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Assessment and Weeding of a Clinical HIV/AIDS Collection in an Academic Library: A Case Study

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Maintaining a clinical HIV/AIDS section in an academic library collection that is both current and historically significant for research is essential. This paper reports on a collection management project that was undertaken to weed HIV/AIDS books in targeted clinical areas of an academic library using a timeline model developed by Ondrusek (2001) as a supplement to traditional weeding methods. The combination proved effective for identifying clinical materials that were outdated and needed to be deaccessioned while maintaining historically-relevant materials in these areas.

KEYWORDS: *collection management, HIV, AIDS, weeding, academic libraries*

INTRODUCTION AND BACKGROUND

Over the past 30 years, knowledge about the etiology and treatment of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) has seen significant scientific advances and is continuously evolving. Librarians in a healthcare setting, such as a hospital library, who serve physicians, clinicians, and patients, know that decisive and routine weeding is essential to maintaining a quality, current HIV/AIDS collection. As noted by Haynes (2011), “Keeping the collection current and relevant, particularly in a clinical setting, is

critical to quality care and, subsequently, risk management. ... Generally speaking, hospital libraries should keep print monograph editions under five to seven years of age” (148). Similarly, academic librarians at research institutions like Georgia State University (GSU), who serve the academic community and the general public, are wary of amassing collections of materials that contain outdated clinical information.

However, unlike medical libraries, academic institutions have an equal responsibility to provide researchers with materials adequate for conducting historical research on clinical topics. Shiflett’s (1984) assertion that “all subjects under investigation...have historical aspects that need to be thoroughly understood in order for the problem to be completely researched” (388) is something that academic librarians consider when weeding subject collections, especially those with as rich and dynamic a history as HIV/AIDS. Georgia State University, located in downtown Atlanta, Georgia, has 32,000 students enrolled in over 250 degree programs with 100 fields of study offered at the bachelor, master, specialist, and doctoral levels. The University Library houses over 1.5 million volumes and materials not owned are easily accessible via interlibrary loan. Georgia State’s health and clinical programs include the School of Nursing and Health Professions, which matriculates students in nursing, respiratory therapy, nutrition and dietetics, and physical therapy, and the School of Public Health.

The challenge in weeding a clinical sub-collection in an academic research library, therefore, is ensuring a balance between accurate and current information for clinical practice and historical information critical for research. At Georgia State University Library (GSUL), two academic health science librarians undertook a collection management project to evaluate the library’s sub-collection of clinical HIV/AIDS monographs. The goal was to achieve the

balance described above – a collection optimal in terms of accuracy of information yet still historically relevant.

LITERATURE REVIEW

A review of the literature on the management, specifically the weeding practices, of HIV/AIDS collections in libraries yielded very few resources. Lemann (1993) surveyed the HIV/AIDS collection development policies of public libraries and reported that most of the respondents treated their AIDS collections as they did other medical titles and reviewed them regularly for weeding, primarily to keep the information in the collections current. Ondrusek (2001) published a “process for the systematic evaluation of a library’s collection on acquired human immunodeficiency virus” (47). She details major advances in the knowledge and treatment of HIV/AIDS during four distinct historical time periods, then suggests specific titles or content for each of these time periods to be retained or withdrawn, thus ensuring good-quality library monograph collections. Her suggestion is for an annual review of HIV/AIDS titles to determine dated materials, yet she generously allows for the retention of older materials for researchers’ needs to access retrospective information on the disease. Williams (2007) focuses on what libraries can do to manage HIV/AIDS collections as they relate, specifically, to African-American populations, but has broader recommendations for the weeding of all HIV/AIDS materials – that is, “it is imperative to weed older books” because “dated medical information does a disservice to library patrons” (60).

A search of the literature to examine weeding practices for medical/clinical collections in academic libraries yielded an article by Tobia (2002), in which the author relates the experiences of weeding an academic library that serves medical, dental, and nursing schools and other health and clinical professions. One of the goals of that project was to withdraw “older materials that

might contain dated or inaccurate information” (95) because the “retention of out-dated materials may have critical consequences” (98). In an article on weeding a nursing collection, Shisler (2007) states that in addition to traditional weeding techniques (e.g. damaged, duplicates, circulation statistics) nursing collections should “also be weeded of books that contain dated or even harmful clinical information or information that has been superseded by new developments” (279).

Lastly, traditional and long-held best practices for weeding general collections in academic libraries were reviewed, most notably by Slote (1997), whose criteria include poor physical condition of the materials, poor content, age, duplicate materials, and low/no circulation. Johnson (2004) astutely highlights the balance between using objective data (e.g., circulation) and subjective judgment (local program information needs) in applying weeding criteria, since libraries cater to different populations. Among the three most pertinent questions she recommends when evaluating an item for withdrawal is this one: “Is it outdated?” (141).

PROJECT DESIGN AND DEVELOPMENT

The impetus for this weeding project was Ondrusek’s article and the unique opportunity it presented for applying her timeline tool to the clinical HIV/AIDS collection at GSUL. With that tool in mind, the subject librarians who undertook this project also used the broader collection development themes that emerged from their review of the literature outlined above.

The librarians decided on a combination approach, using Ondrusek’s timeline criteria (Table 1) and traditional weeding techniques (Table 2).

[INSERT Table 1. Sample Criteria Applied from the Ondrusek Timeline Model]

[INSERT Table 2. Secondary Criteria Considered for Weeding Project with Spreadsheet Codes]

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Ondrusek's timeline covers four time periods: 1981-84, 1985-89, 1990-94, and 1995-99. For this project, criteria for a fifth time period was developed, 2000-04, similar to how Ondrusek developed hers – that is, by looking at critical scientific, medical, and pharmacological findings or emergent geo-political and social themes and issues in HIV/AIDS during that time. The timeline was consulted both to inform the librarians about which books to keep in the collection and also to lend support in identifying outdated items for weeding decisions.

A circulation report was generated for monographs to be considered based on two criteria. First, the books had to be in the following Library of Congress call number ranges which represent clinical collections:

- RA638 Immunity and immunization in relation to public health
- RA639-642 Transmission of disease
- RA643-645 Disease (Communicable and non-infectious) and public health
- RC109-216 Infectious and parasitic diseases
- RC268-566 Neoplasms. Tumors. Oncology
- RC581-951 Specialties of internal medicine

Second, the books had to have one of the following subject headings assigned to them in the GSUL catalog: Acquired Immunodeficiency Syndrome, AIDS (Disease), and HIV Infections. Acquired Immunodeficiency Syndrome was selected because it is the broadest Medical Subject Heading (MeSH) for the disease AIDS and because GSUL includes MeSH headings in the cataloging of clinical monographs. Similarly, AIDS (Disease) and HIV Infections are the two broadest Library of Congress subject headings on these topics.

The report yielded 657 HIV/AIDS titles to consider for weeding; however, dissertations and theses in the report were immediately eliminated from consideration. Books with a

publication date of 2005 or later were not examined since the information in them was considered current and therefore suitable for general reference and academic research.

An electronic spreadsheet was created that included each title's call number and circulation statistics for the last ten years. Codes for withdrawal criteria were created (Table 2) and columns for these criteria were added to the spreadsheet along with a column for notes. The librarians pulled titles from the stacks and inspected each systematically. Content was the most important criteria, so tables of content, indices, chapter/section headings, and samples of text were scrutinized carefully title by title, using the criteria from Ondrusek's timeline and the traditional methods. The two librarians examined the first few batches of books together, in order to gain consensus on how to apply the criteria and to ensure they reached similar decisions. Subsequent to the first 50 titles, the librarians made decisions independently by splitting up the remaining volumes.

The majority of the items marked for removal from the collection met both traditional weeding criteria and Ondrusek's timeline suggestions for elimination. For instances where there was a discrepancy in the criteria – low circulation, old, physically worn (weed), but valuable for its content (do not weed) – librarians took one of two actions: (1) consulted WorldCat and the University System of Georgia's statewide catalog, GIL-Find Universal, to see if there were copies available for interlibrary loan requests. If there were copies in the academic library system, GSUL's copy was weeded; (2) if not, the item was retained and marked for a new purchase of a better quality copy.

DECISION PROCESSES AND OUTCOMES

Figure 1 shows four decision categories for the weeding or retention of the 657 items under consideration. Books with a year of publication of 2005 or later were automatically marked for

retention because the information in them was considered current. These titles accounted for 25% of the total books in the project.

[INSERT Figure 1. Titles Weeded and Retained]

There were twenty-three books not found on the shelf and not checked-out of the library – they were missing. These items were automatically marked for retention as well since they could not be evaluated. Therefore, of the remaining 468 books that met the parameters for this weeding project, the decisions were very nearly split down the middle, with a slight advantage for retained items. Specifically, 244 items (37%) published from 1981-2004 were marked for retention and the remaining 224 items (34%) published during the same time period were flagged for weeding from the RA and RC Library of Congress Classification ranges outlined above.

1981-1984

For the time period 1981 to 1984, only one decision needed to be made. Out of the three books that showed up on the report for this time period, two were missing and could not be evaluated. Librarians flagged the missing items for periodic re-checks of the shelves to try and locate them for evaluation at a later date. The remaining title, *AIDS: The Medical Mystery* from 1983 by Siegal and Siegal, was retained because when held up to Ondrusek's narrative and criteria for historical relevancy, the factors weighed in favor of retention. Ondrusek (2001) notes that during this time period there emerged in the U.S. "first reports of young gay men...falling ill [with] diseases associated with immune deficiency and rarely seen" (49) and that books from this time period "echoed the press reports of the early 1980s" (50). The reports, she says, were about compiling cases, identifying links between the illness and risk groups, identifying causes, and

naming the illness. Therefore, the Siegal & Siegal title was kept because it is a well-written and organized account of early efforts to clarify the illness and summarize the research up to that point. It also contains a compilation of various primary-source early reports from government agencies, health organizations, and medical journals. Ondrusek further notes, “In terms of clinical practice, the lack of knowledge about AIDS in the years between 1981 and 1984 completely outdate these early works” (51). In this case, however, the one monograph in this time range was kept to preserve a primary historical account of the earliest efforts made by researchers to determine the etiology, diagnosis, and treatment of HIV/AIDS.

1985-1989

Ondrusek notes that non-clinical books from the mid- to late-1980s, which are first-hand accounts of the AIDS story as told by a particular group or person, should be kept in order to help people understand the history of the disease. Therefore, for the time period 1985 to 1989, many of the books were retained because of this criterion, despite the fact that they may have contained incorrect or outdated clinical information and may have had low circulation.

Librarians reasoned that these books would not be referred to by patrons for information on how to treat or diagnose HIV/AIDS, and that their classification in the clinical collection may have been due to un- or underdeveloped cataloging practices for books on this topic during that timeframe. The most notable title among these first-hand accounts in the clinical collection was *And the Band Played On* by Randy Shilts, which had the highest circulation count of all the books considered for this project. This is not a clinical book, but a work of investigative journalism, and probably more apt to be classified with other HIV/AIDS personal narratives from the late 1980s in the H section (Social Sciences) or P section (Language and Literature).

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Ondrusek also calls for the historical preservation of certain clinical books for this time period, such as any titles on the “prevention measures documented and promoted during this period” (54) since these practices are still valid. Therefore, *Safe Sex in the Age of AIDS* issued in 1986 by the Institute for Advanced Study of Human Sexuality was kept for both its sound content and historical relevancy.

Other types of items that were retained for this time period were neither clinical nor narratives, but somehow ended up in the clinical collection and were evaluated as historically important to the HIV/AIDS story. One was *AIDS*, edited by Long in 1987, a primary source of reports, essays, opinions, editorials, etc. from popular magazines at the time. Another was *Plague Years: A Chronicle of AIDS, the Epidemic of our Times* by Black from 1986, the content of which the librarians found highly relevant for historical researchers from multidisciplinary studies that could include medicine, history, psychology, and sociology.

The focus from this time period was on clinical books that concentrated heavily on detection measures of the disease, treatment protocols, research methods, educational models, case definitions, and laws – the kinds of books, the librarians reasoned, that patrons would find in the catalog and perhaps seek out for research and reference based on their titles or subject headings. Ondrusek notes that books from this time period related to HIV/AIDS would be outdated and should be removed from the collection. Some titles were easily detected for weeding, such as *AIDS Information Sourcebook* from 1988 by Malinowsky and Perry, which included a very outdated directory of HIV/AIDS service organizations, and *AIDS: The Facts* from 1988 by Langone. The majority of the books weeded from this time period were similar to these examples.

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1990-1994

During the early 1990s the publishing trend for HIV/AIDS books paralleled the emergence of a number of legal and social issues. A few of the social science titles that Ondrusek highlights in her article ended up cataloged in the GSUL clinical collection. For example, *AIDS and Accusation: Haiti and the Geography of Blame* from 1992 by Farmer is a title that Ondrusek refers to as a “groundbreaking anthropological treatment on AIDS” (57). This title was retained. Textbooks and traditional library reference books (e.g., handbooks, manuals, directories, and guides) on HIV/AIDS also began to be published during this time period. The majority of the books weeded for this time period were either textbooks or factual-based reference books, such as *AIDS & HIV in Perspective: A Guide to Understanding the Virus and its Consequences* from 1994, and *AIDS Knowledge Base: A Textbook on HIV Disease from the University of California, San Francisco, and the San Francisco General Hospital*, also from 1994. Not mentioned by Ondrusek in her article for this time period, but evident in the GSUL clinical collection, were a number of books on living with HIV/AIDS, both first and second hand accounts. In line with preserving personal narratives, all of these titles published from 1990-1994 were kept. Books with images were also kept in the collection, if their main purpose was to illustrate the disease in some way, such as in *Atlas of the Neuropathology of HIV Infection* from 1993 edited by Gray, as these were considered important for historical research.

1995-1999

Since Ondrusek’s article was published in 2001, she refers to critical titles from the years 1995 to 1999 as current and authoritative and calls for either their retention or purchase. For this project, the guidelines outlined in previous time periods were applied. That is, titles with a non-clinical

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focus that were important for historical cross-disciplinary study were kept in the collection; and clinical books that were intended for factual reference were scrutinized carefully and against weeding criteria. Books from this time period that were kept resemble the kinds of books that were retained for previous years: personal narratives (*Growing Up Positive: Stories from a Generation of Young People Affected by AIDS*, 1995), social science treatments (*Strong Shadows: Scenes from an Inner City AIDS Clinic*, 1995), and illustrated texts (*Skin Manifestations of AIDS*, 1995). Publications that focused on specific populations emerged in the late 1990s; though the information in them related to the disease may have been incorrect or outdated, many were kept to preserve the specific HIV/AIDS research approaches to such groups as Latinos (*AIDS Crossing Borders: The Spread of HIV Among Migrant Latinos*, 1996, and *Latino Gay Men and HIV: Culture, Sexuality, and Risk Behavior*, 1998), women (*Women's Experiences with HIV/AIDS: An International Perspective*, 1996, and *Vamps, Virgins, and Victims: How Can Women Fight AIDS?*, 1996), and Asians (*No Place for Borders: The HIV/AIDS Epidemic and Development in Asia and the Pacific*, 1997, and *War in the Blood: Sex, Politics, and AIDS in Southeast Asia*, 1998). Ondrusek notes that although the causes and treatments of HIV/AIDS were much better understood by this point, there were still opposing theorists. She specifically mentions two books as examples: *Inventing the AIDS Virus* by Duesberg from 1996 and *Positively False: Exposing the Myths of AIDS* by Shenton from 1988. Both of these titles were retained to ensure a full historical account of all sides of the issue from this time period.

Books published from 1995 to 1999 that were weeded were largely textbooks and clinical reference books. A perusal of the librarian's weeded title list reflects many handbooks, manuals, glossaries, directories, guides, and edited monographs with notes that more current editions were

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in the collection or available for purchase. There were many special topic titles in this time period that the librarians weeded but then replaced with new purchases. The aim was to provide researchers, both clinical and non-clinical, access to updated and current information on these topics. For example, the monograph *HIV/AIDS and the Older Adult* from 1996 contained very outdated clinical information, but the librarians found and purchased *Older Adults with HIV: An In-depth Examination of an Emerging Population* from 2009 to have in the collection information for aging HIV/AIDS patients. Also, *Nursing Care of the Person with AIDS/ARC* from 1998 was replaced with *ANAC's Core Curriculum for HIV/AIDS Nursing* from 2010.

2000-2004

Ondrusek mentions that at the turn of the century, a global response to HIV/AIDS was more pronounced than in previous years. Indeed, this project noted that books published in the early 2000s examined the disease at specific geographic locations worldwide. Examples of locations mentioned in titles for this time period include Kenya, Brazil, Thailand, the Caribbean, Russia, Mexico, Eastern Europe, and Central Asia. Because the librarians had not noticed such a concentration of books aimed at specific geographic locations in earlier time periods, all of these titles were retained for historical research opportunities. Titles that were withdrawn from the collection from this time period were, again, similar to the types of books weeded from the 1980s and 1990s: outdated clinical textbooks and reference sources. For titles with subject matter that was deemed important, but contained outdated information, more recently published works on similar topics were sought.

Consideration of Historical Relevance

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A further note on how the librarians took historical relevance into account is warranted. As titles were reviewed and weeded for containing outdated or incorrect information it did seem, at first, as if a wealth of historically relevant information was being discarded. However, librarians discovered that more recently published titles, from well-regarded presses, were including comprehensive historical chapters replete with scholarly references to the primary source research on the development of the etiology, diagnoses, and treatment of HIV/AIDS since its medical inception, circa 1981. In other words, historical researchers of HIV/AIDS at GSU could find what they needed through scholarly secondary sources in our clinical collections and by utilizing interlibrary loan for the primary sources referenced therein. Three examples of such books are *Plague-making and the AIDS Epidemic: A Story of Discrimination* (Palgrave-Macmillan) from 2012 by Bright, of which its “Part III: The Emergence of AIDS” covers the years 1981-1994; *HIV and AIDS: Basic Elements and Priorities* (Springer) from 2007 by Kartikeyan et al., includes a broad history of the epidemic in its epilogue; and *HIV: From Biology to Prevention and Treatment* (Cold Spring Harbor Laboratory Press) from 2012, edited by Bushman et al., has as its first chapter an account of the “Origins of HIV and the AIDS Pandemic.”

Of the 224 items that were weeded from the clinical collection, many met multiple criteria for weeding. With some overlap among the following, the numbers showed: 214 of the 224 weeded titles (96%) contained outdated information; 173 of the 224 weeded titles (77%) contained incorrect information; and 163 of the 224 weeded titles (73%) had very low, or no, circulation in the last ten years.

After the librarians made decisions, retained items were re-shelved. Titles flagged for weeding were retrieved by the library’s cataloging department, where staff deleted the records

from the online catalog and removed the books from the collection. The project was undertaken in the summer of 2012. The two health science librarians worked on weeding decisions approximately eight hours per week, combined, and the work was completed in three months.

PROJECT COROLLARIES

The project uncovered a number of issues that allowed health science librarians at GSUL to better manage and develop the collection. Though the project's main goal was to weed items, a number of "side-effect" discoveries were beneficial to managing the full sub-collection.

Identification of Gaps in the Collection

As shelves were perused and individual titles evaluated, gaps in the holdings became apparent. For certain call number ranges, the collection contained very low numbers of recently published materials. This revealed that either subject librarians had not been purchasing new titles in certain call number ranges for many years; or new titles in these call number ranges were not being published; or books in these call number ranges were being classified for other areas. Plans were made to further investigate the gaps and purchase more current materials, if they existed, which would round-out the collection in these areas. Librarians also made plans to look carefully at the library's monograph approval plan to ensure that essential books on HIV/AIDS in these call number ranges were being selected and invoiced automatically by the library's preferred book vendor.

One call number range that revealed the most egregious drop in HIV/AIDS titles after the year 2004 was RC607.A26 (Library of Congress classification breakdown: Internal medicine, specialties of internal medicine, immunologic diseases, immunodeficiency, other immunodeficiency diseases A-Z, AIDS). For this call number, 270 titles appeared on the report

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for the years 1981 through 2004, and only two were published after 2005. There was concern that the library had stopped acquiring books for this call number. Further investigation revealed that the October-December 2000 issue of the Library of Congress' *LC Classification Additions and Changes* listed RC607.A26 with an asterisk and the notation, "AIDS, see RC606.5+" (122). The introduction of the issue notes, "An asterisk indicates a change" (1). The subject librarians, therefore, referred to their report and looked at books on HIV/AIDS in the call number range RC606.5+ and found that all the books with the call number RC606.6 were published after 2000 and similar to the types of books in RC607.A26. Therefore, it turned out that the library had not stopped acquiring books in this area, but that the Library of Congress had changed the call number/classification cataloging requirements for these types of books.

Identification of Cataloging Issues

As mentioned previously, 23 titles listed on the spreadsheet were missing from the shelves. All were marked to be periodically re-checked so that they could be considered for weeding or marked as lost in the catalog if they could not be located. Some monographs also appeared to be miscataloged. As previously stated, many personal memoirs and social science books were found in the clinical collections that were being considered for this project. They were all retained, and marked for possible re-cataloging or re-classification. There was also at least one title on HIV/AIDS that had no HIV/AIDS-related subject headings in its catalog record. This title was sent to cataloging for updating.

Identification of Trends in HIV/AIDS Materials

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The project also revealed interesting trends in HIV/AIDS monograph publishing not covered by Ondrusek in her article. Notably, books addressing clinical HIV/AIDS issues for very specific populations were abundant in the 1990s (e.g., gay men, drug abusers, African-Americans, women, children, the poor, Haitians). Then, books aimed at those populations diminish significantly after 1999. As the librarians evaluated these books, their decision spreadsheet noted “find something more recent” for these specific populations. After searching review sources such as *Doody’s Review Service*, *The Medical Library Association’s Master Guide to Authoritative Information Resources in the Health Sciences*, *AIDS Book Review Journal*, major medical book distributors, and Brandon/Hill lists, the librarians were not able to find many current clinical HIV/AIDS monographs that addressed these specific populations. After 2000, as the disease became more medically mainstreamed, any mentions or studies of specific populations were relegated to a chapter or section of a more comprehensive clinical book on HIV/AIDS or infectious diseases, and monographs became more difficult to find. An exception to the homogenizing of HIV/AIDS populations is how the disease began to be addressed in developing nations. This would be an important criteria to supplement Ondrusek’s timeline – books addressing clinical HIV/AIDS treatment and needs among developing nation populations from the early 2000s to present are essential to a comprehensive clinical HIV/AIDS collection.

In addition to earlier HIV/AIDS books addressing specific populations, there was also an abundance of works addressing issues of immediacy in the 1980s and 1990s, such as awareness, education, treatment, counseling, and community support/advocacy (e.g., *AIDS and the Education of our Children: A Guide for Parents and Teachers*, 1987). Of importance is the retention of books with content relative to the history of the gay and lesbian community’s demand for drugs to combat the virus, or the collective of social services that emerged

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specifically for this population of patients and their families. Finding up-to-date books on these topics proved challenging because the urgency of these issues has waned. Instead, new HIV/AIDS subtopics have emerged (e.g., drug resistance, genotyping, global human rights). These topics need to be assessed and categorized into date ranges, as Ondrusek did in her paper, so that HIV/AIDS collections can be well managed by academic librarians.

Application of the Timeline to Other Sub-collections

Given that a full third of the clinical HIV/AIDS collection was weeded largely for containing outdated and incorrect information, it is reasonable to assume that Ondrusek's timeline approach could be applied to HIV/AIDS titles in other call number ranges and subject areas such as education, psychology, sociology, law, and history. Still, additional criteria for these subjects should be considered, such as the historical value of the content.

This project also presented an interesting possibility worth consideration. Is it possible to develop a similar timeline approach for other health science trending or emerging topics such as autism spectrum disorders or attention deficit/hyperactivity disorder? This would require a full review of the issues and the clinical themes surrounding them over a long time period. Then, a review of the core texts would need to define the developments in awareness, diagnoses, treatments, policies, and research in these areas. Such an undertaking would require a person or group with a very specific interest or investment in a clinical issue. Ondrusek worked on her HIV/AIDS timeline while a science librarian at Hunter College in New York City; she noted that the "primary goal in writing [her] article was to share with colleagues a collection evaluation process that addresses the special issues [she] encountered in reviewing HIV/AIDS books" and that it was intended as a guide for all librarians – generalists, science, and medical (Ondrusek

2001, 69). Therefore, the opportunity exists for a librarian faced with the task of evaluating works in a clinical sub-collection, and who may also have the inclination and time, to forge a similar timeline tool that could benefit the profession in managing dynamic clinical sub-collections.

CONCLUSION

Although the HIV/AIDS epidemic is waning in the United States, as observed by De Cock, Jaffe and Curran (2011), worldwide there have been “>60 million infections, 30 million deaths, and no end in sight” (2). Using Ondrusek’s timeline approach, combined with traditional weeding techniques, allowed GSUL to achieve an optimal balance between a clinically current and historically relevant clinical sub-collection necessary for informational and academic research. Looking ahead, such a timeline is an appropriate collection management tool for health science collections. The collection was made more robust and the health sciences subject librarians became more knowledgeable and capable in planning for the collection’s future.

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TABLE 1. Sample Criteria Applied from the Ondrusek Timeline Model

Years Covered	Primary Assessment Criteria
1981 - 1984	<ul style="list-style-type: none"> • No mention of HIV being a blood-borne virus • Incorrect transmission theories • Diagnostic tests unavailable
1985 - 1989	<ul style="list-style-type: none"> • Monotherapy as treatment • Exclusively white male subject pools cited in research studies • Little to no data from developing countries • Any education model (all are outdated) • Any laws/information about HIV/AIDS testing, disclosure, confidentiality, and restrictive workplace guidelines (all have been revised)
1990 - 1994	<ul style="list-style-type: none"> • Explanations of the biology of human retroviruses • Details of legal practices and public policies (all have been revised) • Resources such as AIDS Service Organizations (most outdated)
1995 - 1999	<ul style="list-style-type: none"> • No reference to use of viral load tests • No mention of specific new classes of drugs (e.g. protease inhibitors, RTI/NRTI/NNRTI's, or HAART (highly active antiretroviral therapy) aka "drug cocktails")
2000 - 2004 (Post-Ondrusek)	<ul style="list-style-type: none"> • Textbooks, handbooks, reports, etc. superseded by more current editions

TABLE 2. Secondary Criteria Considered for Weeding Project with Spreadsheet Codes

Spreadsheet Codes	Secondary Assessment Criteria
WEED_DATED	Outdated information (e.g., obsolete medical practices, treatments, and labels such as GRID [Gay-related immune deficiency])
WEED_INFO	Incorrect information (e.g., obsolete organizations/service agency referrals, laws, policies, "crank" literature)
WEED_TERM	Terminology (e.g., discriminatory/prejudicial terminology)
WEED_CIRC	Low or zero circulation in the last 10 years
WEED_COND	Condition (e.g., pages missing, significant wear)

