

Using Mobile Technologies to Connect Face-to-Face

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Introduction

The ubiquity of Internet access, cloud-based information and more robust discovery services are converging to make information effortlessly accessible to our library users. Although the ease and increase in access is welcomed by those in the information professions, the challenge for us continues to be how to stay visible and relevant now that users do not necessarily need to come to the library to find information. Librarianship has been undergoing a transformation away from simply connecting people to collections and is increasingly moving toward connecting people to each other. With almost all library resources now available remotely, libraries of all types are looking for ways to reinvent themselves into a place that users choose to go to discover, collaborate and learn. Some public libraries are piggy-backing on the DIY/Makers movement and creating Makerspaces for their patrons (Britton 2012). At the Internet Librarian conference last November, Donna Feddern at the Escondido Public Library presented its *Library You: Sharing Local Knowledge* project which encourages community members to come to the library and create videos or podcasts that educate or elucidate their local community (Escondido Public Library 2013). And, since 2000, the NASA Jet Propulsion Laboratory (JPL) Library has had a program called “JPL Stories” where scientists and others can give “...an informal talk about a JPL project or series of events” from a personal point of view (Jet Propulsion Laboratory 2013). Such programs are helping to keep libraries and librarians visible and relevant in today’s online culture because they provide a platform through which people can connect with each other to exchange information and knowledge.

Jeff Jarvis, in his 2009 book *What Would Google Do?*, dubbed this act of organizing and connecting people “the Google of people” (Jarvis 2009). Just as Google enables users to find whatever they type into its search box, the “Google of people” enables people to find each other so that relationships are created and people can accomplish things together. It is the purpose for which Facebook, Google+ and MeetUp.com were created. David Weinberger at Harvard University also advocates this in his “library as platform” manifesto. Weinberger urges libraries to start thinking of themselves as part of the infrastructure rather than simply a portal that users occasionally go through (Weinberger 2012). With these thoughts in mind, the question becomes: how can a small special library be a conduit for connecting its diverse and often siloed user communities? In this paper I advocate for small special libraries to start positioning themselves

as a platform to help users form collaborative communities for learning about the various facets of mobile technology.

By creating a forum for departmental and community enthusiasts to speak to those in the organization who also have a common interest, the library can build communication pathways, good will and “technology clout” that will better position it as a go to resource for information about new information technologies. This paper will present the benefits and potential challenges to starting a technology-based or other collaborative learning discussion platform within your organization.

About Huntington Hospital

The Huntington Memorial Hospital is a not-for-profit 625-bed hospital located in Pasadena, California. It is a teaching hospital with graduate medical education tracks in internal medicine and general surgery. The hospital provides the only trauma center and neonatal intensive care units in the region in addition to distinguished programs for cancer care, neurosciences and cardiovascular services. Medical staff affiliated with the hospital total close to 1,000 physicians and there are approximately 1,200 registered nurses staffing departments within the hospital. Our nursing program recently acquired Magnet designation which “represents the highest level of national recognition to healthcare organizations that demonstrate sustained excellence in nursing care in a healthy, collaborative and professional work environment” (Huntington Hospital 2011).

The Huntington Hospital Health Sciences Library houses a collection of print and electronic resources for professional medical, nursing and allied health staff as well as a Consumer Health Library with print and electronic book collections and consumer health print journals/magazines and an online article database. Library staff includes a library manager and 2 full-time reference librarians as well as a loyal volunteer core of about 8 along with the occasional library school intern.

Mobile Device Usage in Health Care a Brief History

Mobile device use among physicians is not new. Since personal digital assistants, or PDAs, began to spring up in the early 1990’s, physicians as a group have been amongst the first to adopt them. In fact, before the National Library of Medicine added “Computers, Handheld” as a MeSH term to MEDLINE in 2003, librarian Mari Stoddard at Arizona Health Sciences Library tracked 449 articles published in less than 2 years from June 2000-December 2002 on her website “Health Care Journal Articles: The PDA Bibliography: Professional and Patient Use of Palm Tops, PDAs, and Hand Helds” (Stoddard 2003).

Due to the mobile nature of health care professionals themselves and their high information needs, portable devices that allow note-taking, clinical reference lookup, patient tracking and calendar capabilities are well-suited to being integrated into the work practices of physicians and other clinicians (Prgomet, Georgiou, and Westbrook 2009). In 2000, Sylvia

Suszka-Hildebrandt, MN, ARNP, noted that, “Healthcare is the most information-intensive of industries, and it is evolving rapidly as new information supplants old...Integrating mobile information systems into the practice of healthcare will add value by helping to decrease costs, increase efficiency and enhance patient satisfaction”(Suszka-Hildebrandt 2000). The top two operating systems for mobile devices in 2000 were PalmOS and WindowsCE and Suszka documents that, “As of November 23rd, 2000 there were: 257 Healthcare documents and reference materials for download from MemoWare. And 548 PalmOS medical software applications available for download from HealthyPalmPilot.” Change the devices to iOS and Android and add about 10,000 to the number of applications and these words seem like they might have been written yesterday!

Another paper written in 2000 by Ammenwerth, et al. predicted that “Mobile information and communication systems in clinical routine have the potential to greatly improve communication, facilitate information access, eliminate double documentation, and increase quality of patient care in the long run”(Ammenwerth et al. 2000, 21-40). Their paper tested a “prototypical mobile information and communication assistant” with actual health care clinicians (physicians and nurses) but with simulated patients. The prototype used the Apple Newton 2000 (precursor to the iPad) and a mobile telephone. There was a number of challenges faced during the testing of their prototype (not unlike some of the complaints heard with smartphone/tablet users today), such as: difficulty of more than one person to view the information on the small screens, desire of a keyboard to input text, unease over using the devices in front of patients and concern of doing documentation work otherwise done by nurses. However, the authors concluded that a definite need was shown and that given the proper computing infrastructure mobile technologies could be applied in the areas of communication, information access and documentation.

These papers highlight that, over a decade ago, nurses and physicians were grappling with the information explosion and utilizing mobile devices to assist them. It seems that healthcare professionals have certainly jumped on the mobile bandwagon due to the need for time management and the nature of healthcare work practices. Nevertheless, that wagon has been spinning its wheels in a mobile technology quagmire for the past decade as the technology and applications have continuously evolved, making earlier devices and the programs created for them obsolete. How have we not progressed further and in what ways can libraries facilitate the promise of mobile technologies?

Fast forward to 2012-2013, the smartphone/tablet platforms seem to have stabilized and the number of applications has exploded. Some estimate there are over 15,000 medical apps and growing by about 25% annually (Goedert 2012). The emerging literature is focusing on both the benefits and challenges of mobile technology. We are starting to see systematic reviews of apps (Mosa, Yoo, and Sheets 2012), calls for: peer-review medical applications (Visser and Buijink 2012); evidence based studies (Buijink, Visser, and Marshall 2012); clinical involvement and transparency in medical apps (O'Neill and Brady 2013); and, for some of the more diagnostic apps, FDA surveillance and/or regulation (Food and Drug Administration 2013). Mosa et al. provide a systematic review of smartphone applications in their December 2012 paper. They document the study of 83 healthcare mobile applications in 55 articles published from 2003 thru April 2011 and conclude by forewarning:

The information contained in healthcare applications must be accurate. In general, applications users must agree with the terms and conditions of use of applications to use the applications, and the users are mainly liable for utilizing the information in the applications. As a result, incorrect or outdated information from healthcare applications may lead to medico-legal consequences and users instead of software companies are responsible for them (Mosa, Yoo, and Sheets 2012).

This makes me wonder, in a time pressed culture, how many medical apps are malpractice suits waiting to happen? Even though the impetus is up to the app users to ensure the accuracy and up-to-datedness of the diagnosis, guideline or calculation; what increased role might medical librarians play when it comes to vetting and curating medical apps or creating a community for discussion amongst healthcare professionals regarding what might be the best apps for their institution? Some of this is already happening but not by librarians, by third party vendors whose ultimate goal is to be able to make money through targeted advertising (Versel 2012).

Librarian's Role

Like clinicians, medical librarians' support of mobile devices is not new. Even from the early PDA years, libraries have been attuned to the need of training and support for mobile devices. In 2004, Mary Peterson advocated ensuring the library's visibility and technology clout by supporting PDA use: "By finding out and evaluating what resources are available for PDA, libraries ensure that they are regarded as the main source of quality information" (Peterson 2004, 52-56). She is also in favor of setting up a "PDA User Group" as a way for people to share expertise and practices and as a way that "promotes the library as the 'owner' of information resources which can be used with the devices." A number of papers, from 2004 to date, have been published on libraries stepping up to the bat to promote the use of mobile technology by providing evaluation of apps (Klatt 2011), training (Gentry 2011; De Groote and Doranski 2004), mobile websites (Boruff and Bilodeau 2012) and mobile services (McGowan et al. 2008; Gomes and Abate 2012).

Providing training and education to those who seek it, creating mobile-enabled websites and being a curator of apps for your organization are all much needed services and, yet, I cannot help but feel that somehow they are missing the mark in their capacity to transform libraries fast enough. These activities are largely reactive, and that has been the traditional mode for libraries. Much of what libraries/librarians do has always been in response to the needs of their user communities and that is how it should always be. However, in the new anytime, anywhere mobile world, the time between "information need" and response to information need has been reduced to such an extent that others are filling that void and libraries are increasingly being cut out of the picture.

A handful of library leaders are arguing for a more integrated and engaged form of librarianship. Librarians are finding ways to be at the point of the "information need." Now that we cannot assume that our users will come to us, we must find ways to be where they are. From

embedded librarians to ambulance riding librarians, librarians are hearing that call. (Putnam et al. 2011; Careless 2013) Embedding librarians to aid specific user groups is a fantastic way to help customers; however, it may not be feasible for every library to provide this or even the most efficient use of librarians' time for every organization. Another approach being advocated by Weinberger, Lankes, Beatty and others is to figure out ways to be "a nexus for the community conversations" (Beatty 2012) and through these conversations "become hubs that spread new practice throughout the organization" (Lankes 2012). Providing the platform for the types of conversations your community is concerned with enables libraries and librarians to become part of the conversation, thereby closing that gap between information need and response to information need. The conversation itself, for the most part, *becomes* the response, as your users band their collective knowledge to create new knowledge and understanding.

Making the Case for a Conversation Platform (Curating is Not Enough)

In 2009, I created our library's *PDA Resources* guide when I began to notice an upsurge in clinicians at our hospital interested in mobile resources. The initial guide contained 19 subtopics and a total of 72 links and provided resources for use on a wide range of devices/platforms including Palm, Pocket PC, Blackberry, Symbian, Windows Mobile, and iPhone/iPad. Since 2009 the guide has gone through several renditions, moving from being accessible solely on our hospital's intranet to now freely accessible from both outside and within the hospital on our LibGuides platform. Today it contains 57 subcategories and approximately 375 links, featured apps for iOs, Android and Blackberry devices and it is still growing (see Figure 1). However, while the guide has grown, the usage has not kept up with what I would have expected.

In 2010, the first full year for which the library has statistics, it was viewed 255 times. Although this may seem like a small number, for our user population and given that the guide was only accessible via the hospital intranet at that time, it was the highest usage of any of the 20+ guides the library provided (Health Sciences Library 2011). Additionally, as an offshoot to the *PDA Resources* guide, fearing that the number of resources on the guide might be overwhelming for those just getting into mobile, I created a separate guide that highlighted the four resources the library subscribed to at that time that had mobile access. This guide, created in February 2010, was titled *PDA Resources - Four to Get Started* and the library tracked 83 visits through December 2010. The two guides were eventually rolled into one in 2011, and total yearly usage was tracked at 182. In 2012, LibGuides tracked usage at 245 page views for the year (see Figure 2).

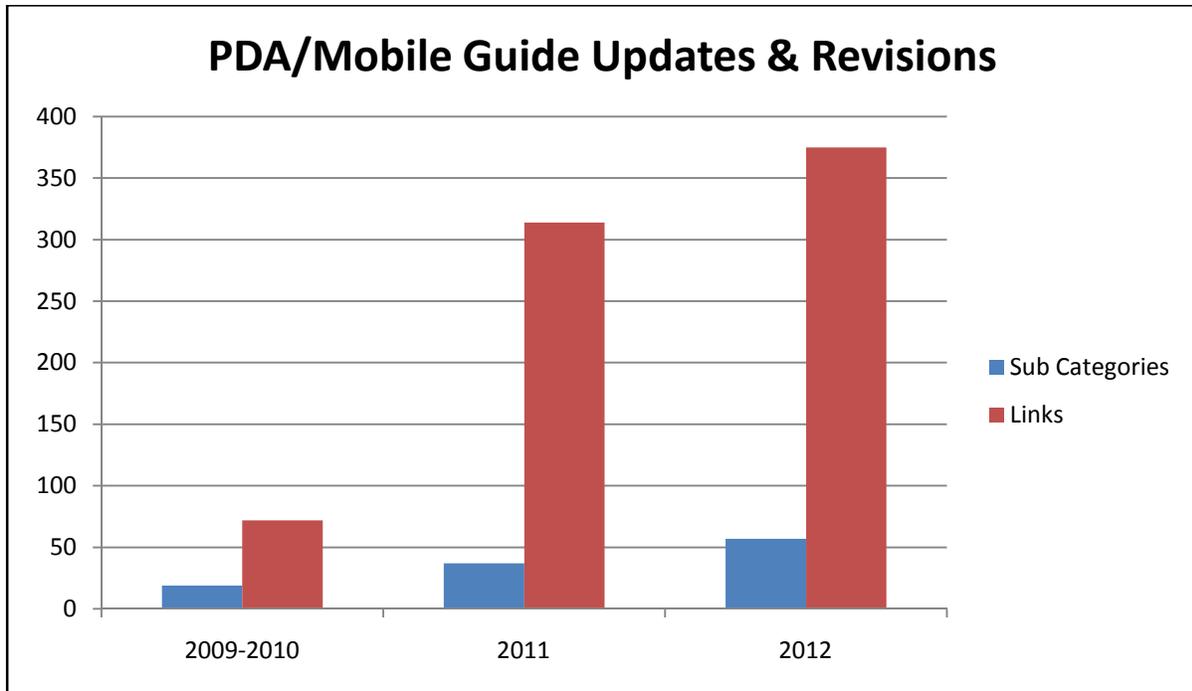


Figure 1.

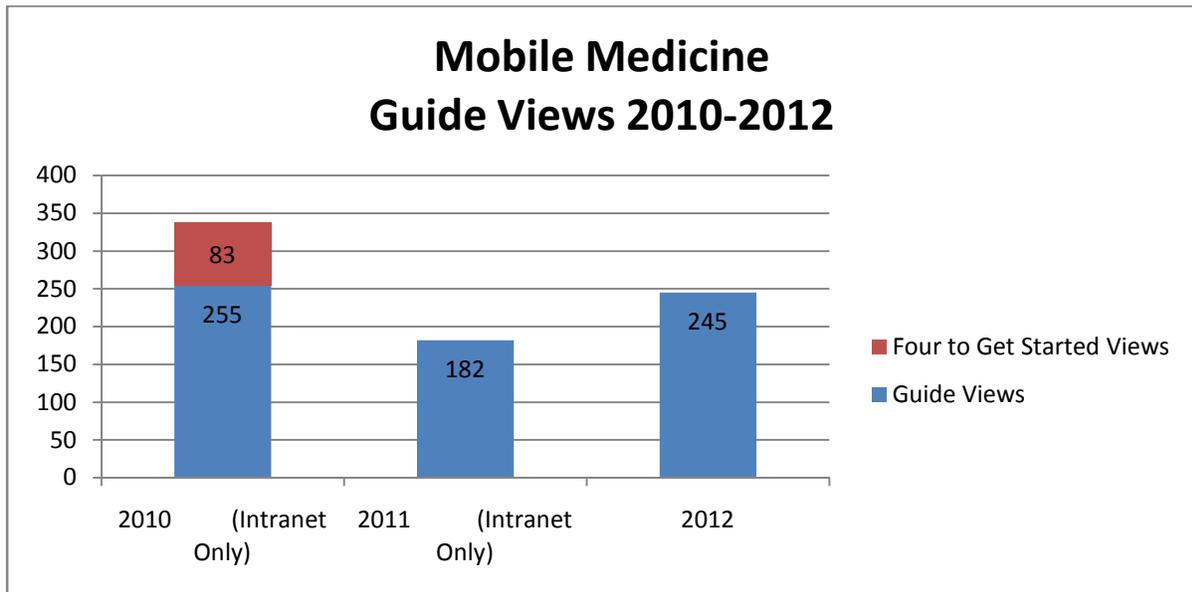


Figure 2.

Some of this fluctuation could be due to the fact that over the course of 2009-2012 we converted and upgraded our guides four times from MS Word documents to Sharepoint webpages to Delicious tag roll feeds (imported to a Sharepoint page) and then finally to LibGuides. However, one underlying fundamental of such a guide is that there is little reason for users to come back to the guide often. Once they have perused it and gotten some idea of the

apps that are available via the library and/or in their clinical specialties then they have little further need for the guide.

I am not saying that such a guide is not necessary for the library to maintain. Certainly, to some degree, librarians need to keep up with what is happening with resources in the mobile arena, request mobile enabled access from their vendors, seek out new vendors who allow site licensing of mobile resources, and curate mobile resources for their users. Additionally, the need to have enough knowledge of mobile resources to market and give instruction on accessing them. What is lacking is the platform for a “conversation” surrounding the apps and mobile technologies that our community of users can participate in, learn from and want to keep coming back to. Even though LibGuides has built-in interactivity, in that users can leave page or box comments, no one on any of our guides ever has. I began to wonder if this was particular to our user community so I decided to go out into the LibGuides community and look at others’ guides to see whether the page and comments features on their guides had been used. I did not perform a scientific/extensive study, but the several other medical library LibGuides I looked at did not contain comments either. Two other medical library LibGuides featuring mobile resources had additional interactivity built into their guides. Both included polls and one also had a suggestion box. I wondered if perhaps this invited more interactivity. I emailed the librarian for each of these guides asking if they got much response to their interactive sections. Both confirmed that our experiences had been similar, the polls/suggestion box were used only occasionally, if at all.

Curated resources created in LibGuides have their value but I have yet to see them set up as a platform for conversation between users and users are not automatically using the guides with interactivity as places of discussion. Our users are holding their conversations elsewhere (or not at all) and, like libraries, they come to us or our sites not at all or as a last resort when those conversations fail to provide an accurate, unbiased, organized or trustworthy response. This in and of itself is not a bad thing; libraries endeavor to embody all those qualities, with the exception of “a last resort.” However, if we want to be the first place our communities turn to; we need to figure out additional ways to be in on the conversation. What better way to do this than to start the conversation ourselves? If libraries do not initiate and cultivate the conversations our users care about, as users migrate more and more into the mobile arena, libraries are apt to slowly become less and less visible (Boone 2011).

Starting the Conversation

After creating the guide, I started to feel that the library needed to seek more information on who in our organization was using mobile devices and how they were using them. Additionally, was there any interest in a discussion group surrounding mobile devices? In May 2012, the library conducted a hospital-wide survey to establish smartphone and tablet usage amongst employees and affiliated physicians. The library was interested in knowing how prevalent mobile devices were within the organization and was curious as to if there was any interest in forming a Technology Users Group (TUG). The TUG was originally envisioned as a way to bring experts and novices together to discuss, experiment with and learn about mobile technologies in a hospital setting. At the same time, through the formation of the TUG, we hoped to have a “fly on the wall” position to keep abreast of hospital employees’ level of engagement

with mobile devices and give the library a platform to inform users about library resources in a collaborative learning environment. Further, we felt that the creation of such a group would help put librarians' expertise and skills in a broader context and would associate library resources with mobile devices in our users' minds.

The survey asked 10 questions and gave a space for respondents to give their contact information if they were interested in attending a "Technology Users Discussion Group" which was explained as a "...meeting to exchange information and/or learn more about using mobile, web-enabled devices and other technologies for medical application." The survey was conducted using both a SurveyMonkey electronic survey and a paper-based survey form. It was promoted in the two hospital staff publications, via an all users email and on the library's Sharepoint website. Potential respondents had one week to complete the survey. We also provided print surveys in the library for the duration of the time the survey was available. For a list of the survey questions, see appendix A. The 2012 survey results are available on Slideshare at: <http://www.slideshare.net/lv3rma/technology-user-group-survey-results>.

There were 76 respondents to the survey and 49 (65%) of them specified an interest in the creation of a discussion group (Health Sciences Library 2012). It was decided to proceed with TUG meetings for a year and then reassess as to whether they should be continued. In July 2012 the first TUG meeting was held. Over the past year the library has hosted a meeting roughly every other month (6 times per year) with each meeting focusing on a particular resource, technology or challenge surrounding mobile technologies. The first two meetings were targeted specifically to clinicians to draw attention to the library's mobile resources. After these initial meetings, the library was approached by the hospital's Information Security Officer who offered to present at one of the meetings on the topic of *Securing Your Mobile Device*. This gave spark to the idea of giving departments across the organization the opportunity to join in the discussion and subsequent meetings have been in collaboration with other hospital departments, highlighting what they are doing and any challenges they experience with regards to new technology. While still in its infancy, the TUG meetings are evolving into a forum for presenters across the hospital to showcase how technologies are changing their lives and their work. Appendix B lists the meeting topics for the first year.

Challenges & Benefits

On the whole, the TUG meetings have been well received. As we head into our second year, a second hospital-wide survey is being conducted to see what changes have occurred over the past year and where we need to focus attention for the coming year. Additionally, a survey of just those who attended a TUG meeting was held at the end of April to assess the value and frequency of the meetings. Attendees on the whole have deemed the meetings "valuable" and the frequency "about right." For the full Attendees Survey results, see appendix C. The past year's journey has been rewarding but not without challenges. None of these challenges should deter anyone from starting a similar program. The potential stumbling blocks are discussed in the next section.

Challenges

Challenge 1: Competing for Time

During the opening keynote at Computers in Libraries this year, Brett Leary, Co-Founder and Partner, CRM Essentials, LLC, addressed how the amount of information has grown exponentially since 2005. He stated that, “The average person doesn’t have any more attention to give.” This was a concern as well when our library was contemplating the TUG meetings. There are many groups and programs at the hospital vying for people’s time and attention; from Continuing Medical Education (CME) meetings to the Magnet journey to getting physicians up to speed with ePrescribing and the electronic medical record (EMR). The Physician & Interoperability Services department was especially worried that the library’s meetings would overlap or be confused with other technology-related groups and initiatives going on in the hospital at this time. The feeling was that there were too many meetings going on and that putting one more meeting into the mix would not be well received.

To mitigate these concerns, and to distinguish the library’s goals with the TUG meetings, the library manager emphasized that the TUG would consist of a cross section of the hospital, not just physicians, and would focus on library and information resources rather than on specific systems being implemented (e.g. ePrescribing, EMRecord adoption, etc.). The library manager and I also attended one of the physician-led technology initiatives headed by Physician & Interoperability Services to explain and market the TUG. It was well received which was encouraging and had the added benefit that most of the physicians at the meeting also filled out a TUG survey form.

Considerable thought and effort were made to find a consistent day and time least likely to conflict with other meetings. I polled the CME and Graduate Medical Education (GME) departments to find out when other routine meetings, such as CMEs, Grand Rounds, Committee meetings and Resident conferences, occurred. Furthermore, I studied the online scheduler program to see when other administrative meetings were held. Ultimately, there was no perfect day or time, and conflicts still occur, but for the most part the lunchtime meetings have been held consistently on the second Tuesday of every other month.

Like our user community, a leanly staffed library has the challenge of other projects and responsibilities competing for our time. Having the meetings every other month makes it manageable for one librarian to think of upcoming meetings, coordinate presenters, arrange for food, find and upload resources to the LibGuide website for each presentation and market the meetings in the hospital publications. Additionally, the every other month schedule has an advantage of providing consistency while not overwhelming users, and keeping the TUG meetings “fresh” so they avoid becoming part of the repetitive wallpaper surrounding everyone’s increasingly busy lives.

Challenge 2: Capturing Attention

The first two meetings were targeted specifically to doctors and nurses with the intent to get the word out about access to mobile resources in the library. Although there were few attendees, 5 and 3 respectively, most were physicians and attendance was still more than typical for library training seminars. Further, after each of the discussions there was a notable increase of physicians coming into the library to ask about the library's mobile resources and how to access them. This was encouraging but we hoped for more. How could we make the meetings seem more discussion-like, provide a more mutual learning experience; one that would foster understanding across the different levels in the hospital? The answer was found with an offer extended by a member of our Information Systems (IS) department.

During the initial survey period a member of IS offered his expertise in information security to give a presentation on the best ways of securing mobile devices. We decided to experiment with having him give the third presentation. The topic did appeal to a broader range of employees and since then we have invited (or had volunteer) other departments to give presentations on some aspect of what they do that is related to technology, with an emphasis on mobile devices. These meetings have widened the target audience not just to clinicians, our initial focus, but to allied health, physician office staff and hospital administrative staff.

We have been continuing with this broader approach rather than limiting to profession type or specialty. Inviting others to present has the added benefit of relieving the librarian from having to spend time preparing to "be the expert" on all aspects of mobile technologies. In the past librarians were the experts on their resources but in today's mobile world, it is difficult if not impossible to be an expert on every app, facet of mobile technology or mobile platform that our users are dealing with. Having presenters from across the organization also aids in capturing people's attention and brings a varied cross-section of the hospital unique to each topic being presented.

TUG attendees have changed depending on the topic of the meeting. While we are still not getting as many clinical staff attending as hoped, nurses and other allied health professionals are some of our regular attendees. We also had an office staff member from an affiliated physician's office call to ask if she could attend (to which we said "yes") and it very well may be that office staff are a potential group to market towards more actively in the future and as a means for capturing the attention of busy physicians. Overall, I have found that if something of value and interest is being presented, attendees are motivated to spend their lunch time learning and discussing it.

Challenge 3: Technology

You might be deterred from planning a program that centers on technology without having any experience with said technology. Surely it is best to have a basic understanding of what you are promoting but comprehensive knowledge in our world today is unrealistic. For the most part we are smack in the middle of the age of the wisdom of the masses where the collective knowledge of a topic is often the best kind. For this reason, do not be hesitant about

organizing a dialogue on a topic or technology that you may have very little or no experience with because someone else out there either within your organization or in the community does and would be more than willing to discuss the topic of their expertise with others.

At the start of the TUG meetings the library had minimal technology. One librarian had her own (rapidly becoming obsolete) iPhone 3 with which she had been installing and learning about medical apps. Another librarian had her own Android tablet but due to the fact that many of the library's resources had not developed apps for Android, she had been unable to download the apps for experimentation. For the first couple of TUG meetings the library was able to hobble a projector and laptop from different hospital departments, however, the hospital had no connector cable available for projecting an iPhone or iPad screen. For these first meetings a PowerPoint presentation was made using iPhone screen shots and projected from a laptop.

Since the start of the TUG the library has been able to purchase an iPad2 for each librarian to experiment with, a projector and the HDMI connector for projecting iPad screens. When the iPads arrived they were restricted to an AppleID account that only Information Systems (IS) staff could access. The librarians were powerless to upload apps to the iPads and were dependent on supplying a list of apps wanted on the devices to the IS department for them to do the uploading. It soon became apparent how cumbersome this process would be, due to the ever changing nature of the library's resources and the constant necessity of keeping apps updated. After a short period of back-and-forth between the library and IS they agreed to allow librarians to create their own AppleID accounts. It turned out that the main concern was that the library would be purchasing apps using hospital funds. The IS department let us know that any cost-based apps would have to be purchased with our own credit cards. Since all the apps to the library resources usually come with the library's licensing agreement and most of the other apps that are recommended are free, downloading fee-based apps was not an issue and the library readily agreed to this arrangement. The iPads were unrestricted and the librarians were able to register for our own individual Apple IDs with which to download and upgrade apps without having to go through the IS department.

Although much time was wasted with first, having to forego the technology and find workarounds, and then, having the technology but not having control of it, this seemed to be a necessary process for eventually ending up where we are today. Had the library not started the TUG meetings, due to lack of technology, there would have been little basis for providing the librarians with iPads. And, likewise, had the library not shown a level of knowledge about what resources were to be loaded on the iPads, the devices might have stayed restricted and ineffective and most likely would have ended up being relegated to a desk drawer. This leads to the benefits the library has had by making an effort to start a conversation platform.

Benefits

While it feels like we are still just getting our feet wet there have been a number of benefits that have come out of starting the TUG. These include:

Benefit 1: Networking

The meetings have provided a way for people across the organization to get to know each other in an information learning atmosphere. Attendees gain a better understanding of each other's work and work issues with relation to mobile technologies. Presenters are provided an opportunity to reach out to a cross section of the hospital as opposed to solely those in their own profession or at a specific administration level. The meetings have also provided another opportunity for the library to reach out to its users to show value. They give our users who might not think or come to the library a chance to rediscover the library as a resource.

Benefit 2: Marketing

In marketing and promoting the meetings throughout the year, the library is effectively marketing itself as a "go to" resource for finding out about new technological innovations. Marketing the meetings also provides the opportunity six times a year to convey to users that the library is interested in innovative technologies, we are learning about them and we are assisting those interested to learn too. As Ned Potter puts it in his Library Journal Opinion piece, *Marketing Libraries is like Marketing Mayonnaise*, "It's more important (and more realistic) to build up awareness of the services we offer to relevant groups over a period of time, so that when they DO require something we provide, we're the first thing they think of." (Potter 2013)

Benefit 3: Goodwill

Providing a forum for others to get the word out about what they do or what they have expertise in sends goodwill towards the library. It gives the chance for employees or community members to be recognized and appreciated for what they do and what they care about not only by those at the top but by their colleagues and peers.

Benefit 4: Communication

We may know a person's title within the organization but do we really know what they do on a day to day level? Providing the focus and structure of a discussion group can promote cross departmental information exchange and understanding and a pathway for further discussions based on "we know what you know and you know what we know." Two TUG attendees mentioned this in their comments on our recent TUG Attendees survey:

I have missed most of the TUG meetings, but it isn't for lack of trying. And a couple of people have told me about the content of the meetings so while I didn't attend them all, I feel like I have learned from the meetings.

I appreciate the opportunity to attend these meetings. As a Practice Manager in private practice, it helps me to find out more about what other health providers are encountering, especially the hospital.

This leads to the next benefit that the initial communication invites further conversations.

Benefit 5: Further Conversation

Recently the IS department's Security Officer (the first non-library TUG presenter) was asked to evaluate HIPAA compliant vendors for clinical texting. He thought to come to the library to see if we were already using an encrypted texting service or had previously looked into it. Although we are not, the library does have a texting service but it is set up via GoogleVoice and we warn people about HIPAA compliance before using it, it opened up the door for providing a literature search and information on the issues surrounding texting by clinicians within the hospital. A subsequent autoalert (set up by me for the purpose of this paper) revealed two recently published pieces regarding benefits and challenges around the BYOD (Bring Your Own Device) phenomenon in healthcare. Because I had been in the loop on this conversation, it provided the opportunity to continue the conversation by forwarding the articles to IS Security and the Compliance Officer.

Future Directions

A future direction will be to seek out new presenters especially those in the clinical areas. Our last meeting of the year was on "The Technology of Self-Publishing," presented by a physician who had recently used iUniverse to publish his book *Surviving American Medicine*. He spoke of his experience with the writing and publishing process and really engaged the group. This meeting had the highest RSVP rate of any of our previous meetings (13 RSVPs, 10 attended) and drew a mix of clinicians, allied health professionals as well as hospital administrative staff. Getting more physicians, nurses and allied health professionals to present will keep the meetings from getting stale and will further expand those interested in participating in the clinical areas. As mentioned previously, also contacting the practice managers and other office staff in private practices may be another user group to establish communications with. Lastly, experimenting with moving the discussion into an asynchronous, online environment which may work better for those on night shifts or who are unable to make lunch time meetings.

Conclusion

If libraries are to stay relevant to their users, then mobile devices and the challenges surrounding them will have to be addressed not as "also have" resources but as one of the strategic goals of the library. One way to stay ahead of the curve is to get the discussion going in an informal atmosphere where the library can provide a platform for its users to communicate. Library users visiting the library are in decline and usage statistics, polls and surveys can only tell half the story. Providing an engaging forum for discussion can be a relatively simple way to create partnerships, communication pathways and technology clout amongst your users or other departments in your institution. Libraries are in a unique position to bridge people together since we engage with a diverse group of people across our cities, schools and organizations daily.

Endnotes

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Appendix A: Technology User Survey Questions

1. What types of mobile devices do you current use?

<input type="checkbox"/> iPhone	<input type="checkbox"/> Kindle
<input type="checkbox"/> iPad	<input type="checkbox"/> Nook
<input type="checkbox"/> iPod Touch	<input type="checkbox"/> None
<input type="checkbox"/> Blackberry	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Android	_____
2. If not currently using, are you considering purchasing a mobile, web-enabled device in the next 3 months?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
3. If answer to #2 was "Yes", which device are you considering?

<input type="checkbox"/> iPhone	<input type="checkbox"/> Kindle
<input type="checkbox"/> iPad	<input type="checkbox"/> Nook
<input type="checkbox"/> iPod Touch	<input type="checkbox"/> Other, please specify
<input type="checkbox"/> Blackberry	_____
<input type="checkbox"/> Android	
4. Do you use a mobile, web-enabled device to access any of the Huntington Hospital resources?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------
5. If answer to #4 was "Yes", which ones?

<input type="checkbox"/> Meditech via Citrix/Connect	<input type="checkbox"/> UpToDate
<input type="checkbox"/> Sharepoint – Huntington Intranet via Citrix/Connect	<input type="checkbox"/> MicroMedex
<input type="checkbox"/> Huntington External Websites	<input type="checkbox"/> Natural Standard
<input type="checkbox"/> MDConsult	<input type="checkbox"/> Other, please specify

6. Would you be interested in attending a quarterly, 30-45 minute "Huntington Hospital Technology User Group" meeting to exchange information and/or learn more about using mobile, web-enabled devices and other technologies for medical application?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. If answer to #6 is "Yes", what day(s) are best, check all that apply?

<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays
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Appendix A: Technology User Survey Questions (continued)

8. What times are best, check all that apply?

Early Morning
(e.g. 7 am)

Lunch Time
(e.g. 12-2 pm)

Early Evening
(e.g. 6 pm)

9. List any discussion topics you would like to have more information on:

10. Would a blog or other type of online discussion forum be of interest, in addition to in-person meetings?

Yes

No

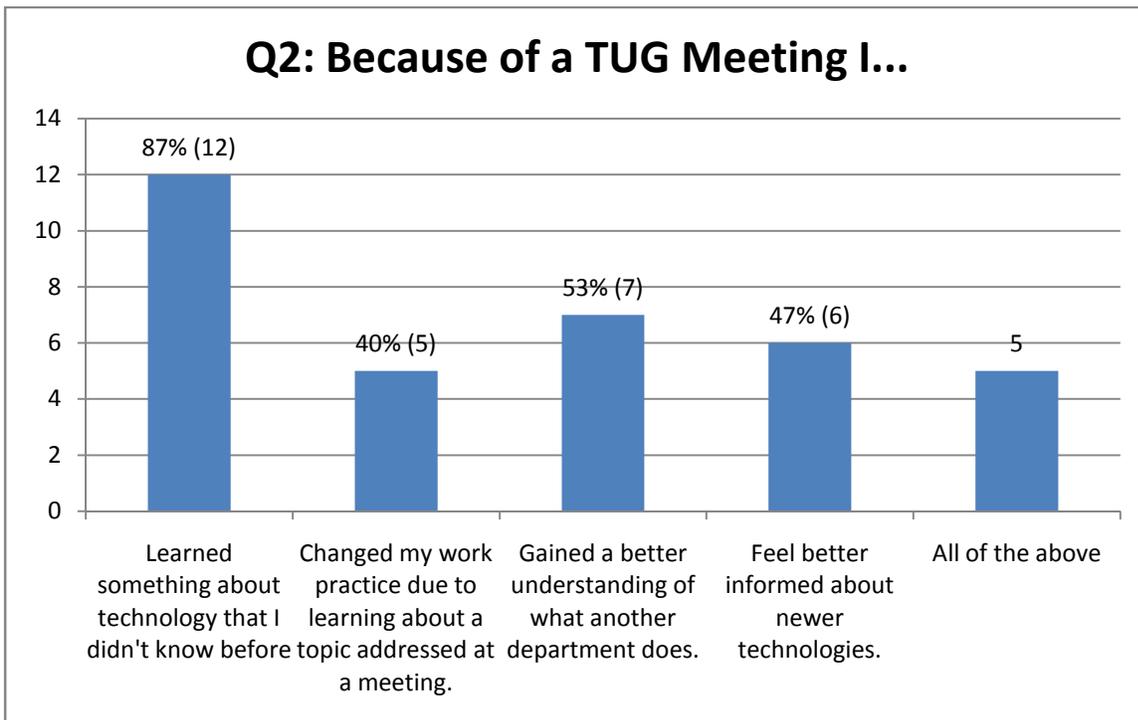
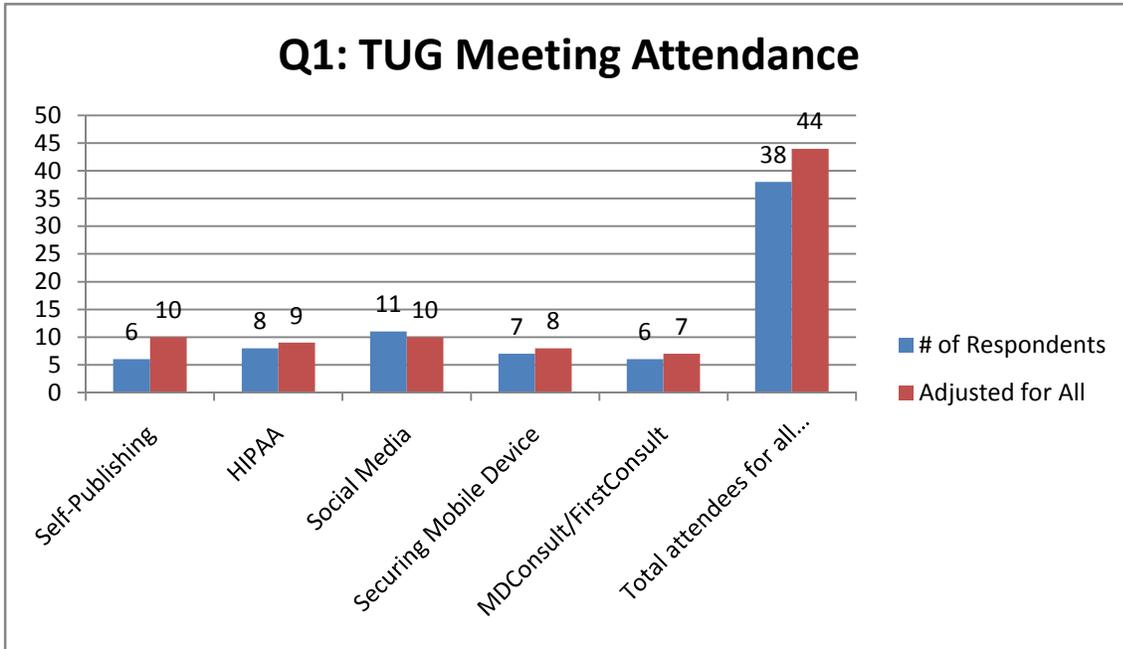
11. If interested in attending a technology users' discussion group, please give your name and contact information so that we may contact you.

Appendix B: Scheduled TUG Meeting Topics 2012-13

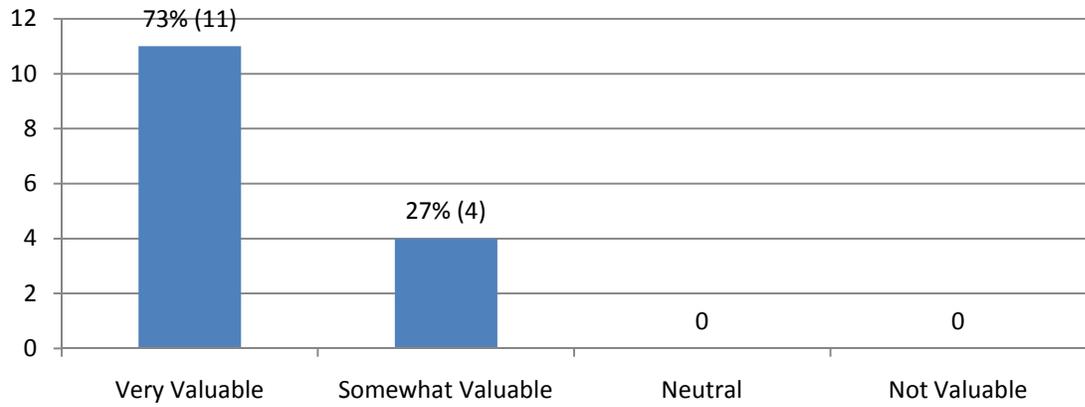
Date	Topic	Presenter Department
July 11, 2012	MDConsult / FirstConsult Mobile	Library
August 8, 2012	MDConsult / FirstConsult Mobile	Library
October 10, 2012	Securing Your Mobile Devices	Information Systems
December 12, 2012	Social Media & the Hospital	Public Relations
February 13, 2013	HIPAA & Web 2.0	Compliance
April 11, 2013	Technology of Self Publishing	Medical Staff Physician
June 12, 2013	Accessing E-Books/Audiobooks from the Pasadena Public Library	Pasadena Public Library
August 14, 2013	Finding Discounted Apps & Free E-Books/Audiobooks	Information Systems

Appendix C: TUG Attendees Survey Results

Respondents = 15 of 26 (57% of attendees)



Q3: How Valuable To You Do You Consider the TUG Meetings?



Q4: Having the TUG meetings every other month is...

