Collection Development: A Holistic Approach

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Collection Development: Holistic

Holistic: a. Emphasizing the importance of the whole and the interdependence of its parts. b. Concerned with wholes rather than analysis or separation into parts: holistic medicine; holistic ecology.

Collection Development

- Assessment of user needs
- Collection development plan
- Budget
- Staff
- Selection of resources
- Evaluation
- Retention and withdrawing
- Collection management
- Future trends
Assessment

Know your users and what kind of information they need

- Liaison to departments
  What information do they need, visit depts., focus groups

- Review newsletters and Web sites to determine research areas

- Interlibrary loan analysis
  Quantitative and qualitative information on what is being requested.
Collection Development Plan

Why have a Plan?

- To provide a rational basis for selection and de-selection
- To communicate the nature and limits of the collection
- To demonstrate that collections are developed to support specific plans or programs of the institution
- To establish a framework for budget allocations
- To serve as a benchmark for collection assessment and evaluation
Collection Development Plan
Basic Components

- **Introduction**
  - Includes information about the library including mission

- **Subject Scope and Coverage**
  - Includes subject areas inclusion and exclusion
  - Includes level for collecting materials in subject

- **Formats**
  - Journals, monographs, databases, electronic

- **Collection Management Policies**
  - Donations, multiple copies, replacements, retention, etc.

- **Archival and Historical Policies**
Collection Development Plan
Introduction

- Purpose
- Clientele
- Mission Statement
- Goals of the Plan
- Inventory and Needs Assessment
- Copyright Statement
- Consortia
- Other
Collection Development Plan
Subjects and Levels

Collecting levels based on the ALA Guide for Written Collection Policy Statements

- Comprehensive (C): A collection that attempts to include all significant works in all languages. A “special collection” geared to exhaustiveness.
- Research (R): A collection that includes the major published source materials required for independent research.
- Basic (B): A selective collection of resources that serves to introduce and define a subject.
- Minimal (M): A subject area in which few selections are made beyond the basic works.
Collection Development Plan
Subjects and Levels

- Develop a subject listing
- Combine subject list with level of collecting
  - NLM classification with selected LC classifications
  - Research Libraries Group Conspectus, Supplemental Guidelines for Medical and Health Sciences
  - NLM Conspectus Model
# Collection Development Plan

## Subjects and Levels

<table>
<thead>
<tr>
<th>Class</th>
<th>Subject</th>
<th>Level</th>
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<tbody>
<tr>
<td>QU</td>
<td>Biochemistry</td>
<td>R</td>
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<td>WG</td>
<td>Cardiology</td>
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<td>WP</td>
<td>Gynecology</td>
<td>B</td>
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<tr>
<td>WAP</td>
<td>Public Health</td>
<td>B</td>
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Collection Development Plan: Case

Case: Devise collection levels

A Women's Center Resource Library (patrons are general consumers, staff is a nurse; reports to medical library)

A teaching rehabilitation hospital library affiliated with an academic institution that licenses many e-journal packages hospital affiliates can access
Funding sources for collections may include:

- Parent institution, school or department
- Endowments (restricted/unrestricted)
- Gifts
- Grants
- Service Income

Average collections budget for an academic medical library collections: $1.5 million

Typical budget for a hospital library:
Budget

- The breakdown of a typical health sciences library collection’s budget is:
  - 80% serials (journals and databases)
  - 15% monographs
  - 05% multi-media (slides, videos, etc.)
Responsibilities:

- Assessment
- Selection of resources
- License negotiation
- Evaluation of collection
- Management of collection
Collection development may be done by:

- Collection development librarian(s)
  - May be distributed based on subject or format
  - Full-time or part of regular duties
- Library staff committee/team
  - May include selectors, collection managers, site license negotiator, etc.
- Users: individual requests or a library committee
Library Committee

Many hospital libraries will have a library committee

“Library committees can play an important part in decision making as well. The library committee is usually a small, multidisciplinary group that acts as a liaison between the library, its users, and the administration. Its purpose is to assist the librarian in planning and implementing library policies. The committee could be involved in collection development and marketing of the library.”

(Basic Medical Library Management, http://nnlm.gov/libinfo/mgmt/admin.html#libc)
CASE #1
A new Library Committee chair indicates that he wants the library to involve faculty more in book selection, based on his experience at another college. He wants each program chairman to identify books pertaining to their department(s). Chairpersons would also decide which titles would be for circulation, reference, or reserve only. And, since there are some programs at other campuses, the chairpersons would decide which campuses some titles would be included at those libraries.

Note: This is a library serving nursing and allied health programs on 5 campuses. What points and suggestions would you make to the Library Committee and its chair about this new proposed method for selecting the library’s books?
Questions:
- What is the budget for the library and from what sources does it come?
- How is the library committee’s role defined in the library’s collection policies? Approve all purchases? Approve purchases over a certain price? What do other library committee members think?

Arguments:
- Library committee members and department chairpersons are busy - the collection process could be unnecessarily long if they “micro-manage” every step for every book.
- The library could be given professional discretion to order books and other resources from an library committee approved profile and/or core list.
- Department chairpersons (or department liaisons) should have a mechanism to suggest books and other resources pertinent to their disciples.
- Faculty members should be able to communicate with library directly regarding curriculum (reserve) requests.
Selection

- Criteria
- Types of resources
- Core lists
- Vendors
- Decisions to make
- Cases
Selection: Appropriateness

The library’s collection should be appropriate for:

- Mission of organization
- Audience served
- Budget
- Collection policy
- Collection levels
- Core collection vs “weedable” collection
Selection: Types of Materials (formats)

Print, electronic
- Books
- Journals
- Databases
- Multimedia
- Portals and gateways
Selection: Books

- Reference: *PDR; DSM IV R; Directory of physicians in the United States*
- Textbooks: *Kaplan & Sadock's comprehensive textbook of psychiatry*
- Books: *To err is human: building a safer health system; Blood and guts: a short history of medicine / Roy Porter*
Selection: Journals / Serials

* Clinical: eg. *NEJM*, *JAMA*, *Pediatrics*, *AJN*
  • Basic science: eg. *JBC*, *Brain Research*, *Drug Development Research*
  • Newsletters – eg. *Medical Letter*
  • Newspapers- eg. *American Medical News*, *The Scientist*
  • Other disciplines: health business, education, library science
Selection: Databases

- **Clinical**: MEDLINE, CINAHL
- **Basic science**: BIOSIS, SciFinder Scholar
- **Other subjects**: social sciences, general academic, alternative medicine, sports medicine, consumer, business-
  - Web of Science, PsycINFO, Expanded
  - Academic, AMED, SPORTDiscus, ABI/Inform
Selection: Special Function Databases

- **Special focus / function:**
  - Citations; impact factors: Web of Science; JCR
  - Tests and measurement instruments: HAPI; MMY
  - Evidence-based medicine: Cochrane Library
  - Clinical decision making: DXplain
  - Current awareness: UpToDate
  - Consumer health: MEDLINEPlus; CHID Online
  - Laboratory protocols: Current Protocols
  - Patents: USPTO
  - Examination or board review: USMLE, etc.
Selection: Multimedia

* Audiotapes, videotapes, CD-ROMs, DVDs (eg. heart or lung sounds, images, CME)
  • Simulations, tutorials, reviews (eg. heart sounds)
  • Licensed Web sites (eg. anatomy programs)
  • Institutionally “home grown” programs
  • Resources linked in course management system
  • Hybrids, digitized images, partial content / format transferred with publisher permission
Selection: Portals and Gateways

- Clinical - eg. MDConsult, SKOLAR
- Basic science - eg. CogNet

Often:

- Have personalization / customizable features
- Need to be licensed as a parcel, but sometimes “a la carte” or add-on resources are available
Selection: Criteria

Selection criteria (may differ by format - book, journal, database, print vs electronic):

- Quality
- Currency
- Appropriateness
- User requests (individual or ILL request evidence)
- Publisher or author reputation
- Good reviews, successful trial
- Inclusion on core collection list *
- Impact factors (journals) *
Selection: Core Lists

Core list- what is it? Eg. *Doody Core Titles in the Health Sciences*

“The purpose of DCT is to provide an authoritative, comprehensive, and timely list of book and software titles that represent essential knowledge needed by professionals or students in a given discipline in the health sciences and are highly recommended for the collection of a library that serves some segment of the health sciences community.”
Selection: Core Lists

Core title list- what is it? Eg. MLA’s Cancer Librarians Section

“The Cancer Librarians Section developed a core list of cancer materials as a tool for selection and collection development. The list represent titles considered basic and useful for the small to medium library. The list does not claim to represent all titles that might be needed by an individual library…”
Selection: Core Lists

Core lists - uses:

- Ongoing selection decisions
- Support for initiation of new programs or departments
- Changes to curriculum or research / clinical focus
- Accreditation
- "Opening day" collection ideas
- Retrospective compensation for poor budget years

(Excerpted from Charleston Conference 2004 presentation by Angela D’Agostino of Bowker)
Selection: Core Lists

Core lists- desired features / capabilities:

- Develop tools for collection analyses around core list(s)
- Generate reports (“your holdings profiles”, statistical reports)
- Compare consortial holdings
- Evaluate total cost and develop a core in a given subject area
Selection: Core Lists

Sources for subject core lists:
(“ready made” or “construct your own”):

- **Doody Core Titles in the Health Sciences** (books and software)
- MLA sections and SIGs
- Users’ specialty and professional societies
- Accreditation bodies
- *Journal Citation Reports* (journals highly ranked by impact factors in a discipline)
- Journals indexed in MEDLINE for a subject (*List of Journals Indexed in Index Medicus*)
- Institutional experts’ recommendations
- Other review sources
- Poll of peers
Selection: Journals

Journals: Impact factors (Journal Citation Reports)

"The journal impact factor is a measure of the frequency with which the "average article" in a journal has been cited in a particular year. The impact factor will help you evaluate a journal's relative importance, especially when you compare it to others in the same field. The impact factor is calculated by dividing the number of current citations to articles published in the two previous years by the total number of articles published in the two previous years."

(JCR website)
Selection: Vendors and Consortia

● Vendors
  - approval plans (profile / prospectus)
  - standing / blanket orders
  - firm orders; discounts; special orders
  - rental collections (eg. leisure reading and humanities)

● Consortia
  - group purchases
  - collaborative collection development
Selection: Decisions

Decisions to make:

- Print and / or electronic
- Vendor (s) or direct or through consortium
- Cost (hard cover vs paperback, add-ons, etc.)
- Funding allocation: library budget, gift, endowment, shared cost, grant
- E-books / e-journals: The “Big Deal” vs a la carte
Selection: Publishers and Providers

STM publishers / providers

- Third party, eg. Ovid, Stat!REF
- Government agencies: national, state, local
- Societies, eg. MMS, AMA, ASM
- Institutions, eg. Mayo Clinic
- Services that host online: eg. HighWire, atypon
- Hybrids, eg. large publishers that also contract with societies to publish their journals (Elsevier, Blackwell)
- Open access- any aforementioned, immediate / embargoed
Case: “real life” selection scenarios

CASE #1
The library is trying to determine a core list of journals for the collection. A new public health PhD program has been started, with emphasis on health promotion and community nutrition. What criteria might be used in identifying / selecting quality titles for the program?

CASE #2
A new Public Health program is starting up. The instructor of Core Epidemiology would like to identify textbooks to use in the introductory epidemiology courses. What questions do you still need to ask? What are some sources the library could consult to get started?
Selection

“Just because we increase the speed of information, doesn’t mean we can increase the speed of decisions. Pondering, reflecting and ruminating are undervalued skills.”

(D. Dauten, Management by joking around, Albuquerque journal 1999 Jul Sec. D:1)

So, on to collection evaluation…
Selection: Case #1

Ideas

- Check new faculty members’ publications & editorial board responsibilities; ask for their recommendations
- Check ILL patterns for journals in these subject areas
- Check *Journal Citation Reports* for highly ranked journals
- Check MLA Collection Development Section’s Web site

  *Core Public Health Journal Project*
  Public Health/Health Administration Section, MLA
  [http://www.phha.mlanet.org/corejournal.html](http://www.phha.mlanet.org/corejournal.html)

- Check what journals are indexed in MEDLINE for these subjects

  *List of Journals Indexed in Index Medicus*
  (this list has broad subject categories)
Selection: Case #2

Ideas

- Ask faculty members of new program; check out their publications
- Look at *Doody’s Core Titles in the Health Sciences*
- Examine book reviews in public health journals
- Query other libraries supporting Public Health programs or go to their Web sites (identify them through MLA Section; Council on Education for Public Health)

To expand collection in these areas:

- Include subjects in approval plan profile
- Establish standing order of APHA publications
Evaluation

- Statistics
- Reports
- Analysis
- User Studies, Focus Groups…
Evaluation: Statistics

Quantitative data: How many
- Interlibrary Loan
- Circulation of print resources
- Electronic resource usage
  - Project COUNTER
  - Publisher Reports
  - In-house Web site usage reports
One example: Ovid STATS (released Feb 8, 2005)

*Online access to comprehensive statistics on database, journal, book, and Ovid user license usage, as well as linking data, to support usage monitoring needs. Provides monthly snapshots of sessions, searches, license, and peak usage. Users have the option of choosing between predefined reports or creating custom reports to fit their unique workflow needs.*

Key features of the new Ovid STATS include:
- A wide range of standard reports and customization options
- Ability to view statistics by institution, consortium, group or individual user
- Email delivery option for usage reports
- Flexible format type options: HTML, PDF, XLS, XML
- COUNTER compliant reports for database and journal usage
Evaluation: In-house studies

- Cost per use studies
- Analysis of resources in major research areas
- List checking (*Doody’s Core List*)
- Focus groups
- User Surveys
- Interlibrary Loan by subject
- Web site usage by subject
Collection Management Beyond Collection Development

- Licensing
- Purchasing
- Systems
“A license agreement is a legal contract--"a promise or set of promises constituting an agreement between the parties that gives each a legal duty to the other and also the right to seek a remedy for the breach of those duties. Its essentials are competent parties, subject matter, a legal consideration, mutuality of agreement, and mutuality of obligations." [Black's Law Dictionary, 6th edition, 1990, p. 322.] Key to the concept of a contract is the fact that it is an agreement, a mutually acceptable set of understandings and commitments often arrived at through discussion and negotiation. “

Collection Management: Licensing

- Elements
- Models
- Agreements
- Consortia
- Library service provider / jobber role
License should include:

- Right to pay through an agent
- Definition of authorized users
- ILL and existing copyright provisions
- Usage statistics
- Access by IP address rather than password
- Backfiles availability
- Archive and perpetual access

(From: http://www.subscription-agents.org/news/licence.html)
Collection Management: Licensing

- Understand what you will be getting for an institutional license. For example, the NEJM and many other publishers provide additional online services for members such as CME.
Collection Management: Licensing Agreements

Examples:

_Ebsco Link: Publishers’ License Agreements_
http://ejournals.ebsco.com/ejournals/license.asp

_NU: Electronic Resources Licensing_
_The following organizations provide examples of licensing principles or model contracts containing clauses, stipulations and definitions favored by NUL…_
http://staffweb.library.northwestern.edu/cm/erlicensing.html
Collection Management: Vendors

Vendors, their services, and library-vendor relations

- **Vendors**
  - Journals: eg. EBSCO, Swets-Blackwell, Harrasowitz
  - Books: eg. Majors, Matthews, Rittenhouse, Yankee
  - Non-vendor route: direct to publisher/ provider, consortia

- **Services**
  - Consolidated billing
  - Statistics and collection analysis tools
  - Online ordering / claiming
  - Service fees, but also discounts
Collection Management: Systems

- Dual systems: Web site and ILS?
- Linking products and commercial electronic resource management systems (eg. TDNet; Serial Solutions; SFX; MetaLib)
Retention and Withdrawing: “A Rose is Still a Rose”

Sometimes called:

- Weeding
- Pruning
- Deselection
- De-accessioning
- Cancelling
Withdrawing / Downsizing: Reasons

Need warranted / justified due to:

- Reduced space
- Reduced budget
- Changes in user needs
- Outdated collection
- Damage
- Duplication (print/online, at affiliated library….)
Withdrawing / Downsizing: Criteria

- Collection policy guidelines
- Content no longer pertinent / outdated
- Cooperative arrangement, storage
- Low use
- High cost per use
- Consistent / unjustified price increases
Withdrawing / Downsizing: Identifying “Classics”

- Morton’s Medical Bibliography: An Annotated Check-list of Texts Illustrating the History of Medicine
- Other lists *(Classics in Cardiology, etc.)* are listed on the MLA Collection Development Web site
- Eldredge JD, Guenther H, Historically significant journal articles: their identification in older bound journal volumes designated for weeding and the creation of new access to these articles, *Bull Med Libr Assoc* 2001 Jan;89(1):71-5.
- Out of print Web sites (eg. alibris.com or abebooks.com)
Withdrawning / Downsizing: Disposition

How / where to dispose:

- Sell (in library, to vendor, online)
- Post on duplicate / exchange list
- Arrange with out of print or back issue dealer
- Offer to colleagues
- Discard
Withdrawing / Downsizing: Notes

- Do collection policies cover?
- Do gift policies cover?
- Mark items “withdrawn”
- Remove records, links & markings
- Once discarded, not retrievable
Withdrawing / Downsizing: Cases

Case #1
A small, county medical library has about 300 journal subscriptions dating back to the late 60s and is running out of space. There are plans to continue receiving print issues. The library has 2 online subscriptions to MD Consult and EbscoHost that pick up some of the recent years' issues. What kind of steps or studies should be made regarding the collection of older journals as well as the current collection? Do the online resources figure into the decision?

Case #2
The officers of the health system are quite serious about moving the library to almost a completely virtual existence (i.e. no paper). The library serves a 300 bed non-teaching hospital in a small town outside an urban area. There will be a drastic reduction in the library’s physical size, since administration wants the library to become almost entirely electronic. What are some considerations for what, if anything, to keep in print? What are some studies and plans the library should undertake as it plans a transition to almost completely virtual?
Downsizing / Withdrawing: Case #1

Ideas:

- Are any print usage figures available?
- What departments/programs does the library support?
- Is there any “dead weight” (eg. gifts) that cannot be justified as “keepers”?
- What does the library’s mission statement and collection plan state?
- Are there any libraries in the area that have back years?
- Is good reciprocal ILL system in place or there a budget for ILL?
- Are any of the journals electronically available? Must they be licensed or are they available open access?
Downsizing / Withdrawing: Case #2

Ideas:

- What is the mission of the institution? Is the library’s mission statement in line?
- What timeline has been given to “go online”? Move to reduced space?
- What kind of budget is available to “go online”? Buy on demand? Get through ILL?
- What usage / demand data is available to justify “core resource” electronic licensing? Core resources to be kept in print?
- Is remote storage for some print an option?
- Is collection sharing an option? Consortial licensing of electronic?
- Are the frequently used resources available online?
- How are library’s users involved? Library committee members?
Predictions and Trends

Changes in:

- Open access
- Scholarly publishing
- Publisher business models
- Collection development
Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research (Feb. 3, 2005)

“Beginning May 2, 2005, NIH-funded investigators are requested to submit to the NIH National Library of Medicine's (NLM) PubMed Central (PMC) an electronic version of the author's final manuscript upon acceptance for publication, resulting from research supported, in whole or in part, with direct costs from NIH.”

(http://www.mlanet.org/government/info_access/index.html)
Predictions and Trends: Scholarly Publishing- Journals

Which “flavors” will survive?

- Conventional journals (“paid on behalf of the user”)
- Self-archiving “Green OA” (journal + repository)
- OA journals “Gold OA” (“paid on behalf of the author”)
- Article databases (independent of journals, with peer-review and editing)
- Uncontrolled self-archiving (repository only, no quality control)

(Excerpted from: Dr. David Goodman, The Next Few Years (for scientific journals), Charleston Conference, 2004, http://www.katina.info/conference/DGCh04NextFewYears%5B1%5D.ppt)

so

- Journal availability and archiving (historical content) access and sustainability continues to be a concern.
Predictions and Trends: Books

Future of print books in e-world?

- Print books are still being purchased by libraries since electronic book editions are not archived.
- In the online world, “books” often are now “databases”.
- Clinical: medical practitioners have increasing demands for information that is: portable, at the point of need, at the point of care.
- Education: curricular needs continue to create multimedia hybrids.
Predictions and Trends: Databases

Evolution of databases?

Traditional abstracting and indexing databases fall into disfavor if no full-text or linking capabilities are available.
Mergers and acquisitions (or even company bankruptcies) will continue to affect:

- Access to / acquisition of resources
- Continuity of resources (electronic archives, subscriptions, standing orders)
- Library vendors’ services and existence
- Potentially- library budgets
“There is, however, room for more than one publishing model in the world. We welcome the contributions of BioMed Central and PLoS to scientific publishing and wish them success with their endeavors. However, the scientific publishing landscape cannot change overnight. New funding mechanisms must be found in order for these publishing models to become sustainable on a larger scale. Only time will tell if open access will be an open sesame for journal literature or only so much hocus-pocus.”

Predictions and Trends: Forecasting

“Forecasting the future of healthcare is an increasingly difficult pursuit given fast-evolving technology, the whims of patients / consumers, growing pressures for providers, and information velocity enabled by Internet.”

(Blurb for NLM-AMPA 2004 seminar)
Predictions and Trends: Collection Development Resurgence

- “Open access experimentation is here to stay”
- “Retreat from the big deals”
- Collaborative collection development?

(Michael A. Keller, publisher of HighWire Press, Stanford University)

SO

- “If we cannot get the system to work, the scientists will run it themselves”

(Several speakers at 2004 Charleston Conference)
Trends: Librarians’ Responsibilities

Recognize local and national trends.

“Don't let yourself be surprised by trends that are influencing administrative decision-making everywhere. Anticipate trends and their impact on you. Accept changes in the field and change with them. Remember, those leading the pack don't get eaten; predators only catch those lagging behind.“

(MLA's Librarian Survival Kit, http://www.mlanet.org/resources/survive/ )
Conclusion

- Collection development is holistic.

- The world around us is not standing still, so there is no one guaranteed and permanent formula “doing” collection development.

- Guiding principles should be defined for the unique setting and users to be served.
Questions?

Thank you!