4-1-1998

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Publication Info


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MLA's professional development program: how we took control of our future

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This article, which focuses primarily on the last fifty years, reviews the evolution and expansion of MLA’s professional development activities. It shows how an integrated professional development program has emerged from a group of individual activities with little coordination among them. Continuing review, discussion, and new initiatives are needed to ensure that the membership is equipped with the knowledge and skills needed to function effectively in the twenty-first century.

Fifty years ago, in an article written upon the occasion of the fiftieth anniversary of the Medical Library Association, Mildred Jordan, longtime director of the A.W. Calhoun Medical Library at Emory University, reflected upon the stages in the evolution of a profession and the progress made by MLA in its evolution [1]. It was her assertion that since the organizing meeting in Philadelphia in 1898, “when so few accomplished so much, we have come far in our professional development, but several stages in our growth are still necessary before we can achieve the real professionalization begun a half-century ago” [2]. In the ensuing fifty years, we have taken some giant steps, but further refinement and development will continue to be necessary for MLA’s programs to assist its members in achieving the knowledge and skills to thrive in the twenty-first century. This article, which focuses primarily on the last fifty years, explores how we have taken control of our professional future in our efforts to prepare our members for the new century.

**CURRICULUM**

Although the earliest library schools had begun operation by the end of the nineteenth century, few medical librarians had completed (or even attended) library school. Of the four librarians who were charter members of the Medical Library Association, only one had had library school work. In her presidential address to the Forty-eighth Annual Meeting of MLA in 1949, Janet Doe traced the development of education for librarianship [3]. She pointed out that only a small number of library school graduates were in medical libraries as late as the 1920s. However, because of the specialized literature and needs of the practitioners, researchers, and students, the apprentice-system of instruction continued to a large extent even as trained librarians were coming into medical libraries. “The only way to know medical library methods was to work in a medical library” [4]. For many years to come, the “technical workers” in medical libraries would be dependent upon the apprenticeship method of education.

With the development of more library schools and as more trained librarians entered medical librarianship, attention was given to the possibility of special courses for medical librarians. In 1923, Richard O. Beard, secretary of the medical faculty at the University of Minnesota, formulated a course of study which included “a sequence of three years of collegiate study with special emphasis on biology and social service, a year of general library training, and a fifth year devoted to the theory and practice of hospital library service” [5]. Although the course was advertised for several years, it was never offered, due to a lack of applicants.

Estelle Brodman, in her address to the First International Congress on Medical Librarianship, discussed the development of the first formal courses in medical librarianship [6]. After the abortive attempt in 1923 to establish a course in medical librarianship, the next steps in this area were again taken by the University of Minnesota in 1937: “part of a course on hospital (patients’) libraries given at the University of Minnesota Division of Library Science was devoted to medical libraries” [7]. It was not, however, until 1939 that the first course devoted entirely to medical librarianship was offered at Columbia University by Thomas Fleming. Emphasis was placed on medical bibliography. In 1946 (when Brodman took over the Columbia course), more emphasis began to be placed on medical library administration, cataloging and classification,
and acquisitions procedures. This course was the only one available until Mildred Jordan's at Emory [8].

CERTIFICATION

When Mildred Jordan reflected on “Certification: A Stage of Professionalization” in 1948, our credentialing program, which today is a model for other associations, was truly in its infancy. Twenty-five years later, Louise Darling, in her Janet Doe Lecture on the occasion of MLA's seventy-fifth anniversary, noted that “our Association has been talking about education, standards, and certification for most of its life” [9]. Her observation that the subject then was “in many ways once more as far from being settled as it was in 1946 when Mary Louise Marshall introduced it at the Association's first post-World War II conference” reflects the major changes that MLA was on the verge of approving for a more wide-ranging and comprehensive certification program [10].

In 1941, Mary Louise Marshall, librarian of the Rudolph Matas–Orleans Parish Medical Society Library at Tulane, inaugurated at Tulane University the first medical library internships [11]. Her report on these internships, given to the Medical Library Association in 1946 through her presidential address, “Training for Medical Librarianship,” initiated action on the part of the association toward setting standards for medical librarians [12]. The most immediate result of her address was the appointment (after spirited discussion) of a “Committee on a Training Program for Medical Librarians” [13]. At the next annual meeting in 1947 the committee recommended training at three levels with a graded certification plan corresponding to the three levels:

- Grade I. Library school training with work in library administration, medical bibliography, etc.
- Grade II. Requirements for Grade I plus six months' experience under an approved librarian
- Grade III. Training leading to an advanced degree or its equivalent [14]

Miriam Hawkins Libbey succinctly described the reaction of the association to the plan and the subsequent steps taken by individual members of the association [15]. After another long and heated discussion, approval was given for the training recommendation, but the certification plan was tabled until 1948, when it was adopted by one vote.

Central to the new certification program were courses in medical librarianship, but only the one at Columbia existed. Through efforts of the Veterans Administration, courses began to be developed at accredited library schools: University of Southern California, University of Chicago, University of Illinois, and Columbia [16]. The courses grew out of the extensive development of medical libraries within the VA and a realization by VA administrators of the impossibility of recruiting librarians with the appropriate knowledge of materials in the field because only one library school offered a course in this specialization.

Subsequently, as new courses were developed, MLA developed a mechanism for reviewing and approving each course on a rotating five-year basis. Certification at this point in MLA's history was based on completion of approved activities, rather than individual evidence of competency in the field. This method for certification was to continue until the 1970s, when the certification code was changed to reflect a new competency-based examination for individuals to demonstrate their capability in medical library reference, technical services, and administration (the three sections of the examination).

The internship component of the first certification program developed slowly until 1957, when the National Library of Medicine announced its training plan [17]. Recruitment needs were at the heart of the program, with the further hope that individuals who went through the program would make significant contributions to the field as a whole. In her history of the early training programs, Louise Darling pointed out the feeling of the Medical Library Association as to the validity of this latter hope in that the association granted approval to the program for MLA Grade II certification at the end of the first six-month trial period [18]. Following NLM in establishing internships were the University of California at Los Angeles Biomedical Library, the Emory University A. W. Calhoun Medical Library, and the National Institutes of Health Medical Library. With the emphasis on research at the National Institutes of Health and with the two programs in academic medical libraries, all complementing the one at the National Library of Medicine, these four training programs offered a wide range of experiences for the beginning medical librarian.

With the passage of the Medical Library Assistance Act in 1965, training efforts were greatly expanded with increased availability of internships at the post-master's level and with the expansion of the program to the master's level through fellowships for specialized study in medical librarianship during library school. When federal funding for these programs was decreased during the 1970s, most of the programs could no longer afford to recruit participants. Only the NLM Associates Program has continued.

CONTINUING EDUCATION

The philosophy and efforts of the Medical Library Association in the area of continuing education have been covered by Betty Ann Withrow [19], Erich Meyerhoff [20], and Estelle Brodman [21]. In 1958 MLA sponsored “refresher courses” which preceded the annual meeting. The twelve courses which were offered approximated the subjects covered in the Handbook of
Medical Library Practice. Each participant had the option of choosing four courses, each of which met for approximately two hours. Although the courses were judged successful and were offered again in 1959 and 1960, the participants indicated that they would like to have the course offerings expanded and covered more extensively. With the appointment of a Committee on Continuing Education in 1961, a concerted effort was made to find the optimum means of making available to the association's membership opportunities to learn about new developments in the field [22].

A pattern evolved which has continued with modifications to the present. As courses embracing the new technology and new developments in medical librarianship have been added to the curriculum, syllabi have been developed to be used in the courses. The courses, then as now, were offered in conjunction with the annual meeting, with one or two days set aside for them. Although refinements have been made and courses are offered at MLA chapter meetings as well as in other venues, the CE committee members of the early 1960s would find many of the same challenges and opportunities if they were to sit in on today's committee meetings. A major change has been a shift in many responsibilities to the MLA headquarters staff through its education department staff. Early committees did everything related to the production and presentation of a course—from development of the concept, to finding a course developer, to locating an appropriate site, to actual presentation of the course, to storing unused syllabi.

INTEGRATED APPROACH

For most of our association's life, there was no "professional development program" as such. Individual committees were responsible for library school course review and approval, certification examination development and administration, and continuing education offerings. While there was communication among and between the various committees and there were liaisons appointed, there was no integrated professional development program. It was not until the 1980s, when the association embarked on a strategic planning exercise, that professional development began to be looked at as a whole.

In November of 1982, MLA President Nancy Lorenzi appointed the Ad Hoc Committee on Professional Development, which was charged with "developing a conceptual integrated framework for MLA's professional development program to include the continuing education, certification, and recertification activities of the Association" [23]. The recommendations presented to and approved by the MLA Board of Directors in 1984 provided a plan to bring together and to coordinate the various professional development activities of MLA:

Conceptual framework for MLA professional development

The MLA Professional Development Program policies and activities will be based on and derived from the following:

- Standards for professional performance and career development shall be identified and developed within specialist groups of MLA instead of through centrally prescribed programs.
- Personal professional integrity and competence shall be promulgated by MLA through a Code of Ethics.
- Achievement of high professional development and competence shall be recognized by MLA through a comprehensive system of professional recognition.
- Achievement of high professional development and competence shall be encouraged and promoted by MLA through a comprehensive program of publications; education; career services support; and grants, scholarships, and awards for initial and continuing professional education.
- MLA will seek a close interaction with a variety of professional schools and departments to ensure an adequate pool of entry-level and retrained personnel with appropriate skills and competencies.
- All MLA programs and its organizational structure shall support its professional development principles. (Adopted by the MLA Board of Directors, May 24, 1984) [24]

Professional development in MLA has moved very quickly in some areas and has progressed at a very sedate pace in others—indeed it sometimes has seemed as if we were moving in molasses! Since the conceptual framework was adopted by the MLA board, many of the ad hoc committee's recommendations have been carried out, and in reality, quite a lot has happened in a relatively short period of time. A code of ethics has been adopted; an expanded books program has been put into place with a volunteer editor for the program; new formats and technologies have been put into place for the continuing education program; an educational policy statement has been produced; and a comprehensive system of professional recognition has been put into place.

Not unexpectedly, the most passion and interest have focused on the comprehensive system of recognition. Indeed, since Mary Louise Marshall introduced the concept at the first post–World War II meeting, much of the association's energy has been spent in this area. Jo Ann Bell's detailed history of MLA's credentialing program chronicles the impact of the ad hoc committee's report on the future direction for MLA's recognition program [25]. In response to the Report of the Ad Hoc Committee on Professional Development, a Task Force on Certification and Registration, chaired by Jo Anne Boorkman, was formed in 1984/85. The report
of the task force, presented to the board in May of 1985, contained the guidelines which ultimately led to the creation of the Academy of Health Information Professionals. The Credentialing Committee was given the task of developing the specifics of the new recognition program as contained in the task force’s recommendations, and its report was presented and debated at the annual meeting in 1988. As Bell states: “the description of the discussion as ‘spirited’ in the proceedings might be considered an understatement by many of those present” [26]. Of principal concern were changes in the education requirements. The discussion led to a motion at the business meeting that the approval and implementation of the new program be delayed until the membership could provide adequate input. A revised program, taking into account many of the concerns expressed by the membership, was approved by mail ballot in October of 1988.

The new Academy of Health Information Professionals differs from the previous certification program in several important respects:

- It provides for recognition at all levels of an individual’s career, not just at the entry level.
- It is based on an individual’s accomplishments in areas such as publications, honors and awards, education and continuing education, and service to the profession.
- It no longer contains a competency-based examination.

Perhaps the most significant change is the opportunity for the individual to lay out a plan for ongoing professional development which serves as the underpinning for his or her activities. This plan can be based on the individual’s strengths and interests rather than an artificial set of competencies which might or might not impact on his or her daily activities. Implemented in 1989, the academy has as its central feature for membership the preparation and submission of a portfolio which provides documentation of professional accomplishments. Bell notes that although the academy is often viewed as a significant departure from the earlier programs, the influence of these programs is quite evident [27].

Review and refinement of the academy have taken place since its inception. A task force chaired by Rick Forsman made recommendations in 1995 which have been reviewed by the Credentialing Committee and which are being folded into the program [28].

This year marks the fiftieth anniversary of the association’s credentialing activities. Jo Ann Bell concludes that it is unlikely that any credentialing program would be endorsed enthusiastically by all the association’s members and that the vitality of the program lies in the constant discussion and revision process that has led members to focus on and respond to changes in the environment, the profession, and the association [29].

KNOWLEDGE AND SKILLS TASK FORCE

In May 1989, MLA’s Knowledge and Skills Task Force was appointed in response to a number of different initiatives. First was MLA’s own strategic plan, Shaping the Future, and the strategy which seeks to influence curricula of academic institutions in the areas of design, development, and management of information systems [30]. In order to achieve this, it seemed necessary, first, to validate what it is that health information professionals do and then to determine what is going to be needed in the future. A second impetus, closely related to the first, was the revision then underway of the American Library Association’s standards for accreditation of master’s programs in library and information science. As a part of that revision process, each of the major library and information science associations was asked to provide the ALA Committee on Accreditation with educational and other policy statements pertinent to the needs of that organization so that they could be shared with the educational programs.

The task force determined that the best approach to gather the data necessary to carry out these objectives would be to survey a sample of the MLA membership with two goals in mind: (1) to define the knowledge and skills required for competent professional performance now and in the future, and (2) to enable MLA to establish educational policies which would assure the acquisition and maintenance of those activities throughout a professional career [31]. When tabulated and analyzed, these data would provide an inventory of knowledge and skills described in two major ways: scope—what are these skills?—and setting—where is the learning most likely to be applied and where is the learning most likely to occur?

The survey sought to remedy, in part, the lack of a research base for decision making and to provide a foundation on which to develop a new consensus within the health sciences information community on the knowledge and skills required to meet the needs of health care, research, and education in technologically alert, user-driven, and rapidly changing organizational environments. The results of the 1990 survey have been presented by Roper and Mayfield [32].

MLA’s educational policy statement, Platform for Change, which resulted from the survey, was adopted by the MLA Board of Directors in December 1991 [33]. The document describes the need for lifelong interdisciplinary learning for the field. It suggests that health care information will continue to grow exponentially and that health care will be one of the nation’s most critical information issues. The document also provides concrete guidelines for graduate programs and asserts that strong professional development roles should be assumed by MLA and the National Library of Medicine.
Perhaps the philosophy of Platform for Change is best demonstrated by Estelle Brodman's exhortation to the 1979 Allerton Invitational Conference on Education on Health Sciences Librarianship:

We must educate for the problems of a generation hence, not for the problems of today . . . librarians must be imbued with the psychological ability to handle change and to live with ambiguity. Without this they will be performing tomorrow's tasks with yesterday's concepts [34].

THE NATIONAL LIBRARY OF MEDICINE'S RESPONSE

The National Library of Medicine responded to the Platform for Change recommendation that NLM should convene a planning panel on education for health sciences librarianship. The panel met three times in 1993 and 1994 to consider NLM's role in broadening the educational and training opportunities for medical librarians in order to ensure that they will be prepared to play a critical role in our fast-changing health care delivery system. Panel members included health professionals, librarians, library and information science faculty members, medical informaticists, and representatives from health- and information-related associations [35].

The panel's report addresses eight goals in four major areas, with recommendations for the profession, including NLM, MLA, library and information science educational programs, other associations, individuals, and employers. The four major areas include the following:

- evolving roles for health sciences librarians
- professional educational programs for health sciences librarians
- lifelong learning programs for health sciences librarians
- broadening recruitment into health sciences librarianship [36]

As a first step in implementing the recommendations of the panel's report, NLM established a program of "challenge awards" to support planning for the implementation of specific report recommendations. Planning grants were awarded in 1995 to seven institutions.

Recognizing that no one organization can provide all of the educational opportunities needed by today's health information professional, the University of South Carolina, the Medical Library Association, and the Library and Information Science Distance Education Consortium (LISDEC), submitted a joint proposal addressing the area of lifelong learning programs for health sciences librarians. This was one of the seven proposals funded.

One activity in that proposal consisted of a needs assessment survey which was submitted to a sample of the MLA membership in August 1996. The survey provides MLA with several opportunities for gaining information:

- current demographic information for the membership
- technological needs and capabilities of MLA members
- revalidation of the knowledge and skills reflected in Platform for Change

In the six years that have passed since the first survey on knowledge and skills was administered to a sample of the MLA membership, unprecedented technological and health care changes have taken place. These changes could not have been easily anticipated by the membership, so the major thrust of the 1996 survey is the reevaluation of the skills the members possess and what they anticipate will be needed in the twenty-first century. When the data have been completely analyzed and reviewed, the findings will be shared with the National Library of Medicine and the Medical Library Association.

The seven projects funded by the National Library of Medicine address each of the major areas identified by the Planning Panel on the Education and Training of Health Sciences Librarians. Out of these projects should come new ways of integrating technological advances into providing education for health information practitioners on a variety of levels.

CONCLUSIONS

Louise Darling's observation that "our Association has been talking about education, standards, and certification for most of its life" is as true in our centennial year as it was at the seventy-fifth anniversary [37]. It is my fervent hope that this statement can be repeated on the occasion of future anniversaries! Without ongoing dialogue, discussion, and disputation, the progress needed to keep up with our rapidly changing environment will not be forthcoming. MLA's strategic plan, Shaping the Future, has provided us with the framework for our integrated professional development approach, and Platform for Change has given us the blueprint for moving ahead. Our challenge is to ensure that adequate communication takes place among the various components of the program and that the board and the membership have the vision and vitality to maintain a viable program that will indeed provide the membership with the knowledge and skills needed to function effectively in the twenty-first century.

The opportunity to make this contribution to the Centennial Celebration has provided me with the opportunity to reflect on the progress of MLA's professional development programs in the last half century. For the past thirty-four years, or approximately one-
third of the association's existence, I have been involved almost continuously in some aspect of MLA's professional development programs. During that period I have been privileged to observe the major growth and expansion in the programs that have taken place through the efforts of a virtual who's who of MLA's membership. To some degree, I seem to have become the corporate memory of MLA's professional development activities. Maybe, as Sam Hitt would say, that makes me one of the association's "dinosaurs!" Preparing this article has provided me with the opportunity to walk down memory lane; more important, it allows the membership to reflect on and be proud of what they have done. The evolution and expansion of our professional development programs have truly been a collective and collaborative effort that has paralleled the overall growth and development of the association.

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Received December 1997