

Martha I Preddie. Breaking New Grounds: A Case Study of a Prison Hospital Library. A Master's paper for the M.S. in L.S degree. March, 2005. 39 pages. Advisor: Claudia Gollop

A review of the literature showed that there is no published information on prison medical librarianship. Utilizing the case study methodology, the writer of this paper, a solo librarian working in a prison hospital, presents and analyses the operations of the medical library, at the Federal Medical Center in Butner, North Carolina. The functions of budgeting and financing, marketing, collection development and resource access, as well as user education are examined. The study reveals peculiar challenges of working in this environment as is evident in the operation of the Library and Training Committee, the librarian's position as a contract employee, and the issues involved in meeting the needs of a tangential clientele – prison inmates. A strategic plan framework is presented as a means of addressing the shortcomings manifested in the current state of affairs. The framework presents a vision, identifies the strengths, weaknesses, opportunities and threats that impact on this medical library, and lists goals and objectives towards the future development of this unique library.

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BREAKING NEW GROUNDS: A CASE STUDY OF A PRISON HOSPITAL
LIBRARY

by
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ABSTRACT

A review of the literature showed that there is no published information about prison medical librarianship. Utilizing the case study methodology, the writer of this paper, a solo librarian working in a prison hospital, presents an analysis the operations of the medical library, at the Federal Medical Center in Butner, North Carolina. The functions of budgeting and financing, marketing, collection development and resource access, as well as user education are examined. The study reveals peculiar challenges of working in this environment as is evident in the operation of the Library and Training Committee, the librarian's position as a contract employee, and the issues involved in meeting the needs of a tangential clientele – prison inmates. A strategic plan framework is presented as a means of addressing the shortcomings manifested in the current state of affairs. The framework presents a vision, identifies the strengths, weaknesses, opportunities and threats that impact on this medical library, and lists goals and objectives towards the future development of this unique library.

INTRODUCTION

This paper has two objectives. The first is to present and analyze the current state of development of a prison hospital library. The second is to develop a strategic plan

framework to address the challenges of providing services in this environment, and to guide the future development of this unique library within the next two years. This work is important because the library being studied is the only such library within the federal Bureau of Prisons system in the country.

LITERATURE REVIEW

A literature review was conducted in an attempt to find out what has been written about the provision of library services in prison hospitals, and to inform the development of a strategic plan for the library under review. Searches were conducted of Library and Information Science Abstracts 1969-2004, Library Literature & Information Science 1984-2004, CINAHL 1982-2004, PAIS International 1972-2004 and PubMed, using a variety of Boolean search strategies to combine the terms “prisons,” “hospitals,” “hospitals, psychiatric,” “libraries, medical,” “medical information,” “health information,” “correctional institutions,” “jails” and “penitentiaries.” No bibliographic citations were found pertinent to the provision of medical library services in prisons. Books on the topic of prison libraries were identified through a search of the online catalog at the University of North Carolina at Chapel Hill. The content of these were perused to ascertain whether or not they contained any information pertinent to the provision or use of health information in prison libraries. No such information was found.

Searches were also conducted in Google using the previously stated search strategies, as well as through use of the terms “security hospitals and libraries,” “prison hospitals

and libraries” as well as “forensic hospitals and libraries.” The information found through Google tended to be about library services to inmates in prison hospitals, essentially brief descriptions of these services provided by in-house staff and/or through arrangements with external public libraries. Once again no information was found about the provision of medical library services in such institutions.

In order to ascertain if there were any other librarians working in a prison (penitentiary/correctional institution) hospital library, information was solicited from medical librarians and librarians working in federal institutions, through the posting of messages on MEDLIB-L, the Medical Library Association’s discussion group, PRISON-L, the American Library Association’s listserv for prison librarians, and FEDLIB: Federal Librarians Discussion, an electronic forum of the Federal Library and Information Center Committee (FLICC), and its operating network FEDLINK, agencies of the Library of Congress. Being cognizant that the majority of members of the PRISON-L listserv would be librarians serving inmates, the message to this group also sought to discover if such librarians ever have to meet the information needs of medical staff in their institutions. Some interesting and pertinent information was obtained from a few of the respondents to these discussion groups.

With regard to the Bureau of Prisons (BOP), Denise Lomax, FEDLIB-L subscriber, and librarian at the BOP’s head office in Washington, DC, revealed that apart from the writer of this paper, she is the only other librarian employed with the BOP. According to her the practice of employing librarians was eliminated some years ago, and that at

present, not even the inmate libraries in federal correctional institutions are staffed by librarians. This could explain why the medical library services of the federal prisons in Butner, North Carolina are provided through a contractual arrangement.

Responses were received from some librarians working in forensic institutions. Roxanne Frantzen, librarian at the Kerville State Hospital in Texas stated the hospital is a low security institution that provides care for mental health patients sent there by the court. Her situation was similar to that of the writer of this paper, since she too provides services only to the medical staff. Frantzen is a solo librarian, serving a health care staff of approximately one hundred (100) persons. She reports to the Chief Executive Officer, is a member of the Library Committee as well as the Ethics, Pharmaceutical and Therapeutics Committee. The library's collection is small about 2000 books and 20 journal titles. Services include MEDLINE searches. In this library, user education is provided only to nurses, as part of the orientation of new employees. She also reported that on the rare occasions when patients come to the library, they are escorted by a member of their treatment team, so that appropriate information could be given to them, based on their ailments and psychological profiles. Another librarian Marcia Williams, employed at North Texas State Hospital in Vernon Texas, (a forensic facility for the criminally insane) manages a staff only medical library. She stated that the handling of health related queries from patients is not in the domain of the library's responsibility. Instead, queries are handled by nurses.

Conversations with several other librarians working in forensic type environments showed a mix of libraries serving staff, and libraries serving both staff and inmate/patients. It appears that in the state system, libraries tend to serve both groups. This is probably due to the mandates of funding base of these libraries. Librarian Beti Horvath, from Mid Hudson Forensic Psychiatric Center, a department of New York State Office of Mental Health, related the unusual situation of a library that originally served healthcare staff and now serves inmates/patients predominantly. Under a concept called active programming, inmates/patients are scheduled to visit the library in groups, some twice a week. They present health related queries and read health information as they desire.

With regard to eliciting information directly from correctional institutions, a message was posted on the Correctional Library Issues bulletin board on the Corrections Connection website (<http://www.corrections.com/index.aspx>), (an online community that serves the professional, informational and educational needs of correctional staff), seeking to find other medical librarians who were working in a correctional institution. To date no feedback has been received from this source. Telephone calls to the North Carolina Department of Corrections however, revealed that there is no medical librarian on staff, neither do they have any library that serves the information needs of health care staff.

As regards services to medical staff by libraries serving inmates, Jeffrey Pike, a contractual member of the education staff at the BOP's Federal Medical Center in

Devens, Massachusetts responded to the question about provision of services to medical staff by libraries serving inmates. Mr. Pike indicated that he was recently asked to borrow, through interlibrary loan, a set of videocassettes on the topic of mental health, for a staff psychologist. This he stated was the only request he ever received for help from the medical staff. According to prison librarian Roy Halbert of the Florida Department of Corrections Reception and Medical Center, in Lake Butler, Florida, in the year that he has worked there, he has not received any health related questions from medical staff.

Some of the librarians working in prison (inmate) libraries in similar institutions, who that reported that there were no medical library services, also suggested that doctors have other sources of access to information namely, the Internet and library services that are provided through their affiliations with other hospitals and academic institutions. This view was confirmed by Linda King, a reference librarian at the University of North Texas Health Science Center, who reported that a doctor at that university provides medical services to a nearby prison, and sometimes requests journal articles pertinent to his work there.

It is not surprising that many prisons do not have medical libraries, since the information management standards of the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), as related to knowledge-based information, allows for the enabling of access to this type of information, through the provision of libraries services on site, or via arrangements with other institutions, or by having “print, electronic, Internet, audio” or other forms of information available (IM-14). The actual

physical presence of a library is therefore not mandatory. It is possible that hospitals in correctional institutions that do not have libraries, are meeting the JCAHO accreditation criteria, by giving health care staff access to the Internet, and by maintaining scattered collections of books in clinics and offices.

Based on the search of the literature and the Internet, as well as communications with other librarians, it seems that the writer of this paper is perhaps the only medical librarian working in a prison hospital that serves a mixed population, as opposed to a psychiatric hospital that houses forensic admissions, that is, inmates who are sent there by the courts due to their impaired mental conditions. The dearth of published information in the sphere of medical librarianship in forensic, psychiatric hospitals, could be due to a variety of reasons. It is possible that these libraries are not considered to be any different from other hospital libraries even though they are in a unique environment. Another reason could be that when they exist, they are merely collections that are not staffed, or if so, they are staffed by non-professionals. A third possibility is that they are understaffed, one person libraries (OPLs), with librarians who find it difficult to find the time to publish.

RESEARCH METHODOLOGY

The case study methodology was utilized for the purpose of conducting this research. Yin states that case studies are preferred “when the focus is on a contemporary

phenomenon within some real-life context” (1). In this context, the nature of the phenomenon being studied and the researcher, that is, the current operations of a one person library being studied by the librarian who works in that library, resulted in the case study method being the most feasible one by which to conduct the research. Yin also states that case studies are more suitable to questions about “how” and “why” (7). Since this study examines how library services are provided and explains why particular practices have been engaged, the case study method was chosen to be the most suitable. In conducting this case study, evidence was procured through participant observation and documents such as organizational and departmental reports, minutes of meetings, and correspondence received from library users. These written sources are similar to those recommended by Gorman and Clayton who state that for organizational case studies “the researcher relies on a range of data sources including written records (annual reports, meeting minutes, policy statements, personnel records, etc.)” (53).

HISTORY OF THE ORGANIZATION

The Federal Medical Center (FMC), is one of the four institutions that comprise the Federal Correctional Complex (FCC) in Butner, North Carolina. The other facilities are the Low Security Correctional Institution (LSCI) the medium security Federal Correctional Institute (FCI), and the Federal Prison Camp (FPC). The FMC’s motto as stated on its intranet web site is “Excellence in Correctional Health Care” while its vision is to be the best- valued correctional health care facility in the nation.” When the FMC became operational in 2000, it became the first medical referral center to be built in the

federal prison system since the 1930's. The FMC provides medical services to prisoners with a variety of health concerns. Full time onsite treatment facilities include ambulatory care, psychiatry, radiology, radiation oncology, neurodiagnostics, ophthalmology and respiratory therapy. Specialty clinic services are also provided through a variety of contract doctors who come to the facility to see patients as warranted. These clinics include endocrinology, cardiology, neurology, urology, allergy, otolaryngology, gastroenterology, general surgery, audiology and speech therapy. Teledermatology services are also provided. The hospital is envisaged to be a 900 beds hospital. At present the inmate population is approximately 860 while the full time medical staff (shared with the other institutions in the FCC) totals almost 300 staff. The person with overall responsibility for the FMC is the warden. In terms of the Health Services Division he is assisted by the Associate Warden Medical Services (AWM).

In August 2001 a company, Medical Development International (MDI) was awarded a contract to provide specialty medical services to the FMC. These services include the provision of all the specialty physicians and technicians that are required to meet the healthcare needs of the inmate population, the staffing of an entire radiology unit, the provision of staff for a radiation oncology unit (with the exception of nurses), and the provision of medical library services. The librarian assumed duties in October 2001, charged with implementing full library services. For the first eighteen (18) months the library consisted of four (4) bays of compact storage housed in the middle of an open area in the Correctional Services department, and supplemented by collections of books in various store rooms and staff offices throughout the FMC. In May 2003, partly due to

consistent lobbying by the librarian for an enclosed location within the Health Services area, and due to the demand for the space that the “library” was previously occupying, for use by the Correctional Services department, the library was relocated to large room within the Specialty Services department, the area within the FMC that houses the specialty clinics, that are conducted by visiting contract physicians.

LIBRARY SERVICES

MISSION

As stated in the organizational document Complex Supplement: Medical Library Services, “the mission of the Federal Medical Center’s Library is to provide access to health information resources to fulfill the informational, educational and research needs of the Federal Correctional Complex’s medical and allied health services staff, in the provision of quality health care to the organization’s inmates.”

STRUCTURE AND STAFFING

The medical library is a unit within the Health Services department of the Federal Medical Center. At present the writer of this paper functions as a solo librarian (hired on a contract basis), working without any support staff. The librarian has been employed on

a part time basis since October 2001. Originally services were provided 20 hours weekly and this was increased to 30 hours in August 2003. The librarian reports to two Assistant Health Services Administrators (AHSAs) who are BOP staff as well as MDI's on site contract manager, who has responsibility for all the company's contractual staff, located at the FMC.

CLIENTELE

While the librarian was employed to be the librarian at the FMC, she has always provided services to the medical staff deployed throughout the four (4) geographically separate institutions of the FCC. This is because the medical staff is regarded as belonging to one department, regardless of their location within the FCC. The library's clientele consists of health care staff from a wide range of specialties including pharmacists, dentists, dietitians, social workers, nurses, physical therapists, paramedics, art and recreation therapists, biomedical technicians, radiologists, oncologists, an ophthalmologist, health administrators and contract specialists. Physicians, physician assistants, and psychiatrists comprise the primary users. The library has also serviced the information needs of correctional and religious services staff. As regards the latter, the library has purchased a subscription to the Journal of Pastoral Care and Counseling, based on a request from that department.

BUDGETING AND FINANCING

The financial services department determines the library's budget. The librarian has no input into the budget, which is computed on the basis of the previous' years spending plus a markup for inflation. While this is not the optimum situation, so far this has not been a problem. In the event that additional funds are required this can be obtained from the general medical budget.

COLLECTION AND RESOURCE ACCESS

The collection at the FMC comprises approximately 600 book titles, 60 journal titles and a small collection of CME videos and cd-roms, designed for use by nurses, psychologists, pharmacists and physicians. The collection can be described as a good representation of the publications listed in the *Brandon/Hill List of Selected List of Print Books and Journals for the Small Medical Library* 2003, augmented by additional materials, especially in the sphere of psychiatry. Mini collections have been established in the biomedical, radiology, oncology, and ambulatory care units, as well as in nursing stations within the FMC, for the convenience of staff stationed at those locations. There is also a collection of books at the LSCI that has been in existence, prior to the librarian's arrival. Additionally, recently, at the request of physicians stationed there, (18) eighteen book titles were dispatched to the medium security institution, to serve as a core medical

collection. A few months ago an integrated library system called CyberTools for Libraries was purchased. The librarian is currently in the entering records to create an online public access catalog (OPAC). This will enable staff to search for, and request materials online.

The print resources are supplemented by the NC AHEC Digital library (ADL), which provides access to a plethora of journals, textbooks, databases and other electronic resources for health care practitioners. The librarian also has access to *UpToDate*, an evidence-based, clinical information database. Selected physicians, physician assistants and a nurse practitioner, have also been provided with access to this database. In selecting the persons to whom subscriptions to *UpToDate* were given, an effort was made to ensure that at least one person in each institution had access, so as to ensure that there was cross-institutional access, albeit limited. Similarly, eleven (11) physicians and psychiatrists are able to utilize *Epocrates Rx Pro*, *Griffith's 5 Minutes Clinical Consult* and *Harrison's Manual of Medicine* on their PDAs, via individual subscriptions that were purchased through the library.

As regards collection development, no formal needs assessment has been undertaken. Periodically, on their own accord, members of staff proffer suggestions for the purchase of books, videotapes, journals and PDA software. Publishers' brochures have also been sent to the nurse educator, and selected members of the physiotherapy, psychiatry, dental, and social work staff, in an effort to obtain recommendations for purchase. Additionally, every year when funds become available, the librarian sends an email to staff to asking

them to inform her of any materials they need to have purchased for the library collection. Through examination of the collection, requests from clients, and an analysis of the subject scope of items borrowed through interlibrary loans, the librarian is aware that the collection contains deficiencies, and that collection development needs to be formally addressed.

USER EDUCATION

User education has been provided on a sporadic basic. Generally, new nurses visit the library, accompanied by the nurse educator, as part of their orientation process. The librarian uses these opportunities to explain the library's services and to distribute a brochure about the library, and bookmarks about the ADL, MEDLINEPlus, and NCHealth Info. Nurses are also given an introductory demonstration of the ADL. At times other allied health staff (e.g. emergency medical technicians) are included in the orientation sessions with nurses, but for the most part no user education has been provided to these. Emails are usually sent to other categories of new staff, informing them about the library with an invitation to visit at their convenience for an orientation. These sessions are similar to those that are offered to the nurses.

During these orientation sessions, the librarian routinely asks staff members about their knowledge of databases and their database searching experience. The doctors, physician assistants and psychiatrists tend to have heard about or used MEDLINE but are

not always adept at using PubMed, which has a useful clinical queries feature that is useful for finding evidence-based information. A few of the younger members of this group are familiar with UpToDate. Based on their responses the majority of nurses have very little if any knowledge of and experience using either MEDLINE or CINAHL.

In the interest of cost savings, and given the fact that the library's clientele is dispersed throughout four (4) physical locations, emphasis has been placed on providing access to electronic resources. Not all library users have welcomed this thrust. It has been observed that some older physicians still prefer print versions of textbooks, even when they are told that online access is available. At times the librarian has had to go online, and print sections of text for these users. In their book the Myth of the Paperless Office, Sellen and Harper claim, that despite the advantages of automation, the "affordances" of paper such as no learning curve, unlike computers which "require a great deal of learning and experience" render it a preferred choice for many (18). It is possible that these library users might prefer to consult printed texts, simply due to the "affordance" of being easier to use than electronic sources. The perceived lack of competence among older physicians, in using online resources, indicates that end user training is warranted.

MARKETING OF SERVICES

Limited efforts have been made to promote the library. These have encompassed:

- Posting of lists of journals available in the ADL, and brochures about the library's services on bulleting boards in clinical departments.
- Posting of web based information resources targeted at specific groups of users on the intranet.
- Holding an open house.
- Orienting new members of staff to the library services.
- Emailing of letters of introduction (pertinent to library services), to new members of staff.
- Having informal chats with members of staff, about library services, usually in the lunchroom setting or in the corridors of the building.

The librarian is cognizant of the fact that members of staff are not fully aware of the services provided by the library and how this can benefit them in the fulfillment of their information needs, towards improvements in the performance of their duties. She also knows that not all members of staff even know about the existence of the library, especially offsite staff. This has arisen because the librarian is not always aware of the employment of new staff members.

CHALLENGES

LIBRARY AND TRAINING COMMITTEE

The Library and Training Committee (LTC) existed prior to the employment of the librarian. On learning about the existence of this committee the librarian approached it's chairman, the nurse educator and asked to be a member of this committee. In April 2002 the librarian (in consultation with members of the LTC) revised the organization's policy document pertinent to the provision of medical library services. In the revised document Complex Supplement: Medical Library Services the functions of the LTC are stipulated as follows:

“To present the interests of the library to the Federal Correctional Complex's administration

To review library policies and procedures

To evaluate the effectiveness of the library in meeting the informational, educational and research related needs of staff

To identify professional development needs and facilitate training to fulfill these needs”

In the same document it was also proposed that the LTC be “comprised of multi-disciplinary membership including at least one representative from each professional discipline within the Complex's Health Services Division, and representation from each of the Complex's facilities.” This composition however, has never been achieved totally.

Participation by committee members has been sporadic at best. This is possibly due to the fact that staff members are appointed to the committee by the AWM, on an annual

basis. It is not apparent that interest in library and training activities is a criterion for appointment, since appointees have stated that they were simply informed that they were to serve as a member of the committee. Additionally, divisional representation and most of the serving members has tended to change each year. Fortuitously the current chair, the nurse educator, has been a member of the LTC since 2002.

Meetings are held quarterly and are one hour in duration. An analysis of participation (based on minutes of meetings) for the years 2002-2004, show that while the membership has tended to be twelve (12) persons, on an average, five (5) members attended each meeting. Absenteeism could be attributed to possible lack of interest and/or busy schedules, particularly in the case of this year, since seven (7) of the twelve (12) members of the current LTC are nursing staff, whose schedules and patient responsibilities preclude their attendance. There is no further interaction between members as regards LTC matters outside of meeting times. The interests of the committee have been predominantly education/training issues. With the exception of the librarian and the chairman, members hardly ever raise issues pertinent to the medical library services. The librarian senses that many members of the committee have no knowledge about what to expect from a medical library, and has observed that several of the current committee members are not even library users.

The scenario as described, raises questions about the usefulness of, and necessity for the continued existence of this committee, that has been mandated by management. Prudence dictates that it would not be in the best interest of the library services, for have

the librarian, to seek to have the library removed from the purview of this committee. Burner and St. Clair advise that the library committee “should be considered an opportunity to be exploited for the library’s advantage” (56). In the OPL setting, this committee can serve a meaningful role in terms of keeping the librarian in touch with developments in the institution, especially since the members are inter-institutional. It is clear however, that the librarian needs to be more proactive as regards the operation of this committee, to take steps towards educating members about library services, and to identify activities, that are not time consuming, but that can nevertheless enable members to assist the librarian, towards improvements in the provision of library services.

CONTRACTUAL STATUS

The contractual status of the librarian has affected access to certain types of information and activities. Until recently the librarian was unable to access a monthly staff listing since it is considered a confidential document available only to select members of the BOP staff. The librarian had no success in this regard, despite submitting requests to the Health Services Administrator (HSA) and the AWM, explaining the need to have this document in order to become aware of new staff and personnel transfers, resignations and termination, and to manage services (e.g. outreach to new staff, transfer of ADL subscriptions to other clients when existing subscribers terminate their employment with the organization). The librarian has had to use the informal method namely personally asking one of the Assistant HSAs for the document in order to access it.

During the first year of her employment the librarian made an effort to attend as many staff functions as possible in the company of the Clinical Director's secretary who served the purpose of introducing the librarian to members of staff. The librarian welcomed these opportunities as a means of becoming acquainted with members of staff from all of the institutions and to be able to inform them about the library services. The librarian was forced to curtail this practice after a memorandum was issued by the contracting company, MDI, stating that contract staff was not allowed to attend these functions. It was alleged that objections had been raised by some members of the BOP staff, about the presence of contractual staff at these activities. In like manner the librarian was also informed that she could not attend the annual meeting of the Health Services Department, at which the department's achievements, and plans for the upcoming year are discussed. The librarian is of the opinion that marketing her expertise and the library services to management, as well as winning the support of influential persons within the organization could be instrumental in overcoming some of these obstacles.

HEALTH INFORMATION AND PRISON INMATES

The librarian has been approached in person and via correspondence, by inmates who requested the provision of information on health related topics. On the first occasion that this occurred the librarian found relevant information and then asked the clinical director's secretary about the mechanism to be used to get the information to the inmate. The librarian was informed that she was not authorized to give such information directly to inmates and that it should be forwarded to the AWM. The material came back to the

librarian after several days with a note from the AWM informing the librarian that all such information should be sent to the inmate's primary care physician who will decide whether or not to give it to the inmate.

Subsequent to this another inmate approached the librarian with the complete citation of a journal article he wished to obtain, stating that the physician had shown him the article, which pertained to the use of a diagnostic test, and that he would not be allowing himself to be tested unless he was able to read the article himself. This prisoner also stated that the warden had approved his procurement of the article. In response to an email sent by the librarian seeking to confirm this, the warden stated that he had told the inmate that he, the warden, would request the information from the librarian. A package of information was then forwarded to the warden. Three weeks later, the same package reappeared in mail addressed to the librarian with a note from the inmate's physician stating that this was the last time that the inmate was to receive any such information. This note was written despite the fact that the warden had agreed that the inmate should have the information. This indicated to the librarian, that the physician was not in favor of the prisoner having access to this information. At present the librarian has adopted the practice of forwarding all consumer health information requested by inmates, to the warden, for his attention.

That inmates have a need for health related information is obvious from the examples listed above. Additionally, on one occasion, the librarian was approached by a group of prisoners, who were seeking to locate the venue for a continuing medical education

course that they wanted to attend. Anecdotally, the librarian has heard that there is a growing interest, on the part of inmates, in attending these courses that are targeted at the medical staff. This again confirms that a need exists. The Federal Medical Center has an increasing population of sick and terminally ill inmates. As part of the provision of care, several inmates receive training for, and are employed as inmate companions (ICPs). The role of the ICP is to provide assistance to patients who are unable to take care of themselves, by providing services such as feeding and bathing them, reminding them to take their medicines, and ensuring that they show up for their medical appointments. It is not surprising that in this atmosphere of morbidity, medical care and death, ample free time to pursue personal interests, and knowledge of the existence of a medical library on site, that inmates will be interested in utilizing its services.

There is also an inmate library at the FMC. This library is part of the Education department and is one of the responsibilities of an education technician. Apart from its cd-rom holdings on law, the scope of this collection can best be described as that of a mini public library. A perusal of the collection showed that it contained approximately ten (10) popular works and seven (7) reference works on health, with imprints spanning 1987 to present. Through personal communication with the education technician (Burwell), the librarian was informed that the primary role of the library was to support the institution's education program. As such, material was purchased in this regard. Additionally items were also purchased based on suggestions from inmates. The education technician also stated that the library does not provide a reference service, and that users were directed to the collection to meet all of their information needs. A

suggestion proffered by the librarian, that searches could be done to access authoritative health information on the Internet, was met with the response that if this practice were to be engaged, the department would be bombarded with requests. This sentiment was reiterated by the education supervisor. The librarian was nevertheless informed that prisoners could exercise the option of having health information send to them by mail, through external sources.

It is apparent, that staff at the FMC hold diverse views concerning prisoners' access to health care information. Similar to the incident cited previously, on another occasion, the librarian was told by a middle management member of the health services staff, that prisoners have lost their rights to health information by virtue of their status of being prisoners. On other occasions staff from various departments have requested patient type information, so that they could inform inmates about medical procedures they were about to undergo. Within the last month an internist requested consumer health information that he could utilize to conduct a patient education session. According to the nurse educator, McLaurin, patient education is not formalized in the institution, however nurses do conduct sessions, in nursing units, on their own volition. Based on the views conveyed above, members of the Education department are not against prisoners having access to health information. However, they are not willing to actively search for and disseminate such information to inmates. This is perhaps due to the fact that they are not librarians by training.

Vogel's handbook on prison libraries postulates that librarians can make a positive contribution to correctional life by acquiring "health care information to which patients can be referred", and providing "access to current medical information" and "preventive health care information" (167). At present the collection at the inmate library barely fulfills Vogel's suggestions. Responses to the email message posted on PRISON-L and conversations with librarians who serve inmates indicate that prisoners have not lost their rights to health information, and that libraries in correctional facilities are providing consumer health information to inmates.

JCAHO's standards for patient care make provisions for patients to receive "education and training specific to the patient's abilities" (PC-4). Additionally, part of JCAHO's rationale for ensuring that hospital practitioners have access to knowledge-based information is to enable them to provide "appropriate information and education to patients and families" (IM-14). In this context, as a hospital that participates in the JCAHO accreditation process, the FMC has an obligation to provide patient care information to its inmate population. Although the librarian's primary role is to provide library services to the medical staff, she is fully cognizant of the need to advocate for improvements in the provision of health information to prisoners.

STRATEGIC PLAN FRAMEWORK

Siess in an article on the thrills and challenges of solo librarians, states that such

librarians face unique problems including an absence of clerical support, insufficient time to perform all their duties, and the frustration at being unable to serve “patrons at the high level” that they, the librarians would like (33). As a member of the one-person library (OPL) community, the librarian has experienced these challenges herself.

The exigencies of operating in a one person library environment has resulted in the librarian focusing on activities that meet immediate needs, to the sacrifice of tasks that need to be done to enhance the long term development of the library service. Guy St. Clair states that strategic planning enables librarians to “focus on what the library is supposed to be doing and the strategies to be undertaken to achieve its objectives” (2). To this end the author has acknowledged that a strategic plan is critical to facilitating the planned development of library services within a two- year period. The plan’s framework includes perceived strengths, weaknesses, opportunities and threats that can impact on the provision of the library’s services. It also reiterates the library’s mission and presents a newly developed guiding vision. Goals are delineated along with accompanying objectives towards their fulfillment. Since this plan constitutes a framework, specific action plans for each objective have not been stipulated. The development of these will be the future responsibility of the writer of this paper, in her capacity as librarian in charge of this library. Nevertheless, a few key actions (deemed to be critical to the development of the library) have been listed.

STRENGTHS

- A strong core collection
- A librarian with ten years of medical library experience
- A nurse educator that is supportive of the library and committed to the education of the nursing staff
- The library's reputation for being able to successfully fulfill information needs.
This perception is based on feedback provided to the librarian. (e.g. emails received by the librarian, from staff, thanking her for services provided, staff reporting that their colleagues had referred them to the library, and a written commendation that the librarian received from the warden).

WEAKNESSES

- Underutilization of library service
- Lack of knowledge among some staff about the library service

OPPORTUNITIES

- To stimulate interest in patient education, among health care staff

- To impact the provision of health information to inmate patients
- To contribute to the organization's cost savings thrust
- To partner with the nurse educator to market library services to nurses, the largest component of staff within the organization.

THREATS

- The popular perception, that everything is available on the Internet.
- The recent trend of budgetary constraints, emanating from costs reduction initiatives undertaken by the federal government

The FCC has been affected by financial constraints that have affected federal institutions over the past two years, with periodic freezing of spending and within more recent times displacement of staff. A message from the BOP's director, Harley Lappin, to staff in July this year, communicated the need to reduce costs throughout the organization. Of note in this message, was the emphasis placed on staffing positions that have direct contact with inmates, amidst displacement of staff in other spheres of activities. The message also conveyed the need to restructure health services functions. The librarian is well aware that in the organizational context, the provision library services is not regarded as a core health services function. There is a possibility that the library could be downsized especially since, as stated previously, JCAHO does not specifically require that either a librarian or a library be on site.

MISSION STATEMENT

“The mission of the Federal Medical Center’s Library is to provide access to health information resources to fulfill the informational, educational and research needs of the Federal Correctional Complex’s medical and allied health services staff, in the provision of quality health care to the institution’s inmates.” (Complex Supplement Medical Library Services)

VISION STATEMENT

The library envisions itself as being the primary source for the collection and dissemination of knowledge-based information resources to staff of the Federal Correctional Complex. In this regard it will be valued as a key department within the prison, known for the provision of current evidence-based information; provide personalized service to meet the needs of every client; develop information literacy competencies among staff; and serve to support the delivery of health care including the fulfillment of patient education needs, within the organization.

GOALS AND OBJECTIVES

Goal I: To improve the marketing of library services

Objective: Develop a marketing plan

Rationale: “Marketing is a business strategy designed to provide information about the potentials of a service or product to consumers in order to entice the potential consumer of that given service or product” (Yoder Wise quoted by Bunyan and Lutz, 223).

Key activities:

- Because the librarian holds a contract position and is a solo librarian, cooperative efforts will be beneficial to improve the marketing of the library. MacMorris, quoting the marketing advice of a special librarian working in an OPL environment stated that her strategies emphasized “connections” and “partnerships ... with other staff services ... and, most important, with our clients” (8). In this regard advice from the LTC would be solicited in the development and execution of the marketing plan.
- Decisions taken by management can impact library services. Consequently it is in the librarian’s interest to seek support from management staff. To this end individual meetings will be held with the Warden, AWM and the new Health Services Administrator to orient them to the library services, and to solicit their interests and concerns pertinent to the library.

Goal II: To ascertain the information needs of staff

Objective: Conduct a user needs survey

Rationale: A marketing process must start “with an identification of needs and wants, and then lead to the development and promotion of a product that fulfills these needs and wants” (Bunyan and Lutz quoting CF Waltz, et al, 223). It is anticipated that the information gained from responses to the user needs survey will also inform the collection development policy, user education initiatives, and the nature of services offered to various groups of staff.

Goal III: To increase the scope of the library’s collection

Objectives: Develop a collection development policy

Purchase materials to eliminate deficient subject areas

Rationale: Collection development must be a planned process. A collection development policy will serve to guide the librarian in the selection and acquisition of resources to meet the information needs of the organization

Goal IV: To improve access to library resources

Objectives: Create a web site for the library

Catalog all items in the FMC library collection

Catalog all items held in collections at the FCI and the LSCI

Link the online public access catalog to the library’s web site

Rationale: A web site that includes an integrated catalog of library resources will serve as a one stop gateway to information access. Additionally it will fulfill JCAHO’s

requirement for knowledge-based information to be available to clinical staff at all times (IM-15).

Goal V: To improve the system for interlibrary loans

Objective: Utilize the DOCLINE and Loansome Doc systems for interlibrary loans.

Rationale: At present the library borrows interlibrary loan items through the Wake AHEC medical library. Utilization of the DOCLINE system for interlibrary loans will benefit the organization in terms of cost savings, since the library incur income by means of being a lender, as well as a being a borrower. Participation in DOCLINE will also eliminate the use of an intermediary, which should result in a reduction in delivery time for requested items. Loansome Doc will enable staff at the FCC to order articles directly from their PubMed search results.

Goal VI: To provide user education services to meet the needs of all clients

Objective: Train users in searching and evaluation of information resources

Rationale: The major benefit of teaching users to conduct their own searches is to enable them to find information without the assistance of a librarian. This can be particularly useful to off site clients. Additionally, in an OPL where the librarian has many demands on her time, it is anticipated that end user training will reduce the number of requests for mediated searches, thus giving the librarian more time to attend to other responsibilities. As a secondary benefit user education constitutes one of the means by which solo librarians can ensure that their clientele continues to have access to

information services when the librarian is on vacation leave. As stated by Resnick, if there is no coverage when the solo librarian is absent, and the clientele has to resort to self service, then they should know how to search electronic resources available through the library (97).

Key activities:

- Training of doctors, nurses, psychiatrists, physiotherapists in how to search and evaluate the literature, in order to be able to engage in evidence-based practice.
- Training of staff to finding and evaluating consumer health information resources, and to find patient information written in Spanish, since many of the institution's inmates are Spanish speaking.
- The librarian has already obtained approval from the nurse educator to be a facilitator in the organization's the annual training program for medical staff. This opportunity will be used to demonstrate the features of the ADL, health related databases and the library's catalog to staff.

Goal VII: To improve the functioning of the Library and Training Committee

Objectives: Orient members to library services

Actively solicit the views of members on library related matters

Rationale: In this OPL environment, a library committee can provide valuable support to the development of library services. It can advise the librarian on policy matters, collection development, additional services that can be beneficial to staff, and generally serve as a sounding board, as well as an information channel and feedback

mechanism for the FMC's librarian who, because of her contractual status, is not always aware of developments within the organization that can impact on the provision of library services. The committee can also assist the librarian by spreading the word about library developments and programs, among staff and management.

Key activities:

- Pilot testing of the user survey using members of the library committee.
- Seeking of members' advice on marketing/outreach activities to promote library services.

Goal VIII: To make representation towards fulfilling the health information needs of the inmate population

Objectives: Advocate for the dissemination of health information to patients
 Introduce health care staff to consumer health information (CHI) resources
 Recommend CHI resources for inclusion in the inmate library collection

Rationale: Inmates have right to health information.

Key activity:

- One approach that the librarian will take is to encourage the LTC to discuss the issue with the JCAHO coordinator in the context of the need to fulfill JCAHO requirements.

LIMITATIONS

Eldredge states that among the “major drawbacks of case studies in librarianship is their overwhelming positive-outcome bias” (297). This paper attempted to avoid this by presenting the state of affairs as it exist. Notwithstanding this, it is inevitable that some amount of bias would have been included due to the librarian’s perception of events.

FURTHER RESEARCH

In seeking to find out about the existence of medical librarians in prison hospitals the writer of this paper became aware of the existence of forensic psychiatric hospitals. It is apparent that some of these institutions have medical librarians on staff. Preliminary conversations with a couple of these librarians suggest that they tend to work in an OPL environment, and serve either medical staff or inmates and sometimes both. The management of these libraries in terms of their staffing, budgets, educational programs, collections, clientele, and state of computerization, including access to the Internet, warrants future research.

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APPENDIX - ABBREVIATIONS OF PRISON RELATED TERMINOLOGY

AHSA - Assistant Health Services Administrator

AWM - Associate Warden Medical Services

BOP - Bureau of Prisons

FCC - Federal Correctional Complex

FCI - Federal Correctional Institution (medium security prison)

FMC - Federal Medical Center

FPC - Federal Prison Camp

HSA - Health Services Administrator

ICP - Inmate Companion

LSCI - Low Security Correctional Institution