The Value of Books in the Instant Access Age: Promoting My Nursing Collection

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The Information Literacy Standards for Nursing\(^1\), promulgated by the ACRL (Association of College & Research Libraries), help to define what skills and knowledge are intrinsic to evidence-based practice and translational research in nursing.

Standards Two (“The information literate nurse accesses needed information effectively and efficiently.”) and Three (“The information literate nurse critically evaluates the procured information and its sources, and as a result, decides whether or not to modify the initial query and/or seek additional sources and whether to develop a new research process.”) are the standards that I always find myself addressing as a rudimentary exercise since often my collection and the resources in it sit unused, detritus in the age of instant access to information. At least, this is what most students believe and what some faculty think. It is then, probably, no surprise to most librarians that students predominantly use the Internet as a “reliable” source of information.

As a librarian and an informatics instructor in a small nursing college, I find students’ reliance on the Internet highly troublesome. I understand their thinking, that quick access to information in an intense learning environment saves them time and trouble. Many of the students believe “all information is equal” regardless of the source.

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Welcome New Students

Especially for our new students, but ALL students should remember that:

Food & Drinks are NOT permitted in the library! Okay, we might ignore covered beverages that are placed on the group tables, or bottled water in the study rooms—but please, no snacks or drinks near the computers or in the study rooms. We do not want to attract critters.

You can use your laptops in the library. Connect to the internet two ways:
• Wifi (Username—Guest ; Password—Welearn)
• Cable connection available in café seating and next to blue chairs.

Power strips for laptops are located under the gray flap on top of the tables, in the study rooms, and on top of the café seating area.

We have headphones in the event that you want to watch online videos or listen to music. They are big klunkers, so feel free to bring in your own earbuds and plug them into the headphone jacks. Earbuds can also be purchased at the desk for $1.

Please conserve paper and print only what YOU need. We understand that you want to help out your classmates, but duplicate print jobs that are left behind is very wasteful.

Cell phone conversations must be taken outside of the library. Please do not disrupt other students or staff.

More Words of Wisdom

“My grandma always said that God made libraries so that people didn’t have any excuse to be stupid.”
- Joan Bauer, Rules of the Road

Health Literacy Month

October is Health Literacy Month. It was founded in 1999 by Helen Osborne in order to promote the need for “understandable health information.”

Health literacy is defined by the Patient Protection and Affordable Care Act of 2010, as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decision.

Healthcare professionals must communicate effectively with their patients. If a patient cannot understand a medical diagnosis, decision, or medication needs, the professional must provide an appropriate explanation that does not confuse the patient with medical language or treats the patient like they are ignorant. Whether you work in the health industry or not, now is a good time to engage in health literacy in order to better serve your patients, yourself and improve public health.

Links:
CDC Health Literacy
www.cdc.gov/healthliteracy

Health Literacy Month
www.healthliteracymonth.org

Health Information Translations
https://www.healthinfotranslations.org/

Massachusetts Health Quality Partners
www.mhqpp.org

Health Literacy Out Loud (Podcasts)
www.healthliteracyoutloud.com
Some of my students get indignant when I inform them that they may not use Wikipedia as a source. However, their indignation often segues into a conversation about the genesis of information and the variety of formats/sources available to them. This is where I usually suffer groans and a multitude of arguments defending Wikipedia or other sources on the Internet. I listen carefully and then ask the question: How are they to become competent professionals who are health literate and practicing the best clinical medicine on behalf of their patients if they do not understand how to locate, select, and evaluate their sources?

I usually shift the discussion to a cursory explanation about how information becomes standardized and accepted as a knowledge base in a discipline. We often discuss the venues in which they can find the newest information in a discipline and where they will most often find that information presented -- usually around a theme at a conference. Conferences, however, do not present an organized body of knowledge and, at times, what is presented may be highly theoretical.

We then trace how this information or theory may be put to the test -- this is where journals play a part. However, the caveat about journals, I tell them, is that in some estimates 60 - 90 percent of the information in journals or aggregated in a database may not be validated. I point out their best source of information, especially tried and true information, is in books, barring an evidence-based report. Of course, not everything follows such a simplified linear progression. I inform them that my expectation is that I should find on their reference list books as well as Internet sources for information that is dynamic.

This is where the light bulb usually goes on for many of them, as I believe they want to serve their patients well, even if it means poring through my reference collection of books. Of course, they always ask, “When are you going to have them in electronic format?”


NCLEX-RN Q & A

Answers and page number for rationales on page 3 of this newsletter.

(21) The nurse performs which part of the gastrointestinal assessment first?
1. Auscultation
2. Palpation
3. Inspection
4. Percussion

(25) While planning care for a client being treated for cervical cancer, it would be a priority for the nurse to include which of the following in the plan of care?
1. Instruction on birth control methods
2. Vigorous fluid hydration
3. Assessment of sexual function
4. Daily weights

(12) The nurse is caring for a client with an IV who is experiencing dyspnea, hypotension, a weak and rapid pulse, and a decreased level of consciousness, and who is becoming cyanotic. The priority nursing intervention is to
1. Notify the physician
2. Place the client in a Trendelenburg position
3. Administer oxygen
4. Discontinue the IV

The recommended adult dose of acyclovir is 200 mg every 4 hours. What would an appropriate dose be for a child weighing 8 kg and standing 57 cm tall?
1. 40 mg
2. 60 mg
3. 30 mg
4. 50 mg


Student Services

ATTENTION:
ID-Card Photos
If you need a new or replacement ID Card, please arrange a time to meet with Eva Vaughn.
(Replacement fee $10 Payable to business office.)

Need employment help?
Finding a full-time job?
Writing your resume?
Tips for job interviews?
Any career questions?
Contact: Donna Bellissimo
Director of Career Services
727-531-5900 x3431
dbellissimo@fortiscollege.edu

Academic Support- Eva Vaughn
evaughn@fortiscollege.edu

Financial Aid- Elena Nazario
enazario@edaff.com

Registrar/ Textbooks- Jeffrey Birner
jbirner@edaff.com

Business Office- Alissa Pim
apim@fortiscollege.edu

Hybrid Coordinator- Samantha Trinh
strinh@fortiscollege.edu

See Richard Krause to sign up for CPR courses and to receive your CPR Card.

Topic Specific NCLEX Reviews
Monday night 5-8pm • Thursday nights 5-8pm

Questions? Contact:
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Richard Krause
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MA Extern Students
Turn in your paperwork!
Questions? Contact Barrie Willard
Coordinator of Externships
bwillard@fortiscollege.edu