Look How Far We've Come (And How We Got Started)
A Medical School for Massachusetts:
Worcester and the Donahue Report of 1962

On May 31, 1961, the Democratic-controlled Massachusetts legislature authorized a “Recess Commission on the Establishment of a State-Supported Medical School.” Massachusetts, in fact, had carried out such a study during the governorship of Paul Dever (1949-1953). That study recommended that a two-year school be established. The interests of private schools, such as Harvard, seemed to have squelched that idea.

Now, the stakes were considerably higher. Not only was the need for more doctors considered a national crisis, but the three Boston medical schools (Harvard, Boston University, and Tufts) had actually decreased their rates of acceptance of Massachusetts applicants. Worcester is usually seen as the surprise winner in a four-way race to host the school. Yet, a little-known straw vote by the members of the 1961 commission suggests that this may not have been true.

The Commission was chaired by Maurice Donahue, a Democrat, majority leader, and future president of the Senate. Among its fifteen members, only three had any direct connection to Worcester: the presidents of Assumption College and Clark University, and Massachusetts Representative Vite Pigaga, who had represented Worcester since 1958. Mr. Pigaga, whom I interviewed last year, and whose papers in our collections have helped me document these events, firmly supported a state medical school and openly supported Worcester as the best site for it. He seemed greatly outnumbered—at first.

Donahue sought advice from leaders of the Association of American Medical Colleges (AAMC). But primarily he took the political pulse of Massachusetts citizens by holding a series of ten meetings covering most of the state. (Had he listened more closely to the AAMC, he would have heeded their advice to locate the new school on the main campus at Amherst.)

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Pointing Toward the Future: Our Library Service Point (LSP)

On January 5, 2009, Lamar Soutter Library (LSL) went “live” with its single service desk (ssd), called the Library Service Point (LSP). Working toward our long-term goal of librarians providing more outreach to our primary clientele, the LSL implemented a triage and referral model for a single service desk. In simple terms, the triage and referral model means:

- Library assistants staff the desk.
- A reference librarian is on-call for in-depth patron assistance.
- Other reference librarians provide services in clients’ own departments.

Thus, in the triage and referral model, librarians’ time will be redirected to projects and activities that take them outside the library, to provide service.

As the one-stop-shopping point of service for the library patron, the Library Service Point provides a first point of contact for anyone coming to the library. It combines the services formerly provided at the circulation desk and the ready reference services formerly provided at the reference desk.

Instead of the patron deciding which would be the appropriate place to go for his or her particular need, the library assistants at the LSP “triage” the patron’s request. Either the assistants handle ready reference questions themselves or call in the assistance of a librarian to answer in-depth reference questions.

In an effort to provide on-going training and to keep lines of communication open between LSP staff and on-call librarians, we have started monthly LSP Grand Rounds for library assistants and librarians. At each Grand Rounds, two staff members are responsible for bringing to the group either interesting questions that have come to the LSP or interesting resources that they want to share.

During the first six months of operation, the LSP handled 960 questions; 82% of the questions were answered directly by LSP staff; 18% of the questions were referred. A formal evaluation of the LSP is planned for FY10.

—JE, MP

Campuses Receive Broadened Library Assistance

Effective July 1, 2009, the administrative oversight of the Homer Gage Library on the Memorial Campus transitioned out of the Information Technology department and began reporting to Elaine Martin, MSLS, DA, Director of Library Services, Lamar Soutter Library (LSL), University of Massachusetts Medical School. The purpose of this restructuring is to improve the level of service at the Memorial campus, and to ensure equal access to health information services to all UMass Memorial physicians and UMass Medical School clinical faculty, regardless of worksite location.

Andy Dzaugis continues to provide support at the Homer Gage Library. Andy joins the other LSL professional librarians in assessing the health information needs of Memorial staff and in developing a plan to best meet those needs. Additionally, the librarians offer assistance in accessing more than 5,000 full-text online journals and more than 300 online books through the LSL website, classes in searching PubMed and other evidence based resources, and through personalized consultations.

—Elaine Martin

The Value of Evaluation

The academic health sciences library of the early twenty-first century is rapidly changing. Patron interactions with this library have been transformed from almost complete physical contact to a more virtual experience. As a result, the ways the library provides its users with information services and resources have changed and will continue to do so. With these changes comes the need to re-examine how the library decides which services to offer and how to deliver them in the most effective way.

Throughout FY10 the Lamar Soutter Library will be coordinating a number of evaluation projects to better measure the impact of library programs and services on teaching, research, and clinical care. To help ensure the success of this effort, library staff members were introduced to the topic of evaluation during the annual all-staff library retreat this summer and had the opportunity to work with some evaluation tools. Additional training will be provided throughout the year.

One evaluation project already underway is the impact of the new Library Service Point (LSP). The project will have two components. One will concentrate on the service delivered at the LSP and will include opportunities for library user feedback. The second will concentrate on the new activities assumed by the reference librarians, and how they are collaborating with faculty and researchers.

In the coming year, the library asks that patrons take the time to provide comments and feedback so that services can be improved. Your input will be much appreciated.

—MP
The Changing Format of the Library Journal Collection

Since the mid 1990s the Lamar Soutter Library has been able to collect both the print and electronic versions of most journal titles. For the 2009 subscription year, however, the library began moving toward acquiring an electronic-only format in response to both fiscal and environmental needs. In short, the library is committed to reducing costs and increasing seating capacity, while maintaining the highest possible level of service to the research and student communities. This year, the first step was to move 212 of the current 1,350 journals to an electronic-only format.

But the library needed to do more. So it worked with the Library & Learning Resources Committee to identify further reductions in the number of print titles the library purchases without jeopardizing the quality of our collection. For the 2010 subscription year, the Library will move farther toward an electronic-only journal collection. With the exception of 241 titles to be retained in print and electronic formats, the library will purchase only electronic access to our current 1,350 journal titles.

To identify those journal titles to be maintained in both print and electronic format, we employed a detailed and data-driven process. We reviewed historical usage data, impact factors, and subject coverage, as well as comparing our holdings to the collections of peer institution libraries. The resulting list of 241 titles is below. The reduction in the number of journals available in print format will allow the library to cover inflationary costs for the 2010 subscription period without cancelling access to titles. The shift to electronic journals also will free up space for student seating by reducing the amount of shelf space needed for journals.

The library remains committed to providing users with quality health information to support education, research, and patient care needs through access to an excellent and well-balanced journal collection. If you have any questions about the Library’s decision to move to a primarily electronic-only journal collection, please do not hesitate to contact Mary Piorun, Associate Director at 508-856-2206 or Mary.Piorun@umassmed.edu.

CORE LIST

Academic medicine: journal of the Association of American Medical Colleges.
Acta chirurgica belgica.
Addiction.
AIDS.
AJR, American journal of roentgenology.
Alcoholism: clinical and experimental research.
Allergy.
American family physician.
American journal of cardiology.
American journal of clinical nutrition.
American journal of clinical pathology.
American journal of critical care: an official publication, American Association of Critical-Care Nurses.
American journal of emergency medicine.
American journal of epidemiology.
American journal of forensic medicine and pathology.
American journal of gastroenterology: official publication of the National Gastroenterological Association.
American journal of health promotion: AJHP.
American journal of human genetics.
American journal of kidney diseases: the official journal of the National Kidney Foundation.
American journal of medicine.
American journal of nursing.
American journal of obstetrics and gynecology.
American journal of ophthalmology.
American journal of orthopedics.
American journal of pathology.
American journal of preventive medicine.
American journal of psychiatry.
American journal of sports medicine.
American journal of surgical pathology.
American journal of tropical medicine and hygiene.
Anaesthesia.
Analytical chemistry.
Anesthesia and analgesia.
Anesthesiology.
Annals of emergency medicine.
Annals of internal medicine.
Annals of neurology.
Annals of surgery.
Annals of the rheumatic diseases.
Anticancer research.
Archives of dermatology.
Archives of disease in childhood.
Archives of disease in childhood: Fetal and neonatal edition.
Archives of general psychiatry.
Archives of internal medicine.
Archives of neurology.
Archives of ophthalmology.
Archives of otolaryngology–head & neck surgery.
Archives of pathology & laboratory medicine.
Archives of pediatrics & adolescent medicine.
Archives of surgery.
Arthritis and rheumatism.
Atherosclerosis.
Biochemical and biophysical research communications.
Biogasanfd medicinal chemistry.
Biotechniques.
BJOG: an international journal of obstetrics and gynecology.
Blood.
BMJ: British medical journal / British Medical Association.
Brain: a journal of neurology.
Breast cancer research and treatment.
British journal of anaesthesia / BJA.
British journal of psychiatry.
British journal of radiology.
British journal of surgery.
Canadian journal of cardiovascular nursing = Journal canadien en soins infirmiers cardiovasculaires.
Cancer investigation.
Cancer research: the official organ of the American Association for Cancer Research, Inc.
Cancer.
Carcinogenesis.
Cardiovascular research.
Cell motility and the cytoskeleton.
Cell.
Cerebrovascular diseases.
Chest: official publication of the American College of Chest Physicians.
Child's nervous system: ChNS: official journal of the International Society for Pediatric Neurosurgery.
Chronical of higher education.
Circulation research: a journal of the American Heart Association.
Circulation.
Clinical cancer research: an official journal of the American Association for Cancer Research.

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SR: Can you give us some background about yourself?

KR: I was raised in Shrewsbury and graduated from high school in 1976. Then, instead of immediately entering college, I went to work in Worcester, at what was the State Mutual Life Assurance Company (now Hanover). I worked there for nearly seven years, leaving when my first child was born.

I was a “stay-at-home” Mom for years, but, beginning in 1998, began to further my education. Over the next decade, I earned an Associate’s degree from Quinsigamond Community College, a Bachelor’s degree in American Studies from Smith College, and a Master’s degree in Library Science from Simmons College (where I’m presently pursuing a Master’s degree in History).

My lifelong fondness for libraries probably began with my first trip to the Shrewsbury Public Library to get a library card. I remember my father bringing me there, a huge old building that was somewhat dark and very quiet. I also recall choosing a couple of books that were much beyond my reading ability and feeling so excited as I returned home to “read” them. Sitting in our living room, feeling very grown up, I could, however, read only about every other word. Nevertheless, I was hooked on libraries from that point on.

Being one of five children in a family that had only one car, I soon learned that trips to the library were not always easy to arrange. Fortunately, the library’s bookmobile visited our neighborhood every two weeks. It was great having a “library on wheels” just a short stroll down the street.

I enjoyed reading biographies and fiction and would occasionally read science fiction when I was younger. Today, I still enjoy biographies and fiction and now also read a lot of historical nonfiction. I’m also trying to catch up on some older classics, by such authors as John Steinbeck, Theodore Dreiser, and Willa Cather. I took two excellent American Literature courses while studying at Smith. There are so many books that I want to read. Besides reading, I enjoy sewing, needlework, and bicycling. I would also like to do more hiking in my spare time.

SR: What has been your progression in your library work?

KR: I’ve been working here at LSL full time for a little over a year and part-time prior to that since December 2005. I began in Interlibrary Loan as a temporary part-time employee. The position was changing to full time about 8 months later and fortunately for me it coincided with Ellen More looking for part time help in the newly established Office of Medical History and Archives. It was a perfect fit since I was attending Simmons College part time, pursuing my Master’s degree in Library Science with a concentration in Archives, and still wanted to work here at LSL. I also worked weekends for about a year beginning in Fall 2006 as the librarian at Nichols College in Dudley where I live.

SR: What aspects of your work here at LSL do you find the most challenging? The most rewarding?

KR: I think the most rewarding aspect of my job is providing patrons with the materials they are seeking. We receive requests from offices within the institution as well as from patrons outside of UMMS, and it’s really satisfying when we can provide a copy of a requested document or photograph from one of our special collections. One of the most challenging parts of my job is trying to continually provide quality, timely service to our patrons. We have a very rich collection of materials that have been accessioned into the archives and processing the collections to create finding aids for access to them is not always as simple as I would like. My duties are quite varied which makes my job very interesting, but sometimes I would prefer to have an uninterrupted span of time for concentrating solely on processing a collection.

SR: Are there other areas of librarianship you think you’d like to explore or become proficient in, during the years ahead?

KR: I’ve started doing more general reference work, and although it’s somewhat challenging for me at this point, I really enjoy it. I’d like to become more proficient at searching some of the databases and would also like to gain experience with teaching and outreach. In addition, I’d like to become a little more knowledgeable about digital technology and how it can be implemented for use in special collections.

I certainly didn’t think when I began my educational journey over ten years ago that I would be doing what I’m doing now. I originally thought I would get a degree in accounting and become a CPA. Not long after beginning my second accounting class, I realized that a career in accounting was definitely not for me. I took a battery of tests that determine appropriate career paths to pursue and they all pointed me toward a career in librarianship or history. I think I’ve found the perfect combination of both, in my position here at LSL.
Look How Far We’ve Come
(continued from page 1)

From the outset, Donahue and most of the Commission were convinced that the school should be located in a major urban center. They also clearly hoped to link it to an existing hospital, both to reduce the cost and the time of construction. Thus, the Commission closely inspected potential locations in Boston, Worcester, and Springfield. All three cities owned financially burdensome municipal hospitals they hoped to divest. In addition, state-owned Lemuel Shattuck Hospital in Boston seemed ripe for “re-purposing.” (The fight to build a new teaching hospital will be chronicled in a future essay.)

The idea of a state medical school elicited a mixed response. According to both Donahue and Vite Pigaga, the Massachusetts Medical Society, the three Boston medical schools, and the Massachusetts Federation of Taxpayers’ Associations all opposed the idea. Labor unions were strongly in favor, and didn’t hesitate to say so from the beginning. In Worcester, supporters at first were cautious. But, by the fall of 1961, when word got out that the Commission would recommend a four-year, state medical school to be affiliated with the University of Massachusetts, Worcester came out strongly in favor of locating the school here.

In the end, the Donahue report recommended that the state establish a four-year school, that it be given fiscal independence as a guarantee of educational excellence, that the State commissioners of public health and mental health be made University Trustees, and that an appropriation be made for a dean and an architect. But they also recommended that the site decision be left in the hands of the University Trustees and the future medical school dean.

What the report did not disclose is that Donahue took a preliminary poll of the members’ site preferences. As Vite Pigaga told me, Worcester won—by one vote. Only then did Donahue realize how contentious a question this would become, with members of the legislature likely to lobby for their own districts. In order to pass the enabling legislation for the school, the Commission’s close vote for Worcester was withheld. The report was accepted on January 31, 1962. On July 27, 1962 the legislature enacted its proposals to establish a four-year state medical school as part of the University of Massachusetts. However, the fight over a location would occupy three additional years.

—Ellen More

References: