Research Medical Library
iPad and Tablet Use
Faculty Questionnaire 2012

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Abstract

The Medical Research Library’s mission is to provide knowledge-based information resources and specialized services to the faculty, staff and students of MD Anderson and to further the institution’s integrated programs in patient care, research, education and prevention. In 2012, the Research Medical Library launched a tablet site which can be used as a reference for accessing PubMed, current journals and clinical resources. In attempts to measure participation of such a resource, the Research Medical Library sponsored an on-line survey to determine the use of iPads and tablets by faculty for the purpose of integrating library applications and information resources for use on these devices. The on-line survey was administered to MD Anderson faculty during May and June, 2012. A total of 272 completed the survey (out of 930), resulting in a response rate of 29.2%.

The first objective was to determine the current iPad or tablet usage among MD Anderson faculty. Almost three-fourths (74.1%) of respondents indicated that they currently own an iPad or tablet. When Don’t Use responses were omitted, the most popular work related items that the faculty cited in their use of their iPad or tablet included work email (82.3%), followed by medical databases (e.g., Pubmed, Scopus) at 63.6%, and medical articles/journals (57.1%). In addition, ClinicStation had the highest percentage of Don’t Use responses (63.1%), followed by Clinical decision support (e.g. UpToDate, Dynamed) (61.4%), and myMDAnderson (56.8%). When asked to identify the reasons (not including not applicable) why the respondents did not use the applications or resources on their IPAD or tablet devices, most cited the need for training regarding the use of ClinicStation (32.8%), medical databases (27.4%), medical articles/journals (24.2%), and work email (23.1%). Those resources in which the majority of faculty were not aware of included clinical decision support (e.g., UpToDate, Dynamed) (36.9%), medical textbooks (28.3%), drug information (e.g., LexiComp, Micromedex) (27.3%), and myMDAnderson (27.3%). Also, most respondents indicated they were not interested in using the resources of social media (e.g. Twitter, Facebook) (47.2%) and patient health information (e.g. MedlinePlus, WebMD) (22.6%).

The second objective was to determine respondent consideration of new applications. Over three-fourths (81.2%) specified that they would be very interested or interested in other applications such as ClinicStation and PubMed articles. Respondents indicated that they would have the most interest in medical image viewing (90.1%) if that application were available for the iPad or tablet. Also, there was a strong interested in lab order results (83.9%), and prescription drug reference (82.2%), if available. Furthermore, a large majority of faculty (88.6%) signified that they would be very interested or interested in the Research Medical Library staff helping them find and download useful information resources/applications on their iPad or tablet.

The third objective was to identify characteristics of non-iPad or tablet users. When respondents were asked how likely they were to purchase an iPad or tablet with the next six months, 47.5% specified that they were very likely or likely, while 30.5% were unlikely or very unlikely and 22.0% were neither likely nor unlikely to purchase within the next six months. Respondents indicated that the reasons why they did not use an iPad or tablet at work was due to preferring a bigger screen (17.8%), followed by cost (16.7%), and not interested (15.6%). Moreover, 40.0% cited other reasons for non-usage such as currently not owning an iPad or tablet. Over half of the respondents 54.9%, signified that they would be very likely or likely to utilize the Research Medical Library staff to help set up their iPad or tablet with work related information/applications at time of purchase of such devices, while 22.6% revealed that they would be unlikely or very unlikely to seek assistance.
The fourth objective was to determine respondent demographics. Regarding length of service, most respondents have been practicing in their fields for ten years or less (43.8%), followed by over ten to twenty years (29.7%), and over twenty years (26.7%). When asked how long they have used the Pad or tablet for work related applications, 30.7% indicated one to two years, while 17.3% specified more than six months but less than one year, and 13.6% indicated six months or less. Additionally, 28.0% noted that they do not use an iPad or tablet at work. Regarding department location, most respondents indicated that they worked in radiation oncology (5.5%), followed by radiology (4.4%), anesthesiology (3.7%), diagnostic radiology (3.7%), and pediatrics (3.7%).

The response rate of 29.2% is below the optimal response rate of 70%, indicating that the respondents may or may not represent the perceptions of the universe of MD Anderson faculty. Overall, the findings show that almost three-fourths of faculty have an iPad or tablet and less than 40% are satisfied with accessing medical information through these devices. Moreover, a large majority of faculty are interested in receiving assistance from the Research Medical Library in downloading useful information resources/applications on their iPads/tablets. Results also suggest that of those non iPad/tablet users, almost half intend to purchase one or the other within the next six months. Therefore, there is much data to support the need for an intervening role on behalf of the Research Medical Library to assist current and future iPad/tablet owners in more effectively obtaining needed medical information.

The Research Medical Library should continue to examine the faculty usage of iPads/tablets in accessing medical information at MD Anderson. It would also be beneficial to explore and identify drawbacks or unsatisfactory elements of on-line resources and applications in order to better facilitate improved medical service delivery on behalf of MD Anderson faculty.