

The librarian in the cloud: or beware of unintended consequences?

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We have all been hearing for some time that we are facing the death of academic libraries. The arguments are summarized best, perhaps, in an article in the *Chronicle of Higher Education's* January issue, "Academic Library Autopsy Report, 2050" [1]. I happen to believe that academic health sciences libraries, as "spaces," probably *are* going to disappear and hospital libraries as well. However, rather than bemoan that fact, I think we, as health sciences librarians, need to start focusing on how libraries, as "organizations," will function without the "library as place." Perhaps the passing of the academic library will not matter much to academia in general, but for those of us dedicated to quality health care, guaranteeing the continuing existence of some entity (whether we call it a library or not) that ensures that physicians and patients still have access to high-quality, accurate, health-related information should be a priority.

What might that entity look like? Earlier this year, I went to my bank. I hardly ever go to the bank anymore. Like most of you, I suspect, I do all my banking online, and the closest I get to the bank is my ATM. However, I had to deal with a problematic check, so I actually entered the nearest branch, a fairly large two-story building constructed sometime in the last fifteen years. The bank has a traditional lobby area filled with desks and chairs where, if I remember correctly, one used to talk to bankers. The first thing I noticed when I entered was that there were no people in that lobby; no bankers behind the desks; and no customers in front of them. There was a line for the tellers, however, in which I stood. Eventually, I explained my problem to a teller; she, in turn, called for assistance; and someone from the back room, presumably a banker, came out to see what they could do. I realized that the physical bank of my memory, filled with

bankers, was no more. It had evolved into ATMs, tellers, and bankers who worked in a backroom somewhere, out of sight of the public. However, let us note, there *were* still bankers, and, perhaps more to the point, there was still something called banking. The end of the visible banker had not ended the need for banking. I wondered, is this where librarians are headed? Will there be no more libraries, but still librarians who provide information services from behind the wall?

Shortly after this experience, I read the OCLC report on "Cloud-sourcing Research Collections" [2]. This fascinating report, which I recommend reading, looked at the possibility of establishing shared print repositories for academic library monographs. It concluded that there is substantial duplication between library storage facilities already and that a more coordinated approach to depositing lesser-used materials could accelerate this trend dramatically, resulting in substantial savings in cost and space to academia. In an age in which I can have Zappo deliver shoes and jeans to me in twenty-four hours and I can return them at no extra charge, rapid delivery of lower-use materials from offsite storage facilities appears to be inevitable. It seems particularly likely in health sciences libraries, where the shelf-life of monographs is short and the space needs of our parent institutions so great. The report points out that many of the lower-use materials are already digitized (in the Hathi Trust), so should copyright issues ever get resolved, they could be made easily searchable online. Physical collections as we know them are already becoming passé, and the OCLC report suggests that this process will accelerate in the near future. It appears that the new library, as an organization, will have librarians "behind the wall" and collections "in the cloud."

In fact, that day is already upon us. A few months ago, my former

library released its plans to confront local budgetary stringencies. They have decided to close multiple branches of the library, consolidate all the science libraries in the current biomedical library, and move more of the collections into storage. While the biomedical library will still exist as a library place, though possibly branded as a general sciences library, users of the other libraries will experience their librarians largely behind the wall and their collections in the cloud. Students will have to find other places to study, and librarians will have to find new means to interact with their clientele.

Some of you are no doubt thinking, "Well of course, we all know this and that is why we have been working on embedded librarian programs, enhanced library instruction, liaison librarians, and so on. We know users are not coming into our libraries, and so we know we need to go to them." The current issue of the *Journal of the Medical Library Association (JMLA)* actually has two articles describing these kinds of programs: Koonce et al. describe an information prescription intervention in the emergency room [3], while Schulte reports on one library's process for closing its reference desk [4]. These programs are an important, perhaps an essential, first step to freeing ourselves from the confines of the physical library. I would suggest, however, that these programs, while perhaps *necessary*, are not going to be *sufficient* to ensure the future of the health sciences library as an organization.

Administrators funded us to acquire collections, and they provided funds for buildings to house those collections. They then gave us funds for staff to provide access to the collections, including staff to acquire materials, organize those materials, and guide users to the materials. We, in turn, repurposed that staff as technologies evolved and information resources changed. However, I would sug-

gest that the staff were always secondary. It was the collections that administrators valued. Many of us remember the saying, in times of budget cuts, "What the faculty wants is the doors open and the books on the shelves." Everything else was just icing on the cake. When we move behind the wall, and our collections are in the cloud, we lose the branding of the library as the "heart of the university." We become just another office at the university or in the hospital and just another non-core service that can be easily targeted for budget reductions.

So while programs like embedded librarians and liaisons seem to represent an excellent means of reaching users (and I hope will be the focus of a special issue of the *JMLA* in 2013), they are probably not enough, by themselves, to convince administrators to continue to support libraries once we have moved behind the wall and into the cloud. As my own former campus has found, while users value embedded librarians, they are loath to pay for them. Unlike the physical library of old, which served as a visible representation of the quality of the university, these targeted programs are easily viewed as nonessential by those who control our funding. They seem unlikely to have sufficient weight to support the continued existence of an entire organization that can adapt to new technologies and new user needs as they appear.

The advent of these programs could, therefore, have unintended and unfortunate consequences. Their very success could easily blind us to the need to re-brand the library as an organizational entity that provides services that will be seen as mission-critical for the institution, even if the library as place is no longer, thereby assuring continued funding for access to quality health information through good times and bad. We enjoy providing liaison programs; connecting users with information is why many of us became librarians. However, that must not lull us into complacency. We have to be seen to be critically

relevant if we are to fulfill our central mission for the long term.

How do we begin to do that? Ellen Faran, writing in the May issue of *College & Research Libraries News*, describes an Association of University Presses (AAUP) task force convened to provide guidance to university presses confronting the changing landscape of scholarly communication [5]. The task force began by identifying the essential functions that university presses needed to sustain in the new digital environment. Like libraries, who for years considered circulating books and shelving materials important, if uninteresting, tasks, the presses had regularly performed functions that are no longer required in a digital environment. Like libraries, the presses also have things that need to be preserved in the digital age. The report listed ensuring and signifying quality (selection, editorial engagement, imprimatur) and promoting broad readership (metadata, promotion, licensing, managing digital formats) as two key areas for the presses. The AAUP task force then went on to look at new models for accomplishing their essential functions in a digital environment.

Perhaps it is time for health sciences librarians to undertake a similar exercise, in which we consider what our essential functions are and how we might accomplish them "behind the wall" or "in the cloud." University presses are well aware of the need to maintain their bottom line. As health sciences librarians, we may be spared that particular pressure, but we face a comparable challenge if we want to preserve the organization called "library" in a digital future: After we identify our essential functions, we need to determine which will be seen by our institutions as mission critical. Ideally, that determination will be made on the basis of research, both qualitative and quantitative, to identify which of the functions that we deem essential are also seen as critical by hospital and academic administrators.

Once we have identified the critical missions, we will be well

positioned to consider new organizational models that will allow us to provide them in a cost-effective manner. I am not sure where all the bankers are who used to be in my branch, but I expect some of them have been consolidated in other branches in the city and others are providing services virtually from remote locations. When our libraries move behind the wall and our collections into the cloud, we too will be freed from the current bounds of time and space. This could create wonderful new opportunities to offer services that have been beyond the reach of the local health sciences library. For example, preserving the scholarly record has long been listed as one of the reasons we need libraries. The modern form of this traditional function, data curation, may well be something that administrators would see as essential and as a mission-critical reason to retain libraries. Data curation is complex, however, requiring large secure systems, good metadata, and talented librarians. Perhaps this is something that could be provided on a regional basis, using our existing Regional Medical Library system or some new infrastructure of similarly situated institutions across the country with local librarians responsible for working directly with faculty. Adding virtual embedded librarians to those at work in local departments is another way we might reorganize to provide cost-effective quality service. Probably no single institution could afford to embed librarians in all of its departments; however, a virtually embedded librarian serving multiple sites might be the answer for smaller departments or very specialized areas, and, I would note, a service provided to all is much more likely to be retained in bad budget years than one that only reaches a select few.

As health sciences librarians, we excel at experimentation. The *JMLA* regularly reports new approaches to solving the many problems we face in providing information to our users. Experimentation is important: It allows

us to develop new solutions in a cost-effective manner. As editor, I enjoy and marvel at the creativity of my colleagues reported in these pages. However, the challenges that face us are likely to also require a coordinated approach and a large-scale research effort, both designed to help us chart our course through the coming decades. We can build on the experiments of our colleagues, but a more organized and focused approach is needed if we want to assure access to quality health care information in the years to come. Ideally, that approach should be based on sound research, reported here in the pages of the *JMLA*.

A quote often attributed to Alexander Graham Bell reads, "When

one door closes, another door opens; but we so often look so long and so regretfully upon the closed door, that we do not see the ones which open for us." I hope health sciences librarians will not be guilty of ignoring the opening doors. Individually, we have excelled at looking for opportunities. The challenges of our current environment would appear to require a collective, evidence-based response as well.

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