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Where to Start? Opening Day Collections and Services for a Newly Founded Medical School

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roles and that it will be apparent to whomever they collaborate with that they can provide valuable and needed support for the research enterprise. 🌱

Endnotes

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Fact Box: More about the Homer Stryker M.D. School of Medicine

Target enrollment is 50 medical students in the inaugural class, increasing to a class size of about 80.

First class begins: August 2014.

The building, widely known as Building 267, was once part of the **Upjohn, Pharmacia, and Pfizer** downtown campuses. It was donated to **Western Michigan University** by Mattawan, Michigan-based **MPI Research** in December 2011 for use by the new medical school.

In June 2012, it was announced that the site had been named the **W.E. Upjohn** Campus, in honor of the founder of the **Upjohn Co.** and the great-grandfather of **MPI's** chairman and CEO, **William U. Parfet**.

The school received over 3,570 applications to fill 50 spots in its first class. 🌱

Where to Start? Opening Day Collections and Services for a Newly Founded Medical School

by **Elizabeth R. Lorbeer** (Library Director & Associate Professor, Western Michigan University Homer Stryker M.D. School of Medicine) <Elizabeth.Lorbeer@med.wmich.edu>

What if you were given the opportunity to build a new health sciences library from scratch? Where would you begin?

I arrived at the end of May 2013 to **Western Michigan University Homer Stryker M.D. School of Medicine (WMed)** in Kalamazoo to begin work on assembling the new virtual health sciences library for the new medical school. Because the medical school building on the **W.E. Upjohn** campus will not be completed until July 2014, the new faculty and staff are dispersed throughout the city, in two separate hospitals, a residence hall and the **WMed Clinics**. The library staff, which consists of the library director and a newly hired medical librarian, reside in the Pediatrics Department.

The new medical school is a collaboration involving **Western Michigan University (WMU)** and Kalamazoo's two teaching hospitals, **Borgess Health** and **Bronson Healthcare**. It is a private nonprofit corporation supported by private gifts, clinical revenue, research activity, future tuition from students, and endowment income. This unique setup required the new medical library to be built from the ground up, and seeks out resource sharing options with its partner libraries when possible to support its startup. Unlike other developing health sciences libraries, where there was an existing academic or hospital library to build upon, the **WMed** library is a wholly separate entity from the academic campus with its own IP ranges, systems, and staff.

Prior to the development of the new medical school, what was in existence was the **Kalamazoo Center for Medical Studies**, loosely affiliated with **Michigan State University (MSU)** and now known as **WMU School of Medicine Clinics**. It had a thriving residency program in which the clinical instructors and residents had adjunct faculty status at **MSU's College of Human Medicine** or **College of Osteopathic Medicine**. This meant clinical faculty had

access to library resources remotely, but there was no coordinated library outreach to the Clinics unless the user asked for help. With the arrival of the biomedical sciences instructors and new clinical faculty hires in the summer of 2013, besides myself, none of us had access to a health sciences library collection. New faculty hires were not considered for adjunct appointment to **MSU** nor were any of us **WMU** faculty, so this meant quickly assembling an online library collection before fall 2013. It was a humbling experience to find myself the library director of nothing. No Website, systems, content, or staff to manage. A month after my arrival, I went to the Michigan academic health sciences librarians meeting where all the library directors provided an update on their library's activities. Mine was pretty quick as all I could do was introduce myself and point to myself as literally being the library. I was a practicing librarian without a collection, but in these early days I was able to rely upon **PubMed** and **Google Scholar** to complete expert literature searches and retrieve articles through Open Access repositories.

Prior to my arrival to Kalamazoo, I came with a startup plan. My action list included meeting with department chairs, associate and assistant deans, department heads, and greeting new hires each week. I sought out membership to every committee that would accept me which included having input regarding the curriculum, instructional technology, clinical research, inter professional education, and training to interview future students as part of the Multiple Mini-Interview for medical school admission. Most importantly, I made it my mission to market my existence, my skills, and instill confidence in the faculty and administration that I would have a fully functional library ready before the inaugural class started in the fall of 2014.

My professional training and past experiences managing collections prepared me well, and by early August 2013, I was able to quickly launch a virtual medical library using **Serials Solutions 360 Core**. I harvested Open Access collections and tapped the **Michigan eLibrary (MeL)** to start with an opening day collection of over 10,000 unique titles. Nothing to boast about yet, as this collection did not fully meet most health professionals' needs, but it gave me a chance to customize the **PubMed** interface and **Google Scholar** search engine with identifiable holdings. Through partnerships with the libraries at **Borgess Health, Bronson Healthcare, and WMU**, we began to identify content of

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From Campaign Finance Reform and Presidential Elections

To the Immigrant Experience in the Fiction of Junot Díaz

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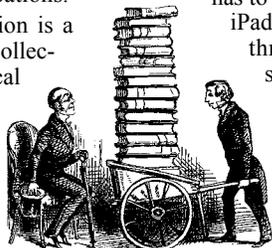
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shared interest and when feasible, partnered in resource sharing agreements. Mainly, this consisted of aggregated full-text content or publisher packages. Last, a Get It Now article delivery account was set up to access content not assessable through aggregators or the Open Access repositories. As of January 2014, the library has 69,000 unique titles with an unmediated article demand service. The library's interlibrary loan system is still under development, but DOCLINE service began in January 2014. I still spend most of my time sorting out configuration issues with the new EZ Proxy software, testing access on multiple devices, browsers, and operating systems, and calling product development teams requesting enhancements for mobile applications.

The electronic book collection is a decent size, for a core medical collection, with over 1,500 core medical titles and access to 14,000 academic titles. I decided early on not to install an integrated library system, as I found the **Serials Solutions A to Z** list easily located textbooks by keyword searching. Since all the electronic books purchased are treated as titles in a database, it is easy to maintain holdings within the **Serials Solutions** system.



Plans are in progress to pilot a patron-driven system with the hospital libraries to gain access to more book content.

For years, I have dreamt of building an entirely virtual collection free of a legacy print collection and the traditional academic ideal of what a library ought to be. I have always felt constricted by the maintenance of physical objects and space, and prefer the fluidity of electronic information and being able to move about my community to provide information services. At our medical school, medical education has been transformed from traditional lecture-based learning and students are now part of team-based learning communities. We teach students how to access and sift through volumes of biomedical information quickly using tablets and smart phones. **WMed** adopted the **Apple iPad** to distribute content for the new medical curriculum. Everything we do has to be accessible and usable from the iPad. Class textbooks are purchased through **Inkling.Com**, besides instructors creating their own **Apple iBooks** to replace traditional class lecture notes.

Many of my colleagues ask if there is a physical space for a library at the new school building. The answer is yes, with an adjoining information common, but no physical space for print material. The library space is fluid in which the students pass through as they move back and

forth between the main lecture hall and their learning communities. This is prime real estate in the new school building and a gift from the Dean who strongly supports library services.

Through this entire experience of building a new library, I took advantage of several opportunities that arose. First, I happened to be tapped to help with the student admissions process. Each month I have the opportunity to meet candidates on interview day, to introduce myself and talk about the new virtual library. It has been a tremendous opportunity to discuss my ideas and get feedback from the candidates besides writing a monthly column in the admissions newsletter on the library's progress. I feel that I am creating a connection with the incoming students even before they arrive and I know this plays a role in ensuring the library's fledging success. My office is conveniently located in the Clinics, and I am often tapped to provide brief updates on library development at journal clubs, morning reports, grand rounds, and noontime meetings. I contribute content to the School's social media outlets, internal and external newsletters, and recently asked to create a learning module about the library which all employees are required to complete each year. I am trying my hand at lecturing at an upcoming grand round on research literacy. In a survey taken at our last strategic retreat, development of the medical library ranked at the top. I jump at every possible opportunity to embed myself

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in the new school going beyond the traditional boundaries of a librarian as I am committed to the success of the new school.

Right now, the library is focused on building virtual reference services utilizing Web conferencing tools, SpringShare online chat widget and individual consultations in the Clinic, student learning communities, and future laboratory and simulation spaces. The **WMed** librarians, with their hospital librarian partners, frequently make house calls to clinical faculty and support staff to address individual information needs. It is common for the librarians to provide services at multiple locations, equipped with tablets and laptops to quickly support the needs of users. There are no traditional reference hours or desk; the librarians are available on demand during clinic hours both in person and virtually.

My library's motto is "Climb to the top." My five-year-old daughter came up with this phrase one summer evening as I was working on the library's marketing plan. She drew a picture of a tree with several happy stick figures dancing around the words she inscribed. Every day I look at her picture and it inspires me to build the very best library for my users that I know how. 🌳

against the grain people profile

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Elizabeth R. Lorbeer

BORN AND LIVED: Born in Buffalo, NY; lived in Boston, Chicago, Birmingham, and now Kalamazoo.

PROFESSIONAL CAREER AND ACTIVITIES: I am the primary liaison between the library and academic departments, residency and fellowship programs, clinics, leadership, administrative units, and student body at the school, and pivotal in expanding the library's role in supporting successful outcomes in medical education, patient care, and biomedical research. I ensure seamless integration of information resources by translating the needs of the **WMed** community and designing innovative services to connect library users to content and the expertise of the **WMed** librarians.

FAMILY: Husband, 2 kids, 2 dogs & 1 canary

IN MY SPARE TIME: Having fun with my family and writing a book.

FAVORITE BOOKS: *LMNO Peas* by Keith Baker.

PET PEEVES: Printer jams.

PHILOSOPHY: Love everyone.

MOST MEMORABLE CAREER ACHIEVEMENT: Building a library from scratch.

HOW/WHERE DO I SEE THE INDUSTRY IN FIVE YEARS: Per-article-purchases replacing subscriptions and big deals. 🌳



Disruptive Technology: Librarians Must Think Heretical Thoughts to Adapt

by **Michelle A. Kraft** (Senior Medical Librarian, Cleveland Clinic Alumni Library) <kraftm@ccf.org>

The sun is setting and it is getting a little difficult to see as darkness falls. Without even thinking I walk over and flip a light switch and I am able to see everything to continue working. Light has become so commonplace I don't even realize how much we rely upon it until it is gone. Power outage, camping, or a quick late-night trip to the bathroom, make me realize how this common item has become integral to our society. Yet this wasn't always the case. Before the common light bulb, people were only able to see in the dark using candles, lanterns, and gas lamps. None of those items produced much light nor were they easy to turn on with the flick of a switch. The light bulb made it possible for people to work after sunset, travel a little safer in the dark, and it eventually led to the invention of the electric power plant. Disruptive technologies change the very way society functions, altering the way people do things, their perceptions, and expectations. The light bulb was a disruptive technology. It has changed society's perceptions so drastically that light at night is considered a common expectation.

Just like the printing press allowed books to be mass produced and allowed for scientists to easily share their knowledge through scholarly journals, the Internet and personal computers

further democratized knowledge and information far beyond books, journals, and other printed material. Tutorials, speeches, images, animation, etc. are all available online. Professionals were no longer necessary for publishing and mass distributing information; the average person could publish and distribute anything online for the masses. The personal computer provided the ability to access information on a much wider scale than the printing press but it was not mobile. While the laptop provided a bit of mobility, people didn't have it constantly on and next to them as they moved about the day. The smart phone and the tablet changed that.

Our library patrons not only have the ability to access information on the Internet but now truly they can, and do, do it any time and any place. The smart phone has changed the way people communicate, eat, work, play, and find information. Text and data usage continue to grow while talk minutes continue to shrink.¹ People now comparison shop for items on their phones while they stand in the aisles of stores. Maps and printed directions are replaced by smart phones, speaking directions to drivers. Since most people carry their smart phone with them at all times, the ability to get information is easy and always possible.

What it Means for Libraries and Librarians

We as librarians need to re-think the way we have been providing resources and services. Our patrons are more mobile and connected. Simply having a Web presence is not enough. We need to look at how our patrons access and use information and we need to provide it in those ways. Five years ago, electronic books and electronic journals were easily accessible to people via their desktop or laptop computers. Now, the preferred methods of access have changed. People want to download electronic books to their mobile devices and they want to highlight and take notes in those electronic books. *Apple Insider* reports a survey by Black Book, that fifty-one percent of "office-based physicians said they use a mobile device to perform independent medical reference and Internet research."² In a *ComputerWorld* article on the iPad Mini, one doctor describes his iPad as "full of medical apps for ultrasound regional anesthesia, anesthesiology textbooks, and medical calculators."³ **Boruff and Storie** surveyed medical trainees, graduate students, and faculty members on the use of smartphones and tablets to answer clinical questions and

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