The History of Medical Librarianship

Network of the National Library of Medicine
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UNYOC Conference
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National Institutes of Health
Nation’s research agency
27 institutes and offices

NIH

National Library of Medicine
World’s largest biomedical library

NLM

Network of the National Library of Medicine
Program of the NLM comprises 7 Regional Medical Libraries (RMLs), Offices and Centers

NNLM

RMLs

Education and Funding Opportunities
Supports equal access to biomedical information
How it started.

• Webinar on the History of the Rochester Study
• 16 pages of commentary
Where it’s going.

• A History of Medical Libraries and Medical Librarianship by Michael and Jennie Kronenfeld
• Moodle course February-April 2023
Today’s presentation

• Federal requirements
• Information access
• Aspects of care
• Future research directions
• Synopsis of the Kronenfeld book
The journal articles


The Rochester Study in 1990s

• Rochester librarians explored impact of library services on clinical decision making
• This became known as “The Rochester Study”
Update and replicate in 2000s

• The National Network of Libraries of Medicine, Middle Atlantic Region decided to replicate the study
Change in federal requirements

- Federal legislation required hospitals to maintain a medical library in 1966
- Requirement eliminated in 1986
- Reduce the burden of federal regulations
- NY State eliminated requirement in 1988
Do libraries improve patient care?

• Rochester Regional Library Council
• Upstate New York and Ontario Chapter
• Joanne Gard Marshall, faculty at University of Toronto
• Chicago study: Contribution of hospital library information services to clinical care: a study in eight hospitals
Study design

- Physicians asked to request information from library
- Subsequent questionnaire to measure the impact on patient care
- Aspects of care (diagnosis, testing, advice to patients)
Urban and rural hospitals
Planning the update

• Hospital administrators
• Hospital librarians
• Medical staff, nurses, patients
• Quantitative measures
Large-scale, multisite study

• Web-based survey
• Telephone interviews
• 16,122 respondents
• Changing roles:
  • Managing e-resources
  • User instruction
  • Specialized searches
  • Quality improvement
End-users and less leeway

• 1990s: Doctors relied more on librarians to do their searches (rather than end-user searching). Print resources were the norm. The early 2000s brought electronic journals and end-user searching. Students, residents, doctors were beginning to do their own searching and thinking they didn't need librarians as much.

• I also wonder if physicians have less leeway in how they treat patients post-EBM [evidence-based medicine] movement and managed care and value-based purchasing.
Lack of visibility vs. going virtual

• Comes back to the **lack of visibility**. It's more difficult now to draw a direct line between information provided and patient outcomes. With fewer libraries and less librarian involvement, healthcare providers don't have a sense of how much they've been helped by us.

• I totally virtualized a little over 10 years ago. This **frees me to visit** many of our nursing units on a regular basis. Few do live consults, but it keeps my name out there.
Users shifting away from clinicians

• It's been long since docs were my most frequent flyers. Was actually **allied health** for a time, until the hospital began **requiring new grad nurses** and nurses bucking for promotion to do EBP [evidence-based practice] projects. Also get lots of article requests from **pharmacists**, though they and nurse researchers seem to be the most competent self-searchers.

• We now offer our services free to the **behavioral health professionals** in our communities. We are building a clientele there.
Quality and future patients

• I think one big change since the 1990s is shown in our chat today. We used to focus more on what clinicians valued /needed. Now we have to focus more on the C-suite since they control the purse strings.

• I refer to most of my work as being for future patients - through teaching, research, and policy/procedure development - than current patients.
Mindfulness approach

• *Remind me*: I thought it was interesting that some doc was quoted as saying that the Library/librarians helped *refresh* their memory of details/facts.

• *Library as place*: Our nurses and others look to our library not only for scholarly use, but **to de-stress**. Our census has been super busy lately, and lots of healthcare folks have come in just to calm down.
Book Discussion

• One book, three months, 4 continuing education credits
• Thought-provoking history
• $125.00 or $45.00 (ebook)
• WorldCat entry

https://www.worldcat.org/title/1199056363
Ford’s Theater

• After Lincoln’s assassination, the government purchased the building to house the Army’s medical records, library, and museum.

• Time of dramatic growth in the library of the Surgeon General.

• Collection would become the “National Medical Library.”
John Shaw Billings

• Modernized the Library of the Surgeon-General’s Office.
• Even with working a 14-hour day, he could not keep up with the indexing.
• In 1876, several Army Assistant Surgeons turned down the opportunity to help with this necessary work.
Edith Kathleen Jones

• Librarian at McLean Hospital (psychiatric).

• Published in 1913, as part of the American Library Association promotion of bibliotherapy.

• Called for professionally trained medical librarians with the ability to read German, French, and Scandinavian languages.