

## Standards for Health Sciences Libraries

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DEVELOPING STANDARDS FOR health sciences libraries is difficult because of the variety of libraries providing services to individuals in a health care setting. These include academic, hospital and special libraries (e.g., pharmaceutical companies). Even within these categories, one can see a great deal of variation. For example, an academic health sciences library may serve one or two programs in the allied health field, a medical school, or a health sciences center serving a multitude of academic programs. Among hospital libraries there is a great deal of difference between the large teaching hospital with extensive responsibilities for graduate medical education and the hospital responsible for health care delivery in a rural community.

Service standards are defined as a level of excellence or adequacy in the performance of library service, and will be the scope of this paper. They may be identified as standards, guidelines, norms, requirements, principles, and/or lists. Service standards may be qualitative (e.g., the informational, educational and research-related needs shall be met) or quantitative (e.g.,  $x$  number of seats per number of enrolled students). Traditionally, standards were quantitative and looked at the budget, staff, collection size, and physical facilities. The current trend is to develop qualitative standards which are derived from a philosophical point of view.

This paper will first discuss the standards that have been instrumental in improving hospital library service. It will then discuss the standards in academic health sciences libraries, and finally will review

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the certification program developed for health sciences librarians by the Medical Library Association (MLA). Because special health sciences libraries can best be evaluated in terms of meeting the goals outlined by their parent organizations, there has been little effort to develop standards for them. These and any health sciences library may participate in a goal-setting program to develop standards based upon the mission of their institution. Self and Gebhart have discussed a quality assurance process that can be used in establishing the goals for a health sciences library.<sup>1</sup>

### Hospital Library Service

During the last decade, one of the biggest developments in health sciences librarianship has been the increased importance and development of the hospital library. Van Gieson has stated:

While knowledge expanded, greater numbers of more sophisticated professionals became available, taking positions and establishing practices outside the major metropolitan areas with their educational centers. These people were formed from a new mold and were accustomed to equipment of the latest vintage as well as—and this is the point—information on care and treatment methods just discovered or developed.<sup>2</sup>

Because of this new importance on information, new standards for professional library service were incorporated within the *Accreditation Manual for Hospitals* in 1978. The Joint Commission on the Accreditation of Hospitals (JCAH), which developed the manual, is a voluntary organization with representatives from the American Medical Association, the American Hospital Association, the American College of Physicians, and the American College of Surgeons. It functions to publish standards for the operation of hospitals and accredits those institutions which meet the standards.<sup>3</sup> Eloise Foster in her 1979 paper, and Judith Topper, et al., in their 1980 paper reviewed these standards in depth.<sup>4</sup>

The JCAH works from a philosophy that all hospitals must be accredited under the same guidelines. Consequently, the standards must apply to the teaching hospital, the hospital conducting extensive research, the urban hospital, and the hospital serving a rural community. These could only be accomplished with the development of qualitative standards. The standards were developed from a general principle which reads: "The hospital shall provide library services to meet the informational, educational, and, when appropriate, the research-

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related needs of the medical and hospital staffs.’<sup>5</sup> Two standards which are clarified in an interpretation section support the general principle. The standards state: “The professional library services shall be organized to assure appropriate direction or supervision, staffing, and resources”; and “The provision of professional library service shall be guided by written policies and procedures.”<sup>6</sup>

Topper et al. have stated that the standards parallel in both subject matter and emphasis the standards set for other clinical support departments. In conclusion they stated:

Before 1978, the JCAH standards for professional library services were so vague as to provide little basis for the librarian to prepare for an accreditation visit, or for a surveyor to judge the caliber of library services provided. This situation has been greatly improved. It is to be expected that surveyors will gradually come to demand of the library evidence of the same high level of professionalism that is expected of other hospital departments.<sup>7</sup>

As part of the accreditation process, each hospital must complete a hospital survey profile. The section on library services asks for a description of current library practices and identifies which documents must be available for the accreditation team to review.<sup>8</sup>

The original draft of the standards was developed by the Medical Library Association in 1974.<sup>9</sup> With the implementation of new standards, MLA disbanded a committee to study the feasibility of developing its own accreditation program.<sup>10</sup> While mental health hospitals were omitted from the standards, the Hospital Library Standards and Practices Committee of MLA and JCAH are working to resolve the restriction.<sup>11</sup>

The Canadian Library Association, the Canadian Regional Group of the Medical Library Association, the Ontario Medical Association, the Canadian Medical Association, and the Association of Canadian Medical Colleges developed a set of standards for Canadian hospital libraries in 1974. These are similar to the standards that MLA recommended to the JCAH. As with the JCAH standards, the Canadian guidelines were developed from a general principle, which states: “The hospital shall provide library service appropriate to the professional, technical, educational and administrative needs of the medical and other hospital staff.”<sup>12</sup> From this principle the Canadians developed four standards dealing with: (1) objectives, organization, and administration; (2) staffing and personnel qualification; (3) nature and scope of services; and (4) facilities and equipment for the hospital library. An interpretation section was included to give hospital librarians and

administrators assistance in meeting the standards.<sup>13</sup> To serve as a starting point for the design of library and information services, an appendix of minimum quantitative standards was originally included but removed in the final edition.<sup>14</sup>

Both the JCAH and Canadian standards were developed as minimum standards. However, hospital librarians and administrators may need to use them to justify improvements. McGrath did a survey to determine if Massachusetts hospital libraries met the standards outlined by the JCAH and Canadian standards. Of the 102 out of 135 hospitals responding to the survey, 57 percent were judged not in compliance with at least one of the JCAH standards. When judged against the Canadian quantitative standards outlined in the appendix, 48 percent fall below the minimum standards set for their category.<sup>15</sup>

The Veterans Administration has its own inspection program for hospital libraries. It includes approved guidelines for space and equipment; staffing guidelines are scheduled to be approved in the near future.<sup>16</sup> They also recommend the use of a standard list in the development of library collections. These core listings were first developed by Sterns and Ratcliff in 1970 and, in an indirect way, may be considered minimum collection standards.<sup>17</sup> A selective listing of these "core" collections is provided in the Additional References to this article.

The Connecticut Association of Health Sciences Libraries (CAHSL) developed a set of qualitative standards and checklist for health sciences libraries. As part of the Regional Medical Program, minimum quantitative guidelines were developed in 1970 and revised in 1973.<sup>18</sup> In 1975 the Standards Committee of the CAHSL published a set of qualitative standards and checklist for health sciences libraries. Fourteen standards established the basis for effective library service.<sup>19</sup> The Pacific Southwest Regional Medical Library Service has updated the guidelines to reflect current standards and costs.<sup>20</sup>

Based upon the JCAH standards, the Committee for the Promotion of Hospital Library Services of the Western New York Library Resources Council developed the "Standards for Professional Health Sciences Library Services in Hospitals of New York State." These include eleven qualitative standards developed from a general principle. The New York State Legislative Assembly is considering a bill that would allow hospital libraries meeting the standards to be eligible for membership in the New York State Reference and Research Library Resources System Councils. Libraries not meeting the standards would not be eligible for membership without submitting a five-year plan for meeting those

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standards. Under the terms of the bill, funding would be provided to hospital libraries with membership in the councils.<sup>21</sup> As proposed, this added incentive is unique for hospital libraries.

### **Academic Health Sciences Libraries**

As with hospital libraries, there has been a large increase in the number of academic health science libraries during the past decade. In the early 1970s, several medical schools began to develop branches or multiple campuses. Consequently, the medical school library does not always serve the traditional four year program. Some may serve students enrolled in only the first two years while others serve students in the latter years of medical education. In addition, many medical school libraries have merged with libraries from other programs within their institution (dental, nursing, etc.) to form a health sciences library with a broad clientele. Universities, colleges, junior colleges, and technical institutes have also developed programs for training in the allied health fields. With these changes the academic health sciences library is no longer synonymous with the medical school library. This has required the development of qualitative standards to be used in the accreditation process for a particular program. The purpose of the accreditation process is to provide a professional judgment on the quality of the education program.

The Association of American Medical Colleges and the Council on Medical Education of the American Medical Association sponsors the Liaison Committee on Medical Education (LCME) to accredit U.S. and Canadian medical schools.<sup>22</sup> In 1979, the Committee on Accreditation of Canadian Medical Schools began to accredit their schools. However, at present, it does not replace accreditation by the LCME.<sup>23</sup> The LCME accreditation manual discusses the library in two separate sections. Under "Functions and Structure of a Medical School," it states:

A well-maintained and catalogued library, sufficient in size and breadth to support the educational programs that are operated by the institution, is essential to a medical school. The library should receive the leading medical periodicals, the current numbers of which should be readily accessible. The library or other learning resource should also be equipped to allow students to gain experience with self-instructional devices. A professional library staff should supervise the development and operation of the library.<sup>24</sup>

Three paragraphs under the "Guidelines" section also discuss the library.

The library should be appropriate for the goals and objectives of the medical school. The library committee of the faculty is helpful in advising the librarian and in the development of a formal procedure by which the faculty may make appropriate recommendations regarding the acquisition of library materials.

It is important that a professional library staff be responsive to the needs of the school of medicine. If the library which serves the school of medicine is a part of a medical center, or of the university library system, it is essential that the professional staff responsible for providing library services to the medical school be responsive to the needs of the school. Medical libraries have evolved to be more than the collection of volumes and serials. The librarian should be familiar with the resources for maintaining the relationship between the library and national library systems and resources, and with the expansion of the library to provide services in non-print materials. As the faculty and students served by the library become more dispersed, the role of departmental and branch libraries should receive consideration by the librarian and by the administration and faculty of the school.

The library should be considered as a community resource in support of continuing medical education.<sup>25</sup>

This latter paragraph clearly emphasizes that the accreditation team considers the medical library a vital resource in the continuing education activities of the institution.

As part of the accreditation process, a self-study document is prepared in response to basic questions asked by the LCME. As with other parts of the self-study, the library section asks for quantitative data to determine the activities of the library. A second part requests the opinions of the staff as to the effectiveness of the resources and programs provided by the library.<sup>26</sup>

The Accreditation Council for Graduate Medical Education discusses biomedical information in their guidelines. They state:

Institutions offering approved residencies should provide access to biomedical information including carefully selected, authoritative medical textbooks and monographs, recent editions of the *Index Medicus*, and current medical journals in the various branches of medicine and surgery in which training is being conducted, as well as other learning resources (e.g., audiovisuals). The information resources should be properly supervised.<sup>27</sup>

The accreditation of dental schools is handled by the Commission on Dental Accreditation of the American Dental Association. They view the dental library in much the same way as the LCME views the medical library. They provide a general statement on the role of the library in the educational process, and ask basic quantitative questions about the library in their self-study.<sup>28</sup> The Council on Dental Education is also

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responsible for programs in dental assisting, dental hygiene, and dental laboratory technology. All three standards identify the essential services that the library should provide, and discuss the collection, facilities, hours, policies, and budget necessary for an adequate library.<sup>29</sup>

The National League for Nursing accredits four types of nursing schools. They include: (1) baccalaureate and higher degree programs, (2) associate degree programs, (3) diploma programs, and (4) practical nursing programs.<sup>30</sup> The guidelines for practical nursing programs are the most recently updated and state that library resources should be "readily available to faculty and students; they provide comprehensive, appropriate reference materials and current books, periodicals, and audiovisuals pertinent to each area of the program."<sup>31</sup> The guidelines for the other programs are similar. The self-study and site visit are used by the National League for Nursing to determine whether the library is adequate.<sup>32</sup>

The Council on Education for the American Occupational Therapy Association, in collaboration with the Council on Medical Education of the American Medical Association, accredits educational programs for the occupational therapist. The Council on Education listed among essential requirements that: "A library must be accessible, containing current standard text, scientific books, periodicals and other reference materials. Full privileges of the library should be available to the occupational therapy department and its students. There should be adequate budgetary provision for the purpose of pertinent reference materials to support occupational therapy education."<sup>33</sup>

The National Association of Physical Therapists also works with the American Medical Association to accredit programs in its field. Its guidelines state, "Instructional aids such as clinical materials, reference materials, demonstration and other multi-media materials, must be provided."<sup>34</sup>

In 1971, P.L. Dressel stated that:

The last decade has witnessed accelerated changes in this accreditation process. Formerly, accreditation practices were made mechanical and inflexible by the specifications and application of specific factors as percent doctorates, library holdings and salaries. The shift in emphasis has been in the direction of assurance and incentives toward quality with the onus placed on the institution.<sup>35</sup>

With this shift toward qualitative standards, the importance of the self-study and site visit is all-important in determining the adequacy of the library and its services. The organization which makes the best use of the self-study is the American Council on Pharmaceutical Education,

which accredits schools of pharmacy. Some questions are similar to those in other self-studies in that they ask for quantitative information to document the adequacy of the library. The American Council on Pharmaceutical Education also asks questions which assist the library staff in determining if they are meeting the needs of their institutions. These include questions about what the library did to resolve deficiencies uncovered in the most recent comprehensive self-study, and questions about the faculty and student evaluation of the library. The council is also unique in that it specifies that one of the responsibilities of the librarian is to develop "effective strategies to teach students the proper use of the professional literature in the kinds of practices which they are likely to engage."<sup>36</sup> At best this educational function is only inferred in the guidelines for the other academic programs.

### MLA Certification Program

While the MLA has been active in the development of standards to be recommended to the JCAH and the various groups developing standards for academic health sciences libraries, it has been most active in the development of its own certification program. Jordan, Libbey, Darling, Hill, and Proctor have written excellent articles on the certification program of MLA.<sup>37</sup>

In her 1946 presidential address to the MLA, Mary Louise Marshall cited her internship program and recommended some association action on the question of formal education for medical librarians.<sup>38</sup> In her summary of the arguments for certification, Mildred Jordan stated that it would serve as a method of establishing minimum standards and training for the group, thus assuring a higher level of service to the medical public.<sup>39</sup> A committee recommended at the 1947 annual meeting that training should be at three levels:

*Grade I.* Library school training with work in library administration, medical bibliography, etc.

*Grade II.* Requirements for Grade I plus six months' experience under an approved librarian.

*Grade III.* Training leading to an advanced degree or its equivalent.<sup>40</sup>

The committee also recommended that certification be recognized at the same three levels. After revising the proposal to include a grandfather's clause, the recommendation passed the following year.<sup>41</sup>

A subcommittee on curriculum was appointed and produced the "Code for the Training and Certification of Medical Librarians."<sup>42</sup> The

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standards were designed to serve as a guide in the development of courses, and were used as a measuring stick in approving or disapproving those courses. Thus, individuals certified at the Grade I level were individuals who graduated from a library school and completed an approved course in medical librarianship.<sup>43</sup> While there was some minor revision in 1956, a major revision was incorporated in 1964 by adding an examination as an approved method for certification. At that time Grade II was also revised to permit a graduate degree in a related subject field as an alternative to an internship.<sup>44</sup> Darling has expressed the view that the certification program has never operated beyond the Grade I level except on a token basis.<sup>45</sup>

In 1972 Martha Jane Zachert and Joan Titley chaired a committee to propose a new code.<sup>46</sup> A revision of the committee's recommendations was approved by the membership in 1974. An essential difference between the two codes is that while the original provided for a variety of ways to be certified, the present code is based upon a competency examination. The current code also requires recertification every five years.<sup>47</sup>

The 1974 code was implemented in 1978 and revised in 1981, when the MLA Board of Directors decided not to implement a certification program for health sciences library technicians. They concluded that there was insufficient demand and financial support for the technician program. As revised, the requirement for certification includes:

- (1) graduate from a library school program accredited by the American Library Association; and
- (2) a passing grade on an examination (assessing the entry level competencies required by health sciences librarians); this examination to be administered by the Association; and
- (3) two years (or the equivalent) of post-library degree experience as a health sciences librarian at the professional level within the previous ten years.<sup>48</sup>

A passing score is required on each of three sections: administration, public services, and technical services.<sup>49</sup>

The code will grant certification to qualified applicants for a maximum period of five years. To ensure continued competence, recertification requires participation in thirty-five contact hours of continuing education (CE) activities: (1) courses and workshops, and (2) individual accomplishments. Certain types of courses and workshops have been automatically approved for CE credit. These consist of MLA continuing education courses, courses offered by other national associations, the online training courses offered by the National Library of Medicine or the Canada Institute for Scientific and Technical Informa-

tion, the National Medical Audiovisual Center courses, and courses offered by academic organizations. An MLA Continuing Education Committee is responsible for approving other types of continuing education activities. A person can also be recertified by teaching or developing an MLA continuing education course, developing a media or computer-assisted instructional package, or publishing. Credits for each of these activities are spelled out in the MLA publication, "MLA Requirements for Recertification for Health Sciences Librarians."<sup>50</sup>

To provide a mechanism for health sciences librarians to obtain recertification, the MLA has been extremely active in the development of its own CE programs. These courses were first available at the 1964 annual meeting, and since 1965 have also been available at the regional meetings. Forty-nine CE course sessions were offered at the 1980 annual meeting, compared to thirty-six sessions at the 1979 meeting.<sup>51</sup> It is too early to tell whether the recertification process will be a success. Individuals originally certified in 1978 will not be required to be recertified until December 31, 1982. However, it can be concluded that health sciences librarians are actively participating in CE activities.<sup>52</sup>

In conclusion, it should be stated that there have been major improvements in the development and use of standards since the 1972 article by Helen Yast.<sup>53</sup> Hospital library standards have been improved and the library's place in the accreditation process is equal to that of other service departments within the hospital. The standards for health sciences librarians have been improved, and while it is too early to tell if recertification is a success, the tremendous growth of the MLA continuing education programs may indicate that it will succeed. The standards for academic health sciences libraries continue to be part of the accreditation process of the parent institution. The usefulness of all standards can only be measured by their implementation within the institution. With the development of qualitative standards, the evaluation process has also been improved.

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