The NN/LM Site Visit

In the last issue of Plains to Peaks Post, I wrote about the NN/LM site visit team coming to town and encouraged your input in the process by completing a questionnaire or attending a public session. The site visit on November 19, 2008 is now a memory, a good memory, for the NN/LM MidContinental staff. We worked hard to provide the team members with an understanding of what we do in the region and our impact. We had a lot of help preparing for the day (see the side bar) and there was considerable input from people in the region either in response to the questionnaire or interacting with the site visit team over the Access Grid. Our appreciation goes out to all of you who contributed to the success of the day!

The day was made more exciting because we were initiating the use of the Access Grid with all of the Resource Libraries in the region participating in a real event! The Resource Library Director's session and the public session, where the site visit team could interact directly with individuals at the Resource Libraries, were held over the Access Grid.

Regional Input

With the questionnaire and the public session there was a representative sample of the constituency providing information to the site visit team. As might be expected, Network members made up the majority of respondents. There were 54 attendees at the public session and 66 indiviuals offering feedback on the questionnaire.

Education and Training
More comments fell within this category than in any other. A lot of people in the region complimented the RML on the workshops that liaisons and our consultants have offered in the region. They liked that we incorporate online technology in order to make our training available to everyone in the region. They find that our training keeps them up to date on the use of NLM resources and the use of new

---

Thank You to everyone who helped make the site visit sucessful:

Creighton University:
Jim Bothmer, Director
Jeanne Burke,
    Education Coordinator
Diana Boone, Librarian

University of Colorado:
Jerry Perry, Director
Melissa DeSantis, Deputy Director
Jeff Kuntzman, Head,
    Information Technology
Thinh Le, Systems Administrator

University of Kansas:
Karen Cole, Director

University of Missouri:
Deb Ward, Director
Billi Heater, Administrative Assistant
Michael Spears,
    Systems Support Analyst
Philip Neff, Systems Support Analyst

University of Nebraska:
Nancy Woelfl, Director
Teri Hartman, Head, Education
Tom Genischen, Head, Systems

University of Utah:
Susan Roberts,
    Technology Associate
Jimmy Miklavcic,
    Computer Professional

University of Wyoming:
Maggie Farrell, Director
Lori Philips, Associate Dean
Jamie Kearly, Head, Reference &
    Instruction Services
Jun Li, Programmer Analyst

Washington University:
Paul Schoening, Director
Ellen Dubinsky, Librarian

In This Issue

NN/LM
MidContinental Region

technologies. "Offer more web-based courses," training to use the Entrez databases, and training for the expert instead of the beginning searchers of NLM's resources were suggestions we received.

Award Funds

Members appreciate the availability of funding and commented that, large or small, awards are important to them. They do prefer that more time be allotted to write the proposal and that the process be made as simple as possible. There were a number of comments requesting more funds for outreach projects and digital projects.

Distributed Model

Comments from all indicate that the region continues to prefer a decentralized program over a centralized program. We received many comments via the questionnaire and the public session that "having a resource nearby and a face to put with the name is extremely important."

Resource Libraries Directors session of the NLM Site Visit using Acess Grid Technology

NLM Resources

All the resources and services provided by the National Library of Medicine are appreciated in the region. PubMed, DOCLINE, and MedlinePlus were mentioned by just about all questionnaire participants.

Site Visit Team Report - Strengths

Personnel

The team recognized the greatest strength of the RML is its "dedicated, committed, and talented staff." They included the support of University of Utah's Health Sciences administration in this area.

Distributed model

As did the constituency in the region, the team recognized the role that the Resource Libraries and the liaisons play in enhancing the efforts to reach librarians and health care organizations in the states.

Innovative use of technology

The site visit team acknowledged how the RML has used technology to foster communication with the region and to offer training. They applauded the inclusion of Resource Libraries in this use of technologies.

Evaluation plan

The team members credited the RML with having a clear plan to assess the program's effectiveness. They thought that the methodologies used were "impressive."

Advocacy Efforts

The advocacy efforts of the RML were graded as "excellent." They especially noted the value of libraries research effort being lead by the J. Otto Lottes Health Sciences Library at the University of Missouri-Columbia.

Site Visit Report - Recommendations

Involve physicians in the library advocacy program

The site visit team recommended two ways that the program can do this. We could add a physician to the Regional Advisory Board. We could also employ physicians who are users of our Resource Libraries and who interact with physicians of community hospitals to promote the value of hospital libraries among their peers and to hospital administration.

Examine services to meet diverse needs

With the downward trend in membership, the team recommended that we consider the implications to our resources and services. In 2006, at the beginning of the contract, the MidContinental region had 198 Full members and 231 Affiliate members. In 2008, the number dropped to 170 Full members and 144 Affiliate members.

Members and others who make up the constituency in the region present diverse needs for RML resources and services. The team recommended that we examine our priorities in meeting these needs.

Where there is no health sciences library, the RML recourse is to work with the public library to improve staff skills to provide access to health information for health care providers in the community. If there is a scarcity of public library members in rural areas how do we support health information access in those areas where there may not be a health sciences library? The team recommended that we increase the number of public library members.

Clarify availability of RML funding

The team suggested that the RML clarify the sustainability of funding from year to year. They thought that this would enable members to better plan whether they would apply for funding and result in more proposals.

Provide simple documentation for interpreting Activity Reporting System data

The site visit team thought that the outcome logic model and the Activity Reporting System, used to gather data on the work that staff does, seemed to be a useful system to evaluate the work of the NN/LM MCR. However, they found the data reported during

MCR Regional Licensing Consortium

As of December 31, 2008, the MCR Regional Licensing Consortium no longer provides NN/LM MCR Network members with licensing services. The primary reason for this is that the Consortium lost its negotiating and billing services with BCR (Bibliographic Center for Research) due to inadequate financial compensation for BCR and lack of sufficient numbers of MCR Network members purchasing through BCR. Under this agreement, the NN/LM MCR paid an annual fee of $1,500 to license six products per year, plus a $50 administrative fee for each Network member that purchased access to online biomedical resources through BCR. It should be noted that these fees were determined by BCR when the agreement was created. BCR was uncomfortable signing contracts for resources for whom they were not the legal agent.

Regrettably, BCR said the current fee schedule was inadequate and in order to provide contracts for members for six licenses per year would require that MCR pay $15,000 annually, plus the maintenance fees. MCR did not feel this ten-fold increase was affordable and both parties agreed to terminate their relationship. A heart felt thanks goes out to the Consortium Advisory Group and all the hard work they invested in running this service.

If you have licensed a product through the Consortium, such as ACP PIER, BCR has assured NN/LM MCR that they will continue to provide services to those individual institutions. If you have any questions, you may contact BCR (800-397-1552, www.bcr.org) or John Bramble.

-John Bramble, Utah/Network Membership Liaison

Whooo Says:

Dear Whooo,

Things seem to be going from bad to worse. Ever since the Joint Commission removed the language requiring medical libraries in hospitals, libraries are being downsized and eliminated from hospitals. Google and online resources seem to even make things worse. It doesn't seem to matter what we do, how hard we work, or how our users feel about our services. Now, with the economy crashing around us, I'm afraid that we will all be eliminated any minute. I just feel powerless!

Anxious in the Midwest

Dear Anxious,

I'm glad you thought to write to me! First, please sit down, take a deep breath and try to relax for a minute. Things are a bit unsettled lately and we all need to try and keep our focus on what we can do, rather than things that are out of our control.

I think we can learn some lessons from the recent upheaval with the EPA libraries. I'm sure you remember that the budget for the EPA library system was slashed in 2006. By that fall, the Headquarters Library; the Office of Prevention, Pesticides, and Toxic Substances (OPPTS) Chemical Library; and libraries in regions 5, 6, and 7 were closed. By the end of 2006 and in early 2007, scientists and librarians became active and turned to Congress and the press to investigate what had happened and why.

What many don't realize is that the EPA had been struggling with effectively managing its library system since 2003. Budgets had

been decreasing and that trend was likely to continue even though demand for library services was high. The agency issued a request for quote (RFQ) to analyze the business process used in the library system including documenting the return on investment (ROI) and cost/benefit analysis of various library activities. Drivers for this RFQ were cost and emerging technology. It took until August 2005 to form a Regional Library Network Workgroup Initiative to study the situation and formulate recommendations looking at developing a new model of providing library services.

In 2007, the Congressional Research Service released "Restructuring EPA's Libraries: Background and Issues for Congress" and a 90 day moratorium on library closures and digitization of EPA library materials was issued. In the FY 2008 Interior Appropriations bill, the Senate Appropriations Committee restored $2 million to the EPA budget directing the reopening of the closed and consolidated libraries. Because this was only funding for one year, the EPA had to determine how to spend this money as well as how to sustain the libraries beyond 2008.

So, what went wrong, and how does this apply to health science libraries?

1. Outreach efforts were woefully insufficient. The EPA has been reluctant to consult with either the scientific or library communities during this process. This outreach insufficiency applied to both internal populations as well as external, so administrators were unaware of the impact of library services.

2. Communication on the development of new models of library services was poor. Information on the remodeling process should have been posted in communication vehicles used by librarians and scientists. (This has significantly improved over the past year.)

Improving Your Community's Access to Health Information

Would you like to improve your community's access to quality consumer health information? Are partnerships in your community an important outreach tool for your library? The National Network of Libraries of Medicine, MidContinental Region (NN/LM MCR) wants to be your partner in helping your customers make informed decisions regarding their health.

Your state liaison is just a phone call (1-800-338-7657) or email away (See page 8 for a staff directory). They can provide free training for your staff on authoritative NLM databases; support collaborations with community-based organizations through funding opportunities; assist with resource sharing and document delivery; and provide tools for promoting and advocating for YOUR library.

Our training sessions on NLM's free consumer health databases such as MedlinePlus, Genetics Home Reference, NIH Senior Health, ClinicalTrials, and Household Products Database will help you stay current in health information access and provide you with resources to share with your community.

Take advantage of a great opportunity to have an indepth experience learning about NLM resources by attending upcoming "Spotlight! On National Library of Medicine Resources" sessions. All you need to attend is a computer with Internet access and a phone. The sessions are free and no registration is required! (See page 5 for more information and an schedule of upcoming sessions.)

Our web site provides regional and local health resources (*http://nnlm.gov/mcr/resources/*) for helping your customers locate health information.

Do you have a great project for consumer health information outreach, but aren't sure if it's fundable? We can help by reviewing your project or grant proposal. We can also help you locate current funding available in the region, and sign you up to receive a daily digest of regional and national grant and scholarship announcements (*http://nnlm.gov/mcr/bhic/*). There are many health-related local and state organizations for project collaboration (*http://www.mcmla.org/otherorg.html*)--sharing resources and ideas can lead to successful outreach.

As a Network member, your institution is eligible for funding health information access and other projects; access to free training on NLM databases; opportunities to partner with health sciences libraries or health-related organizations; promotional items; and more. Visit (*http://nnlm.gov/mcr/services/index.html*) for more information.

-Dana Abbey, Colorado/Consumer Health Liaison

Evolution of a "Simple" Marketing Project

Susan Centner
Project Director
MAHEC Digital Library
scentner@rollanet.org

It all began back in the fall of 2007 with the MCR sponsored CE class "Marketing as if Your Library Depended On It" taught by Pat Wagner.

After an introductory class we were tasked to design a marketing project and implement it prior to the second class so that we could share our findings with others. One of the major problems for the MAHEC Digital Library (MDL) is awareness of who we are, how to locate us, and exactly what we provide to our users.

After reflection, we decided the best approach would be to go ask our users, who are health care providers affiliated with the Missouri AHEC at a variety of health care organizations, at least one of the following questions:

- Are you aware of the MDL?
- Are you aware of the resources in the MDL?
- If so - do you use MDL resources in support of clinical care?
- If not - where do you get your clinical care questions answered?
- Has information from the MDL ever influenced patient care?

The marketing project was carried out over four days as part of two road trips across west central Missouri and garnered some useful results. While it wasn't our first attempt to gather information from our users it was pivotal in the way we think about structuring questions to find out about our users needs. It began an ongoing conversation between staff which continues to this day.

Beginning to tease apart the concepts, Debby Bowers MD, MLIS provided some important insights . "Physicians and nurses have a large interest in patient education information, but I don't think that someone would think of that in answering a question about "support of clinical care" - Maybe wording like "How do you think the information in this Library might help you to take care of your patients?" would imply more things. Also this question doesn't get at a really big interest of clinicians, CME. Access to CME helps people keep their licenses, board certifications, and provide patient care, but I don't think that people would think about these things, when answering the question." Debby's insights helped us to realize that we need to ask our questions from the viewpoint of our users. If we phrase our questions in ways that address their major concerns AND give us the insight we need for our programming, we will be much more likely to gather worthwhile information.

Boo-Hoo and Hooray!

One of the things about a challenging economy is that it forces us to become more inventive about the resources we have. Many of you have may be experiencing a reduction in your budget, or a limitation on travel and/or educational opportunities. That's the **"Boo-Hoo"** part.

We in the NN/LM MidContinental Region don't want this to be a barrier to furthering your professionalism. In addition, we've heard back from you that you wanted more in-depth information and practice for many of the databases that the National Library of Medicine makes freely available to anyone!

Our answer to these challenges is: **"Spotlight! On National Library of Medicine Resources"** That's the **"Hooray"** part. You now have the ability to attend any or all of the upcoming web conferences scheduled for the next several months, roughly targeted for the fourth Wednesday of each month, 1:00-2:00 MT, 2:00-3:00 CT.

In each of these sessions, liaisons from the NN/LM MidContinental Region will present and guide you through hands-on activities.

Participants will need access to a phone and a computer on which they will be able to see the presentation and complete exercises for the class.

All classes will be conducted using Adobe Acrobat Connect (formerly Macromedia Breeze). To test whether you can view the session, try playing back our first archived session, "Update on PubMed," presented by Rebecca Brown which you can find at: *http://nnlm.gov/mcr/services/updates/spotlightresources.html*. If you have problems contact Sharon Dennis, Technology Coordinator, to help troubleshoot your system.

No registration is required for these classes. All you need to do is login at: *http://webmeeting.nih.gov/mcr/*. Enter as a guest. Sign in with your first and last names. Follow the instructions in the meeting room to have the Adobe Acrobat Connect system call you on your telephone.

We hope to see you at the Spotlight!

-Marty Magee, Nebraska/Education Liaison
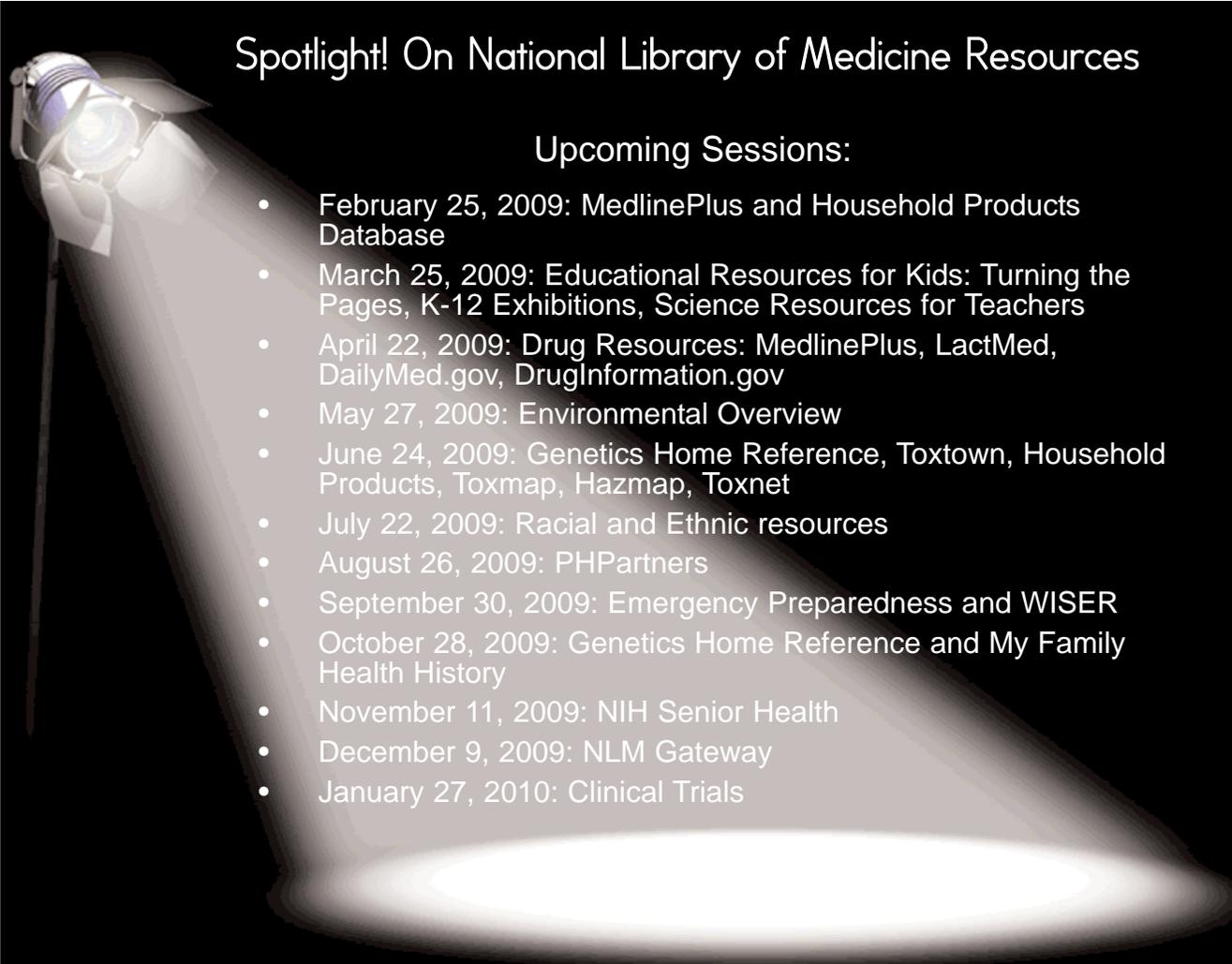
Spotlight! On National Library of Medicine Resources

Upcoming Sessions:

- February 25, 2009: MedlinePlus and Household Products Database
- March 25, 2009: Educational Resources for Kids: Turning the Pages, K-12 Exhibitions, Science Resources for Teachers
- April 22, 2009: Drug Resources: MedlinePlus, LactMed, DailyMed.gov, DrugInformation.gov
- May 27, 2009: Environmental Overview
- June 24, 2009: Genetics Home Reference, Toxtown, Household Products, Toxmap, Hazmap, Toxnet
- July 22, 2009: Racial and Ethnic resources
- August 26, 2009: PHPartners
- September 30, 2009: Emergency Preparedness and WISER
- October 28, 2009: Genetics Home Reference and My Family Health History
- November 11, 2009: NIH Senior Health
- December 9, 2009: NLM Gateway
- January 27, 2010: Clinical Trials

Collegial Reference Continuity Services: a critical professional service

It's been a little more than a year since the NN/LM MCR began the Reference Continuity Service Network (RCSN) and I want to give a brief update on the Network members who've become partners. I also want to share what I learned from other Network members who are involved in providing a comparable service to members of their state consortia. I asked how their shared reference services have been working from their perspective, specifically as a drain on their time. I also wanted to hear how their administrators view this reciprocal reference service, specifically if it was viewed a possible cost saving replacement for a fulltime librarian. Both of these issues were major concerns of librarians in the Region when the project was initially announced.

Medical librarians Jerry Carlson, Poudre Valley Hospital (Colorado), and Michlene Mankin, Campbell County Memorial Hospital (Wyoming), became partners as a result of the RCSN. Michlene has covered for Jerry twice, but both times no one from Jerry's hospital called for services. Michlene said that even though she knew someone might call with an urgent question from Jerry's hospital she never felt it was burden. She emphatically said "no" when I asked her if she even cringed when Jerry called up to say he needed her to cover for her while he went on vacation. I then spoke with Jerry and he explained the reason he thought no one from his hospital needed Michlene's help was because of his well trained volunteers, who have been able to respond to reference questions while he was away. Jerry said that he felt reassured that if there was an occasion where his volunteers weren't able to answer a question, "Michlene had his back." When I asked what their administrators thought about their partnership, Michlene said that the V.P. over her department said it was a great idea and said he felt reassured the hospital was taken care of if she would *ever* take vacation. Jerry's supervisor was a little less passionate about their partnership and said "great" when Jerry reported this service was available to the hospital while he was away.

After hearing these positive things from Michlene and Jerry, I wanted make sure it wasn't just a fluke, so I looked into the reciprocal reference services of another group of librarians in the MCR, the Health Sciences Library Network of Kansas City (HSLNKC). As a benefit of membership, HSLNKC members may request back-up reference services from any of the other members when needed. My conversation with Sandy Decker, Missouri Baptist Medical Center, was very similar to Michlene's in that she hasn't used the service, but is reassured knowing that it is there. The last person I spoke with was Dick Kammer, Olathe Medical Center, who occasionally participates in reciprocal reference service through HSLNKC. He said that when he has covered for one of his colleagues he never felt over burdened, but felt glad that he was able to contribute. He talked about how he felt this service is critical. He spoke highly of the librarians who have covered his library while he was away and how much he trusts them. Over the 30 some years

of doing this, he has never received any complaints from his hospital and said, because his system is so seamless, most staff requesting reference services don't even realize that the help is coming from a hospital library around the corner.

So, it isn't an issue of librarian being over-burdened by providing reference services for each other, at least from the few librarians I spoke with, and hospital supervisors and administrators like the idea that their librarians are making sure that hospital staff's reference needs are being taken care of a professional manner.

For more information about this project, go to: *http://nnlm.gov/mcr/rsdd/continuity.*

If you'd like help in establishing a partnership, please contact me, I'd really like to help.

-John Bramble, Utah/Network Membership Liaison

Newsletter Changes Coming!

Beginning with the July 2009 issue
the
NN/LM MidContinental Region
Newsletter
will only be published electronically.

Paper versions will no longer be mailed.
The electronic newsletters are available at:
http://nnlm.gov/mcr/services/comm/newsletter.html

Email notices of new editions are sent to the
mcmla-l listserv.
Make sure you stay informed!
Sign up for the mcmla-l at:
http://www.mcmla.org/member/maillist.html

3. Questions raised in the March 13, 2008 Senate hearing were:

   a. There has been sufficient time to re-engineer the library network and demonstrate its effectiveness. Why has this not happened?

   b. Why has promised digitization not occurred? (Most of the material promised to be digitized cannot be digitized because of copyright infringements.)

   c. Staff scientists have problems with the interlibrary loan process particularly the time from request to delivery.

What could the EPA have done to avoid this situation, and what can we as health science librarians do to protect our libraries?

1. **Outreach:** Outreach is an essential element of library service. Outreach includes communicating with stakeholders and users on a regular basis, using means and formats that they commonly use. Communicating with users includes such activities as promoting current services, updating users on new services and proposed changes, surveying users on successes of current services or programs, and desired services or programs.

2. **Measurement:** Measure the outcomes of your services, not just the usage. Make sure your administrators and financial staff know the impact of your services and what will happen if your library is reduced or closed. Health science librarians have tools for this measure-

ment in the MLA Benchmarking data and in the Library Valuation Calculators located at (*http://nnlm.gov/mcr/evaluation_calculator*). Also, the Measuring Your Impact class is a good way to learn about measuring outcomes.

3. **Change:** Recognize that change is inevitable and can be a very good thing. Prepare for change and manage it carefully. Keep your users well informed, and seek their input when considering and planning for change.

I hope you are feeling a bit more in control, Anxious. While change is guaranteed, we can be proactive in how we manage our services. We can communicate often and regularly about what we do and why it is important. We can change the way we collect statistics and measure things that are understood and valued by our administrators. We do have ways to manage our universe.

Thank you again for your question, Anxious. For other readers, if you have library advocacy questions for Whooo, please send them to Barb Jones at jonesbarb@health.missouri.edu. She will be glad to forward your questions on to me.

Sincerely,

Whooo

---

the site visit to be complicated and confusing. They would like the RML to provide simple documentation that others can use to interpret the reports produced from the Activity Reporting System data.

Site Visit Report - Summary

"Overall the team believes this is a very innovative RML staff that has created and developed new information resources that benefit health researchers, practitioners, educators, and the general public. They have successfully targeted public health schools and departments, worked well with many public librarians, and developed significant ways to promote library services for the benefit of the public health. The decentralized system clearly has worked well integrating nicely the library resources in the region."

The complete report is available at: *http://nnlm.gov/mcr/evaluation/docs/MCR_Site_Visit_Report.pdf*

-Claire Hamasu, Associate Director

Debby's analysis also pushed us to consider more in-depth questions. She continued "I don't just want to know where else healthcare providers get their information, but also why they like these other sources of information (unless this is totally obvious - curbside consultations will always be a part of medical care). I also like to know, if there are comparable information sources within the Library, why these aren't considered. The answers to these questions are very useful to me, especially if they show me that there are barriers to access that can be easily addressed."

These conversations have greatly influenced the content of the questions we ask our users. When developing new questions or working with a new audience, we consider what information we need, how our audience will interpret our questions, and how to incorporate their priorities into the body of the questions. Our questions evolve as we regularly meet with new users. They provide important insight into their everyday information needs and we continually change the way we interact with them based on information gathered from past encounters.

University of Utah
National Network of Libraries of Medicine MidContinental Region

Spencer S. Eccles Health Sciences Library
10 North 1900 East, Building 589
Salt Lake City, Utah 84112-5890

NN/LM MidContinental Region Staff

For your state liaison	800-338-7657	
Jean Shipman Director	801-587-3412	jean.shipman@utah.edu
Claire Hamasu Associate Director	801-587-3412	chamasu@rml4.utah.edu
Sharon Dennis Technology Coordinator	801-587-3518	sdennis@lib.med.utah.edu
John Bramble Utah/Network Membership Liaison	801-587-5743	jbramble@lib.med.utah.edu
Suzanne Sawyer Project Coordinator	801-587-3487	ssawyer@rml4.utah.edu
Dana Abbey Colorado/Consumer Health Liaison	301-724-2110	dana.abbey@ucdenver.edu
Rebecca Brown Kansas/Technology Liaison	913-588-7307	rbrown3@kumc.edu
Barbara Jones Missouri/Library Advocacy Liaison	573-884-5042	jonesbarb@health.missouri.edu
Betsy Kelly Assessment and Evaluation Liaison	314-362-2783	kellyb@msnotes.wustl.edu
Siobhan Champ-Blackwell Community Outreach Liaison	402-280-4156	siobhan@creighton.edu
Marty Magee Nebraska/Education Liaison	402-559-7076	mmagee@unmc.edu
Jim Honour Wyoming Liaison	307-766-6537	jhonour@uwyo.edu

NN/LM