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# What Gives? Evaluating Bound Journals for Transitioning to Electronic and Developing an Electronic Collection Development Policy

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## Abstract:

Preston Medical Library is an academic medical library serving the University of Tennessee Graduate School of Medicine and its non-profit hospital partner University Health Systems (UHS). In 2009 UHS proposed that the library move to a new location in the newly constructed Heart Hospital section of UT Medical Center, where a patient health information center could be co-located. The library plans included purchasing compact shelving to accommodate the bound journal collection. During planning it became apparent that due to the cost of compact shelving and the value of space, it would be necessary to evaluate, and be prepared to discuss, the value of keeping the bound journal since administrators and planners alluded to the assumption that archives of journals were not necessary since "everything is online". For this reason, Preston library faculty decided to study the collection in order to determine the feasibility and desirability of transitioning to electronic. This session will describe a methodology for approaching the analysis of a small academic medical library journal collection, the strategy and findings of this study. The session is intended to open discussion on transitioning to primarily electronic collections, and the impact that this will have on collection development policies. The audience will be engaged to discuss how their libraries have dealt with similar situations, and will learn the criteria used in other studies to make determinations on transitioning the library's bound volume collection where "something's gotta give," and space is at a premium.

## Introduction

The combined forces of technological change and institutional growth have created opportunities and threats for many libraries. As more resources become available online, many institutions are faced with making soul-searching decisions regarding library space. Whether this is a result of proactively assessing space needs for the changing needs of patrons, or in dealing with organizational demands for space that has been dedicated to bound journal stacks, many libraries are reaching a point where they must re-evaluate the use of space.<sup>1-4</sup> At Preston Medical Library, this moment comes with the opportunity to relocate the library to the University of Tennessee's Heart Hospital.

This relocation would result in many changes for the library. Physically, the library would move to a more central location, where greater foot traffic, more demands for service, and increased interaction with patient families is anticipated. The plan for the new library promises an increase from 8,500 to 10,500 square feet. The library's primary patrons at present are medical residents and third

and fourth year medical students. Further, the library is increasingly being used as a resource by nursing staff, in preparation for their bid for MAGNET status. A new Patient Health Library would be added. These changes, while not resulting in a loss of space, would make that space serve an expanded role; the library would be working more with patients and nurses, in addition to maintaining current roles in serving Medical Residents, Students, and Faculty.

It was clear that these changes would place a demand on space. These changes would require a re-examination of collections, and would require policies and plans that took the changing environment into account. The library questioned whether moving and maintaining an archive of bound journals was the best use of space and money. Library statistics for electronic usage, both in website hits and full text downloads, have doubled in the last 4 years. Could the print archive be replaced with electronic access? Given the focus in research on the most current and up-to-date information, how necessary is it to have older materials?

This paper will summarize the library's project to determine the availability of electronic archives and the feasibility of replacing print with electronic. Further, this paper will discuss how the project provided the library with a point of reference to develop an electronic format collection development policy.

### **Setting**

Preston Medical Library occupies two floors in the Graduate School of Medicine building, separate from the main hospital structure. On the main floor is located the reference desk, staff offices, computer labs, conference rooms, and the current journals. On the ground floor are journal and book stacks. The ground floor is comprised of 4000 square feet, 66% of which is dedicated to bound journal stacks.

ARL statistics show the library holding 15,821 bound periodical volumes. The project discovered that this represented 531 individual titles. Eighteen core journals are held for 25 years and current print subscriptions are kept for only 15 years. Print subscriptions number 56 titles, with the majority of subscriptions now being electronic. The floor plan for the new library does not reduce space allocated to the library, but the addition of the Patient Health Library, and an assumed increase in foot traffic, provided the impetus to change how journal storage was managed.

The current plan for dealing with this challenge would be for the library to purchase high density "compact shelving." Recent cost estimates would place the cost for moving the collection at \$8,004.00 and the cost of purchasing and installing the compact shelving at \$138,339.58. Additional considerations and costs for maintaining print are costs involved in receiving and checking in print journals, dusting shelves, reshelving volumes, and binding costs. In comparison, if the library opts for electronic archives, maintenance costs would not be eliminated, but would change; electronic archive maintenance costs would include one-time costs for purchasing archive collections, annual maintenance costs in platform fees for archive collections, and staff time for link checking and following up on access issues.

### **The Project**

It was clear that space would be at a premium in the new library, and that the library's mission would grow. However, library faculty also felt that retaining access to the older content was necessary. Project participants wanted to know if this print collection be transitioned to an electronic archive, and the affect this change have upon collection development.

### **Methodology**

In addition to determining if the print collection could be transitioned to electronic, this study would determine the cost effectiveness of this approach. A standard shelf list report was generated from Aleph, the library's Integrated Library System. This list was filtered to show serials only, and then filtered further to show a single line per title. At this point, the library began developing criteria for those journals that would be transitioned to an electronic archive.

### **Developing Core and Non-Core Lists**

The project developed a core list based on the PubMed Core Clinical and Brandon Hill lists.<sup>5-6</sup> The shelf list was cross referenced with both of these lists, and when a title was found on either list, it was designated core. The lists were then separated into core and non-core lists.

Print and electronic holdings information was compared for these titles, to find titles where print coverage went back further than electronic. The project also gathered information on publisher and collection or publisher package. This allowed the lists to be sorted by publisher, facilitating contacting publishers with a full listing of their titles.

In the interests of developing a clearer picture of what was available, the library decided to gather the same information for non-core material, highlighting those titles where print went back further than current electronic holdings. This supplied the initial criteria for the library to work with.

### **Developing Criteria**

The further the analysis proceeded, the more apparent it became that this project would have major implications for collection development policy; it provided the opportunity to think more deeply

about the collection. Some titles in the print collection resulted from gifts and had never been actively selected, while for others the holdings were limited. For still others, the subscription was no longer current. Purchasing expensive archival packages for a few non-current titles seemed very questionable. The project adopted criteria to pursue electronic archive quotes for titles that were included on the Brandon-Hill or PubMed Core Clinical lists, and/or were current subscriptions, and/or had been held for more than 10 years.

Additional information was added to the report; including invoice prices for current subscriptions, bound volume print use, and electronic archive pricing. The project found electronic archives to be readily available from many larger publishers. This process frequently required contacting individual publishers.

## Results

### **Results: Core**

For those desired titles where archives were available, the cost was \$257,111.85 for archive access to 58 titles. For some titles, the most expedient way to gain electronic archive access to titles was to upgrade the current print subscription to a site license, and maintain the subscription in order to access older material. Other modes of obtaining archives consisted of paying a large one-time fee and annual platform maintenance charges. The library found a few titles on the core list that had ceased in the time that had elapsed from the last subscription. The library identified 14 titles that were included in large publisher archive packages, most frequently from Elsevier. For the core materials, the project was unable to find electronic archives for 27.94% of the titles, or 38 titles out of a total of 146.

### **Results: Non-Core**

The cost, at \$168,169.88 would provide electronic archive coverage for a total of 126 selected titles. In other findings, there were 10 titles that would require a current subscription for archive access, only a few that provided access in DVD or CD format, and 68 titles that were available in large multi-title archive packages from major publishers. Wolters-Kluwer Health offered archive access for

22 titles that could be purchased individually. The resulting list of titles where electronic archives were not available for non-core materials was 19.4%, or 39 out of a total of 385.

## Discussion

Challenges were frequently encountered in gathering the data; including difficulties with the availability of comprehensive archives after a journal changed publishers, and a lack of comprehensiveness for existing electronic archives. There were also many variations in the way archives were handled; in the example of BMJ, all content, from the first issue up to 2008 is archived with PubMed Central. In general, publishers are increasingly realizing the value of electronic archives to their bottom line. Major publishers, including OVID, Elsevier Science Direct, and Wiley Online Library, all have electronic archive collections available for purchase.

For cost comparison purposes, it was useful for the project to develop a number of scenarios based on the five year costs for different choices. The first option was to move, house and maintain the current collection in compact shelving. The second was to purchase electronic archives for the core (while weeding the print copies and keeping the non-core). The final choice was to keep core print while purchasing archives for the non-core print (and weeding the print non-core). The project calculated costs for housing the bound print serial collection including overhead cost per average volume (rent and costs for re-shelving volumes, dusting, etc.).

This project, while calculating costs that would change based on transitioning to electronic, did not take into account certain costs that were not really known. Examples of this would be the costs for platform fees, Interlibrary Loans for weeded print titles not replaced with electronic access, or the cost of staff time for link checking and access troubleshooting.

## Outcomes: The Plan

Health Sciences library users value currency and convenience in accessing materials, as Tenopir and King discovered.<sup>8</sup> However, as a stable archive of past content, print still has value. The project's

conclusion was to pursue one time funding for electronic archives for 126 of the 385 non-core bound print journals. If this one time funding was available, the print archive for these titles would be removed from the collection. The remaining 259 non-core titles not available in electronic archives would be reviewed on a title by title basis for print use and also removed if they are found not to be used. The 146 core journal titles will be kept and moved to the new library and access will be maintained to the electronic versions as the library moves forward in time. It is anticipated that the cost savings for this approach could be as high as \$112,359.95 over the course of five years if the non-core bound print is weeded completely. This approach should also decrease by half the amount of space required for bound volumes in the new location.

#### **Outcomes: Electronic Collection Development Policy**

A major outcome of this project was a renewed impetus for the library to develop an electronic format collection development policy, for guidelines that would be helpful in a changing environment. A recent Charleston Conference program confirmed that other libraries were struggling with this issue; that the growth in availability of and demand for electronic materials, flat or shrinking budgets, and changing patron needs required the development of policies that were flexible.<sup>9</sup> The goals for Preston Medical Library were to develop a policy that was flexible, usable, and interoperable with the current general collection development policy.

The process began with a number of “rules of thumb.” Many of these were licensing requirements, such as requiring access for walk-in users (required at many state-funded institutions), as well as Interlibrary Loan capability.<sup>8</sup> Access preferences, such as IP access (preferred over username/password access) and proxy availability were included, in addition to a definition of Authorized Users that includes all faculty, staff, students, etc. Other issues had been brought to the library’s attention through seminars on licensing, adding concerns for archiving and perpetual access to purchased content as important elements.

The library then began reviewing a number of electronic collection development policies that were available online.<sup>10-19</sup> Evaluating the bound volumes had prompted the library to look more closely at a number of issues that had not been considered up to this point. Transitioning substantial portions of bound print to electronic would make it much more critical to hold on to purchased electronic content, as going forward that would be the only archive. With this in mind, sections on platform stability, image & graphic quality, content (does the electronic version contain everything that is in the print?), printing and downloading capability, timeliness, and vendor reliability were added to the library’s developing policy.

Platform stability referred to a preference for obtaining electronic journals direct from publishers or from third parties when available. Content available from aggregators is “not deemed to be trustworthy...because of volatility in determining whether the online version is consistently the same as the print version.<sup>10</sup>” Another concern is that aggregators can lose rights to content, a situation that should be far less frequent when purchasing direct from the publisher.

One of the major reasons for continuing to subscribe to print is the quality of image content. To replace print with electronic, the “quality of illustrative materials....should be at least the quality of such images in the print edition.<sup>11</sup>” Image quality is especially critical in certain fields of medicine, such as Radiology, where many articles include detailed MRI, CT, and other scans. Without high resolution images to provide context, the text content is greatly diminished in value.

The library reviewed eight electronic format collection development policies that were available in their entirety online. Another policy was included as an appendix to an article on Central Michigan University’s transition from print to electronic, and a final source of criteria was included in Kevin Petsche’s article in *Indiana Libraries*, “Migrating from a Print to Online Periodical Collection.<sup>10</sup>” While not a scientific study, this review provided valuable information on what other libraries were doing in this area. As expected, there were a num-

ber of common themes (see Figure 1). Most included IP access to content, and perpetual access to purchased content, as guidelines for purchase. Archiving policies and Fair Use were also major topics. With increasing pressure on libraries to reduce the space given to print collections,<sup>1-4</sup> publishers' efforts in this area should receive more

scrutiny in the future. Fair use, and the way a publisher treats it in licensing materials, is particularly important when working with electronic material, as it is possible through restrictive licenses to sign away the rights to Fair Use that the library is entitled to.

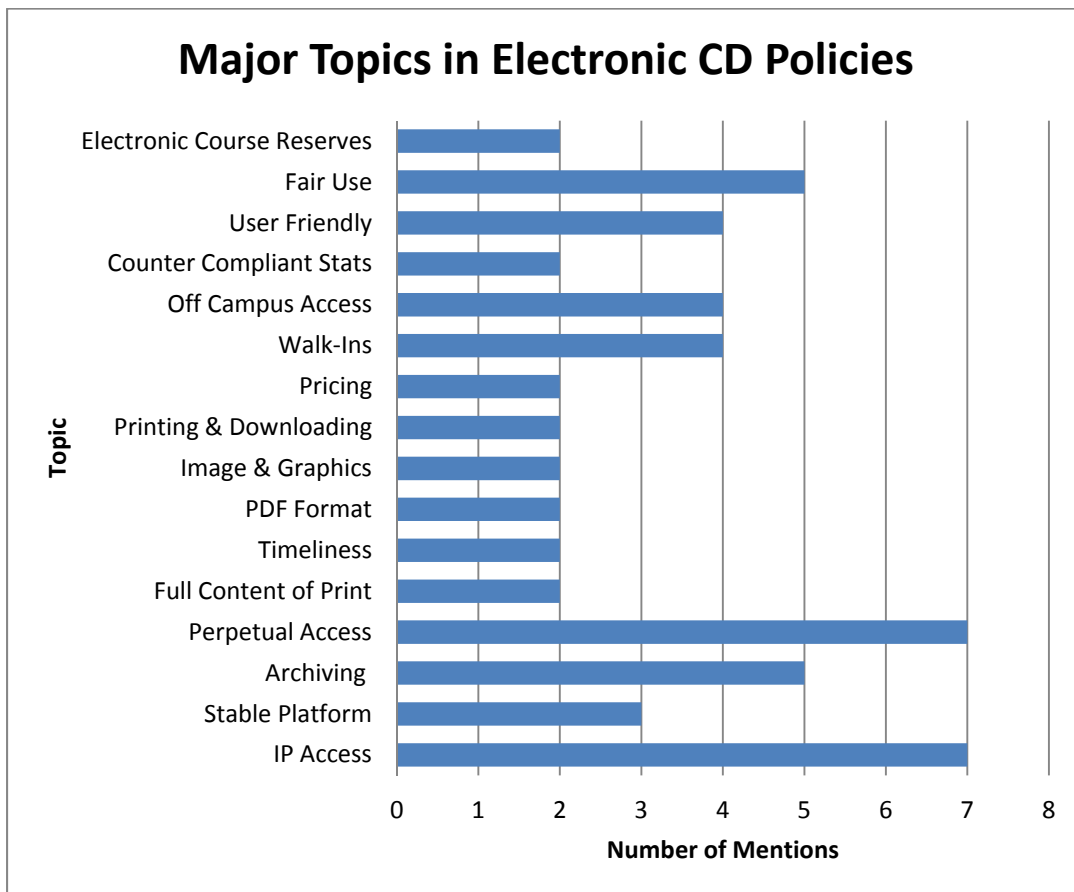


Figure 1: Major Topics in Electronic Collection Development Policies

A number of other major priorities were identified as well. A user-friendly interface was identified in a number of policies as important, as was off campus access, and walk-in access by the public. As some of the policies surveyed were from private institutions, there were fewer mentions of walk-in access than library staff expected. Surprisingly, only four library policies mentioned off campus access. In Preston Medical Library's environment, off campus access has become a major priority. Medical residents are very mobile, working in different hospitals and offices, and many are using the iPad and other tablets for research while on

the go. Having access to materials in PDF format is also important, as this format is generally preferred for Interlibrary Loan. In another surprise, few policies mentioned the availability of COUNTER compliant statistics. As this has become the de facto standard in electronic journal statistics, and statistics are critical in measuring the value of electronic collections, this was unexpected.

The library also addressed electronic course packs in developing the policy for electronic formats. A transition to electronic from a primarily print collection will impact student learning by changing

practices regarding reserves and course packs. Electronic course packs, while mentioned in few policies currently, will be increasingly important as more of the collection becomes only available in electronic format.

Library staff developed a draft policy for electronic collection development, taking into account the lessons learned both in the electronic archive project, as well as those learned in analyzing other institutions' policies. It was challenging to decide what to include in the policy; the library addressed this by prioritizing elements of the policy into required and preferred. In this way, the differences between minimally acceptable access and the library's preferences could be taken into account. Having a written policy helps the library to consistently push for resources that are the best, facilitating decision making. This change has already improved collection development, streamlining the decision process for adding a new journal to the collection. With the electronic archive project being completed, the library could also include information in the policy about standards for pursuing electronic archives, guidelines for transitioning current print subscriptions to electronic, and standards for pursuing electronic databases. While the policy is definitely a work in progress, the library believes it is a major outcome of the electronic archive project.

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