

Assessment and Evaluation, 2008
Public Library Focus Group Interviews
National Network of Libraries of Medicine,
MidContinental Region

National Network of Libraries of Medicine, MidContinental Region
University of Utah Eccles Health Sciences Library
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Introduction

To accomplish the mission of the National Network of Libraries of Medicine (NN/LM) in the MidContinental Region, the Regional Medical Library (RML) works toward the following goals:

- To develop collaborations among Network members and other organizations to improve access to and sharing of biomedical information resources throughout the nation;
- To promote awareness of, access to, and use of biomedical information resources for health professionals and the public, with a particular emphasis on contributing to the Healthy People 2010 goal of eliminating health disparities;
- To develop, promote, and improve electronic access to health information by Network members, health professionals, and organizations providing health information to the public; and
- To develop tools and conduct evaluation activities to understand how the products and services of the NN/LM and National Library of Medicine (NLM) contribute to improved access to health information by health professionals, and the public.

The National Network of Libraries of Medicine MidContinental Region (NN/LM MCR) regularly solicits input from its Network members about their work supporting access to health information and about how the Region can support them with training, advocacy, and resources. Questionnaires, focus groups, polls and informal conversations are all useful means for obtaining feedback from Network members. Questionnaires have been used three times between 2002 and 2008. Focus groups have been held twice with members throughout the region, in 2003 and 2006. During the second five year contract, which runs from 2006 through 2011, the NN/LM MCR plans to hold focus groups with academic and hospital health sciences librarians and with public librarians.

Health information for consumers is a primary program focus of the National Library of Medicine (NLM) and the NN/LM. The NLM has invested significant resources in providing broad access to health information to the public through its MedlinePlus web site, journal subsets for consumer health and search limits for patient education publication types in PubMed. The MidContinental Region provides consumer health programming aimed at librarians and community based organizations involved in getting information about health care, health decisions and health impacts to their constituencies.

To better understand the role public libraries play in connecting consumers with health information, the NN/LM MCR held, as planned, a series of focus groups. Public librarians in five states in the region met using teleconferencing software to respond to questions posed by a group facilitator. The responses gleaned from these sessions will be used by the NN/LM MCR to understand the current practices of public librarians, identify the support they need, and to develop programs that respond to those needs and practices.

Methodology

The focus group as a method of qualitative research in the library setting is described in a Medical Library Association (MLA) publication, *Focus Groups for Libraries and Librarians*,¹ and is the topic of an MLA continuing education course, *Focus Group Interviewing: A Qualitative Research Methodology for the Library*.²

The NN/LM MCR Consumer Health and Assessment & Evaluation Liaisons developed a list of questions designed to solicit feedback from public librarians about their practices, knowledge of resources, training opportunities and training needs, collaborations with community groups and use of library space for consumer health information activities. After review by several public librarians, the list was pared down and limited to questions addressing resources used and training and professional development available to librarians. This was done to ensure that all questions could be addressed in the hour allotted to the discussion and to focus the time on issues the NN/LM MCR could affect with its programming.

The focus group questions, in the order they were asked, are as follows:

1. Please describe a recent interaction when a customer requested health information.
2. What resources do you feel comfortable showing customers how to use for answering health related questions?
3. How do you decide what resources to use and to suggest your customers use to answer health related questions?
4. Based on what you have shared with the group, let's look at how you've increased your own knowledge about health related resources. I would like you to think back on training you have taken and tell us about it.
5. What kinds of health information training would be useful to you as a librarian?
6. Let's use the last few minutes as a time for you to offer any other thoughts, ideas about health related resources, training or programming or to address any of the key points that have been made.

NN/LM MCR liaisons invited public librarians in their states to participate in a 60-to-90 minute focus group to be held during the state library association meeting. The MCR staff thought the meeting would be a good venue for connecting with librarians from across the state who had limited opportunities to gather in one place. Unfortunately, staff found that the association meetings are so tightly programmed that only two or three librarians across the entire Region responded with interest in participating in a focus group during that time. Staff decided, instead,

¹ Glitz, Beryl. *Focus Groups for Libraries and Librarians*. Chicago: Medical Library Association, 1998.

² Hamasu, Claire; Davis, Rebecca. *Focus Group Interviewing: A Qualitative Research Methodology for the Library*. MLA course approval for 8 contact hours. <http://www.cech.mlanet.org/node/101>

to use Adobe Connect, a web conferencing tool offered by the National Institutes of Health and used frequently in the NN/LM MCR for online sharing with our Network members. Adobe Connect works with Voice over IP or telephone setup that calls the participant's telephone and/or allows for connecting via a toll free number. The system also supports document sharing, polling and chat, and the sessions can be recorded. Each state liaison acted as facilitator for his or her session, with Colorado facilitating Wyoming as well, using the free telephone option and chat feature. Table 1 presents details on participant selection and group format.

| STATE | MEETING FORMAT | OBSERVER | NUMBER OF PARTICIPANTS | SELECTION CRITERIA | NUMBER OF PUBLIC LIBRARIES OR SYSTEMS |
|-----------------------------|-----------------------|-----------------|-------------------------------|---|--|
| Colorado | Adobe Connect | No | 4 | One response from call for participants; others by invitation | 245 |
| Kansas | Adobe Connect | Yes | 5 | Call for participants on KANLIB listserv; email invitations based on recommendations | 326 |
| Missouri | Adobe Connect | No | 7 | Call for participation via listservs; personal phone invitations | 391 |
| Nebraska | Face-to-face Session | Yes | 5 | Participants recruited at Nebraska Library Association exhibit booth; no response to prior email invitation | 263 |
| Utah | Adobe Connect | No | 6 | Calls to list of public libraries | 73 |
| Wyoming (with Utah session) | Adobe Connect | No | 1 | Invited; no response to call for participants | 74 |

Table 1. Focus Group Selection and Format

To ensure consistency in conduct of the various focus groups, each facilitator was provided a script with introductory remarks, questions to prompt discussion, guidelines for conduct of the sessions, and background on intent of the questions. To encourage frank discussion, participants were assured that there were no right or wrong answers and that comments would be anonymous. At some group sessions, an observer was available to offer a summary of the discussion as needed, and to record notes as backup in case of any problems with the recording.

The sessions were recorded and then transcribed by a third party transcriber. Transcripts were reviewed by each liaison/facilitator and corrections made to terminology, spelling, and unclear conversations. The transcribed comments do not have any identifying names attached.

The consulting librarian analyzed the transcripts to identify the primary themes and related topics revealed in the comments of focus group participants (see Table 2). Then, each comment was categorized by theme and any specific topics were noted. Additionally, each comment was coded by location or teleconference where it was generated, by the question that prompted the comment, and by the page number of the transcript where the comment appeared (for later reference, verification, or quotation). Data coding was performed using Microsoft® Excel, which accommodated the storage, categorization, and analysis of qualitative data (text comments), as well the creation of pivot tables. Data on the occurrence of comments by theme, topic, and location appears in Appendix A. Data on the occurrence of themes by question appears in Appendix B. Appendix C contains the transcribed comments from all discussions, categorized by theme and topic.

| THEMES | TOPICS |
|---|--|
| Health Information Requests | <ul style="list-style-type: none"> • Examples • Volume |
| Consumer Health Reference | <ul style="list-style-type: none"> • Resources used • Referrals • Return to health care provider • Staff comfort level |
| Factors in Selecting/Suggesting Resources | <ul style="list-style-type: none"> • Customary procedures • Type of question • Customer preferences • Customer comfort/abilities • Reliability, authoritativeness |
| Customer Interactions | <ul style="list-style-type: none"> • Presentation of question • Privacy • Role of librarian |
| Training and Development Experiences | <ul style="list-style-type: none"> • Health information • General • Formats • Self-guided |
| Health Information Training Needs | <ul style="list-style-type: none"> • Areas • Training other staff • Teaching customers • Formats |
| Knowledge Development and Networking | |

Table 2. Topics and Themes Identified in Focus Group Transcripts

Findings

The results of the focus group interviews are presented according to the themes and topics reflected in the participants' comments. While the data generated by the group sessions is by nature qualitative, the number of comments on a topic is given to convey a measure of the scope of discussion.

Health Information Requests

Examples (26 comments)

Public librarians in the focus groups reported a wide range of examples of health information requests presented at their libraries:

- Whiplash (car accident) – general information and common treatments
- Picture/diagram and function of the epiglottis
- Bipolar disorder
- Non-cosmetic use of Botox
- Diabetes, including living with the disorder/cookbooks
- Nutritional aspects of arthritis
- False positive drug test
- Lissencephaly (birth defect)
- Chronic back pain
- Alternatives to gall bladder surgery
- Thyroid cancer
- Celiac disease
- Polycystic ovary disease
- Videos on teenagers with Asperger's Syndrome
- Spinal stenosis treatment
- Prescription drugs

In addition to the specific examples given, participants noted that a recent diagnosis was often the motivation for a visit to the library to find information on the latest treatments and outcomes. Customers also come to the public library to research their symptoms, and sometimes they do figure out what condition they have (e.g., someone with the symptom of excessive sweating identifying the condition of hyperhidrosis). Accounts of the positive impacts of the health information provided were offered, including:

- A woman whose employment was terminated because of a false positive drug test was subsequently reinstated based on information she obtained through the public library that the prescription drug she was taking could cause false positive results for methamphetamine.
- A customer's parent diagnosed with chronic back pain was convinced she had to "sit in a chair and wait to die" until information obtained through the public library clarified the condition and possible outcomes.

Frequently, people requested health information for a relative or about a relative's condition. In addition to health information requests from the general public, nursing students enrolled in distance education visited the public library to research their class assignments.

Volume (12 comments)

Two focus group participants reported daily requests for health information (7-10 requests per week). Some participants indicated that they rarely receive requests for health information, and others reported that requests for health information had declined over time. It was noted that public libraries located near hospitals or other health centers receive a greater volume of health information inquiries.

Consumer Health Reference

Resources used (40 comments)

Focus group participants used a range of print and electronic resources to answer consumer health reference questions. In some instances customers requested a certain title with which they were familiar (e.g., the *PDR, Physicians Desk Reference*) or they expressed a preference for a print or an electronic resource. In other instances, the librarians selected resources according to the nature of the question or according to which resources were available or in the particular library.

A number of participants indicated regular use of print publications on health and disease, such as health encyclopedias, drug references, books in series and pamphlets. General medical encyclopedias (e.g., *Gale Encyclopedia of Medicine*) are useful for basic definitions, illustrations, and common treatments. Print drug references noted were those of the US Pharmacopeia and Consumer Reports (judged by focus group participants to be more readable than the PDR). Several librarians mentioned the *Health Reference Series* (Omnigraphics), written for the layperson, with an overall index to health and disease topics covered in various comprehensive volumes (*Cancer Sourcebook, Stress-Related Disorders Sourcebook, etc.*). It was noted that the red binding and large size of each volume (two-inch spine) makes the *Health Reference Series* easy to find on the library shelf, and customers can check out just the volume they need. Keeping such a series updated is an issue in some libraries. Health-related pamphlets from local health care agencies or providers are collected by some libraries for distribution to customers—this can give them the information they are seeking and also link them to other community information and care providers. Individual books on specific topics were reported to be less commonly found in the public library collections, though some libraries do collect books on more prevalent conditions and popular topics (e.g., diabetes, heart disease, body systems, and childbirth). The extent of use of print health information resources in public libraries appears to be in part related to local capacity to keep the print materials updated.

Many participants commented on use of electronic resources, including the National Library of Medicine's MedlinePlus, the Gale Health and Wellness Resource Center, and EBSCO's Consumer Health Complete. MedlinePlus was cited frequently as an excellent resource for drug information and for links to specialized associations (e.g., the American Cancer Society) and provider organizations (e.g., the Mayo Clinic) that offer authoritative information on diseases and health topics. Librarians liked the topic structure of MedlinePlus, starting with a basic

overview, and then progressing to more specific information, and they appreciated that the information is current. Focus group participants often referred to MedlinePlus as simply “Medline”—in response to follow-up questions from the facilitators, it is clear that participants frequently meant MedlinePlus (not PubMed or a subscription version of Medline) when they referred to “Medline”. Participants noted the ease of use of MedlinePlus and the appropriate level of information found to answer the health questions people generally ask. The Nebraska Go Local project was identified as a means of finding community health resources. Gale and EBSCO health databases were identified as being available through state libraries and other networks or systems, and they were noted as being particularly useful for instances where the full text of journal resources was needed (for example, for nursing and other health professional students) and for images (especially Health Complete).

Electronic information resources were often consulted or recommended to customers as a follow-up to overviews found in print resources for greater depth or more technical information. Several librarians indicated they suggest MedlinePlus as a resource even when the customer asks for a book. Some libraries print out PDF articles and pamphlets linked from MedlinePlus so that customers not comfortable with computers can have current printed information; the range of MedlinePlus articles available, from overviews to lengthier and more detailed articles, was deemed helpful.

General Internet search engines, especially Google, were discussed as a way to begin researching health information, particularly when neither the customer nor the librarian knew how to spell the subject (in order to have the search engine suggest alternate search terms or spellings). Two instances were cited when the librarian used Google to search for the customer's distinctive symptoms “exactly as they had told them,” identified the rare syndromes, and then used MedlinePlus to get information. When a general search engine was used, the librarians reported looking for known and credible sites (such as the Mayo Clinic) in selecting results pages to view.

Referrals (8 comments)

A few participants mentioned referring customers to hospital libraries, academic health center libraries, or community health centers for in-depth exploration of health questions. Though these referrals do not appear to occur frequently, there was some awareness of specialized health libraries as resources. (No one voiced a need for implementing or improving referral channels for health questions.) Two participants in the Nebraska focus group described positive interactions with the Consumer Health Information Resource Service, University of Nebraska.

Return to health care provider (5 comments)

In some instances customers seem confused about the information obtained at the library or they seem unclear about what information they actually need. Several participants indicated they have encouraged customers to get more details from their health care provider, “to take the information back to their doctor’s office and have someone sit down with them and explain anything they don’t understand” and to find out how the information applies to their individual circumstances.

Staff comfort level (17 comments)

The scope of resources used and participants' evident familiarity with key health reference tools in various formats (see the previous section, "Resources used") together indicate a good level of comfort on the part of public library staff in responding to consumer health reference questions. However, a few participants indicated they are not really comfortable with answering consumer health reference questions or with using more advanced resources, due to low numbers of consumer health requests received, limited time assigned to the reference desk, customers doing more of their own health-related searching on the Internet, or lack of database training. Solutions included directing the customer to another staff member better able to handle health reference or referring the customer to a hospital library. On the other hand, some participants were comfortable using certain health databases because they had had recent training or because they were familiar with medical terminology. Some participants indicated that they are more comfortable using print resources (if they are current) and MedlinePlus, rather than more technical health databases. More complex requests, very personal questions, requests from non-English-speaking customers, and the lack of reliable resources on a specific topic decreased staff comfort level in answering health questions. While there were relatively few direct comments from focus group participants on interactions with non-English-speaking customers, some important points were noted—library personnel may or may not be available to interpret for non-English-speaking customers, and inability to read Spanish-language (or other non-English language) materials makes it difficult to know if the customer's information need has been answered. Awareness of the importance of currency in health information was pronounced—"dangerous practice to leave things that are too old" on the shelf. A protocol for answering health requests increased staff comfort level—"start out with MedlinePlus...find some good sites" and if additional information is needed, "go to our health databases to find recent articles."

Factors in Selecting/Suggesting Resources

Customary procedures (8 comments)

Several participants indicated they select or suggest resources according to a customary procedure, first checking the shelf for current books on the topic, then checking anthologies, and then if more information is needed, going on to consult MedlinePlus or technical reference databases. One participant mentioned usually starting with a Google search, and another participant noted that a determining factor in the sequence of resources consulted was "what I'm familiar with."

Type of question (12 comments)

A number of participants indicated they select or suggest resources based on the type of question, especially considering whether the request is for general information or for something unusual or more detailed. In addition to the stated request, the reference interview is critical: "...as far as deciding what to use...the most important thing is figuring out exactly what it is they want...." and "when I try to gauge how much they know...where they are in gathering...information about their condition..." that determines whether to suggest an overview (e.g., from MedlinePlus or the Mayo Clinic website) or citations to medical articles for more in-depth information.

Customer preferences (10 comments)

Customer preferences affect the resources selected. If the customer says, “I want something I can take home and read” or “doesn’t want to spend a lot of time” then a book from the circulating collection may be suggested, or a full-text printout from a web-based resource may be offered. Several respondents commented that, “if they have access at home to a computer” the librarian will show them how to use the library’s reference databases by logging in from home with their library card number. In other instances, if the customer finds a book, but also has a computer, the librarian will “see to it that they get a bookmark on MedlinePlus so that they can access it from home.”

Other focus group participants indicated that some customers prefer an Internet resource over a book for greater currency, and that preference affects the resource suggested—“[If] you hand them a book...they’re saying, ‘I’m sorry, that’s too old, I want to know...the latest thing....” Participants reported “a lot more customer-driven requests...they’ve heard of...MedlinePlus, and ...maybe from school, they’re familiar with EBSCO....” Customers are more willing to use resources that they have heard of previously, which affects the librarian’s selection of resources.

Sometimes customer preference is for a specific item recommended by a health care provider. When that preference cannot be satisfied immediately, the librarian can suggest comparable resources.

Customer comfort/abilities (17 comments)

Participants indicated they select resources to answer health information requests based in part on 1) customer comfort level with complex medical information and 2) customer’s abilities with computer technology. The complexity and amount of health information available on the Internet can be overwhelming to customers—“...it can just totally overwhelm somebody” when they encounter terms they aren’t comfortable with. “Sometimes...books...are easier...more in layman’s terms.” Several participants noted that while some older people may be reluctant to use Internet resources, they employ a strategy of using print resources initially, and then demonstrating Internet databases and printing out materials for customers to take home. In some libraries, staffing constraints don’t allow much time for sitting with customers to teach them how to use Internet resources, so they may “be happier using books”. In other libraries, the staff is able to “do a lot of checking the databases...printing off information for people.” While it may be “a little bit of a stereotype...a lot of older people feel like a book is an authoritative source, while an online source isn’t necessarily as trustworthy.” MedlinePlus was identified as a resource useful for assisting customers with the transition from print to electronic resources: “they seem to like the ways things have been sifted, and finding things that are pretty readable and giving a general orientation [on a topic] ... shows who is responsible for that one piece ... gives them a good handhold to start with and a place to come back to that’s not too overwhelming.”

Reliability, authoritativeness (10 comments)

Participants are concerned about the reliability and authoritativeness of sources—“medical information ... added pressure ... to get the best possible information”—especially when a general search engine (e.g., Google) is used. Strategies for evaluating search engine results included identifying government (.gov) sites, or sites sponsored by authoritative providers and voluntary health associations (e.g., Mayo Clinic, American Cancer Society, Alzheimer’s’

Association, Arthritis Foundation). For controversial sites, participants stated that examining the “About Us” pages can be useful in assessing the credibility of the information on the site. Customers may come to the library to view a website they have heard about from a friend or on the news—this is a challenge for public librarians, because they have to be “customer driven” and respond to what the customer wants, while at the same time they “try to make sure that what we provide them is as authoritative as possible.” Several participants mentioned that the library maintains lists of selected health and medical Internet sites that the staff has evaluated to encourage use of reliable resources, although no one commented directly on the parallel approach of the MedlinePlus topic pages.

Customer Interactions

Presentation of question (10 comments)

In the public library setting, lack of clarity in presentation of requests for health information and general uncertainty on the part of the customer can be an obstacle to providing effective service. “I’ve had people walk in that had just seen the doctor and been diagnosed, but they didn’t have their diagnosis written down...couldn’t remember the term...told me their symptoms.” In addition, customers may not be open initially: “they just say they want to know where the health books are. It takes a little time to encourage them to be more open about what specific thing they are after.” They may be self diagnosing and just ask, “Where are the health books?” Customers may not have understood what a health professional told them: “his wife was seeing a couple doctors, but he didn’t feel like they had explained it to him...thoroughly enough”. They may have “a little piece of paper on which they’ve written the name of whatever the doctor just told them they have.... Sometimes it’s spelled correctly and sometimes it’s not.” One participant described a project that formalizes the provider-to-library referral—the community health providers are given “information prescriptions pads” on which they can indicate the information needed and send the customer to a community hospital library or a public library specializing in consumer health information. Another participant expressed concern that patients sometimes leave the doctors office with “a rather traumatized feeling, and then later on, when they gather their thoughts about it, that’s when they need the information...” There was an underlying sense that doctors should be doing more to educate their patients.

Privacy (7 comments)

Privacy concerns may affect customer interactions—determining the question “can be hard...with medical questions...you have to make sure you are staying in those boundaries and not getting too personal...you don’t want to turn them away by making them uncomfortable, but at the same time you do want to help them find the information they need.” Customers may be reluctant to ask for information, due to cultural issues or language barriers. Staff are aware of the need to be especially sensitive with people who may be both unfamiliar with computers and “shy about asking about different maladies”—they “look up the website for them...show them how to navigate it...and then they can have their own privacy in reading, not feel like we’re standing over them....”

Role of librarian (4 comments)

The role of the public librarian in teaching health information literacy was touched on by several focus group participants—“patrons...doing their own research and providing their own

information...the direction that we've been going...help them educate themselves, and give them the tools to do that..." Since many people have computers at home, it's important that librarians teach customers how to look for credible sites and how to evaluate the authority of information presented. Some participants noted that teaching takes more time, but will help the customer with future health information needs as well as answering the immediate question.

Training and Development Experiences

Health information (17 comments)

A number of participants reported positively on training and development experiences in the area of health information, while others indicated they had not had the opportunity for specialized training in health information. Training experiences included medical terminology, NN/LM workshops on consumer health information held at a regional conferences, PubMed, medical database training from a local/state network, consumer health information workshops at state association meetings, local training by the NN/LM liaison, and self-directed exploration of the training modules through the NLM and NN/LM website. One focus group participant was finishing up an MLS degree with a medical library specialization and had taken a number of distance classes in consumer health and electronic resources.

General (12 comments)

Some general training and development opportunities included exposure to medical databases accessible through state and system subscriptions (EBSCO, Pioneer), and while the focus was not on health information resources, the general training provided awareness and served as a stimulus to explore the health databases further. Online classes offered by ALA's Reference User Services Association (RUSA) were well-regarded; one drawback noted for national online classes is that the reference sources covered may not be available at the local public library. One public library system offers early morning training with staff from various branches, presented by either a staff person or a database representative.

Formats (13 comments)

Participants commented positively on distance learning, which provides flexibility for learning at convenient times and at a comfortable pace. One person noted that because online course materials are written clearly and concisely, they save time. The written materials can also serve as useful reference guides when they are printed out (to share with other staff or to keep at the reference desk). The webinar format (e.g., Breezing Along with the RML) was well-received, with the format of discussion with PowerPoint visuals easy to follow. A few participants commented on the benefits of in-person, hands-on training, including the opportunity to network with other learners as well as the instructor.

Self-guided (10 comments)

Some participants reported learning on their own, either through consultation with customers—"just hunting and learning what's in the questions"—or exploring databases on their own—"play around and test it out, and I'm always discovering new things". One person described scanning websites of key associations to see what they have posted, e.g., annual meeting papers, to increase knowledge of medical subject areas. Another group participant recounted use of

tutorials to become familiar with databases, but really learning how to use them only after actually using them to answer questions.

Health Information Training Needs

Areas (30 comments)

Participants expressed interest in classes (in person or online) to become more familiar with what resources are available. Of special interest is training in electronic resources, including specialized databases (e.g., current medical journals), discovering more about using the databases that are already available in various libraries, learning more advanced search techniques, and learning “tricks” for finding certain types of information. On the other hand, one participant pointed out the “reality of the public library setting as opposed to a medical library setting” and that most public librarians were “not going to do the in depth” medical research that would require advanced training.

Health information resources training integrated into existing conferences or state library training would make sense. There was substantial interest in the concept of health tracks at conferences. MedlinePlus demonstrations or training, perhaps as a web-based class, are important for those not already familiar with the resource. Participants need to know about sources of reliable information for those who just want basic information and about authoritative websites for finding general knowledge on health topics. A few participants were interested in learning how to judge what qualifies as a reliable website, although others appeared to already have an excellent framework for evaluating general search engine results. Periodic training was viewed as important to keep up with what new resources become available and new features of existing resources. Dealing with health information in non-English languages, especially Spanish, was noted as a training need by some, although this was not discussed extensively. Selection of current and authoritative books for the collection was mentioned briefly. Medical terminology (“med speak”) was identified as something helpful for those without any medical background, though it was noted there are a variety of local and distance sources for medical terminology training.

Training other staff (3 comments)

While there were only a few comments on the challenge of training other staff to answer health information requests, the topic was raised at three of the five focus groups. All staff need to have some training in health reference when referral to another staff member with expertise in health information is not possible—“figuring out how to best get that information out to my own coworkers so we’re all giving the best information we can to our customers ... it’s a great challenge.” Several participants suggested that “training on how to train my staff” would be very beneficial.

Teaching customers (10 comments)

Participants identified the need for training in how to teach customers to evaluate the results of health information searches—“when you have a ten or fifteen minutes interaction with someone, the best way you can educate them about how they can look at web sites...and decide whether or not something is worth their time and whether or not the information is good...increasing people’s comfort with using online resources and increasing their autonomy when they are using

those resources, would be really helpful”. One participant recalled an article about six different areas of literacy required to do online health information searching (including computer literacy, reading skills, scientific knowledge). Training for public librarians in how to assist customers to achieve health literacy would be useful.

Another issue in teaching customers to find and evaluate health information is identifying appropriate methods for directing people towards reliable sources—“another topic I struggle with is...there are people who watch the infomercials late at night and get some [questionable information] ... some of the resources that people come in looking for ... I really don’t necessarily want to help them go to ... how to deal with that kind of [situation]? ... As a public library ... our collection ... is based on what people want.” As a matter of ethics, public libraries do not label or evaluate content in the collections, so how can this service philosophy be reconciled with evaluating sources and “steering” customers to “more evidence-based” or “more traditional” or “more legitimate” resources?—“It’s kind of a touchy deal.” Some participants noted that training of public librarians in the ethics and strategies for guiding people to reliable sources of health information would be welcomed.

Several participants at one focus group site were enthusiastic about a teaching tool, such as a bookmark or an online list, which would identify “trusted websites” for customers. “We usually... give people bookmarks.... After they do go see a doctor, they might have that handy, and instead of just going to Google, maybe they could go to some of these other trusted web sites first.” (It was also noted that an online list of trusted web sites would make it easier for public librarians themselves to explore reliable sites.) A bookmark would provide a low key teaching aid—“a lot of our patrons are computer savvy ... don’t like you telling them what to do, but [the bookmark could be used to] say ... these are places to keep in mind [for] reliable information....” For customers, it would be helpful to indicate which websites are very easy to use “because nothing that we offer even comes close to the ease of use of Google ... whether or not [the results] are relevant is a whole other story”. Customers find the library subscription databases difficult to use, and having to log in makes them more reluctant to use those resources.

Formats (32 comments)

Participants expressed various personal preferences for the format on training and professional development opportunities. Distance education, ranging from self-paced tutorials to multipoint videoconferencing, was acknowledged to be the most practical solution to the issues of geographic distance and limitations on time available. Some people indicated they prefer (online) written materials and instructions instead of oral presentations or classes because written materials tend to be more concise (thus saving time) and can be printed out for future study and reference. A number of participants described positive experience with videoconferencing (e.g., Skype), especially when there was opportunity to ask the presenters questions. “I can be sitting there having my coffee, and there’s usually a chance to ask questions ... I can follow along and have my handout ... I like the mixed mode....” However, for at least one library with computers located in the public area, desktop videoconferencing is not feasible. For database training specifically, onsite hands-on training with an instructor was popular, with the added advantage of allowing colleagues to benefit from the same experience and have plenty of opportunity for asking questions. Independent or group work on practice questions was suggested as an effective training strategy. In summary, the opportunity to interact with the resource, either through

viewing demonstrations or hands-on practice, combined with the opportunity to ask real-time questions of the presenter, appear to provide an effective training experience for many of the participants.

Knowledge Development and Networking (19 comments)

In addition to the discussions of ways to address health information training needs, focus group participants generated some ideas for other approaches to knowledge development and networking. Availability of a protocol or pathfinder on health information resources for public librarians would be helpful—“having some kind of a scheme for librarians where it’s kind of a cascading search – when confronted with a medical reference [question, look] first here, then here, then here...” and “it would be nice to have a ‘cheat sheet’ so that [after training] when you’re sitting at the reference desk and someone ... asks you a question, you can look at that sheet” and determine the appropriate resource for the question. The pathfinder might also include advice on when to send people to more specialized resources (medical libraries). Such a protocol or pathfinder would also assist public librarians in doing independent learning, as they could use the pathfinder as a guide to systematically reviewing key resources. A related suggestion was to create a shared list of reference links by using a social bookmarking account (e.g., delicious.com) to share bookmarks for health information sites.

Some focus group participants were aware of the listserv sponsored by the Consumer and Patient Health Information Section (CAPHIS) of the Medical Library Association (MLA), as well as the MLA consumer health information credentialing program. There was interest in a local or regional listserv, blog, or wiki that would facilitate networking among public librarians providing health information services, and perhaps involve some medical librarians as well. Such a networking tool could help in answering “stumpers”. It was noted that “public librarians come at [health reference] from a different point of view than medical librarians.” Because of the “different perspective that you get in a public library” than in a medical library it was emphasized that “the focus would stay on serving people that walk in to the public library, that we want to come to the public library.” One participant referred to a collaborative project between a medical library at a hospital and the public library, along with other university-affiliated libraries; the speaker pointed out that “it’s interesting to network and talk to these other medical librarians, but they come at it from a totally different perspective since they’re not dealing with ... this big influx of ... the public coming into their libraries like we deal with.”

An idea for promoting health information literacy was to develop programming at the public library, in partnership with community organizations, such as health care providers, area offices of voluntary health agencies, and hospital-based health educators. These organizations may have resource people “to help out with providing resources, giving information, even coming and doing small workshops or such with staff on how to help people get the information they need.” Programming might reflect community interests in general health topics (e.g., pregnancy) or specific illnesses that might have higher incidence in the community (e.g., altitude sickness).

CONCLUSIONS

The focus group discussions offered insights into consumer health resources and services available through the region's public libraries and provided indications of outreach activities the RML might consider to assist public libraries:

- There was some awareness of specialized health libraries at hospitals and academic medical centers as resources for public library consultation or referral. The RML might consider methods of increasing visibility of health libraries in the NN/LM network that are willing to serve as resources for the public and for public libraries.
- The scope of resources used and participants' evident familiarity with key health reference tools in various formats together indicate a good level of comfort on the part of public library staff in responding to consumer health reference questions. A few participants indicated they are not really comfortable with answering consumer health reference questions or with using more advanced resources, due to low numbers of consumer health requests received, limited time assigned to the reference desk, customers doing more of their own health-related searching on the Internet, or lack of database training.
- Public librarians use a range of strategies to effectively respond to consumer health information requests. They listen carefully and sensitively to the request for information, ask appropriate clarifying questions, and deftly match available resources to the interests and abilities of their customers. Public librarians are very much aware of the importance of currency and authoritative nature of health information resources.
- The role of the public librarian in teaching health information literacy was not discussed extensively, but there was a clear sense librarians should teach people how to find health information on their own and how to evaluate the authority of the information found. Tools and techniques to support this effort would be well-received by public librarians. Training of public librarians in the ethics and strategies for guiding people to reliable sources of health information would also be welcomed.
- Participants reported a wide range of previous training and development opportunities, including study in master's degree programs, state and regional network training, and self-guided study. Distance learning (whether simultaneous teleconferences or online tutorials) and incorporating health information resources into existing training opportunities (e.g., conferences) were viewed positively; participants generally were positive regarding any opportunity for professional development in health information resources and services.
- Participants recommended a protocol or pathfinder on health information resources for use in answering consumer health questions and as a learning tool for self-guided review of key resources. Presenting MedlinePlus as a pathfinder of sorts (i.e., a collection of evaluated bookmarks online) might be useful for public librarians, especially for those who already maintain lists of generally reliable Internet sites in various subject areas.

Social bookmarking was suggested as an approach to creating a shared list of reference links.

- Some public librarians were aware of various local and national networking efforts of specialized health information providers. Public librarians were willing to explore further participation in these activities, while emphasizing the difference in service perspectives of public libraries.

Appendix A: Occurrence of Comments by Theme/Topic and Location

| THEME | TOPIC | Number of Comments by Location | | | | | Grand Total |
|---|--------------------------------|--------------------------------|-----------|-----------|-----------|-----------|-------------|
| | | CO | KS | MO | NE | UT | |
| Consumer Health Reference | Referrals | 4 | 1 | 1 | 2 | | 8 |
| | Resources used | 6 | 15 | 5 | 8 | 6 | 40 |
| | Return to health care provider | | | 4 | | 1 | 5 |
| | Staff comfort level | 3 | | 4 | 6 | 4 | 17 |
| Consumer Health Reference Total | | 13 | 16 | 14 | 16 | 11 | 70 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | 1 | | 2 | | 5 | 8 |
| | Customer comfort/ abilities | 8 | 1 | 6 | | 2 | 17 |
| | Customer preferences | | 5 | 3 | 2 | | 10 |
| | Reliability, authoritativeness | 2 | 1 | 6 | 1 | | 10 |
| | Type of question | 3 | 2 | 4 | | 3 | 12 |
| Factors in Selecting/ Suggesting Resources Total | | 14 | 9 | 21 | 3 | 10 | 57 |
| Health Information Requests | Examples | 5 | 6 | 2 | 7 | 6 | 26 |
| | Volume | 1 | 1 | 2 | 2 | 6 | 12 |
| Health Information Requests Total | | 6 | 7 | 4 | 9 | 12 | 38 |
| Health Information Training Needs | Areas | 9 | 3 | 9 | 1 | 8 | 30 |
| | Formats | 3 | | 6 | 13 | 10 | 32 |
| | Teaching customers | 4 | | | | 6 | 10 |
| | Training other Staff | 1 | 1 | | | 1 | 3 |
| Health Information Training Needs Total | | 17 | 4 | 15 | 14 | 25 | 75 |
| Knowledge Development Ideas | | 6 | 6 | 5 | 1 | 1 | 19 |
| Customer Interactions | Presentation of question | 2 | 5 | 1 | 2 | | 10 |
| | Privacy | 1 | | 3 | 3 | | 7 |
| | Role of librarian | | | 3 | 1 | | 4 |
| Customer Interactions Total | | 3 | 5 | 7 | 6 | | 21 |
| Training and Development Experiences | Formats | 6 | 7 | | | | 13 |
| | General | 4 | | 1 | 2 | 5 | 12 |
| | Health Information | 1 | 6 | 3 | 6 | 1 | 17 |
| | Self-guided | 2 | 4 | 1 | 2 | 1 | 10 |
| Training and Development Experiences Total | | 13 | 17 | 5 | 10 | 7 | 52 |
| Grand Total | | 72 | 64 | 71 | 59 | 66 | 332 |

Appendix B: Occurrence of Themes in Responses to Questions

| | Question Numbers | | | | | | Total |
|---|------------------|-----------|-----------|-----------|-----------|-----------|------------|
| Theme | 1 | 2 | 3 | 4 | 5 | 6 | |
| Consumer Health Reference | 31 | 26 | 7 | 3 | 2 | 1 | 70 |
| Factors in Selecting/ Suggesting Resources | 9 | 9 | 37 | 2 | | | 57 |
| Health Information Requests | 33 | 3 | | | | 2 | 38 |
| Health Information Training Needs | | | | 31 | 30 | 14 | 75 |
| Other Knowledge Development Ideas | | | | 1 | 8 | 10 | 19 |
| Customer Interactions | 8 | 5 | 7 | | | 1 | 21 |
| Training and Development Experiences | | | | 50 | 2 | | 52 |
| Total Responses | 81 | 43 | 51 | 87 | 42 | 28 | 332 |
| Percentage of Total (rounded) | 24% | 13% | 15% | 26% | 13% | 9% | |

Appendix C: Coded Comments by Theme/Topic

| Theme | Topic | Comment | Loc | Pg | Q |
|-----------------------------|----------|---|-----|----|---|
| Health Information Requests | Examples | whiplash in a car accident so he was kind of just looking for general information about what exactly that was, and some of the common treatments for it | C | 2 | 1 |
| Health Information Requests | Examples | I had another guy come in who was - basically just wanted to see a picture of the epiglottis or a diagram to see how that works, that kind of thing. So that's the kind of stuff that I get the most often. | C | 2 | 1 |
| Health Information Requests | Examples | I'm thinking of one – bipolar, that is a topic that comes up frequently, I'm surprised that that particular thing does, but it does come up frequently. | C | 3 | 1 |
| Health Information Requests | Examples | There was one particular fellow that came in that was wanting information because his son had recently been diagnosed. | C | 3 | 1 |
| Health Information Requests | Examples | ... call yesterday, it was referred to me from someone else, another librarian, and the gentleman just needed to research Botox, his son had it prescribed for non cosmetic use, and just wanted to actually get some print outs on the drug and just some information, consumer friendly written information on Botox use and it was not that difficult a question, but most of the information out there is for cosmetic, so... | K | 2 | 1 |
| Health Information Requests | Examples | ...we get a lot of folks just coming over just like you were saying ... they'd just gotten a diagnosis of something and they're now coming to find out about it. | K | 3 | 1 |
| Health Information Requests | Examples | ...turned out she was looking for information on diabetes... | K | 3 | 1 |
| Health Information Requests | Examples | [Symptoms] one was that they had a fish smell to them, and the other was that they had a Christmas tree shaped rash ... | K | 3 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|-----------------------------|----------|---|-----|----|---|
| Health Information Requests | Examples | the most recent one I can think of is somebody came in looking for - nutritional aspects of arthritis, and wanting to know what to eat to help with arthritis | K | 3 | 1 |
| Health Information Requests | Examples | I have an anecdote that I think is too good not to share. This was a couple of years ago. ___has a factory, and I had a woman come in who... had a random drug testing that morning, and she tested positive for meth use, and was fired on the spot, and she had never used meth or any other drugs. She called the library and said that she tried to tell the people at the factory that she was taking this prescription for some kind of respiratory ailment, and she thought that's what caused the false thing, and they said no they didn't care, they didn't want to hear it, there were no exceptions. And so she'd come into the library and asked me if I could find anything that indicated. Well, I got real lucky and found on a government website, a description of the prescription drug that said it could cause false positives for meth, and we printed it off, and she took it back to the factory, and [she] sort of made threatening noises about lawsuits, and was rehired back on the spot, and that afternoon she sent me flowers. | K | 11 | 6 |
| Health Information Requests | Examples | ...health reference questions that I had was on a rare child's disease called [Lissencephaly (?)] | M | 2 | 1 |
| Health Information Requests | Examples | [fewer questions now] ... mainly ours are, I've just been diagnosed with such and such, and I want to know what is the most up to date treatment for that? | M | 3 | 1 |
| Health Information Requests | Examples | someone come in looking for information on chronic back pain because her mother had been diagnosed and was insisting this meant she could no longer get up and do anything. She had to sit in a chair and wait to die. And she was trying to convince mom that this was not in fact the case. | N | 1 | 1 |
| Health Information Requests | Examples | Diagnosis of ___ gallbladder ... surgery was my only option or if I had other options. | N | 2 | 1 |
| Health Information Requests | Examples | Son had thyroid cancer | N | 2 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|-----------------------------|----------|---|-----|----|---|
| Health Information Requests | Examples | I had a lady the other day – this is kind of a touchy subject, but she was having problems sweating all the time and she knew it wasn't menopause and she actually found it. I can't tell you exactly what it was [hyperhidrosis?]. | N | 4 | 1 |
| Health Information Requests | Examples | Polycystic ovary syndrome | N | 4 | 1 |
| Health Information Requests | Examples | We had somebody looking for videos on how do I deal with my teenager with Asperger Syndrome. "I don't have time to read a book, I want a video." | N | 4 | 1 |
| Health Information Requests | Examples | diagnosis of spinal stenosis and they were going to go in stick some gel in the vertebrae | N | 5 | 2 |
| Health Information Requests | Examples | I couldn't think of a specific question. Generally it's just ... a specific area ... someone asking do you have any books about diabetes or something like that. So that's about all I can give you. | U | 2 | 1 |
| Health Information Requests | Examples | The most common one I would say is diabetes, people want books on, how to deal with diabetes, they want cook books on diabetes | U | 2 | 1 |
| Health Information Requests | Examples | ... just a couple of days ago where I had a parent of an eleven year old girl who came in asking for information on celiac disease, and then once we started talking, and I was trying to get her some information, she actually ended up needing to know about, the medical tests that a child would go through to ... find out if they have the disease | U | 2 | 1 |
| Health Information Requests | Examples | diabetes type 2 | U | 3 | 1 |
| Health Information Requests | Examples | ... bipolar disorders and things like that | C | 2 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|-----------------------------|----------|---|-----|----|---|
| Health Information Requests | Examples | ... to look up a certain drug or something for someone | U | 2 | 1 |
| Health Information Requests | Examples | not a medical question lately, but there are several women in the area that are taking an outreach class with _____ who are taking nurses training, and have been asked to look up whatever topic it is that they've chosen | U | 4 | 1 |
| Health Information Requests | Volume | Lately it seems like we are getting more people looking for things | C | 2 | 1 |
| Health Information Requests | Volume | being ... the largest and only public library in town we field a lot of health related questions. We're also right across the street from ___ Hospital ... | K | 3 | 1 |
| Health Information Requests | Volume | I don't get asked often enough... | N | 6 | 2 |
| Health Information Requests | Volume | Probably at least ten [health requests per week]. We're open seven days a week. If we don't get at least one a day I'm surprised. We have an aging population. We have parents worried about this, that and the other. | N | 6 | 2 |
| Health Information Requests | Volume | [no] longer get as many health questions as we used to, | M | 3 | 1 |
| Health Information Requests | Volume | ...haven't had any recently. We also have the health department in our building, and a lot of times people are just coming in for classes that the health department offers, such as food handler's permit and things like that. I haven't had any specific health related questions for probably a couple of months. | U | 2 | 1 |
| Health Information Requests | Volume | really don't get many health questions | U | 2 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|-----------------------------|----------------|---|-----|----|---|
| Health Information Requests | Volume | We're located catty-corner to a hospital, so we get a lot of people coming in asking health questions. | U | 2 | 1 |
| Health Information Requests | Volume | I have not had a medical question for probably over a year | U | 2 | 1 |
| Health Information Requests | Volume | don't have a lot of calls for medical information. We have, very seldom do people come in. | U | 3 | 1 |
| Health Information Requests | Volume | You [facilitator summary] said that we're not getting many health related questions, but I think it depends on the library because we get them all the time ... depends on how close you are to a hospital ... if you're by a hospital then people come to you, right after they go to the hospital, for questions. | U | 10 | 6 |
| Health Information Requests | Volume | we get health inquiries on a daily basis | M | 3 | 1 |
| Consumer Health Reference | Resources used | Usually ... in our system , what we have - it's usually something in a more of a general reference book on disorders. We've gotten a few books in that were on just one topic, but they're usually fairly small books. We don't have a lot of any one book on the subject. | C | 2 | 1 |
| Consumer Health Reference | Resources used | I always show them MedlinePlus, even if they are only asking for a book, I always go there, but he was real pleased just that we had some books, on that bipolar and children and he came back actually and said it was real helpful. | C | 3 | 1 |
| Consumer Health Reference | Resources used | Pretty much the same. [Internet or print depending on patron abilities/preference] We do use Medline ... | C | 3 | 2 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|--|-----|----|---|
| Consumer Health Reference | Resources used | So I usually go with MedlinePlus if I can, but also, we have a fair reference collection, we need to get in there and get it up to date again, but the PDR is - PDR people come in and they want to read it , they want to see it. Lots of people do, especially the ones that aren't going to ask you so I think it's an important thing to have, but I always steer them to a reference book from consumer reports and the US Pharmacopeia that I would turn them to, too. Because it is so much more readable. | C | 4 | 2 |
| Consumer Health Reference | Resources used | ... MedlinePlus, what is really good about it is that when you go into it, it starts with a really super basic overview and then you can get more and more specific. | C | 4 | 3 |
| Consumer Health Reference | Resources used | I went to the NLM gateway because I just had training the other day, and I loved that, it was great, I started there, but I ended up pulling mostly things from MedlinePlus, and from their drug database, and also just some articles from our Gale Health and Wellness Resource Center, so he was happy. | K | 2 | 1 |
| Consumer Health Reference | Resources used | We have that series I think is just called Health Resource Series, the red books, and we have probably 40-50 of them, and the index that goes to that and so I will look up the condition that they have written down and see which particular health resource guide goes with that, and I don't know if all of you know the books I'm talking about, they're each title is something like "Resource Guide for Circulation", "Resource Guide for ..." and they're quite thick, I mean there's many, multiple, very heavy tones and lots of times the particular condition might be repeated in more than one volume, like there might be a volume on arthritis and there might be a volume on neurological problems or whatever and different things are going to fit in more than one category, but usually I can find one of these Health Resource Manuals that include that particular condition, and there will be anywhere from two to eight pages on that particular thing, and the benefit is they can check it out, so I hand them that. | K | 2 | 1 |
| Consumer Health Reference | Resources used | Of course if there's more time and their willing to have me spend a little time, then I do what the previous speaker just said, I go to Medline and I go to the Gale Health Resources database and check those things, | K | 2 | 1 |
| Consumer Health Reference | Resources used | So we looked up some stuff in a - it was a pretty general medical encyclopedia and it had ... a basic definition and a couple diagrams and then some common treatments - that kind of thing. That's the kind of stuff [whiplash, general info, treatment] that I seem to get here the most. | C | 2 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|--|-----|----|---|
| Consumer Health Reference | Resources used | so I took her down to the area where we have - general 616 something books on diabetes, and just kind of talking to her a little bit, trying to figure out a little bit more about what she was needing, and in the course of that conversation she tells me she's just trying to figure out if she has diabetes ... so at that point my goal is just like to get her as many just good solid general books on diabetes as I can, and I also have a large pamphlet collection from the hospitals, since they both have diabetes centers here in town, and I went back and got her pamphlets from ___ and ___, and really encouraged her to follow up with them, and contact them and find out more about diabetes and if ... she's eligible to go to their centers and just kind of pursue that as another treatment option, so she left not only with books, but with other resources that will connect her to things in our community. [--> Go Local] | K | 3 | 1 |
| Consumer Health Reference | Resources used | Both times, I hate to admit it, but I googled their symptoms exactly as they had told them to me, got a syndrome which they were both rare syndromes, and then went to Medline and got information for them [recognized? yes] they had such distinctive symptoms that it was a pretty good match. | K | 3 | 1 |
| Consumer Health Reference | Resources used | we try to match them with book resources | K | 3 | 1 |
| Consumer Health Reference | Resources used | and so we had some books on arthritis, and then I also set them up with Medline - and some articles from our Gale Health and Wellness Resource Center ... yes, my experience is very much like everyone else's | K | 3 | 1 |
| Consumer Health Reference | Resources used | [Facilitator: when you say Medline, do you mean Medline as opposed to MedlinePlus?] Yes, I mean MedlinePlus | K | 3 | 1 |
| Consumer Health Reference | Resources used | I mentioned the series ... called the Health Sourcebook series, that is the name of the series, and some of the titles are, stress related disorders sourcebook, allergies sourcebook, cancer sourcebook, and like I said we have probably fifty of these, and they're very identifiable because of the bright red color of their binding ... the spine part is probably a good two inches, and they do have an index which I love and we keep the index in ready reference, and I really like these books because they hardly ever let me down, no matter how unusual the condition is, I usually find it in the index, and then the index will tell me, "see the stress related sourcebook, or the cancer sourcebook," because I don't, I won't know what system, whether it's the ... the blood system, or the neurological system or whatever, and like I said, it is something that people can check out ... That's probably my very first place to look. | K | 3 | 2 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|---|-----|----|---|
| Consumer Health Reference | Resources used | I'd like to expand on the sourcebook, I love them also because they also make excellent markers when you're walking back to the health section. You can always spot the red books with the title, and they help me find my diseases within the large health section, and in addition to them in our other health books, I like MedlinePlus, of course, very much. | K | 4 | 2 |
| Consumer Health Reference | Resources used | I feel most comfortable showing customers the online resources through MedlinePlus, even if they're elderly or not computer literate, I still go to MedlinePlus, and link out to associations, or one of their links, and print out the PDF or the pamphlet, just because I know it's going to be current, and it's right there in hand and it's just easier for me to do, so I usually just stick with that. | K | 4 | 2 |
| Consumer Health Reference | Resources used | [Facilitator: use Health Sourcebooks?] We do, I know exactly what they are talking about, we sure do. We have not kept them all up to date, so, but I do use those, that's a good set. | K | 4 | 2 |
| Consumer Health Reference | Resources used | we have those health sourcebooks too, and we have a lot of Gale products, and we subscribe to like the Gale Health and Wellness Database, and I know myself, and a lot of the staff will go to the Gale encyclopedia of medicine. We have multiple sets on various disorders, and then just a big general set, and it corresponds pretty well with their online resources. We also have an EBSCO Health Complete Database, which is nice for like images ... people that maybe want like a diagram of the knee surgery they're going to have, those are online resources we tap into a lot, and Medline, too, but I think, actually, a lot of our staff will go to the Gale Health and Wellness Database before they'll even go to Medline sometimes. | K | 4 | 2 |
| Consumer Health Reference | Resources used | I would agree with that our staff will...sometimes use the general Gale, I think it's the encyclopedia of diseases ... just to get kind of an overview, and then move on to the online resources. My favorite is MedlinePlus, but it also depends on what we're looking for, too, and the depth of information that the patron needs, so I like our print resources that patrons can check out and MedlinePlus if they're looking for drug information, I like that consumer report, Drugbook, I can't think of what the exact name of it is, but I take people to that before the PDR because I feel like it's more patron friendly. | K | 4 | 2 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|---|-----|----|---|
| Consumer Health Reference | Resources used | I love the really in depth PDF files from the American Cancer Association. You can get general information of somebody who's just been, say diagnosed with breast cancer, or you can just get these extraordinarily complete [articles] that have all the treatment, different treatment options, they're just great, and I've had people say that they really like those, so, once again, I sound like a big MedlinePlus fan, but I just really like it. | K | 6 | 4 |
| Consumer Health Reference | Resources used | [rare disease request] ... one of our health databases ... for academic, and I found quite a few articles in that. I also used the Merck Print Manual of Rare Diseases, and I found one or two pages in there. She was basically looking for any kind of information ... she ended up leaving with quite a bit of information; she seemed very pleased. | M | 2 | 1 |
| Consumer Health Reference | Resources used | ... normally people are looking for something in print ... usually we direct them, we get them a book from the reference or from the check out area, and then we show them how to navigate the databases ... we have several good health databases. We also use MedlinePlus quite a bit. | M | 3 | 1 |
| Consumer Health Reference | Resources used | like others we get quite a few [health information requests] on a daily basis. I usually just go to MedlinePlus first because it's more updated than the hard copy that we have on the shelf, and I point that out to people ... Sometimes I will print out things from there, but I do push that website because it is such a good one. | M | 3 | 1 |
| Consumer Health Reference | Resources used | I can't recall a specific question I've had in the last few days, but I will say that my predecessor set up a good collection of medical information in print form, and I've kept that up to date, and ... I've tried to collect print material on every major system of the body, and we use that fairly heavily. | M | 3 | 1 |
| Consumer Health Reference | Resources used | ..a lot of going to MedlinePlus and going EBSCO, to find the latest articles on a specific illness, or treatment or drugs, whatever, but we don't buy as many books anymore. ... general population ... books on heart attacks child birth ... we don't keep a lot of specific diseases, so we rely a lot on MedlinePlus. | M | 3 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|---|-----|----|---|
| Consumer Health Reference | Resources used | So we went online to MedlinePlus and she couldn't give me anything more specific to work with so we went to chronic back pain and started with other possible symptoms. She saw one of them that actually – one term was the diagnosis – but I don't remember any more so we just printed out boat loads of stuff and said “take this to mom” and she was very pleased to be able to say, “See mom, it's not the end of your life.” | N | 1 | 1 |
| Consumer Health Reference | Resources used | {Medlineplus} That's the best resource I have for non-medical people in my library | N | 2 | 1 |
| Consumer Health Reference | Resources used | ... on the internet ... really a lifeline ...[library has public computers] three high speed Wireless | N | 3 | 1 |
| Consumer Health Reference | Resources used | We do use Medline, but I haven't used it very much but before when I haven't been able to find things when I'd ask my manager and she referred me to Medline ... a lot of times I would just search under Google because I like to pick things like Mayo Clinic or something like that ... something credible | N | 4 | 1 |
| Consumer Health Reference | Resources used | [Prompt: Are patrons are using magazines or books very much?] Internet (2 responses) | N | 4 | 1 |
| Consumer Health Reference | Resources used | I'm just “passingly” familiar with the Go Local Nebraska Project because [Marty Magee and Marie Reidelbach] came out and we've someone working on updating ... resources ... It's really neat to say “Oh, your niece is in Texas? Then go see what they have to say.” | N | 5 | 2 |
| Consumer Health Reference | Resources used | I use Mayo a lot simply because I've been there and I know that it's credible. I mean it's just so... [comprehensive]. Yes. Sometimes too when I'm searching for people and I don't know how to spell what they're asking and they don't know how to spell it until I either go into Google or I try words and go for the squiggly lines to tell me whether I'm spelling this right or it will say, “Did you mean.” But a lot of times then I find the Mayo site. | N | 6 | 2 |
| Consumer Health Reference | Resources used | That's one thing why the internet access is so wonderful for us. Because you can not keep up on the latest books on brain tumors, the latest books on cancer – you just can't. So for us it's really wonderful. | N | 9 | 4 |

| Theme | Topic | Comment | Loc | Pg | Q |
|---------------------------|----------------|---|-----|----|---|
| Consumer Health Reference | Resources used | I have used the EBSCO databases a couple of times | U | 2 | 1 |
| Consumer Health Reference | Resources used | we have Medline bookmarked on our research computers ... EBSCO and Medline | U | 2 | 1 |
| Consumer Health Reference | Resources used | I did have one lady, we have a current medical encyclopedia, and she just likes to come and check it out every once in a while, and she doesn't ask any specific questions, so I have not really had to use very many resources recently. | U | 3 | 1 |
| Consumer Health Reference | Resources used | We have books on that [diabetes type 2], and I think someone in the library owns a book, and some sort of cookbook, but we use the stuff from our own collection | U | 3 | 1 |
| Consumer Health Reference | Resources used | they [nursing students] need medical journals and articles, and of course we don't really subscribe to medical journals, so it's been really helpful to send them to EBSCO where they can access the data, and use those places for them to get information for articles that they're supposed to be doing for a report. [full text] | U | 4 | 1 |
| Consumer Health Reference | Resources used | I use MedlinePlus a lot, because it is, I actually find it easier to search [than] having to go through EBSCO ... I like MedlinePlus for general information for questions that people ask. I use it frequently. | U | 9 | 5 |
| Consumer Health Reference | Referrals | I tend to feel like a public library is a great place to start your search, but I'm really pleased that in - at least in this area - there is a lot of hospital libraries I can refer people to ...cause a lot of them, at least that are close by, will do some of the searching for people and send them something. | C | 5 | 3 |
| Consumer Health Reference | Referrals | And as for MedlinePlus, I know there are hospital libraries around the state, I don't know just what they have in ... as far as that, but I think that some ... libraries will send people out a small packet into those communities if that was something that you guys wanted to do. [idea of urban/large library resource for smaller communities without hospital library able to assist PLS] | C | 5 | 3 |

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| Consumer Health Reference | Referrals | I agree, of course, the public library isn't really, in my mind, a place to really in-depth exploration. I think it's really important to have the referral services set up as well, | C | 10 | 5 |
| Consumer Health Reference | Referrals | So that's a resource [nearby hospital libraries] that I had forgotten to mention before, but I think it really counts as one of our resources. | C | 5 | 3 |
| Consumer Health Reference | Referrals | ... [encouraged her to] contact them and find out more about diabetes and if ... she's eligible to go to their centers and just kind of pursue that as another treatment option, so she left not only with books, but with other resources that will connect her to things in our community. [Go Local?] | K | 3 | 1 |
| Consumer Health Reference | Referrals | but it [academic health databases] sometimes doesn't cover something that is very rare, so after that ... if we can't find anything here through our databases, we suggest that they use a medical school library. | M | 4 | 2 |
| Consumer Health Reference | Referrals | I sent it off to CHIRS and said "Let them get it for your mom. That'll be much faster." | N | 5 | 2 |
| Consumer Health Reference | Referrals | ...called CHIRS [University of Nebraska Medical Center] ...I got all the information from them before I made the decision ... that was very helpful. | N | 2 | 1 |
| Consumer Health Reference | Return to Health Care Provider | I also have suggested more than once that people go back to their doctors and ... just tell them they don't have enough information, and they can't get enough from other resources, and ask them to ... sit down with them and talk to them. | M | 4 | 2 |
| Consumer Health Reference | Return to Health Care Provider | again throughout my conversation I say that ... he or she really needs to consult a physician, because that's the <muffled>, and they know that particular patient. | M | 4 | 2 |
| Consumer Health Reference | Return to Health Care Provider | we do encourage the patients to take the information back to their doctor's office and have someone sit down with them and explain anything that they don't understand. | M | 5 | 2 |

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| Consumer Health Reference | Return to Health Care Provider | though I know it [patron's source] may not be [authoritative], but yet we're still telling them go back and talk to your doctor, read this, it'll give you some questions, so they'll have an idea what to ask their doctor | M | 6 | 3 |
| Consumer Health Reference | Return to Health Care Provider | ... she was very upset, and it was a little hard to get to what she needed, so in the beginning I was kind of going down the wrong avenue ... I was getting her some information about the disease itself ... so once I gave her the information, that wasn't what she needed, and then once we started talking about her, the testing involved, she, well, she ended up wanting to go back and talk to her doctor ... | U | 2 | 1 |
| Consumer Health Reference | Staff comfort level | And when it gets into more indepth kind of stuff, or much in the way of personal or - and I go by how comfortable I feel too, about whether or not I can really find them something reliable. Then I'll refer them to these hospital libraries that - | C | 5 | 3 |
| Consumer Health Reference | Staff comfort level | I feel comfortable doing, or showing them the materials that are most updated on a shelf as far as hard copy books ... I do try to keep things that have become outdated, or reprinted in an updated version, then I will try to keep those things that are no longer appropriate off the shelves, because I think that's kind of a dangerous practice to leave things that are too old on there, so ... we do rely a lot on MedlinePlus because of that. | M | 4 | 2 |
| Consumer Health Reference | Staff comfort level | I always start out with MedlinePlus, and from there if I find some good sites, they're fine with that, and then after that I go to our health databases to find recent articles. | M | 4 | 2 |
| Consumer Health Reference | Staff comfort level | we don't do it [health reference] like we used to fifteen, twenty years ago I guess is what I'm trying to say, and we really, in our situation with the kind of questions we get, we don't buy much in reference at all anymore, and we don't try to keep as up to date in our prep courses as we used to, mainly because we want to save that money, and get the online databases which is what our patrons are really wanting as far as the health science department goes, so just some different thoughts there. | M | 6 | 3 |
| Consumer Health Reference | Staff comfort level | I thought that was kind of amazing that she found it. [Google?] I don't know what she got on to find it but she wrote it down for me and found out what the problem was [patron on her own?] | N | 4 | 1 |

| Theme | Topic | Comment | Loc | Pg | Q |
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| Consumer Health Reference | Staff comfort level | [comfortable with] MedlinePlus. I'm not as comfortable with CHIRS although I have done some work on it | N | 5 | 2 |
| Consumer Health Reference | Staff comfort level | [Prompt: ...where do you direct them for health information?] I direct them to MedlinePlus but I'm not comfortable using any of them because it's so seldom that I'm out. I spend most of my time cataloging so I usually direct them to another person there when I'm asked for something like that, to be real honest. | N | 6 | 2 |
| Consumer Health Reference | Staff comfort level | I have a mother and a brother who are both nurses and they worked at the University bookstore for like 5-6 years so I have more than a passing familiarity with medical terminology than my co-workers, which is fine. | N | 6 | 2 |
| Consumer Health Reference | Staff comfort level | I'm not sure how many we would get, my branch is in an Hispanic community and so sometimes I didn't know and people would interpret for me. So we do the best we can but I don't think they always answered everyone. | N | 7 | 2 |
| Consumer Health Reference | Staff comfort level | [MedlinePlus in Spanish - difficult] Because the odds of my being able to read what they're reading – not so much. | N | 13 | 6 |
| Consumer Health Reference | Staff comfort level | [EBSCO for drug info, couple of times] extent of experience with health related questions | U | 2 | 1 |
| Consumer Health Reference | Staff comfort level | I just feel comfortable with the EBSCO databases because I've had a little bit of training through the state library with those, so that's what I use | U | 4 | 2 |
| Consumer Health Reference | Staff comfort level | I am comfortable using EBSCO through Pioneer ... Medline. I hesitate to admit that I also [search] Google and come up with some of the more authoritative websites, and then of course we do have books in the library as well. | U | 4 | 2 |
| Consumer Health Reference | Staff comfort level | I use EBSCO, I feel pretty comfortable with it. Medline a little bit, I'm not quite as comfortable with that, and then we have information in the library. | U | 4 | 2 |

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| Consumer Health Reference | Staff comfort level | I'm feeling like we're pretty undertrained here - we used to have a reference librarian on staff who had a health science background, and she did attend some workshops, and then she would come back and pass on information to us, but since she left we haven't really participated in any training | M | 8 | 4 |
| Consumer Health Reference | Staff comfort level | Well, I guess for me is I feel comfortable showing people how to do books or like Med Line. I used Medline a lot in school, so I'm pretty comfortable with it. | C | 3 | 2 |
| Consumer Health Reference | Staff comfort level | The things that I find - when you guys are mentioning Medline, I'm wondering if you really mean Medline or if you mean MedlinePlus. There's a lot of people that ... I don't use Medline - I almost never use Medline. And PubMed, the other name for Medline, I never use it just because I don't feel really competent on that. | C | 3 | 2 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | ... as far as books and materials on the regular shelves, we will use our anything that's as updated as we can have at the moment. Someone mentioned earlier that they try to put things out that are specific, deal with specific conditions, and we do the same thing here, so we go to those particular things if we have something like on fibromyalgia ... we have several books on that, so we will go directly to those rather than the more general anthologies on medical conditions, and then, of course, again the databases and the MedlinePlus. | M | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | ...considering print, of course, I make sure that it's up to date, and from a publisher that I know is reliable in the healthcare field, and I'm going to second or third what some of the other people have been saying that - I tend to use heavily the sites of organizations like the American Cancer Society, American Diabetes Association, I'm not sure if that's the correct name for it, but we do tend to use that heavily, and Mayo Clinic, too. | M | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | Well, I generally see if we have a book first, especially if it's current. Also physician's desk reference is good, and then if I can't find anything between those, I usually just go to EBSCO, or like people have said, Google, if necessary. | U | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | Sometimes we have a couple of really good resources on the shelves, and if that answers their question then we're fine. If they need a little bit more information, I use EBSCO a lot, for example, we have a gentleman who has seizures, epilepsy, and I go in there quite often to check medication. | U | 5 | 3 |

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| Factors in Selecting/ Suggesting Resources | Customary procedures | I use primarily Pioneer and also just like our books, databases while I can show them how to search for books that way, that's the only way... | U | 4 | 2 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | We have some resources [databases?] here in our library. I use Medline ... probably also Google would be one of my first choices to go to | U | 4 | 2 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | I really try to find something on our shelf first, usually, and then I'll go to EBSCO after that, usually, but ... Google ... if I can't find anything, but usually you can find at least something on Pioneer. | U | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Customary procedures | One of the things that I'm thinking of - one thing is what I'm familiar with is a big determining factor... | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | I think as far as deciding what to use - the most important thing is figuring out exactly what it is they want.... So, as far as evaluating, I think it's more about what they need. And I think that more often than not what they need is more general information with the questions that I have answered. | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | I have to agree. [most questions call for general information] | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | ... depending on what they are looking for, if I know it's in one thing or another than that will drive my direction. | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | I'd only add that I sometimes consider what it is they're looking for, is it something common that I know we're very up to date on? Or, like in the case of the tree rash and the fish smell, is it something rare, and then I automatically turn to MedlinePlus. | K | 6 | 3 |

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| Factors in Selecting/ Suggesting Resources | Type of question | when I try to gauge how much they know, what, where they are in gathering their information about their condition or the disease, it depends on what I'm going to print out from MedlinePlus if it's just the overview that you first get to, or if they need to actually get a print out of ... have had some patrons that have been living with their condition for years, and like the PubMed, the medical articles, and I'll give them a citation list that they can come back to me if they want to research further so it just depends - on the person, and who they are. | K | 6 | 4 |
| Factors in Selecting/ Suggesting Resources | Type of question | depending on the type of disease or whatever they're looking up [print or database/MedlinePlus] | M | 3 | 1 |
| Factors in Selecting/ Suggesting Resources | Type of question | I usually go to MedlinePlus and then also the Mayo Clinic, and then I hit our health databases, but, depending on if the condition or the request for information is rare or general, I either go to the academic one of the consumer one [database], depending on what the consumer is sounding like he or she needs, | M | 4 | 2 |
| Factors in Selecting/ Suggesting Resources | Type of question | ... if the person is seeking the latest in treatments, or looking the latest research, we usually use MedlinePlus, or we'll direct them to Mayo Clinic's website. | M | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | if it's, like someone mentioned, Alzheimers, or that type of thing we will use the website of that group, and try to help them, try to get support numbers for the patron to help them - become more acquainted with what they're researching. | M | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | first line I usually try to see what we have on our shelves, and then I use Medline a lot, I use EBSCO, I feel fairly comfortable with those. Sometimes I go to Mayo Clinic, and I use Google, it just depends on the question ... what it is they're looking for | U | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Type of question | it really depends, which resource I turn to first really depends on what exactly the patron is looking for. If they're looking for a really quick, simple answer to a simple question, then that, for me would tend to be an online, easily accessible resource, which, quite frankly would most likely turn into a Google and see what the results were on that. If it's an in depth, informative type question, I will go to, EBSCO in the Pioneer databases. | U | 5 | 3 |

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| Factors in Selecting/ Suggesting Resources | Type of question | I like what _____ said, especially in her first example of this person who came in and was a little upset and needed some information. Sometimes you really have to talk to the patient, or to the person, and ask questions to see what they really are after. For just basic information, we do have our medical encyclopedia, and then we usually use Medline, or information of that sort. | U | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | ... if someone says, "I want something I can take home and read." [use Health Sourcebook] | K | 4 | 1 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | Well for me one of the first questions that I ask is, "Do you need something that you can check out? ... that's a factor | K | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | Right, if it's a Mayo, if it's a MedlinePlus if it's an NLM product I'm going to trust it far more than the book by Joe Smith, M.D., who might or might not really be an authority on the subject. | N | 7 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | and then I also ask them if they're comfortable on a computer, and/or ask them if they have access at home to a computer, because thanks to the ___ library card, and the different things that they can access through that like the health resource one from Gale, ... I want to show them that if I know that they would be able to use it from home. | K | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | that's very much what I do, too. If they want something to check out, then we try to use book sources first, and then I will refer them to the online databases if they have access from home - sometimes it depends on the depth of information that they're looking for, too. | K | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | Sometimes they want books anyways [even though databases are more current] that they can just take home with them, and go through, but I do see to it that they get a bookmark on MedlinePlus so that they can access it from home. | M | 3 | 1 |

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| Factors in Selecting/ Suggesting Resources | Patron preferences | the way our patrons are too, they want to use the internet | M | 3 | 1 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | We do a lot of more patron driven requests, they want go what they've heard about, and luckily they're heard of, like, MedlinePlus, and there maybe, from school, they're familiar with EBSCO, and so they're more willing to go there, than to maybe some of these other health databases that they've never heard of. | M | 6 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | ...she asked for books but she had books ... [titles that] a doctor had given her. And we found those but I also looked it up on the internet. She was given more information because the book wasn't at our library Ours were from the 1990s and I said, "I'd really prefer to get you on here and print you something that has a bibliography and we can get it for you later. It will be more current. | N | 4 | 1 |
| Factors in Selecting/ Suggesting Resources | Patron preferences | ... but most of the time it's just someone who doesn't want to spend a lot of time, but just wants something they can take home and read. | K | 3 | 1 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | It comes down, I think, more often to trying to determine what they are comfortable with, I guess. If I feel like it's someone who ... I'll ask if they have the internet at home, and that sort of thing. If it's someone who is comfortable using Medline, then I'll use that and use an online source, but if they specifically ask for a book, and I suggest that we can look on-line, but they are more interested in a book, then I usually go to a more general reference type of medical book. | C | 3 | 2 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | but I think people get overwhelmed with things on the internet because when you put it in, it's kind of like going to the Physicians Desk References. A lot of terms that they don't / aren't comfortable with and that's why they are coming in in the first place. To try and find something that is more in lay man's terms. I think sometimes, the books, if we can find them are easier, because it breaks it down better for them. | C | 3 | 2 |

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| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | But people, when I take them to MedlinePlus, they seem to like the ways things have been sifted, and finding things that are pretty readable and giving a general orientation and also it shows who's that or what government organization is responsible for that one piece. So it seems like to me that it gives them a good hand hold to start with and a place to come back to that's not too overwhelming. | C | 3 | 2 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | So I absolutely agree with you guys, they are not comfortable with internet stuff. They definitely need the book stuff too, but I still feel like it's a good thing to let them know if it's out there because many of them have a friend or family member or something. [will need more depth/info] | C | 3 | 2 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | But I think also we tend to use the internet more for younger people, because I know that some of the older ones that come in and ask - they really don't want to do anything on the computers. | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | So, for the most part it goes back to judging comfort levels and what you know that they will be comfortable using and that they can come back to later - if they know where to find the information. | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | And with our staffing, we can get them started, but a lot of times we really can't do things for them, so they seem to be happier using books, that they can sit down and take their time and reread it and go over things. | C | 4 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | I think that goes back to, it's a little bit of a stereotype, but I think a lot of older people feel like a book is an authoritative source, while an on line source isn't necessarily as trust worthy. | C | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | ...our particular branch is in a changing part of town... the health databases are used quite a bit from our outside ... more wealthy branches. We find the people rely on us to help them get the information because they don't have computer skills to just hop on and go, so we do a lot of checking the databases, checking Medline, and printing off information for people in this area. | M | 4 | 1 |

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| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | The problem with the health databases would be that if they're asking for a very specific, complicated kind of thing, that the academic or the nursing edition database is too technical for the ordinary person to understand, so we have a consumer edition... | M | 4 | 2 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | ...our patrons are more comfortable with books - we usually start with the reference section, looking up the malady or whatever in the reference area, and, that gives the patrons something to look at while we pursue the database and websites to get more detailed information for them. Usually the reference books are good for a good overview or the disease ... and then kind of prepares the patron for absorbing whatever it is that we've found on the databases, and I think it helps them understand them a little better | M | 5 | 2 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | ...we don't have a set protocol for handling patrons' questions. It's just, each person is different, and if they are, appear to be knowledgeable with the computers and databases and things we just might even skip the reference books, and just go straight to a database that will give them more specific information, more updated information what they need. | M | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | a lot of them are older, and so they don't feel comfortable using the internet databases, but I can print stuff of for them, and I do that all the time with Pioneer [Utah's Online Library] | U | 2 | 1 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | ... it depends upon the patron, and what their need is sometimes. You know a book will do, because just of the nature of the medical problem, but for the most part we usually go to Medline first, to help them, at least get a hold of what their question is. Sometimes they don't know exactly what they're wanting, and so, sometimes it's just easier to go to Medline, and work, talk about their problem a little bit, so that we can more pinpoint what the actual issue is. | M | 6 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | Well, it kind of depends, to me, on the age of the patron that's asking. If it's a kid, a teenager, they go right to the internet and they get on EBSCO, or they get on Medline and they are comfortable doing that. If it's an older patron, we try to find them books on the shelf, information that's in print -- they're intimidated by the computers, and I don't have a lot of staff that I can sit there with them, and go through all the steps to get where they need to get, and get the information they need, so I try to go on the shelf first, and then I hit the internet, that's my kind of my last resort for the older people. Younger kids just can go there, and they access EBSCO and Medline, and get the information that they need. | U | 5 | 3 |

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| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | I would just second what the other two have already said, because we do pretty much the same thing here – sometimes I really try to gauge, like I don't want this to sound bad, but like how overwhelmed they're going to get, because when you do go to a database and you just type stuff in, sometimes like all, even on Medline online, like all these like reports and stuff come up, and it can just totally overwhelm somebody who just want ... three pages on a disease, so I kind of try to gauge ... where they're at and how much information they want, and the depth of information, and then go from there. | K | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Patron comfort/ abilities | And again, most of our patrons are more willing to go to the internet, like a MedlinePlus that we provide to find their answers, and they don't want it in a book. You hand them a book and they're saying, I'm sorry, that's too old, I want to know, what is the latest thing out on whatever it is that they're researching, so we do a lot of internet searches for them for the medical questions, but we don't get near the medical questions that we, say five years ago. So it's really dropped off, and I really can't explain why. | M | 3 | 1 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | I think evaluating on line stuff, the issues is a lot of times the authority of it, because it's ... other pieces of information, it's still important to get the right information, but medical information is a little added pressure I think to get the best possible information. | C | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | We did a web site, and, on both English and Spanish. We got a grant several years ago, and we did a selection of a bunch of web sites, so that's a good resource for us and you are certainly welcome to use it if you want to. But to find things that we've done some screening of and their authority, you are absolutely right, it's really important [evaluated resources] | C | 5 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | One thing that I often have done when it's a medical related question, and I'm just using a Google or something like that to find general information, I will often use the advanced search, and limit my search to a .gov website, and then I feel a little more confident about whatever information I'm finding, that I'm not ... leaving something out they should have known, but don't want to put everything in in case it's ... fly by night idea, or whatever, so I like limiting it to .gov because then I at least feel ... there's some security, and that I'm not giving them some ...quack's information. | K | 6 | 4 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | some of the particular websites on various areas of health, like the cancer society, Alzheimers, those particular authoritative websites we will use, and, get credible information from them, so that ... probably the main criteria for choosing a website is ... its authoritativeness | M | 5 | 3 |

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| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | ... we have selected internet sites that we, as the librarians and the reference department everyone is responsible for a category. So someone has evaluated the sites that we have linked under the health and medical sections, so [unlike another speaker] we don't use print very much, we usually use the online, and if it's somebody who's not really a good searcher, or very comfortable with the internet, we do try to steer them to our selected internet sites health category, so that they're not just Googling a particular disease or condition, and then, and not taking the time to evaluate the information. | M | 6 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | Now we do send them ... to the Mayo Clinic site and to the different ... the Arthritis Foundation, and we do try to press on all sorts of information. Over the internet, you have to look at what's authoritative, but we found that even if you buy a database that's very authoritative saying, if they're not familiar with it, they don't want to use it, they want to go somewhere whether they heard about it during the news, or they've heard from their friends when they've talked with them, and so I think our criteria, and I can't believe I'm saying this as a professional librarian, is we become more patron driven because that's how we're getting the best use, and then we try to make sure that what we provide them is as authoritative as possible | M | 6 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | as far as the electronic courses, I try to go with something that's authoritative in the sense that it has a .gov or .edu or .org domain ... I really try to stay away from just doing ordinary Google or Yahoo sources for health information, because I think you pick up a lot of miss [unreliable] hits in the search, and I try to give the patron as much specific information related to their condition, or their disease, and that's about it. | M | 7 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | About using Google because you never know what kind of information you're going to be giving your patrons. That's why we buy authoritative books, because we don't want ...just any information out there, so I think you're right to stay away from a Google search, and go to the reliable sources. | M | 7 | 3 |
| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | we are the reference base for our library - we serve thirty different branches, so we do keep up as much as we can with the reference materials, but we do not promote googling these things because there is so much misinformation out there | M | 7 | 3 |

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| Factors in Selecting/ Suggesting Resources | Reliability, authoritativeness | The lady who wanted the video on the Aspergers. I found some sites on the internet and I thought well this looks pretty good. Let's go to the "About Us." Mmmmmm, not so much. So that's why it takes me longer on those [to use standard web evaluation strategies] ... Because I do want to find out who wrote this. One of them is very controversial and when I went into the "About Us" I looked at that and thought, I've seen that name before. The National Autism Society had a bit about him, this "nut job is out there saying this and this..." Ok, so I kind of balance it with both perspectives. | N | 7 | 3 |
| Patron Interactions | Presentation of question | Sometimes not enough information is available [to define the question] | N | 7 | 2 |
| Patron Interactions | Presentation of question | The most common thing that comes up here is someone often elderly, but not always comes in with a little piece of paper on which they've written the name of whatever the doctor just told them they have, and they want something they can take home and read, which confines things a little bit. | K | 2 | 1 |
| Patron Interactions | Presentation of question | ... last week I had an older guy come in and he was looking for information. His wife had suffered whiplash in a car accident so he was kind of just looking for general information about what exactly that was, and some of the common treatments for it, cause I guess his wife was seeing a couple doctors, but he didn't feel like they had explained it to him, I guess, thoroughly enough. | C | 2 | 1 |
| Patron Interactions | Presentation of question | A recent one that I had was just like so often we'll get a patron and this lady ... she just fit the bill perfectly, she comes in and she just says where are the health books, you know, very very general [diabetes] ... she's kind of self diagnosing perhaps a little bit ... | K | 3 | 1 |
| Patron Interactions | Presentation of question | our main library is an inner city library with maybe a less well educated service population, and on these two different occasions I've had people walk in that had just seen the doctor and been diagnosed, but they didn't have their diagnosis written down, couldn't remember the term, the name. They told me their symptoms ... | K | 3 | 1 |
| Patron Interactions | Presentation of question | my experience is very much like the rest of you, somebody comes in with a little piece of paper that they've got a diagnosis on, and sometimes it's spelled correctly and sometimes it's not | K | 3 | 1 |

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| Patron Interactions | Presentation of question | librarian over at the ___ hospital, she and I are working on a grant project that is actually sponsored by ___, and ___, where we're using information Rx, which is a Medline product, and we're going to be going out to health care providers in our community and encouraging them to refer their patients to our library, and also to her library, but especially to our library since we're so consumer health based. And part of this project is that they have these information Rx pads, which look like prescription pads, and they can actually write down things to ... hand to the patient who will, then, hopefully in turn come to our library with their little sheet, and we can take it from there. | K | 9 | 6 |
| Patron Interactions | Presentation of question | it seems like doctors -- I don't know if this is a universal problem or not -- but it seems like they don't really do a very good job of explaining or going into much detail, and patients don't know what to ask, they don't know the right questions always ... or else, it's a something that is pretty serious .. they kind of leave with a rather traumatized feeling, and then later on, when they gather their thoughts together about it, that's when they need the information, and they've finally figured out ... I really don't know anything about this, and that's when they come to us. So....seems like we are doing the job of what doctors should be doing in the first place. | M | 4 | 1 |
| Patron Interactions | Presentation of question | We have some folks who are very... a couple of very strict vegans who are actually the raw vegans and [names] are always in looking up stuff and we've gotten him turned onto MedlinePlus. But then he says, "I don't know how to do this and I don't know how to spell this and I don't know how to print this..." I say, Ralph, "Let me come show you again." But, God love him, he's keeping on top of it. | N | 7 | 2 |
| Patron Interactions | Presentation of question | I find a lot of times people come in and they're not real open initially, they just say they want to know where the health books are. It takes a little time to encourage them to be more open about what specific thing they are after. | C | 3 | 1 |
| Patron Interactions | Privacy | It may be cultural too that they're just not going to ask somebody about this [following discussion of having someone interpret for Spanish-speaking patron and non-Spanish-speaking librarian]]. | N | 7 | 2 |
| Patron Interactions | Privacy | I don't speak English well enough. I don't know you or something. | N | 7 | 2 |
| Patron Interactions | Privacy | I do remember a married couple coming in and we got him a book or something and the wife would be saying, "Just ask." She was very loud and he said, "Be quiet." (Laughter) | N | 7 | 2 |

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| Patron Interactions | Privacy | [Determining the question] Which can be hard I think with medical questions and sometimes because you have to make sure you are staying in those boundaries and not getting to personal and making them uncomfortable that they don't - you don't want to turn them away by making them uncomfortable, but at the same time you do want to help them find the information that they need. | C | 4 | 3 |
| Patron Interactions | Privacy | I'm thinking that this was the babysitter, but I couldn't ask a lot of questions ... [rare disease of childhood] | M | 2 | 1 |
| Patron Interactions | Privacy | ...we find that in some cases, and I'd say that might be 30%, people are kind of shy about asking about different maladies, so the computer kind of gives them a ... little privacy ... in reading and stuff, so that's something ... we can try to consider. | M | 5 | 3 |
| Patron Interactions | Privacy | I'd like to add that, with people who are, who do appear to be, computer illiterate or hesitant, we will look up the website for them, get them onto that site, and then show them how to navigate it, and that way, then they can have their own privacy in reading, not feel like we're standing over them, their shoulder. | M | 6 | 3 |
| Patron Interactions | Role of librarian | what you're saying about patrons ... doing their own research and providing their own information, I think is the direction that we've been going and aiming for a long time, so I think that that, I don't know, I kind of feel like that's what we are about is to help them educate themselves, and give them the tools to do that, and that's what I feel like our databases, that's the purpose they serve is to give them those resources that they can use because so many of them, of course, they can access from their own computer, so I think that's a good direction to be going is to just guide them in the right places to find those. [teach information literacy] | M | 6 | 3 |
| Patron Interactions | Role of librarian | most of our people ... asking questions about medical problems think that that's all they have to do is just Google something, and so we try to teach them....that they need to go to the .org [or] .gov sites, to get the get the best information, the most current, and correct information. | M | 7 | 3 |

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| Patron Interactions | Role of librarian | what I think we are about is helping people learn how to take those resources because we certainly want them to use those things that have credible information, and that's what we try to do too, and not just get on the internet and see what you can find, we do, we offer basic internet classes and do searches and we feature a health, research part of that, and show them, try to show them and explain what the difference is among the different databases, or not databases, but websites and how to look for something that has some authority to it. | M | 7 | 3 |
| Patron Interactions | Role of librarian | Trying to teach people what you have takes time. | N | 8 | 3 |
| Training and Development Experiences | Health Information | I' m just finishing up my degree right now and I had to pick a specialty so I picked a Medical Library Specialty even though I work in a public library. So I have taken quite a few classes concerning consumer health and e-health resources and that kind of thing. It's all distance learning which it can be really great - there are things that I like and I think that the key success factor is making sure that whoever is running the class and participating in the class is very conscientious of what is going on as far as - when I had professors that I could e-mail and hear back from quickly it really helped out a lot as opposed to others who - you might send an e-mail and not hear back from them for four days... | C | 8 | 4 |
| Training and Development Experiences | Health Information | I had the Med Term class back in the 1990s at UNMC | N | 8 | 4 |
| Training and Development Experiences | Health Information | ...there was one you did that was a "snake oil something..." [NN/LM presentation at NLA - not sure] | N | 8 | 4 |
| Training and Development Experiences | Health Information | Just short ones that we had at work ... Someone on our staff [presented] ... Then generally we need them to go over it again because it's so far in between when I have to use them again. | N | 9 | 4 |
| Training and Development Experiences | Health Information | [Prompt: use tutorials, show in staff meeting?] We actually have the CD we just haven't used it that way yet. | N | 9 | 4 |
| Training and Development Experiences | Health Information | We have tutorials for other stuff. | N | 9 | 4 |

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| Training and Development Experiences | Health Information | No, I haven't had any workshops. It's just kind of hit and miss. | N | 9 | 4 |
| Training and Development Experiences | Health Information | I'll second that, this is ____ and it was MedlinePlus, and also there were other things that she [NN/LM liaison] other resources, databases, and websites that she did show us, too, so that's probably the beginning of our training, and we have librarians from not just our library, but the area that came for that, so it was a very useful session that we had doing that. | M | 7 | 4 |
| Training and Development Experiences | Health Information | our library is close to the ____ area, and we have the ____ Network that does continuing education classes for Missouri and the western part ____, and they have done fabulous workshops on how to search medical databases, what's out there, and our staff members have been able to go to those workshops, and they're offered extremely reasonable, and so that's really how a lot of our training for our staff has gone, by going to ____, so, and that has worked out very well for us. | M | 8 | 4 |
| Training and Development Experiences | Health Information | our library system has training in different databases on a periodic basis and we've enjoyed the PubMed training as well and I've whenever I get a chance I like to go to ____ classes because it seems like I always pick up something a little different. I would say that's probably the extent of things at this point. | M | 8 | 4 |
| Training and Development Experiences | Health Information | I have not had very much training. I think it was you [NN/LM staff] that came through a few years ago, and introduced us to Medline here in the library. Basically, that is all the training that I have ever had. | U | 7 | 4 |
| Training and Development Experiences | Health Information | I've been really fortunate because I've got to take a lot of training that NNLM offers, like and all day PubMed training ...and I've called you and asked for your help, and the best thing I think, I'm sure you directed me to it, when I first started here was all the different training modules they have through NNLM, and you can just go through them on your own, it's awesome. I check ... healthy guide to web surfing the first week I was here ... just amazing all the stuff that's already put together that you just have to take the time to go through the training on the National Library of Medicine's website, so I've relied heavily on you guys. | K | 6 | 4 |
| Training and Development Experiences | Health Information | I went to the mid-continental region, the medical library association conference, and got a lot of training there. | K | 6 | 4 |

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| Training and Development Experiences | Health Information | I also try to sign up whenever one of the database centers offer a webinar on a health database also, I'll try and sit in for that. | K | 7 | 4 |
| Training and Development Experiences | Health Information | I try to catch the sessions at conferences, KLA on consumer health, or when KCMLAN does a workshop on consumer health, I try to attend those. | K | 7 | 4 |
| Training and Development Experiences | Health Information | someone from ___ came out to our library, and did training for all of our staff on MedlinePlus, and that's been several years ago, but - the training through the network is good too. | K | 7 | 4 |
| Training and Development Experiences | Health Information | I do have a great resource across the street, because ____, the hospital, has its own medical library, and its own medical librarian, and she and I are partnering on another project right now, so, she's kind of like my mentor and she's showing me things that I wouldn't otherwise know, and really, like, helping me learn about a lot of health resources that, I mean I had heard of most of them, but I hadn't really explored them, so she's just been a great personal resource for me. | K | 7 | 4 |
| Training and Development Experiences | General | I also have taken a business records class through ___ professional development. And I have found that to be really helpful and I think I don't know if it is really well known that those classes are offered, but it was taught by Celia Ross and she's on BRASS - the Business Reference arm of RUSA. She provided a really good format and I find this _____ education to be a really good way to get a lot of helpful information especially because you get a lot of specific resources to use through the business reference course ... | C | 6 | 4 |
| Training and Development Experiences | General | Yea, the Reference Users Services Library Association – it's part of that ALA – if you go to that ALA web sites, it's one of their associations. And they have a whole profession tools section of their web site and it's really pretty neat, they have on-line classes. The one that I took was a couple of hundred bucks. It was a month long business reference course and it was just nice because that's something that none of our staff were ever really fully trained in, but they also have things like the reference interview; genealogical research ... various topics. | C | 7 | 4 |

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| Training and Development Experiences | General | ... the [distance] classes I had were really good as far as learning about specific resources and how to search different resources and which to use in which situation, but the down side is that a lot of times the resources I use for class are not resources that I have available to me just working at the public library so it's not realistic to have tailored to exactly what every person has available but at the same time it does make it tough, because sometimes you get a question and you're like if only I could use XYZ this would be perfect, but it's not always an option. | C | 8 | 4 |
| Training and Development Experiences | General | [NN/LM liaison] came to our library and taught our, my staff about MedlinePlus, and we learned a lot about that, so that was one of our best training. | M | 7 | 4 |
| Training and Development Experiences | General | So, training right now would just be from reference classes | N | 9 | 4 |
| Training and Development Experiences | General | [Prompt: So, you said you can go through classes for these different databases that you all use? Does everybody go through those classes? Or is that an optional thing?] It's an optional thing and I think they're always between 8:30-9:30 in the morning before the library opens and they want the branch managers. So it would be librarian I, II and specialists.... I think it would count [as work time] but it still really adds to your day because you have to drive to whatever location, earlier in the morning and that's during traffic.... [at different branches] and it's usually a staff person who is really familiar with the database or sometimes I know they have had people come from...the database [vendor]... And they come and walk you through it. | N | 9 | 4 |
| Training and Development Experiences | General | ...the only training I've had for any health databases or anything was from the state library with their Pioneer class, and that was very helpful. However, they didn't just focus on the health information, but it did cause me to go and explore those databases more, and just see what they have to offer, so it's been a great resource for me. | U | 6 | 4 |
| Training and Development Experiences | General | I've had representatives from, I think it's an EBSCO Medical Library here ... they were not actually doing training, they were trying to encourage us to partner with the hospital across the street ... our hospital isn't really very cooperative. | U | 6 | 4 |

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| Training and Development Experiences | General | I did take some training I think at the district office at one time on ... how to use Pioneer. It was more for how to help students access places that they could go for information, so really not ... just concentrated training on how to use the health, EBSCO ... medical part | U | 6 | 4 |
| Training and Development Experiences | General | I have also attended state library trainings on Pioneer. I, two or three years ago, received a masters degree in library science from UNT, which is an online program, and in the reference classes had some medical questions, but nothing specific, no class specific to health related questions, and I can't think of anything else that's specific to health. | U | 6 | 4 |
| Training and Development Experiences | General | I've had training ... at the state library, and through Utah Library Association. There's been a little bit of training there, it's not really specific to health services, but it gives you an overall view how to use Pioneer, and how to access EBSCO and that kind of stuff. I did have a little bit of training when, I think it was [NN/LM and ?] that came through and showed us what's available and how we can access it, but that's about all the training I've had. | U | 7 | 4 |
| Training and Development Experiences | General | and also through - I've been taking a reference sources and services class from MLS this semester - both of those have given me a lot of specific tools. | C | 7 | 4 |
| Training and Development Experiences | Formats | I'm actually in an analyst program right now, so that's been really wonderful kind of interactive thing I am learning as I am doing in a sense which is really nice. | C | 6 | 4 |
| Training and Development Experiences | Formats | And they [ALA online] are really nice. They are the kind of thing where you know you are doing it for work, so you are doing it at work, you kind of do it at your own pace. And there weren't any tests or anything like that. It was pretty fun and very interesting. Yea I was very hesitant about distance learning before I started my masters and I wasn't sure of what to expect, | C | 7 | 4 |
| Training and Development Experiences | Formats | I always really enjoyed the face-to-face learning, but I've been really impressed. I think that one of the things is that when people are writing, [for online course] they tend to formulate really clear - they express themselves really clearly. And so you kind of save some time. | C | 7 | 4 |

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| Training and Development Experiences | Formats | I've been impressed too with the distance learning kind of stuff. And where I first experienced some of that was - I was invited about a year or two ago to participate in a Breezing Along session with NN/LM....and I had never been to one before, and never had the reason to feel like I better participate right then. But I was so impressed with the way that they were able to do PowerPoint and move the cursor around. ... screen would change and the cursor would move and it would show you where you were clicking ... | C | 7 | 4 |
| Training and Development Experiences | Formats | With the RUSA Class one of the great things is that they provide lessons that are written and I was able to print off all my lessons and make a binder and share some of that information with other staff which was really helpful. So now we have a business reference binder and I have a whole file of business reference favorites and a whole folder of favorites in my business reference resources. | C | 7 | 4 |
| Training and Development Experiences | Formats | [Breezing Along] ... well organized and you could go back to it at a different time and just link off of one of the MLMA web sites and I think that it is such a great way to do it. Particularly, then you can come when you need to, or when you're free from the desk and have a break. To have that time aside and be able to focus on it. I think that's a great way to do one. | C | 8 | 4 |
| Training and Development Experiences | Formats | I definitely like the hands on training ... when I go to seminars | K | 7 | 4 |
| Training and Development Experiences | Formats | and then the fact that the network has all the material and everything online, again, that I can refer to, almost like you can the second time around you can do it self-paced or go back to it, just like the Gateway training I took the other day ... I can go back and review all that online, so I like that. | K | 7 | 4 |
| Training and Development Experiences | Formats | I'll just second the webinar format again. I really enjoy that because you can just dial in, and watch somebody else go through it, ask questions. That's really convenient for me. | K | 7 | 4 |
| Training and Development Experiences | Formats | And I'm kind of a hands-on learner. I like to have an opportunity to kind of explore as we're going through a training like that, to really get a feel for a database or resource. | K | 8 | 4 |

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| Training and Development Experiences | Formats | I'm more of a visual learner than an audio learner, so I like to read, and study on my own, so ... any tutorial online that I can take, | K | 8 | 4 |
| Training and Development Experiences | Formats | I also really like a networking opportunity where I can hear other librarians say ... I had this kind of question, and I found out that using this really worked, or did you know that this site has this kind of feature ... that's where I pick up a lot of stuff is any time I can network with other people who are doing what I'm doing. | K | 8 | 4 |
| Training and Development Experiences | Formats | I do like a chance to training out, I'll just reiterate I like a chance to network, to talk, now you all are in larger communities than I am, and ... this is different too, because usually helping people around here, I'm in a large community, I mean so compared all the little towns around, we're kind of the resource ... for a several mile radius, and you all have much more resources than I do which is the reverse ... I would like to have a chance just to network with people and find out ... probably 90% of our questions that we all get ... are common to all of us, | K | 8 | 5 |
| Training and Development Experiences | Self | [Self-taught?] Yes. It's just hunting and learning what's in the questions. | C | 6 | 4 |
| Training and Development Experiences | Self | And so I think focusing specifically on a topic and getting a lot of information [resource guides?], and then I actually access that stuff and learn more about it as I am working with patrons and I think that collaboratively for me, because of the time constraints, in terms of actually having time to go into every single web site search engine - I've tried data bases out there - I feel that I learn a lot just in my consultation with patrons. | C | 7 | 4 |
| Training and Development Experiences | Self | ...anything that I've learned I've just learned from playing around ... like when we got the ___ library card set up, and ... I looked at what the different Gale one's were and saw the health resources, I just kind of play around and test it out, and I'm always discovering new things. | K | 6 | 4 |
| Training and Development Experiences | Self | I agree with a lot with the on the job training | K | 7 | 4 |

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| Training and Development Experiences | Self | I haven't really had a lot of formal training, and this is sort of a new project ... that I'm kind of taking over, a lot of this health stuff. | K | 7 | 4 |
| Training and Development Experiences | Self | it's been a while since I've been to any, kind of formal training ... | K | 7 | 4 |
| Training and Development Experiences | Self | One thing that I have done for myself as far as increase my knowledge of what other recent findings are ... I go to various, like, associations or societies of different diseases or physicians who are involved in that disease or condition, and look for their annual meetings where they have a lot of the papers posted, or specific conditions posted, and that can kind of give me an insight. It would be nice if there was a database that pulled all of these annual summary papers together in one spot that you could search for, but I, again, agree with everything that everybody has said related to this question. | M | 10 | 5 |
| Training and Development Experiences | Self | I don't think I took anything in the Masters Program that helped with any health issues. Mostly it was through talking to [relatives who are health professionals] and getting on and just looking things up and I know kind of what I'm looking for but... | N | 8 | 4 |
| Training and Development Experiences | Self | I would use tutorial and sometimes I do get on them and just kind of look through it to see how to use it. But it's usually after I've been asked and I didn't know what to do and I'm fumbling through trying to get the answer and afterwards I'm like "oh next time try a different way." | N | 10 | 4 |
| Training and Development Experiences | Self | I have used [Pioneer health database] myself to try and get familiar with it, but [training] might be a helpful thing | U | 6 | 4 |
| Health Information Training Needs | Areas | Well, I know for one that there is a lot out there that I don't know and I would welcome classes, even if it's on-line and getting more familiar with what's there. | C | 6 | 4 |

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| Health Information Training Needs | Areas | ...one thing that I think would be helpful is to talk about what's really the reality of the public library setting as opposed to a Medical Library setting. I think some of the classes tend to be more focused on - like if you were really going to do the in depth kind of stuff, which I don't feel like , at least here, that we should go into a lot of in depth kind of thing. But just that reality of what's different in our public library setting... | C | 9 | 5 |
| Health Information Training Needs | Areas | I like just finding out about things I might not know about ... and are there little tricks [such as] I found that this one place [resource] is really good for this, or that, or whatever. | K | 8 | 5 |
| Health Information Training Needs | Areas | hopefully they'll [state library?] keep offering the health related courses in the future. We really do appreciate it. | M | 8 | 4 |
| Health Information Training Needs | Areas | I can say, too, that my staff and I would be receptive to just about anything | M | 10 | 5 |
| Health Information Training Needs | Areas | I think for most times, our general information - we don't have a lot of - occasionally we do - for culturally sensitive issues and things, but mostly, general knowledge would work the best for our purposes. | C | 9 | 5 |
| Health Information Training Needs | Areas | And, maybe touching on common - Diabetes - things health related with weight issues is always a big one, and things like that. | C | 9 | 5 |
| Health Information Training Needs | Areas | I was doing an assignment for school where I had to go and observe in a library and go and observe a reference question and go through all the ---- so I asked sort of a health related question and in this particular case, there was really no awareness of anything beyond just the non-fiction collection. [Need increase awareness of electronic resources] | C | 9 | 5 |

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| Health Information Training Needs | Areas | I just would echo, I would like to look into more of the on line training. Sometimes we don't even know what's out there ourselves. [training in electronic resources] | C | 10 | 6 |
| Health Information Training Needs | Areas | ... I'm wondering now at CAL and various conferences and such I haven't actually - I went to CAL this year - but I'm fairly new to the library world - and I'm wondering are there specific consumer health tracks or programs available? That might be one place where some kinds of real tool oriented programming could be provided. | C | 10 | 6 |
| Health Information Training Needs | Areas | I like that word TRACKS [consumer health focus at reference/lib conferences] | C | 11 | 6 |
| Health Information Training Needs | Areas | And just from my experience, last years CAL, I thought there were some really great informative presentations and stuff, but it's nice to be able to take home specific resources or have a specific even reference track ... that could have different workshops in different areas and the Reference Renaissance conference is coming up this summer and that might be a good place to really learn how to take the tentative information and move it out of the box a little bit. [consumer health reference at PL conferences - health track] | C | 11 | 6 |
| Health Information Training Needs | Areas | ...in our community Spanish language [resources] would be very helpful. | K | 9 | 5 |
| Health Information Training Needs | Areas | since I don't have a medical background, the med speak [medical terminology], I would like to be, just more proficient in that. I don't know if that's something the network can help me with. I've seen some great classes just here at ___ that the folks that are going into medical transcribing and stuff take. I would just like a general knowledge because I know once you get it all, all the things under your belt, with the prefixes and suffixes and everything, it would just fall in line, and I would just personally like to know more of that, but ... that's not a network thing, but it would help me. | K | 9 | 5 |

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| Health Information Training Needs | Areas | I would like to get more detailed information on medical library searches and that type of thing - just haven't had the time, or the means to do it, but for now the database preparation stuff is very good. | M | 8 | 4 |
| Health Information Training Needs | Areas | perhaps we could make a request from the state library to include that [medical resources] in some of their summer institute courses that they offer, or winter too. I know they're trying to do things in different parts of the state through the year, rather than just all in the summer, and maybe that would be a good advanced class that they could offer. | M | 8 | 4 |
| Health Information Training Needs | Areas | probably just a lot more resources that we can get online - maybe some actual databases that we might consider subscribing to when budget allows - that are especially good and cover maybe a wide range of areas. I mean, MedlinePlus is wonderful, and - I'm very satisfied with using that, but if there's more out there that goes even beyond that - I'd be interested in knowing what that would be, or some specific databases that are zeroing in on, say, cancer or ... a general condition like that, but that has many sub-headings to it, that would cover a wide range of those | M | 9 | 5 |
| Health Information Training Needs | Areas | [in addition to online databases] and just general websites that are very authoritative, too. | M | 9 | 5 |
| Health Information Training Needs | Areas | I would second what was just said, as far [as] learning what's new out there. I'm sure there's other databases that are just as good as Medline, but we're not aware of them, and we just don't have time to do our own searching ... coming together, be it hands-on classes or even online classes where people can share, oh, this is worked out really well for us -- just so we can brainstorm, and other things that are out there and are available, but we're just not aware of. | M | 9 | 5 |
| Health Information Training Needs | Areas | the type of training I'm looking for would tend to be ... the most current information ... and perhaps searching for that information in a more advanced state. Also, I would like more on some of the more, the current journals, the medical journals, and that type of thing if there was, there's a database out there that's offering - something like that, that would be wonderful to have, too. | M | 9 | 5 |

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| Health Information Training Needs | Areas | learning more about the resources that we do have out there, so we can help patrons better. | M | 10 | 5 |
| Health Information Training Needs | Areas | Databases and in choosing the books too, if you're going to buy a book you don't want it to be out of date shortly. | N | 12 | 5 |
| Health Information Training Needs | Areas | I think I'd like to learn Medline after hearing everybody else that uses that a lot. It sounds like a good resource that I need to learn, and that's probably one that I can just go on and figure out myself, but...[Follow-up: is that Medline for biomedical abstracts or MedlinePlus?] Well MedlinePlus, then, would probably be one that ... would be beneficial in a public library setting. I'm sure they both would be, but ... it sounded like a lot of people use [MedlinePlus], so that's one I'd like to learn, and ... maybe even doing a web class for that would be helpful. Otherwise I could probably just go on and play around, and figure it out, but other than that, I feel pretty comfortable with the information we have in the library [no additional training need]. | U | 8 | 5 |
| Health Information Training Needs | Areas | I think perhaps I would like to know about other websites I could go to besides EBSCO, so I could get reliable information, because sometimes the stuff on EBSCO is sort of erudite for someone who wants just basic information on their disease or whatever, and so that would be helpful, just other websites you can go to that you can rely on. | U | 9 | 5 |
| Health Information Training Needs | Areas | I like the idea of [training on] other sources that am out there. I think that myself and my staff could always benefit from reminder trainings I guess, trainings that are more geared toward, we know you know this, but let's kind of go over what else it may be able to do, or ... whenever, anytime there is a new feature or something, some sort of fairly basic, like I said, reminder type training. | U | 9 | 5 |
| Health Information Training Needs | Areas | ideally what I would really like is some sort of training in -- when you were talking about culturally sensitive health information -- I guess what I really need to do is just learn Spanish, but some sort of health information in a language that's not your language. | U | 9 | 5 |

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| Health Information Training Needs | Areas | I think what I would like to do is know more about what reliable websites there are, and how to make those judgments on what is a reliable website, and what qualifies [as] a reliable website. I think that would be excellent training. | U | 10 | 5 |
| Health Information Training Needs | Areas | I think that would be great [judging what is a reliable website], that kind of training, so that we know that we're giving out reliable information and not just something that someone put on the web that's their experience or whatever. | U | 10 | 5 |
| Health Information Training Needs | Areas | ... he periodic update or ... every year ... or every six months some sort of training that keeps us ahead of what's out there, and how to access it, and just keeps us all on the same page. | U | 10 | 5 |
| Health Information Training Needs | Areas | I like the idea that they mentioned to help us assess ... what is reliable like the American Medical Association page, or the Heart ... There's Cancer ... telephone ... workshops going out right now for cancer ... and people who are associated with people that have cancer, but I don't have any way of knowing if this is really a good thing [and supported by reliable organization] ... is it something people are going to be using? | U | 10 | 5 |
| Health Information Training Needs | Training other Staff | And just knowing where we could go and having it available that you could train the other staff members. if some comes in and they are looking for this, go this is accessible to everyone here and that type of thing would be better. | C | 9 | 5 |
| Health Information Training Needs | Training other Staff | I do work at a big library, I work in a department with 25 other people, and being kind of the health librarian now, I have this challenge of everything that I do, I feel like I have to, in some way kind of disseminate that information out to my coworkers, and ... it's a real challenge because everyone has their own ... style and comfort level with dealing with health questions, and I can't obviously answer every health question that comes into the library because I'm not on the desk all the time, so just kind of figuring out how to best get that information out to my own coworkers so we're all getting the best information we can to our patrons ... it's a great challenge, but it would be great to have, just a support network to go back to with that, too. | K | 10 | 6 |

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| Health Information Training Needs | Training other Staff | One of the things that just came to my mind is, and it's little, slightly off topic [i.e., related to previous question], but one of the trainings that I would also think would be very beneficial would be how to train somebody else, kind of like a train the trainer type of thing. For health related information, I try really hard to have my staff refer those types of questions to me, or to one of my senior library assistants, but there are times when ... somebody that would best be able to answer the question is simply not available, and if we could somehow, if there was a training on how to train my staff, is what I'm trying to say. | U | 10 | 6 |
| Health Information Training Needs | Teaching patrons | I think for me what I think would help the most is something related to basically how to - how, when you have a ten or fifteen minute interaction with someone, the best way you can educate them about how they can look at web sites and do their own searching and decide whether or not something is worth their time and whether or not the information is good because chances are if they are doing these kinds of searches they don't have a medical background so it not like they can compare what's on the page to their personal knowledge , but I think the side effect of that is increasing people's comfort with using on line resources and increasing their autonomy when they are using those resources, would be really helpful. | C | 8 | 5 |
| Health Information Training Needs | Teaching patrons | ...helping people with those basic skills like the comfort level on line and kind of an information literacy kind of thing and health literacy. Those kinds of literacy issues. I was reading in an article a couple of months ago - it was talking about somebody is going to be doing on line health information searching, they've got to have some skills in about six different areas of literacy. One's computer literacy, one - they've got to be able to read, they have got to be able to - they have health literacy, science literacy, just to know, to compare up to date information - those kinds of things - basic. | C | 9 | 5 |
| Health Information Training Needs | Teaching patrons | Another topic that I struggle with is - there are people who watch the infomercials late at night and get some pretty not very valuable, I would judge, I guess, but some of the resources that people come in looking for - I really don't necessarily want to help them go to - and so kind of how to deal with that kind of thing As a public library, at least here, where our collection - our physical collection of books and stuff is based on what people want and so we have quite a few books that I would just as soon -- you know and people want them -- and so that whole thing of evaluating and steering them - I try to always at least ask them to include the more generally evidence based sorts of things, more traditional resources, but its kind of a touchy deal. | C | 10 | 5 |

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| Health Information Training Needs | Teaching patrons | That's a great point, I think helping people sort through that information and maybe even, in an unassuming manner, directing people towards the more legitimate sources of information, that's very good idea. | C | 10 | 5 |
| Health Information Training Needs | Teaching patrons | I kind of feel like a lot of people are just not afraid to go out there on Google and, you know, do their own searching, but I think it would be nice if we could just prepare some resources like bookmarks or whatever that would just have some, you know, trusted websites like everyone has been talking about, and ...I obviously don't know very many of them, and it would be nice to have a resource like that that we could just give to people, and say hey, when you are going to go out and search, you should probably ... check these sites out because they are trusted websites. I think that would be helpful. | U | 10 | 6 |
| Health Information Training Needs | Teaching patrons | ... we usually just give people bookmarks for all various sorts of things, and that can just be another one [on trusted health websites], and that way when they do, after they do go see a doctor, they might have that handy, and instead of just going to Google, maybe they could go some of these other trusted websites first. | U | 11 | 6 |
| Health Information Training Needs | Teaching patrons | It would be nice to break them down, too, [list of trusted health web sites] and say these sites are good for just really quick reference, but these other sites might have more in depth information. [Facilitator follow-up: On paper?] or just like an online list ... someplace I can go, and I can go see, oh, these are all the websites that I can trust if I'm trying to give out medical information, then I can go on, and I can play with all the websites, and then I wouldn't have to do a tutorial, and that's really nice ... if you don't want to spend an hour or two doing something like that. | U | 11 | 6 |
| Health Information Training Needs | Teaching patrons | I like the idea of a bookmark ... because a lot of our patrons are, well they're computer savvy. They like to go in and look, and some of them don't like you telling them what to do, but if we have that, then we could say ... this is, these are places to keep in mind [for] reliable information about whatever it is you're looking for. | U | 12 | 6 |

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| Health Information Training Needs | Teaching patrons | I was going to say, along with the line, I think something for patrons that indicates that this is a very easy website to use, because currently nothing that we offer even come close to the ease of Google. You Google and you have a list of [websites], and whether or not they're relevant is a whole other story, but a website that is as easy as Google to use, and the Pioneer databases are not as easy to use for our patrons as Google is. | U | 12 | 6 |
| Health Information Training Needs | Teaching patrons | Also, something that you don't have to log in. My patrons have to log in to EBSCO, and that makes them not want to do it. | U | 12 | 6 |
| Health Information Training Needs | Formats | [Distance learning] It would work, yes. | C | 6 | 4 |
| Health Information Training Needs | Formats | ...if it's an online thing and if you can make a binder out of it and go step by step and go at your own pace kind of thing - I think that could be valuable | C | 11 | 6 |
| Health Information Training Needs | Formats | we all seem to enjoy the hands on, and we seem to retain it so much better, and we've gone to a workshop, and have actually ... worked through the database, or worked through the books or whatever, almost everyone who is in my group, that's what they would say that they prefer is the hands on training. | M | 8 | 4 |
| Health Information Training Needs | Formats | I would really appreciate hands on training, that's how I work best, and I think several of our other staff members would prefer that, too. | M | 8 | 4 |
| Health Information Training Needs | Formats | I was going to say, actually, the opposite [of hands on training], but I appreciate the chance to take ... classes online, especially with fuel prices approaching astronomical highs. Since we're pretty much toward the far northwest corner of the state, it's -- if we could save the travel time, I think it's great. | M | 8 | 4 |

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| Health Information Training Needs | Formats | agree with her I think that online classes are very good hands on classes are good, but sometimes it's hard to get, to take down the notes and follow along with the rest of the class, so sometimes I prefer ... just to have a classroom presentation online would probably be my favorite overall | M | 9 | 4 |
| Health Information Training Needs | Formats | [If] local, not very far radius from our library ... I think the hands on is great and it allows probably more people to actually participate in that too, but I'm going to contradict myself by saying that long distance learning could also include more people - so it kind of depends on the time, the situation, and what's offered and that kind of thing, so - we're open to whatever's available mainly, but I guess preference would be ... short range, local offering. | M | 9 | 4 |
| Health Information Training Needs | Formats | I'd like to agree with ____, I like the hands on, and I think my staff likes hands on because they can always ask questions, and ... if one doesn't think of a question, the other person might that's in the class - but before the situation, presents themselves sometimes it's just better to have a different learning course. | M | 9 | 4 |
| Health Information Training Needs | Formats | [best way to get you information?] I would say on paper. | N | 10 | 4 |
| Health Information Training Needs | Formats | It's easy enough to do it that way [brochure or pamphlet] but my follow through of having time to do it can be set in a stack of things. So if I was able to attend a class and it was more detailed like medical I think that would be better or at least for me to make sure I'm comprehending it and would be able to help with it. | N | 10 | 4 |
| Health Information Training Needs | Formats | I like a combination of having it in print and then having somebody actually demonstrate it. I like having a person there so that you can ask questions. Because sometimes when you get it in print, if that's not the way your mind works, it's not very helpful. | N | 10 | 4 |
| Health Information Training Needs | Formats | [Web conferences?] I can be sitting there having my coffee and there's usually a chance to ask questions and I can follow along and have my hand out – I like the mixed mode – | N | 10 | 4 |

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| Health Information Training Needs | Formats | [Web conferences?] Yes, those are good. | N | 11 | 4 |
| Health Information Training Needs | Formats | I don't really remember what it's called -- the ones where you sit in the room and it's a T.V. and a microphone. I did a program for my... [Videobroadcast?] Yes, I've done those. [but not where you've been able to sit at your own computer and just have it on your phone] No. I don't have a computer. It's out in the public area. | N | 11 | 4 |
| Health Information Training Needs | Formats | [Self-paced tutorials?] It's finding the time to watch it and finding the time to not be interrupted and forget where I stopped. Self paced, absolutely because I process differently than someone else and when I'm ready to go, let's go. | N | 11 | 4 |
| Health Information Training Needs | Formats | [Prompt: Practice questions?] I'd be worried I was going to get the question wrong. | N | 11 | 4 |
| Health Information Training Needs | Formats | [Prompt: Practice questions?] I like to have those real life examples because I can't come up with it off the top of my head ... Give me a topic exactly that you know there's something in there about. Right? | N | 11 | 4 |
| Health Information Training Needs | Formats | In my reference classes that's what we would have, a list of questions and we'd all go to the library and... [look them up] | N | 11 | 4 |
| Health Information Training Needs | Formats | I do some tutorials type things online, but it's really helpful to have ... a class where you actually have a person there to say, I don't understand this, could you show me.... As far as I'm concerned I'm an old lady, and I have to have a lot of help. | U | 6 | 4 |

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| Health Information Training Needs | Formats | I went to the state library for a training specifically on how to use the medical databases, and I have to say that it was ... an hour, and I feel like it should have been fifteen minutes, and that's the one thing about the training that I tend to go to, is that they tend to be really long winded, and not very succinct, and so I don't think I would ever go to one again because of that, but it did help a little bit. I think for me, the best thing to do is just to go and try it out and play with it a little bit, and I tend to learn a lot more when I'm doing that. | U | 6 | 4 |
| Health Information Training Needs | Formats | Sure, I prefer in person, just in the classroom setting, like that class at the state library, but I also feel like a web class, even like what we're doing right now [telecon], would be really helpful. It doesn't really matter as long as I can ask questions live, even if it was chat, that's the important thing to me. | U | 7 | 4 |
| Health Information Training Needs | Formats | Well, like I already said, I prefer ... in person but these type of, that we're doing right now [telecons] are helpful ...I just took one from State Library not too long ago, it wasn't on health or anything, but they go through the whole process, and ... they can see your computer ... and you can see what they're doing, then you can ask questions if need be if you're not sure what they're talking about, [What is it?] Oh, some such thing where we stick on our headphones and yack at her, and ... must be Skype and whatever other thing that you have to have to actually see the person [and] they can see you. Usually she does it one on one, but this last time ... there were several people.... It may have been Web Junction that hosted it. You can either type in your question, or you can actually talk to them, and they answer questions. Kind of like a class only you're sitting in front of your computer. | U | 7 | 4 |
| Health Information Training Needs | Formats | I did the in-person class, and I also did the one [with the] State Library ... where you could type or ask questions through your headset ... I liked not having to go the state library because it saves me time, but I also like ... just having like instructions online, and how to do it would be enough, it would probably be faster. | U | 8 | 4 |
| Health Information Training Needs | Formats | My preferred way of taking classes is online, some sort of distance education module. I've done a whole bunch of different types throughout the last year, and they all seemed to work pretty well ... that's basically because of the remoteness of our library, and the difficulty of actually ... going somewhere else. In a very close second would be a presenter coming here in person, where I would be able to train with whatever the subject is, the majority of my library staff here at the building, and then, third I guess would be having to go ... somewhere else. | U | 8 | 4 |

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| Health Information Training Needs | Formats | We're pretty remote and I am the only staff here at the library, so probably the best way for me to get training would be online. Most preferred would probably be in person, but probably the most feasible would be an online training. | U | 8 | 4 |
| Health Information Training Needs | Formats | I would prefer having someone come on site to the library so that ... all my staff here ... could all be on the same page learning it all at the same time, so that what someone remembers and someone forgets, we can help each other know how to access these. The second would be online. My third would be going somewhere to get training. | U | 8 | 4 |
| Health Information Training Needs | Formats | I think I would want, like, a list [of trusted health websites] like that just for me ... then I could go and play with the website, and so I wouldn't necessarily have to go to a tutorial, because sometimes it's a lot more useful to just go search on your own, but if you have a base list to work with, then that's really helpful and useful. | U | 11 | 6 |
| Health Information Training Needs | Formats | Part of the problem is the time issue. Trying to find time to research some of these items and the different data bases on line or look for the books and things that I needed, that would be more helpful for us. | C | 6 | 4 |
| Health Information Training Needs | Formats | Well, in my case we need time. (Laughter) ... The librarian puts them (library materials) on the shelf and takes them off and runs the errands, cleans the place, the entire thing. | N | 12 | 5 |
| Health Information Training Needs | Formats | I try to get to the ones [educational opportunities] that might be helpful. Some of them simply are not helpful. [no detail] | N | 12 | 5 |
| Health Information Training Needs | Formats | And then there's always the problem of distance. It's usually at least 90 miles. So I really need to pick and chose what makes it. I'm not just going to be going. | N | 12 | 5 |

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| Health Information Training Needs | Formats | We're quite a ways from the state library, so it's not really feasible for us to go up for a one hour training, so basically anything I get, I will have to do on my own. | U | 7 | 4 |
| Other Knowledge Development Ideas | | I think the electronic resources for medical information in particular are just so valuable and so I think that having some kind of a scheme for librarians where it's kind of a cascading search - when confronted with a medical reference first here, then here, then here. And just trying to have some easy to manipulate publications or guides - some kind of path finder for librarians in the state could probably kind of open people's eyes a little bit. | C | 9 | 5 |
| Other Knowledge Development Ideas | | [referral services] and maybe some sort of a path finder that could help librarians to know - OK, once you've looked kind of here and there, now this is when you need to send people to more specific resources [specialized libraries]. | C | 10 | 5 |
| Other Knowledge Development Ideas | | I like the idea of librarians having a list because ... it takes time to go surfing, but if you had a list, then you could go to specific places. | U | 12 | 6 |
| Other Knowledge Development Ideas | | Additionally I think that one of the ways that teaching information literacy to really stick is developing programs about this kind of thing. So maybe statewide there could be some sort of an organization developing programming ideas that could be implemented in the public library whether they be programs related to pregnancy or specific illnesses that have higher like in _____ we have altitude sickness, or whatever, but I think having programs where partnerships are made with other organizations within the community, Medical Centers or other practitioners can kind of learn how to use some of our resources in addition to kind of helping us - the patrons to navigate. | C | 9 | 5 |
| Other Knowledge Development Ideas | | Another thing that would be useful, I think, would be to contact the area agencies on the specific health conditions, like we were talking about, Cancer Society, Alzheimer's Association, and Heart Association and so on. There are resource people at those places, and I think they're more than happy to help out with providing resources, giving information, even coming and doing small workshops or such with staff on how to help people get the information they need. | M | 10 | 5 |

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| Other Knowledge Development Ideas | | it would be wonderful if some of these groups were interested in coming out, to the libraries and helping us meet peoples' needs better, that would be great. | M | 10 | 5 |
| Other Knowledge Development Ideas | | I just want to jump in, I don't want to interrupt anyone else, and quickly, if you have a hospital in your community, or area, that would be another good resource to take advantage of because they usually have an education person that will be glad to provide information on resources as well, and come and talk to staff, too. | M | 10 | 5 |
| Other Knowledge Development Ideas | | ... another resource that I have used in the past to get some information ... through the Medical Library association there's a consumer and patient health information - CAPHIS. They have a listserv, and so I look on that list serve a lot and I've gotten lots of good suggestions or where people would be discussing issues and things like that. That's been really good. | C | 11 | 6 |
| Other Knowledge Development Ideas | | The other day we were talking about something that the MLA offers and that's a credentialing process where if you take so many courses and so many contact hours you can get a credential in consumer health information and stuff. I didn't know if you guys were aware of that - or is that new to people? | C | 11 | 6 |
| Other Knowledge Development Ideas | | ...another thing that would be useful for me already exists, but I don't know about it if it does -- A link through delicious through some special network of links. I know the Colorado provide shared links and that's really helpful in doing virtual reference, I think that having something to specifically help focus could be a really good resource. Something that people could just have on their reference list, computers and have links that kind of work collectively and that could kind of save some time too. | C | 11 | 6 |
| Other Knowledge Development Ideas | | I think what would be really neat just from listening to the other librarians speak is, if we just had our own little ... listserv blog wiki just of us Kansas, the librarians that ... somebody told us what hat to wear that we're going to answer consumer health questions ... we could just talk to each other, and blog with each other, or email each other, or however format is most convenient. That'd be great. | K | 9 | 6 |

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| Other Knowledge Development Ideas | | ...that's just a big project (information Rx) that I'm personally working on right now, and ... I don't have a real strong health background, so I'm kind of learning it as I go, and having just a network of other public librarians would be great. In this project we are the only library that was selected that, is like a partnership between a medical library at a hospital, and a public library. There are eight other libraries that are part of this grant project, and they're all medical libraries or libraries that are affiliated with the university, so, it's really interesting that, to network and talk to these other medical librarians, but they come at it from a totally different perspective since they're not dealing with ... this big influx of ... the public coming into their libraries like we deal with. | K | 9 | 6 |
| Other Knowledge Development Ideas | | ...would like to add my yes vote to the idea of a Kansas public librarians' ... wiki or blog or some resource where we could ... along the idea of stumpers, but more to Kansas ... and to medical issues would be great. | K | 10 | 6 |
| Other Knowledge Development Ideas | | I would like to also say that I would be very interested in any kind of networking opportunities, either online, or real life. | K | 10 | 6 |
| Other Knowledge Development Ideas | | [Networking opportunity] would be good. I think public librarians come at it from a different point of view than medical librarians, and so, maybe having some medical librarians in there too would help us learn ... the vocabulary, and what we need to be looking at in the databases, what we need, terminology we need to be using and things like that, so ... some sort of networking opportunity would be good. | K | 10 | 6 |
| Other Knowledge Development Ideas | | I think what would be key is, there's so many wonderful medical librarians in hospitals, and I even know ___ has a consumer health area in her library, but it's when I went to the conference, MLA local conference in Omaha, it still is like the previous speaker said, just a different perspective than you get in a public library, so I think if the emphasis is on public librarians providing health information ... it would be great to have a liaison with the other group, but if the focus would stay on serving people that walk in to the public library that we want to come to the public library. [General agreement] That would be cool. | K | 10 | 6 |
| Other Knowledge Development Ideas | | I think if we knew exactly what just the whole wide range is out there ..., we could be helping our patrons ... bibliographies on databases, or websites that are good would be really helpful. | M | 10 | 5 |

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| Other Knowledge Development Ideas | | I was just thinking here - my eye went to the complete directory for people with chronic illness, from A to Z publication, and it would be nice to have something like that online because I know a lot of them, the other libraries, don't have the reference sources that we do, but basically that publication goes through the different ... cancer, brain tumors ... asthma, whatever, and it has in it the agencies, the associations, audio/video resources ... that you can give to your patrons to help them get more information on - on their problems ... and it seems like something along that line in a database or a website or something would be really, really helpful to a lot of librarians out there. | M | 11 | 5 |
| Other Knowledge Development Ideas | | I know when I first started and the equipment and training and stuff – it was last summer. You go through every day to day as fast as you can. I told them that it would be nice to have a “cheat sheet” so that later when you’re sitting at the reference desk and someone comes and asks you a question you can look at that sheet and say “I know we have a database for that.” | N | 9 | 4 |