The overarching title for this Against the Grain (ATG) special issue builds on the titles used for the Nov. 2008 and Dec. 2011-Jan. 2012 special issues. Adding the concept of “services” to this special issue’s title serves as a reminder that “if you build it,” they (users) will not necessarily come (paraphrasing a phrase voiced in the movie, Field of Dreams). “Services,” as used in this context, incorporate the necessary activities of marketing, training, partnering, and collaborating. This ATG special issue includes seven contributions by experienced authors who share insights and their own experiences. They address current trends and opportunities addressed or undertaken by those who work with persons involved in the triad of patient care, education, and research, and beyond. Hopefully, all of the articles will have elements that resonate with ATG readers or pique their interest.

Without a doubt, those who work in the health and biomedical sciences information sector are familiar with phrases such as “global health” or “one health.” The second was selected as the theme of the historic 2013 annual meeting of the Medical Library Association (MLA) and its partners in Boston, MA. The National Program Committee (NPC) worked for three years to create a federated international meeting incorporating the 2013 Annual Meeting and Exhibition of MLA, the 11th International Congress on Medical Librarianship (ICML), the 7th International Conference of Animal Health Information Specialists (ICAHIS), and the 6th International Clinical Librarian Conference (ICLC). The onsite report of the 2013 meeting recorded representatives from 46 countries. In the 2011/2012 special issue of ATG, staff from the U.S. National Library of Medicine (NLM) shared examples of information innovation, often with a global focus. Although most librarians are not qualified to offer clinical medical assistance in global health initiatives or after international disasters, there are other ways for librarians to act globally, by participating in the initiatives of NLM, their institutions, or their professional associations. Many health sciences librarians belong to the MLA, a professional association that has never focused on only one country. The International Cooperation Section of MLA celebrates its 25th anniversary in 2014. As T. Mark Hodges wrote in the section history posted in the MLA Website, (http://www.mlanet.org/archive/history/unit-history/international.html), “…although ICS was only founded in 1989, its antecedents go back to the earliest years of the association and are an integral part of the history of the section. From the outset, the MLA has had an interna-

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national role. Its very origin was an international venture, when American and Canadian medical librarians got together and formed the MLA in 1898.” In their article for ATG, Carla Funk, MLA’s Executive Director, J. Michael Ho- man, former MLA president and chair of the 2013 annual meeting’s NPC (also director of libraries at Mayo Clinic), and Lenny Rhine, trainer extraordinaire for MLA’s Librarians Without Borders E-Library Training Initiative (also university librarian emeritus, University of Florida), highlight some recent international projects, partnerships, and initiatives of MLA and its members.

Following a time honored tradition, professional health associations have had libraries at their headquarters offices and have offered library services to members. These days, health associations, often involving their members, may be active in many endeavors, as: publishers (of books and journals), developers of professional information gateways and clinical practice guidelines, providers of continuing education courses and authenticators of courses developed by others, and so much more. How central and embedded are librarians and librarians to these activities? The Health Association Libraries Section (HALS) of the Medical Library Association began in 1952 when the Medical Society Libraries Group was formed as a special interest group of MLA and has been known by its present name since 2001. In those early years, librarians sought a forum to discuss the unique issues that medical society libraries faced. How are health associations currently meeting the information needs of their headquarters’ staffs? Do they provide information services for dues-paying association members? HALS has surveyed its members since 1980 and links to survey findings can be found in the research section of its site (http://www.hals.mlanet.org/about/research/start.htm). Mary Hyde, the 2013/2014 chair of MLA’s Health Association Libraries Section (HALS), briefly reviews the landscape and highlights findings of the most recent HALS survey.1 She also illustrates some current roles of health association libraries and librarians, using the example of the American College of Obstetricians and Gynecologists, where she works.

The Association for Research Libraries (ARL) Website, (http://www.arl.org/focus-areas/scholarly-communication), includes this definition of scholarly communication: “the system through which research and other scholarly writings are created, evaluated for quality, disseminated to the scholarly community, and preserved for future use.” The site also indicates that “researchers and scholars provide the focus and the purpose for scholarly communication. Librarians can be forceful advocates for positive change.” At the 13th annual Charleston Conference Health Sciences Lively Lunch in 2013, Robin Champieux of Oregon Health & Science University addressed three areas of her work as a health sciences scholarly communication librarian. She shared trends in 1) researcher and author profile creation; 2) studies of publications and scholarly work using traditional impact factor measures as well as newer measures such as altmetrics; and 3) views on reproducibility and re-use of scientific information in the open access (OA) world. In this issue of ATG, another health sciences scholarly communication librarian, Annelise Taylor, focuses specifically on activities and initiatives that are in response to OA policies and mandates. The U.S. National Institutes of Health (NIH) is the largest source of funding for medical research in the world. So, there is no doubt that librarians who work at institutions receiving NIH funds should and have become involved in helping their institutions’ researchers and authors meet the requirements of the NIH mandate (NIH Public Access Policy, http://publicaccess.nih.gov/) that celebrated its 5th anniversary in 2013. This article will serve as an interesting “snapshot” since there are those who predict that many “disruptions” will continue to take place with the increasing number of open access mandates and changing nature of OA.2 Most libraries and librarians would agree that they need to be responsive and proactive in establishing their niches in the evolving “ecosystem” of research funding policies and mandates, open access, and scholarly publishing in general.

Libraries and their institutional parents try to proactively and reactively address the challenges of data management and institutional repositories (IRs). Data management plans are increasingly being mandated by funding agencies. Libraries are monitoring trends and becoming involved at various levels. Those initiatives can perhaps counteract findings such as those reported in a December 2013 Current Biology article study, that data forming the backbone of many published articles becomes less and less accessible to other researchers as years go by.3 IRs archive scholarly output and the role of libraries and librarians in IR activities has evolved over the years. In a 2010 Webinar presentation entitled, “Institutional Repositories for Medical Schools,” Tim Tannenga of hepaccess alluded to the growing trend of medical school libraries managing their own IRs.4 If a medical school does have its own IR (or plans to), what makes it unique, different, strategic? What work is involved and what elements ensure its success? In 2011 Lisa Palmer and two colleagues from Thomas Jefferson University surveyed the experiences of their respective institutions in a Webinar entitled, “Challenges and Opportunities for Medical Institutional Repositories.”5 Here in ATG, she overviewed strides made in this area and shares insights from her work as an Institutional Repository Librarian in a medical school. She addresses commonalities and unique features of medical schools’ institutional repositories, compared to other types of IRs.

A September 2013 viewpoint article in JAMA was entitled “The Evolving Role and Value of Libraries and Librarians in Health Care.”6 One can observe a parallel evolving role and value of libraries and librarians in the basic sciences sector as well. Historically, many academic health sciences schools have had prominent basic scientists and educators. Basic science forms a foundation for health care education. In academic and other research
Institutes involved with translational and comparative medicine, basic science research findings can impact health care knowledge and practices. In 2010, a survey report, on information seeking behaviors of basic scientists included this finding in the conclusion: “Although the basic science researchers expressed a positive attitude toward the library, they did not view its resources or services as integral to their work.” That finding was not shared by Marysue Schaeffer at the 2013 Charleston Conference Health Sciences Lively Lunch. She reported on the successful experience of Becker Medical Library at Washington University, where bioinformaticists on staff have provided specialized resources and services to the research community for the past ten years. Past ATG special issues included articles that addressed e-science (2011/2012) and VIVO 10.

Endnotes