

# Library School Education for Medical Librarianship\*

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## ABSTRACT

This paper reviews the current situation in library school education for medical librarianship in the United States and Canada based on information from a questionnaire sent to teachers of courses in medical librarianship in accredited library schools. Since 1939, when the first course devoted entirely to medical librarianship was offered at Columbia University, courses have been introduced into the curricula of at least forty-seven of the ALA-accredited library schools. In 1978 there were seventy courses available through forty-seven library schools. Possibilities for specialization in medical librarianship are examined. Course content is reviewed. Implications of the MLA certification examination for library school courses are explored.

**TWENTY-FIVE** years ago, at the First International Congress on Medical Librarianship, Brodman presented a paper on "Education for medical librarians in the United States" [1], in which she traced the development of medical library education in the United States and compared it to the pattern in other countries. Before discussing the present patterns in library schools in the United States and Canada, a very brief history of the development of medical library education will serve as background information so that the present patterns in medical library education can be examined in perspective.

As far back as 1923 attention was given to the possibility of special courses for medical librarians. A proposal was developed at the University of Minnesota for a course of study which included "a sequence of three years of collegiate study with special emphasis on biology and social service, a year of general library training, and a fifth year devoted to the theory and practice of hospital library service" [2]. Although the course was advertised for several years, it was never offered, due to a lack of applicants.

The next steps in this area were again taken by

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the University of Minnesota in 1937: "... Part of a course on hospital (patients') libraries given at the University of Minnesota Division of Library Science was devoted to medical libraries" [3]. It was not, however, until 1939 that the first course devoted entirely to medical librarianship, with an emphasis on medical bibliography, was offered at Columbia University by Thomas Fleming. In 1946, when Brodman took over the Columbia course, more emphasis began to be placed on medical library administration, cataloging and classification, and acquisitions procedures [4]. This course was the only one available until 1949. Thus began a pattern which, for the most part, typifies the kind of courses offered currently.

Since 1939, in large part due to the efforts of the Medical Library Association, courses have been introduced into the curricula of forty-seven of the sixty-four library schools which held American Library Association accreditation in 1977. This paper presents the results of a survey of those forty-seven library schools and of the instructors of the seventy courses identified as being available. In order to make this survey as complete as possible, examination of the catalogs of the schools, conversations with instructors, and other available means have been utilized to supplement the questionnaires. Two questionnaires were sent to each institution: one to solicit information about programs in medical library education; and another, sent to each instructor, to obtain specific information about individual courses. Program questionnaires were received from thirty-nine of the forty-seven library schools. Fifty-two course questionnaires were received.

## CURRENT COURSES IN MEDICAL LIBRARIANSHIP

The geographical distribution shows that sixteen of the U.S. schools offering medical librarianship courses are in the northeast, and eleven are in the midwest. These two areas represent more than half of the schools with courses. Only sixteen other schools in the remainder of the United States offer

courses; four Canadian schools have medical library courses.

The majority of these schools offer only one course in which both the literature and administrative aspects of medical librarianship are combined (Table 1). Thirty of the forty-seven schools fall into this category. Twelve have divided materials and administrative aspects into two courses. In three schools three courses are available. Only one school offers more than three courses. Another school is in the process of revising its program.

In most of the schools it is possible for students who are particularly interested in medical librarianship to choose a sequence of courses for specialization. However, most library schools do not require the student to declare a specialization, and choice of courses is left to the student and the faculty adviser. In eleven schools students who choose to specialize in medical librarianship must follow a required sequence of courses; in the other schools course election is optional. With the implementation of the new MLA certification code, this situation may undergo some changes.

Only eleven schools indicated that the sequence of courses, either required or optional, allows students to elect courses in areas outside library science. Suggested areas include: history of medicine, public health, allied health sciences, systems analysis, and management.

PRACTICUM

The matter of practical experience during the master's program has been a topic for continuing discussion in library education in general. Thirty-three schools make provision for a practicum in medical librarianship, usually on an optional basis (twenty-eight schools). Only four schools indicated that a practicum was required, and of these, one stated that it was required only in the event of no prior experience in medical librarianship. Academic credit for the practicum is offered in twenty-

eight of the thirty-three schools with provision for a practicum.

The length and circumstances of the practicum vary considerably. Twenty-one schools indicated a length at least the equivalent of one term. Some schools indicated a certain number of contact hours; others expressed their requirements in either semester or quarter hours. In each instance there was an equivalency to approximately one term.

Supervision of the practicum is primarily accomplished either by the faculty member in charge (twelve schools) or a combination of faculty member and supervising librarian (thirteen schools). Only three schools indicated that the supervising librarian was in complete charge.

Choice of participating libraries is achieved in a variety of ways. In the majority of situations a proposal is made by the student and the faculty member for a particular library. A substantial number of schools maintain a roster of libraries already approved by the library school, and it is to one of these libraries that a particular student may be assigned.

PLACEMENT

Schools were asked to estimate the number of their students annually entering medical librarianship. Of the twenty-one schools responding to this question, ten indicated one to five students per year; six indicated six to ten students; and five showed more than eleven students entering the field annually. The range was from two to thirty.

Each year *Library Journal (LJ)* surveys all accredited library schools to determine where their graduates have been placed. The figures for 1976 show that eighty-two graduates were placed in medical libraries in that year [5]. This figure is somewhat lower than the estimates in this survey, but it should be remembered that the *LJ* figures are only for those placements that have been reported to the library schools.

COURSE CONTENT

A separate questionnaire was sent to each instructor of each course for specific course information. Returns were received for fifty-two (74%) of the seventy courses.

Twenty-five of these courses are taught by practicing librarians; twenty-three are taught by full-time library school faculty members; and four are taught by individuals from other professions. Team teaching was indicated for five of the courses; a

TABLE 1  
NUMBER OF COURSES OFFERED

Courses	Schools
1	30
2	12
3	3
7	1
No response	1
Total	47

EDUCATION FOR MEDICAL LIBRARIANSHIP

TABLE 2  
COURSE ENROLLMENT

No. of Students	No. of Courses
11-15	17
6-10	15
21-25	7
16-20	5
1-5	4
26-30	1

number of other teachers indicated very extensive use of guest lecturers.

Forty-five of the courses are offered only one term per year, usually during the academic year rather than the summer session; only five are offered two times per year. Since only seven courses are offered in the summer, there is little opportunity for practicing librarians to take the courses in summer school. Five are offered in both the summer and the academic year, and forty-five are available only during the academic year.

One question pertained to enrollment the last time the course was offered or the current enrollment if the course is presently being offered (Table 2). Thirty-two of the courses had enrollments of between six and fifteen, with the eleven-to-fifteen category having a slightly higher number. One faculty member stated that in many instances the medical literature course was taken by other students to supplement courses in social sciences literature or science literature.

Another question related to enrollment asked for an indication of how many master's degree holders who were practicing librarians were in each course (Table 3). Thirty-five of the courses reported one or no librarians in the class. The results show that very few of these courses are being taken by practicing librarians looking for formal training in medical librarianship.

No consensus emerged on texts (Table 4). In twenty-two of the courses, there is no stated text. The instructor depends on assigned readings and

TABLE 3  
ENROLLMENT OF PRACTICING LIBRARIANS

No. of Librarians	No. of Courses
1-2	18
0	17
3-5	11
6-8	3
9+	1

TABLE 4  
TEXTBOOKS\*

	No. of Courses
No text	22
<i>HMLP</i>	18
<i>Medical Reference Works</i>	10
Bloomquist	8
Sewell	6
Morton	4
Cheshier	3
Smith's <i>Medical Terminology</i>	3
Brandon lists	2

\*Twelve additional titles were listed only one time each.

reserve materials. The *Handbook of Medical Library Practice (HMLP)* was named most often: eighteen courses have that work as a text. The next most frequently used title was *Medical Reference Works*, with a total of ten.

The lecture format remains the prevalent teaching technique (Table 5). Forty-four instructors indicated this format, in virtually every instance supplemented with other methods. Construction of pathfinders, group projects, role playing, and games each were mentioned at least two times.

MEDLINE TRAINING

At the 1977 annual meeting of MLA, Berk presented the results of a survey of those schools having an educational code issued by the National Library of Medicine for MEDLINE training [6]. The present survey indicates that thirty-four of the forty-seven schools include work with MEDLINE to some degree (Table 6). In many instances there are simply a few lectures and then a demonstration at a MEDLINE center. In other instances hands-on experience is available to the student. Only twenty-two courses offered the possibility of on-line experience, and a number of the teachers

TABLE 5  
TEACHING TECHNIQUES

	No. of Courses
Lectures	44
Reference questions	32
Term papers	39
Field trips	27
On-line search	26
Laboratory	13
Case studies	7
Terminology texts	2

TABLE 6  
TYPE OF MEDLINE TRAINING

	No. of Schools
Lecture, demonstration, and on-line search	22
Lecture and demonstration	10
Lecture	2
Total	34

talked about the problems involved in providing this experience.

Financing an on-line experience substantial enough to give the student some facility in carrying out simple searches is a large burden for the library schools. The use of \*MEDLEARN\* alone runs to approximately four hours of connect time per student, or a minimum of \$32.00 per student. Coupled with exercises, the cost per student could range from \$40.00 to \$75.00. One possibility to help defray this expense would be the instigation of a lab fee for individual courses.

Terminal availability is another problem. If the library school does not have a terminal with a printer, arrangements have to be made with libraries in the area to allow the students access to the data base. Thus begins a real scheduling headache. In order for my own students to gain terminal access, our MEDLINE schedule may begin at 7 A.M., and we usually work to capacity during the hours that the MEDLINE training codes can be used.

In spite of the problems a variety of on-line experiences is made available, ranging from a brief visit to a MEDLINE center for an on-site demonstration to \*MEDLEARN\* and individual on-line exercises to complete courses in on-line searching (Table 7). Over half of the courses involved included four or fewer contact hours in this activity.

TABLE 7  
ON-LINE EXPERIENCES

Lecture		Lecture and Demonstration		On-Line	
No. of Hours	No. of Courses	No. of Hours	No. of Courses	No. of Hours	No. of Courses
1	1	1	1	1-5	11
2	1	2	2	6-10	6
		3	2	11-15	3
		4	3		

Other data bases related to the sciences and the social sciences are covered in twenty-one of the courses, usually only through lecture and demonstration. A number of teachers indicated that reliance is put on other courses for more extensive coverage of other data bases. The other courses are usually literature courses, such as science literature, and may be either a prerequisite or a corequisite to the medical librarianship course.

COURSE CONTENT

In those courses in which material is approached by type of medical library, the instructor was asked to indicate the approximate percentage of time devoted to academic, hospital, and other types of medical libraries. There were seventeen respondents to this question. Hospital libraries receive less than 40% of the coverage in eleven of the seventeen courses; academic libraries receive more than 40% in twelve of the seventeen courses. Two instructors commented that the high percentage of time in their courses devoted to hospital libraries was due to local needs.

In thirty-five of the fifty-two courses, the literature and the reference materials are given some if not the majority of the coverage. The biological sciences are covered as well as the health sciences in twenty-five of the courses. In the majority of the classes, less than 20% of the time spent on materials is devoted to the biological sciences. Eighteen of the courses devote at least 60% of their time to the health sciences. In some of the schools responding, the biological sciences are given more complete coverage in the science literature course, and the student is encouraged to take this course.

Teachers were asked to indicate how they approach the teaching of materials—whether by format (indexes, bibliographies, dictionaries, and so on) or by subject matter (medicine, nursing, dentistry, and so on). Thirteen of the teachers responding utilize the format approach, nine prefer a combination of the two, and nine approach the literature strictly by subject.

CERTIFICATION CODE

The adoption of the new certification code was examined in connection with the individual courses and the effects it may have on them. The majority (eighteen) of the twenty-six respondents to this question see no changes resulting in their courses from the new code, at least at this time. Suggested changes that might be introduced centered for the most part around the necessity of incorporating

new units or of designing new courses to cover areas on the certification exam that the courses do not currently cover.

Instructors were further invited to comment on the effect they thought the new certification code would have on medical library education in general. Although it may be premature to speculate on these effects, it is hard to resist some of the concerns expressed. They do not necessarily represent a consensus; rather they pose questions which are likely to affect all of us.

A number of instructors mentioned more continuing education in the library schools and the need for developing continuing education courses more closely related to the competencies designated by MLA. Several instructors commented on the need for developing courses for librarians reviewing for the examination, courses which could either be for credit or for continuing education units.

Several instructors indicated that they believe that individual courses are now more likely to be slanted toward covering the competencies listed for the certification exam. One positive effect of this could be more emphasis on concepts and less on individual facts. It was also pointed out that a trend toward covering the certification competencies would provide more standardization in medical library education. Zachert very forcefully addressed this point in her 1978 Janet Doe Lecture, and I should just like to underscore her comments here. She said, "If we accept certification as the standardizing factor in our specialized formal education without further dialogue, and if we allow the certification examination to be our only impetus for change in the introductory courses, we will be allowing our basic education to develop in an unplanned, uncoordinated way" [7]. I wholeheartedly agree with her.

#### CONCLUSION

This brief glimpse at medical library education has demonstrated that to a large extent we are following the same pattern set up nearly forty years ago by Fleming at Columbia and further refined by Brodman. Individual topics and titles have changed, but essentially the same pattern continues of one course attempting to cover both the literature of the health and biological sciences and the administrative aspects of health sciences librarianship. The more we change, the more we stay the same. This is borne out by the fact that thirty of the forty-seven schools offer only one course in medical librarianship. I suspect that the

teachers of those courses experience a considerable amount of frustration as they try to juggle all the topics that they feel their students should cover. In many instances it is likely that the students should be receiving double the amount of credit that they actually receive for the one course.

On the other hand, library schools are responsible for a total program in librarianship, covering all types and areas. Medical librarianship is one of the many specialities offered by most schools, and proliferation of courses has to be watched carefully. Someone has to be found to teach the courses, funds must be secured to pay the faculty member, and a close check has to be kept on the enrollment to ensure that it is feasible to continue offering the courses.

We need to keep in mind that what we are trying to do in medical library education is to present to the student a sense of the forest, not just of some of the trees; and the survey indicates that this is being carried out in a variety of ways. As was suggested earlier the development of competencies for the certification examination is likely to produce more standardization in areas covered. The packaging of the courses and the teaching methods utilized will still remain the provenance of the schools and instructors, as should be the case. What is needed is more direct communication among and between the individual teachers of the library school courses as they attempt to improve their programs. Another need is for improved means of input by library practitioners into library school programs. The Medical Library Education Group of MLA exists as a mechanism with the potential for effecting these lines of communication.

The role of the library school with regard to MEDLINE training needs attention. With most of the schools providing fewer than five contact hours in this area, it is obvious that the students are not getting the preparation they need to qualify for entry-level positions. In a highly competitive job market, the student with some basic training in MEDLINE holds an advantage over the student who has had no more than a few lectures on the topic. How to present this training, how to find the funds to finance it, and how much training to expect of the library school graduate are all questions that need addressing. Perhaps a good starting point would be a dialogue between the National Library of Medicine and the teachers of the courses.

Although the questionnaire did not address continuing education, I believe that all the library schools are going to be called upon for more and

greater efforts in this area, particularly as the MLA recertification program is implemented.

I have tried to present in this paper an overview of the present situation in medical library education. There is still much that needs to be done for the courses to be, at one and the same time, responsive to the needs of the practitioners and in the forefront of medical librarianship.

However, it is an exciting time to be associated with library education, particularly medical library education. As course offerings expand in this area and greater emphasis can be placed on certain topics, we move forward in our goal of excellence in preparation of the entry-level librarian. Challenges exist as we try to find ways of implementing our programs. There may be those who would contend that the cup containing medical library education is half empty; I say that it is half full and steadily filling.

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