

Distributed Medical Education (DME) –Library and Information Services
A position paper

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Background: The following points provide background information and highlight the key issues, which need to be taken into account when library and information services are provided in the distributed medical education environment.

- **Accreditation requirements**: LCME standards (1) (<http://www.lcme.org/standard.htm>) stipulate the necessity of providing access to relevant information resources, facilitating electronic access, as well as providing professional services including instruction in the use of the resources. The standards stress the need for equitable access to resources and services in a distributed environment.
- **CanMeds background documents (2) and CanMeds 2005 Physician Competency Framework (3)** (<http://rcpsc.medical.org/canmeds/CanMEDS2005/index.php>) outline expectations regarding **informatics competencies for medical graduates** in the areas of accessing, evaluating and interpretation of relevant literature to apply this appropriately to practice decisions, application of broad base of information in clinical care, practice evidence based medicine and critical appraisal of evidence, and the demonstration of the ability to engage in ongoing, self-directed learning and critical inquiry.
- It is important to consider **student needs regarding access** in the distributed environment to achieve the desired outcomes. When new services are planned or existing ones reviewed, direct input from students to the planning process needs to be encouraged.
- **Collaboration between institutions (universities) and hospitals (clinical training sites)** in planning as well as resource or document sharing and services delivery within agreed-upon turn around times is crucial to achieve the best outcomes. This collaboration can take different forms depending on the school and the health sciences library and their existing relationships with the partnering institutions and clinical training sites. Service delivery may be centralized or it can be developed as a network, in which each partner provides part of the required service. Challenges relating to service delivery standards and communication may arise if the service providers are employed by different institutions. To overcome such challenges, a suitable committee and/or administrative structure could be employed to ensure the equitable delivery of information resources and services to all sites.

Service requirements:

1. **Access to information:** As a guiding principle, students, residents, and faculty require equal access to information at all sites in the distributed learning and research environment. This can be achieved through the following approaches:
 - Focus on electronic information resources, including a core set of health care resources and tools (licensed for the whole community: students, faculty and staff of the School).
 - Work collaboratively between partners (other institutions, hospitals) to provide the best and most equitable access to resources across all the locations.
 - Provide robust remote access to electronic resources via proxy services.
 - Provide access (24/7) to computers at all training and learning sites (hospitals/university campuses).
 - Provide easy access to resources and services at all sites through a single well-designed and maintained website.
 - Provide orientation to available resources on all sites and how to access them. Both local and university-provided resources should be included in the orientation program.
 - Maintain, when possible, a core on-site print collection, especially for resources which are not available electronically.
 - Provide interlibrary loans services when resource is not available electronically or onsite.
 - Provide current awareness services.
2. **Access to help from professional librarians:**
 - In person assistance/ electronic/telephone assistance within an acceptable timeframe
 - Literature searching support
3. **Access to Health Informatics instruction:**
 - Access to instruction through at least some of the following options: online via course management systems, in class, one-on-one support, via other technical solutions.
 - Health informatics instruction needs to be aligned with and imbedded in the curriculum to achieve the learning outcomes which respond to the CanMeds 2005 competencies requirements. Collaboration between curriculum designers and the Library is essential to achieve this outcome.
4. **Access to study space** (individual, small group, silent) and an environment which is supportive of the use of technology in learning is essential.
5. **Access to printers and copiers.** In the current learning environment, electronic resources and learning materials are widely used. Convenient access to printers is essential for the best outcomes.

References:

1. Liaison Committee on Medical Education (2006). **LCME Accreditation Standards. D. Information Resources and Library Services, ER-11, ER-12.** [Online] 2006. [cited 2007 Jan 30]; Available from: <http://www.lcme.org/standard.htm>

2. Royal College of Physicians and Surgeons of Canada (1996). **Skills for the New Millennium: report of the Societal Needs Working Group. CanMEDS2000 project.** [Online] 1996. [cited 2007 Jan 30]; Available from:
<http://rpsc.medical.org/publications/index.php#canmeds>]
3. Royal College of Physicians and Surgeons of Canada (2005). **The CanMEDS 2005 Physician Competency Framework Better standards, better physicians, better care.** [Online] 2005. [cited 2007 Feb 28]; Available from:
<http://rpsc.medical.org/canmeds/CanMEDS2005/index.php>