

At HealthLINE's quarterly meeting on July 21, 2011, the 2-1/2 hour program included the current MLA President, a library school dean, health science librarianship professors, a health science library director and a relatively recent graduate. Below is a record of the discussion.

Location: Blagg-Huey Library, Texas Woman's University, Denton, TX

Title: "Opportunities in Medical Librarianship: A Panel Discussion"

Panelists:

- **Gerald "Jerry" Perry**, 2011-2012 President, Medical Library Association; Director, Health Sciences Library at Anschutz Medical Campus, University of Colorado Denver.
- **Suliman Hawamdeh, PhD**, Professor and Chair, Department of Library & Information Sciences, College of Information, University of North Texas
- **Carol Perryman**, Instructor II, School of Library and Information Studies, Texas Woman's University
- **Jodi Philbrick**, Assistant Director, Houston Program, Department of Library & Information Sciences, College of Information University of North Texas
- **Ginger Roberts**, Lead Liaison Librarian, UT Southwestern Medical Center
- **Cindy Scroggins**, Director, Baylor Health Sciences Library, Texas A&M Health Science Center / Baylor University Medical Center

Moderator: Jon Crossno, Chair, HealthLINE; Chair-Elect, South Central Chapter MLA; Collection Development Librarian, UT Southwestern Medical Center

Overall summary

The panelists all agreed it is important for today's health science librarian to be proactive, flexible, curious, creative and practice self-promotion. Make yourself indispensable!

Get familiar with terminology, names, topics, acronyms – join professional organizations and their listservs (in digest mode), attend local meetings like HealthLINE, attend conferences (cheap rates for students!) or even just the exhibits (another way to learn vendor names, terminology and current topics).

Practice and accept mentorship, especially the "Minute Mentor" style. Librarians are helpers and they love to answer questions, so if they don't know the answer they will try to find out who does. Ask to shadow or visit to see what the career is like.

Look beyond actual libraries. Embrace technology. Get embedded. Employers are looking for intelligence, critical thinking skills, and the ability to learn.

Questions

What do health science librarians do and where do they work?

Librarians do everything, they are problem solvers, they provide information when and where it is needed, at the point of need and point of care. Perry said "broadly defined, a health science librarian works with everything from social justice to personal hygiene and care."

Hawamdeh noted knowledge management and health informatics as additional important areas today particularly applied to document management and medical records. He also mentioned that in the future patients will be able to transmit large amounts of information through intelligent home monitoring systems and for those with technical and operational background there are plenty of opportunities. Philbrick noted that our skill sets can translate to many environments – academic, industry, knowledge management, hospitals, consumer health in public libraries, government agencies. Just explore the opportunities!

Perryman said we respond to challenge by assessing, and that's where change and creativity come in. She has even participated in a virtual consumer health library in Second Life. She was hesitant to recognize any challenge as a barrier if we are creative and open to change. Roberts added that it is very valuable to attend HealthLINE as a student.

Evidence-based medicine, the evolving electronic medical record, and “meaningful use” are current hot topics in medicine. “Embedded” is a term the panelists used – librarians becoming linked to specific departments outside of the library to support their information needs. Show up regularly for meetings of the department you support, get familiar with the subject, know what resources are available relevant to them, and deliver that information so they get to know and rely on you.

Current issues or concerns facing medical librarianship or librarians in general?

Philbrick noted we must keep our eyes on the forefront of technology – keep up and embrace it. Our visibility in healthcare depends on us proving our value and worth and that we have an impact on healthcare.

Hawamdeh shared his “mechanics” story. He used to maintain his own car and had the tools to do that. He can no longer – technology took over. He could probably still do it if he bought the tools and got trained, but that would be very expensive because there are so many smart devices to deal with on the car. This is similar to any profession that deals with data. It is the future of health informatics. Today most information is in digital form sitting on devices. Transfer of printed material is also going digital but that's just a small part of the digital information generated daily. This complexity opens new opportunities. You must be flexible, adapt to the situation and be willing to get help in doing the job by taking additional courses or getting additional certifications. This is a challenge to library schools though – to design programs and curriculum they must understand what we're dealing with and discover what kind of training is needed.

Scroggins discussed a new trend in the economy that has affected libraries: “corporatization” of hospitals has really taken a toll. Hospitals have merged into corporations and larger business systems. She thinks she heard there are 75% fewer medical libraries in Texas now than 15 years ago. Libraries are still at the heart of what academics is all about so at her place there is not much discussion about whether the library is still needed. However in many ways her budget depends on luck – staff can be responsive and doing a great job but much depends on the fickle political world and the corresponding status of library champions.

Perry said his library supports the only medical school in Colorado, and is the biggest library in their consortium. He has had to take in materials from other libraries in Colorado that are disappearing. It takes high density storage to maintain these. Consortium partners may no longer be webbed together by physical assets since so much is digital.

The shift in science to “eScience” is another concern. Large, distributed teams collaborating and generating massive amounts of data – what is the role of the library? There are roles and opportunities but they require preparation – how to deal with eScience data sets, how to make it available to constituents, is the data HIPAA tainted, does it just need to be preserved?

Perry further noted that “return on investment” is a huge issue and challenge. He gathers annual benchmarking data and uses that to promote his library. He calculates that \$1 invested in the library produces \$7 in value to the research enterprise, which helps make the faculty more renowned, which attracts patients to the clinical side.

Perryman said we need to discuss where we are going as a profession, absorbing change while we think about what it means. We need to transition our research to the practice setting and create our own research. We have few research resources, we tend to rely on the MedLib listserv. We need to examine the decision support for our own profession to move into the future. The MLA mentoring program is a valuable resource.

Roberts pushed the HealthLINE mentoring program (she’s chair). She said “mentor” seems to sound like too much of a commitment and suggested the “Minute Mentor” idea, being a “go-to” person. Students go from the educational environment to a setting where people are really busy, but we need to incorporate them actively. In other professional programs mentoring is serious business, and we need to follow that example. Also, shadowing is a way to get a real view of a job.

“Retirements create job opportunities” – is that projection still valid? Are there other professions our skills might apply to?

Perry said each incoming MLA president gets to come up with some priorities. One of his areas of focus is “how has the recession impacted the profession, how can we be assistive of co-workers and improve the likelihood of employment and employability.” He is finding that people are not advancing because the position they expected to move into has not been vacated. His interns are nervous because that means entry level positions are not available either.

HealthLINE members chimed in on this one. Sandy Swan mentioned boomers now think 70 is the retirement age – we just don’t think of ourselves as old. Susan Kutchi noted she’s already in her “encore career” of librarianship – but she still plans to retire to another career. This degree gives you great flexibility; the library degree expands the world rather than narrowing it. If an opportunity is not available, then extend to another area.

Philbrick agreed we should look beyond libraries. We need to be at the table in the American Informatics Association, and we can’t just aim to be a reference librarian. We have customer service and basic resource skills. We are flexible, creative and curious, and we must do self-marketing. As a profession we must work on how we tell others what we do and get those ideas out.

Students are concerned about the job requirements for positions – many say they want nursing and science backgrounds. Should students take more courses or get other additional degrees? Perry said whenever they describe a new position they discuss that question: do they really need someone with specific skills and training in a domain? It takes a long time to gain training in multiple fields, and loans have to be repaid. Scroggins said there is such a glut on the market that employers have the opportunity to load up the job description and be very selective in hiring.

However they are really looking for critical thinkers who have the ability to learn what needs to be done. Having a biology background won't necessarily make you a better librarian for nurses – there is no substitute for intelligence. Carol Seiler encouraged applicants to be sure to let the librarian know you sent in your application (a sort of cover letter note including some of your skills) because with all those requirements an application may not make it out of HR unless it matches the job description exactly. Watch library job postings to gain knowledge of what skills are in demand. Susan Bader suggested regular attendance at professional meetings. Elaine Cox mentioned a student asking to “shadow her” for part of a day.

Several people mentioned gaining technical skills, however, especially practical use of computer technology. Roberts found that a job handling live chat and telephone order resolution took a long time to learn but is a useful skill for librarians. Also, someone has to manage all these electronic resources, make sure they work and teach others to use them – and Laurie Thompson said fewer people apply for those jobs. Perry noted his last 3 job openings have been very technically oriented. One telecommutes and makes videos to explain information resources. Another creates courses to help faculty integrate social media tools, while the 3rd trouble shoots and manages the electronic materials.

Hawamdeh said he sees people in their 70s and 80s walking across the stage getting degrees – people recruit based on what you can do, what skills you have. Age and grades don't matter as much. However, what they *perceive* you can do is very important. You don't need *all* the skills, you just need a hook to get in, most of the training is done on the job. Does management perceive you as valuable? The librarian may not be thought of as the person who can find information and synthesize it if someone goes to the library and is told providing that service is not their job – but embedded librarians can help with that. Projects are often repeated because no one documented it the first time.

Philbrick said that professional and personal competencies needed by health science librarians include being flexible, curious, committed to lifelong learning – and you can't teach those, they are inherent personal qualities. Can a person relate to people and work on a team? When assigning students for internships they try to make good matches.

Perryman talked about “boundary crossings” – we are able to interact with people all over the world and have interests that cross professions and boundaries. What we bring with us from earlier careers and experiences helps us. We can embed in any environment. We have value in ourselves and can do just about anything ... given the budget! She also mentioned enthusiasm for the work we can do with our skills.

After a break we began with questions from the floor...

Jean Hillyer said when she was investigating a new career she looked in the Occupational Outlook Handbook and that led her to the MLA website, which had a section on mentors. That is how she made contact with Laurie Thompson, who shared her perspective on the profession. So we just have to be willing to ask – if the person you ask doesn't know, they can point you in the right direction. She thanked MLA for the mentoring program.

Cheryl Duke asked about consumer health libraries that meet the needs of patients, and Perryman said public librarian experience is very translatable to that setting. Duke noted that someone with librarian skills who is personable could try being a corporate trainer such as with OVID or CINAHL, or try sales – they need people to sell library education products in the medical field.

You have to be proactive, don't sit in the library. Perryman agreed, describing a librarian who had her space cut so she took a cart and laptop to the potential users and reference questions went up 27%.

Cindy Batman said that 2/3 of the librarians hired from UNT are not in traditional library environments, they are knowledge managers, consultants, information specialists, researchers. One grad even got an aerospace job relating to database design.

Hawamdeh thinks that the library will become the center for managing all information – including data and medical records – especially as library information becomes electronic. It will be more efficient and cost effective. Institutions will be forced to archive and preserve information for a long time for its research value so they can go back to do data mining. Information specialists will be important – just as news shows have specialists because there are so many data sources, medicine will need people to walk alongside doctors and provide the right information at the right time. Bottom line is change and change in the way libraries are perceived – they may not even have walls or ceilings. New York Public has the Bryant Park Reading Room and now Dallas Public is working on something similar.

Pat Reese shared that she had worked with medical records subsequently transitioning into health librarianship.

Health information literacy, consumer health, mobile apps are all topics of interest to the public. Perry said that a technology project is an opportunity to include health information literacy education since people always have a health concern that needs researching. For example, in Colorado, stimulus funds to increase bandwidth in rural communities enabled teaching of health information literacy. Perryman noted additional opportunities for consumer health in public libraries and community based health information. Philbrick mentioned mobile applications for consumer health. Hawamdeh added that *technology* does not mean training in hard core computer science – it means knowing the buzzwords so you can understand, communicate, and relate, and so you can learn to work with technology and keep up as it changes. They will train you if you get the job!

Cathy Schack said we need to incorporate assessment so we can prove we had an impact. They are actively looking for programs where librarians can provide added value. Hawamdeh agreed we need to be part of the solution and do more than just give them the information – we can help them by answering the question. That is the point of knowledge management. Google Maps and GPS are great examples – they don't just give you the information, they tell you exactly where to go, step by step. They provide knowledge.

What benefits do you see in students becoming involved with professional associations?

Perry said it is useful and important for students to engage with the profession very early. They use student assistants to create videos, give tours, even teach some very standard classes that don't require domain knowledge. Their library also uses high school students to do projects, hoping to attract them to the profession. One student assessed the library's web architecture and presented such a professional report that he was able to use it in determining the direction to take with their web advancements. Student labor has a significant impact on their metrics. He plans to encourage engagement with students.

Philbrick said UNT encourages students to go to meetings like HealthLINE, SCC, MLA, and to present papers at them. There's usually a cheaper rate to attend and you can learn who are the movers and shakers, network, even be involved by joining committees. Susan Bader found her new librarian by meeting her at HealthLINE.

Roberts said travel awards are available for conferences, and Perryman said listservs are gold as a way to become familiar with names, topics and acronyms. The local Librarians Unlimited, HealthLINE's own (join at DFHealthLINE.org) and MLA's MedLib listserv are all useful. Some have archives that can be searched by subscribers. Sandy Swan noted you can even subscribe with no mail to gain the ability to search the archives. Cheryl Duke reminded us that exhibit passes are a cheap way to get updated about technology even if you can't attend the conference.

Are internships and practicums still important?

Philbrick said UNT requires 180 hours so that students will get a good learning experience. They couldn't do it without HealthLINE as a resource for mentors, internships, guest speakers and jobs.

Andi Spencer said she went straight to grad school without job experience, so her internship at UTSW has been very important.

Shelly Burns reminded people about volunteering as another way to get experience if no jobs are available. You can see a variety of settings. Although volunteer hours are usually flexible you still need to be dependable. Roberts said that skills learned by volunteering can go on a resume.

Mary Ann Huslig told people to be sure to apply if they find an opening that looks interesting. HR departments may try to match exactly so they may not pass along applications that might be relevant. Be proactive and let the library know you applied. If you don't get the job then you've had a valuable experience anyway.

Jean Hillyer and Susan Kutchi made a final recommendation – take continuing education courses while in library school such as those offered by NN/LM. They are a great way to learn, often by spending only a few hours. They can go on your resume and you have more time to take them than when you start work and must ask for the time! This also demonstrates interest and engagement in the profession and is another opportunity to network with practicing professionals.

Additional comments:

See MLA President Jerry Perry's 8-25-2011 posting about his visit to Texas and the HealthLINE meeting on his blog: <http://jerryperry.tumblr.com>

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