

DISCLOSURE

I am a volunteer member of the Library Advisory Board of Doody Enterprises, Inc. and participated in the design of the model I will discuss in my paper. I, nor any other Board member, receive any remuneration for our role on the Board.

INTRODUCTION

Libraries have been using recommended lists, core lists and other selection guides as collection development tools for decades. Selection guides attempt to identify essential, highly desirable or the best sources for the intended users. They aim to support the mission of a program, organization or institution. In the social world, authorities are a source of knowledge because they have spent time and effort learning something and sharing their learning is a quick and easy way for others to learn (Neuman, 1997, chap. 1). Librarianship endorses selection guides as authoritative resources and relies on them for assistance in a form of evidence-based practice to arrive at collection development decisions. As is true of all evidence-based practice, professional knowledge of the decision maker must be combined with the knowledge or evidence in the selection guide to arrive at the best decision. Regardless of the purpose for developing a selection tool, libraries have used recommended lists for updating reference collections, evaluating collections for weeding, identifying collection strengths and weaknesses, and making collection purchase decisions. In many cases, these guides have become the collection development standard for a basic or minimal library collection.

BACKGROUND

The Brandon-Hill recommended lists (1965-2004) in medicine, nursing and allied health are not the only selection guides for health sciences libraries, but they were a widely used collection development tool, if not the chief selection guide (Shedlock, 2006). Both Alfred Brandon and Dorothy Hill had extensive health sciences collection development and acquisitions experiences and are widely valued authorities. In addition to the common uses of selection guides, the Brandon-Hill list has been recognized by an accreditation organization as an authoritative resource for updating knowledge, and consortia have used the list to build core collections for cooperative resource sharing (Brandon and Hill, 1995, p. 152-154). A study by Murphy and Buchinger (1996) about academic health sciences librarians' use of the Brandon-

Hill list found that more than half of the respondents indicated that the list significantly influenced selection decisions and that a title on the list was important in selecting that title for purchase. They reported on another finding that influenced the design of the assessment model I will be describing in this paper.

Especially notable was the frequent request by respondents for selection criteria used to evaluate materials included in core lists. (p. 430)

The announcement in 2004 that the Brandon-Hill lists would no longer be published motivated members of the Medical Library Association (MLA) at the 2004 annual conference in Washington, DC to seek the development of a new selection guide that would fulfill collection development needs in the health sciences. Doody Enterprises, Inc. (DEI) was approached to consider developing a new guide because of its health sciences book review service in 121 specialties with a book and software database that represents about 95% of recent titles published. MLA members, publishers and the medical book wholesalers felt that DEI's existing resources could support and sustain such a venture. Doody agreed to develop a new selection guide in collaboration with health sciences librarians.

DEI's long-established volunteer 17 member Library Advisory Board was consulted extensively and together with Doody staff collaborated to design an evidence-based model to create a new collection development guide in the health sciences titled, **Doody's Core Titles in the Health Sciences** (DCT). The Board developed the concept, designed the model and Doody staff modified existing Web tools to support the methodology and publish the annual editions. Shedlock (2006) and Spasser (2005) describe the rationale, processes and implementation of the methodology in detail. I will focus on the design or structure of the model itself as it relates to evidence-based library and information practice. My paper is a case study and not a comparative study of the DCT and Brandon-Hill methodologies.

DESCRIPTION

The Health Sciences Core Title Assessment Model or methodology is a four step process conducted entirely online and based on general social research principles. It involves two different series of evaluations to arrive at the final set of titles for the core list. The first two steps combine the subjective evaluation of two groups of authorities, namely health professional and biomedical scientist content specialists along with health sciences collection development

librarians. These groups collaborate and quickly form a virtual community (Shedlock, 2006) during the process that results in identification of a small subset of titles that provide the essential knowledge for a specific health specialty. There are about 90 content specialists who serve as chairs of the various editorial review groups for health specialties associated with Doody's Review Service. To develop the title subset, they review all in-print titles in their specialty by utilizing their convenient access to resources such as the Doody review database, previous DCT editions, three major health sciences book distributor databases, Amazon and Google. They select those titles that contain the fundamental knowledge base for the specialty. These selections are forwarded to about 100 volunteer librarian selectors, three per specialty, who compare the titles against the same databases used by the content specialists, and conduct discussions, debates and negotiations about titles included in the subset or those that perhaps should be added to the subset. After the librarian selectors enter their contributions into this selection process, the titles in the subset are submitted to a second series of evaluation.

The final two steps are comprised of quantitative measures derived from the DCT Appraisal Instrument that generates data and knowledge thereby bringing a separate set of values to the evaluation process. Utilizing the instrument, librarian selectors independently rate each selected title in their specialty according to five collection development criteria. The criteria are authoritativeness of author(s) and publisher, scope and coverage of the subject, content quality including timeliness, usefulness and purpose and the value of the title in relation to the purchase price. Each criterion is rated on a scale of 0-3 where 0 indicates the criterion is not at the desired quality level for a core or best title. Criterion values of good, very good or excellent receive a rating of 1, 2, or 3 respectively. If selectors are unable to score a criterion, NS is used to indicate the selector was not able to apply a score.

A series of Web-based tools tabulate selections and perform calculations on ratings for all criteria. Scores from the five criteria derived from the evaluations of the three selectors are tallied and a mean score is calculated for each title based on the number of criteria scored. Titles with a total mean of <1.0 are excluded from the published core list. At the request of the health sciences library community, an additional criterion and rating was added to the assessment process which comprises the fourth and final step. The essential purchase title (EPT) criterion evaluates a title in terms of its importance as one of the standard core titles in the specialty and if so designated, the title is a high-priority collection item for libraries with an annual book budget

of <\$7,500. The assumption is that all health sciences collections should also have this title in their collections, but given a restricted budget, these titles are vital to a basic collection. EPT designations are assigned only if two or more selectors indicate that the title meets the criterion.

RESULTS

Since 2004, the health sciences core title assessment model has identified approximately 2,000 core titles in 121 health specialties for each of the three electronic annual editions. Each edition represents a separate and different application of the model completed in the space of 11 weeks. About 15-20% of the evaluating authorities are new to the process each year. For 2005 and 2006 editions, about 450 titles received the EPT designation. Both the EPT symbol and the mean score for each title are displayed in the published list. These scores facilitate comparing titles within a specialty.

This assessment model provides collection development librarians with the selection criteria used to produce DCT that was requested in the Murphy and Buchinger study (1996). It facilitates the production of a core title list by using ratings to measure the quality of those titles based on a set of accepted library collection development criteria. The appraisal instrument combines the criteria and a rating scale to generate data or evidence about the quality. This evidence is the basis for decisions concerning which titles are included in the published core list. The authorities in this process, who perform the first series of evaluation, are unaware of the final results from the second evaluation series until the list is published. Although subjective decisions form the foundation of the assessment model, it is the quantitative measures of their opinions that constitute the decisions about each title. The design of this evidence-based model helps to mitigate bias and reduce errors inherent in the subjective evaluation process in the first two steps. This methodology encompasses processes that generate knowledge which is then applied in decision making, i.e., creating the DCT.

EVALUATION

The model is an innovative approach to create a core title list. It has successfully produced an authoritative, comprehensive and timely evidence-based collection development tool. New published editions of titles on the core list are automatically added to the published list throughout the year and become available for evaluation during the next annual cycle.

According to Neuman (1997, p. 132), measures bring more sensitivity and objectivity to a process. The model attempts to do that through use of measures in steps three and four. The appraisal instrument measures relative to the quality of each title, in opposition to only using subjective judgments, introduce a second evaluation process and a separate set of values that bring precision to the data used in decision making as well as levels of reliability and validity. The challenge before the current designers, now that several editions have been published, is to identify the modifications required to strengthen the measures. Precision, reliability and validity are perhaps compromised because of the short process cycle and the online mechanisms which may hinder having access to and first-hand knowledge of each title that some selectors evaluate. A study by Spasser (2005) questions the discriminating power of the 3-point response scale in making comparisons of the quality of titles within a specialty. Measures from this small scale are less sensitive in delineating the desired result, i.e., the quality of a core title. For example, it is difficult to make a selection decision with confidence that the quality of a title with a score of 2.8 is indeed better than the one with a score of 2.7, especially when the title with a score of 2.7 costs less. Another concern related to selection tools revolves around the age-old question about what constitutes a core list or a core collection. Over the years, compilers have used large numbers of various information authorities to address these concerns and to develop a more comprehensive product with fewer errors and less bias. Much disagreement still persists and concerns about titles included and those excluded surround every edition of every list. DCT editions have received several similar comments (Spasser, 2005). How DCT weathers the test of time will provide important information about this issue.

Because the assessment model and core list are very new, there has not been time to conduct studies that would offer data to analyze the methodology and make any major adjustments to address the concerns already documented. Studies similar to Murphy and Buchinger (1996) would be helpful to ascertain the current impact and influence on collection development decisions to purchase DCT titles in health sciences libraries. As a participating designer of the model, I am pleased with the role of the appraisal instrument in the total evaluation process. I believe it has accomplished what the Library Advisory Board intended with this innovative approach in identifying quality core titles for a selection tool and in giving collection development librarians another measure to use in making local selection decisions. The Board continues to analyze the model and make modifications.

Nonetheless, I would like to point out concerns about the instrument that offer opportunities for further study. How does an NS rating affect precision, reliability and validity? What effect would increasing the number of selectors per specialty have on reliability, validity and precision? How would these concepts be improved if the rating scale became a 5-point scale? Would quality measurement improve if there were seven rather than five criteria? How would these modifications impact the annual cycle? Would these changes in measurement in turn reduce bias and errors even further? Would any of these adjustments really make the core list a better collection development tool? I can only speculate that modifications in applying the NS rating, increasing the criteria, rating scale and/or number of selectors would most likely result in measurements that improve the precision, reliability and validity which will allow for more meaningful comparisons of titles within specialties and more sensitivity in assessments of quality. I caution, however, that whatever modifications are made to the instrument, the results must sustain the balance between an effective and useful product that coexists with measures that achieve the highest level of precision, reliability, and validity. We might also presume there would be some reduction in bias and error on the subjective processes.

CONCLUSION

With three editions of DCT already published and the 2007 edition scheduled for publication in May, 2007, the health sciences core title assessment model that creates the core list is unique in its combination of various levels of authoritative evaluations with more objective measures using collection development criteria to identify the titles with the highest quality that provide the fundamental knowledge in a specific field. Whether core title lists created in this manner are more beneficial in providing selection assistance to libraries remains undetermined (Shedlock, 2006, p. 65). Although this case study has highlighted the model's strengths and weaknesses, DCT has become an important health sciences collection development tool in this short period of time. It is important to note that this tool is not a replacement of the Brandon-Hill lists. Rather, the tool honors the wishes of Dorothy Hill and the desires of the Library Advisory Board to create a new and different selection guide with a different purpose, scope and methodology that would fulfill the need for this type of tool for health sciences libraries. Any comparisons of these tools in the future must be based on these distinctions. Of particular importance is the recognition that the assessment model has brought a desired measure of

reliability in creating the core list. Perhaps the strongest testimony about the importance of this guide is the willingness of health sciences librarian selectors to voluntarily contribute their time, expertise and experiences each year to create and improve the model and the tool to benefit health sciences library collection development functions.

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