indicates s/he has completed the course successfully and has been given the didactic knowledge to care for patients receiving chemotherapy.
- Chemotherapy and Biotherapy Guidelines and Recommendations for Practice – 4th edition should be published in 2013.

About ONS (Publications)

Books (www.ons.org/Publications)

Knowledge You Need From a Source You Trust!SM

The ONS Publications Department is a full-service publisher of award-winning books, monographs, and other publications for the cancer-care community.



Hygeia Media has been created for you...and your mother, sister, neighbor, and friends. Covering a wide range of health matters, Hygeia Media is for the masses.

About ONS (Publications)

Journals:

Clinical Journal of Oncology Nursing
Oncology Nursing Forum

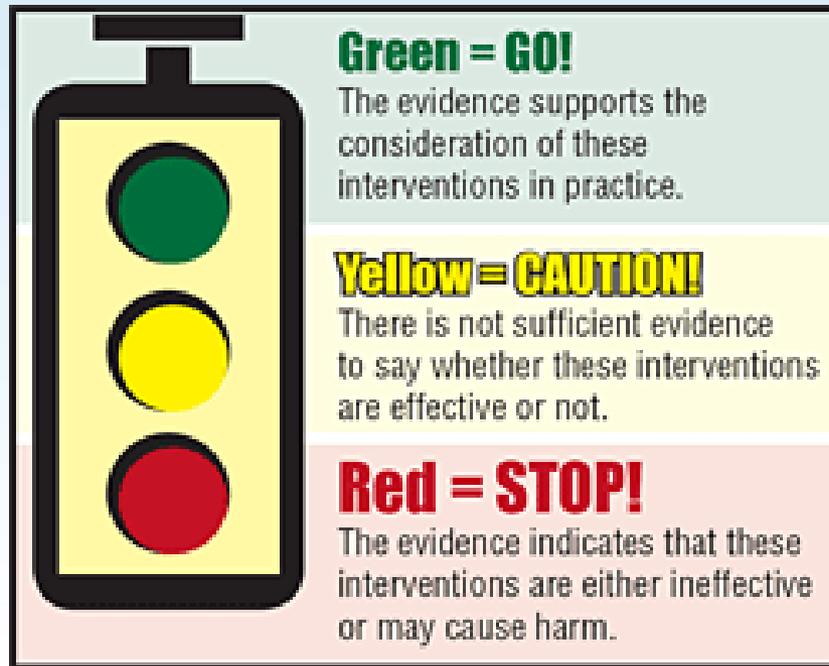
ONS Journal Oncology Nursing Forum Achieves Top Impact Factor

Thursday, July 05, 2012

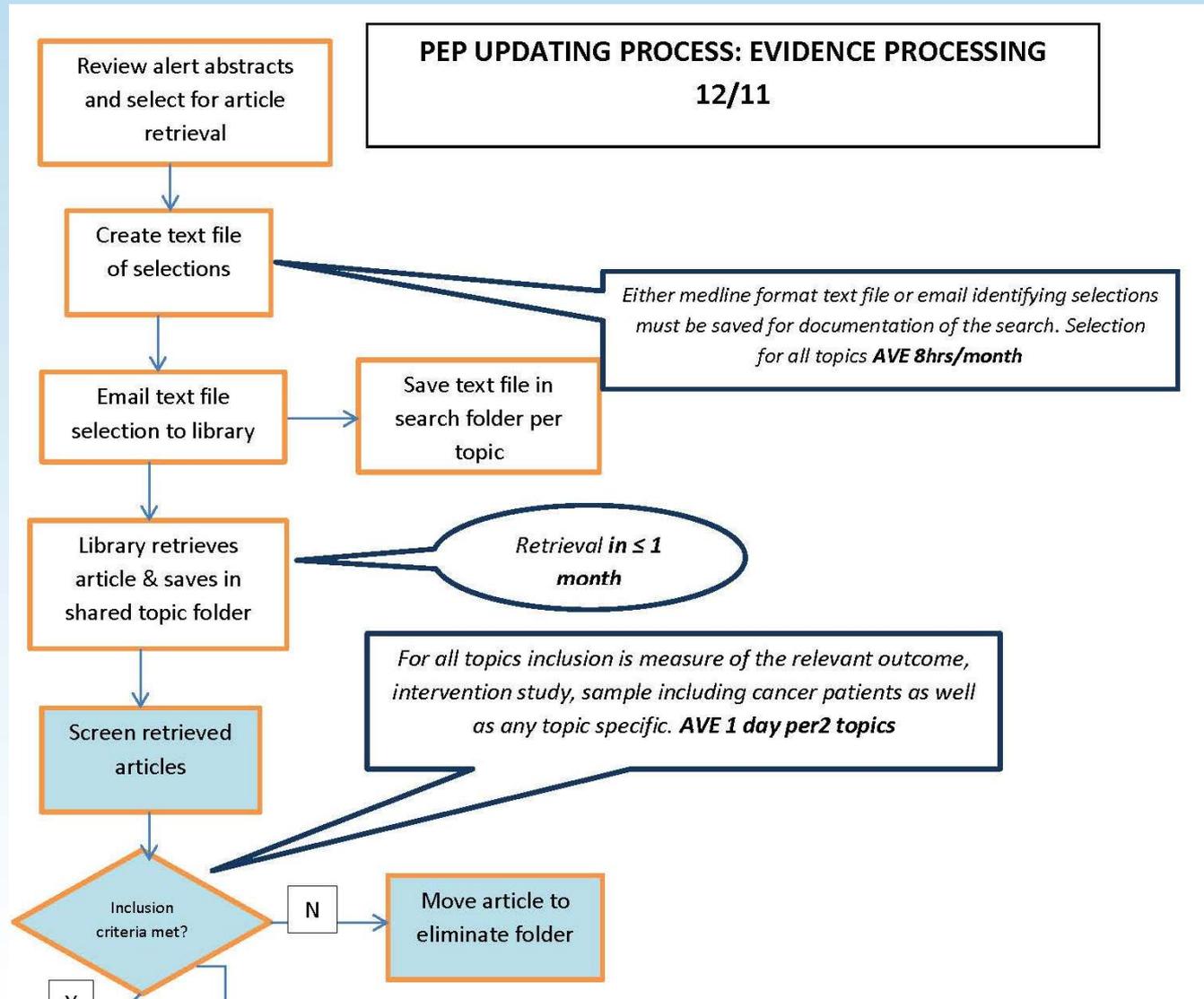
The Oncology Nursing Society (ONS) is pleased to announce that the *Oncology Nursing Forum (ONF)* is ranked first for impact factor among 97 journals in the nursing category from 2011 Journal Citation Reports[®] (Thomson Reuters, 2011).

About ONS (PEP)

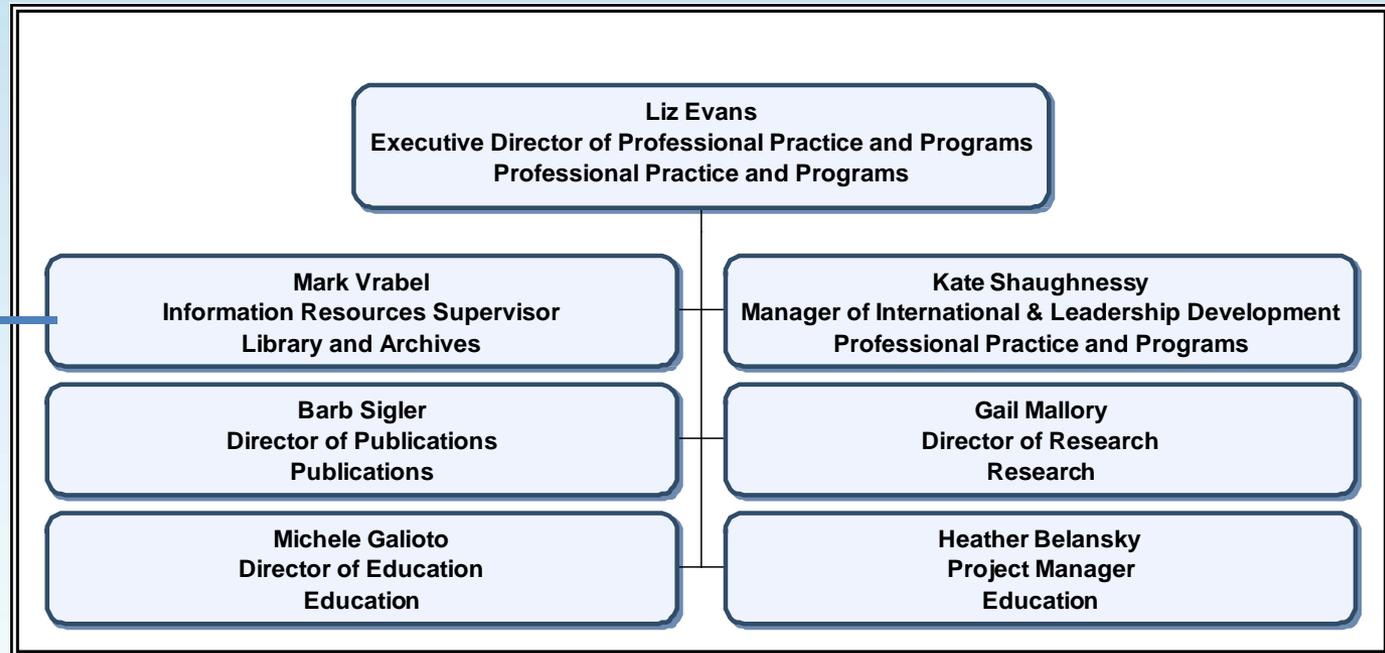
- Putting Evidence Into Practice (PEP) -- ONS PEP resources are designed to provide evidence-based interventions for patient care and teaching. Freely available at www.ons.org/Research/PEP and also in book, monograph, and journal article form. (The PEP app has been discontinued.)



First Part of PEP process



LIBRARY/ARCHIVES DEPARTMENT



ONS Library



2011-2016

National Library of Medicine

National Institutes of Health

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

National Network of Libraries of Medicine

*Oncology Nursing Society
Library*

Is a Full Member of the National Network of
Libraries of Medicine,

Is dedicated to providing high quality information
services to health professionals and to improving
the public's access to health information,

Is accorded the benefits of network membership.

Donald A. B. Lindberg, M.D.
Director
National Library of Medicine

A Few New Roles

- **Medical writing**
- **Medical editing (BELS exam)**
- **Social media**
- **Covey 4 Disciplines of Execution (coaching and QR codes)**

AMWA Certification

American Medical Writers Association



Promoting excellence in medical communication

This certifies that

Mark Vrabel, MLS, AHIP

completed the

AMWA CORE CURRICULUM PROGRAM

Specialty Area

Editing/Writing



AMWA President

September 16, 2010
Date

My AMWA Portfolio (8 Courses – 4 General and 4 Editing/Writing)

BASIC GRAMMAR I (GEN) self-study

BASIC GRAMMAR II and USAGE (GEN) self-study

PUNCTUATION FOR CLARITY AND STYLE (GEN) at the Pittsburgh AMWA conference

SENTENCE STRUCTURE AND PATTERNS (GEN) self-study

BASICS OF MOLECULAR BIOLOGY (EW/PH/SG) at the Louisville AMWA conference

ESSENTIALS OF COPYEDITING (EW) at the Louisville AMWA conference

PLAIN LANGUAGE (EW) at the Pittsburgh AMWA conference

PROOFREADING (EW) at the Louisville AMWA conference

Writing samples

EVIDENCE-BASED PRACTICE

SUSAN K. STEELE, DNS, RN, AOCN®—ASSOCIATE EDITOR

Is Ondansetron More Effective Than Granisetron for Chemotherapy-Induced Nausea and Vomiting? A Review of Comparative Trials

Mark Vrabel, MLS, AHIP

Nausea and vomiting are two of the most distressing side effects of chemotherapy. Guidelines recommend the use of 5-HT₃ receptor antagonists as a pharmacologic intervention for acute and delayed nausea and vomiting for moderately and highly emetogenic chemotherapy. Although newer antiemetics and 5-HT₃ receptor antagonists are available, ondansetron and granisetron still are used widely. A review of the literature was conducted to identify trials that compared the antiemetic efficacy of ondansetron and granisetron. Studies were identified by searching the PubMed®, EMBASE™, Ovid MEDLINE®, CINAHL®, and Evidence-Based Medicine Reviews databases. The six studies reviewed in this article were either a meta-analysis; a randomized, controlled trial; or another type of research study published from 2000 to date. The results reported in the studies reveal that ondansetron and granisetron have equal antiemetic efficacy in reducing or eliminating chemotherapy-induced nausea and vomiting (CINV), with the evidence classified as good based on U.S. Preventive Services Task Force criteria for judging the strength of the overall evidence. Although side effects of ondansetron and granisetron have been reported, they normally are mild and of brief duration, not severe or lasting enough to warrant discontinuation.

In 2007, more than 1.4 million new cancer cases are expected to be diagnosed in the United States (American Cancer Society, 2007). Chemotherapy is a primary treatment for cancer and often causes nausea and vomiting. Accurate estimates of the occurrence of CINV are difficult to determine because the incidence is dependent on multiple factors (Bender et al., 2002; Rhodes & McDaniel, 2004). In multicenter studies, more than 35% of patients experienced acute nausea, with delayed nausea and vomiting occurring in 43%–60% (Grunberg et al., 2004; Lindley et al., 2005). For highly emetogenic chemotherapies, one series of controlled clinical trials found that 98% of patients developed acute CINV and that 61% developed delayed CINV (“ASHP Therapeutic Guidelines,”

1999). See Figure 1 for a list of commonly used emetogenic chemotherapies.

Nausea and vomiting are two of the most distressing side effects reported by patients receiving chemotherapy. Because CINV is a significant clinical problem that negatively affects the quality of life and treatment experiences of patients (Grunberg et al., 2004; Oliver, 2005), healthcare practitioners should adhere to evidence-based practice guidelines to ensure sound, consistent treat-

ment approaches. Several practice guidelines address CINV (“ASHP Therapeutic Guidelines,” 1999; Cancer Care Ontario, 2003; Gralla et al., 1999; National Comprehensive Cancer Network [NCCN], 2007; NCCN & American Cancer Society, 2005). The guidelines are updated regularly to incorporate the latest research findings from the professional literature (see the reference list for Web sites where the guidelines can be found). Recently, Tipton et al. (2006, 2007) summarized

Mark Vrabel, MLS, AHIP, is the information resources supervisor at the Oncology Nursing Society in Pittsburgh, PA. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society.

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Writing Samples

Task Force Article

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What Does It Mean to Be an Oncology Nurse? Reexamining the Life Cycle Concepts

Marlene Z. Cohen, PhD, RN, FAAN, Betty R. Ferrell, RN, PhD, FAAN, Mark Vrabel, MLS, AHIP, ELS, Constance Visovsky, PhD, RN, ACNP-BC, and Brandi Schaefer, MSN, APRN, NP-C



The Oncology Nursing Society (ONS) Life Cycle of the Oncology Nurse Task Force began its work in 1989 and was summarized in the *Oncology Nursing Forum (ONF)* (McDonnell & Ferrell, 1992). The "Life Cycle" work began based on interest in recruitment and retention of oncology nurses. This interest led to a pilot study and a multisite study of the meaning of oncology nursing.

The pilot study described the "essence of oncology nursing" (Cohen & Sarter, 1992) as

... being on the front lines of a war against death, disfigurement, and intense human suffering. It requires the performance, prioritization, and coordination of multiple complex tasks. It involves handling frequent unexpected crises, both physiologic and psychological. It carries the rewards of reversing a fatal illness, balanced by the ever-present reality of death. Working with patients with cancer requires constant vigilance in monitoring for sudden problems and life-threatening errors. The cancer nurse's empathy is sharpened by the awareness that "this could be me or my loved one." Finally, working with patients with cancer means "being there" for people in their most private moments of suffering and responding to the heights and depths of their responses to this suffering (p. 1485).

The multisite study resulted in several papers published as a supplement to *ONF* (Cohen, Haberman, & Steeves, 1994). Haberman, Germino, Maliski, Stafford-Fox, and Rice (1994) provided greater insight into the experiences of individual oncology nurses. Large macro issues of the profession, ONS, roles, and global themes were discussed by the Life Cycle Task Force. Reports from the Life Cycle Task Force and publications of the two studies were reviewed, and 21 key concepts were identified (see Figure 1).

Purpose/Objectives: To summarize the current research pertaining to the concepts initially examined by the Oncology Nursing Society Life Cycle of the Oncology Nurse Task Force and related projects completed in 1994.

Data Sources: Published articles on the 21 concepts from the Oncology Nursing Society Life Cycle of the Oncology Nurse Task Force work. Research published in English from 1995–2009 was obtained from PubMed, CINAHL®, PsycINFO, ISI Science, and EBSCO Health Source®; Nursing/Academic Edition databases.

Data Synthesis: Most of the concepts identified from the Oncology Nursing Society Life Cycle of the Oncology Nurse Task Force have been examined in the literature. Relationships and witnessing suffering were common concepts among studies of the meaning of oncology nursing. Nurses provide holistic care, and not surprisingly, holistic interventions have been found useful to support nurses. Interventions included storytelling, clinical support of nurses, workshops to find balance in lives, and dream work. Additional support comes from mentoring.

Conclusions: The research identified was primarily descriptive, with very few interventions reported. Findings have been consistent over time in diverse countries.

Implications for Nursing: This review indicates that although the healthcare system has changed significantly in 15 years, nurses' experiences of providing care to patients with cancer have remained consistent. The need for interventions to support nurses remains.

Methods

Since the Life Cycle study publications in 1994, many changes have occurred in cancer care and oncology nursing. ONS was interested in evaluating research done to examine these concepts and convened a task force to re-examine them. This task force had several conference calls, and the authors of this article proceeded with a literature search and the writing of this article. PubMed, CINAHL®, PsycINFO, ISI Science, and the EBSCO Health Source®; Nursing/Academic Edition databases were

Writing Samples

Hematologic Disorders

Oncology Nurses' Pivotal Role in Establishing Best Practices for CML Therapy: A Workshop Symposium Based on National Survey Results

At a Glance

A national survey of oncology nurses involved in the treatment of patients with chronic myelogenous leukemia (CML) revealed knowledge gaps regarding the use of novel therapies and patient education strategies. A panel of CML experts shared the details of the survey results and tailored the content of their presentation to the survey responses.

According to Harry P. Erba, MD, PhD, nurses are in the perfect position to help improve outcomes for patients with chronic myelogenous leukemia (CML) in the new era of oral therapies. CML is a myeloproliferative neoplasm resulting from the balanced translocation of chromosome 9 (Abelson murine leukemia [ABL]) to chromosome 22 (breakpoint cluster region [BCR]) resulting in the t(9;22) Philadelphia chromosome. CML represents 15% of all adult leukemias and its incidence increases significantly with age. Radiation exposure is the only known risk factor. Fifty percent of patients with CML are asymptomatic at diagnosis, and most patients present in the chronic phase of the disease (National Comprehensive Cancer Network [NCCN], 2011). Cytogenetic analysis, fluorescence in situ hybridization (FISH), and real-time quantitative polymerase chain reaction (qRT-PCR) are important diagnostic tools for CML because of the presence of the t(9;22) Philadelphia chromosome. Cytogenetic analysis requires a bone marrow aspirate for optimal metaphases; occasionally, cryptic and complex translocation events may result in the missed identification of the t(9;22) Philadelphia chromosome. FISH and qRT-PCR do not require a bone marrow aspirate for optimal results, and they allow for the identification of cryptic translocations involving BCR-ABL.

Cytogenetics is the least sensitive of the three tests as it only looks at 20 metaphase chromosomes. FISH analysis looks at several hundred cells, and qRT-PCR analysis can find one malignant cell among a hundred thousand normal cells. FISH and qRT-PCR allow for the monitoring of CML when the patient is in complete cytogenetic remission and it is difficult to see the disease by normal chromosome analysis; however, both FISH and qRT-PCR are very expensive tests.

Treatment Options

The only known curative option for CML is allogeneic stem cell transplantation; however, because of the median age of the patient with CML (57 years), most are not candidates because of their age, comorbidities, or lack of a donor.

Tyrosine kinase inhibitors (TKIs) have become a standard treatment. Tyrosine kinases are enzymes that phosphorylate other proteins to alter processes within a cell, and they play a central role in cell growth, division, and differentiation. Three TKI oral agents have been approved by the U.S. Food and Drug Administration: imatinib, dasatinib, and nilotinib. Erba reviewed the landmark IRIS trial, which found that imatinib was superior to interferon alfa plus low-dose cytarabine as first-line therapy in newly diagnosed chronic-phase CML—no patients with a major molecular response (MMR) at 12 months progressed to accelerated-phase or blast-crisis CML (O'Brien et al., 2005). The Evaluating Nilotinib Efficacy and Safety in Clinical Trials: Newly Diagnosed Patients (ENESTnd) trial found that nilotinib, compared with imatinib, was associated with significantly higher rates of complete cytogenetic response (CCyR) and MMR at 12 months, significantly lower rate of disease progression, and fewer suboptimal responses or treatment failures (Saglio et al., 2010). The Dasatinib versus Imatinib Study in Treatment-Naïve CML Patients (DASISION) trial concluded that dasatinib, compared with imatinib, was associated with significantly higher and faster rates of CCyR and MMR and may improve long-term outcomes of patients with newly diagnosed chronic-phase CML (Kantarjian et al., 2010).

Oncology Nurses' Pivotal Role in Establishing Best Practices for CML Therapy: A Workshop Symposium Based on National Survey Results was held Thursday, April 28, 2011, at the Westin Boston Waterfront Hotel in Massachusetts.

Presenters: Sandra E. Kurtin, MSN, RN, ANP, AOCN®, is a hematology/oncology nurse practitioner at Arizona Cancer Center and a clinical assistant professor of medicine and nursing at the University of Arizona, both in Tucson; Patrick J. Kiel, PharmD, BCPS, BCOP, is an associate professor of internal medicine at the University of Michigan Medical School in Ann Arbor and an attending physician on behalf of the University of Michigan Health Systems; and Harry P. Erba, MD, PhD, is an adjunct assistant professor of medicine in the School of Medicine at Indiana University in Indianapolis and an adjunct clinical instructor at St. Louis College of Pharmacy in Missouri.

This symposium was supported by educational grants from Bristol-Myers Squibb and Novartis Pharmaceuticals.

Writing samples

hematologic disorders

Challenging Cases in Multiple Myeloma

At a Glance

Four case studies related to the treatment of patients with multiple myeloma were introduced by a faculty panel of invited oncology professionals and a session moderator. The case studies provided a foundation from which to review recent clinical research findings and discuss the optimal therapeutic and supportive care strategies for each patient scenario. Throughout the session, questions sent via text message were addressed and incorporated into the discussions.

Four case studies related to the treatment of patients with multiple myeloma (MM) were introduced by a faculty panel of invited oncology professionals and a session moderator, Neil Love, MD. Throughout the session, questions sent via text message were addressed and incorporated into the discussions.

Module 1: Management of Transplantation-Eligible Multiple Myeloma

A 56-year-old man presented to the emergency room in 2009 with a pathologic fracture of the right femur and lambda free light chain stage IIIB MM. Kena C. Miller, MSN, FNP-BC, stated that the patient was overwhelmed by the diagnosis and scared when he first visited the tertiary center for treatment. He received bortezomib and dexamethasone (VD) as initial therapy but experienced disease progression. He then underwent treatment with bortezomib, clarithromycin, lenalidomide, and dexamethasone (V-BIRD) for eight cycles and achieved a very good partial response but experienced disease progression just prior to stem cell collection.

Beth Faiman, MSN, APRN-BC, AOCN®, emphasized that MM has transitioned to a chronic illness, and "is not curable but is highly treatable. The five-year survival has increased dramatically with novel agents." Melissa Alsina, MD, added that novel drugs followed by transplantation results in better progression-free survival—autologous transplantation is still considered the standard of care. When asked about the transplantation eligibility of older patients, Rafael Fonseca, MD, said he is a proponent of transplantation as one of the main treatment modalities, and patients aged 65–75 years are candidates for transplantation and continue to receive them in growing numbers—he added that it is difficult to find individuals older than age 75 that he recommends putting through the process. Faiman said fatigue is the biggest side effect of transplantation, often lasting six months.

With the patient receiving VD then subsequently V-BIRD treatment, it led to a discussion of two- versus three-drug regimens—Alsina stated that three-drug regimens show better quality of responses, and in the absence of clinical trial data, she favors treating patients with triple-drug combinations at diagnosis. The panel also discussed the side effects of these regimens, as well as those of lenalidomide and dexamethasone (RD). The side effects

are mainly related to myelosuppression, according to Faiman, and the dose should be cut if renal insufficiency is present. For oral drugs such as lenalidomide, Faiman reminded the audience of the importance of adherence: "They have to take the drug for it to work, and refill it every month." Miller said that studies have shown an increased incidence in thrombotic events with immunomodulatory drugs such as lenalidomide in combination with steroids, and advised nurses to use prophylactic aspirin or low molecular weight heparin, or to fully anticoagulate the patient with warfarin if multiple risk factors are noted. Fonseca further stressed the importance of anticoagulation, saying that one in six patients will get a blood clot in the absence of prevention. According to Alsina, some of the most common side effects of VD are with the gastrointestinal tract, such as nausea and diarrhea, but often are mild and controllable. Both she and Faiman reminded the audience that patients should be instructed to immediately let their doctor or nurse know of any peripheral neuropathy (PN) symptoms such as numbness, tingling, or pain, and that once pain is involved, dose reduction is necessary. Fonseca likewise addressed the necessity of rapid dose adjustments for PN, and both he and Miller cited mood swings as a common side effect of dexamethasone. Miller reported that some patients have found pickle juice or tonic water helpful for dealing with the muscle cramping that often is caused by lenalidomide, which can lower magnesium levels.

Module 2: Management of Multiple Myeloma in Older Adult Patients

An 89-year-old man initially was diagnosed with IgG lambda plasma cell dyscrasia in 1999 at age 76 years. In June 2008,

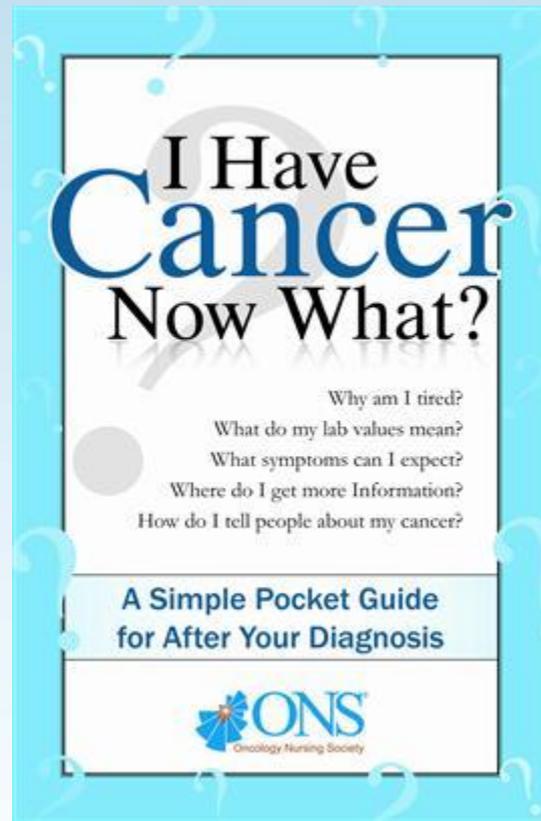
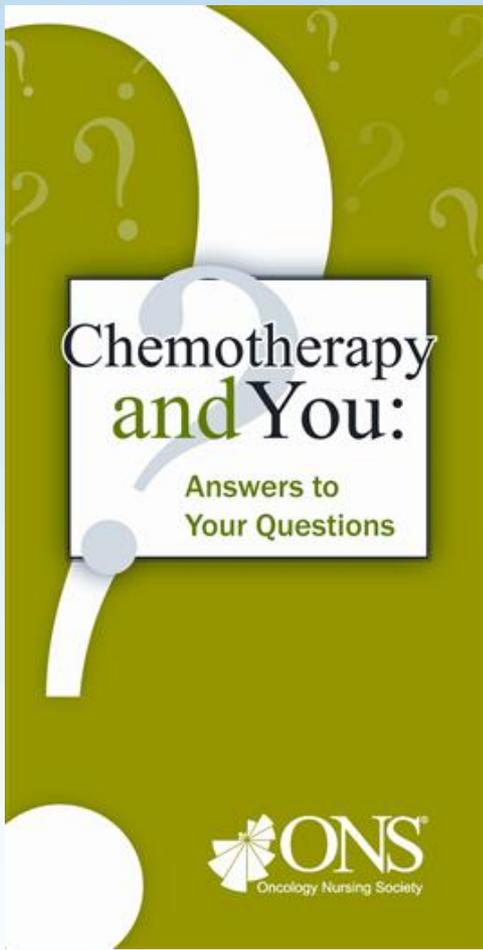
Challenging Cases in Multiple Myeloma was held Saturday, May 5, 2012, at the Hilton New Orleans Riverside Hotel in Louisiana.

Presenters: Melissa Alsina, MD, is the head of the multiple myeloma program and associate professor in the Department of Blood and Marrow Transplantation at Moffitt Cancer Center in Tampa, FL; Beth Faiman, MSN, APRN-BC, AOCN®, is a nurse practitioner in the Taussig Cancer Institute at the Cleveland Clinic and a doctoral student at Case Western Reserve University, both in Cleveland, OH; Rafael Fonseca, MD, is the Gotz Family Professor of Cancer and chair of the Department of Internal Medicine and associate director of the Center for Individualized Medicine, both at the Mayo Clinic Arizona in Scottsdale; and Kena C. Miller, MSN, FNP-BC, is an advanced registered nurse practitioner in the Department of Medicine at the Mayo Clinic in Jacksonville, FL.

Moderator: Neil Love, MD, is president and CEO of Research to Practice in Miami, FL.

This session was supported by an independent educational grant from Millennium: The Takeda Oncology Company and Onyx Pharmaceuticals, Inc.

Writing Samples



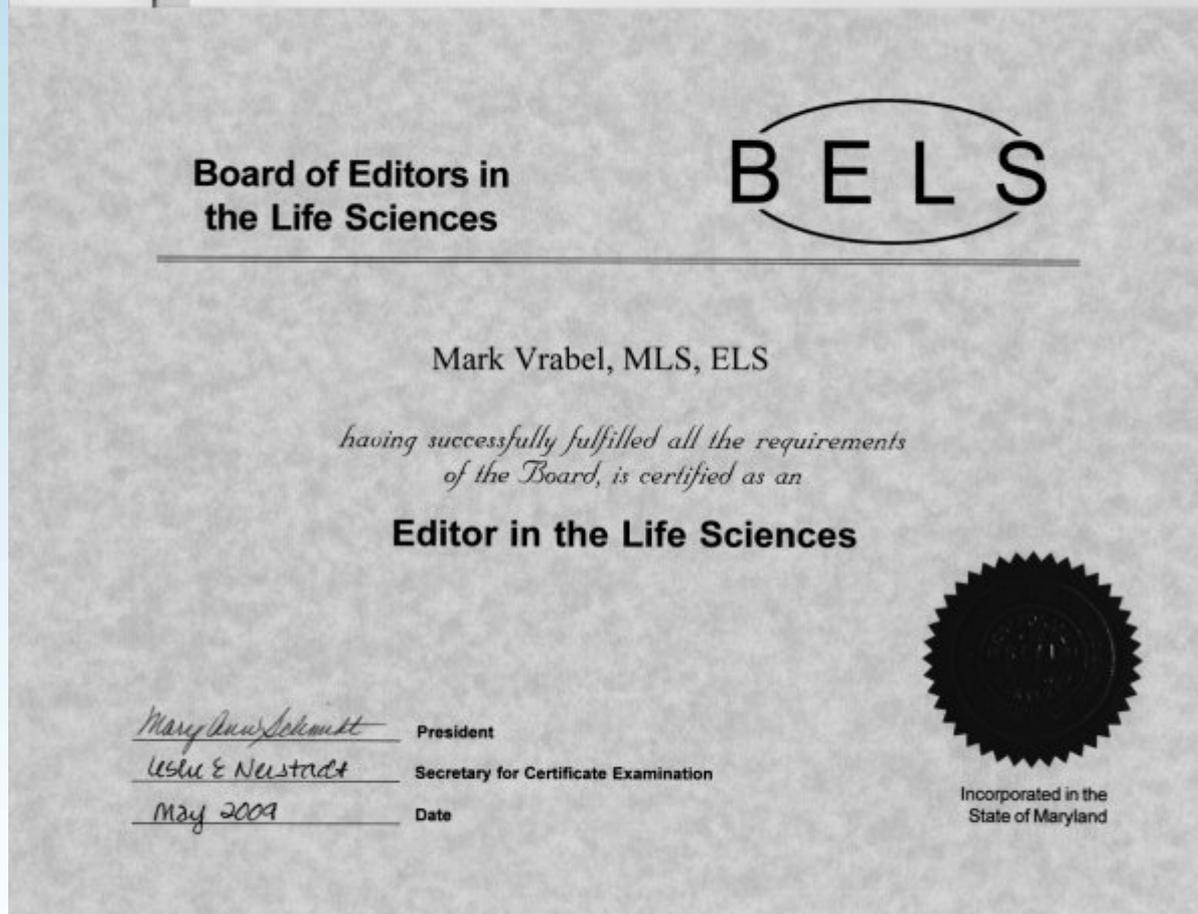
BELS Exam

From <http://www.bels.org/index.cfm> -- “The Board of Editors in the Life Sciences (BELS) was founded in 1991 to evaluate the proficiency of manuscript editors in the life sciences and to award credentials similar to those obtainable in other professions.”

Q&A at

<http://www.bels.org/becomeeditor/index.htm> -- “How do I apply and register for the certification examination?” etc.

BELS Certification



BELS Exam

Passing the exam resulted in the “ELS” credential in my signature:



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Social Media

The ONS Communications Coordinator is responsible for twitter.com/OncologyNursing (6,074 followers) and the ONS Facebook page (10,536 Likes) and LinkedIn group (4,386 members), but I often help answer questions there like the following example from the Facebook page:

I want get a certification in chemotherapy,,,,,,I live in Tupelo MS,,,,,,i will appreciate any info
December 4, 2012 at 10:17pm near Tremont, MS

Mark Vrabel: You just missed the 2-Day Chemotherapy and Biotherapy Course in Ocean Springs, Mississippi -- it was held on November 30th and December 1st. You can check the course calendar for upcoming dates/locations at <http://www.ons.org/CNECentral/Chemo/Main/Register>

Social Media

A question I assisted with on the ONS LinkedIn discussion page:

OCN Certification quires

Hello, i am planing to be OCN by taking the international Test and I've read the testbulletin and i found many books to read (for preparing my self) so can any one recommend one or 2 books which considered as good books to depend on them before i get the exam ?

27 days ago

Mark Vrabel: Hello. It is too difficult to recommend a single book because the test questions are intentionally drawn from a variety of sources equating to the different content areas of the test blueprint; for example, the Oxford Textbook of Palliative Nursing (3rd ed.), one of the OCN test bulletin references, is more helpful for the Palliative and End of Life Care section than other sections. And adding to the helpful comments above, please note there is an OCN[®] Online Review Course:

http://www.ons.org/CourseDetail.aspx?course_id=23

Social Media

twitter.com/ONSmark has 1,376 followers and I have sent 2,734 tweets (as of January 2013)

I answer questions on Twitter such as the following:

3 Jan

@ONSmark Does ONS have competencies for onc nurses working in onc "emergency"/urgent care centers? I'm not finding any, but knew you'd know.

4 Disciplines of Execution

- In late 2012, ONS implemented the 4 Disciplines of Execution (©Franklin Covey Co.)
- The master Wildly Important Goal (WIG) for all of ONS was “Increase utilization of ONS products and services by 5-10% by January 2014.”

4 Disciplines of Execution

- All ONS departments have their own Wildly Important Goal (WIG) that supports the master WIG.
- The Director of Human Resources enlisted me to serve as a WIG coach, attending the weekly WIG meetings of half the ONS departments to make sure they are on track and assist with any questions, etc.

The ONS Library QR Code “WIG”

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- CNE Article

Collaboration, Collegiality, and Cooperation: Consumer Health Library Services and the American Cancer Society Navigator Role

Carol Ann Attwood, MLS, AHIP, MPH, RN, C, and Kay E. Wellik, MLS, AHIP, FMLA

Exploration on the Go

The Oncology Nursing Society's Nurse Navigator Special Interest Group provides networking opportunities for nurse navigators, as well as guides for patient education. To access, open a barcode scanner on your smartphone, take a photo of the code at right, and your phone will link automatically. Or, visit <http://navigator.vc.ons.org>.



the initial orientation and used for evaluation.

The role of the navigator was evaluated collaboratively by an on-site director, medical librarian, and the director of the local branch of ACS. The evaluation was prepared by ACS personnel with input on performance from Mayo Clinic staff members. ACS was responsible for the salary and benefits of the navigator, and Mayo Clinic provided space, equipment (i.e., a computer,

Additional Information

JMLA Special Issue on New Century, New Roles for Health Sciences Librarians

The *Journal of the Medical Library Association* is planning to devote our October 2013 issue to papers that focus on the outcomes experienced by those who have taken on these new roles.

To be considered for this issue, papers must be submitted by **February 15, 2013**.

Source:

<http://nmlm.gov/mar/blog/2012/07/02/jmla-special-issue-on-new-century-new-roles-for-health-sciences-librarians/>

Additional Information

- Discussions on LinkedIn library association groups are often relevant to new roles for librarians, like the following two recent examples from the ALA LinkedIn group:

- How many Librarians have additional roles in their institutions?

As a College Librarian in the UK (library staff 6 assistants, 4 sites & student population of around 2000 ftes) my role has gradually extended to include managing resources and staff in other areas such as Laboratories, Reprographics, Main Reception, Post Room, etc. - I was wondering if colleagues - especially in medium sized FE/HE Colleges - have found their roles similarly extended to areas not directly related to the library?

20 days ago

Who has an MLIS degree, but works outside of a library?

24 days ago