LETTER TO THE EDITOR

Power information user model presents worthy premise but flawed methodology

The premise of the paper, ''A Power Information User (PIU) Model to Promote Information Integration in Tennessee's Public Health Community'' by Sathe et al. [1] presents a worthy topic for exploration. It describes a model to train already knowledgeable members of the public health community with the skills to gather, comprehend, and convey information to the public. My concerns with this paper are threefold.

1. The authors state that they targeted five individuals as potential subjects but used only two in the study. This is not an acceptable ''N.'' It is well established that the *minimum* number of subjects necessary to exclude individual differences and make generalized conclusions is *three.* Thus, it is impossible to be certain that the assessments made in this study extend beyond those two subjects.
2. The text claims ''Table 1 provides a summary of selected 6-month-post-training data.'' However, no further explanation of the column titles is provided. What are all of those percentages and numbers? Presumably important information is rendered unusable to naive readers.
3. The most egregious problem involves the interview of nine individuals *selected by the two original subjects* to evaluate the impact that the two original subjects had on their peers' information seeking. What is the likelihood that the two subjects suggested people who did not have favorable comments? This type of bias is unacceptable. Peer review should have triaged this manuscript immediately for that reason alone.

Due to the paper's poor research methodology, I have little confidence in the results and conclusions. The topic is valid and interesting, but that does not excuse sloppy research. Members of the library and information science community need to set higher standards, particularly given concerns with credibility, respect, and the lack of a unifying theory in the field.

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Reference

1. SATHE NA, LEE P, GUISE NB. A power information user (PIU) model to promote information integration in Tennessee's public health community. J Med Libr Assoc, 2004 Oct;92(4):459–64.

Sathe et al. respond

The authors appreciate Carrie L. Iwema's critique of our work and fully agree that the library and information science community should demand quality, rigorous research; future research on facets that our paper begins to address will undoubtedly be improved by a sharpened focus on such quality measures. We feel, however, that the reader has misinterpreted the paper's intent and underestimated the complexity of outreach to the public health environment.

- The paper makes no claim to be a full evaluation of an intervention's efficacy and acknowledges that only a small number of participants were involved. Truly generalizable results would likely require a significantly larger number of participants than the minimum three mentioned in Iwema's critique. Rather than a formal evaluation, this work describes domain immersion techniques underlying the development of a training mechanism model incorporated into the daily workflow of public health professionals.
- The project is also clearly situated on the hypothesis-generating end of the research spectrum, a vital step in the research process. While we affirm that rigor in all phases of research is required, the paper does not purport to describe a comprehensive research project and draws modest conclusions about the model's usefulness for informing library interventions.
- Funding and time constraints, as well as changes in health department personnel (as noted), limited us to convenience sampling for follow-up interviews with individuals trained by PIUs. While the project's results would have been strengthened had we been able to interview all peers trained by PIUs or orchestrate controlled testing of the impact of training, we feel that conclusions drawn in the paper are temperate and do not overreach the intent or scope of the project.

We hope that the project's results, as well as insight regarding their limitations, will contribute to future research into the challenging issues of fostering evidence-informed health care.

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