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## Bringing back the librarian, Part one

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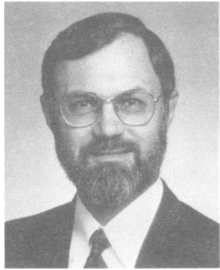
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## PRESIDENT'S PAGE

### Bringing back the librarian, part one



The Medical Library Association's (MLA) strategic plan [1-2] contained three goals:

**Goal I.** MLA is dedicated to improving health through professional excellence and leadership of its members in the design, development, and management of *information systems*.

**Goal II.** MLA is dedicated to improving health through professional excellence and leadership of its members in the creation and provision of *information services and educational programs* for health information users.

**Goal III.** MLA is dedicated to improving health through professional excellence and leadership of its members in *research* in health information science.\*

As MLA president for 1991/1992, I have set a theme for my term, "Bringing Back the Librarian," and with this, I will emphasize Goal II. I do not dismiss the importance of automation or research to our profession, but I believe our ultimate success as health sciences librarians is to be found in the degree to which we succeed with Goal II. As in medicine, we are a profession of practitioners, we take on the fruits of research, and indeed contribute as well, and we adapt technology to our practice; but our success still lies in the value of our services and education programs for our clientele. As one example of how the perspective on what our profession is really all about can be sidetracked, I will cite the integrated academic information management systems (IAIMS) projects and

the medical informatics developments. The education, training, and, indeed, the involvement of the librarian in these automation projects have not always received the emphasis they require. The projects have, in several cases, become almost totally divorced from our libraries. The new field of medical informatics is being developed outside our libraries and no one has a clear definition of the role of health sciences librarians in this field or in relation to this field. Information systems receive support and forums, while information services, working with the new technological developments, struggle with new issues and new roles without, in my opinion, adequate forums for discussion.

In short, the role of the health sciences librarian—the *information services* professional—within the arena of information technology is not being given the professional attention it requires. And it is clearly our responsibility to give this attention and no one else's. Without such attention there is the danger, not so much that the *information systems* professional will take over these services roles—for I do not believe in fact they ultimately want them—but that the roles themselves will therefore not be developed properly. In general, services are not as pressing as systems, they are not as visible, nor do they have the administrative appeal of systems. I am sure we would agree it would be easier to purchase a CD-ROM subscription and workstation than it would be to add a librarian to the staff to handle service needs.

I believe it was the intent of the developers of the strategic plan to create a role for the health sciences librarian in the evolving world of information access and knowledge transfer. The plan was developed at the early stages of the evolution,

when the process was not as clear to us as it is today. Some librarians thought they could see a role for themselves in information systems. Their tendency was to move in whatever direction that potential role might take them and to leave aside the role librarians had traditionally played in information. They seemed to believe that the traditional role of the librarian, however important, could simply be taken for granted.

It is my contention that we cannot assume that the role of the librarian will take care of itself. We must promote this role as vigorously as we, and others, have developed the role of the information systems professional vis-à-vis health sciences libraries. While these efforts have, in fact, produced benefits, the perception of the information services role has languished to the point where even the medical informaticists can be heard to ask, "Where is the librarian in all this?" Informaticists are beginning to try themselves to define the role of the librarian in the world of information access and knowledge transfer because we are not doing it ourselves. Medical informaticists will talk about the librarian as the "glue" that holds together the information capabilities and possibilities we find in the library and in the information environment today. I believe that is right; librarians do bring a cohesiveness to information that is unique in the professions.

Other people see the library's role within the IAIMS or automation environment in terms of a place for shared resources, a place of interface between users and experts on information systems, and a place for help and education with information needs. Unfortunately this doesn't clearly define the librarian's role. The library is a place up for grabs, so to speak, as to who

\* Emphases author's.

is in charge of the professional information roles—the information *services* professional (the librarian) or the information *systems* professional trying to be a *services* professional.

We have seen the growth of the product side of the information professions, and we have taken much of this development into our libraries. Now we must reconsider our services and education roles within the information environment, clarify them, strengthen them, and make it known what is ours, what we claim, and how we want to be identified. We can no longer simply follow product development to wherever it may take us. We must become proactive and stake claims to our roles in the information environment. We must take control of the direction of our role as information services professionals.

I will be writing three articles for the "President's Page" of the *Bulletin*, building on the concepts I presented in my inaugural address in June. Each article will cover different aspects of MLA in an attempt to relate its activities to my theme of "Bringing Back the Librarian," with a focus on Goal II of the strategic plan, to show that MLA can and is making strong efforts to support the health sciences librarian. In fact, it is my belief that without a strong MLA, without MLA's programs, we would be without the necessary leadership for our profession to gain strength. This article considers the work of three MLA committees.

The Governmental Relations Committee (GRC)<sup>†</sup> is MLA's primary advocacy committee on legislation and information policy issues. What is its role vis-à-vis information services and educational programs as put forth in Goal II? Clearly this committee's charge

is to influence legislators at all levels so that funding will be available and legislation is passed for libraries to improve their services and educational programs for health information users. And this committee can support the National Library of Medicine's (NLM) efforts in planning as they relate to issues of information services and education. An example here is the board of regents' Outreach Planning Panel report, which stressed outreach to all health care professionals, particularly those practicing in the underserved urban and rural areas of our nation [3]. The members of GRC are aware that their libraries and their clientele stand to benefit from favorable legislation and government funding. In many instances, it is government support of programs that enhances our libraries' information services and educational programs. Telecommunications and interlibrary loan networks; the regional medical library program; NLM's MEDLARS<sup>®</sup> databases and publications, e.g., GRATEFUL MED<sup>®</sup>‡; and other information access tools are prime examples.

Governmental Relations Committee members can continue to influence their legislators as to the importance of the need for users to have access to the most current information so that they can provide the optimum health care and educate their patients on preventive measures. In addition, they can educate their fellow MLA members as to the importance of writing letters, visiting or calling legislators, and keeping track of legislative issues. Too often MLA members take things for granted until it is too late and they are adversely affected by the cutback in "free" government library services and programs [4].

Another MLA advocacy committee is the Status and Economic

Interests of Health Sciences Library Personnel Committee (SEIC)§. Its advocacy role addresses the stature and well-being of association members. How do these concerns relate to Goal II, namely, the professional excellence and leadership of the members of MLA in the creation and provision of information services and educational programs for health information users? I think we all would agree that a profession's status is tied to its recognition and perceived leadership within a community or society. The greater the success of MLA in providing such leadership, the more positive the effect on status for both the individual members and the association as a whole.

The role of the Status and Economic Interests Committee is to take a proactive stance on issues affecting the status and economic interests of the membership. By doing so, it can assist the association through identification of key issues, provision of research on these issues, and liaison with other groups and individuals as a clearinghouse for status and professional economic matters. This service to the association will help MLA and its members achieve and maintain a strong status and economic position within the library community. MLA and its members will enjoy enhanced recognition as leaders through a strong stance on status and professional economic issues [5].

The Publishing and Information Industries Relations Committee is also an advocacy committee of the association. Its activities, to the extent that they are proactive and positive, affect the leadership role of the profession in the provision and creation of information services and educational programs for health information users. Issues relating to publishing practices, copyright laws, and fraudulent and

<sup>†</sup> My thanks to June Glaser for her response to my questions on this issue as it relates to GRC.

<sup>‡</sup> MEDLARS and GRATEFUL MED are registered trademarks of the National Library of Medicine.

<sup>§</sup> My thanks to Dorothy A. Spencer for her response to my questions on this issue as it relates to SEIC.

erroneous publications all affect how librarians are seen as leaders in the information environment. It is critical that each of these issues, and many others in the complex area of publishing, are addressed by the profession because they are all vitally important to the appropriate provision of information services.

It is not my intention to make an exhaustive survey of advocacy committees or activities of MLA, but only to try to make the point that these MLA committees do play a crucial and important role in promoting Goal II of the strategic plan.

In subsequent "President's Pages" I will discuss Goal II in relation to MLA's education and professional development activities, and finally to the association's services, governance, and publications.

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## FROM THE BULLETIN – 50 YEARS AGO

### Notes on medical bibliographic citation

*By Judson B. Gilbert, M.D., Schenectady, New York*

The difficulties encountered as the result of misspelling of proper names, or later of mistakes by the printer, commonly and often justly referred to as a printer's devil, and later of poorly corrected proofs, add to such glaring mistakes and misquotations. Difficulties in spelling can exist in any language, but are predominant in Russian names—especially when requoted from German translations or abstracts. These errors and the devious methods necessary for their detection have been clearly stated by Place (1916) and Weller (1921). The burial of a fabulous Frankenstein in the person of one Dr. O. Uplavici (1887-1938) of Prague has recently been celebrated by Clifford Dobell in 1938. The only cure for this wasting, time-consuming disease is thorough painstaking digging—as Fielding Garrison so aptly stated it. Certainly there is no royal road to such perfection.

Not only from a scientific viewpoint, but for its esthetic value, an entirely correct bibliography of any subject is a great source of satisfaction, and a worth-while achievement. In fact, an accurate and polished bibliography can truly be called "a thing of beauty and a joy forever"—even if is not a prearranged "float through posterity."

*Bull Med Libr Assoc* 1941 Mar;29(3):139