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ATG Interviews Helen Parr

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McGraw-Hill, Executive Editor, Medical Online

by **Ramune K. Kubilius** (Northwestern University, Galter Health Sciences Library) <r-kubilius@northwestern.edu>

ATG: *AccessMedicine — what is it, how long it's been around? What do you feel your niche is in the online textbook (plus more) gateway marketplace?*

HP: The roots of **AccessMedicine** began in 1998 when **McGraw-Hill** offered individual subscriptions to *Harrison's Online*. In 2002 we added additional titles, including *Hurst's the Heart*, developed an institutional sales model, and relaunched the site as **AccessMedicine**. Our core audience is medical students and residents seeking online educational references.

ATG: *What makes this redesign unusual or different from earlier enhancements? Cases, examination review questions, images are available, the PDA capability was already there... Of what features are developers most proud and which features have been the most popular?*

HP: **AccessMedicine** has grown organically over the years, with over 55 titles now available and counting. During that time we have also added a host of special features and functionalities, including the PDA downloads, self-assessment, patient education, and audio and videos. The fundamental intent of the redesign was to improve the discoverability of the existing content and features on **AccessMedicine**. In speaking with our users and authors, we realized that all too often they weren't aware of everything **AccessMedicine** had to offer. We needed to better highlight the breadth as well as the depth of content available on the site.

In thinking about our goal of discoverability, we realized we needed to provide flexibility if we wanted to successfully appeal to our diverse user community. The new features homepage is clearly designed to reach our core audience of medical students and residents. In fact, we have already seen evidence of the impact of the new design as usage of the case files in particular has dramatically increased. However, we also added two additional homepage views — textbooks and advanced search — realizing that not everyone comes to **AccessMedicine** looking to use the content in the same way. The textbook tab offers the complete reference collection for the first time on a single page, potentially appealing to librarians or teaching faculty who want to select the right resource. For busy clinicians or librarians looking for a specific answer to a clinical question, we added the advanced search homepage. Users can select which of these homepages they prefer as their default in their personal profile. All the homepage options include links to updates and information on new content and features. From both a technical and editorial perspective, we are the most proud of the customer-responsive nature of the redesign.

ATG: *Are users involved in the enhancements? That is, does user feedback (or*

subscribing institution feedback) drive the directions of new "bells and whistles"?

HP: We solicit and respond to user feedback on a rolling basis for all our products. For the **AccessMedicine** redesign, we began to lay the groundwork over a year ago, speaking casually with users to solicit their opinion of the previous site design. Once we officially launched the redesign project, we undertook both informal and formal usability studies. Informally, we spoke at length with friends of the house — our authors, users, and advisors — seeking their input. Formally, we worked with a third party vendor to conduct an official usability study that spanned our diverse user groups. A synthesis of all of these conversations and insights are reflected in the final design.

ATG: *How is it decided which new McGraw-Hill publications/titles are incorporated into AccessMedicine, AccessSurgery or the other subject "portals"?*

HP: All of our online subscription products have Advisory Boards. Comprising leading clinicians in their field, these physician boards help to guide our content and feature selections — reviewing titles, proposing functionalities, and keeping us informed of trends in medical education. For those products that are organized around a curriculum, they help us to map content to topics. We also speak with our users, listening to which titles and features they need for their specific specialty.

The **Medical Advisory Board** for **AccessMedicine** consists of:

- **Diane Levine, M.D., F.A.C.P.**, Associate Professor of Medicine, Vice Chair of Medical Education and Clerkship Director, **Wayne State University School of Medicine**
- **W. Anderson Spickard, III, M.D., M.S., F.A.C.P.**, Associate Professor of Biomedical Informatics, Associate Professor of Medicine, **Vanderbilt Medical Center**

- **Mark A. Graber, M.D.**, Clinical Professor of Emergency Medicine and Family Medicine, **University of Iowa Carver College of Medicine**

ATG: *What about the titles that are available in more than one package? How is that decided?*

HP: Based on the specific needs of our users and on the recommendations of our Advisory Boards, we do include select titles on more than one **Access** site. For example, *Goodman & Gilman's The Pharmacological Basis of Therapeutics* is a mainstay on **AccessMedicine**. When we chose to launch **AccessPharmacy**, it was also clearly identified as a critical resource for pharmacy educators and students. In recognition of this kind of overlap, we offer a generous discount to **AccessMedicine** institutional subscribers who add subscriptions to our other medical sites.

ATG: *Besides availability through the gateways/platforms your company develops, some (or many) titles are also available through third party e-book vendor gateways. At one presentation, a spokesperson said that was the case so that the McGraw-Hill brand would be made to as many users as possible, but that the "bells and whistles" and constant updates would still be made available only through your own platforms. Is that the case?*

HP: We do license our titles out to third-party vendors for separate sale. As publishers, we believe in having a variety of distribution channels. However, we strongly believe that the **Access** verticals offer the premium approach to our content. All **Access** sites offer exclusive updates to the core references and special features and functionalities — for example, **USMLEasy Lite** on **AccessMedicine**, the custom curriculum on **AccessSurgery**, the video library on **AccessEmergency Medicine**, and the virtual cases and customizable cases and care plans on **AccessPharmacy**. In addition, all **Access** verticals are built on a powerful semantic platform to create intelligent search results and connections among different types of content.

ATG: *Who comprises the largest customer user base? Institutions (universities)? Individuals? Hospitals? Other? Internationally or predominantly in the English speaking market?*

HP: Our largest customer base is comprised of academic institutions, including universities, medical schools, and teaching hospitals. We have a strong international presence, especially in the Middle East, Asia, and Europe.

ATG: *How would you describe your most popular licensing model? Do institutions mostly sign site licenses? Can individual titles be licensed?*

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HP: We offer flexible licensing models. The concurrent user model is very popular, though many institutions do prefer the unlimited site license. Individual titles may also be licensed at both the individual and institutional levels, however, with fewer special features and functionalities.

ATG: *What might be some features to look forward to in future enhancements? What are some industry trends you hope to follow or consider? Or perhaps you want to set some new industry standards?*

HP: The value and importance of providing educational and high-quality online multimedia resources has been thoroughly impressed upon us as we have launched the specialty Websites. Online users want to not only read what the best minds in the field think on a topic, but they also want to be able to view a Grand Rounds from a renowned lecturer at a different institution, watch a surgical video while listening to a detailed explanation of the operational approach, or view an animation demonstrating how to conduct a key physical examination. Technical enhancements to these resources will be made to make our multimedia even more practical and usable and engaging. Going forward we intend to increase the media on **AccessMedicine** and apply these lessons learned. 🌸

Editor's Note: Thank you, **Helen**, for your answers. Good Luck with the latest redesign and have fun planning future enhancements. — **RKK**

Rumors from page 10

haven't read this article yet, check it out. **Bell** and **John Shank** have come up with a "re-designed" librarianship. Is blended librarianship a model for proactive librarians? home.learntimes.net/library?go=1845668

My bosom swelled with pride (à la **Gilbert and Sullivan's HMS Pinafore**) when the alert **Joyce Ogburn** sent me the URL to this write up about the **AAUP (American Association of University Presses)** recent meeting in Montreal. ("Digital Daze" by **Scott McLemee**). Reportedly the **Charleston Conference** and **ATG** were mentioned repeatedly in **AAUP** meetings, panels, and less formal discussions. **ATG** was hailed as a "must-read for anyone in academic publishing who wants a glimpse of how their colleagues across campus are discussing the new information tools." But then, you knew that already, didn't you? www.insidehighered.com/views/2008/07/02/mclemee

And more praise for the **Charleston Conference** courtesy of the alert **Dr. Elaine Yontz** <eyontz@valdosta.edu>. It's a paper on an **MLIS** student's attendance at the **Charleston**

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against the grain people profile

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BORN AND LIVED: Born in Blacksburg, VA; currently live in Barrington, RI.

PROFESSIONAL CAREER: Did my undergraduate and graduate work at **Virginia Tech**; started my career as a developer at **Virginia Tech**, then worked for **VTLS**, **Faxon**, **Blackwells**, **SCT/SunGuard**, and **JSTOR** for the past nine years.

FAMILY: Married to **Jill** for past 20 years; 4 children (**Wesley-16**, **Miller-13**, **Sloane-9**, **Cary-6**).

PET PEEVES/WHAT MAKES ME MAD: People who take themselves too seriously; bad pizza; Rhode Island government.

PHILOSOPHY: Be happy where you are, but not content.

MOST MEANINGFUL CAREER ACHIEVEMENT: Working at **JSTOR**.

SPARE TIME: Golf and Virginia Tech sports.

FAVORITE BOOKS: *For One More Day*.

GOAL I HOPE TO ACHIEVE FIVE YEARS FROM NOW: Run an organization that is doing something important and meaningful.

HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS: See my "Shift Happens" presentation from 2007 **Charleston Conference**. 🌸

Remembering 1968 ... from page 1

accomplishments that we — as a community — can point to and say "good job." Most of the major publishers (commercial, university presses, and societies) have adopted a long-term preservation strategy for their e-journal content and a few are getting out ahead of the issue with eBooks. "At-risk" content is getting some focus, as are open-access journals. Third-party preservation initiatives have moved from infancy to early adolescence, and important lessons have been learned and shared with the community. Preservation choices have emerged for libraries and publishers: commercial vs. not-for-profit; 3rd-party vs. national vs. local solutions; migration strategies vs. emulation strategies, etc., etc. And, for the first time, academic libraries in particular are beginning to see that there is a sustainable migration path from print to electronic.

But the work is not yet done. Preservation and archiving is a community-wide problem that requires contributions from across the community, lest we endure a tragedy of the commons. There are still too many free riders relying on the work and contributions of the few; too many libraries allowing a small number of their colleagues to carry the "preservation freight" on behalf of the entire library community; too many institutions talking about the importance of the long-term preservation of born-digital content, but still too few willing to ante up and support the still-nascent initiatives that are attempting to address — collectively — this

preservation challenge. It is a classic manifestation of the "commons dilemma" that **Hardin** described in his influential 1968 article.

There is no doubt that this remains fairly new and complex territory. While there has been good progress, we are not yet near the point of having the robust, comprehensive, and multi-layered solution we need to have in place to confidently make the complete transition to electronic access, with all of its benefits. And, the long-term preservation of electronic journals is not, and cannot be regarded as, just a "large research library problem." It is a community problem that requires broad support across the spectrum of libraries — higher education in particular. Every survey that I have seen on the topic — including the **Ithaka/Portico** survey outlined in this issue — leave no doubt that librarians philosophically believe that the long-term preservation of these assets is incredibly important. However, as they say, the road to hell is paved with good intentions. So, as **Elvis** sings in his 1968 classic, "a little less conversation, a little more action please."

Whoduva thunk that **Garrett Hardin** and **Elvis Presley** had so much in common? 🌸

Endnotes

1. **Garrett Hardin**, "The Tragedy of the Commons," *Science, New Series*, Vol. 162, No. 3859 (Dec. 13, 1968), pp. 1243-1248. <http://www.jstor.org/stable/1724745>
2. Association of Research Libraries Website: http://www.arl.org/bm~doc/ejournalpreservation_final.pdf.