

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**CONNIE SCHARDT, AHIP, FMLA**

Interview conducted by Diane McKenzie, FMLA

October 10, 2016

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Consent Form for Oral History Interview (2002 version)

This confirms my understanding and agreement with the Medical Library Association (MLA) concerning my participation in an oral history interview as a part of MLA's Oral History Program.

1. I agree to be interviewed by Diane McKenzie  
on October 10, 2016. I understand that my interview will be recorded and that a transcript and edited version of my interview will later be created. I understand that I will be given an opportunity to review and edit the edited transcript before its release.

2. I hereby grant and assign all right, title, and interest to any and all recordings and transcripts of my interview including copyright [and all rights subsumed thereunder] to MLA. I will be given a copy of the edited transcript for my personal use. I understand that the transfer of these rights to MLA confers no obligations on MLA to promote, market, or otherwise make publicly available copies of the interview.

3. One or more edited and/or condensed versions of the interview, approved by me, may be disseminated by MLA, as it deems appropriate.

4. I understand that the original, unedited recording of my interview and the original unedited transcript will be maintained in the MLA archives at the National Library of Medicine, or at such other place as MLA may reasonably designate, and may be made available to researchers who have demonstrated that they have appropriate qualifications. I further understand that the original unedited recording and/or the original unedited transcript will be made available with the following restrictions (Check one):

☒ No restrictions

☐ The following specified portions of the interview will not be made available to anyone until \_\_\_\_\_.

Connie Schardt

Name of Interviewee

Connie Schardt  
Signature

Date 10/20/2016

Accepted by: A. B.  
MLA EXECUTIVE DIRECTOR

Diane McKenzie

Name of MLA Interviewer(s)

Diane McKenzie  
Signature

Date 10/17/16

Date 12/5/16



## **Biographical Statement**

Connie Schardt, AHIP, FMLA, is recognized by librarians nationally and internationally for her courses in evidence-based medicine (EBM). As a hospital librarian, she worked through networks to bring library services to rural areas; in the academic library setting, she extended the role of the library and cultivated new relationships in the medical center.

An internship during library school in a Veterans Administration medical center introduced Schardt to medical librarianship and the value of cooperative networks. Influenced by this experience, she spent the first eleven years of her career with the Idaho Health Libraries Network as part of the state library, developing health information services throughout a state with no medical school and hospitals without professional librarians. She moved to North Carolina to direct another information network covering a seventeen-county area of the Northwest AHEC and to manage a community hospital library. To focus on her growing connection to teaching, she accepted a position in education at the Duke University Medical Center Library, where she stayed from 1997 to her retirement in 2013. There she became involved in instruction in the Medical Center, participating in morning reports, teaching EBM to clinicians, and collaborating on research with hospital residents.

Schardt began her engagement with professional associations in the Pacific Northwest Chapter of the Medical Library Association. She chaired both it and the Mid-Atlantic Chapter. Through MLA's Hospital Libraries Section, she led the 1994 revision of the hospital library standards and became known for her publishing and teaching on the relation of the standards to the Joint Commission on Accreditation of Healthcare Organizations standards. She chaired the task force to build MLA's Center for Research and Education (CORE) and was elected to the Board of Directors. As MLA president in 2009/10, she introduced the Rising Stars program to foster association leaders and focused on the training and qualifications of medical librarians.

Her instruction in EBM for clinicians led to the involvement of librarians and teaching librarians. She taught an MLA continuing education course at chapter meetings on the topic and helped develop a workshop offered at Dartmouth and in Denver. Based on this work, she and others undertook a hybrid online academic course on EBM and the medical librarian, taught both for students at the University of North Carolina at Chapel Hill School of Information and Library Science (SILS) and for MLA CE credit. Schardt has continued to teach the course as an adjunct faculty member at SILS, a position she has held since 2001.

Schardt received the Lucretia W. McClure Excellence in Education Award from MLA and the Outstanding Service Award from the Duke Department of Internal Medicine. She was also honored with the MLA President's Award and is a Fellow. As the Duke Medical Center Library said on her retirement, "Talk with virtually any librarian in the health sciences and they will be familiar with Connie's work, many having taken one of her numerous in-person CE courses or her online class."

## Medical Library Association Interview with Connie Schardt

*[MP3 Files MZ000002 and MZ000003]*

DIANE MCKENZIE: Today is October 10, 2016. This is an interview with Connie Schardt, who was president of the Medical Library Association. The interviewer is Diane McKenzie. [Editor's note: The interview took place in Diane McKenzie's home in East Wenatchee, WA.] I thought maybe we'd start by having you talk about some things you did before you went to library school—those years of college and post-college—that gave you your depth.

CONNIE SCHARDT: Well, I think most of my time was spent traveling. I went to Europe in between my sophomore and junior years. I went with a roommate and we hitchhiked through Europe. Got a Eurail pass and just spent a good deal of time doing that. Came back, finished college. My degree is in art history, which I thoroughly enjoyed, but probably not very practical. When I graduated from UC Berkeley, I did go back to Europe, this time by myself—which I would never allow my daughters to do, but it was fine at the time. I was actually going to go over there and meet up with a friend. But I kept missing them, so I ended up hitchhiking through Europe by myself for a couple of months and then ended up spending the winter in Israel, and then off to Turkey and back home. So I did get a wanderlust for traveling, and that's how I spent my time after graduating from college.

My degree was in art history and that made it somewhat difficult to find work. I'm not sure exactly what I was planning to do. But after doing quite a bit of traveling and coming back and realizing that I had no skills, I looked for a quick, cheap master's degree, and that's how I got to library school. I thought that I needed more education in order to get a decent job. San Jose State had lost its accreditation at the time, and I think that made it easy for people to apply to graduate school. And that's what I eventually did—I applied to San Jose State University night school for library school. Took two years to get through night school.

M: And as I remember, they did get their accreditation.

S: They did. I was a little concerned about this when I started, but they assured all the incoming students that this was just a formality and that they would get their accreditation, which they did. They are one of the few library schools still around, although I believe it's totally online right now.

M: So what was your experience like at library school?

S: Oh, my god. Library school was dreadful. This was back in 1978, and no computers, night school. Just not what I expected. I was an avid reader. My mother was an avid reader; I was an avid reader. But I wasn't a big library user. I'll tell you the truth. I didn't know what I was getting into. I had no preconceived notion about what a librarian did. I just knew that it was a quick master's degree. And I started taking these classes—

cataloging and bibliography—and after the first semester, I really began to think, what’s the purpose of this.

What changed everything was—I applied and got an internship at the VA Medical Center in Palo Alto, which is where I had grown up, and that changed everything. I worked there twenty hours a week while going to the classes in the evening, and that’s what taught me how to be a librarian. The library school—it was back in 1978, so they didn’t have computers, but they did have a TI Silent 700 that had a plastic cover over it, and the students were not allowed to use it. It was used for demonstration purposes only by the instructor. And we all sat around in awe of this little machine.

At the VA, they also had a Silent 700, but Reese Gallimore, who was the library director at the VA, sent me to Dialog training, which was the primary database vendor at the time. He sent me to training and made me one of the primary searchers at the VA medical library. They had a full-time librarian, but it was a busy library; it was a huge medical center. So he gave me the task and taught me what a medical librarian did. And I’m really grateful for him and for the VA, because that’s really where I got my training to be a librarian. I really was seriously thinking about dropping out until I got hired by the VA, and then it just turned it around and made it a worthwhile experience.

M: So how long were you at the VA? Was that one semester?

S: No, it was about a year and a half. So most of my library school was also at the VA.

That was at the time that they didn’t quite understand what Agent Orange was, and I remember, that was one of the main projects that we did at the Medical Center. Reese really pushed and got me involved in doing the searching to figure out what was the data on Agent Orange, as little as we knew about it. We created bibliographies for the entire VA network that began to provide the clinicians with whatever data was available. It wasn’t called Agent Orange; it was a combination of two chemicals.

That was one of the things that I just remember about my experience there, that he gave me the freedom to do these kinds of things, whereas library school was very restrictive, and you didn’t have much opportunity to experiment.

M: Because a lot of people have no idea what a Silent 700 is, I wonder—I also have experience with them, I loved mine—talk about what it was like and how you searched, and what the product was like, because it’s so different from what we have today.

S: It looked like a large, portable typewriter with what we called ‘muffs’—two suction cups in the back. What you ended up doing was dialing up one of the local telecommunication networks at the time, Tymshare or Telenet. You dialed that up and you got a high-pitched signal, which meant you connected with a remote computer. Then you had to quickly take your handset and put it into the muffs so that you could then have the phone connected to this typewriter, and then you typed in your command and you waited for the response. It was like a little Teletype machine. It was slow, and you had to

put in one command at a time. And if you made a mistake, you had to backtrack. It was like the old typewriters.

M: As I remember, it was 300 baud. And that the paper turned black.

S: It was thermal paper, and you were advised to keep it out of the sunlight, because if you carried it home or put it in the seat of your car, by the time you got home, the ink had disappeared. Yes, and it was 300 baud. I remember when we finally moved up to 1200, and we could hardly contain the speed of which this printhead marched across the paper.

But that was a big advantage over *Index Medicus*, because prior to that, and while I was in library school, if you wanted to search a medical topic, you had to look in each of the volumes of *Index Medicus*. It came out monthly, so you had to look through each volume under a single subject heading and then cross-match it with another subject heading. So Silent 700, while very primitive, very big advancement.

M: So the name of this wonderful person that was your mentor?

S: Oh, it was Reese Gallimore. Reese was the chief of the library service at the VA in Palo Alto. The VA had its own network. That experience also kind of got me into thinking about the advantage of being part of larger groups, because the VA had its own national network, but then it also had its regional network, and we would meet with some of the other libraries in that area and get involved in group projects. One project was reconciling the journal collection, so people only had to keep one copy of a journal backfiled, because we shared. So that was the beginning of—librarians are not individuals; they're part of a cooperative group.

M: So right after you finished library school, you received certification. Is that correct? You went directly into MLA for certification?

S: Yes, because it was an exam. I think that was the last of the exams that you had to take for certification. And I think that's a good thing, because that indicated that you knew the topic. So I was fine with that. I remember that my first job was at Idaho State Library, and within a couple of months of arriving there, they sent the envelope and I had to sit in this room with no access to the outside world. I mean, it was a proctored exam. And it was mailed off, and I passed.

M: And you think you went into the medical field because of your experience at the VA?

S: Yes. I had no idea what kind of library I wanted to be in. And frankly, as I said, I'm not sure I was going to be a librarian until this experience at the Medical Center. And it just so focused the work that I fell into the next job, which wasn't in a medical library, but which was doing medical librarian work for Idaho.

What happened was that this VA network also had a network of jobs, and Reese really wanted me to be part of the VA network, and so we were looking for another position.

Nothing really came up until the Boise VA job came up. But actually, the woman who was the librarian at the Boise VA [Maryann Duggan] was sort of secretly recruiting for the Idaho State Library. She was good friends with the state librarian [Helen Miller], so I think she was using her connections within the VA and her friendship with Reese to look for a good candidate to take this position at the Idaho State Library.

That position was network coordinator for the Idaho Health Libraries Network. So here I am, fresh out of library school, coming to Idaho, and becoming a network coordinator for the state. This was a grant from the National Library of Medicine, and I think it was in its second year. I was there for two years and then the state picked up the funding. It was a grant that the state librarian wrote in cooperation and with the help of the Regional Medical Library at the University of Washington. This was Gerry Oppenheimer and Dale Middleton and their staff. It was a position to go out and get health information into the hands of clinicians and nurses and other allied health people.

Idaho doesn't have a medical school, so Idaho didn't have a lead institution that was willing to take on this responsibility. They had fifty-two hospitals, and they had a couple of medical librarians or medical libraries within the larger hospitals, but none of them staffed with a professional librarian, but staffed with very capable people. I don't want to say anything bad about those people. They were great librarians. But they just didn't have any kind of institution that had oversight or was willing to go out and do outreach for health information.

My job, then, was to go out and visit these hospitals all throughout Idaho and write grants and help develop and strengthen the health information network within the state. It was very interesting. It was something I had no training for, and certainly library school had very little coursework in this kind of network development activity, or grant writing.

M: What do you think were the main challenges in this position? You mentioned a couple of them.

S: The main challenges, I think, were, number one, getting libraries and small hospitals in Idaho to accept federal funding. Idaho is a very individualistic state, and going up to northern Idaho and coming up to these very small hospitals and offering them \$4,000 worth of textbooks and journals for their medical and nursing staff, no strings attached except that they house them and make them available, it was very challenging to get them to agree to this. And I was going to write the grants. I was coming in and giving them this opportunity, and they were very skeptical of federal funding.

The other thing is that these were small, rural communities that didn't really understand the value of information. We did, though, have a number of successes. We were able to write grants and help the library at Kootenai, which now is a big, functioning—

M: In Coeur d'Alene?

S: In Coeur d'Alene. And they've had a number of librarians that came through, Marcy Horner being one of them, who really got that library off the ground, brought in professional staff. We were able to bring in a library at St. Joseph's in Lewiston. In fact, you may remember this, Diane, because I think you were part of the project where we did a grant to get a circuit rider between Lewiston and Gritman Memorial Hospital in Moscow. So there were a lot of successes. And a lot of clinicians were very happy with what we did.

We also got Kathy Nelson [later Fatkin] in Rexburg [Madison Memorial Hospital]. She was a nurse who took over the library, and then went to library school and recently got her PhD in library science. Kathy has been [in Idaho hospital libraries] since I was in Idaho, and I came there in 1979. So we had a lot of successes. The challenges were offset by the successes of getting hospitals either engaged in hiring and providing their own in-house service, or connecting with the statewide information network that St. Luke's had been providing. St. Luke's had a call-in information service.

M: St. Luke's in...?

S: In Boise, Idaho.

M: So you alluded to this, but what do you think you really learned from this first position and how did it influence your future in libraries?

S: It gave me, I think, the confidence to go out, to look and assess the situation, and figure out what service, what I can do to help this particular institution, as opposed to thinking, well, this is the way it's done and you're going to do it this way. And I think I learned that you've got to assess every situation differently, because we dealt with so many different communities and different types of hospitals and different types of administrators.

And I was a very shy person. Oh, yes, I was very quiet and shy. And I think this job in Idaho, forcing me to go out and talk to hospital administrators and present to administrators and to physicians and nursing directors, gave me the confidence to understand what needed to be done and to give myself confidence in that I could figure out ways to provide innovative library services.

The Regional Medical Library, they were an integral part of Idaho in those days. We depended heavily on them for not only document delivery, but educational services and consulting. So they also helped bring me into a group and to be able to see the value of networking with people.

M: And grant writing, maybe.

S: And grant writing. Yes, because we took great advantage of the National Library of Medicine small collection development grants, and also the grants for the circuit rider.

We also used LSCA funds to write grants to bring in information services to public libraries as well as hospital libraries.

M: LSCA?

S: Yes—Library Services and Construction Act. I was based at a state library, so I was the only one in the library that was really concerned about medical issues. So that was interesting. When I left after eleven years, the state library's interest in medical information plummeted. It just wasn't on their radar. And that happens so often, where positions are maintained and carried through because of the personality or the individual, and then once they go, they're on to something else.

M: And why did you decide to leave after eleven years?

S: Well, two things. One was the climate. We got tired of the cold winters. But the other thing is, there wasn't much opportunity for me to advance. I was, for a good deal of the time, the only professional medical librarian in the state. We did gain over the years a few of them—Chris Vogelheim at St. Luke's in Boise came in. But there wasn't really anything else for me to do. And after eleven years, I got kind of anxious to do some other things.

My husband was also a librarian. He was a public librarian and an academic librarian and a special librarian. He really kind of floated around from library type to library type, whereas I was firmly anchored in what I thought was a good career move, and that was medical librarianship. We both started looking for jobs outside of Idaho. We were looking in Oregon and we were looking in North Carolina and South Carolina and that area. I had family on the East Coast, and we had traveled to that area and found it to be kind of interesting.

M: I seem to remember there was a palm tree component.

S: Well, yes, part of the criteria for a town we wanted to live in was palm trees and street art. We didn't quite make it, though. We got close...

M: You had started talking about your decision to move to North Carolina to take a new job. So how did you choose North Carolina? What happened? How did this work?

S: When I was pregnant with my son, we took a trip. We went back east for Christmas with my brothers. Andy and I decided that we were going to drive through that area. And so I think we—we came out to visit you. That's right. We came out to visit you on our way to visiting my brother, and we also decided that we would take a trip around—we went down to Charleston and through South Carolina and Snow Camp [North Carolina]. And I remember coming into North Carolina and Chapel Hill and that foggy, green vista was so picturesque. We spent some time with you and then we went up to Baltimore and Washington, DC, to visit my other family. And we just liked that area.

M: I want to say that when you say you visited me, I was working at the University of North Carolina in Chapel Hill. So you did get to see that area.

S: Right. And I believe we spent eight hours sitting in that restaurant.

M: Eating hummus.

S: Eating hummus and just catching up, because it had been a while since we had seen each other. Anyway, so we kind of targeted that area [North Carolina], but again, it really depended on whether or not we got job offers.

M: And how did that work with the jobs?

S: Well, as it turned out, because I was more focused with medical libraries, I had a couple opportunities. And one of them was with the AHEC. This was a job in Salisbury, North Carolina, working for the Area Health Education Centers. I went out there on my own, and I believe I—well, I had twins in May, and I think I went out there in June. I went out there after the girls were born for the interview. Andy didn't go because we needed someone to stay back.

M: [Weren't the twins born in] January [?]

S: Oh, yes, January. That makes more sense. Thank you. How could I forget? The twins were born in January. I think it was more like April and May that I went out for the interview. I went out by myself because obviously these little babies were too young to travel, and Andy stayed back and took care of the three kids, and I went to the interview. And it was a great group. It was the Area Health Education Centers with Phyllis Gillikin. It was going to be running a hospital library in a small community hospital [Rowan Memorial Hospital] and be part of a larger network, which is what I was used to doing, and be part of a circuit riding situation. I went out there and I really liked the people. The town was Salisbury, North Carolina. It was charming. It was an old, historical town. Cute little downtown. Kind of out in the country, which is what we sort of liked and were used to. They offered me the job and I accepted. They wanted me to come out in June. My daughter Sarah got sick and I postponed that so that we could move out there when the babies were healthy. We ended up moving out there at the end of July or August [1990].

We moved to North Carolina. We moved ourselves. Andy rented the U-Haul. Towed his falafel wagon, which is a whole other story which we never got into, but that's fine. A friend of mine flew out with me, and we ended up in Cooleemee, North Carolina. I believe you and Roy were there when we arrived at this lovely rental house in dear Cooleemee, North Carolina.

So that was an adventure. The job was great. The job was good—let's not say great. The job was running a hospital library, which I hadn't done before, so that was a good experience. It was also supervising a staff, which was a real challenge. I inherited an interesting staff, which presented a series of challenges. But now I got to run my own

library, and I became part of the management team for the hospital. I also was a circuit rider for six small libraries in the surrounding counties that actually paid for the circuit riding services. That was interesting. I know it was a good model to make people aware of information services. But it began to not be very rewarding professionally. I would travel around to these libraries and actually maintain these pathetic little journal collections and take inventory of these journal collections and create these union lists of serials and try to encourage the hospitals to promote their library services. And it didn't always work. What you found was that one or two physicians used you heavily and the rest went about their business. So that was interesting.

I enjoyed being a hospital librarian. I think that helped. That actually was a real segue into MLA and the Hospital Libraries Section. So it had its benefits, but they were probably more outside the job than within the job.

M: How long were you there?

S: I was there for six years. The other thing, and it's really not part of our interview here, but it was a very conservative southern community, and we had a very difficult time breaking into the community. We lived out in the country and I like to say we were the only unrelated family within a radius of twenty miles. I mean, everybody was related to everybody else, and we were different. It was just too conservative for us.

M: And you did move out of Cooleemee.

S: Yes. It didn't take us long to realize that Cooleemee itself was way too small. Even though Andy was tempted to buy a house there because the houses were so reasonable, there was a reason for that. So we ended up moving into Salisbury, which is a town of maybe twenty or thirty thousand. But we moved about six miles out of town, out into the country. We had three acres, a big house, and lots of room for the kids to run around. But it was a conservative community.

M: And it was difficult, I think, for Andy to find work there too.

S: He did find work. He worked at the public library. That was a good public library. Actually, the director was a very good director, and the library was well supported in the community. But we were raising three small kids, so it was a strain.

M: And so some of these things obviously led to you moving, but what did you start to look for when you decided to move? Did the job come up first? Did you work at trying to find another position?

S: Yes. So we both again started looking for work. While I was at Salisbury, I became active in the Medical Library Association and became involved in library standards for hospitals, and then I began teaching for the Medical Library Association. I decided I kind of liked that. So I started looking for a job that was more related to teaching than anything else.

A couple of jobs came up. The first one was being in charge of the AV collection at Duke. AV—audiovisuals. That's a librarian who would collect and organize those cassette tapes that were so useful back in the early 1990s. They actually had librarians in charge of those things. I went out there for an interview. I don't think I did very well, and came back. And did not get the job. I think that job went to Julie Garrison, which was an excellent choice. But a year later, they were looking for an educational librarian, and I think I had time during that year to gain more experience and do some more teaching for MLA, and really decided that that's really what I wanted to do. So I went out there again, back to Duke, and went through the interview process again, and this time they offered me the position.

We were elated, because we were anxious to get out of Salisbury. It was just too isolated and too conservative. And we knew people [in Durham and Chapel Hill]. We knew you [laughter]. Anyway it was a good move.

M: Let's talk, then, about your Duke University position. First, describe the Duke University Medical [Center] Library and its philosophy and your role there.

S: Taking a step back, when I was at Salisbury, this was also a time when the AHEC was undertaking some budget issues. We had spent a lot of time justifying the library and justifying hospital libraries with the administrators who were part of this consortium. A great deal of time was spent doing that, just trying to justify ourselves.

And I remember distinctly, as if it were yesterday, getting to Duke, parking my car, walking into the hospital and down the corridor to get to the library, which was in its own individual building, and just thinking—a sigh of relief that finally, I'm going to be in an institution where I can just focus on the services and the projects that are interesting, and this burden of trying to justify my services was lifted. And I think, ah, this is going to be great.

At the time, I think there were fifty-three, fifty-four, people in the library. It had three floors. It had a staff of good librarians. It was headed by Susan Feinglos at that time. Pat Thibodeau was the associate director. As it turned out, Julie Garrison was the director of library and education services. It was a great group of people.

For me, what was really great about the job was, there was a lot of autonomy. We were doing education, but we also were given the flexibility to figure out what did that mean and how do you provide it. We were running into the problem where we had scheduled library classes that nobody was attending. Nobody had the time to come to classes on our schedule. And so we were sort of thinking about how do we outreach into the Medical Center community to make them aware of services and make sure that they were able to use the resources, etc. So it was a great time to be at the library.

M: So is this how you became involved with the evidence-based medicine [EBM], or were there other steps?

S: This is exactly how I got involved. I was teaching Ovid MEDLINE. This was just before we switched over to PubMed. We were doing our noon workshops on searching Ovid MEDLINE. And I remember we had a large class, too large for one of us. Andy Eisan was also teaching at the time, and he and I divided up the group and we each took three or four of the people there and went off and taught.

In my group was a physician, who seemed to know how to search. After the session was over, I went up to her—this was Dr. Sheri Keitz—and I said, “Dr. Keitz, why are you here? You already know how to search.” And she said that she had just gotten back from McMaster University’s EBM workshop, and that she needed to be able to teach her residents how to search Ovid, and she was just looking for ways to do that. And I said to her, “Well, why don’t I help you? Why don’t I teach it for you? That’s what librarians do.” She looked startled and said, “Can you do that?” And I said, “Well, I don’t know, but I’ll do it. I’ll find out. I’ll just do it.” We also had a connection in that I had twins and she had twins, and so we commiserated, because her twins, I think, were about a year younger than mine. So we immediately hit it off.

She was actually instrumental in getting me involved in evidence-based medicine, because she brought me into teaching evidence-based medicine to the residents. She invited me to her workshops and had me teach the Ovid part of it. Also, right away, within a year of working with her, she invited me to the SGIM meeting—the Society of General Internal Medicine. She wanted to do a workshop on EBM, and she thought it would be important to have a library participate in that. So she paid for me to go with her to Chicago, and together we presented a workshop—one of the first workshops on evidence-based medicine for clinicians.

From there it just kind of snowballed. She got me into going to the McMaster workshops as a librarian. They had librarians participate in the workshop. The McMaster workshop is a weeklong workshop, internationally known. Clinicians come from all over. They sit through some large group presentations. But the main focus of the library is small groups. You meet within a small group. You have two tutors and you have a medical librarian. They teach each other evidence-based medicine—critical appraisal, question building, and even searching. The librarians then became the tutors and the mentors of the small groups for making sure that these people were aware of the resources, that they knew how to use them. It was actually a great experience for medical librarians, because what I learned there was, again, there’s no one-size-fits-all, that you’ve got to always be flexible and creative in how you teach clinicians. And you don’t teach them to be librarians; you teach them to be effective searchers within their time constraints.

Anyway, I did this for about eight years and I got to know another network of folks. I came back and had, I think, more confidence, again, in doing evidence-based medicine. We got into doing morning report. I got invited to a luncheon for a visiting faculty from McMaster. I ended up sitting across from the program director for internal medicine, Dr. Ralph Corey. Dr. Corey and I started talking about it, and he said, “Well, why don’t you

come to morning report? Our residents need to know how to search.” “Fine. I don’t know if I’m supposed to do that, but I’ll do it.”

A lot of this was just sort of, I’m not sure if the library does it, but if you want me to, I’ll find a way to get there. And as it turned out, the library was very supportive. But we got into morning report, we came once a week. We did a little session on searching. We took one of their case examples. And that snowballed into—some of the residents in internal medicine were Med-Peds [combined internal medicine-pediatrics residency program] residents, and they wanted to do that for Peds. So they came to us and said, “Can you do the same thing for us?” Then psychiatry found out and it just snowballed.

And it was very good for the medical library. We had done a few things outside of the library, but this really put us into the mainstream of at least medical house staff education. It really was Dr. Keitz getting me involved and then getting me more training, and that just opened one door and the rest of it snowballed. It was a good time, because I think that’s when evidence-based medicine was just sort of getting off the ground and people were interested in it.

We no longer provide those services, I think, because systems have gotten easier to use and residents have moved on to other priorities. But it set my niche for my time at the Medical Center Library. Got me involved into a group of clinicians who were champions of evidence-based medicine, which then got me into the curriculum for the medical students. Some of those clinicians that were part of our morning report went on—graduated—and became faculty at Duke, remembered what we had done for them, and came to us and asked us to help with their teaching of the medical students. I ended up working with Dr. Jane Gagliardi in developing an academic course for Medical Center students on evidence-based medicine. She and I did that course for—actually Sheri Keitz and I did that for a while, and then Jane picked it up. But it just snowballed and it was good.

M: So did that lead you into teaching librarians? Is that how that came about?

S: Yes. This was a new and hot topic. I had worked with librarians at McMaster. And then Dr. Keitz and I—after a couple of years she also went to McMaster. We did this sort of as a group—we went together to McMaster for a couple years. Then we started brainstorming about why can’t we do this at Duke. So Dr. Keitz and I put together a weeklong workshop at Duke with the Duke faculty, and they’re actually celebrating their fifteenth anniversary of this workshop. So it was highly successful. It was easy to replicate. We did it a little differently, but it was another weeklong workshop.

We began to attract librarians to go to that. One of the librarians that came to it was from Dartmouth, Karen Odato. Karen and I got to thinking and talking about why don’t we do this for librarians. I had developed a course for MLA as a sort of introduction to evidence-based medicine, because librarians were suddenly talking about it. So I took my little four-hour course—actually, it was an eight-hour course—which was successful and highly sought after at chapter meetings. I spent a lot of time going to chapter meetings

putting on this course for evidence-based medicine. Karen and I also developed a three-day workshop for medical librarians at Dartmouth, which is now in its—I think it's going to be in its tenth year next year [2017]. It's no longer at Dartmouth; it's now at Denver [University of Colorado Anschutz Medical Campus]. Still a 'D' town.

M: A long ways away.

S: Yes. But it did get me involved in teaching librarians, because we were finding that librarians were being asked to help teach EBM and yet they didn't know a lot about evidence-based medicine. There's more to it than just searching. So it just became a natural to get involved in that.

M: And is that how you got started teaching at UNC at the library school?

S: Yes. So that was interesting. [We] developed the eight-hour MLA CE course, "EBM and the Medical Librarian," which Julie Garrison and I taught a couple of times. Then Julie left medical libraries and moved up to Michigan. But we taught that course. And again, it was a hot topic, and we ended up teaching it at several of the chapter meetings.

We also began to think about, there must be other ways to reach people. Budgets were tight and it was hard for people to travel to these meetings, so we talked with Joanne Marshall, who was dean of the library school at UNC at the time, and also a past president of the Medical Library Association. We worked [on] a plan with Julie Garrison and myself and Joanne Marshall and came up with a hybrid, online course, which actually is very unique. I don't know if there's any other course like it, at the time.

This was an online course that took "EBM and the Medical Librarian" through eight weeks. But what made it unique was that it was also a course for the library school students. It was an academic course that also carried twenty MLA CE units, so we recruited and we got professional medical librarians who needed continuing education, combined with library school students in the same online course. The library school students, of course, had to do more activities than the MLA CE students, but it was that kind of hybrid. We were able to do it on the Blackboard platform.

We offered it in the beginning three times a year. We had three instructors—Julie Garrison and myself from Duke, and we had Julia Kochi from UCSF [University of California, San Francisco], who was also interested and involved in continuing education. The three of us then ran that course for the first couple of years. Highly successful course. I am still amazed. Twenty years later, we're still doing the course. It's now done just twice a year. I'm still the lead instructor, and I have a coinstructor, Angela Myatt, who is currently out of Portland, Oregon. But this course has been offered twice a year every year for the last twenty years and fills mainly on a waiting list. The people hear about this course and write in and get on the mailing list, and we get enough people over the course of six months to populate the course. We take up to five SILS [School of Information and Library Science] students and up to fifteen CE librarians. They pay for the course through UNC. I'm right in the middle of my session right now.

I'm just amazed at how popular the course is. I think part of its popularity is because it's distance ed. It's also a very intensive course. Librarians have to do work during it. They have to complete exercises, they have to read articles, they have to answer questions. There are essay questions, and the instructors actually read and provide individual feedback. So it's a very one-on-one type of course, even though it's distance ed. But people can't always travel, and so online education is a very popular and effective way of providing education.

M: And I think it's people not just from the United States, correct?

S: Yes. In fact, as a result of this, and as a result of being MLA president, I went to Brisbane, Australia, during my tenure to attend the International Congress on Medical Librarianship, and, there, I met up with some Australians. Long story short, as a result of that, I've been going to Australia every year for the last six years to do an EBM workshop with Australian librarians. That connection was strengthened because even today in our current course, we have two librarians from Australia. Other countries are hungry for distance ed. This is an opportunity that I'm not the sure the Medical Library Association is taking full advantage of. But in this online course, we have gotten librarians regularly from Canada, regularly from Australia. Two semesters ago we had twelve librarians from Israel. We've had them from Norway, we've had them from India, Brazil, Lebanon. It's online education. It's a hot topic. It engages the student, because they're working and getting their work reviewed.

It's just been a very effective way of providing continuing education, and, for me, a great way of networking again with librarians, because when I go to meetings now, people come up to me and say, "Oh, Connie, I took your course." Unfortunately, because I can't see people, it's hard for me to recognize them. But it's actually been very effective. And some libraries use it now as part of their training for their new staff.

M: Do you see any difference between the librarians who take this from the U.S. and maybe the ones from Israel or from Australia, or are people pretty much the same?

S: I would say people are pretty much the same. I think evidence-based medicine is a fairly important topic in Australia, so Australian librarians tend to be very engaged in this. And the librarians from Israel, I think it was more of a you-take-this-course kind of thing. But we had a couple of them that were thoroughly engaged and I'm still in contact with them. So I think it's very similar. It really depends on individuals and what their job is and why they're taking the course.

M: So we're kind of winding up your personal career in the libraries, and you've highlighted some things—we may not have to spend much time on this—as to what were some of the major issues that you dealt with in your career. I use things like buildings or computers or changing roles. Do you have any comments on that? You've already made some good comments on networking and on the role of the library in the Medical Center, but do you have any other comments?

S: I think, throughout my career, I've been able to take advantage of the changing roles of the librarian. I started out being a consultant, so to speak, being a coordinator, and writing grants and trying to persuade people to use information services. And then the education role of the librarian and the outreach and the faculty advisor kind of role, I think, has been very important.

It's been a good career. It's been diverse; it's been different. And when I was in my last couple of years at Duke, we started getting into systematic reviews, which was a totally different type of activity. I know that librarians are always struggling with finding new roles, because the old roles of sitting at the reference desk and checking out books, etc., have gone. But I think it's been easy to pick up new roles. Once you've got an in with your patrons, and once I became close to the faculty, you could just figure out what they needed and be able to provide it.

And part of that, I have to give credit to the leadership of Duke Medical Center Library for recognizing people's talents within their staff—and it's not just me, it's everybody on staff—recognizing their talents and allowing them to figure out what the library can do, even if it hasn't been done before. I remember when I was talking to Dr. Corey about morning report, he said, "I didn't know the library could do that." Well, the library didn't know it could do that until somebody went out and did it. So I think that has been sort of the way I've operated in my career.

M: So I would like to move on to talking about professional organizations and the Medical Library Association. Do you want to take a break?

*[MP3 File MZ000004]*

M: Okay. We've taken a break and we're going to get started again. This is October 10, 2016. We are interviewing Connie Schardt for the Medical Library Association, and the interviewer is Diane McKenzie.

So we've talked about your own career. And you were very active in MLA, so we're going to go through your career in an MLA sense. Can you remember how you became involved with professional organizations, and then your first MLA meeting?

S: Well, I think I got involved in professional organizations because of the nature of Idaho and being fairly isolated professionally. I remember when I first started at [Idaho]. I think I started in [September], and the PNC, the Pacific Northwest Chapter of MLA [editor's note: the name at the time was Pacific Northwest Regional Group], that year [1979] was meeting in Sun Valley, Idaho. At that meeting—that was my first professional meeting, although I had been a member as a student of the Northern California chapter. This is really my first professional meeting as a librarian. Because it was an MLA chapter meeting, we had a fairly large group of librarians from Montana, Alaska, Washington, and Oregon [as well as Idaho and Canadian provinces].

I believe Lois Ann Colaianne was president of MLA at the time, because that's where I met her and talked to her about medical libraries. And also, that's where I met Carol Jenkins, another person that I've known and have worked with throughout the years. So it was kind of interesting that—my very first meeting—I met people that influenced me through my career.

I began to see the value of getting into a group. The Regional Medical Library faculty/staff were also very active in the chapter, and because I also worked with them, it just seemed logical that you sort of migrate to a group that's going to be able to help you, give you advice and support. Then I began to meet the members of the chapter—Jim Morgan, who was director of the Oregon Health Sciences [Center] Library, Kathy Murray, who was a hospital librarian in Seattle. What was so great about this chapter was that these folks were in the same situation that I was in, but obviously in different communities and larger hospitals, but everybody was so willing to talk and share. It was just a very welcoming and engaging group [and] it didn't matter whether they were in academic or hospital; they were just willing to help and give you advice. So that was what attracted me to attending these meetings. And the chapter meeting was good, because it was small enough that you began to see people every year. In fact, my oldest and dearest friends are still the people that I met in the Pacific Northwest Chapter.

Can't say the same for MLA. Oh, my goodness. My first MLA meeting—the first one that I really remember was Montreal [1981], and I did not know a soul there. I made a mistake of taking my room at the local Y. So I was away from the main conference and not in the conference hotel, and it was very hard to mingle, and I found it just very difficult to—because I was shy at the time, because it was my first meeting—it was very difficult to break in and talk to people. But that changed rapidly, because as I became more engaged in the chapter and more engaged in committees that then led into MLA, it changed, and MLA became my go-to national meeting.

M: So let's go back and talk about the PNC. So your first committee work was as Chapter Council [representative], or were you on Government Relations? Do you remember?

S: You know, I'm not sure which one was the first one, but when MLA started their Chapter Council, this was the first year [the initial meeting was in 1981], and I remember PNC, the group there, made an effort to always bring in the new members. They nominated me as a new member to be the alternate for the Chapter Council. I think Joan Ash was the first person. Then I think Joan left for some reason, and I then got put on the very first Chapter Council. So that really was kind of a nice entree. That was from the PNC chapter into the MLA, because it was the MLA Chapter Council.

Before that, I think I was on the [PNC Legislation Committee]. One of the things I did—and which is on my resume—is that I wrote an article... in 1983 about the use of email as a way to set up governmental committee alerts. I don't think this had really been done before. This was in the early days of Tymshare and Telenet and Tymnet. In the Pacific Northwest, that was the way we began our email. That was early, early email. You could

gather everybody's email address and put them into a long string. And we did that. Every month, I believe, we sent out a little current awareness on governmental relations issues. Primarily this was about funding for the Medical Library [Assistance] Act and the RML [Regional Medical Library Program], but also any other legislation. Nobody had done it before, so it was kind of an interesting application of email.

M: Your entree.

S: Yes. My entree into the computer age and technology.

M: Do you remember anything specific about the Chapter Council work that was...?

S: It was the first year of the Chapter Council, and so we didn't know what we were doing. We didn't know what we were supposed to do. We didn't know what MLA wanted us to do. I remember it was all-day meetings, eight-hour meetings, trying to figure out what we were supposed to do. I think we developed committees, and we talked, and we got to know each other. But it was pretty amorphous at the time, so I don't remember anything that was earthshaking that came out of it, except it got me onto a national committee early on.

M: I have that as 1981 to '83.

S: Oh, yeah. Wow, that was really early on.

M: And your government relations also... [was] early in the world of computers.

S: Right.

M: So let's go back to PNC again. You became chapter chair not long after that—1985/86.

S: I don't quite remember how it is I became chapter chair without becoming chapter chair-elect, but I think, again, there was something going on where the person in front of me left, and so I was—

M: Doing both.

S: I was in the pipeline, so there I was. Yes, I was chapter chair. And the thing that we remember most about that is our Eugene, Oregon, meeting.

M: [Laughter] So let's talk about the Eugene, Oregon, meeting.

S: Ahh, the Eugene, Oregon, meeting [1985]. That is probably one of the most talked about PNC meetings ever. We had local arrangements, which were spearheaded by Debbie Graham.

M: Is that right?

S: Yes, that's right, Debbie Graham. And to her credit, she is the one that developed Simultaneous Remote Searching—SRS. Do you remember that?

M: I do.

S: What that allowed is that a searcher in one location could take over the terminal of somebody in a remote location, and therefore a medical librarian could actually search for a clinician and he or she got the results right away. Debbie developed these little black boxes that were the SRS switch, and you actually hooked it up to your computer and then you did your search or whatever, and then you turned the switch and it sent it remotely to this remote terminal. It was cutting-edge. It was a great way to get outreach for medical librarians. It didn't really take off, but we did use it and experiment with it in Idaho.

Anyway, Debbie Graham was also a great fan of Gene Roddenberry, who was the creator of Star Trek. Debbie also was at the hospital in Eugene, and she was local arrangements, and she wanted desperately to get Gene—Eugene Roddenberry to Eugene. She was adamant about getting him. But the PNC could not afford the cost and we didn't want to take on the financial responsibility. What ended up is that we had to have a lawyer write up a contract that Debbie would cover the loss. And I'm sorry to say there was one, but she was okay with it. But anyway, we brought in Gene Roddenberry, and we had a public event to help bring in money. We rented out the Civic Center and Gene Roddenberry was going to give a presentation and bring his original pilot. And it was a fiasco, because Mr. Roddenberry was inebriated when he got on stage, and he talked about information in the future, but he also denigrated women and he insulted part of the audience. And then he forgot the trailer—the pilot—that everybody wanted to see.

M: I think people wanted their money back, right?

S: Yeah. It was not well received. The meeting itself went on fine. It turned out to be over Halloween weekend, and so there was a great Halloween party in the hotel, which annoyed people. But that was my presidential meeting. No one remembers anything except Gene Roddenberry's performance.

M: Now, I thought you were also chair of the joint Midcontinental [Chapter]/PNC meeting in Jackson Hole. Was that the next year [1986]?

S: I think that was the next year. That was our first joint meeting, and we met with the Midcontinental group. Bonnie Helm, I believe, was her name—Bonnie was the Wyoming coordinator for libraries. She was the program coordinator for the Midcontinental and I was for Pacific Northwest, and it was held in the Midcontinental territory. So I think they took more of a lead role. We provided education. But I remember I had the difficult task of meeting in Jackson Hole, Wyoming, several times to plan this. Great rides over from Boise to Jackson Hole.

But that was a meeting. Thank you, Diane. You didn't have to say anything, because that meeting also goes down in history. This is the meeting that Donald Lindberg—the first medical librarian meeting that he attended as the new director of the National Library of Medicine [Lindberg was appointed director in 1984]. He came and spoke to us. I think he was a little bit fresh and may not have had too much experience talking to this group, so he was a little bit standoffish and mumbled a bit when he talked. But we fixed that. The banquet event was a chuck wagon, and we all got onto these open-air trucks that took us to a little remote area, and they had a little chuck wagon with cowboys.

M: And we were attacked by outlaws.

S: I believe we were. There were some staged events. And there were some sing-alongs. And while we don't have it on tape, much to everyone's regret, many of us remember it. We were singing. We were engaged in a good, old round of "Old MacDonald."

M: Oh, no—"She'll Be Coming 'Round the Mountain."

S: Well, one of those songs. I thought it was "Old MacDonald," because I thought he actually—

M: He did. But that was [the line], "We Will Kill the Old Red Rooster."

S: Oh, that's right. But whatever the song was, Dr. Lindberg had the role of the chicken, or to mimic the chicken. And so we had this sing-along, and here is the new director of the National Library of Medicine singing along and clucking like a chicken and spreading his wings for the rest of us. And we all had a great time, and it was a lot of fun. That's another memorable moment in chapter history—Dr. Lindberg flapping his wings as a chicken in our sing-along.

M: And endearing him to all of us out there.

S: Oh, it did. And in spite of [slips] that he made in the coming years with hospital librarians, we still fondly remember him in that new director role.

M: So you were really involved in PNC and that pulled you into MLA. Would you like to talk next about MLA or do you want to talk about your other chapter experiences?

S: We can talk about MLA, because PNC is where, I remember now, I was beginning to do some teaching. Part of that happened because I got involved in the Hospital Libraries Section of MLA. In [1991], I believe that was the San Francisco MLA meeting, and I remember that because it was [my] first meeting after my twins were born and people just looked at me and said how tired I looked.

At that meeting, I was recruited by the Hospital Libraries Section to be chair of the Standards Committee. I was recruited, again, through my connection with the VA Medical Center. I believe it was Chris Jones who was the previous chair of the Hospital

Libraries Section Standards Committee. Through Chris—who was in the VA, who knew Reese Gallimore—they came to me and asked if I would chair that committee, and I thought, sure. I was the kind of person who says yes to everything and then thinks about it later. But anyway, I agreed to do that.

The standards hadn't been updated in a while. [Editor's note: The 1994 edition of "Standards for Hospital Libraries" replaced "Minimum Standards for Health Sciences Libraries in Hospitals" from 1983.] That was a very interesting activity. The three of us—Ysabel Bertolucci and Deborah Adams, out of Detroit, Michigan—this is great, because being able to remember all these names is really kind of fun—we took a year to rewrite these standards, to update them, and we did all sorts of things. We tried the best we could to get input from the membership on this, and we had surveys we sent out. We published drafts to get feedback. I remember we had an open forum at the Chicago MLA meeting [1993], which was very well attended. We completely rewrote them.

At the same time, we were thinking about the Joint Commission [editor's note: the name at the time was the Joint Commission on Accreditation of Healthcare Organizations] and the hospital library standards for the Joint Commission. We wanted these documents to sort of parallel, because we thought that standards by themselves for the Medical Library Association would have no teeth. But if we had them parallel the Joint Commission [hospital library standards], there would be more credibility to these standards.

The previous standards had numbers. They told us that if you had up to a hundred beds, you needed 'x' number of journals. We departed from that. We did not do numbers. And in fact, the person that did those original standards, I think, indicated that the data was pretty shaky for that. There wasn't a lot of good data that told us what a hospital library should have. So rather than have data that we couldn't evidence, that we couldn't find, we decided to parallel it with the statements of the Joint Commission. That was a tough sell, actually, which surprised me, because the hospital librarians wanted numbers. They wanted things that they could just say, "Well, we have this many beds; therefore, we need this many journals." And I thought that would be hard to justify, because how do you know you need that many journals unless you work with your clientele and you work with your staff, and together you should come up with what is appropriate, what they need. Anyway, during that open forum I remember that it actually got pretty contentious, and people were really upset that we weren't providing numbers. But we stuck to it.

M: And I believe you gave classes in the standards.

S: Yes. I became known as the Joint Commission person. I wrote a number of articles about how to interpret the Joint Commission standards and how to look at the Joint Commission standards beyond the library to see where in the hospital standards the library could fit in. There was a chapter on information services, but there were other chapters that dealt with patient education—and I'm going to blank on them now—but there were other chapters for which the library could have a role. So I began to do classes on how to interpret the standards to the advantage of the library and not to focus strictly

on the library—again, thinking about the expanding role of the hospital library, and that we don't stay in our little tunnel; we go out and we find the work that we need to do.

That really got me into that education mode, because I really enjoyed doing that. I wrote a couple of articles, and I was part of one of MLA's teleconferences on the Joint Commission.

M: So that lasted well into the '90s.

S: It lasted for a number of years. But then the Joint Commission began to dilute their standards and to change their focus and to give hospitals more leverage in providing the services, which is actually sort of what I was talking about for the hospital library—getting away from telling them what they had to do and telling them more about the direction they should go in. That, I think, allowed the Joint Commission to water down the standards. So that whole arena just sort of faded, so to speak.

M: The next group that I think you got involved with was things to do with webcast force and MLANET.

S: I think Jana Bradley was [MLA president in 1995/96] when we started to begin to develop a web presence. I was on the original committee for MLANET, and what should our web presence be. That was a diverse group of librarians from a lot of academic institutions. I believe I was still at the hospital library at the time, so I was one of the worker bees on the committee. I think what we were trying to do was try to figure out what the role of this new web presence should be—MLA's role in it and how we need to use that to provide services to the membership.

I remember one of the key issues was—one of the members of the committee was very adamant about it being a vehicle for providing reference services for medical librarians across the country, that it should be a way for us to be able to tap into this vast network of experience and knowledge and be able to help each other. Part of that, I think, was going on in academic libraries, but not so much; it was a fairly new idea. I remember that it was a very vocal member of the committee, but that was not quite the direction that MLA wanted this web presence to be at the time. Interestingly enough, MEDLIB-L took on that role. I'm not sure when the MEDLIB-L listserv actually became active, but that was sort of an offshoot of it. [Editor's note: MLA assumed editorial responsibility for content of MEDLIB-L in 1995.] From there, MLA then developed their first website. That committee was a short-lived committee. It was more of an advisory committee to begin to get MLANET off the ground.

M: Other things you did at MLA—you remain apparently in contact with MLANET, or as part of it, because I see that you were [on a] search committee for the [editor] and that type of thing. But you also moved on to being on the Technology Advisory Group. Was that of note? National Program Committee?

S: That was just an appointment—that was a minor activity. It was just a role as part of the National Program Committee.

M: And you were on the National Program Committee.

S: I was. I believe that was the centennial.

M: Oh, really? Well, 1998 would have been the meeting.

S: Yes. That was with Frieda Weise, who was one of the co-chairs of that committee. I don't know that I had much of an active role in that. I'll tell you what happened. To be quite honest, they passed around at that committee meeting a sign-up sheet. I did not know this when I agreed to be on the committee, but you were told that you had to fundraise, and I'm not a fundraiser. That took me back when that happened. There was no warning that that was going to go on. That is not my strong suit. I do not like asking people for money. Anyway, I got my list, and the first person I called chewed me out. It was a journal, and I forget the name of the journal. But it was not a heavily used journal. It was a quarterly publication. Anyway, they were so upset with MLA, because they spent a lot of money on a booth and nobody came by, and they went on and on. And I said, "Thank you. I'm sorry you had such a poor experience." And I couldn't go on, I couldn't fundraise anymore. I think that was a tough role for MLA members to do. Now, some members actually relished it, but I, for one, did not particularly care for that. But the rest of the program committee and working on getting speakers and helping with the papers and posters was fine. Not everything always worked out for me.

M: So you then got into something called CORE, which I believe also has to do with online materials?

S: So, CORE. CORE was ahead of its time.

M: What does CORE stand for?

S: Center for Research and [Education], I believe. CORE was one of the projects of Carol Jenkins. You know, as president, you have a number of projects that you're supposed to bring forth, and this was Carol's [in 2001/02]. It was an ambitious project. As I understood it, what we wanted was to create a database of educational objects—tools, curriculum, handouts. We wanted to collect the intellectual property of the association members, organize it—I hate to use the word 'catalog,' but catalog it—and then make it readily available so that it could be shared.

The small hospital library who's a one-person operation who needed to do a flyer on PubMed didn't have to use their valuable time doing that, when it's been done by every single library across the country. Instead, they could take a curriculum piece from the CORE database and use that to actually teach.

It was a really worthwhile project that could have had great potential. Carol asked me to head the committee. And I had a good committee. We met, we worked out a business plan. We talked about stakeholders. I think we got bogged down in talking about stakeholders. I sort of wanted to jump in and get the database up and running and get something out there to demonstrate its value, and then doing a little backtracking. And rather than working on talking to people about what this could do, get it out. I'm sort of more practical. It was a struggle. I think we had a good representation of library schools, academic, hospital libraries, but I think people also had a hard time grasping what this could possibly be. So that was one piece of it.

Another piece of it was just generating this database. We had folks from MLA, and I remember Scott Garrison helped us. I think he was the first MLA webmaster, if I'm not mistaken. We found a platform and a tool that would allow us to collect the objects, which could be documents, could be URLs. And then we got kind of bogged down, I think, in the structure of the database and the fields and the indexing and the list of subject headings. So that was an obstacle. That took a while to get going. But we finally got it up and running.

And then we had to collect these objects. So then the third piece of it was going out there and getting people to submit their items. We got a lot of people on the committee to submit their items. But in the end, it was hard to get people to volunteer to do this; people are busy. We had a nice template that they could fill in, so it was fairly painless. But then the issue of keeping things current, URLs changing all the time.

What it really needed was a dedicated person. What we should have done was written a grant and gotten a person to actually have the dedicated time to go out and do this. I'm always reminded that MLA is a volunteer association, and that means that people have other things that they're more engaged in and more interested in doing. And I don't think MLA staff quite bought into it. I don't think they quite understood how the project was going to be used by the membership. They were more interested in the technical side and making sure that it met standards, and I was more interested in making a usable tool. It died a slow death, but it did.

We promoted it. Carol and I did talks, we did posters. We had testimonials. People did use it, but it was just very difficult to get people to submit their material on a volunteer basis and to keep it up and running.

M: Do you think something like that exists today on its own?

S: Oh, yes. In fact, MERLOT—I forget what it stands for [Multimedia Educational Resource for Learning and Online Teaching], but it's an educational object database. I don't know how well it's used, but it's known. And I believe that AAMC [Association of American Medical Colleges] also has a database. I can't remember the name of it [MedEdPORTAL]. There are things out there like this. I think MLA needed to serve its members and make itself indispensable in the workflow of its members. I think that is the key to keeping MLA vibrant.

And the thing about medical libraries—I'm going to get off on a tangent for just a second—is that we all do the same thing. We all have the same collections. We all teach PubMed; we all teach CINAHL [Cumulative Index to Nursing and Allied Health Literature]. We all do the same thing. And so we need to help each other out, because we don't all need to do the same thing. We need to share our tools and our learning objects, our curriculum and our handouts, our brochures, our promotional material, etc., because the little guys don't need to spend their time doing that. The little guys, the solo librarians, need to spend their time doing service, not developing the support materials.

If this had taken off, then every day, if I had been in the hospital library, I would have gone to CORE to pick out what I needed to do my job. And I think that would have put MLA right into your workflow, and that would keep MLA on the minds of librarians. It didn't happen, but there are other ways to keep MLA vibrant.

M: So we'll move on—

S: Yes, could we [laughter]? I'm sorry. I thought it was a great project, and maybe it was my leadership that didn't quite get it off, but it didn't fly like it should have.

M: Well, the next year that came up was when you were elected to the Board of Directors. And I actually remember when they asked you to run for the board and you had to make a decision about that. So do you want to talk about being on the board? Lots of different things probably happened.

S: Well, I ran for the board twice. The first time I didn't make it.

M: I didn't know that.

S: Yeah. Strong candidates. Lots of strong people run for the board. The second time I did make it, and I was very humbled and honored to be elected to the board, because that's the well-known people. The popular people get on the board. And so that was an interesting experience. That was still when the board was meeting three times a year in person.

M: Yes, that was 2005... to 2008.

S: Right, and we met in the winter in February in Chicago. I've never been so cold in all my life. And then we would meet at the annual meeting, and then we would meet in the fall. I was somewhat taken back by... The board was not really a working board. The board was more of an advisory. Carla [Funk] always made it clear that we didn't have to do the work; we just have to come up with the ideas, and the headquarters staff would do more of the implementation. So that kind of surprised me a little bit. But there were some things that the board got involved in in terms of discussion and providing direction.

M. J. Tooey was president [2005/06], and we were focusing on hospital libraries. We grappled with issues that were important to the association, and one of them was trying to promote hospital libraries. This was at a time when hospitals were closing their libraries, and so I think MLA felt, what can we do to help. And of course, the MLA membership was after MLA, telling us, "Help us. They're closing. Make them stop, make them stop." So it was an interesting struggle—what we could do to help. But we couldn't really go to hospitals and say, "Don't eliminate your hospital library. You need it." I think what we tried to do, and what M. J. did and what the board tried to do, was create tools [the Vital Pathways Project] to help the librarians—and this is a good role for MLA—how does the librarian become an advocate for themselves, and how do you develop advocates within the hospital.

I don't recall real, burning, critical issues. I'll get into when I was president [later]. But it's the president's show, so whatever the president wanted was what the board supported.

M: And at the end of your being on the Board of Directors, you did become president-elect.

S: My husband always said, "Oh, Connie, you're going to become president of MLA," and I said, "No, no, Andy, I'm not president material. They don't want me." So I was flabbergasted when M. J. Tooey came and asked me if I would run. Why me? I'm not a library director. I was quite taken back. And it was a difficult decision to make, because that involved public speaking, that involved advocacy, that involved leadership, and I had demonstrated, I think, those qualities on a low level, but I wasn't a library director, and very few non-library directors ever became president.

M: I believe the president while you were on the board was Mark [Funk].

S: Right, and I think Mark might have been the first one who was elected outside of library directorship, so Mark paved the way. So I was quite startled. But I always like to think that I represented more of the rank and file of MLA, and I think that may be how I got elected. Because I knew a lot of people, I had taught a lot of people, I had been at chapter meetings teaching, so I knew a lot of the membership. I didn't know a lot of the library directors, but I knew a lot of and had worked with a lot of the membership, which I think was my constituency, my base [laughter].

M: And did you have a platform in your mind that you thought was important as you became president [2009/10]?

S: I should have gone back and read my statement. If it wasn't, it should have been—it was how can MLA make our jobs better. That's what I thought MLA should be doing. MLA should be the resource we use to make our library jobs better. I had projects once I became president, so maybe we should morph into those. You're supposed to come up with three or four projects, ideas, goals that you want, and I think I had three of them. I just hope I can remember them.

One of the issues of MLA at that time was the aging of the membership, which continues to be a problem as we all begin to shift out of this. So trying to think of how can we bring in younger members. One of the things we wanted to do was the Rising Star program—mentor younger members. This was a program where we would pick five or six up-and-coming librarians who were not already committee chairs and chapter chairs, but people who were interested in becoming active in the association. And what we would do is identify them, identify mentors, identify projects that would help the association that these people could work on, and mentor them through the project. They'd make a presentation at MLA, and then they would become better known in the association. That program got started and it's still going. It's now every other year that we get a cohort of Rising Stars, and a number of those people have gone on to become much more active in the association.

Another project was—this was also at a time, it was in 2008 and 2009, when we had the economic downturn. And of course, my presidential year was in Hawaii [2009], which had been in the works for many, many years. Unfortunately, it was at a location that made it very difficult for people to get to. Travel money for association members was drying up rapidly, and so one of my other projects was to bring the annual meeting to the membership, instead of making the membership all fly to one location. What we got started was the virtual medical library meeting. And that's still a component of the annual meeting—collecting all of the keynote speakers, as many as we're allowed to, and the papers and the posters and making that available—some of it in real time and then some of it after the fact, so that there's a virtual meeting, so that people who can't make it to the annual meeting can still benefit from the meeting. Prior to that time, the only way you could do it was get the proceedings after the fact.

M: You're talking about visually going to the meeting, not just audiotapes, correct?

S: Oh, yes, because we used to do the audiotapes. Yes, you used to be able to buy the tapes afterwards. No, this is web stuff. This is visual—the posters, some of it AV material so that you were more engaged. And at the same time, we began to have bloggers reporting in real time. So making the annual meeting a larger presence.

And the third thing I wanted to do was to help... I had data about the fact that many of the medical librarians—and it's still true today—many medical librarians are not trained to be medical librarians. They're either coming from other types of libraries—public and academic into medical—or they're coming right out of library school. And very few library schools have a medical curriculum. So we were getting librarians who didn't know anything about medical libraries.

One of my projects was to set up a boot camp. I wanted to get a core list of continuing education that would be available when the person needed it, not once a year at the annual meeting. I tried to get together online education, a core list of things that they could take as they were getting their on-the-job training. And this project is probably the one that just... We had a core list of stuff, but it was old material.

MLA has been slow to develop an online educational presence. I think they're doing better now. They're doing their webinars and they're recording that, and they're going to get this new learning management system so that there is a platform. They did experiment with Moodle, and they did do a grant to get people to teach them how to put on an online course. But it never really took off. There wasn't really a consistent catalog of online courses that could be taken throughout the year with active participation from instructors.

I think what MLA needed to do is make sure that the people who we're calling medical librarians are trained and qualified to be medical librarians, because they're not getting it in library school. Because of this online course that I referred to earlier, I see what library school students are doing in terms of searching, and I also see what practicing librarians are doing in terms of searching, because of some of the activities in that course. It's a little bit troubling that many medical librarians are self-taught, and you only know what you know, and I thought that MLA could fill that vacuum. I still think that MLA can fill that vacuum.

So those were the three things that I was working on as projects when I was president.

M: And you were president, past president, that group [including president-elect] from what, 2008 until 2011, right? Because you had been president for a year...

S: It was a three-year term.

M: What does one do as past president?

S: Well, one runs the Nominating Committee, which is always a lot of fun—coming up with the next group of leaders. And then participate on the board. As president, you also get to travel around to chapter meetings, and I enjoyed this. I taught at some of them, so as president I also taught at some of these chapter meetings, which I think is something unusual for the president to do—to be engaged in that kind of content of the meeting. I enjoyed going out and meeting people in the chapters and promoting MLA. So I got over my shyness very early on.

M: So was that the last things you did in MLA? Have you done things since you've been president, or have you stepped back?

S: I didn't step back. I can't step back [laughter]. One of the things that I always wanted to do was be part of the Continuing Education Committee for MLA. That is a committee that was very prestigious when I was starting my career. I remember I was asked to be on that committee, and I couldn't, because I wasn't going to be at MLA, and my kids were too young and I had to not accept that invitation. So one of the things I've always wanted to do is be part of that committee. After I became president, I did ask to join the Continuing Education Committee. I was a little bit torn because I need to get away; I need to let the younger generation take over. And they did. I did not become chair of that

committee. But I became part of it because I wanted to push my continuing education agenda, to keep it going.

That committee does a lot of work, but the primary work of it is coming up with the classes for the annual meeting. You're on that committee for three years, and in my second year on that committee I did the coordination for the CE for the [annual meeting]. I believe it was the Austin meeting. So I did continue to be active, and I continue to teach for chapters. Almost every year I get invited to teach one of my EBM courses for chapter meetings.

M: I remember you looking at the difference between the people's retention and knowledge of when they took a four- to eight-hour CE class at MLA compared with the people who took the class over several—I guess it was over a long period of time as an online class.

S: Yes. So when we started doing our online class—this was when online education was just taking off, and people were skeptical. Is this as good as face-to-face? The thing with face-to-face CE with MLA is that you could sit there and read your email and buzz out and doodle and do whatever you wanted to do, and at the end of the four hours you got your CE credits. I thought that we should be a little bit more concerned about people's learning, that people should be there to learn, not to occupy a chair.

One of the things that we wanted to do was, one, show that online was as good as face-to-face, to promote the online. And so we did. We took a little cohort. It was a sort of a pilot test. We couldn't randomize or do any of the highfalutin study designs. But we took a small cohort and we taught them on the online class, and then we took a couple of cohorts that we had taught in a face-to-face. There are some validated EBM instruments. Julie Garrison and I did this. We used the Fresno test, the Fresno EBM test, and we tested the two groups. I think it was like three months afterwards to compare the retention.

We found that both groups retained, but the online retained it a little bit better; and we think the online retained it a little bit better for the very fact that they had to do work. They had to participate, and they had to participate as individuals. The other thing about face-to-face is that there's a lot of small-group activity and you could doze out in your small group. You never had to really be personally responsible. We wanted to show that this was a good thing to do—again, thinking that MLA would want to capitalize on this and make more classes available online.

M: But no one has followed up on that after that...

S: No. And I think what happened is that there was a lot of research done on this, and I think the consensus was that it was as good, if not better. So there was no longer a question of its validity.

M: You have received some awards in your life. In addition to becoming a Fellow, you have a Lucretia McClure Excellence in Education [Award], which must be important since education was one of your...

S: Yes.

M: And through Duke, outstanding service. And then the Marine Biological Laboratory course, you took that in 2002?

S: Yes, that's the Wood Holes course. They call that an award, but it's a grant and you apply for that. But, yes, the Duke Outstanding Service Award, that was the first time it's ever been given to a librarian—has never been given to a librarian since. That was an award from the Department of Internal Medicine for the work with morning report and the interns and residents.

Because just to go back to that for a second, part of what the library did—at least in my role, when I went to morning report, the chief resident had to do a research project as part of his chief residency. And most of them had been doing medicine. But as we got the morning report started with the library, we had three or four of the chief residents who did library-related research.

Chris Cabell, Dr. Cabell, the first one I worked with—we did a research thing on asking clinical questions and encouraging residents to do that. Steve Crowley and I created a database of resident questions, looking at did answering residents' questions improve their management. What we showed was that if they answered their questions, it changed their management decisions. If they had access to information, it changed what they did. And Manesh Patel and I did a project on what resources can better answer a question, not only providing an evidence-based answer, but can do it quickly.

That was another thing, that working with the residents at Duke and getting involved in the morning report also got the library involved in research, and that's part of what that award was for. I forget about that. That led to my publications. I worked with these fellows and published some research.

M: Let's talk about your publications. You had a lot of publications, and maybe here you've said enough. But I was impressed that your publications were frequently both library-oriented and medicine-oriented. You didn't have just one type. Your first publication may have been about the email.

S: That was the first one, in 1983. Yes, and then I continued—as I was teaching I was also publishing articles. I did a number of articles on the Joint Commission and the value of the Joint Commission for the hospital library. And then when I morphed into an EBM librarian, how EBM could work to the advantage of the library. But that also got me involved in the faculty at Duke Medical Center. I worked with faculty on articles that they were writing for their professional journals on evidence-based medicine, and then also with the research that the chiefs were doing.

M: It's a very different look from most of the publications that I see from librarians.

S: My attitude towards my job was, whatever interested me and whatever they needed. And they were willing—if I helped them prepare a manuscript, if I helped them with the background research, or helped them write it—obviously they had to put me on as an author—including a systematic review, my last publication before retiring was a systematic review in the *Annals of Internal Medicine*, which I'm proud of.

M: They didn't have to put you on it. I think you had a relationship with them.

S: It was a relationship with the team that did that, yes.

M: So one thing we haven't talked about, and I feel we should go back a little bit, is to talk about MAC—the Mid-Atlantic Chapter—because you were president of that chapter and you were important in that chapter, and you still live in North Carolina. Do you want to say anything about your experiences in MAC?

S: MAC was a different chapter than what I was used to. At the Pacific Northwest Chapter, there were only two large academic libraries and the rest of the membership were what I call worker librarians—worker bees. In MAC, it was a little bit different. There were many more academic libraries, so it was a little more top-heavy on the director side of it. But, yes, I was asked to be chair of MAC [1995/96].

I think the thing I remember about MAC was that we were always struggling as to who we should be and how we should be relevant to the membership. We were doing needs assessment and strategic planning. We had a fair amount of money, and I think we had a difficult time spending it and providing services to the membership. I think we're doing a great job now. We've got support for research and support for new librarians and travel support. But it was, I think, a time of trying to figure out what we should be doing.

M: You've talked about this; maybe you can focus it. Look at MLA over the time you were involved and tell me what the big changes were from your point of view. And some of those changes, of course, are going to be how you changed.

S: Yes, and how my needs changed. But I think MLA was vitally important to me as a new librarian. It gave me a network. It gave me an avenue to develop skills, teaching skills, which probably, if I had stayed in Idaho in that job, there wasn't that much opportunity. So it was invaluable as I was developing my career. And of course, as I got more experience, not so much the development, but then as a platform for teaching and as a source for teaching.

I'm not sure that MLA has that same value to new librarians. I don't know if people perceive—if new librarians turn to MLA for the kind of support that it provided me. And I don't know if that's because there are other social networks out there that people form different kinds of networks. Obviously, Facebook, which was not around when I was

coming up. So PNC was sort of the professional social group. So I don't know. I'm concerned, and I question what role MLA has for new up-and-coming librarians. I think that's something that MLA probably needs to struggle with now. And hopefully they've come up with some ways to make sure that they're providing the services and support that new medical librarians need.

M: So I like to end oral history interviews with some reflections, and these things you have probably mentioned, but you have a chance to expand. First of all, who are the people you feel most influenced your life and career—it can be over time. We can start with Reese but we can keep going further.

S: I'm sorry that I wasn't able to get into the VA network, because I think he really wanted that to happen. Because one of his tasks, I think he felt, was nurturing and mentoring new librarians and then reaping the benefits of them within the network that he was a part of. But in spite of that, he set me on my career path. I cannot remember anything in library school that helped me. I'm sure library schools have changed over the years. You have to understand, it was 1978. And it was an old faculty and things have changed. But for me, library school did not do anything. Reese was really the person who set me on my path and taught me how to be a librarian.

M: Have you stayed in touch with him at all?

S: I have not—although when I was preparing my presidential address, I got in contact with him. Karen Jemison, who was one of the librarians at the VA—who I had never seen at an MLA meeting—she was there at the Hawaii meeting and she listened to my address, which gave Reese credit right away. Then I wrote to him and he wrote back. I wanted him to know that he set me off.

I thought about this, and I can't say anybody had the impact that he had. At the same time, I couldn't have been the librarian that I was or am without everybody I worked with supporting and providing me with the kind of environment that was good for me. So the library directors, Pat Thibodeau and [Helen Miller], who was my director [at the Idaho State Library] when I first started, for just allowing people to develop their own skills. While they weren't influential in how I thought, they were influential in allowing me to figure out what needed to be done and to move in that direction.

I never thought... I'm proud of my career. I think I did some good things. I thoroughly enjoyed it. I'm not sure I would have my daughters be librarians [laughter]—it depends. I had no idea I was getting into this. I had no idea what I was going to do after college. My degree in art history I thoroughly enjoyed. I went to Europe. I relished in the art—the Roman forum and the Greek ruins—because that was part of what I was studying. But I had no idea how to apply that to a career. I just fell into this, into librarianship, and it's been very good to me. It just allowed me to be, I think, a good person.

M: Looking in the other direction, who are other people you feel you've influenced and helped? That's hard to say sometimes.

S: You know, that's hard to say, but at the same time—and I don't want to sound like I'm tooting my own horn—but I'm always very touched when I go to MLA and people come up to me and tell me how much they benefited from my courses, how much I've helped them in the things that I taught. I remember a couple years ago I was sitting with Diana McDuffee, and someone came up to me and said, "Connie, you've changed my life!" And Diana was just, whoa, what? And just because I was able to show them ways to do their service and teach them about EBM. To this day, I get people that come up and say that my class was so helpful.

I think I've influenced a lot of people in developing their skills, and, even today, with this online course. I've got librarians and we all introduce ourselves and what their experience is, and they're new—they're new librarians. And they really don't have anyone to turn to. One librarian is brand-new. I'm blanking on her name. But she's dealing with nurses and she doesn't know who to turn to. She's in a single situation. And she's asked, as her instructor, can I help her. Well, I'm not a nursing librarian, but I know two people who are, and I put her in touch with these two librarians, and now she's got some network and some people that she can talk to. So I think my influence has been to help lots of librarians who are new to the profession get started and then make contacts with other people. I think my teaching has influenced a lot of people.

M: What do you consider your most important contributions? And obviously teaching is...

S: It's something that I've enjoyed doing and think I'm good at. And I think nurturing other professionals, nurturing the team that teaches at the Denver workshop, nurturing the librarians in Australia—not that I'm better than them, but that I can help bring them together on an equal plane. I can help develop a program that is sustaining like the Dartmouth/Denver workshop. So I think my contribution's helping other librarians meet their potential.

M: Do you have any advice as to where medical librarianship is headed in the future and what the issues are that we need to address? You've spoken about this somewhat in terms of MLA, but do you have other thoughts?

S: I think MLA, and we as a profession, have to be careful that the people that are medical librarians are competent and well qualified, and that's not always the case. And there's no blame here, but there is an opportunity to make sure that when we promote medical librarians that we're promoting people who can do a better than adequate job, and that's not always the case. So I would hope for the future that somehow we get a better handle on making sure we are a competent profession.

And at the same time, my advice to any new librarian is to take your job seriously but take yourself lightly, and I think that is what I've tried to do. I take my job very seriously, but I don't take myself very seriously. And I've been able to enjoy what I've been doing at the same time of doing, I think, a decent job.

M: So what can we learn from the past? What should we remember?

S: Give me a hint [laughter]. Can I call a friend?

M: You don't have to answer.

S: All right, I am going to say something that is going to be heresy. I think we need to honor and promote our current librarians more than we do our Janet Does and our Louise Darlings and the one from University of Washington [Gerry Oppenheimer] [laughter]. I cringe sometimes when we're trying to promote the new people into the profession that we still bring [them] up. I mean, they are important; they are the foundation of the Medical Library Association. But we've got to have champions that are a little younger than that that maybe are still around, so that people can see the exciting and innovative things that our profession does now. So it's important to remember our past, but it's also important to promote the exciting present.

M: Oh, that's good. Anything else that you would like to say or talk about? It's your chance.

S: I don't have much else to say. I think I'm talked out—except to say that I have such good and dear friends from MLA. You, for example—while we're friends because we're friends, we met each other through libraries. And the other people in PNC and the friends that I'm still in touch with. It's really a good profession. It's a good profession with a lot of good, smart, funny, exciting people, and I think that's one of the great things about MLA, PNC, and libraries are the people that I've met through the years.

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## **CONNIE M. SCHARDT**

### **Education and Certification:**

- Distinguished member, Academy of Health Information Professionals, (AHIP), 1995+
- Certification awarded, Medical Library Association, 1980
- Masters, Library Science, San Jose State University, San Jose, California, 1979
- BA, Art History, University of California, Berkeley, California, 1970

### **Professional Experience:**

#### **Adjunct Faculty, School of Information and Library Science, University of North Carolina at Chapel Hill. 2001 -**

- Instructor for EBM and the Medical Librarian a distance education course offered for 3 academic credits from the School of Information and Library Science, University of North Carolina at Chapel Hill and for MLA CE credit.

#### **Associate Director for Education and Research – 2007 - 2013 ; Duke University Medical Center Library, Durham, NC.**

- facilitates short and long range planning for Public Services
- works with Medical Center Departments and faculty to recommend, implement, and evaluate new services and resources
- provide teaching support to Evidence-based Medicine initiatives
- plan, coordinate, and develop educational programs
- develop instructional materials to support teaching of educational programs
- coordinate activities of professional staff

#### **Education Coordinator, 1997 to 2007; Duke University Medical Center Library, Durham, NC.**

- identify educational needs and establish relationships with Medical Center departments
- coordinate effective electronic resource search strategy sessions with resident training programs
- provide teaching support to Evidence-based Medicine initiatives
- plan, coordinate, and develop educational programs
- teach and consult on end-user searching using PubMed and other electronic resources
- develop instructional materials to support teaching of educational programs
- design and create web-based documentation for educational programs
- develop self-directed instructional tutorials

#### **Coordinator of Information Services and Library Director at Salisbury, Northwest AHEC, Bowman Gray School of Medicine, Winston-Salem, North Carolina. August 1990 - January 1997**

- direct the Library and Information Services Network for the 17 county area of Northwest AHEC
- redesign network library services to improve the delivery of information
- develop educational programs to introduce new skills to health professionals.
- manage a medical library in a 220 bed community hospital
- develop goals, policies and budgets
- evaluate collections and managing acquisitions
- coordinate access to knowledge-based databases and electronic resources
- participate on planning and implementation committees for the NWAHEC

**Health Information Consultant, Idaho Health Libraries Network, Idaho State Library, Boise, Idaho.  
September 1979 - August 1990**

- develop a statewide plan for health information services
- consult with healthcare professionals and librarians to establish, manage and improve information services
- evaluate hospital library services
- coordinate access to health information resources among the various types of libraries
- produce the statewide union list
- assist with project development, grant writing, adaptation of new technologies
- coordinate education and training programs for hospital library staff
- provide health-related reference services, including online searching

**Teaching/Course Development:**

- EBM Course for 3<sup>rd</sup> year Medical Students, Duke University, School of Medicine, Course Director, 2003 - 2013.
- Introduction to Study Design and Critical Appraisal, ICML, Brisbane, Australia, August 31, 2009
- Supporting Clinical Care: An Institute in Evidence Based Practice for Medical Librarians, Dartmouth College, 2008 -
- Introduction to Study Design and Critical Appraisal, MLA, Chicago, May 17, 2008
- Knowledge Transfer – Moving from best evidence to best practice, MLA Chicago, May 17, 2008
- EBM and the Medical Librarian, PNC/MLA. Omaha, NE October 16, 2007.
- EBM and the Medical Librarian, PNC/MLA. Seattle, WA, October 15, 2006.
- Study Design and Critical Appraisal, Phoenix, AZ, MLA Annual meeting, May 20, 2005.
- EBM and the Medical Librarian, PNC/MLA. Portland, OR, October 15, 2005.
- PICO: Pushing the evidence cart to the bedside. Workshop presented at Annual Meeting of Society for General Internal Medicine, May 12, 2005.
- Teaching, Leading, Practicing EBM: A Workshop for Educators and Practitioners of Evidence-based Medicine. Course Co-Director. Duke University Medical Center, 2003-
- How to teach evidence based practice. Annual workshop. Librarian tutor faculty. Mc Master University, Hamilton, Ontario, Canada. 2001-2008.
- EBM and Introduction to Study Design, Detroit, MI, April 4, 2005
- EBM and Introduction to Study Design, Raleigh, Oct 13, 2004
- EBM and the Medical Librarian, Cleveland, Ohio, September 20, 2004
- Creating an Evidence-Based Case Conference. Workshop presented at annual meeting of the American Association of Directors of Psychiatry Residency Training (AADPRT), San Juan, Puerto Rico, March 5, 2003
- EBM and the Medical librarian. Tufts University, Health Sciences Library, Nov 22, 2002.
- Evidence-based Medicine and the Medical Librarian. (Distance education course through School of Information & Library Science at University of North Carolina at Chapel Hill) taught 2 times a year; 1999-
- EBM and the Medical Librarian, Wilmington, NC, October 10, 1999
- Joint Commission Standards: Management of Information and Beyond at MLA Annual Meeting, Vancouver, B.C. 2000 and Chicago, 1999 (4 MLA CE contact hours)
- Adding Plug-ins and Helper Apps to Netscape
- Introduction to the Internet: a resource for Health Professionals
- Introduction to the World Wide Web using Netscape
- Searching and Evaluating Information on the World Wide Web
- Ovid Part I: The Basics using Telnet
- Ovid Part I: The Basics using the Web Gateway
- Ovid Part II: Advanced Strategies
- Strategies for Complying with the New JCAHO Standards PNC/MLA Annual Meeting, Coeur d'Alene, ID, October 1995 (4 MLA CE contact hours)

## Web-based tutorials:

- Introduction to Evidence Based Medicine [<http://guides.mclibrary.duke.edu/ebmtutorial>]

## Publications:

Zipkin DA, Umscheid CA, Keating NL, Allen E, Aung K, Beyth R, Kaatz S, Mann DM, Sussman JB, Korenstein D, Schardt C, Nagi A, Sloane R, Feldstein DA. Evidence-based risk communication: a systematic review. *Ann Intern Med*. 2014 Aug 19;161(4):270-80.

Del Fiol G, Curtis C, Cimino JJ, Iskander A, Kalluri AS, Jing X, Hulse NC, Long J, Overby CL, Schardt C, Douglas DM. Disseminating context-specific access to online knowledge resources within electronic health record systems. *Stud Health Technol Inform*. 2013;192:672-6.

Pato MT, Cobb RT, Lusskin SI, Schardt C. Journal club for faculty or residents: a model for lifelong learning and maintenance of certification. *Int Rev Psychiatry*. 2013 Jun;25(3):276-83.

Gagliardi JP, Stinnett SS, Schardt C. Innovation in evidence-based medicine education and assessment: an interactive class for third- and fourth-year medical students. *J Med Libr Assoc*. 2012 Oct;100(4):306-9.

Schardt C. Health information literacy meets evidence-based medicine. *J Med Libr Assoc*. 2011 Jan;99(1):1-2.

Tuttle BD, Von Isenburg M, Schardt C, Powers A. PubMed Instruction for Medical Students: Searching for a Better Way. *Medical Reference Services Quarterly*, Jul 2009 28(3):199-210.

Krupski TL, Dahm P, Feserman SF, Schardt CM. How to Perform a Literature Search. *J Urol*. 2008 Feb 14; 179(4):1264-70.

Schardt C, Adams MB, Owens T, Keitz S, Fontelo P. Utilization of the PICO framework to improve searching PubMed for clinical questions. *BMC Med Inform Decis Mak*. 2007 Jun 15;7:16.

Patel MR, Schardt CM, Sanders LL, Keitz SA. Randomized trial for answers to clinical questions: evaluating a pre-appraised versus a MEDLINE search protocol. *J Med Libr Assoc*. 2006 Oct; 94(4):382-7.

Fontelo P, Liu F, Ackerman M, Schardt CM, Keitz SA. askMEDLINE: a report on a year-long experience. *AMIA Annu Symp Proc*. 2006:923.

Moyer, Virginia and Schardt, Connie. *Finding the evidence* in Evidence-Based Pediatrics and Child Health, edited by Virginia Moyer and Elizabeth Elliott, et al. London: BMJ Books, 2004.

Crowley, SD, Owens, TA, Schardt, CM, Wardell, SI, Peterson, J, Garrison, S, Keitz, SA. A Web-based compendium of clinical questions and medical evidence to educate internal medicine residents. *Academic Medicine* Mar 2003 78(3):270-274.

Garrison, JA, Anderson TL, MacDonald, MH, Schardt, CM and Thibodeau, PL. Supporting PDAs: the experience of a health science library. *Library Hi Tech* 2003 21(4):412-8.

Schulman SR, Schardt C, Erb TO. Evidence-based medicine in anesthesiology. *Curr Opin Anaesthesiol*. 2002 Dec;15(6):661-668.

Schardt, CM, Garrison, J, Kochi, JK. Distance education or classroom instruction for continuing education: who retains more knowledge? *Bull Med Libr Assoc* Oct 2002 90(4):455-457.

Muir, AJ, Schardt, CM, Keitz, SA. Applying evidence to the care of a patient with hepatitis C: how to develop a focused clinical question. *Sem Med Pract* Sep 2002 5(3):1-12.

Cabell, CH, Schardt, C, Sanders, L, Corey, GR, Keitz, SA. Resident Utilization of Information Technology: A Randomized Trial of Clinical Question Formation. J Gen Intern Med 2001;16:838-844.

Schardt, C. Evidence-based medicine and the hospital librarian. J of Hospital Librarianship 2001 1(2):1-14.

Mayer, J, Schardt, C. and Ladd, R. Collaborating to create an online evidence-based medicine tutorial. Med Ref Serv Q Summer 2001 20(2):79-82.

Garrison, J., Schardt, C. and Kochi, J. Web-based distance continuing education: a new way of thinking for students and instructors. Bull Med Libr Assoc Jul 2000 88(3):211-217.

Glaser, J. and Schardt C. Standards for Health Sciences Libraries. in Current Practice in Health Sciences Librarianship. Health Sciences Environment and Librarianship in Health Sciences Libraries. Vol 7. p. 61-90. Medical Library Association (1999).

Schardt, Connie M. Going Beyond information management: using the Comprehensive Accreditation Manual for Hospitals to promote knowledge-based information services. Bull Med Libr Assoc Oct 1998 86(4):504-507.

Schardt, C. The JCAHO visit: are you prepared? SEA Currents, the newsletter of the SouthEastern/Atlantic Region. Sept/Oct 1994;12(5):6-7.

Standards for Hospital Libraries. Medical Library Association. 1994.

Schardt, C. Hospital libraries - the quiet Idaho network. PNLA Quarterly. 1987Spring;51(3):53-54.

Schardt, C. Quality of hospital library service: two persistent issues. MLA News 1984 May;165:4,9-10.

Schardt, C. Electronic mail service: applications in the Pacific Northwest Region. Bull Med Libr Assoc 1983 Oct;71(4):437-438.

## **Presentations, Papers, and Posters:**

EBM and the Medical librarian: Now more than ever. Joint Meeting of the MLGSCA/NCNMLG, Glendale, AZ, Jan 29, 2010.

Annual A Novel Approach to Educating Medical Informationists , C Schardt, P Thibodeau, C Gallop, P Schaeffer, B. Wildermuth. Paper presented at MLA Annual Meeting, Honolulu, Hawaii, 2009.

Weaving evidence-based medicine into the School of Medicine curriculum: the Library's role in developing evidence based clinicians. Paper presented at MLA Annual Meeting, Philadelphia, PA, 2007.

Distance education: a good model for professional continuing education. Connie Schardt and Julie Garrison. Evidence-based Library and Information Practice, Durham, NC, May 2007.

askMEDLINE: a Report on a Year-Long Experience. Paul Fontelo, Fang Liu, Michael Ackerman, Connie M. Schardt, Sheri A. Keitz. AMIA Annual Meeting, November 2006.

Transforming obstacles into opportunities: Expanding the Library's role in the School of Medicine curriculum. Von Isenburg M, Powers A, Schardt C. MLA Annual meeting, May 2006.

CORE: Center for Research and Education. Poster. MLA Annual Meeting, May 2004.

CORE: Center for Research and Education. Poster at the Annual Meeting of MAC/MLA, October 2004.

Under the Palms: Hand Held Help for Your Library, presentation at MAC/MLA Annual Meeting, Ocean City, Maryland, 2001.

Distance education or classroom instruction – does it make a difference to the instructors or the students? Paper presented at MAC/MLA Annual Meeting, Ocean City, Maryland, 2001.

Evidence-based Medicine and the Medical Librarian. Presented at Emerging Technologies; New Roles for Librarians and Information Providers. Columbia, South Carolina, June 7, 2001.

Using Web-based databases to design Web-based tutorials: the Ovid Web. Poster presented at MLA Annual Meeting, Orlando, 2001.

Creating an evidence-based medicine online tutorial: collaboration makes a championship team. Poster presented at MLA Annual Meeting, Orlando, 2001.

Searching for Nutrition Information on the Internet. Presented at GlaxoSmithKline, March 7, 2001.

Distance Education: Success from a Web-based Course. Presented at Sharing our Strengths: Cooperative International Distance Education in Health Sciences Knowledge Management, University of North Carolina at Chapel Hill, February 19, 2001.

Web-based distance continuing education or classroom instruction: does it make a difference? Paper presented at the 8th International Congress on Medical Librarianship, held in London, United Kingdom July 2, 2000.

Distance education or classroom instruction – does it make a difference to the instructors or the students? Paper presented at MLA Annual Meeting, Vancouver, B.C. 2000.

Developing a Web-based Continuing Education Course. Paper presented at MLA Annual Meeting, Chicago, 1999.

The Teachable Moment: EBM@Morning.Report. Poster presented at MLA Annual Meeting, Chicago, 1999.

Putting it into practice: the Duke Experience. Presented at ANCHASL Annual Meeting, Asheville, NC, April 16, 1999.

Evidence-based Medicine and Libraries. Lecture at the School of Library and Information Science at University of North Carolina at Chapel Hill, February 11, 1999.

Looking at WWW Sites that Work - and Don't. Presented at NIEHS Web Conference, November 1998

Evidence-based Medicine in Real-Time: Practicing EBM in the Ambulatory Setting. Workshop presented at the Society of General Internal Medicine, Annual Meeting, Chicago, April 1998.

Turning the "Evil" into Good: Using the Joint Commission Standards to Your Best Advantage. Presented at the Southern Chapter of MLA, Savannah, Georgia, October 1997.

JCAHO & Information Management Issues. Panel presentation at the Southern Chapter of MLA, Savannah, Georgia, October 1997.

Moving into the Big Picture (JCAHO). Workshop presented for CONSULT, Morgantown, West Virginia, May 1996.

The Role of the Library in Accreditation. Teleconference participant for Medical Library Association, March 1996.

Managing Your JCAHO Visit. Workshop presented for GaIN, Macon, Georgia, April 1994.

Bearing Standards; or Blessed are the Flexible. Presented at Annual Meeting of the Virginia Council of Health Science Librarians, Norfolk, Virginia, April 1994.

The New JCAHO Standards. Presented at Georgia Health Sciences Library Association Annual Meeting, Atlanta, Georgia, March 1994.

## **Professional Activities:**

### **Medical Library Association:**

Past President, 2010-2011  
President, 2009-2010  
President-elect, 2008-2009  
MLANET Editor Search Committee, Chair, 2006-7  
Board of Directors, 2005 – 2008  
CORE Task Force, Chair, 2002-2005  
NPC Technology Advisory Group, 2003  
1998/99 Nominating Committee  
MLANET Editor Search Committee, Chair, 1998  
MLANET Task Force, 1995-1998  
1998 National Program Committee, 1995-1998  
Bulletin Evaluation Committee, 1992-1995  
Governmental Relations Committee, 1983-1986  
PNC Chapter Council Representative, 1981-1983

### **Hospital Library Section of the Medical Library Association:**

Web Editor, 1999-2002  
Web Task Force, 1998-1999  
Standards Committee, Chairman, 1991-1994

### **MidAtlantic Chapter of the Medical Library Association:**

Program Committee, 2004-2005  
Strategic Planning Task Force, 1999-2002  
Immediate Past Chair, 1996-1997  
Chapter Chair, 1995-1996  
Chapter Chair-elect, 1994-1995  
Program Committee, 1993-1994

### **Pacific Northwest Chapter of the Medical Library Association:**

Chair, Continuing Education Committee, 1986-1987  
Chapter Chair, 1985-1986  
Program Co-Chair, Joint meeting with MidContinental Chapter, 1985-1986  
Recording Secretary, 1984  
Governmental Relations Committee, 1980-1987

## **Membership in Professional Associations:**

Medical Library Association, 1979-  
Leadership and Management Section/MLA, 2003-  
Hospital Libraries Section/MLA, 1987-2004  
MidAtlantic Chapter/MLA, 1990-

## **Continuing Education:**

Moving at the Speed of Byte: emerging technologies for the information management, Nov 8, 2006  
Roles and essential skills for the Expert Searcher (2 MLA CE contact hours) March 10, 2004  
Advanced PDAs for Librarians, (4 MLA CE contact hours), October 17, 2002  
Integrating the Research Process into Practice (8 MLA CE contact hours), March 22, 2002  
Sync or swim: managing the flood of PDAs in health care. Satellite conference (1.5 MLA CE contact hours), February 6, 2002

Emerging technologies: new roles for librarians and information providers (2.5 MLA CE contact hours)  
June 7, 2001  
Keeping Up with PubMed (4 MLA CE contact hours), May 28, 2000  
Appraising the Gold (EBM), (8 MLA CE contact hours), January 19, 1999  
Evidence-based Health Care in Action (1.5 MLA CE contact hours), September 1998  
The Digital Library: An Oxymoron, (2 MLA CE contact hours) May 12, 1998  
Panning for Gold, (7 MLA CE contact hours) October 1997

## **Honors and Awards:**

- MLA Fellow, 2010-
- Lucretia W. McClure Excellence in Education Award, Medical Library Association, 2006.
- Outstanding Service Award, Department of Internal Medicine, Duke University Medical Center, 2003.
- Medical Informatics MBL/NLM Course Fellow - Marine Biological Laboratory, Woods Hole, MA., 2002
- MAC Librarian of the Year, 1997

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