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Training a New Librarian in the What, How, Where, and Why of Health Sciences Collection Management

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Abstract

Collection management for the health sciences, particularly clinical medicine, is an increasingly complex job which, anecdotally, is usually given to experienced librarians. Health sciences libraries tend to delegate collections responsibilities to one librarian who holds all of the institutional collections knowledge. Replacing these people as they retire or move on can be difficult unless new librarians become trained in collections work. At the Michigan State University Libraries, recent search committee experience revealed that an entry-level health sciences collections position attracted fewer applicants than entry-level health sciences positions for instruction, liaison, or educational technology. This may reflect the focus of library school curricula as even applicants for the collections position generally had very little relevant exposure to the subject in library school or internships. Health sciences librarianship in general can involve a lot of on-the-job training, but supervisors hiring new librarians for collections may find themselves starting from scratch. This poster will demonstrate a detailed training program developed to teach a newly graduated librarian how to develop and manage an extensive clinical medicine collection at a large university library serving medical schools. The step-wise approach focuses on learning by doing, moving from the specific to general principles rather than the other way around. Decision making for selection of materials is approached from multiple angles: institutional analysis, subject analysis, and publisher and vendor knowledge. The new librarian will provide insight into which parts of the training were most helpful.

Introduction

Recent trend pieces on health sciences librarianship have focused on new and emerging roles for librarians such as those described in a systematic review of job announcements and the literature (Cooper & Crum, 2013). The review notes that many of the new roles or new twists on old roles involve outward-facing, liaison, or instruction-related activities. Meanwhile, preservation of books and journals tend not to be a focus. Collection development (beyond the idea of preservation) was not addressed as a role specifically, so it is interesting to consider where health sciences collection development librarians fit into these trends. Certainly collecting and preserving physical materials is less and less a concern for health sciences librarians, particularly in light of the recent downsizing of many health sciences libraries (Freiburger, 2010). On the other hand, while "collection development" is a traditional role, it is also a dynamic and very relevant role for today's health sciences libraries. In her chapter, "Collection Development in Health

Sciences Libraries," Holly Phillips describes collection development as the "art of understanding and meeting user information needs through careful assessment of the population served, evaluation and acquisition of resources in a variety of formats to serve those needs, and ongoing maintenance and care of the collection, including deselection" (Phillips, 2014). The chapter goes on to detail how complex collection development is in today's world, how it is encompassing ever newer skill sets, and how central collections remain in the mind of library users and health sciences library missions.

If collection development as a role for health sciences librarians is not represented heavily among new job descriptions or in discussions of the futures of health sciences libraries, yet the jobs of collection development librarians are complex and central to library missions, how are health sciences libraries filling these roles? One can perhaps assume that experienced librarians are assigned these roles, particularly where collection development is centralized in one

librarian's position rather than shared among several subject specialists. It is also likely that more librarians are needed to teach classes, work directly with faculty and students, and do more of the outward-facing jobs than are needed in the collection development role. However, for the future of health sciences libraries, there will be a need to train new librarians in the skills of collection development and management. This training may be more and more the job of supervisors, as it appears that library school curricula are tending to de-emphasize collection development, at least in the health sciences. Perhaps this is in response to fewer job postings for collection development and the above-mentioned trend reports about new and emerging roles. The data is anecdotal, but recent search committees at the Michigan State University (MSU) Libraries found that an entry-level health sciences collections position attracted fewer applicants than entry-level health sciences positions for instruction, liaison, or educational technology. Furthermore, applicants for the collections position had very little relevant exposure to the subject in library school or internships. Health sciences librarians at Michigan State University who received their MLIS degrees within the last 10 years and who represent five different programs in the United States and Canada all report that collection development classes were minimal, optional, or sometimes nonexistent.

Despite these trends, the MSU Libraries decided to hire and train a newly graduated librarian with no professional experience to manage a medical collection which serves two medical schools. The librarian would manage the collection under supervision from a health sciences collections coordinator librarian, but the expectations were that the new librarian would eventually manage the large and complicated collection mostly independently. An extensive training program was needed. The Medical Library Association has published a number of recent books and book chapters covering collection development in health sciences libraries, including the aforementioned chapter by Phillips which covers philosophy, trends and more general issues, and more specific resource-oriented books like

Introduction to Reference Sources in the Health Sciences and The Medical Library Association's Master Guide to Authoritative Information Resources in the Health Sciences (Huber & Swogger, 2014; Thompson, Higa, Carrigan, & Tobia, 2011). *These are all geared towards self-education and as references for collection development librarians. While informative for a new librarian, though, they are not enough to train a beginner.* A search for materials geared for supervisors training new librarians in collection development yielded only two books which address the training of new collection development librarians at length. These were the American Library Association's *Guide for Training Collection Development Librarians and Recruiting, Educating, and Training Librarians for Collection Development* (Fales, 1996; Johnson & Intner, 1994). While dating from the 1990s and not specific to health sciences, both books were relevant and useful as background for building a targeted in-house training program for the new librarian.

Developing the Training Program

The American Library Association's *Guide for Training Collection Development Librarians* begins with some important assumptions about collection development. First, that training new selectors is extremely important because of the cost and importance of collections for the library. Next, that selectors come to the job often with not much subject knowledge. This is especially true for health sciences where it would be extremely rare, for instance, that someone would have deep subject knowledge of clinical medicine. Third, that there are macro and micro aspects of the training needed. Selectors need to be aware of the philosophy of the institution, current trends, the publishing world, research process, and scholarly communication issues. Simultaneously they also need to learn local procedures for purchasing, local policies, the operations of other units in the institution (such as cataloging or acquisitions), and management skills. Training adult professionals also requires some assumptions. The training should be planned sequentially, involve evaluation by trainer and trainee, be flexible, involve short- and long-

range plans, use different teaching methods for different types of information, and involve multiple people. Ideally, the adult trainee will help develop a personal learning program, understand the big picture, and see why they are doing various tasks.

This same guide proposes 14 different training modules that can be used as templates to develop an in-house training program: ethical, legal, and cultural considerations; planning; collection development policies; selection and review processes; approval profiles; budget processes; library department operations; marketing, outreach, and communication with constituents; the selector knowledge base; navigating the electronic environment; collection assessment; deselection; conservation and preservation; and fund-raising and donors. To develop a specific training program for the new librarian for health sciences, ideas were taken from some of these 14 modules. Other thoughts came from Soete (1994), who suggests a training program begin first with a needs assessment of the trainee and proceed to development of training objectives, identification of methods, activities to pursue, development of performance goals and expectations, and finally evaluation of the program.

Developing the in-house training program geared towards teaching a new librarian how to manage a clinical medicine collection began with a needs assessment at the librarian's interview and continued after she was hired. Supervisors can expect a range of possible experience that can be tangentially related to subject expertise. Full understanding of the knowledge gaps can take time as they may not be readily apparent in a new hire's cv. The supervisor spent considerable time talking with the new librarian informally, asking questions, being alert to questions and comments from the new librarian, and synthesizing these into a coherent list of gaps to be addressed in training. Soete warns against overwhelming the trainee with a long list of undifferentiated needs but suggests sorting by urgency.

Because the librarian was new to the profession, there were many knowledge gaps, and the list of areas for training could potentially have been overwhelming. On a macro level they included

learning the subject area along with key textbooks and reference sources; knowing the publishers and platforms for clinical medical materials; knowing the MSU Libraries' current subscriptions and holdings; and understanding the budget. On a micro level, learning the procedures involved would be a lot more straightforward. Of all the knowledge gaps, the following were identified and sorted as most urgent for initial training:

1. Knowing relevant departments and people involved in acquisitions and collection development at the Libraries
2. Knowing which databases, e-book packages, and other resources the libraries already has
3. Understanding how to choose monographs to purchase to support the institution's user groups
4. Understanding how to monitor the monograph fund
5. Understanding procedures for selecting new monographs in electronic or physical format

Monograph selection was chosen as a first step in the training process, because ordering for those needed to begin right away, stakes are lower with one-time purchases, and individual small purchases can help build confidence for larger decisions. Serials renewal often happens more automatically and decisions about new serials could wait. The training program was designed to begin with institutional and subject specifics rather than with general collection development principles. This goes against some of the suggestions from the books on training collection development librarians. General principles, including trends and issues in collection development and the field of clinical medicine, are important to include in a training program and would eventually be addressed with articles and discussions, but, while the librarian was given several articles on collection development to read and found them interesting, they did not help her get started with her day-to-day job. Instead, identifying the University's residency specialties to help learn local needs and medical specialties, core textbooks to purchase using review services,

and learning publishers and platforms for e-books would help the new librarian begin to make decisions.

Module 1 (monographs) of the training process is included in the appendix. A philosophy of the training was that the librarian learn through doing and that very little of the training was hypothetical or merely “for educational purposes.” On the other hand, the steps were deliberate, specific, and prescriptive because the librarian was starting at a basic level. The program began with the librarian learning *what* to purchase (step A) and then later *how* to purchase. Learning what to purchase required the librarian to learn about the subject area and user groups, and that was accomplished first by learning about the residency programs offered at the institution. Residents require more advanced and research materials than are needed by medical students, and the kinds and sizes of residency programs give an indicator of the strengths and focus of the institution. The librarian was next given the collection development policy to help her learn call numbers and existing collection strengths and priorities in order to match against what she had learned about the residency programs. Although all the training books consulted recommend using the collection development policy as a training tool, the new librarian was not able to use the policy as initially envisioned. At a large university with medical school, so many subject areas were collected as the “research” level that nothing stood out as unique. The majority of time spent in the first part of the training was in learning how to use *Doody’s Review Service*, an online service which rates medical books and provides helpful information on core titles, publishers, and online availability for collection development librarians. The librarian was asked to develop title lists for each residency program identified, learn key titles in each field, and begin generating a list of books to purchase if key titles were not already owned. This task accomplished the goals of learning how to use a selection tool, developing more familiarity with important books in various fields, and getting started with choosing materials to purchase.

Step B of module 1 was to help the librarian prepare to purchase monographs by focusing on publishers. Current collecting of monographs in the health sciences, with a focus on electronic materials, can no longer be based solely on whether a book is on an important subject or by a known author. Purchasing e-books involves knowing platforms, packages, and licensing terms, all of which are dependent more on the publisher than on the author or subject. The new librarian was asked to sort potential purchases by publisher and begin dealing with purchases one publisher at a time. As she went through her potential purchases by publisher with the supervisor, she began to learn when she could choose books title by title and when that wasn’t possible. She was able to develop a plan for how to purchase the books she had already identified in step A.

The last step of module 1 was training on the local specifics of purchasing such as how to use vendor platforms, how to work with the acquisitions department, and how to use the budget. While these can be complicated, they were made simpler by all the organizational and planning steps that had already occurred. Budgets can be a complicated area, and the new librarian found that notions of budgets based on personal finances did not always apply.

Module 2 of the training program focused on databases (see appendix). The new librarian was asked to go through each database on the library website that was tagged for the health sciences. She was to determine for each database the kind of content included, the subject areas covered, and the audience for the database. “Databases” included literature indexes as well as full-text e-book and journal packages, so it comprised a significant part of the medical collection. The new librarian was asked to create user-centered summaries of each database that could be used on the library website. While this task doesn’t necessarily appear to be collections-specific, it is important to get a new librarian to learn about the existing collection. Older books on collection development training tell the supervisor to have the new librarian walk the stacks to familiarize

herself with the collection. Today's digital libraries make that impossible or, at least, less helpful as a training exercise.

Assessing the Training Program and Future Directions

From the beginning, the new collection development librarian was given performance goals and was involved in helping to evaluate her training program. For each aspect of the training program, the new librarian wrote down her thoughts about what she had learned. She found that several of the steps fulfilled the goals of helping her to learn about the University's user groups, about the collection, about the types of materials available for purchase, and about

vendors and platforms. While it is tempting to learn the procedures of ordering and get started more quickly, she saw the value in all the preparation work. Sometimes she indicated that training goals could be made clearer. For instance, she found the collection development policy not to be helpful in learning subject areas of focus or call numbers. The collection policy may be useful, but may be easier to understand once the librarian has started to do more purchasing based on other aspects of the training. In other cases, the new librarian was unaware of all the reasons behind a certain task and the competencies that it was meant to develop. This underscores that supervisors will be more successful the more transparent they are about learning objectives and about why tasks are assigned.

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Appendix: Training Program

Module 1: Clinical Medicine Collections—Monographs

A. Subject Areas

1. Learn and list residency areas for the medical colleges and read about colleges on their web sites.
 - a. Look at medicine collection development policy.
 - b. Note any questions/potential areas of collecting depth that do not match what you've learned about the colleges
2. Look up *Doody's Core Titles* for residency subject areas, list a few top titles by star rating for each.
 - a. Compare your list of *Doody's Core Titles* for specialties against the *Library Medical E-Books LibGuide*. Any discrepancies?
 - b. For any titles not on the *LibGuide*, do we have these in the catalog? Electronic or print? Any titles we should buy? Start a "to buy" list.
3. Examine e-book usage stats for McGraw-Hill Access products, Ovid, and ClinicalKey. How do the most highly used books compare in subject area with what you've learned above?
4. Goals:
 - a. Be able to list from memory one or two "name" books for different subject specialties.
 - b. Update collection development policy if needed.
 - c. Have a "to buy" list begun for next fiscal year.

B. Prepare for Purchasing Monographs

1. Arrange "to buy" list from part 1 into publishers. Check for e-book availability in *Doody's*, and make note of availability online. Check spreadsheet on publisher platforms.
 - a. Elsevier: Clinical Key or Elsevier Science Direct.
 - b. McGraw-Hill: Access products, McGraw-Hill eBook Libraries.
 - c. Lippincott Williams & Wilkins: Books@Ovid or Lippincott Health Libraries.
 - d. Cambridge: Cambridge online.
 - e. Wiley: Wiley Online Library.
 - f. Aggregator platforms: ebrary, EBSCO online, R2.
 - g. Societies: American Academy of Pediatrics online, Psychiatry Online (American Psychiatric Association).
 - h. Not available online—buy print.
2. Arrange Rittenhouse slips by publisher. Note which ones are available in online packages:
 - a. Elsevier.
 - b. McGraw-Hill.
 - c. Lippincott Williams & Wilkins.
 - d. Thieme.
 - e. Taylor and Francis.
 - f. Wiley.
 - g. Oxford.
 - h. Cambridge.
 - i. Society publishers (American Academy of Pediatrics, American Psychiatric Association, American Academy of Orthopaedics . . .)

- j. Special: history of medicine, consumer health, medical humanities, sociology, ethics, undergraduate topics, etc.
 - k. Drug guides.
 - l. Board review preparation.
3. Select titles from “special” areas to be purchased as print books (will need input from supervisor for this).

C. Procedures for Purchasing Monographs

1. Review budget online. How much money is available for monograph purchases for the year?
2. Review approval plan for medical books.
3. Review how-to procedures for purchasing printed books:
 - a. Selecting approval books.
 - b. Purchasing a book using Rittenhouse slips.
 - c. Purchasing a book using WorldCat.
 - d. Purchasing books using Rittenhouse carts online.
5. Learn to purchase electronic books
 - a. Purchase books on R2 platform.
 - b. Begin creating spreadsheet of Books@Ovid titles to purchase.

Module 2: Clinical Medicine Collections—Databases

A. Medical Database Collection

1. Go into each database tagged “medicine” and look for answers to the following:
 - a. What kind of content is it: abstracts of scholarly articles, textbooks, videos, images, or some combination of these?
 - b. Is the content inside the database full text (textbooks or journal articles) or is it only abstracts (like PubMed) with links out to full text that resides elsewhere?
 - c. What subject areas are covered by the database (for example: psychiatry only, internal medicine, all areas of medicine, or biomedical research?)
 - d. Based on the answers to #1, who is the audience for this database: researchers, all physicians, medical students, residents, pediatrics residents, premedical students, or the public?