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People Profile: Stephanie Kerns

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The mobile marketplace is designed for the individual purchaser, and most companies treat these downloads in the same way, even if the library is purchasing it for the end user. There are two models for libraries to purchase mobile downloads at this time. One is an add-on to a Web product that the library has already purchased, where the end user downloads the app to their mobile device. The other is where the library specifically purchases the mobile products for the end user. The add-on model is acceptable provided what you want on your handheld is part of the library's Web collections. It is not acceptable if you simply want the mobile product and the publisher is trying to make you buy something you don't want to get something you do. Nor is it acceptable if you don't want the mobile product and the publisher charges you for it anyway.

The preferred model is the one where we purchase individual titles in mobile format, treating those titles just as we would any other title. This gives us greater control over our collections, allowing us to respond to user needs, and permitting us to control costs as much as possible. These titles are just like any others, and it's best if publishers treat them as such. As with any collection, we want to be able to control what we offer to our users, respond to what they ask for, what is required in the curriculum or in our particular clinical specialty treatment areas, and respond to our particular technology environment.

The other key issue when it comes to purchasing by libraries is to have site licensing available. Most of these apps are marketed to individuals and are available for purchase individually. Very few companies who do sell to libraries change their business model to adjust for our needs to control costs and to easily manage user subscribers by providing site licensing. At the **Galter Library** we can only consider titles we can purchase in this way because we cannot maintain individual user logins that would be required without IP authentication. For budget purposes we cannot consider titles that are priced by individual download. With that model, we cannot control for costs since we don't know how many people will choose to download an individual title. Because this is not how any other electronic title is priced, it doesn't make sense to do it for a mobile title simply because of the platform. The technology is available to allow for IP authentication and site-licensed pricing, so more publishers should allow libraries to do this with their purchases.

Another issue involving these titles is accessibility. Some publishers put the content of the

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BORN AND LIVED: Originally from Indiana, I've lived in Washington, DC, California, and Illinois.

PROFESSIONAL CAREER AND ACTIVITIES: I've been in medical and science libraries my whole career, primarily as in reference and teaching roles.

HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS: In five years I think the industry will continue moving more toward electronic content with the silos for format not mattering as much as it does now. I think the market will adjust to the technology needs of our users, and there will be more alignment within our environment. Mobility will become more the norm in healthcare, and libraries will respond to that need with the appropriate collections. 🐾

app on the device itself, which means the user can access the content no matter where they are. This is appealing because many hospitals have restrictions on their wireless networks, and 3G networks are often inaccessible. The downside of this is that the content can take up a lot of memory, limiting how many apps a user can potentially download. And if they are putting this on a smartphone with other objects like audio and video competing for that memory, it may not be the optimal situation. Therefore, some publishers keep the information content in the cloud. The app is installed on the device, but to access the information, the user must have an active wireless or cellular connection. This can be good in that it allows for more apps to be installed on one device, but as pointed out above, many hospitals restrict access to their wireless networks.

Deciding on the best way to support these titles is also an important consideration for any library. Most universities have departments to provide technical support, but when providing these kinds of titles, you should be prepared to answer specific questions about the kinds of mobile operating systems your users may have. We have found that the generic questions like those about connecting to the university wireless network can easily be passed on to the technical support department. But we answer the questions specific to downloading the software we purchased and how that is done. This requires

that that at least some reference staff be familiar with some of the more popular mobile operating systems. This has not been a problem since we all use smartphones in our own lives, and learning how to use the mobile software we purchased was just like learning how to use any other resource we buy for our users.

Conclusion

Constant changes with mobile technology are allowing our library to become more relevant to our users' lives by bringing resources to where they need them — at the bedside and in the classroom. Reform in medical education will hopefully make the needed funding available for this and other library collections as well. If more publishers are willing to work with the mobile platform, and make that content available on a site-licensed basis, we would be better able to support our users with the resources they need in the format they want. 🐾

Endnotes

1. **Cooke, Molly Irby David M., and Bridget C. O'Brien.** *Educating Physicians: A Call for Reform of Medical School and Residency*. 1st ed. The Preparation for the Professions Series; the Jossey-Bass Higher and Adult Education Series; Variation: Preparation for the Professions Series.; Jossey-Bass Higher and Adult Education Series. San Francisco, CA: Jossey-Bass, 2010.
2. **Flexner, Abraham.** *Medical Education in the United States and Canada Bulletin Number Four (the Flexner Report)*. Boston: Merrymount Press, 1910. <http://www.carnegiefoundation.org/publications/medical-education-united-states-and-canada-bulletin-number-four-flexner-report-0>.
3. **Netter, Frank H.** *Atlas of Human Anatomy*. 1 vols. 5th ed. Philadelphia, PA: Saunders/Elsevier, 2010.

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corporate purposes including the reduction of debt levels in line with the company's stated objectives and investments in the business." <http://www.bookbusinessmag.com/photo/springer-logo>

Hope y'all will read the interview with **Springer's Thijs Willems, Wouter van der Velde, Jennifer Kemp** in this issue, p.47. As we all know, **ProQuest** has reorganized into six business units focused on specific customer needs. There are a lot of people we know in leadership positions. One of my all-time favorites
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