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Research Lifecycle: Partnering for Success

Reproducibility – Identifier – Collaboration. With these three words Jean Shipman, Director of the Eccles Health Sciences Library concluded and summarized the e-science event held on March 15, 2013.

Reproducibility

Keynote speaker, Victoria Stodden, based her presentation on the credibility crisis in science because results are not reproducible. Reproducibility is a core standard for science. Why are results not reproducible? Today's science generates data, but data and the code to identify data is rarely being shared. This means that results cannot be verified or reproduced. She described how few journals include information on where to access data and fewer mention where to access the code. Without access to data and code, we have "science" based on trust rather than evidence. Funding agencies have encouraged sharing but sharing is not enforced. Dissemination platforms are now available and runmycode.org/ is one example. It accepts data and code that can be shared with interested parties. Victoria convinced the audience that we are in a crisis and that librarians can help by assisting researchers to make their data and code accessible.

Everything has an identifier

Mike Conlon expounded on identifiers. [VIVO](#) is a tool that enables networking among researchers. The importance of identifiers was obvious to the librarians in the audience who remember adding unique identifiers when cataloging a collection. It's as important when building databases that make individuals, research interests, institutions, departments, and, well everything, findable. This is also an important feature for [eagle-i](#) that allows users to find invisible resources. Melissa Haendel described the cost in dollars, time, and effort of not selecting the right reagent, protocols, and instruments – resources that

eagle-i is designed to identify.

Collaboration

Four tools were described during the tools panel of the event. In addition to VIVO and eagle-i, [DMPTool](#) and [REDCap](#) were featured. Carly Strasser convinced participants that when writing a proposal, DMPTool facilitates data management planning. It incorporates requirements from many funding bodies to ensure that the plan is complete. DMPTool also allows customization by institutional members. Veida Elliot clearly stated the benefits of using REDCap. It can be used for managing clinical data, is intuitive, and supports multiple models. All of these tools are collaborative efforts involving 25 to 600+ partners.

The collaboration among researchers and librarians was mentioned by all presenters. Librarians helped produce VIVO and DMPTool. Presenters recognized that if librarians have knowledge of these tools, they can assist researchers manage data and resources.

A third collaboration occurred during the event. This was the collaboration among the NN/LM MidContinental Region, the Pacific Northwest Region, and the Oregon Health and Science University to organize the forum and pilot group-to-group videoconferencing among the three locations. Audiences were located at the University of Utah, the University of Washington, and the Oregon Health and Science University. The keynote speaker presented from the University of Washington and the panelists presented from the University of Utah. Participants at all sites participated in the Q&A sessions and all sites shared the highlights from breakout sessions that encouraged participants to identify aha! moments, support needs, identify next steps, and other key points brought out by the speakers.

Participants agreed that the following three objectives for "Research Lifecycle: Partnering for Success" were met.

- Participants will gain increased awareness of the potential and challenges for computationally intensive science in health sciences research.
- Participants will gain increased awareness of innovative tools and technologies for collaboration, discovery, data sharing and data management.
- Participants will identify how librarians, data specialists, and researchers can use these concepts and resources to provide added value to their research community.

Links to presentations and a resource list <http://nnlm.gov/2013escience/>

-Claire Hamasu, Associate Director

Presenters:



Victoria Stodden, PhD
Assistant Professor, Department of
Statistics
Columbia University



Michael Conlon, PhD
Principal Investigator, VIVO
University of Florida
www.vivoweb.org



Carly Strasser, PhD
Data Curation Specialist
California Digital Library
<https://dmp.cdlib.org/>



Veida Elliott
REDCap Administrator & Program
Coordinator
Vanderbilt University
<http://project-redcap.org/>



Melissa Haendel, PhD
Ontologist for eagle-i
Oregon Health & Science University
www.eagle-i.net



In the Literacy Trenches: Spotlight on School Libraries

School librarians play a critical role in student achievement. Twenty years of research demonstrates that students enrolled in schools with librarians have better standardized reading scores – regardless of student poverty level or overall staffing losses.

Carl Harvey had a big idea to drive points like this home – get 25,000 signatures in 30 days on a [White House Petition](#) to ensure that every child in America has access to a school library program. By the time the petition closed on February 4, 2012, there were nearly 29,000 signatures. Harvey, a school librarian in Indiana, and former President of the American Association of School Libraries (2011-2012), sought to raise awareness of the vital role school libraries and librarians play in student literacy and for the allocation of Federal funds to support school library programs.

The petition garnered a lengthy response by Roberto Rodriguez, Special Assistant to the President for Education Policy. In his remarks, Rodriguez noted that President Obama requested \$186.9 million in his 2013 budget for the Effective Teaching and Learning in Literacy competitive grant program, funding which would help fund the development of evidence-based, preschool-through-grade 12 literacy plans. He also reiterated Obama's support of school libraries stating, "School libraries play a significant role in constructing and enriching that foundation. School libraries do much more than house books and store data: a school library can broaden the horizon of learning for students and link them with communities and experiences far beyond their own classroom and community."

Obama had already delivered nearly \$100 billion to education with the passage of the American Recovery and Reinvestment Act in 2010, and he wanted to expand and reform U.S. schools with a 2.5% increase over the 2012 education budget of \$60.8 billion (for a complete rundown on 2013 Education budget request click [here](#).) The term "library" did not appear anywhere in the budget language, but nestled somewhere near the middle of the document was a line item for "Technology and Media Services" program – \$29.6 million, the same from 2012, and \$1 million more over 2011. Funds would go toward awards for research and development promoting the use of technology, including addressing accessibility issues for students with visual impairments and other print disabilities.



The National Library of Medicine (NLM) saw an opportunity to



support health information literacy with K-12 educational outreach initiatives that encourage interest in health science careers and raise awareness of NLM resources that support health and science curriculums. A few examples of resources include [Tox Mystery](#), an interactive site in English and Spanish for children ages 7-11 to explore potential chemical hazards; and [GeneEd](#), a single repository for genetics research, study guides, lesson plans, experiments and activities for grades 10-12. There are also numerous online exhibits with lesson plans and activities ready to roll out in the classroom (see Resources for more information).

The National Networks of Libraries of Medicine, MidContinental Region's (NN/LM MCR) coordinators connect with school library staff, teachers, and even school nurses at local, state and regional conferences and meetings. Coordinators also conduct training sessions to raise awareness of the NLM resources.

The MCR encourages all public library Network members to partner and collaborate with school libraries. There are many ways your library could work with schools in your community:

- Collaborate on a joint book club – for kids and parents
- Offer on-site programming over the school lunch hour
- Work with teachers and school librarians to set up "assignment alerts" so students and parents have time to get appropriate resources
- Have a field trip to your library and introduce students and teachers to all the great resources at your library

For more great ideas and a wealth of information on partnerships, visit the [Youth Services Librarianship Wiki](#). Has your public library partnered with a school library? Tell us about it because your project may be eligible to win our Public Library/School Library award.

- Dana Abbey, Colorado/Health Information Literacy Coordinator

Public Library/School Library Award:

Has your school library collaborated with a public library to promote health information? Or perhaps your public library has collaborated with a school library? The NN/LM MCR wants to know. Your project may be eligible to win one of our upcoming awards! For more information email [Dana Abbey](#).

Resources:

Learn more about the [NN/LM MCR](#).

Learn more about the [NLM](#).

Become a [Network member](#) – public, school, academic and special libraries enjoy the benefits of FREE NN/LM network membership.

[Resource guide](#) for NLM's K-12 databases and resources.

[Listserv](#) for teachers, librarians, educators and parents interested in learning about NLM K-12 resources.



Spotlight on School Librarians – Wyne Cler, MLIS



School librarian, Wynne Cler

The library at Graland Country Day School in Denver, Colorado is abuzz with students. While parent volunteers (the library has over 100) – shelve books and check out materials, head school librarian, Wynne Cler, and her staff gear up for a day with pre K – grade 4 students who will visit the library to hone their information literacy skills. Cler has “very high expectations” for the graded skills assignments that students must complete. Graland, a pre K – grade 8 school with 645 enrolled, has a strong commitment to integrate technology into learning: each 5-7th grader has an iPad and all 8th graders have a laptop.

In addition, the library has numerous laptops for student use. Connecting library visits with what is going on in the classroom can be a challenge. Cler notes that an ever-changing curriculum means constant change in the library’s resources.

While there is no formal discussion between teachers and library staff about the curriculum and support from the library resources, the school is initiating a more formalized communication process by mapping the curriculum electronically so all educators can have access. Cler also takes the initiative to engage in informal exchanges between her and the teaching staff. But the ever-smiling Cler sees the constant shift as a good thing – it allows for enhancements to the library’s collections.

This flexibility allows technology to be woven throughout the curriculum. Cler notes continual exploration of 21st century learning in action with digital storytelling: podcasts, epub’s, apps (e.g., Educreations, ScribblePress, Book Writer), YouTube, Apple applications (e.g., PhotoBooth, Keynote, Pages).

Cler, with two children of her own, says that being a parent has given her great empathy in working with students and parents. A former academic and public librarian, Cler notes the most surprising thing for her about coming to a school library over 11 years ago is how much she loves it – “the kids are fabulous, they just want to learn and have fun and have a BIG passion for reading.”

The biggest shift Cler has seen over the last decade is time spent teaching students how to use digital resources – from applying critical thinking skills to evaluation of information sources to organizing and sharing information – beginning in 4th grade. “It’s more of a learning curve for the librarian than the digital native. Kids are teaching each other.”

-Dana Abbey, Colorado/Health Information Literacy Coordinator



Welcome New Members!

Since last May, we have enrolled seventeen new Affiliate Network members in the NN/LM MidContinental Region. All of the new members are either libraries or information resource centers that provide health information to users. Nine of the new members are K-12 schools or institutions of higher learning.

We welcome these new members to the National Network of Libraries of Medicine.

Colorado:

- Douglas County High School Library, Castle Rock

- Graland Country Day School Library, Denver
- Otho E. Stuart Middle School Library, Commerce City
- Red Hawk Elementary School, Erie
- Ouray Public Library, Ouray
- Pitkin County Library, Aspen
- Rocky Ford Public Library, Rocky Ford
- Weld County Department of Public Health and Environment, Greeley
- Woodland Park High School , Woodland Park

Kansas:

- Butler Community College Libraries, El Dorado
- Lighthouse Library, Dexter

Nebraska:

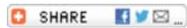
- Health Center Association of Nebraska, Omaha
- Kilgore Memorial Library, York
- Nebraska Indian Community College, Niobrara
- Syracuse Public Library, Syracuse

Utah:

- Stevens-Henager College Library, Logan

Wyoming:

- Wind River Tribal College Library, Ft. Washakie



Whooo Says....



Dear Whooo,

I am a hospital librarian in an urban hospital. Lately I've noticed that my users consist mainly of older physicians who have been practicing in this hospital for many years. They are avid library supporters, but the younger physicians and the nurses do not seem to use the library. I am worried that as the major library users retire the library will be seen as non-essential. Do you have any ideas about how I can encourage more clinicians to use my services?

Looking for Younger Users

Dear Looking,

Thanks for writing. I think your situation is quite common, and now is the perfect time to start changing your user base. I'm sure you are aware of the libraries being closed in hospitals across the country; a library must be strong, vital, and actively serve the mission and organizational programs to be included in the current and future plans of a hospital.

You have already taken the first step in improving the reach of your library program by realizing the need to make some changes. The next step is for you to do a careful assessment of your current situation: what is your staffing, budget, service provision, user base, collection, etc.? This should give you a very definite idea of what resources you have to use.

After you complete your assessment, give some serious thought to what you envision for your library and library services in the future. Be sure to define "future" so you can make concrete plans. For this discussion, we will define the future as a 3-5 year period. At this point, you should not be thinking of specifics, but rather general directions that you want to see your services move toward and the potential users, such as younger physicians and nurses, you would like to reach. For instance, you may discern that you currently reach about 10% of the potential user base in your hospital, and you set a goal to

reach 50%. I have developed a chart (see below) to illustrate this process.

As you can see by reviewing the chart, I have identified my "Current" status with services offered, current skills by level and application, budget, percentage of potential users served and space. I have done the same thing for our defined "Future." Now the critical piece becomes what needs to happen to move the library services from the current state to the future. The most important things that you will need to do to facilitate this movement are:

1. Assess your users to determine what their needs are now, and what they perceive their future needs to be, and
2. Involve your manager in this process and get appropriate approval and support.

After you have done those two things, you can begin to make specific plans for the changes you need to make. These will be driven by what you discover in your user needs assessment and your conversations with management about future directions for your hospital. For example, I have listed increased involvement with clinical staff as one of my goals. After reviewing comments from my users and managers, I might elect to develop a full clinical librarian program or I might decide that attending departmental meetings and rounds will serve the needs of my users and stay within the time and financial constraints I have. When I have made this decision, I can then identify additional skills, personnel, collection, and space requirements that will be needed.

As you develop your plans, be sure to stay in contact with your users and keep them informed of your progress. You will need their support and interest to make your program changes successful. Always keep in mind that successful programs are built on successful relationships as well as sound planning and good execution.

The final piece of this planning puzzle is to define how you will evaluate your programs. As you progress, you will need to be able to justify and explain your decisions and progress to hospital management. You will also need to adjust your planning and implementation depending on your successes and failures.

	Current	What needs to happen	Proposed/Future
Services:	<ul style="list-style-type: none"> o Reference o Literature Searching o Teaching 	<ol style="list-style-type: none"> 1. User Assessment – what do your users need and want? 2. Develop plan with management input and approval 3. Network with potential users and managers to facilitate starting new programs 4. Communicate with users about new services 	<ul style="list-style-type: none"> o Increased involvement with Clinical Staff, o Hospital Committees, o Knowledge Services, o Teaching
Skills:	<ul style="list-style-type: none"> o Searching, o Collection development, o Supervision 	<ol style="list-style-type: none"> 1. Identify skills necessary for user requested services and programming 2. Seek additional training 	<ul style="list-style-type: none"> o Expert Searching, o Knowledge Management, o Awareness of Clinical Staff Needs
Budget:	Adequate for current program and usage	Investigate costs necessary to fund programming and services desired by users	Increased to allow more staff, larger collection as justified by your plan and input from manager
% of Potential Users Served:	10%		50%
Space:	Adequate for collection, small meeting space	Estimate space needed for proposed programming	Reallocate space to reflect current programming and

		and negotiate with hospital administration	increase of electronic resources
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I hope this has been a helpful exercise, Looking. Be sure to remember – you do not need to accomplish an entire 5-year plan at one time! Start by implementing one project or program at a time to make it manageable. It is important to build success along the way with small victories that will add up to a stronger, well-implemented overall program at the end of your projected time span.

Sincerely,

Whoooo



Rare Books at the McGoogan Library of Medicine

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The library of medicine at the University of Nebraska Medical Center (UNMC) began developing its rare books collection as early as the 1920s, initially financed by the College of Medicine and greatly expanded through gifts from faculty and alumni collectors, including Leon S. McGoogan, M.D. At present, the McGoogan Library rare books collection numbers nearly 4,500 volumes—2,140 owned by the state of Nebraska and 2,298 comprising the Orr Collection, on permanent loan from the American College of Surgeons. The collection includes medical and general science volumes dating from the 1490s, and includes works that are historically valuable, unique or hard to find. Some of the volumes that can be found in the collection are:

- Vesalius' *De humani corporis fabrica libri septem*, 1555
- Newton's *Opticks*, 1730
- Jenner's *An inquiry into the causes and effects of the variolae vaccinae*, 1798
- Gray's *Anatomy*, 1858
- Darwin's *Origin of Species*, 1859

The library staff works closely with our campus public relations team to promote the library overall, and our special collections. The following article, "Curling up with a rare book," appeared in our daily online newsletter "UNMC Today" in December 2012, as well as in our campus blog "A Day in the Life of UNMC."



Curling up with a rare book

Reprinted from "A Day in the Life at UNMC" Blog of the University of Nebraska Medical Center – December 3, 2012

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Ask John Schleicher, associate professor and head of special collections at the McGoogan Library of Medicine, what he's got in the rare book room. And the answer is: "How many things do you want to see?"

Oh, he's got stuff. A fourth edition (1730) of *Opticks*, written by Sir Isaac Newton. Yeah, that's right – the

guy of the apple-bonking incident fame.

A book from 1517, its binding sewn by hand, its illustrations of military surgery (there's some dude getting his leg sawn off).



Yes, this guy is being treated via hacksaw. But don't worry. They put a towel over his head, so he'll be fine.

Medieval text from the 1300s, one of the works of Albertus Magnus. Fittingly, UNMC's copy was hand-written by university scribes, not monastery ones. The style of script confirms it.

Look at the pictures in this one: "They're kind of dressed like ... they've got Christopher Columbus hats," I said.

"They look like the Montagues and Capulets," Schleicher said.



What penmanship!

It's an impressive collection. Some of the best stuff was acquired in the 1920s, when a doctor would make an annual pilgrimage to Europe in search of antiquities to add to the university's library. But it's grown since then and continues to grow. Physicians have donated their collections. Schleicher attends a history of medicine (and rare books) conference each year, and when people see his name tag they still stop him and tell him their Dr. McGoogan tales.

In the library there are book covers made of velum – goat skin or sheep skin. Here's one with an illustration of a guy who looks like he's got some problems. He's got crabs and scorpions and goats and cows and people crawling all over and seemingly inside (!) of his body.



In spite of — or perhaps in some cases because of — their age, many of these books are as beautiful as they've ever been.

"We have a translation of this," Schleicher said. "They thought depending on when you were born, what month, the sign of the zodiac, you should or should not do different things that time of the year."



Schleicher enjoys telling the stories behind some of the library's most treasured items.

Let's see. He says mine says when the moon is in Leo it's a good time to start building a castle, to establish relationships with princes and to "conclude a marriage."

To conclude one? Like to end one?

What does that mean? If you're going to get divorced, do it around your birthday?



Anyone in ortho recognize this?

So, were a lot of things in these books way off, compared with what we know today?

“Not really,” Schleicher said. “Some things yes, some things no.”

A lot of what is found in these books was on the cutting edge. (Um ... so to speak.)



Childbirth in the 1500s. She's about eight minutes from the "I don't care what it says on my birth plan, I want the epidural" stage.

A good portion of UNMC's collection deals with obstetrics, thanks to the personal interests of a couple of its big donors, Dr. McGoogan, and Dr. Charles and Olga Moon.

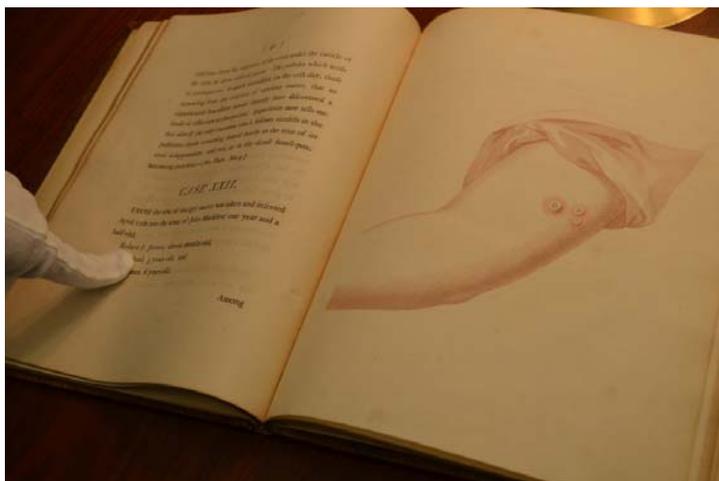
The McGoogan Library has a copy of Eucharius Rösslin's 1513 classic "Der Rosengarten," a pregnancy and childbirth guide. It was revolutionary, as it was written by a medical doctor. It swept across Europe, and was published in several languages. It was the "What to Expect When You're Expecting" of its day.



Apparently, this Isaac Newton guy was a pretty big deal.

Likewise, Madame du Coudray had similar success a couple centuries later. She dedicated herself to reducing infant mortality in rural France in the 1700s (outreach to an underserved population!), and even came up with the kind of simulation mannequin you might find in the Sorrell Center's Sim Lab today. We've got her book, too.

And look at this: "Inside of it this says – I don't know if we could ever prove this," Schleicher says, "this is French for: 'Library of Louis XVI.' "



An important text which describes the study of the possibility of vaccination against smallpox. Also — ewwwwww.

Uh huh. Well, maybe. But the library did have an appraisal done in 1997, and at that time it was noted to be a \$3-4 million collection. How many visitors come to see all this stuff?

"Not enough," Schleicher said. So there you have it. Give them a call at 402-559-7094 to set up an appointment. Come see some pretty cool stuff.



The Disaster Communication Summit

*The best laid schemes o' mice an' men,
Gang aft agley,
From "To a Mouse" by Robert Burns*

In 2012, the NN/LM MidContinental Region, the Greater Midwest Region, and Dan Wilson from the Emergency Preparedness and Response Toolkit started planning an event focused on the issues surrounding communication and disaster preparedness. The meeting was scheduled for March 7-8, 2013 in Chicago. Rooms had been reserved, presenters and workshop instructors confirmed, and participants registered.

But then the emergency struck. Sequestration happened and Cindy Love, from the NLM Disaster and Information Management Research Center, had her travel rescinded three days before the event. Cindy was scheduled to present in a morning session and teach the workshop "US Response to Disasters and Public Health Emergencies." The day before, Mother Nature decided that a snow storm should hit the East coast canceling Dan Wilson's flight out of Virginia (and cutting off his electricity). Dan was the host of the summit and the instructor for the "10 Steps to Service Continuity Planning" on the second day of the event. Just before the event one of the keynote speakers got sick. The planning team scrambled.



Attendees at the Disaster Communication Summit

The Greater Midwest Region staff stepped up to the challenge using technology to conquer the distance between presenters and participants. Dan Wilson and Cindy Love were brought in via Adobe Connect. Polycom teleconferencing was used so that presenters and participants could hear each other. A colleague replaced the sick presenter and the two Associate Directors subbed as hosts for Dan Wilson. Workshops were moved to a classroom where videoconferencing was possible.

The first session of the morning brought in David Ibrahim, Director of the Emergency Management and Continuity Planning Certificate Program University of Illinois at Chicago, School of Public Health. His talk, "Regional Public-Private Interoperable Communications for Catastrophic Events" described the complexity in developing a communication network that accommodates communication systems from public and private entities in Illinois, Indiana and Wisconsin—think flow charts and mind maps. Jason Parker, Emergency Preparedness Coordinator for the University of Illinois Hospital, brought the issue down to an institutional level. He described how the four Chicago hospitals, located within feet of each other, work to keep each other abreast of emergencies within one institution that may affect others. Cindy Love reminded us of the resources that NLM has developed which are available from the Disaster Information Management Research Center (DIMRC) site. (<http://sis.nlm.nih.gov/dimrc.html>) At the end of the morning, we had an excellent example of a librarian in a new role. Kacy Allgood is embedded with the emergency medical services in Indianapolis. Kacy emphasized the appreciation her user population has for her expertise as an information professional.

The workshops later that afternoon and the next morning involved the participants in animated discussions and provided them with tools, knowledge, and inspiration to take back to their home institutions. The majority of participants gave an "A" rating to the Disaster Communication Summit. Constant communication between the planners and the presenters who could not be present, enabled a successful recovery for the Disaster Communication Summit.

<http://nmlm.gov/gmr/training/summit2013/> For handouts and pictures of the summit

-Claire Hamasu, Associate Director



Smarten Up Your Library: Hosting an NLM Traveling Exhibition

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This past February, the J. Otto Lottes Health Sciences Library hosted a traveling exhibit from the National Library of Medicine History of Medicine Division, entitled "The Henkel Physicians: a Family's Life and Letters."



The Henkel Physicians Exhibit

In October 2011, the National Library of Medicine History of Medicine Division (HMD) advertised opportunities for libraries to host one of their travelling exhibitions. The requirements to host an NLM exhibition are pretty minimal: a certain amount of floor space, a commitment to send the exhibit on via FedEx to the next exhibitor, and some general care guidelines. In looking over the offerings, I became interested in "The Henkel Physicians: a Family's Life and Letters," about a family of physicians—grandfather, father, and son—who practiced in the Virginia Shenandoah Valley during the 19th century, encompassing the years of the Civil War and Reconstruction. The Henkels' family correspondence is held in the History of Medicine Division archives and encompasses letters written from 1786-1940. Much of this collection has been digitized and can be viewed online via the HMD online digital collections: [Physician's Lives in the Shenandoah Valley](#).

Signing up was easy. Available exhibits are featured on the [NLM Exhibition Program webpage](#), and a calendar of available dates helps in booking. To book, a simple email to the traveling exhibits department is all that is required. We booked the Henkels Physicians for February 2013 in October 2011. For popular exhibits, you will have to book early, as slots go quickly. A confirmation letter is sent from NLM, obligating the exhibiting library to send the exhibit to the next venue via FedEx 2-day, at an estimated cost of \$200-\$400. Other requirements include adequate space out of direct sunlight and a safe, secure indoor location. PR materials, brochures, and other information is available for download from the NLM web site, and was of great use for promoting the exhibition. Exhibitions are loaned for different periods of time; the Henkel Physicians had a loan time of about six weeks.



Guest book and poster for the exhibit

The exhibit itself consists of three by seven foot banners with stands that easily store in two cylindrical containers for shipping. Set up with two people was a breeze; NLM estimates two hours for set up, but in reality it took about 20 minutes. They also recommend 500 -700 feet of floor space, which was a gross exaggeration of the space required. We used an area near a main floor staircase that is approximately 120 square feet and that was more than adequate. Using the materials provided by NLM, we printed 50 full color double-sided brochures, and four small posters for advertising. I set out a small table next to the exhibit with a guest book, a poster, and the brochures. We advertised the exhibit on the School of Medicine email list, the library's News Notes, and on the HSL web site. Total expenditures amounted to about \$75.

Originally, I was planning to have a small reception and perhaps an inaugural lecture to open the exhibit. Additionally, we planned to include some items from our own rare book room to supplement the NLM banners. Unfortunately, in

mid-2012 the School of Medicine decided to renovate the first floor of our library, and moved the computer lab upstairs into the second/main floor area. Construction plans are still in flux and it was decided that trying to work around the ensuing chaos was probably not a good idea, so those plans were cancelled.

During the month of February, we had approximately 8400 people visit our library. Because of its prominent position on the main floor, it is probable that a large majority of our visitors had an opportunity to view the exhibit. Although we did have a guest book, we had relatively few people sign it, so that was not necessarily a good indication of attendance. Students were observed by staff members perusing the display.

This week, our time with the Henkel Physicians will come to an end. We'll pack up the exhibit and send it on to its next home in Florida. NLM has a post-exhibit questionnaire to fill out, asking for approximate attendance, copies of PR materials used, pictures, and other comments. For little expenditure of staff time or money, we had the opportunity to add a bit of historical education to our learning environment, and it was well worth it in my opinion. I'm eyeing a Harry Potter exhibit for 2015, so stay tuned!



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