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THE LIBRARY IN A NEW SCHOOL OF MEDICINE

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"Perhaps no department is more vital to the educational and research programme of the medical school than its library. Indeed, if a medical school were to be appraised by a single criteria, the library might well serve."

American Medical Association, Council on Medical Education and Hospitals (1940) Medical education in the United States, 1934-1939, Chicago

INTRODUCTION

It is pleasing and encouraging to find an item dealing with the library under the general heading of "planning the establishment of a new school of medicine". Encouraging, because there has always been a tendency to take libraries for granted. Like the lecture room furniture they always seem to

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have been with us, and like the lecture room furniture they have tended to be neglected. Even in the United States of America, where today medical library services are the most highly organized and the most sophisticated, there have been cries of alarm. In 1910, in his classic and influential report to the Carnegie Foundation for the Advancement of Teaching, which set the pattern of medical education in the United States for the subsequent six decades, Abraham Flexner stated bluntly "... but in general no funds are set aside for the purchase of books. The school grind is merrily independent of medical literature."[1] That was sixty years ago, but as recently as October 1962, the Deputy Director of the (US) National Library of Medicine in a paper presented at the 73rd annual meeting of the Association of American Medical Colleges drew the attention of medical educators to the plight of medical school libraries;[2] while in 1965 in a US Congress hearing on the Medical Library Assistance Act, the late Senator J. E. Fogarty said "A large scale national effort has to be made now to rehabilitate medical school libraries. It is clear to all that no temporary solution is possible, and no single agency can do the job." Even in the USA, then, the most library-conscious and most information-conscious community, there is no room for complacency.

Elsewhere in the world, in Europe, in highly developed countries, there are good, bad and indifferent medical school libraries. There are medical schools in which departmentalism has run riot, in which the library is virtually non-existent, consisting of a collection of out-of-date textbooks and odd back numbers of obscure periodicals, while each department or clinic collects and houses its own literature, indifferent to duplication, overlapping, wasted effort and lack of accessibility. But nowhere in the developed countries

can it be said there is an absolute lack of medical literature. If the library of a medical school is poor, it may well be because the support of the medical profession has gone to the libraries of medical societies and professional associations. One of the reasons for the comparatively modest size and importance of the libraries of medical schools in London could well be the exsitence of such excellent medical libraries as those of the Royal Society of Medicine, the Royal College of Surgeons, and the British Medical Association. It could be argued in fact that the question of the ownership or sponsorship of the library is relatively unimportant provided that faculty and students alike have access to adequate library facilities.

In developing countries, however, the situation is different. Professional associations or medical societies are often small, of recent establishment and seldom have a library tradition. It is therefore essential not only for the immediate use of teaching staff and students but for the continuing education of physicians and surgeons that the library of the medical school be encouraged and fostered.

In this short paper I have tried to draw attention to a few of the problems that beset medical school libraries in developing countries. For those medical educators who have the responsibility of planning a new or reorganizing an old medical school and library, I would draw attention to two outstanding reports, both American, which contain a wealth of facts based upon extensive experience:

> Guidelines for medical school libraries. Prepared by a Joint Committee of the Association of American Medical Colleges and the Medical Library Association. Journal of Medical Education, 1965, Volume 40, Number 1, Part 1.

The health sciences library: its role in education for the health professions. Report of the Library Study Committee of the Association of American Medical Colleges to the National Library of Medicine. Journal of Medical Education, 1967, Volume 42, Number 8, Part 2.

Planning the library

It is impossible to overestimate the importance of a comprehensive plan for the library from the earliest stages. It must be developed as part of the total academic planning and not as a subsequent after-thought. Medical educators, administrators and librarians must unite to plan to make the medical school library a responsible, integrated and powerful force in medical education, medical research and patient care. But the nature of the plan must depend upon the answers to a number of fundamental questions. What is the library supposed to do, now and in the future? And how is it supposed to do it? Who are the potential users? And how many are there likely to be? Not all these questions are easy to answer, but there is a more difficult one to follow - how is medicine going to be taught, now and in the future? It must not be overlooked that trends in medical education change, and sometimes rapidly. In the teaching process emphasis may vary from the textbook to the journal article and methods from the epidiascope to the modern audio-visual device. "Medical schools" said a recent editorial in the Journal of the American Medical Association "are being built to train students for the practice of medicine, and the physical plant should reflect the educational goals of the particular schools."[3] Changes in teaching practices and media and in the curriculum must be reflected too: "the library of the community hospital may well become the focal point for storage of self-instructional materials and the location for devices to display them."[4]

You are planning, therefore, not for the past or even the present, but for the future, and flexibility must be the keyword. There is not and cannot be an ideal library, but one in which emphasis is placed on internal flexibility and adaptibility will probably be the nearest.

Space, location, seating requirements, volume capacity requirements, growth estimations, staff requirements, all these are essential factors that have to be taken into account and cannot be left to chance or the architect. If expert advice is not available locally, then consideration should certainly be given to the possibility of engaging a consultant, a solution that may well result in a saving of time and money. Selection of the consultant is important - a medical librarian should be chosen who is experienced in administration and who has planned successfully a library of a similar kind, size and function.

Probably the most frequent mistake made in planning libraries is that the space allotted is insufficient. In few libraries does the accommodation last the period of time for which it was intended, and many are in difficulties even before they reach half-way mark. Fortunately, in attempting to assess space needs, some important guidelines are available from experience in the USA. In 1964 the US Public Health Service prepared, in co-operation with a number of medical and hospital bodies, a report outlining the role and responsibilities of the medical school complex, presenting planning considerations and space needs and giving cost estimates and engineering requirements. This report includes short sections on the library, in which detailed figures are given of space requirements for a medical school library of 100 000 volumes and 1 600 current periodicals

for schools with entering classes of 64 and 96 students. These figures are based upon the assumptions that medical library collections tend to double about every 20 years, that a student reader requires 2.5 square metres of space and that areas for student readers should accommodate between one-quarter and one-half of the total enrolment of the medical school and of students from other faculties who are likely to require access to the collection.[5] Other authorities estimate that between 4 and 5 per cent of the total sciences and hospital area, or 11 square metres per potential reader should be allowed.[6]

Once total space requirements have been assessed, the next stage is the location of the library within the framework of the school. A central location is desirable but not always feasible, A quiet one is essential. In general, the library should be so situated that as many as possible of the potential users pass and repass its doors many times each day. Proximity to the cafeteria and dining rooms may be very useful,for the pangs of physical, if not intellectual hunger may attract students to the vicinity. This principle has been followed (perhaps unintentionally !) in the plans for the new medical faculty building for the University of Geneva where the library is to be situated next to the cafeteria.

Central medical library organization

Departmental libraries constitute a problem common to medical school libraries throughout the world for, except for the small minority with ample funds, they tend to exhaust the vitality of the main library and inhibit medical library development. In one London medical school 30 departmental libraries have been reported, and in another 29, but in developing countries because of the shortage of medical literature the effects of departmentalism may be little short of disastrous.

To begin with, departmental libraries are "looked after" in odd moments by secretaries or laboratory technicians; their supervision is inadequate, if not non-existent. Loans are not recorded, so books and particularly unbound numbers of periodicals disappear. The recording of current periodicals is usually irregular, and missing numbers may not be claimed until issues are out of print. Books and periodicals are often purchased without consultation with other departments or the main library, and as a result expensive reference books and periodicals may be unnecessarily duplicated. Above all, there is the difficulty of access - easy accessibility for departmental staff has been achieved at the cost of inaccessibility for the rest.

It is therefore now generally recognized that a central library, with adequate space for expansion, adequately staffed and financed, is the most economic and efficient method of providing a library service, when the needs of the institution as a whole are considered. Unnecessary overlapping and duplication are avoided, and limited funds are thus economically exploited. In an institution, such as a medical school, where all departments including the central library are in one building, the departmental library, i.e. a collection of books, journals and other library materials separately maintained and controlled, cannot be justified. The duplication necessary, the extra staff required are too costly.

A clear distinction must, however, be made between departmental "collections" and departmental "libraries" and guidelines should be laid down to prevent the former from growing into the latter. There is a class of materials, ready reference tools, "bench" or "desk" books and very specialized monographs,immediate access to which is essential for the staff

of a department engaged in research and teaching. Such materials should undoubtedly be kept in departments, but nevertheless they should be ordered through and processed by the central library, even if they are purchased from departmental funds, and should be accessible to all interested readers at all times.

Open access

Irrespective of the size and contents of the library, the greatest barrier to its continued and frequent use remains the lack of open access to the collection as well as unnecessary complications in the lending process. One of the main purposes of a medical library is to encourage undergraduates and graduates, as an integral part of their medical education, to read fully the literature relating to their case studies or to any subject in which they are particularly interested. Independent study, encouragement of the student in data collection and problem solving are impossible under a system in which access to the shelves is banned.

The establishment of adequate, even strict controls is not difficult, provided that the library area is well planned and limited to one entrance and one exit. All brief-cases, etc., should be left at the entrance, while controls at the exit may be as informal as a manned desk which the library user must pass upon leaving, or as formal as a guard posted to ensure that library property is not removed unless it has been regularly recorded. It must be recognized, however, that such controls can function only as a deterrent. They cannot stop the serious, determined thief. With open access, some losses are inevitable, but the compensation is the use of the library.

Losses and Inventories

In many libraries in developing countries, one of the strongest opponents of open access is frequently the librarian himself - for a very good reason. In libraries receiving funds from governmental sources, inventories of the collection are made by governmental inspectors at regular intervals, and the person in charge of the library is held personally responsible for the safe custody of the books and is expected to make good any losses, usually by deduction from his salary. This financial liability of the librarian for losses has one very obvious, and at the same time most unfortunate, result - it transforms him into a rigid custodian determined at all costs to maintain his stock intact and unharmed. Or as an American librarian in Afghanistan has expressed it: "the book being more important than its user has to be protected from people, treasured and stored, but can neither be used nor discarded."[7]

In fact, the practice of holding librarians financially responsible for loss and damage to books constitutes a grave injustice, hinders recruitment to the profession and of necessity prevents the full use of the literature available, Librarians should obviously take scrupulous care to ensure the safety of the books and periodicals, and reading rooms and library exits must be properly supervised. Losses as well as other breaches of library rules should be reported to the library committee, but, provided proper safeguards are maintained, they should be considered as normal "wear and tear", accepted as an indication that the library is used and above all not charged to the librarian.

Staffing

I have left to the last the question of the role and status of the librarian, as this seems to me in many ways to be the most important aspect of all. Faced with the conflicting demands of students and faculty and haunted with the knowledge that any losses of or damage to books and periodicals will have to be made good from his own pocket, even the most enthusiastic and idealistic of librarians is forced sooner or later into the position of a rigid book guardian. Inevitably, his position and status become that of a custodian of books rather than a factor in the educational process. Thus, a vicious circle is created in which the custodial character of the work results in a low clerical status and pay, while the low status and pay attract to the post the caretaker and book-minder rather than persons with enthusiasm, energy and initiative.

Modern medical library services today require fully trained professional librarians, that is, holding minimum qualifications of a university degree, together with a full course of graduate training in librarianship. No biomedical scientist or clinical specialist can hope to keep in touch with the literature on his subject without access to a reasonably adequate library. The effective use of published biomedical information therefore tends to depend very largely on the existence of an active network of medical libraries with adequate trained librarians and satisfactory arrangements for inter-library loans, photocopying and bibliographical information.

The new developments in library and documentation techniques, such as modern methods of reprography and computer-based systems for information retrieval, have at the same time facilitated the task and aggravated the

difficulties of medical libraries in developing countries. Facilitated the task, because the ease, speed and relative cheapness of modern photocopying methods and the availability of microforms open up the possibility for developing countries to operate efficiently with small peripheral libraries possessing only a limited collection of core journals, obtaining photocopies of articles in other journals from a central library; because the existence of computer-equipped centres from which demand bibliographies may be obtained increase the services offered by the small library to a degree not before contemplated. Agravated the difficulties, because the successful use of these new developments depends essentially on the highly trained, experienced professional medical librarian.

In an attempt to improve the professional capabilities of medical librarians, WHO organized a series of training courses in medical librarianship designed primarily for on-the-job librarians who had little or no formal library education. The first such course was held in the summer of 1964 at the American University of Beirut, the students attending first the six-week University summer course in library science, followed by a special four-week course in medical librarianship for which WHO provided the lecturers. Similar arrangements were made in 1965, but in 1966 a different approach was tried: a six-week intensive course based upon the WHO Library in Geneva. The mornings were devoted to lectures and the afternoons to practical work, during which the students participated under the supervision of WHO librarians in the daily activities of the WHO Library. The close link between theoretical and practical work established by this method was, I am convinced, extremely beneficial and provided a formula that could well be tried again. In all, 32 medical librarians from 8 countries attended the three courses. Consideration might well be

given to sponsoring similar courses in the future on an inter-regional basis. Where there is a cadre of trained library staff, advanced courses may be needed for instruction in the latest reprographic developments and in the sophisticated techniques used in computer-based systems for information retrieval.

Finally, as in all institutions, the abilities of the person in charge are of primary importance. To have a good library, a medical school must have a good librarian. In introducing the Guidelines for medical school libraries[8] at the 75th annual meeting of the Association of American Medical Colleges in October 1964, Dr. E. Brodman said:

> " If the Committee came to no other unanimous conclusion, it did decide that the single most important criterion of excellence in a medical school library was the caliber of the library staff. Given excellence in the chief librarian and his assistants, most other desirable ends followed, because in general a good staff obtained financial support for the library, as good quarters as outside school conditions permitted, and the acknowledgment of individual intellectual stature, making for understanding, equal consultation, and mutual appreciation. Good staffs got these things or left. Medical librarians today are in short supply. If they feel their usefulness is being hampered by poor financial and intellectual conditions in one institution, they tend to go to another one."[9]

while the section of the Guidelines dealing with staff opened with the paragraph:

> " The people who make up the staff are the most important ingredient in a successful medical library. Lack of a staff adequate in training

and in number creates cumulative deficiencies in the organization and management of a library which are frequently difficult to remedy. Great care must be exercised in choosing staff members who are adequately prepared and suited to the position, and in providing means for them to extend their competence through further training and through participation in professional activities."[10]

REFERENCES

1. Flexner, A. Medical Education in the United States and Canada, New York, p. 82

2. Adams, S. (1963) J. Med. Educ., 38, 20-27

3. 1970, 213, 1026-1027

4. Ibid.

5. US Public Health Service (1964) Medical Education Facilities, Washington, (Public Health Service Publication No. 1180-A-1b) pp. 21-22, 34-36

6. Alderson, F. (1970) In: Medical Library Association. Handbook of medical library practice. 3rd edit. Chicago, chapter 10

7. White, N. (1968) In: Academic librarianship in the international milieu, Manhattan, Kan.

8. See page 3

9. J. Med. Educ. 1965, 40, 2

10. J. Med. Educ. 1965, 40, 2