

Symposium on Expanded Roles for Hospital Librarians

At the MLA Annual Meeting in Anaheim, the Hospital Libraries Section presented a symposium on expanded roles for hospital librarians. These papers outlined programs that were sophisticated, ingenious, and creative from both functional and interpersonal viewpoints. The programs are, in many instances, applicable to all types of libraries, large and small. In order that we may benefit from the experience of these libraries, I have put together a group of brief communications based upon these and other papers.

EDITOR

Director of Research Administration

PATRICIA L. THIBODEAU, *Director*

*Health Sciences Information Center and
Research Administration
Woman and Infants Hospital of Rhode Island
Providence, Rhode Island*

Women and Infants Hospital of Rhode Island, located in Providence, is a small facility of about 204 beds, including neonatal intensive care beds. It is a highly specialized health facility committed to meeting the health care needs of women and newborns through comprehensive inpatient and outpatient services. It is a teaching hospital, affiliated with two medical schools and several nursing and allied health programs, and has an active research component.

The Health Sciences Information Center, or medical library, holds approximately 1,600 books and 160 current journal titles in the areas of obstetrics, gynecology, and neonatology. Besides providing comprehensive library services to all employees, the Information Center also offers full media services, from distribution to production. The staff consists of the director, a library assistant, and a media specialist.

Women and Infants Hospital is involved in numerous biomedical studies, both privately and federally funded. Approximately sixty to seventy projects are reviewed by the Research Committee each year, ranging from simple gathering of data from hospital records to complex drug studies. Most research involves the sick neonate. The hospital also supports behavioral and psychological studies, such as the effect of teenage motherhood on child development.

These research programs involve what the government calls "high risk populations," i.e. pregnant women, minors, newborns, and fetuses. Therefore,

the Research Committee and the institution must be particularly sensitive to both legal and ethical issues as well as to local mores. For years, hospitals had no need for research administrators. Institutions hired development officers to locate and obtain research and project funding, but there was no need for someone to oversee anything other than fiscal matters. Some clinical departments hired a type of research administrator to help design projects, to apply for funding, and to supervise the departmental researchers. Not until 1974 did the government require that each institution seeking federal funds have an Institutional Review Board, better known as an IRB or research committee.

In 1975, the government amended its regulations to include special sections covering the fetus, pregnant women, and in vitro fertilization. In 1981, the regulations were simplified and revised so that the workload was reduced for the research committee but tripled for the support staff. The government Code of Federal Regulations now governs human, animal, drug, and medical device research. With the plethora of federal and state laws, the complexity of ethical issues, and the required record keeping, many institutions have grasped the importance of the research support person.

How do these changes relate to an expanded role for the librarian? Although research administration may at first seem to be apart from library science, it is a natural extension of information services and skills. My official title is director of the Health Sciences Information Center and Research Administration. The librarian component provides researchers with the basic information for research projects and the research administrator component reviews the final proposal and follows the project to its termination. The librarian not only provides information resources, but also develops a collection that supports the programs she encounters as research administrator. During the research half of the job, the basic library skills of organization and reference are used.

Research duties were added to the librarian's job because the hospital administration recognized that good organizational skills and the ability to locate federal information were inherent to the development of research policies and procedures. They also recognized that it would provide the librarian with an excellent overview of all research programs and their future needs.

Briefly, the director's position involves the basic duties of organizing research committee meetings, maintaining files and records, and answering correspondence. More importantly, the director must also ensure the researcher's and institution's compliance with state and federal regulations governing human and animal research. This means that these ponderous regulations must be interpreted, summarized, and translated, then transformed into institutional policies and procedures. To ensure compliance, the director must often work closely with researchers from the inception to the conclusion of the project. Funding, approval, and acceptability of results may depend on compliance. The director also aids investigators in writing their proposals and in finding federal funds.

The usual research process is as follows. The researcher discusses his project and potential problems and I provide the necessary forms and discuss the review procedures. I also indicate which department heads must review and approve the project prior to submission, and I determine whether the project can be handled through the abbreviated review process referred to as "expedited review." Once the project is submitted, I review it for completeness, submit it to the vice-presidents for approval, and try to answer any questions they may have. After this administrative review, I prepare the agenda for the research committee mailing, have multiple copies of the project produced, and mail the information to be discussed at the meeting to the twenty-two members of the committee. At the meeting, I not only take minutes but also act as a resource person when issues concerning policies and regulations arise. I then prepare the minutes and the approval letters. If stipulations are set on the approval of the project, I ensure that these stipulations are met before final approval is given.

Although this job is challenging and very interesting, there are some problems. It is a new field and there are very few points of reference for myself and those I deal with as to my duties and authority. It is very difficult to gain the confidence of investigators, especially among the Ph.D.s and M.D.s, that one does have a certain expertise in the realm of biomedical research. Overcoming their resistance to one's advice is a long process.

Research administration is also very time-consuming and often one is required to change roles. Gradually, I must devote more and more time to research and less to library duties. Attendance at meetings, preparation of the minutes, policy and regulation review, meetings with researchers, and

all the associated paperwork involve an incredible amount of clerical and administrative time.

Another problem is that there are no formal educational programs. At conferences, one can learn a lot from talking to others, but every institution is different in its approach, priorities, and research activities. Also, there are no standards of the Joint Commission for the Accreditation of Hospitals to act as guidelines or to support someone trying to develop a program.

Another factor is that the federal code leaves much of the "interpretation" to the institution, so that staff can be as liberal or conservative as they wish until the federal inspectors arrive. Usually, the desire for federal funding and the possible legal ramifications of poor research provide the impetus to establish a research office in smaller institutions.

In the future, the position of research administrator can be expanded into other areas. Grantsmanship, especially in federal funding, is a natural extension of the job and involves locating and writing for funding. It also involves working with financial formulas for projecting future costs as well as administrative overhead.

Many people involved in research administration also act as educators. They instruct researchers in the administrative procedures of the institution, inform them of the federal and state regulations, and in some cases teach them good research design. Another area of growing interest is the art of writing research proposals for funding. Educational programs on research ethics could easily become an extension of this expanded role.

Informed consent procedures have opened another possible role for the research support staff. Some institutions require that routine checks be made on the informed consent process to ensure that patients/subjects are truly being informed. The research administrator can also act as an objective third party to whom the subject can turn if questions arise or problems develop. This could be carried out to the extent that a patient representative must be present whenever consent is obtained.

In summary, research administration is a natural expansion of the professional skills of the librarian. It involves organizational skills and provides a continuum of research information, from the search for citations to analysis and publication of new data. As librarian and research administrator, I also provide information services by keeping tabs on changes in federal regulations, locating federal

and conference reports on issues in human research, keeping the research committee members up to date on trends and issues in the field, as well as providing hospital administration and federal agencies with information on research activities. The need for research administration will continue to grow as long as there are federal regulations and concern over human rights.

Audiovisual Production

NARDINA NAMETH, *Director of Library Services*

*Henry Ford Hospital
Detroit, Michigan*

Henry Ford Hospital in Detroit is a large teaching hospital with a major commitment to research. The hospital has 1,000 beds and services in every medical specialty. There is also a seventeen-story clinic building with forty-nine outpatient clinics and an education and research building that houses 120 full-time clinical investigators. The institution also has a number of allied health educational programs, including its own school of nursing. Professional medical staff number 350 and are full-time at the hospital. There are also 450 residents and a number of medical students on rotation.

The library holds 52,000 bound volumes and 1,100 current subscriptions. There are six professional staff, including the school of nursing librarian, and nine support staff. Services to users include interlibrary loans, circulation, consulting services, lending audiovisual equipment, photocopying, computerized literature searching, and a projected clinical librarian program.

Additional responsibilities began in the spring of 1979, when I was asked to manage the medical photography department and expand it into a full-services audiovisual department. The rationale for adding the audiovisual services responsibility under the direction of the librarian was to unify all major educational functions under the direction of one person. Since then, several staff have been added, a major workflow reorganization completed, a new photography laboratory and production facility constructed. Current responsibilities include production of all types of materials: some 5,000 lecture slides per month, patient photography, photography in the operating room, and production of films, slide-tape programs, and video tapes. In short, a

client can get just about any photographic, video, or film product from the department.

What is involved in carrying out these responsibilities? Management skills are needed to prepare budgets, analyze statistics, write reports, motivate people, evaluate equipment, organize workflow, and handle problems. Organizational skills are very important both in organizing time and in establishing procedures that work well. Some special qualities are also involved in managing the audiovisual enterprise. Motivating people is important; the creative temperament can be wonderful and can be very challenging to work with.

In a large hospital library, the director is a full-time manager with the luxury of doing a few librarian tasks to "keep your hand in." In this respect, my role changed from librarian manager to educational technology expert: how to use audiovisual materials, how to set up a small departmental library, how to control the quality of patient education audiovisual programs.

The advantages are numerous in this position. More status and power follow with additional responsibility. Greater visibility, working with a wide variety of persons, development of new skills, and sheer enjoyment are other side effects.

On July 1, 1982, I "unexpanded" my role and became director of library services once again. The decision to do this was mostly determined by a new project on the horizon. Due to increases in volume of use, both the library and audiovisual services must computerize within the next two years to remain effective service departments. Two automation projects and the current management work load necessitated the addition of an audiovisual services manager and the division of responsibilities again to accomplish these projects in a timely manner.

Administrative Functions Within a Hospital Setting

ROSEMARIE KAZDA TAYLOR, *Director of Library Services*

*Wilkes-Barre General Hospital
Wilkes-Barre, Pennsylvania*

Wilkes-Barre General Hospital is a 400-bed community hospital located in northeastern Pennsylvania. It is a teaching hospital with a residency program, in-house schools for X-ray technicians,

laboratory technologists, and nurse anesthetists, and affiliations with many local colleges with nursing and allied health programs. The hospital has a variety of special units, including an oncology center and a neonatal intensive care unit.

The library is a major resource for the area. It is one of the largest lenders of materials in the local consortium. We receive more than 360 current journal titles and have a collection of approximately 3,000 books. We provide many services to our clientele, including MEDLARS and DIALOG searching, selective dissemination of information services, copies of selected tables of contents to various requesters, and a monthly medical index for the medical staff. The library staff consists of one certified medical librarian, one paraprofessional, and four volunteers.

My expanded role in the hospital did not arise naturally from the librarian's traditional functions in the hospital, nor is it detailed in my job description. My additional responsibilities fall under the general phrase, "performs other responsibilities of a department head."

When I began at Wilkes-Barre General Hospital eight years ago, there was little sophistication in management reporting on the departmental level. Most, if not all, of the business school graduates worked under the comptroller. Although it was not required, I began to submit annual reports. I did cost/benefit studies for equipment and new service requests. I took an accounting course to facilitate communication with the accounting department. I also kept detailed records on expenditures and requests. These particularly helped me defend a 20% increase in the library budget when other departments were allowed only 9%.

Responsibilities outside the library began when my immediate supervisor, who is a vice-president, discovered that I was a degree candidate in a local MBA program. I was asked to act as chairman of a committee that was to develop a reward mechanism for long-term employees who had reached the maximum allowable accumulation of sick time. The project developed into a full-fledged investigation of sick time, with recommendations to administration, a presentation to the board of directors, and finally approval of a sick time incentive program that saved the hospital 11,000 hours in its first year.

During that time, I was asked to serve on a committee to revise all personnel policies in the hospital. At the same time, I began work on a

four-man committee that completely revised the employee health service and completed a department operations manual. At the same time, I was asked to assist in setting up a day-care center for the children of employees. I reviewed proposals submitted by potential operators of the center, prepared a presentation for administration, and participated in interviewing and hiring a day-care center administrator.

Since the increased responsibilities entailed no additional staff to cover library duties, I was forced to decide whether to put in additional hours on the job or learn to manage time and delegate responsibilities more effectively. Reluctant to spend any more time on the job, I learned to streamline operations in the library, delegate tasks and responsibilities, and find new ways to use volunteers.

Participation on an administrative committee has enhanced my professional image. Now I am asked for opinions and support for various hospital policies and procedures. Other department heads are becoming more sympathetic and have begun to support the library.

Working with various committees opened new doors of communication with those who always used the library, and the library has been discovered by a new group of users. We are performing many administrative searches, and the library's collection has expanded to reflect this trend.

During the past eight years, there has been a very noticeable improvement in the management skills of department heads at Wilkes-Barre General Hospital. Continuing education is emphasized and many department heads are returning to school for masters degrees in public administration or business administration. The hospital is hiring more MBA graduates and is requiring more sophisticated reporting from all departments.

These expanded roles may be attributed to additional education and demonstration of good management techniques, a sympathetic supervisor, and an administration that actively seeks the input of department heads. In my opinion, other librarians who show an interest in administrative activities and who impress their administration with competency in managing an efficient, cost-effective department will prove that librarians are department managers as well as specialists in their field and will be given a chance to broaden their horizons on the hospital's management team. If librarians do not take these initiatives, library departments may be absorbed by persons who have.

Microcomputer Applications

JOSEPHINE W. YEOH, *Director*
Medical Library
Riverside Methodist Hospital
Columbus, Ohio

Riverside Methodist Hospital (RMH) is a 1,000-bed acute care community hospital. It has active teaching programs serving 130 residents, an X-ray technician school, affiliation with a baccalaureate school of nursing, and has students from the Ohio State University (OSU) allied health schools and some forty OSU medical students rotating through each month. The library has 10,000 square feet of space, 400 journal subscriptions, and approximately 12,000 books.

Through an AHEC grant, the Department of Medical Education purchased an Apple II Plus microcomputer. It was expected that the librarian would learn the BASIC computer language and work with physicians to write medical education teaching programs tailored to conditions and procedures existing in the hospital.

A beginners' BASIC class set up in the library proved so popular (even without publicity) that several classes were subsequently scheduled, each lasting six weeks, meeting once a week for ninety minutes. Participants were expected to practice on the library's microcomputer in their spare time. Most of those attending the classes were medical attending staff or hospital-employed physicians.

Several of the physicians taking the class were also teaching classes to the OSU medical students. They now plan to assign blocks of time to these students both to familiarize them with use of a computer and to provide standardized lessons on software they have chosen or written (using PILOT or a similar software program).

The role of the librarian presently includes the following:

1. Eliminate "computer terror," and promote "computer literacy" among medical staff and students.

2. Evaluate and purchase selected continuing medical education (CME) software, such as that produced by the Milliken and the Med-Sim companies. The Milliken programs are interactive teaching programs that cover general topics in internal medicine, surgery, urology, and psychiatry. The Med-Sim programs describe patient cases, mainly in respiratory medicine or respiratory therapy, and the "student" must make decisions pertaining to testing and treatment of the patient.

3. Assist staff in processing research data, using their own software programs with diskettes that contain data.

4. Provide BASIC textbooks and blocks of one to two hours of practice time for which students may sign up.

5. Providing "skeleton" software programs (such as PILOT or LEARNING SYSTEM) that will enable physicians to write their own teaching programs and that are then evaluated by the librarian and other computer-literate staff.

Some anticipated developments include the following:

1. For OSU medical students, RMH teachers will avoid repetition by assigning each student a program (one example will be calculation of blood gases and the implications of different values). Students can then save the hard copy of those sections of the lesson they did not understand to study further.

2. Residents will be required to spend a certain amount of time on-line, either with a program to learn BASIC or with a CME program.

3. Time will be allocated to reluctant attending staff, with assistance from the librarian, to give private hands-on experience with a computer.

4. Modular system for departments: The hospital's computer is dedicated at this time to financial operations. Therefore, those departments not eligible to use it can use the library's computer by signing up for one- or two-hour blocks of time.

5. The library staff will obtain (and may possibly modify) software for library statistics, circulation, and special lists.