

## **Looking to the Future: Academic Health Care Centers and Their Libraries**

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Libraries in Academic Health Centers (AHCs) have a strong culture of strategic planning that has assured a tradition of anticipating and preparing for the future. Various planning initiatives have led to major reports on the role of the library in information management (Matheson and Cooper, 1982) and on planning and evaluation guidelines for academic health sciences libraries (Association of Academic Health Sciences Library Directors and the Medical Library Association, 1987). More recently, the Association of Academic Health Sciences Libraries (AAHSL) developed an assessment guide and checklist to help members “explicate the pivotal roles of the library and of knowledge management in ensuring the continued viability and excellence of the nation’s premier health institutions” (AAHSL, 2003, p. 3). This 2003 document identified the AHC library as the “institutional knowledge coach” and posited that future outcomes are predicated by past accomplishments and successes. These types of planning processes have assured that health sciences librarians are constantly assessing the needs of academic health centers (AHCs) and retooling services and librarians for new and emergent demands. Trends in four of these areas are discussed below.

### **New or Expanded Roles**

Today’s health sciences librarians bear little resemblance to their earlier counterparts. Traditional roles and responsibilities (e.g., reference, bibliographic instruction) are being replaced by numerous new roles that have produced significant changes within the profession. Perhaps the most far-reaching of these changes is behavioral. Traditionally, health sciences librarianship, like academic librarianship in general, was largely passive. The library existed as a sort of support agency in which librarians were available, when asked, to provide various user services.

This model has been replaced largely by one in which the librarian is expected to be a partner or collaborator with clinicians, scientists, and educators from all parts of the AHC. The responsibilities of these librarians vary but typically require that they work well beyond the walls of the library. These “embedded” librarians are often called informationists (Rankin, Grefsheim, and Canto, 2008). As biomedical information experts they participate as full members in committees and departments. This level of involvement ensures that the librarian is well placed to advocate for information services and resources that are properly integrated into the student’s educational experience. The spread of curricula centered upon evidence-based health care has also underlined the important role librarians play to ensure that students are skilled at searching the literature and retrieving information that is the most authoritative and relevant, properly

analyzed, and evaluated. In addition, many librarians now have responsibility for pedagogical training designed to improve students' teaching abilities.

The proliferation of library liaison programs is another example of librarians collaborating outside of the library with peers in hospital departments or within educational programs such as public health or nursing. Liaisoning requires an in-depth subject knowledge of the specialty or program, an ability to establish strong relationships with key individuals within those programs and specialties, and a talent for recognizing when library services and resources can be effectively introduced into them. A librarian's liaison activities often lead to his or her appointment to the sort of committees described previously.

Research in the basic sciences, as well as translational and clinical sciences, is of paramount importance due to the research mission of the AHC. Some universities (e.g., University of Florida Health Sciences Center Libraries) have recruited librarians with advanced degrees in the biomedical sciences to serve exclusively as liaisons to basic sciences departments. Other libraries have developed support services for the research community that identify funding sources or provide training in grant writing (e.g., University of Washington Health Sciences Libraries and Johns Hopkins Welch Medical Library).

The centrality of information technology to all types of health sciences librarianship has led to another new role for today's librarian. The emergent technologies librarian or digital research and development librarian is responsible for investigating new technologies that promise to be of special benefit to health sciences libraries. UCLA and the Mayo Clinic are two examples of health science campuses employing emergent technologies librarians.

The close linkage between technology and libraries can also be seen in the development of educational or instructional technology centers within health sciences libraries (e.g., University of Cincinnati's Donald C. Harrison Health Sciences Library). Librarians in many centers advise and assist faculty on the use of new technologies in teaching. Online course design and development, media production, the creation of evaluation and survey instruments, and the selection and implementation of learning management systems are all responsibilities of educational technology librarians at many health sciences libraries, including at the University of New Mexico (UNM) Health Sciences Library and Informatics Center (HSLIC). Technology and librarianship also intersect in telehealth applications that include videoconferencing, the distribution of grand rounds and lectures, and distance consultations. The Loyola University Medical Center in Chicago provides an example of a health sciences library that has responsibility for operating a university's telehealth activities. Health sciences libraries have also become part of the informatics training and research community (e.g., Vanderbilt's Eskind Library, Johns Hopkins' Welch Medical Library and UNM).

Classroom and meeting space are always in short supply at health sciences campuses, especially with the growth of simulation laboratories and clinical performance competence centers where students can interact with standardized patients, increased use of small group learning, and multi- or inter-disciplinary pedagogy. New buildings designed to address these needs are a common sight. After these buildings have been constructed, however, a problem

often arises—who will ensure the maintenance of complex technology and schedule the classroom spaces? The library is often seen as a neutral party or “honest broker” on health sciences campuses, serving all campus constituencies fairly and equally. For this reason, for example, the health sciences libraries at the University of Utah and UNM were chosen to manage these AHC buildings. And so yet another new role for health sciences librarians emerges: managers of a campus’s collaborative education spaces.

Many health sciences libraries are now attempting to undertake much more stringent evaluation that demonstrates the value of the library by showing the relationship to improved outcomes, such as reduced lengths of hospital stays or higher student test scores. Previous attempts to demonstrate a library’s value through gate counts or size of the collection are now viewed as obsolete and unconvincing. Training existing staff members for new careers as assessment librarians is likely to increase as health sciences libraries seek to find better methods of proving their worth. The University of Texas Southwestern Medical Center at Dallas is an example of a campus with such a position.

As health sciences libraries continue to evolve, so too will the roles their librarians perform. This constant evolution and adaptation should be seen as a sign of their vitality and creativity. These libraries will remain relevant as long as this adaptation continues.

### **Collection Resources**

A second major trend in health sciences libraries is seen in its collections. For example, by FY2008, 97 percent of the current serials at the UNM HSLIC were electronic rather than print. However, the use of digital repositories appears to have had little impact on collections and “still appears to be fledging and slowly growing” based on a survey by AAHLS in 2008 (Singarella and Schoening, 2008). This survey shows that while the use of digital repositories in health sciences libraries doubled from 2005 to 2008, the total number of repositories increased from only 16 to 32. While shifts to electronic resources in general are a welcomed change to librarians and users alike, these shifts are accompanied by many challenges.

A survey by AAHSL in early 2009 was undertaken with the realization that while its member libraries “have long been grappling with constrained collection budgets, we face a new urgency in continuing the transformation promised by new publishing models and new technologies in an era of economic recession” (Toohey, 2009). Over 100 AAHSL members participated in this survey and indicated that two-thirds of them had experienced “recent budget reductions, cuts, or other negative fiscal impacts” averaging \$388,023. Collectively, these cuts in 2008–2009 totaled almost \$11 million nationally. Given that 53 percent of the libraries cut collection expenses and the majority of respondents anticipate additional cuts over the next two years, the long-term impact nationally on health sciences collections will be significant.

### **Space**

Opportunities to change how space can be used in an AHC library have been created by shrinking collection budgets, the conversion from print to digital collections, and the development of large

print repositories (e.g., the state-wide repository managed by the Health Sciences Library for the University of Colorado Denver, Anschutz Medical Campus). Libraries have repurposed space previously required for housing paper, for new programs, new technology, or reassignment to other departments. The Arizona Health Sciences Library at the University of Arizona, Tucson, has converted a floor into collaborative multipurpose study/work space for its school of medicine students. The Health Sciences Library at the University of North Carolina, Chapel Hill, developed a Collaboration Center to support videoconferencing and other visualization technologies. The Dolph Briscoe, Jr. Library at the University of Texas Health Science Center at San Antonio reallocated collection space to the Academic Center for Excellence in Teaching (ACET) to foster faculty development and teaching excellence. Other renovations created multipurpose classrooms, group study rooms, and expanded the library's computer classroom. The Health Sciences and Human Services Library of the University of Maryland, Baltimore, incorporated several student-centric functions into its 120,000 NASF facility, providing enhanced synergy with the library's mission.

### **Research/Scholarly Communications**

In addition to the new roles identified earlier in this essay, federal legislation that became effective April 7, 2008 has led to a paradigm shift in the library's role in the scholarly communication process. The Public Access Policy of the National Institutes of Health (NIH) requires that an author's final version of any peer-reviewed journal article resulting from NIH-funded activities must be submitted to the PubMed Central (PMC) repository, where it will be made available to the public within 12 months after the journal article is published. The vast majority of health sciences libraries now provide some form of support for the policy, ranging from promotion of the policy to submission services to aid university authors in submitting a manuscript to PMC (e.g., Duke University Medical Center Library). In addition, health sciences libraries have partnered with their respective research community in the open access movement (e.g., University of San Francisco Library and Center for Knowledge Management, University of Arkansas for Medical Sciences Library).

### **In Conclusion**

Today's health sciences librarian's partnership in the AHC's missions requires a different type of personality or behavior than that prevalent in traditional librarianship. Today's librarian must be active, even assertive, rather than passive; capable of working independently outside of the library; quick to recognize opportunities for introducing library resources and services into the curriculum, the research laboratory, or the hospital department; full of initiative; and technologically proficient. These essay authors believe that even in a period of economical challenges and new technology that radically changes traditional processes, the future of academic health sciences libraries remains bright. AHC libraries have positioned themselves as integral units in the health education and delivery system. Librarians are seen as educators in the learning process, as full members of the research and clinical teams, and their libraries are viewed as providing social spaces critical to the development of collaborative and lifelong learning skills.

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