

Gateways to literacy: a collaborative effort

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ABSTRACT

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KEYWORDS

information literacy, health information literacy, librarian, collaboration, gateway, gatekeeper, healthcare providers, social worker

Literacy is multifaceted. Baseline literacy is simply the ability to read and write. It also includes the ability to understand what is read, utilize that understanding, and most importantly, share. Regardless of its form, literacy and its tutelage are a collaborative effort of many, no matter the circumstance or area of expertise of those involved. Because of this, literacy is the creation and formulation of gateways of information and outcomes that inevitably lead to new ways of thinking from a plethora of voices. This is especially true among and relevant to health care professionals, who are increasingly expected and needed to work collaboratively in a team environment to enhance care outcomes and further research, knowledge, and health literacy among patients and professionals.

The very beginning of any librarian's education initiates them as a gatekeeper of information. They learn the art of the reference interview to correctly find and direct patrons to the information that would benefit their pursuits. At the same time, patrons are taught how to correctly and sufficiently take steps for their future quests for information. Patrons learn the basics of simple information literacy, starting with the knowledge of the Currency, Relevance, Authority, Accuracy and Purpose (CRAAP) test created

by Sarah Blakeslee in 2004.¹ The CRAAP test is a now well-established and common knowledge concept in the library world shared under a Creative Commons BY 4.0 license.² It is a first step in a patron's path towards information literacy. Currency. Relevance. Authority. Accuracy. Purpose. One simple checklist of information is the deciding foundation for each patron's resource evaluations. Is the reference current? In what professions is this part of the test truly necessary? Is the reference relevant to their research or does it simply have similar keywords or terms? What authority do the authors, publishers, sponsors, and affiliates have in terms of the subject at hand? Are they credentialed in the field? In other words, is the writer(s) of the reference qualified to have written the study, report, etc. in the first place? This leads to how accurate the information in the reference is: Is there supporting evidence for the argument(s) made? Is the language unbiased and focused? Finally, what are the writers' intentions? Is the purpose of the resource to simply inform or perhaps further research on a topic at hand? What biases might be read in the language and writing of the piece? All these items together (though not all may be relevant to the resource being evaluated) offer the patron the ability to determine the usability



of any references possibly being used in their own work.^{1,2} Patrons learn how to evaluate, share, and ask new questions with this now-opened gateway. They become part of the collaborative team of literacy gatekeepers and new gateways.

This step in the gateway of literacy is imperative when introducing health information literacy to the patron/patient and their collaborating team. This is where the necessity of collaboration in creating literacy gateways comes into play. The concept of healthcare and collaboration became more commonplace after the passage of the Affordable Care Act. One intention was to create a team of individuals whose goal was to treat not the condition or disease but the patient. Such a team could include physicians, residents, physician assistants, pharmacists, nurse practitioners, nurses, radiologists, mental health specialists, and even librarians and social workers.³

Unfortunately, the patient was forgotten as a critical part of the team. If endeavors towards the patient's health were to have a chance of success, why not include the patient, and advocates thereof, in addition to the collaborators listed previously? Each individual would have knowledge based on their expertise, whether it be through their field of study or their own body. Such a collaboration could only serve each gatekeeper to teach, learn, and discover more questions and gateways. A successful collaborative team of gatekeepers would hopefully come to understand the importance of effective communication among its various members. Coming from differing educational, foundational, and communicative backgrounds would offer new perspectives and trains of thought. That was the hope, at least. Perhaps with the addition of an outside peer review, the team (as both team and individuals) could gain a more objective understanding of the steps necessary to move forward and gain footing for new questions in creating new gateways. In other words, when more than one type of literacy is brought into play, more gateways can be opened because of study, understanding, simple listening, and communication.

Indeed, this last part of the concept of collaborative teams is both hopeful and speculative. It takes patience and a willingness to work. It is the idea of a new gateway waiting to be opened by a collective of gatekeepers who understand their individual limitations and strengths. The beauty of the gateway is that it is or would be a new learning space, a safe zone of insight and ideology. Each person on the team could teach and learn and learn and teach; new perspectives could be brought forward, new thoughts asked, new answers found, and perhaps patients saved.

Becoming a gatekeeper of information can be a daunting endeavor, but its result could include the establishment of new areas of academic study or questions asked about present guidelines and policies or whatever else anyone interested in taking such a path can think or dream of. Becoming a gatekeeper opens multiple pathways that lead to numerous literacies, but it only does so by establishing collaborative efforts and many voices. Therein lies the challenge—mine and hopefully yours if you are up for it.

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