The role of the medical departmental library

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At most academic medical institutions, the first level of library service is provided by health sciences or medical school libraries. For many medical departments, however, these services are also provided by a second-level library, the departmental library. These libraries are usually supported by a specific department, such as surgery, and provide customized services to this sponsor. Departmental libraries continue to play an important role amid the debate over centralized, versus decentralized, library systems. On the basis of a limited survey, this paper describes a representative medical departmental library.

INTRODUCTION

Historically, departmental libraries played a key role in meeting the information needs of many academic institutions and their associated medical institutions. Stefanacchi et al. concluded in a 1977 study that departmental libraries play a vital role in meeting essential information needs of medical center personnel, stating that “Convenient and rapid access to heavily used materials is absolutely essential to the provision of adequate patient care, education, and research” [1].

Many departments have access to two levels of library service. Level-one libraries are those supported by academic institutions, such as law, health sciences, and engineering schools. Level-two departmental libraries are supported by a unit within the academic school, such as a department of surgery within a medical school.

A level-two library can be defined as one that acquires and maintains a collection or provides library or information services to a given department. It is neither supported with university library funds nor operated by university library staff. It is not a branch library but may cooperate formally or informally with the main library.

Amid the debate over the merits of a centralized, versus decentralized, library system for tertiary academic institutions, many level-two medical departmental libraries are still operating and strong. Because of their proximity and responsiveness to department faculty and staff, level-two libraries meet a service need that cannot be addressed by many level-one academic medical libraries. Personnel in a medical department, therefore, may be served best by a combination of both a first- and a second-level library.

HISTORICAL BACKGROUND

Departmental or “seminar” libraries first appeared in Germany as the “professors’ own library” for discussing problems with advanced students [2]. Such libraries were first established in the United States in the late nineteenth century, before the concept of a centralized university flourished. Central library facilities were virtually nonexistent and library development was a low priority [3].

After the Civil War, college enrollments increased. As academic departments grew, faculty members bought books and kept them nearby. These personal collections frequently became the basis of departmental libraries. With the emphasis on postgraduate education in the last quarter of the nineteenth century, the need for adequate resources grew. At that time, the University of Michigan adopted the concept of the German seminar library [4]. By the 1890s, level-one libraries were well established at many institutions, with schools of law, theology, and medicine among the first to have organized libraries. The Johns Hopkins University did not establish a centralized library until sixteen years after its departmental libraries were organized [5].

In the twentieth century, librarians have made an effort to centralize services. Much of the academic literature on departmental libraries has addressed the issue of whether they should exist at all. While arguments concerning level-one libraries have most often been made, the same arguments apply to the role
of level-two departmental libraries within the health sciences.

The debate over centralized and decentralized libraries persists [6]. Advocates of a centralized library system argue that it is more efficient than decentralization in terms of staffing, technical processing, and security. They argue that a central system is also more cost effective, in that it reduces the need for duplication of materials and buildings. All of these arguments focus on what a library staff needs to run an efficient, cost-effective operation. Only one argument is advanced on behalf of the library user: that centralization expands accessibility to the entire collection, especially for interdisciplinary study, and that hours and policies can be standardized. This argument no longer holds. With electronic access to library resources, scattered collections are becoming increasingly accessible to the entire university community.

Arguments supporting decentralization focus exclusively on the needs of library users. The decentralized library is more accessible to its primary user group than a central system, because it is conveniently located, and library policies and hours can be tailored to meet unique needs. Library services can also be adapted easily, and collection development can be responsive to faculty and student needs.

The development of level-two departmental libraries in medical institutions has been debated in terms of the respective merits of centralized and decentralized collections. The *Handbook of Medical Library Practice* [7] stated in 1970 that “Departmental libraries are a form of empire building. They ultimately and inevitably undermine the total medical library service available in the institution” [8]. In 1986, Hulbert wrote that “departmental collections are an anachronism from when money was plentiful and fiscal accountability was not required” [9]. As in the debate over level-one academic school libraries, authors were concerned with the need for library staff to control library resources.

Arguments over cost must be weighed on different scales for level-one and level-two libraries. Level-two libraries are usually funded by departmental or other funds that would never be available to the main library and therefore do not detract from level-one library programs. The department requires fiscal accountability, and operating costs for the library are examined and budgeted. Supporters of centralization have not addressed the question of how, in the absence of level-two libraries, they would cover the cost of additional books or journals, and of the staff necessary to serve departmental clientele adequately. Nor have they addressed the cost—in terms of both money and time—to library users forced to patronize off-site locations. A departmental library is convenient and time-saving for department personnel.

Faculty and staff in many departments apparently perceive a need for additional library services and have made a commitment to support them. Few studies of level-two medical departmental libraries have been published, although a 1978 survey by Kasses et al. identified thirty-one active departmental libraries in the Columbia/Presbyterian Medical Center [10]. To examine the current role of level-two medical departmental libraries, an effort was made to identify and survey such libraries.

**THE SURVEY**

The first step was to locate level-two departmental libraries. Unfortunately, no list of such libraries is available. Therefore, using the lists of institutional members in the *Directory of the Medical Library Association* 1993/94 [11] and the list of medical schools in the *World Directory of Medical Schools* [12], 168 letters of inquiry were sent to health sciences or medical school libraries in the United States. A query was also posted on the MEDLIB-L electronic discussion list, eliciting responses from two Canadian departmental libraries.

From the responses of the level-one medical libraries, forty-four level-two libraries were identified. Studies have shown that librarians in level-one libraries are often unaware of level-two departmental libraries [13], but there was no alternative method of locating medical departmental libraries at the time of the survey.

Questionnaires were then sent to the forty-four level-two libraries, and twenty-seven usable responses were returned. A copy of the questionnaire is included in the appendix. Tables 1 and 2 show the wide geographic distribution of level-two libraries that re-

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sponded and the range of medical departments that support them.

RESULTS

The librarians surveyed reported multiple reasons for the establishment of their departmental libraries. The reason given most often (by 45% of respondents) was accessibility. The level-one library, located at either a medical school or hospital, was considered not sufficiently accessible to department faculty and staff, either because it was too far away or because hours were restricted. The author’s library, the Department of Surgery Library at the University of Wisconsin-Madison (UW), is located in the same building as a branch of the university’s health sciences library, but is two floors away. The surgery library is on the same floor as the operating and emergency rooms. For surgical faculty and staff, the health sciences library is often inaccessible due to busy, slow elevators and the library’s limited hours.

The next reason given (by 40% of respondents) was special collection needs not met by another library. The clients served by the departmental library used materials (e.g., specialized materials for clinical laboratories) not collected to an adequate degree by the level-one library. Most respondents did not elaborate on their special collection needs.

Inadequate service by the level-one library was cited by 22% of respondents. This complaint usually referred to the speed or timeliness of service. The respondents felt that the same services could be provided by the departmental library in less time than by the level-one library, which had a much larger and more diverse group to serve.

Other reasons given for establishing a departmental library included general or vague statements, such as “to enhance the teaching program.” Three libraries gave “public relations” as a reason, describing the departmental library as a recruiting tool for faculty and residents.

Role of today’s departmental library

The twenty-seven libraries responding to the survey varied enormously in size, staffing, budgets, and services. By averaging all responses, as in Table 3, a generic description of a level-two medical departmental library can be developed.

The departments that supported their own libraries ranged in size of faculty and staff from eleven to 838. The oldest library included in the survey was established in 1927, while at the other end of the spectrum, another was being established for the first time in 1994.

The space allocated to departmental libraries ranged from 240 to 6,548 square feet. The relationship of this and other variables to the size of the department was examined using Pearson product moment correlation coefficients. Correlations were tested for significance at the 5% level. There was no correlation between department size and the size of the collection, the number of journal subscriptions, the size of the library’s budget, or the amount of space allocated to the library. Most respondents did not provide information regarding the department’s budget, so this factor could not be evaluated in terms of its influence on library size.

Library collections varied in size and scope. Numbers of books in the departmental libraries ranged from 200 to 8,000 and the total numbers of journal volumes from 306 to 8,000. One library had no journal subscriptions of its own; another had 121 subscriptions, the highest number of all respondents. Each library surveyed maintained collections of one or more of the following: videocassettes, pamphlet files, audiodiscs, video discs, and computer-assisted instruction programs. To varying degrees, many medical departmental libraries also had audiovisual and computer equipment, including video recorders, slide viewers and projectors, videodiscs, CD-ROMs, and computers.
Most respondents said that part of their collection was unique to the academic institution or hospital to which they belonged. Only one library said none of its collection was unique; the library with 121 journal subscriptions described its entire collection as unique in the state. Approximately 30% of the journals in the UW surgery library were unique when compared to the university's health sciences library collection.

Twenty-one respondents divulged their libraries' budgets. Excluding personnel costs, annual budgets ranged from $2,500 to $72,000. Budgets for personnel ranged from $0 to $85,000. The $0 represented a library operated by the department, without separate staffing. Sixteen libraries were staffed by one person each, either full- or part-time, while seven were staffed by two persons each, and three libraries each had a staff of three. Of the responding libraries, 78% were staffed by at least one professional librarian with an M.L.S. degree or the equivalent. Three of these libraries each were staffed by two professional librarians, with one working full-time and one part-time. Of librarians with an M.L.S., 62% gave an Internet address. None of the librarians without an M.L.S. gave an Internet address.

**Library services**

On the average, library services were provided by library staff thirty-eight hours per week (with a range of eight to sixty-nine hours). In most cases, however, access to the library extended beyond staff hours. Two-thirds of the responding libraries allowed access twenty-four hours a day, seven days a week. The UW surgery library provided twenty-four-hour access but was always locked. The door could be opened by entering a code into a numbered security pad at the door. Department faculty and staff members could request a copy of the code, which is changed at least once each year.

Literature searching was the service used most often. Literature searches mediated by library staff were provided by 96% of the departmental libraries surveyed. Facilities for end-user searching were also provided by 59% of the libraries, by offering access to either a search system supported by the level-one library or services such as GRATEFUL MED or PaperChase.

The UW surgery library provides remote access to the computer network of the university's health sciences library for end-user searching of MEDLINE and other health-related databases. The department's orthopedic collection is kept at a separate location near the orthopedic rooms. From there, orthopedic residents can also use GRATEFUL MED.

A "quick reference" service was provided by 92% of departmental libraries. A table of contents or other literature update service was provided by 59% of the libraries. A journal routing service was provided by only one-third of the libraries surveyed. The departmental libraries generally relied on a level-one library for interlibrary loan services, but 59% of the respondents provided a document delivery service. The UW surgery library provides a weekly, computerized current awareness service.

Almost 71% of the respondents said they provided a type of service not available at the level-one library. Although most of the departmental services were similar to those provided by the level-one library, respondents indicated that they provided more personalized service, with a faster turnaround time on literature search requests. Search results were often hand-delivered to the office of the patron who had requested them and, in some cases, the photocopying of articles was done by library staff.

In most cases, the medical departmental libraries maintained an informal relationship with a level-one library. Many of the responding libraries offered discarded books and journals to the level-one library. One library participated in a courier service that operated among health sciences libraries. Another did the cataloging for a level-two departmental library, and the cataloged materials were included in the online catalog. Still another library tried not to duplicate material in the level-one health sciences library. Some of the librarians responding also participated in library training programs, either by teaching at the library school or having a library practicum student.

Twenty-five of the departmental library collections were cataloged, with seventeen using the National Library of Medicine Classification System. The remainder used either the Library of Congress Classification or a system unique to their department. Catalogs were computerized for 44% of respondents, who used software packages ranging from library systems such as INMAGIC and Library Master to personal bibliographic software such as ProCite.

Although 78% of the libraries allowed their collections to circulate, circulation policies varied. Eleven libraries allowed all items to be borrowed by library users, four allowed only books to circulate, two allowed items to be borrowed only overnight, and four libraries had more complex circulation policies, with varying loan periods for different parts of the collection or different categories of library users. Seven libraries requested that all items be used in the library only, but provided free photocopying.

More than half of the departmental librarians held positions that included work outside the library. The amount of time allocated to nonlibrary tasks ranged from 5% to 83%. In many cases, the work was information related; examples include editing newsletters and manuscripts, ordering books for department faculty and staff, and providing computer-assisted instruction. Other tasks were related to department ad-
administration and funding; these included residency program recruitment or editing and assisting with grant proposals.

CONCLUSION

Level-two departmental medical libraries play a key role in many institutions. The survey respondents represented twenty-seven libraries with 126 staff members, serving more than 5,000 potential users in their respective departments. The size of the potential user base would increase significantly if clients from outside these departments were also counted. Over one-third of the departmental library collections were unique in their affiliated hospital or medical school, providing books and journals not available in the level-one library. Many of the duplicated materials represented items already heavily used in the main library.

The service provided by departmental libraries is significant. It complements and supplements that provided by the larger health sciences libraries. Departmental libraries provide greater convenience in terms of location and hours than do central libraries, as well as offering more personalized services and policies and procedures that can be more flexible.

Librarians Patricia Suozzi and Sandra Kerbel of Pittsburgh described departmental libraries as “organizational misfits” because they do not fit neatly into the organizational structure, concluding that “departmental libraries in our library system can be viewed as the structured outcome of unmet service needs” [14]. It is the importance of these “unmet service needs” that encourages the evident commitment to level-two libraries, which continue to be supported by individual departments within medical schools or hospitals.

ACKNOWLEDGMENT

The author extends grateful acknowledgment to Dennis Heisey, Ph.D., biostatistician for the Department of Surgery, University of Wisconsin–Madison, for his assistance with the statistical analysis of the data.

REFERENCES

4. Ibid., 178.
5. RAHMAN, op. cit., 27.

10. KASSES, op. cit., 179.
13. KASSES, op. cit., 178.

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APPENDIX

Department Libraries Questionnaire January 1994

Please complete the following and return by February 28, 1994, to:

Bronte Moran
Department of Surgery Library
G3/316-CSC
600 Highland Avenue
Madison, WI 53792-3236

Thank you.

Part A

Library name: ___________ Phone no. ( ) ___________
Address: ___________ Fax no. ( ) ___________
___________ Internet: ___________

Librarian/Library Director (name/position title):

___________________________________________________________

Name/position of person completing form ___________
(if different from above)
Department name: ___________
Department size: Department’s total personnel ___________
Department’s total annual budget ___________

Part B: Department Library Background

1. Year department library first established ___________

2. Reasons/purpose for establishing department library (e.g., geographically isolated; special collection needs;
inadequately served by main hospital or medical school library, etc.)

3. Is the purpose of the library today still the same as when first established? Yes/No If no, what is today's purpose?

4. Who are the primary users of your department library?

5. Do you serve people outside your department? Yes/No If yes, please explain:

6. Is your library used for activities not directly related to library services? Yes/No If yes, please explain:

7. What library services do you provide that are not available at the main hospital or medical school library?

Part C: Department Library Description

1. Collection
   Total no. books ______
   Total no. journal volumes ______
   Total current journal subscriptions ______
   Other pieces (AV, pamphlet files, etc.) ______

2. What percentage of your collection is unique, when compared with your institution's hospital or medical school library? ______

3. Catalog
   3.1. Is your department library cataloged? Yes/No
   3.2 What classification system do you use?
   - LC (Library of Congress) - NLM (National Library of Medicine)
   - Other. Please explain: ______________________
   3.3 How are your current catalog records kept?
   - Card catalog - Automated system:
   - Name of system ______________________
   3.4 If your department is not cataloged, how is it organized?

4. Total spatial size ______ sq. ft.

5. Main source of funding ______________________

6. Current library budget:
   Total budget (excluding personnel) ______
   Personnel (salaries + benefits) ______

7. Staffing: Total staff ______ (Full-time equivalents)
   (Use one line for each staff member.)

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<th>Position title</th>
<th>No. of hours worked/week</th>
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8. Hours of service ______________________

9. Hours of access by department personnel ______

10. What is the location of your institution's main hospital or medical school library, relative to your department's library?

Part D: Library Services

1. Services provided by your department library are: (Check all that apply.)
   - Literature searches by library staff
   - Terminal or CD-ROM for library users to do own literature searches
   - Ready/quick reference
   - Document delivery service
   - Interlibrary loan service
   - Table of contents/literature update service
   - Journal routing service
   - Others. Please describe:

2. Which services are used most often? Please rank them, where 1 = most used.
   1. ______________________
   2. ______________________
   3. ______________________
   4. ______________________

3. What is your policy for the borrowing of department library materials?
Part E: Library Equipment

1. What equipment is available in your department library? (Check all that apply.)
   - Public access computer
   - Computer for librarian only
   - Photocopy machine
   - VCR player/TV monitor
   - Slide projector/viewer
   - Others. Please describe below.

Part F: Other Important Information

1. Please describe the relationship between your department library and the main hospital or medical school library.

2. Do library staff work on tasks/projects for your department that are not directly related to the library? Yes/No If yes, please describe:

   What percentage of your time is spent on these activities? _____%

3. What is your prediction, or guess, for the next five years of:
   a. Your library's existence
   b. Your role in your department
   c. Services provided by your department's library

PLEASE ATTACH ANY OTHER COMMENTS