

EXECUTIVE SUMMARY

Conclusions

The informationist concept meets a critical need for an intermediary between the expanding information universe and the practitioner. Successful informationists may come from a variety of roles, but must have knowledge about both subject domain and locating, analyzing, and synthesizing information. There may be only certain settings that will be appropriate for informationist practice owing to financial, technical, and cultural factors.

Persuading people to become informationists and users of informationists' services will require successful and visible model projects that demonstrate the relative advantage that informationists provide in clinical and research settings. Training for informationists must combine formal educational programs, apprenticeships/mentorships, structured clinical learning experiences, and peer-to-peer teaching. Creating model programs requires creating awareness, acceptance and commitment among funding agencies.

Next Steps

- Become innovators. Understand the model for adopting innovation (knowledge, persuasion, decision, implementation, confirmation)
- Define and be able to explain the relative advantages of the informationist concept. This requires an understanding of the existing and future directions of stakeholders and focus on areas that are compatible with their directions. There is also a need to reduce the complexity of application and barriers to adopting the concept.
- Encourage testing the concept by encouraging a wide variety of demonstration projects and communicate the results of these projects broadly.
- Create space for members of your own organization to develop expertise in this area and to develop projects. Build collaborative bridges both within and outside your organization.
- Redirect funding of projects to include testing of the informationist concept within these projects. The ultimate measure of success is the desire of others to fund your services as an informationist.

Background

The informationist concept is about a profound change in delivering information in a medical setting from information services based in a library to information services based in a clinical setting where clinical issues generate researchable questions. The concept is neither widely known nor widely accepted in the medical or information communities, perhaps owing to the complexity of the concept and the lack of a clear definition. However, informationists are already practicing in a variety of roles in both clinical and research settings. At the highest level, informationists are in a unique position to study current limitations in the representation of knowledge. They are also well positioned to address the disconnect between researchers and clinicians arising from the growth of information. The need for informationists may be advanced by the growth of evidence-based and defensive medicine. The largest barrier to adopting the informationist concept is the perceived lack of credibility that informationist may have in the clinical and research settings.

Core knowledge and skills

While informationists perform in a variety of roles, it is possible to define a set of core roles or activities that broadly define the informationist. Informationists are useful at all levels of the information process: creating, reviewing, summarizing, and applying knowledge. Some roles include finding information for evidence-based practice by attending rounds, etc., teaching health care teams to search the literature, suggests questions that need researching and delivers results of research in the form of data, articles, etc., records decisions with policy implications, retrieve synthesize, and report information, provide information to patients, provide SDI services, support for protocol design, support for educational efforts, define standards for literature searches, needs assessment, data storage and retrieval, classification, cluster analysis, grant preparation, collaborates in research publication, IRB consultant, etc.

From these roles, it is possible to define the basic knowledge requirements and skill sets for informationists. Some identified skills include EBM/clinical epidemiology/filtering expertise, medical writing and synthesis, statistical knowledge, basic understanding of scientific concepts and the language of research, ability to work with clinical staff, clinical experience, understanding of medical informatics, knowledge of the sociology of health care, and expert searching skills (search, analyze, and synthesize).

Informationists' education

There are multiple existing models both within and outside the library profession of the informationist concept and it is not entirely clear if the informationist is a discrete person or a system function. Any educational program must address the need for a knowledge base that will ensure credibility in the clinical and research community. Some of this knowledge base may be expensive to offer and difficult to achieve. Acquiring this knowledge base may be unpopular with potential informationists and offer insufficient perceived return for the investment required.

Institutional education requires a critical mass of faculty, near a medical facility, with a strong health sciences library in an institution with a medical informatics program and the technology to support communication. Apprenticeship may be a key factor in the education of an informationist. Masters level training is the minimum requirement, but disciplines may be various. Formal education programs are likely to be collaborative. Recruitment into the profession will depend upon establishing models of practice and clear career ladders.

Informationist role in research

Intervention in the research information process requires highly specific knowledge owing to the complexity of the process. It is difficult for researchers to accept intermediaries in the information process; informationists may be more acceptable as retrievers rather than interpreters. They must have significant knowledge about the discipline to function successfully. Roles and skills will differ depending upon whether an informationist is working in support of researchers or doing research.

Funding informationists' services

There are several possible funding models including grant participation, fee for service, either on a contract or hourly basis, job sharing between departments, insurance reimbursement (but there may be problems with liability and licensure. Funding will depend upon proof of concept and on

offering value for the money expended. It will come from partnerships of various sorts, so communication is important.

Marketing the informationist concept

To successfully market the concept, we must identify key users, key influences, and key resisters and identify what matters to them. We must determine the key strategies for success by clarifying the informationist concept and the terminology associated with it and cultivating enterprise champions. We must focus on situations where the role of the informationist had demonstrable results and celebrate these successes by publishing articles and reporting at national and regional meetings.

Testing and implementing the informationist concept

The group agreed that it was vitally important to develop a good research design for testing the concept and to review existing projects for testing and implementation ideas. There is a need for collaboration between stakeholders in the process and the communities that they serve. Making the concept operational depends on persuading stakeholders by communicating the results of trials broadly in both the information and medical communities.

There was disagreement about whether or not funding for testing and implementation would be difficult to find, whether test projects should or should not be sustainable, and whether projects should or should not be free to participating organizations.

Assessing the value of the informationist

A focus on cost/benefit ratios drives a concern for determining appropriate output measures. Demonstrating relative value depends upon gathering evidence in trials. It is difficult to measure the value of the informationist in relation to direct patient outcomes, but reductions in errors, patient stays, and readmissions should be observed. It may be necessary to focus on such proxy quality measures as acceptance of the concept, increased information skills on the health care team, grant activity, volume and quality of publications and patents, demand for library services, time shifts, and institutional policy changes.