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Open Forum (on strategies for advocacy) NAHSL 2013: UMass Medical School's Experience

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Open Forum NAHSL 2013


UMass Medical School's Experience

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Outline

- Context
- Library Trends
- 4“Rs”
- Fellows Program
- Reference Model
- Changing Space
- Rejuvenation



Context

UMMS

- \$20 million deficit institution wide
- 5% cut across the board FY 2014 (all departments except those involving public safety)
- Hiring freeze
- Rising cost of journals
- Sequestration- resulting in mandatory 5-10% cuts to all NIH-funded research grants
- Loss of revenue from Commonwealth Medicine
 - Reduced contracts with state agencies including correctional health
- Clinical partner in financial straights as well
- Institution is preserving mission critical programs
- UMMS proposed operational goals mandates all departments to decrease expenses by anticipated 10% before FY15.

Library Trends

LSL Mirrors National Trends

- Declining Statistics
 - Circulation
 - ILL
 - Binding
 - Cataloging
- Self-Service
- Move to Single Service Desk
- 24/7 Access to the Library
- Library Work is Changing

Professional Work Is Changing

The professional work is increasing in volume and becoming more complex and technology focused:

- Participation in systematic reviews, chart rounds, IRB
- Developing custom portals for departments
- Website consultation service
- Library as publisher
- Participating as primary staff on research grants
- In-depth reference requests such as
 - Developing complicated search strings for requests from the Office of Research or the Dean's office.
 - Getting people started with research
 - Helping people decide where to publish
- Complex IR work (Institutional Repository is expanding)
- Complex cataloging work / metadata
- Library professionals are spending more time bringing services off site to locations such as Memorial and Mass Biologics.

The 4 Rs

- Reject (the old)
- Rethink (the model)
- Redo (implement new model)
- Rejuvenate

Rethink the Librarianship Model

- Rethinking the Library in “mission critical” terms leads us to a totally professional model that better meets the needs of faculty, students, and staff of UMMS.
- As we take a more universal view of what it means to be a librarian, we concentrate in new areas:
 - Data services
 - Embedded librarians
 - Focus on UMMS programs
- Questions to address?
 - Will our library continue to be “equal access” ?
 - Will we provide baseline service, but move to an entrepreneurial chargeback model “pay to play”?
 - Will our budget fluctuate based on who uses our services and who can pay?
 - What changes do we need to make to morph into a Library that continues to meet the needs of the medical school as it changes?

Summary of Staffing Changes

- Transition staffing from current non-MLS support staff to recent MLS graduates
 - Layoff 5 support FTE
 - Cut 2 vacant support FTE
 - Recruit 3 MLS degreed Library Fellows
- Layoff copyright and licensing services librarian. (1 professional FTE)

Summary of Library Fellows Program

- Incorporates training, professional development, and research.
- Guides the fellow toward a professional career in academic medical Librarianship.
- LSL is the learning laboratory for exploring the ins and outs of assisting clinicians, researchers, educators, and students with their information needs.
- Fellows contribute to LSL by performing meaningful projects and assignments and bringing passion and new ideas about librarianship to the organization.
- Provides a two-year work experience emphasizing hands-on learning and research into topics of information management, medical librarianship, and the biomedical sciences.

Developing the Fellows Program

- Curriculum Task Force
 - Overall plan for a two year integrated curriculum
 - Foundations
 - Rotations and Projects
 - Research
- Research Task Force
 - Research ideas database
 - Develop criteria for research projects, including approval process
- Reference Task Force
 - Eliminate pager and “on call”
 - Develop appointment based model

Current Reference Model

- Desk – “Library Service Point”
(staffed, until recently, by library assistants)
- Triage Model including pager
- Librarians “on call” in the Library
- Some librarians conducting
“embedded” liaison work

Reference Desk – Today



"Organic" Library Liaison Service

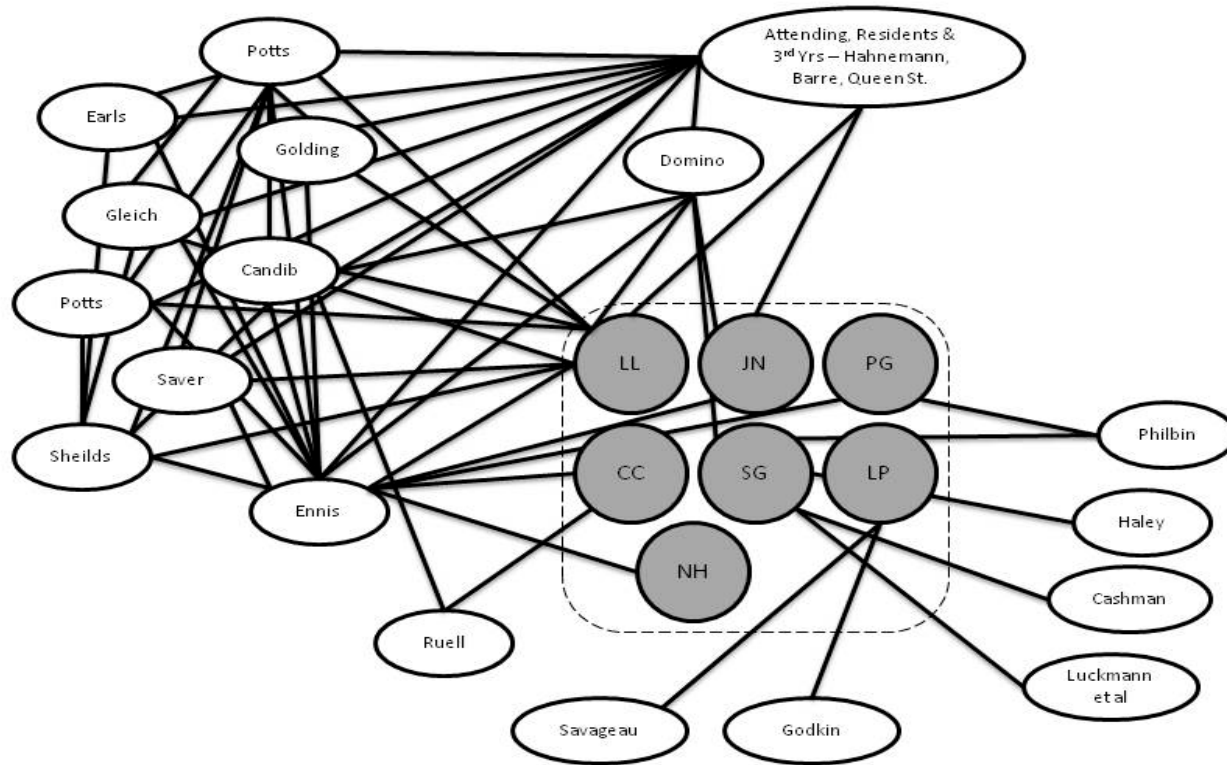


Figure 1: LSL Staff Connections to Family Medicine & Community Health
(example; not exhaustive)

New Service Model

- No Desk, Paging System or “On Call” Librarians
- New Model:
 - Consultation service model; appointment based
 - Librarians off-site; assigned to specific projects or departments (The “Informationist”)
 - Less “library as place” based service
 - More librarians going out of Library to provide service.
 - More grant funding for partial salary support – charge back model of reference service.
 - This will include a) a review of what we collect for statistics, b) how we market ourselves to our users and c) how we communicate amongst ourselves.

Rejuvenate

- New, optimistic view of the Library.
- Flexible and ready to change as needed to meet current needs.
- Opportunities for individual growth
- Creating an environment that promotes contributions to the profession of Librarianship.