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REACHOUT THROUGH OUTREACH

Strategies of health sciences librarians working without a traditional health sciences library

Susan K. Kendall

Health Sciences Coordinator, Michigan State University Libraries, East Lansing, Michigan

INTRODUCTION

The concept of *library as place* is a current topic of conversation among health sciences librarians. Both national and regional symposia have been organized around discussions of what a physical place called a “health sciences library” might look like for the 21st century, a digital age where collections, space, and the roles of librarians are being transformed (1). The trend, of course, is toward downsizing and de-emphasizing of physical space. Seventy-four respondents to the 33rd Association of Academic Health Sciences Libraries descriptive survey in 2010 reported that, of 111 renovation projects taking place between 2007 and 2010, 22 resulted in loss of space. Only 11 resulted in gains of space (2). While the number is not huge, it is indicative of a trend also reported in the *Journal of the Medical Library Association* January 2010 issue wherein 6 case studies on loss of space in health sciences libraries were published. In an introduction to those case studies, Gary Freiburger noted that “based on this sample, it seems to be only a matter of when, not if, health sciences libraries will be asked to give up space”(3).

This is not just an academic trend, of course. Hospital libraries have been feeling a similar squeeze, facing loss of space and even complete closing (4). Understandably, librarians tend to view this trend negatively, particularly when library downsizing also means loss of librarian positions and a role for librarians in the institution. Other times, librarians have viewed the loss of space more positively when it means more of a focus on librarians and what they can do rather than on the health sciences library as a storage area for a large collection. In his Janet Doe Lecture at the 2011 Medical Library Association meeting, T. Scott Plutchak talked about the “dawning of the great age of librarians” and the accompanying passing of the “great age of libraries” (5). At times, librarians have been collaborators in these changes. The Johns Hopkins Welch Medical Library made headlines in late 2011 when it was announced that they were closing their physical space to focus on librarians embedded in departments, electronic collections, and book delivery directly to patrons (6). After some protest, it appears this change was postponed to allow for further study and more input by faculty and students. But other academic health sciences libraries will be watching this case study to see what the 21st Century Welch Library eventually looks like (7).

MICHIGAN STATE UNIVERSITY LIBRARIES

Although the Welch Library proposal was touted in the media as a big deal, health sciences librarians at the Michigan State University (MSU) Libraries noted that they had been serving two medical schools (one allopathic and one osteopathic), a veterinary school, a nursing school, basic biomedical science departments with PhD programs, allied health programs, and, most recently, a new Master’s Degree in Public Health program, without ever having a dedicated traditional health sciences library. Over the years there had been small branch libraries on

campus, most notably a branch in the Veterinary Medical College building (slated to be closed in 2012), a small clinical reading room for medicine and nursing (closed now for several years), and a small biomedical and physical sciences branch library (also now closed). None of these was large enough to house more than one health sciences librarian, not to mention the whole health science collection. Service departments for health science users (such as document delivery and interlibrary loan) and the majority of the collection were always located in the Michigan State University Main Library.

The lack of a traditional health sciences library on campus is due to the history of MSU's medical schools. Both the allopathic and osteopathic medical schools began in the 1960s and are community-based medical schools. This means that third and fourth year medical students and residents do their clinical work at hospitals around the state of Michigan, and many physicians in those hospitals are appointed as adjunct professors in the medical colleges because they have training roles. There is no university-owned hospital. Without the centralized focus of a campus medical center, there was no natural site for a health sciences library. The health college buildings on the East Lansing campus are nowhere near the Main Library. As a result, health sciences librarians have been used to serving users at quite a distance from their offices and the physical collection. In the days before electronic resources, the small branch reading rooms allowed librarians a physical space in which to interact with patrons nearer classrooms and faculty offices, but the many physician faculty, residents, and students at hospitals around the state interacted primarily with their local hospital libraries. These days, things have changed, and electronic resources and modes of communication allow librarians to serve distance patrons much more easily than in the past. This has not erased all of the challenges, however, which will be described below. The distance is also increasing. A brand new online public health program

and significant increases to the distance programs offered by the nursing college mean that library users may not even be in the state or country.

MSU is finding itself squarely within another trend in the United States, a surge of medical school establishment and expansion that began in 2000 (8). The American Medical Association reported in 2010 that more than two dozen medical schools, both allopathic and osteopathic, had newly opened, begun accreditation, or started discussions to open (9). Since then, even more have been added to this list, and Michigan seems to be a hotspot for new medical school development. Existing medical schools are competing with these new schools by expanding geographically. Both of MSU's medical schools have recently expanded to new sites in different cities in Michigan, putting medical college administrators, new faculty, and first and second year medical students at least an hour away from the main campus in East Lansing. Planners for these new medical school buildings did not provide space for a medical library, although all the other components of a fully functioning medical school were part of the design. The rationale was that everyone would be able to access the MSU Libraries' collection online from anywhere. Small centers were designed for reserve textbook collections and study space, but, in general, for accreditation purposes and for most library collections and services, the Main Library and health sciences librarians in East Lansing were expected to serve for these new expansions at a distance. Informal discussion with librarians at other brand new medical schools around Michigan confirmed similar experiences. These medical schools for the 21st century rarely include a lot of space for a medical library and emphasize study space over physical collections. Many of these new medical schools are associated with academic institutions, and the existing libraries at those institutions are expected to serve the new medical

schools despite having never supported medical education in the past. The days of building a traditional medical library seem to be mostly over.

With the availability of electronic resources and many options for distance communication, the preferred mode for interacting with libraries, especially for busy physicians, nurses, and other clinicians is definitely online. Librarians in traditional medical libraries have reported this for a long time now. Despite the electronic resources, however, health sciences librarians at Michigan State University Libraries find there still remain a number of challenges of working without a traditional health sciences library space. Some of these challenges are more subjective and have to do with patron perceptions. For instance, library users at a traditional academic medical center may never physically enter their health sciences library, but the existence of the space can provide an understandable focal point for discussion of information resources and services. If nothing else, “health sciences” or “medical” in the name of the library tells health faculty, staff, and students that there are materials there for them and people there to help them find health materials. The health sciences library director can be a key position within the health colleges and is seen as someone administrators would consult. At Michigan State University, library users may not know that a physical medical collection exists on campus in the Main Library. Distance users, such as hospital residents who have spent no time on the East Lansing campus, may have no idea that there is a health sciences collection online. Even if these users manage to find the electronic databases or journals, they may be unaware of any of the library services available to them or that there are health sciences librarians available to assist. The MSU Libraries website was created to address user needs across campus, all subject disciplines and all levels of users. A resident, for instance, finding the site, may see nothing apparently relevant to her from the homepage. A medical student contacting the Libraries

through email, chat, or IM may just as easily end up talking to a humanities specialist as a health sciences librarian. Furthermore, without a health sciences library director, there is not a readily-identifiable point person for health college administrators to contact when discussions turn toward information needs. Also, library staff in a general library may not always understand the specific needs of the health sciences related to cataloging, collections or interlibrary loan issues.

For a long time, MSU health sciences librarians saw these challenges as hurdles to overcome. Today, though, they find that the strategies they have been employing to address these issues are the same ones that other librarians are beginning to investigate, as downsizing and consolidation trends bring more and more health sciences libraries closer to the MSU model than the traditional model. MSU health sciences librarians have been meeting the challenge of serving so many users at a distance from the physical library, whether on campus, at the expansion sites, in online programs, or at hospitals around the state, with two major tools: librarian outreach skills and technology. Both are needed, and neither is sufficient alone. Some of the ways health sciences librarians have used these tools together will be addressed in the next section and may serve as ideas that other academic libraries and hospital libraries may want to explore.

TECHNOLOGY

The electronic age means that more is expected of librarians to provide collections and services to people who are not on campus and whom we will never see. The MSU Libraries have focused on purchasing electronic journals and books in the health sciences for quite some time. Resources had always been linked from the general MSU Libraries website, but it became

clear over time that health sciences users did not view that online space as theirs, just as the physical Main Library did not seem to be theirs. The health sciences librarians created a *Health Sciences Digital Library* website, bringing all of the relevant electronic resources, services, and information about health sciences librarians together under one portal to act like a virtual version of a health sciences library space. This has been particularly helpful as a place to which librarians can direct users to more easily find what they need. From their staff pages, librarians can invite users to interact with them via instant messaging, email, Skype, or phone. There are multiple course-specific or subject guides and web pages, and librarians have created Camtasia videos to demonstrate skills such as database searching. All of these online offerings and the ability to interact with users online have helped in making the MSU Libraries relevant to distance users. But the availability of collections and services online does not necessarily mean that distance users will take advantage of the resources if they do not understand that they exist or how to locate them. One MSU department recently found out that books that they had purchased in print for their residents had been available online through the MSU Libraries for a few years. Finding this out before purchasing the books could have saved them thousands of dollars. Librarian outreach skills and relationships are key to making the invisible library visible and the virtual real.

STRATEGIC RELATIONSHIPS

When there is no conveniently designated place for users to find librarians, librarians need to go out to meet the users where they work. This is a current concept. Health sciences librarians in traditional health sciences libraries are looking for ways to become more embedded, holding office hours in departments, or acting as clinical or research informationists

(10, 11). First, librarians have to build relationships with health colleges that will lead to opportunities for these types of embedded activities. In the last six years, the MSU Libraries has hired several new librarians to join the health sciences team. When the librarian coordinating the team discussed these new positions with library administrators, she stressed that they needed to look for librarians who, among other skills, were outgoing, liked talking with people, and had outreach potential. During the search, these traits were part of the decision of whom to invite for interviews and eventually hire. Other librarians already on the health sciences librarian team had significant expertise in collections, searching, and reference, so outreach skills rounded out the skill set of the team as a whole. This emphasis has been successful. One of these librarians who has become deeply embedded in college activities was described by a medical college administrator as a “stellar addition to the college,” despite the fact that the librarian is a member of the Libraries, not the college. It seems that these librarians are becoming viewed as members of the larger institution, helpful and equal participants on committees, rather than only in their role at the Libraries. Faculty rarely view the Main Library as a place on campus having to do with them and they are surprised when they find out that their librarian’s formal office is there.

When hired, these librarians were given a tough assignment: to develop closer liaison relationships in their assigned colleges. There was not a blueprint for how this was to happen, and the expectations for librarian creativity were high. It was a slow process with incremental successes and setbacks, however, over time, ways to become integrated became clearer. Partnerships were key and happened on multiple levels. First, librarians worked to build relationships with individual faculty members, introducing themselves and offering their services for instruction and one-on-one help. This is more of a traditional model and was a beginning step. The nursing college was historically much more receptive to including library instruction

in their curriculum than the medical colleges, so the nursing librarian found more opportunity right away to come to classrooms. Librarians serving the medical colleges encountered more frustrations. Medical college administrators were initially polite but did not see many places to include library instruction within the curriculum. One librarian working with one of the medical colleges, however, continued to request meetings and try to insert himself wherever possible, taking advantage of one small opportunity to visit a class to offer his services to do more. He found that the greatest inroad to becoming embedded in the college happened when the college began a revision of their entire curriculum. His relationship with one key faculty member led to an invitation to a meeting, which led to more invitations. A chance meeting with a key administrator on an elevator in the building led to an opportunity to join the curriculum redesign committee. These invitations did not really happen by chance, though. The librarian was ready and able to explain what he could do in short speeches that he could give at a moment's notice, he was flexible enough to change his schedule to attend meetings on the spur of the moment, and he was humble enough to put up with being forgotten or left out for a while. As a result, he began to get to know the faculty members on medical education committees, residency program directors, and those involved in the curriculum redesign. One key to being invited back for further participation was showing his value. Medical college administrators were pleasantly surprised and impressed with someone who offered to take burdens off their hands. Oftentimes, skills slightly outside traditional librarian skills, including knowledge of technology, distance education design, medical informatics, and biostatistics, were valued more highly by faculty members than the traditional library instruction skills. The librarian had some background on these topics, but he also spent hours on his own studying about them in order to have something to contribute. The outcome was that the college went from politely dismissing

the librarian's role to now seeing his role as integral in helping design the new evidence-based curriculum and in bringing up a new course management system.

Librarians found other partnerships to be just as fruitful as those with faculty and administrators. Getting to know college instructional technology staff and university-level "virtual university" staff who provide support for online classes was another key to success. One librarian impressed instructional technology staff by taking them to lunch, developing a friendly rapport based on a common interest in new technology. As a result they started to contact the librarian they now knew personally whenever matters involving information resources arose. This led to an opportunity to embed the librarian's contact information and web pages in the university course management system in a section of every class of the new online Master's Degree in Public Health program. While liaison work with public health faculty was also important for the librarian to gain acceptance and permission to be involved in the online classes, it was the instructional technology staff who suggested ways for that happen more automatically.

Other distance users who will never enter the MSU Main Library to use a physical collection also include many adjunct faculty physicians, residents, and medical students at hospitals around the state of Michigan. For these users, a significant challenge is letting them know that the MSU Libraries are relevant to them. Long ago MSU health sciences librarians developed relationships with hospital librarians, getting to know them through the statewide health sciences libraries association. A listserv was set up to include all librarians in hospitals where MSU faculty, residents, or students were working and was used to disseminate information about MSU Libraries resources and access. These librarians were given adjunct librarian status at MSU so that they would be able to get into MSU resources online and help MSU users. This partnership with hospital librarians underscores the fact that library users do, in

fact, turn to people who are on site for help and do not necessarily seek out electronic resources on their own.

Distance users at the new expansion sites for both medical schools presented a different challenge. First and second year medical students as well as some newly hired faculty are not associated with a hospital and must rely solely on the MSU Libraries for information resources. Yet, because they live and work at least an hour away from the main campus, they were completely unaware of the library resources and services available to them, despite the web pages and portal. Again, it appears that a physical presence has made all the difference. A librarian was hired specifically to split her time between East Lansing and Grand Rapids, an hour away, to serve as liaison to the college's expansion site while remaining in touch and active with the rest of the health sciences librarians. She found that being on site even just one day a week has greatly increased faculty and student awareness of the Libraries and has led to invitations to committee meetings, building social events, and opportunities for presentations to faculty and students.

CONCLUSIONS

Electronic resources and technology solve many problems for meeting the needs of a growing number of users at a distance from any kind of traditional library, but, without a physical presence or human touch can remain unknown and unused while patrons turn to Google and free resources instead. For many institutions, the traditional health sciences library space provides a physical presence that users can relate to, even if they primarily visit the library's web page rather than the facility. Without a traditional space, MSU health sciences librarians have been challenged to do things differently for quite some time. Librarians have found that they

themselves can provide that relatable physical presence by developing personal relationships on multiple levels of the institution's organization and outside the institution in partnership with other libraries.

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