

Hospital Libraries: Focal Point in the Continuing Education Crisis

BY MARJORIE GREENFIELD, *Director*

*Library of the Hospital of the University of Pennsylvania
Philadelphia, Pennsylvania*

ABSTRACT

The *Proposed Requirements for Professional Libraries in Hospitals to be Licensed in the Commonwealth of Pennsylvania* are presented and discussed. Indication is given of current trends in the development of hospital libraries as the single most important factor in continuing medical education and as the least-developed factor.

ON May 6, 1969, I received a memorandum from Mr. Ralph L. Perkins, Executive Director of the Hospital of the University of Pennsylvania. In it he advised me that he had been appointed chairman of an *ad hoc* committee to "research, study, and revise the rules and regulations governing the operation of hospitals in the Commonwealth of Pennsylvania," and was inviting me to submit suggested requirements for hospital libraries. Attached to the memorandum were the present requirements for libraries in hospitals to be allowed to operate in the Commonwealth, which read, "The hospital shall maintain a medical library, and basic textbooks and current periodicals shall be available and catalogued, according to the needs of the hospital." This sentence, which is a replica of the "library sentence" presently used on a nationwide basis by the Joint Commission on Accreditation of Hospitals, was created with good intention, but has permitted the continuation of mass neglect in this era of electronic storage and retrieval, teletype, telephone, microfilm, tape recording, closed-circuit television, and the explosion of printed and indexed knowledge.

Unavoidable circumstances permitted only a thirteen-day deadline in which to attempt to bring organized medical information service to every hospital in Pennsylvania through proposals to Mr. Perkins and his committee, and this at a time when many of my local colleagues were in Amsterdam attending the Third Inter-

national Congress of Medical Librarianship. The talented people who helped formulate the proposed requirements, which follow, are listed toward the close of this paper, after a discussion of the proposals.

PROPOSED REQUIREMENTS FOR PROFESSIONAL LIBRARIES IN HOSPITALS TO BE LICENSED IN THE COMMONWEALTH OF PENNSYLVANIA

Definitions of terms used:

MSLS: A person with a master's degree in library science, library administration, or library services (or with the older BSLS) from an institution accredited by the American Library Association. Up to one-half of the MSLS positions may be filled by individuals who have fulfilled three-quarters of the requirements for this degree, but these may not act as head librarian.

BS: a person with a bachelor's degree from an accredited institution.

LIBTECH: a person with a two-year associate degree in library technology from an accredited institution.

HS GRAD: a high-school graduate.

Head librarian: The MSLS directly responsible for organizing and administering the hospital library and its staff.

Medical Board: The committee or body of physicians on the hospital staff having highest authority in determining the hospital's policies.

Requirements

The hospital shall maintain a medical library as a necessity to patient care, education, and research, and with the following minimum requirements.

The Staff

The full-time weekday staff, not including any librarian responsible for an additional, sub-

HOSPITAL LIBRARIES

stantial medical library, shall include, according to the indicated size of the hospital, the following, with the exceptions noted below:

C. If the library staff provides library services to patients, add 1 MSLS, and add 2 HS GRADS for every 500 beds.

1. For general hospitals:

		Total
100 beds	1 BS	1
200 beds	1 MSLS or 1 BS with five years of substantial experience in a medical library, and 1 HS GRAD	2
300 beds	1 MSLS; 2 LIBTECHS or HS GRADS	3
500 beds	1 MSLS; 1 BS; 2 LIBTECHS or HS GRADS	4
750 beds	2 MSLS; 1 BS or LIBTECH; 2 LIBTECHS or HS GRADS	5
1000 beds	3 MSLS; 1 BS or LIBTECH; 3 LIBTECHS or HS GRADS	7
1500 beds	4 MSLS; 1 BS or LIBTECH; 4 LIBTECHS or HS GRADS	9
2000 beds	4 MSLS; 2 BS or LIBTECHS; 5 LIBTECHS or HS GRADS	11

2. For general hospitals within two city blocks of a larger medical library at which the hospital's affiliating medical students, its interns, its residents or affiliating residents, its research fellows, and its attending staff all have complete privileges, including literature search services, borrowing library materials, and interlibrary loan:

D. For a hospital library physically combined with a medical school library, or shared by a medical school with no adequate library, the total basic staff requirements shall be triple those listed in section 2. above, and the above items A, B, and C shall apply where applicable.

E. The presence of unusually large proportions of medical or research personnel, heavy

(Under 300 beds—use above chart)

		Total
300 beds	1 MSLS; 1 LIBTECH or HS GRAD	2
500 beds	1 MSLS; 1 BS or LIBTECH; 1 LIBTECH or HS GRAD	3
1000 beds	2 MSLS; 1 BS or LIBTECH; 1 LIBTECH or HS GRAD	4
1200 beds	2 MSLS; 1 BS or LIBTECH; 2 LIBTECHS or HS GRADS	5
1500 beds	3 MSLS; 1 BS or LIBTECH; 3 LIBTECHS or HS GRADS	7
2000 beds	4 MSLS; 1 BS or LIBTECH; 4 LIBTECHS or HS GRADS	9

3. Single-specialty hospitals shall require library staff as cited above, except that state psychiatric hospitals may not require more library staff than that listed for a 750-bed general hospital, and this shall be determined on the basis of the ratio of medical personnel to patients, as well as the number of beds, with the above standards as a guide.

4. Further staff requirements:

A. Any library staff on duty during other than ordinary weekday hours (approximately 9 to 5, Monday through Friday), shall be in addition to the above.

B. If the library houses the nursing school's collection, add 1 MSLS, and 1 HS GRAD, or if 1000 beds or more, 1 MSLS and 2 HS GRADS. If any of the library staff is responsible for a separate nursing school library, add 1 MSLS plus separate additional staff for the nursing library.

professional obligations on the part of the librarians, or major construction of library facilities will necessitate library staff increases.

Administrative Organization

The head librarian shall report administratively to the director of medical education, the medical director, the executive director, the associate director, or the assistant director of the hospital, or to the director of a medical center or of its libraries; but not to a member of the library committee who does not hold one of the preceding titles, or to the committee itself, or to a medical school librarian, or to nursing personnel, or to fiscal personnel, or to a university library system, or to medical records personnel, and shall not be responsible for patient records.

However, the library staff may report to a director of two or more hospital libraries or of three or more substantial medical libraries of

a medical center, and in these cases, the Medical Board shall issue a statement at no less than three-year intervals that it has reasonable assurance that this kind of arrangement will adequately serve the needs of the hospital's medical personnel.

In the case of physically-combined medical school and hospital libraries, the Medical Board shall issue at no less than three-year intervals a statement that it has reasonable assurance that this combined arrangement will adequately serve the needs of the hospital's medical personnel.

The hospital library, as part of a nation-wide network of medical information, shall fully cooperate with the Mid-Eastern Regional Medical Library. For the hospital library to be placed under the jurisdiction of a librarian, an institution, a library, or a library system outside the hospital in seeking, obtaining or utilizing government monies, the Medical Board shall issue a statement each year this condition is in effect that it considers this arrangement to be in the best interests of the hospital's medical personnel.

The hospital library shall not be obliged to observe or share policies, procedures, facilities, or methods of a university library system, and shall not be obliged to allow hospital library materials to circulate to any person other than hospital staff, if not through American Library Association-approved interlibrary loan procedures.

In a hospital with at least 200 beds, the head librarian shall be considered a hospital department head and shall receive the authority, rights, benefits, privileges, and representation accorded to department heads, including similar provisions for tenure, vacation, subsidy of and leave to attend professional conventions, subsidy of membership fees, similarity of title, and similarity of placement on an administrative pay scale with equitable consideration to his academic degrees, responsibility to medical personnel and his department, MLA certification, and other qualifications. Remuneration of a professional medical librarian shall adhere to standards suggested by the American Hospital Association and the Medical Library Association. The head librarian shall be permitted and encouraged to attend Medical Library Association conventions and functions without loss of pay.

A hospital library committee shall consist of four or more members of the senior medical staff and the head librarian, and shall meet at least once per year to discuss major library problems and policies. The library committee shall function as an advisory body, and shall not control or delay selection of medical media for purchase.

Departmental libraries, other than a number of basic reference books in a medical department, shall be discouraged, and shall not exist at the expense of the hospital in terms of needed space and maintenance costs.

The head librarian shall have the authority to select the best-qualified persons available for the positions on his staff.

The Facility

The establishment, construction, or major renovation of a hospital library shall have the approval of all final blueprints, final floor plans, and final choice of furnishings and major equipment by a professional library consultant.

The library shall be able to seat comfortably the number of authorized readers who wish to be seated there during the busiest seasons. It should be able to seat comfortably ten percent of its total of potential users at a given time, and there should be twenty-five to thirty square feet per reader in reading areas, not less than five feet between tables, not less than three to four feet at table-ends free from chairs, and not less than three to four feet between tables and walls (if there is wall shelving, not less than four to five feet between tables and walls).

There shall be a separate staff area, which should provide 100 square feet per employee.

There shall be adequate shelving, storage, and display facilities to house all media and operate the library to good advantage, and it shall not be necessary to pile media on floors, tables, or in other parts of the hospital.

The library facility and its offices shall be acoustically treated throughout, well-ventilated, and shall be air-conditioned for the protection of library materials as well as comfort.

In a hospital with 200 or more beds, there shall be provided operant photocopy facilities within the library which will adequately reproduce bound as well as unbound material, and the library staff shall have the authority to restrict nonmedical users of the photocopy facility

HOSPITAL LIBRARIES

who are causing delay to medical personnel or library personnel.

The hospital library shall be centrally located within the hospital, with good access to its location, but if physically combined with a medical school library shall be within one city block of the hospital's major patient-care structure. The library shall be open, attended by library staff, and available to the medical staff the number of hours determined by the Medical Board.

A sink with running water accessible to the sexes included in the library staff, and an operant water fountain, shall be within or adjacent to the library, and toilets for both sexes shall be within easy access to the library.

In a hospital with 300 or more beds, the head librarian shall be provided with an enclosed locking office within or adjacent to the library, and a telephone line not accessible to library users.

There shall be adequate typewriters of recent vintage, according to the size of the staff, provisions for enclosing reserve books behind a charging counter, and adequate desks, tables and file cabinets for staff use.

The approval of the head librarian shall be required for any hospital or outside operations, business, facility, or activity to occur within the library or its offices or for any use of library personnel for non-library purposes, except in hospital emergency or disaster situations.

Gifts, Purchase, and Disposal of Library Material

The head librarian shall propose and administer the library's budget, shall have the authority to order freely and without restriction within the confines of the budget, and shall have prompt access to any records pertaining to the library budget or providing purchase information (including invoices and correspondence from the library's vendors).

The head librarian shall have the authority to dispose of or discard any library media in a manner befitting its value, and to accept gifts of media only under this condition, and it shall be understood that any regulation to the contrary shall cause the library to be substandard.

The purchasing department shall facilitate the ordering of medical media and library equipment to the best of its ability.

There shall be evidence of a book and journal selection policy which equitably honors the

needs and requests of medical personnel and the objectives of the hospital.

The Catalog

The library shall maintain a cross-referenced catalog of its book holdings which shall provide access at least by subject and author, and shall maintain a shelflist of book holdings.

There shall be complete records of non-ephemeral journal and audiovisual holdings.

The book collection shall be classified and cataloged according to systems devised by professional librarians.

The Collection

The hospital library shall not actively collect historical materials beyond a few basic reference tools, except as related to the hospital's own history and former physicians. It shall not house large historical or outdated collections at the expense of needed shelf space and hospital maintenance costs.

Except for single-specialty hospitals the basic book collection and subscription list should adhere to a basic approved list published by an authoritative source.

The reserve book collection shall include the latest editions of at least 100 (fifty in a single-specialty hospital) comprehensive, authoritative, titles covering the broad medical and preclinical specialties, which shall not leave the library.

A hospital with 100 or more beds shall have a basic collection of medical texts, copyrighted within the last five years and numbering 500 titles.

A hospital with 500 or more beds shall have a basic collection of medical texts, copyrighted within the last five years and numbering 1000 titles.

The single-specialty hospital library shall subscribe to and bind, microfilm, or electronically store a minimum of 100 (or as many as exist) authoritative English-language journal titles in the specialty of the hospital, and shall keep these at least twenty years after publication.

A hospital with 100 beds shall subscribe to and bind, microfilm, or electronically store at least 100 authoritative English-language medical journal titles, and shall keep volumes of these at least ten years after publication. With 500 beds, this minimum shall be 200 titles; with 1000 beds, this minimum shall be 250 titles.

Interlibrary Loan Services and the Regional Medical Library Program

The hospital library shall provide interlibrary loan services to medical staff. In a hospital with 100 or more beds, the library shall subscribe to *Index Medicus* and *Cumulative Index Medicus* and shall accumulate their bound volumes. In a hospital of 400 or more beds, the cumulated medical indexes shall cover at least the past twenty years, and the library shall subscribe to and accumulate the National Library of Medicine's bound *Current Catalog*, as well as *Hospital Literature Index*. In addition, a single-specialty hospital library shall subscribe to abstracting journals or services in the specialty of the hospital.

There shall be a minimum of two telephone lines in the library of a 100-bed hospital, three lines for a 500-bed hospital, and four lines for a 1000-bed hospital. Library staff shall be able to telephone the Mid-Eastern Regional Medical Library and the Union Library Catalog of Pennsylvania (both in Philadelphia) without delay.

The head librarian shall participate in the nearest local or regional medical library association, shall keep abreast of the medical library facilities and needs of the region, and shall maintain rapport with medical librarians in the region for purposes of interlibrary cooperation. There shall be complete cooperation with the Mid-Eastern Regional Medical Library in making use of its photocopy and teletype services, including participating in the nationwide network of medical information of which the hospital library is a part.

Complete and prompt facilities shall be provided the library by the hospital to mail or transport any medical media or library communications, and to obtain or receive any medical media or library communications, and there shall be evidence that the hospital is doing everything in its power to facilitate the transmission of medical information.

Additional Services

The professional library staff shall conduct literature searches for the hospital's medical staff upon request, except during severe staff shortages.

The library shall provide complete reference services, attempting to provide readers with ei-

ther the answers to their questions or the sources from which these answers may be obtained, by drawing upon its own resources and the resources of other libraries.

COMMENTS

It goes without saying that these proposals were not refined to an epitome of perfection (with them was submitted a request for re-evaluation by the Mid-Eastern Regional Medical Library Committee at a later date). For example, there were no distinctions made between the needs of teaching hospitals, hospitals conducting research, isolated hospitals, big-city hospitals, and just plain hospitals. Because of the thirteen-day deadline, it was necessary to abandon mathematical formulations and operate on the premise that, as hospitals increase in size, so does their educational and research function tend to increase in magnitude.

In addition, I would like to note that professional medical librarianship has much more to offer hospital libraries (1) than the above; the above were designed as minimum legal requirements for the near future, to be included in a state manual of licensure.

The past year has seen a major thrust on hospital libraries as the weakest link in continuing medical education, but the link with the greatest potential. This thrust was perhaps generated in April 1968 by Scott Adams, Deputy Director of the National Library of Medicine and champion of hospital libraries, in an editorial (2) stressing the need to move continuing medical education away from the overburdened medical school and its library, and into the area of greatest undeveloped potential, the hospital library.

Mr. Adams has awakened the medical world to such possibilities as, for example, a multi-room library in every community hospital stocked with up-to-date tapes, teaching films, listening and viewing equipment, electronic devices connected to the regional and national medical information centers, dial-in-telephone medical news and information service, and regionally-based closed-circuit television depicting the latest medical and surgical techniques—in addition to a solid core of reading matter, indexes, and photocopy facilities.

This thrust gathered momentum in 1969 with the Stearns and Ratcliff paper (3) presenting and

HOSPITAL LIBRARIES

listing a "core" collection of books and journals for presently weak or nonexistent hospital libraries, and a paper by Samuel X. Radbill, M.D. (4) clarifying the new role of the hospital and its library in continuing medical education. In the fall of 1969, Joseph T. Freeman, M.D. chaired a one-day meeting in the heart of Pennsylvania at which gathered hospital administrators, directors of medical education, and other members of the medical and paramedical professions from the mid-eastern region. The topic of the meeting was "Hospital Libraries."

The strength of any library facility will be ultimately determined by the strength of its professional staff, and therefore our proposals stressed primarily the need for those educated to organize, administer, and operate such a facility. We asked for a library staff strength that includes relative freedom from professionally crippling bureaucratic entanglements, plus recognized standing as a vitally interacting part of the hospital organization itself.

The following individuals were the members of the "MLA Emergency Committee for Hospital Library Standards in Pennsylvania":

Herman Beerman, M.D., Chairman of the Library Committee, Hospital of the University of Pennsylvania, and recent Past President of the American Dermatological Association and of the Association of Professors of Dermatology

Marie Norton, Head Librarian, Lankenau Hospital, and Secretary-Elect, Philadelphia Regional Group of the Medical Library Association

Caroline Morris, Head Librarian, Pennsylvania Hospital, and Vice-Chairman-Elect, Philadelphia Regional Group of the Medical Library Association

Lisabeth Holloway, Associate Curator of Historical Materials, College of Physicians of Philadelphia, and Vice-Chairman and Chairman-Elect, Philadelphia Regional Group of the Medical Library Association

Helen Lake, Head Librarian, Philadelphia General Hospital, and Chairman, Philadelphia Regional Group of the Medical Library Association

Chairman: Marjorie Greenfield, Director, Library of the Hospital of the University of

Pennsylvania, and Treasurer, Philadelphia Regional Group of the Medical Library Association

ACKNOWLEDGMENTS

Our special thanks go to Mr. Ralph L. Perkins, Executive Director, Hospital of the University of Pennsylvania, Mr. Kenneth N. Wenrich, Associate Director, Hospital of the University of Pennsylvania, Mr. Elliott Morse, Librarian of the Mid-Eastern Regional Medical Library, College of Physicians of Philadelphia, and Miss Helen Yast, Director, Division of Library Services, American Hospital Association, for their encouragement and assistance.

REFERENCES

1. ASSOCIATION OF HOSPITAL AND INSTITUTION LIBRARIES OF THE AMERICAN LIBRARY ASSOCIATION. HOSPITAL LIBRARY STANDARDS COMMITTEE. Proposed Standards for Library Services in Health Care Facilities. Unpublished draft, September, 1968.
2. ADAMS, SCOTT. Hospital libraries as learning centers. *Bull. Med. Libr. Ass.* 56: 175, April 1968.
3. STEARNS, NORMAN S., M.D., AND RATCLIFF, WENDY W. A core medical library for practitioners in community hospitals. *New Eng. J. Med.* 280: 474-480, Feb. 27, 1969.
4. RADBILL, SAMUEL X., M.D. Hospital libraries. *Philadelphia Med.* 65: 551, June 20, 1969.
5. ADAMS, SCOTT. Hospital libraries: underdeveloped base for continuing education. *Hospitals* 38: 52-54, June 16, 1964.
6. DIVETT, ROBERT T. Library service. *Hospitals* 39: 107-110, April 1, 1965.
7. Hospital Libraries: Recommended Standards for Libraries in Hospitals. London, The Library Association, 1965.
8. TRACEY, WILLIAM R. Evaluating Training and Development Systems. New York, American Management Association, 1968. p. 196 and p. 252-259.
9. BRANDON, ALFRED N. Selected list of books and journals for the small medical library. *Bull. Med. Libr. Ass.* 55: 141-159, 1967.
10. MOLL, WILHELM. Basic journal list for small hospital libraries. *Bull. Med. Libr. Ass.* 57: 267-271, 1969.
11. NATIONAL LIBRARY OF MEDICINE. List of 100 titles for *Abridged Index Medicus*. Circular distributed in 1969 by the NLM.
12. YAST, HELEN. 90 recommended journals for the hospital library's health science library. *Hospitals*, 41: 59-62, July 1, 1967.