

Standards for Hospital Libraries 2007

**Hospital Libraries Section
Standards Committee**

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Abstract

The Medical Library Association's *Standards for Hospital Libraries 2002* has been developed as a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet their needs for knowledge-based information.

Specific requirements for knowledge-based information include that the library be a separate department with its own budget. Knowledge-based information in the library should be directed by a qualified librarian who functions as a department head and is a member of the Academy of Health Information Professionals. The standards define the role of the medical librarian and the links between knowledge-based information and other functions such as patient care, patient education, performance improvement, and education. In addition, the standards address the development and implementation of the knowledge-based information needs assessment and plan, the promotion and publicity of the KBI services, and the physical space and staffing requirements. The role, qualifications, and functions of a hospital library consultant are outlined.

The health sciences library is positioned to play a key role in the hospital. The increasing use of the Internet and new information technologies by medical, nursing, and allied health staffs, patients and the community require new strategies, strategic planning, allocation of adequate resources, and selection and evaluation of appropriate information resources and technologies. The Hospital Library Standards Committee has developed this document as a guideline to be used in facing these challenges together.

Synopsis of standards

STANDARD 1:

The library serves as the primary department responsible for developing systems and services to meet the Knowledge-based Information (KBI) needs of the organization. The library shall have its own budget, and the medical librarian, as a department head, shall report to the senior management of the organization.

STANDARD 2:

KBI systems and services are directed by a qualified librarian. AHIP membership is preferred.

STANDARD 3:

Library staffing formula

STANDARD 4:

The librarian, as the key KBI professional in the organization, is an active member of the Information Management team(s).

STANDARD 5:

There is evidence to demonstrate effective connections between KBI and:

- patient care;
- patient education;
- the performance improvement and patient safety functions;
- the educational functions for hospital and medical staff;
- and other appropriate functions.

STANDARD 6:

The librarian provides evidence of an ongoing assessment of the Knowledge-based Information needs of the organization, and the development and implementation of a plan to provide appropriate resources and services to meet those identified needs.

STANDARD 7:

The library actively promotes KBI services and resources to all user groups, and provides documented evidence thereof.

STANDARD 8:

All KBI functions are performed in compliance with applicable federal, state, and local laws and regulations.

STANDARD 9:

KBI resources are available to clinical staff 24 hours a day, 7 days a week.

STANDARD 10:

The physical library will be large enough to accommodate the library staff; the inhouse collection; an appropriate amount and selection of personal computers and other information technology hardware; and seating for an appropriate number of users. A separate office will be provided for at least the professional library staff.

STANDARD 11:

Information technology (IT) resources are available to support the library's mission of providing KBI resources and services.

Appendix 1:
Library systems

Appendix 2:
Hospital Library Consultants

Appendix 3:
Glossary

Appendix 4:
References

Introduction

The Medical Library Association's *Standards for Hospital Libraries 2002* has been developed as a guide for hospital administrators, librarians, and accrediting bodies to ensure that hospitals have the resources and services to effectively meet their needs for knowledge-based information (KBI).

Knowledge-based information refers to current expert information, produced externally to the organization, including:

- Journals, texts, documents, and databases in print or electronic format;
- Benchmarks, best practices, guidelines, consensus development statements;
- Research studies;
- Quality-filtered Internet resources.

Knowledge-based information is vital to the hospital, in that it supports:

- Patient care;
- Managerial, and strategic decision making;
- Performance improvement and patient safety;
- Lifelong learning and professional competence of hospital and medical staff;
- Patient and family education;
- Research initiatives.

The medical librarian, as a specialized information professional, is uniquely prepared to provide the oversight and management of KBI resources and services to the hospital or health system. The medical librarian brings specialized competencies to the institution, for the selection, organization, dissemination, and integration of KBI resources into the day-to-day operations of the institution.

STANDARD 1:

The library serves as the primary department responsible for developing systems and services to meet the Knowledge-based Information (KBI) needs of the organization. The library has its own budget, and the director, as a department head, reports to the senior management of the organization.

Intent:

As reflected in the JCAHO process and documentation, access to knowledge-based information is one of the four primary components of the information management requirements for a hospital/health system. To enable the development of systems, resources and services to meet this functional requirement, the needs, concerns, and contribution of the library must be communicated to decision-makers at the highest levels within the organization. Departmental status helps to facilitate this process. The continuous interaction of the librarian with other departmental managers and with administrators fosters a deeper understanding of the information needs of the organization. This interaction can also provide access to institutional resources and data necessary for the provision of information to satisfy the needs of customers.

The term "senior management" refers to the administrative level. In a large teaching hospital, the Director of Medical Education may be considered senior management.

STANDARD 2:

KBI systems and services are directed by a qualified librarian. AHIP membership is preferred.

Intent:

A qualified librarian is a person who has earned a Master's degree from a program accredited by the American Library Association or its successor accrediting organization, or from a master's level

program in library and information studies accredited or recognized by the appropriate national body of another country.

Membership in the Medical Library Association's Academy of Health Information Professionals is one indication of a knowledgeable, capable medical librarian. The Special Libraries Association's *Competencies for Special Librarians of the 21st Century* outlines the competencies and skills expected of special librarians, including health sciences librarians.

The unique competencies of the hospital librarian include in-depth knowledge of print and electronic information resources in the health sciences and related fields, and the design and management of information services that meet the strategic information needs of the individual or group being served.

In support of this mission, the role of the medical librarian includes:

- Coordinating the function of the library with the primary mission of the institution;
- Strategic planning for library operations;
- Budgeting for library operations;
- Providing effective leadership in KBI;
- Recommending appropriate professional and support staffing for the library;
- Recommending appropriate space for the library;
- Developing and implementing KBI-related policies and procedures;
- Developing a performance improvement program for the KBI function;
- Hiring and evaluating the performance of the library staff;
- Providing training and educational opportunities for the library staff;
- Selecting and evaluating information resources in any format for incorporation into the physical or virtual collection;
- Evaluating new information technologies and assessing their application to library management and services;
- Negotiating license agreements with vendors of publications and databases;
- Responding in a timely manner to all requests for information related to patient care or patient safety;
- Performing mediated searches of Internet and KBI resources;
- Training of users in searching and evaluation of information resources;
- Tailored provision of information to groups or individuals within the institution;
- Other activities as appropriate.

Reliance on a commercial electronic resource for clinical information cannot substitute for a qualified medical librarian.

STANDARD 3:

Library staffing formula

Intent:

An understaffed library cannot fully serve the knowledge-based information needs of the hospital and medical staff. Workload is driven by the size and complexity of the institution served.

Library Staffing Formula:

$$\text{Total institution FTE}^* / 700 = \text{MINIMUM library FTE}^\dagger$$

* In addition to employees in all entities which the library serves, Total Institution FTE includes all active medical staff, as well as personnel under service contracts, regardless of whether these individuals are technically considered institutional employees. See Appendix 1, Library Systems, below.

† “Minimum Library FTE” above reflects staff necessary for provision of basic library services, as outlined in Standards 2 through 7. It may be rounded to nearest 0.25 FTE. If library provides enhanced services, or services usually performed by other departments (such as, but not limited to, those listed below), additional staffing is necessary.

- Clinical library services
- Consumer health services
- Primary responsibility for audiovisual equipment and other information technology
- Substantial responsibility for hospital-wide Intranet or Internet site
- Coordination of, or clerical support for, continuing medical education program

If “Minimum Library FTE” is:	Staff mix needed is:
Less than or equal to 1.0 FTE	Qualified medical librarian, percentage of FTE at least equal to "Minimum library FTE." —OR— 0.5 FTE qualified medical librarian and 0.5 FTE technical employee. —OR— Technical employee, percentage of FTE at least equal to "Minimum library FTE," plus qualified library consultant or circuit librarian, in accordance with MLA “Library Consultants” document.
Greater than 1.0 to 3.0 FTE	1 FTE qualified librarian + support staff which together equal “Minimum library FTE.”
Greater than 3.0 FTE	At least 33% of “Minimum library FTE” must be professional level positions. Director of library must be qualified librarian; other professional staff may be qualified librarians or other professional staff (i.e., RN, information technology professionals, etc.) as appropriate.

STANDARD 4:

The librarian, as the key KBI professional in the organization, is an active member of the Information Management teams.

Intent:

The medical librarian is involved during planning for internal computer networks and external linkages to help ensure adequacy, coordination, and accessibility of all knowledge-based information resources within the organization.

STANDARD 5:

There is evidence to demonstrate effective connections between KBI and:
patient care;
patient education;
the performance improvement and patient safety functions;
the educational functions for hospital and medical staff;

and other appropriate functions.

Intent:

The library serves all user groups within the hospital. The functions listed above are among the most dependent on knowledge-based information.

Examples of connections and evidence include:

Patient care:

Frequent provision of information on which patient care decisions are based;
Integration of KBI resources into point-of-care systems;
Provision of clinical library services or attendance at morning report or rounds;
Provision of case-specific literature in support of rounds and related activities;

Performance Improvement and Patient Safety:

Active membership of the librarian on performance improvement/patient safety team(s), as reflected in minutes or other documentation (preferred);
Frequent provision of information on which performance improvement/patient safety decisions are based;
Documentation of regular routing to appropriate individuals of current literature relevant to the hospital's quality indicators, top diagnoses, performance improvement projects, patient safety, and/or identified problem areas.

Patient education:

Active membership of the librarian on the patient education team(s), as reflected in minutes or other documentation (preferred);
Consultation with team concerning selection, creation, and quality filtering of sources for patient education materials;
Provision of (or facilitation of access to) patient education materials for clinical staff;
Provision and marketing of library services directly to patients and families.
Teaching of search skills for patient education electronic resources;

Education of hospital and medical staff:

Active membership of the librarian on the team(s) directing educational functions, as reflected in minutes or other documentation;
Regular provision of material in support of planning and preparation of educational activities;
Education of hospital and medical staff on information management and use of information technology;
Identification of print and/or electronic resources for further individualized learning on topics presented in educational sessions;
Joint library/CME committee;
Inclusion of librarian on CME/GME committee(s);
Provision of case-specific literature in support of grand rounds and related activities;
Provision of access to quality alternatives to traditional CME, such as web-based CME resources, teleconferencing, other technology.

STANDARD 6:

The librarian provides evidence of an ongoing assessment of the knowledge-based information needs of the organization, and the development and implementation of a plan to provide appropriate resources, services, and technology to meet those identified needs.

Intent:

The librarian uses a variety of tools and techniques, both formal and informal, to assess the KBI needs of the hospital and medical staff. The needs assessment should address the timeliness of information services and document delivery. In response, resources and services are made available to meet those

identified needs. Techniques may include, but are not limited to: focus groups, surveys, analysis of usage patterns, budget and strategic planning, inventory of collections, and one-on-one conversations with healthcare leaders regarding clinical and organizational information needs.

Tools to be used include recognized guidelines, standards, lists of recommended resources, and benchmarking resources appropriate to the size and scope of the organization. Examples include MLA's Benchmarking Survey, "Brandon-Hill Selected List of Print Books and Journals for the Small Medical Library," and other recognized resource guides for health sciences specialties.

Resources, technology and services that must be provided include:

- *Convenient access to expert searching*
- *A current and authoritative collection of print, electronic and multimedia resources for the timely provision of knowledge-based information. There is a plan to provide access to knowledge-based information during times when electronic systems are unavailable.*
- *Appropriate technology to enable the use of these information resources.*
- *A catalog or database and taxonomy to efficiently locate materials.*
- *Resource sharing agreements and membership in library and information consortia to enable efficient provision of materials not directly accessible.*

STANDARD 7:

The library actively promotes KBI services and resources to all user groups, and provides evidence thereof.

Intent:

Promotion increases the users' awareness and efficient use of the services and resources available.

The library serves not only clinical staff, but other groups within the hospital, including:

- Administrative and managerial staff;
- Research staff;
- Staff in off-site locations;
- Students in affiliated programs;
- Patients and their families;
- Other groups as applicable.

Promotion of services may take the form of:

- Announcements to hospital and/or medical staff of new services, resources, or offerings;
- Inclusion of library services and resources in orientation of interns and residents (if applicable) and new medical and hospital staff members.;
- Activities in observance of National Library Week or National Medical Librarians Month.
- Bibliographies on special topics;
- Participation in information fairs or Authors' Day celebrations;
- Promotion of existing current awareness services, or proactive provision of these services;
- Plan for reaching library non-users;
- Participation in new employee orientation;
- Presentations to groups on what the library can offer them.

+Membership on applicable Hospital Committees.

STANDARD 8:

All KBI functions are performed in compliance with applicable federal, state, and local laws and regulations.

STANDARD 9:

KBI resources are available to clinical staff 24 hours a day, 7 days a week.

Intent:

Since clinical decisions are often made outside normal working hours, access to knowledge-based information must be continuously available. This may take multiple forms, depending on the size and complexity of the institution:

A broad selection of resources may be made available on the hospital's Intranet, or through other electronic means, if connectivity is reliable and users are educated in the effective use of those resources;

—and/or—

A physical library may be made accessible to clinical staff during off hours by means of keys, entry by badge readers, request for entry by security staff, or similar arrangements.

STANDARD 10:

The physical library will be large enough to accommodate the library staff; the inhouse collection; an appropriate amount and selection of personal computers and/or other information technology hardware; and seating for an appropriate number of users. A separate office will be provided for at least the professional library staff.

Intent:

A library which cannot comfortably accommodate staff, users, equipment, and collection is likely to be underutilized. Separate areas for staff enable privacy of communication among library staff, and with persons requesting information.

Standard 11:

Information technology (IT) resources are available to support the library's mission of providing KBI resources and services.

Intent:

Adequate IT resources are essential in the provision of up-to-date KBI resources and services. The Library must have hardware and library-specific software applications to perform basic functions related to acquiring, organizing, retrieving, and delivering KBI resources to support the institution's mission. The Library also must have Internet connections with sufficient speed, performance, and bandwidth to access the many Web-based resources now available to support the hospital's educational mission. Hospitals have specific security and privacy issues. Therefore, the library director should work in concert with the institution's IT department to assure that users' needs to access essential Web-based KBI resources from the point of need are balanced with the network security needs and firewall policies of the institution.

Examples of essential information technology resources include:

1. Access to the Internet sufficient to use e-mail, DOCLINE, OCLC, PubMed, and any commercial databases and full text resources to which the library may subscribe.
2. Said access should be convenient for all users within the library's institutions 24 hours/7 days a week. Remote access should be available as licenses permit.

3. Specialized library software that can describe and track library resources and their use (e.g. catalog, circulation, serials control and/or an integrated library system) appropriate to the library's collection and services. This software can be mounted locally or hosted remotely.
4. Access to high-bandwidth communication technologies (e.g. full-motion video, video streaming, and web casting) appropriate to the library's services and its institution's educational programs.

APPENDIX 1

Library systems

There are several ways in which a hospital system may provide knowledge-based information services and resources for its affiliates:

- Each affiliate hospital may maintain a separate library
- Services and resources may be provided from a central location
- Support staff may be present at each location, with professional services provided centrally
- Support staff may be present at each location, with a circuit librarian arrangement
- There may be a hybrid system, in which arrangements differ among affiliates
- There may be coordinated resource sharing among the libraries
- There may be a substantial network of electronic resources available to all affiliates

These standards do not attempt to dictate a single manner in which services must be provided throughout a system. Rather, they provide a standard for the amount and nature of services and staffing that must be available for the system as a whole.

Depending on a host of factors, including physical proximity of the affiliates and the extent of electronic access to resources, the librarian and health system administration will collaborate in decision-making about centralization/decentralization of library resources and services, and the extent of staffing in the libraries. We strongly recommend that there be at least support staffing in each location, so that users may obtain assistance in finding needed information, and the smooth flow of operations may be ensured. The amount of staffing—both professional and support level—throughout the system must be at least at the level specified in the Library Staffing Formula, taking all components of the health care system into account. Whether each hospital is treated separately in determining staffing levels, or the system is taken as a whole, is left to the judgment of the librarian and administrators. The important point is that staffing is sufficient to serve the number of users.

If a decision is made to maintain and staff libraries at multiple locations, a level of staffing above that specified in the Library Staffing Formula will be necessary,

- to the extent that tasks will be duplicated;
- and to the extent that the time of the staff will be used to travel among institutions.

Each separate library location should have convenient, reliable access to a quality core collection of knowledge-based information resources, tailored to the needs of the institution. Whether this is provided as an inhouse print collection, or a reliable electronic collection is a decision that may be made locally. An arrangement whereby core materials are physically housed in a central location and transmitted to other locations on demand (by fax or other means) is not an option, as this would preclude access to information needed for patient care during hours when the library is not staffed. This may, however, be a viable option for materials over and above the core collection.

APPENDIX 2

Hospital Library Consultants 2002

Role Statement for Hospital Library Consultants

The hospital library consultant serves as advisor to the hospital administration, medical staff, library staff, and/or library committee in defining and designing hospital library services and/or facilities to meet the informational, educational, research, and patient care-related needs of the entire hospital community including, where appropriate, the instructional needs of patients.

Consultation is provided on a contractual basis.

Hiring a hospital library consultant is not a substitute for the employment of permanent library personnel.

Qualifications for Hospital Library Consultants

A hospital library consultant must have a master's degree in library/information science from a program which is accredited by the American Library Association or its successor accrediting organization, or from a master's level program in library and information studies accredited or recognized by the appropriate national body of another country. He or she should be a member of the Medical Library Association, and its Academy of Health Information Professionals. Membership in local, state, regional, and/or other national professional library associations is desirable. The consultant should have at least three years of administrative hospital library experience.

If the consultant does not have all of the above qualifications, he/she should have an equivalent combination of training and experience, such as eight years of progressively responsible health science library experience including at least five years of hospital library management, administration of a medical center library, or working with hospital libraries in a consultative capacity.

The consultant should have supervisory and administrative experience with ability to provide assistance on personnel and fiscal issues. The hospital library consultant must show evidence of regular participation in continuing education courses in consulting, management, health sciences, and/or hospital librarianship such as those sponsored by the Medical Library Association or other professional associations.

The consultant must be familiar with existing national, state, and local library networks, and have a working knowledge of the functions of the National Network of Libraries of Medicine. The consultant should also have a thorough working knowledge of the Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) Information Management standards and other hospital library-related standards.

Note: Hospital library consultants for certain types of facilities such as federal or psychiatric hospitals may require additional qualifications.

Functions/Process for Hospital Library Consultants

- A. Identify objectives with the hospital administrator, library staff and/or library committee, and other appropriate hospital personnel.
- B. Negotiate a contractual agreement with the hospital administrator which would include:
 - Consultant and client responsibilities.
 - Purpose of consultation.
 - Period of contract.

- Number and frequency of visits or amount of time to be spent by consultant during the contractual period.
- Verbal and written reporting mechanisms.
- Fee for service.
- Terms of termination by either party.

C. Conduct a needs assessment for library services profiling all disciplines in the total hospital environment. Functional elements identified might include:

- Placement of library staff within the hospital organizational structure.
- Job descriptions for library staff.
- Library staff recruitment, training, and development.
- Budget.
- Facility planning and/or space allocation.
- Policies and procedures.
- Availability of current materials for each discipline at the hospital.
- Acquisition, cataloging, arrangement, organization, and evaluation of library materials in any format.
- Negotiation of licensing agreements with vendors of electronic resources.
- Answering reference questions, performing searches of KBI resources, and providing other information.
- Circulation or control of materials.
- Notification of hospital staff of new information in their area of interest.
- Audiovisual services.
- Provision of patient education materials.
- Promotion of library services.
- Cooperation with other libraries.

D. Provide specific written recommendations for administrator, library manager, and/or library committee.

E. Develop a methodology for implementation of recommendations by hospital employee(s) assigned to the library.

F. Evaluate and assess progress regularly during the contractual period

Recommendations for the Documentation of Consultative Visits

The hospital library consultant shall document each visit. At minimum, such documentation should include:

- A record of the date and length of each visit.
- An account of the consultant's activities during each visit.
- Recommendations for action based on the needs assessment.
- Progress reports.
- Suggestions for follow-up.

A record of documented visits shall be maintained on file for reviews by the appropriate reviewing or surveying agencies and for continued reference by the administration, library staff, and/or library committee. Meetings with the administrator, library manager and library committee to discuss recommendations, questions, or concerns should be held as needed and followed by a formal written report.

AHIP

The Academy of Health Information Professionals, which is the Medical Library Association's peer-reviewed professional development and career recognition program.

Circuit librarian

A librarian who is employed by two or more institutions, and splits time among different physical locations according to a predetermined schedule.

Clinical librarian

A librarian who attends rounds with a health care team and provides case-specific information to assist with patient care.

Consumer health services

An umbrella term encompassing the continuum extending from the specific information needs of patients to the broader provision of health information for the lay person.

Continuing medical education

Educational opportunities designed to enable physicians to remain up-to-date with the knowledge and skills they need to provide their patients with optimum care. CME programs are accredited by the Accreditation Council for Continuing Medical Education, or by intrastate sponsors which are in turn accredited by the ACCME; or by the Council on Continuing Medical Education (CCME) of the American Osteopathic Association.

Core collection

Those comprehensive, authoritative print or electronic works to which users refer most often. The core collection should be tailored to the needs of a particular institution, and can be expected to contain information pertinent to the majority of reference queries. It may be supplemented by other resources.

Current awareness services

Services designed to keep users up-to-date on new developments and resources in their field of interest.

Health care system

Formal affiliation of two or more healthcare institutions under unified management.

Information management team

The staff directing the information management functions of the hospital or healthcare system.

Intranet

An Internet site intended for the internal use of an institution. It is usually protected from outside access by a firewall or other security means. It is distinguished from Internet sites intended for the use of vendors, customers, or others outside the institution.

Knowledge-based Information

KBI consists of systems, resources, and services to help health professionals acquire the knowledge and skills needed to maintain and improve competence; support clinical, managerial, and business decision making; support performance improvement and activities to reduce risk to patients; provide needed information and education to patients and families; and satisfy research-related needs.

Library

A comprehensive selection of services and resources, which are tailored to meet the information needs of a specific user group, organized for ease of access, and under the direction of a qualified librarian.

Library consultant

A hospital library consultant serves as advisor to the hospital administration, medical staff, library staff, and/or library committee in defining and designing hospital library services and/or facilities to meet the informational, educational, research, and patient care-related needs of the entire hospital community.

Library systems

One or more libraries which together provide coordinated services and resources for a healthcare system; or two or more libraries which together provide coordinated services for a single hospital.

License agreement

A written contract setting forth the terms under which a licensor grants a license to a licensee. The licensee, often a library, educational or research organization, generally pays the licensor a fee for permission to use digital information.

Mediated searches

Searches of the literature performed by a librarian on behalf of a library user.

MLA

Medical Library Association.

MLS

Master's degree in Library Science. In some institutions, the degree awarded may actually be Master of Science in Library Science, Master of Arts in Library Science, Master of Library and Information Science, etc. These are equivalent.

Needs assessment

A systematic process designed to determine the need for specific services or types of information by the library's user group. This may take the form of surveys, focus groups, interviews of groups or individuals, or other methods.

Patient education

The provision of information to help inpatients or outpatients, or their family members, understand and cope with the condition for which they are receiving medical care. This education assists patients and/or their families in taking an active role in healthcare decision-making.

Performance improvement

The continuous study and adaptation of a health care organization's functions and processes to increase the probability of achieving desired outcomes and to better meet the needs of individuals and other users of services.

Qualified librarian

A person who has earned a Master's degree from a program accredited by the American Library Association or its successors, or from a master's level program in library and information studies accredited or recognized by the appropriate national body of another country.

Quality filtering

The determination of the appropriateness of specific information for a given purpose, taking into account factors such as research methodology, level of writing, intended audience, qualifications and affiliations of author, currency, etc.

Technical employee

The hospital employee(s) assigned to the library, who perform the day-to-day library-related work, under the guidance of a hospital library consultant.

Appendix 4: References

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