Subject: FW: Nursing library add-on
Date: Friday, March 23, 2018 at 8:17:45 AM Pacific Daylight Time
From: Bradoch, Alfonso
To: Witzke, Kara
CC: Curry, Erica Noel

Hi Kara,

Thanks for your message. Ecampus does routinely provide funding to the Library to support new online programs to ensure the holdings are sufficient to accommodate the program needs. We can amend the program MOU to reflect the added amount of $4000. The funds will be transferred directly to the Library, but we will need the index/activity code for that purpose.

It's great to see that the program is moving forward relatively smoothly!

Alfonso

From: Witzke, Kara
Sent: Wednesday, March 21, 2018 8:27 AM
To: Bradoch, Alfonso <Alfonso.Bradoch@oregonstate.edu>; Curry, Erica Noel <Erica.Curry@oregonstate.edu>
Subject: Nursing library add-on

Alfonso and Erica,

See below for a (lengthy) explanation of additional resources required in order to run the nursing program and to continue to move it through review. It is unfortunately that Anne-Marie did not review the library evaluation letter prior to us receiving it, but it is what it is. Since EL offered to cover the library cost for the CINAHL database, I thought I would ask about adding this cost on to the EL contribution as well. Thank you for considering.

Kara

From: Goergen-Doll, Kerri Anne
Sent: Tuesday, March 13, 2018 9:37 AM
To: Deitering, Anne-Marie
Subject: RE: database estimate

Here's the response from the rep:

Hi Kerri,

Cochrane is an annual subscription and includes 3 core subsets of information: the Cochrane Review piece, a Clinical Trial database and the Clinical Answers portion – which puts information into a Q&A type situation

and presents answers in layman's terms. The list for OSU would be $5,333, but I'd be happy to reduce that and start your subscription at $4,000/yr. These can run off-calendar year so it could start at anytime, or you can pro-rate for the calendar year if you'd like.

Let me know if you need more information or want to chat about it!

Thanks,
Kim

From: "Deitering, Anne-Marie" <Anne-Marie.Deitering@oregonstate.edu>
Date: Wednesday, March 14, 2018 at 11:58 AM
To: Kara Witzke <Kara.Witzke@osucascades.edu>
Subject: RE: nursing ideas - sorry in advance for the length

Cochrane and CINAHL index very different things and your students will need both in full text. This will significantly reduce the point-of-need questions students and faculty have, and will also reduce the need for 1:1 consultations about how to find the full text of a source not readily available. This should make it much, much easier for your faculty to focus on teaching students how to use evidence in practice, instead of spending energy on helping them find the evidence in the first place.

I've passed your question about cost along to Faye to get her input on that. We have elected not to purchase those resources before because they are not essential for any of our programs, and our collections budget is very small. May I ask if you have talked at all to Ecampus about contributing to the purchase of these resources? There is precedent for that for online programs.

I wish these concerns had been in our initial review too. This has triggered a review of workflows. They are located in collection services, which may have worked well at one point when we had the resources to staff using a subject specialist model, since those specialists straddled collections and services. Now that we are organized in a more streamlined way, we need to update those processes.

So, to clearly answer your question, I think that yes, access to these resources is definitely a good faith effort to ensure that existing reference and instruction services will be able to meet the needs of students and faculty in this program.

From: Witzke, Kara
Sent: Wednesday, March 14, 2018 10:22 AM
To: Deitering, Anne-Marie
Cc: Gess-Newsome, Julie
Subject: Re: nursing ideas - sorry in advance for the length

Anne-Marie,
Thank you for your comprehensive assessment of our situation and your suggestions to move our

program forward. I do wish we had this information as part of our library review so that we didn't have to back track but it is what it is and we're eager to move forward.

So am I to understand from option #3 below, that 1) you would be satisfied with our library plan if we provided adequate access (and accompanying training) to necessary database(s), and 2) we may not need CINAHL, and instead only need Cochrane? Sorry…I was unclear on exactly which databases were absolutely essential. Our new Librarian, arriving this summer, does have some science library experience so we will look forward to working with her as we develop our courses.

Thank you for clarification.
Kara

From: "Deitering, Anne-Marie" <Anne-Marie.Deitering@oregonstate.edu>
Date: Thursday, March 8, 2018 at 12:55 PM
To: Kara Witzke <Kara.Witzke@osucascades.edu>
Subject: nursing ideas - sorry in advance for the length

Hi Kara,

So this is going to be long, and I thank you in advance for plowing through it. I'm happy to answer any questions, and I am also happy to come over to talk about it. We "met" under kind of heightened weird circumstances, and I don't talk well under the time pressure Allen put on that conversation, so I would really like to fix that :)

I'm going to explain the issues more clearly a bit on top, and then I have three ideas, ranging from impossible to doable underneath. I'm explaining the issues, because it's entirely possible that you will have a great idea that addresses them that I haven't thought about. I am not setting myself up as an expert on the solutions, even though I do think I know something about the problems.

ISSUES:

1. With most students, finding the materials is not the hard part in learning how to use the scholarly literature. The easiest part of the research process to *teach* is "how to find materials when the systems all work like they're supposed to." The second easiest part is "how to troubleshoot common problems." Unfortunately, that's not where most students have trouble (though, for distance students these pieces can have some additional challenges, see #2).

    A. For most students, it is learning how to read, use, evaluate, recognize and analyze the scholarly literature that is the first challenge.
    B. And then, the second challenge is learning how to transfer skills from one setting to another (for nurses, from the classroom to the clinical setting would be an example).

Learning to Read, Use, Evaluate - what do I mean by that:

This is hard to explain in text without getting really long - but most students (and this will frequently be true for BSN students even if they are already practicing nurses) need to make an epistemological leap to really understand how to use research sources effectively. Beginner researchers tend to look for concrete, exact answers in the literature -- I need an article that matches my question exactly to tell me what to do -- and a lot of the frustrations that nurses new to EVP have is that they can't find the article that matches exactly what they think they need. They're finding LOTS of stuff -- stuff that an experienced evidence-based practitioner would know is useful - but they don't know how to use it because they don't really understand how practitioners make meaning from research articles. And this in most fields, not just nursing - but this is how it plays out in nursing settings).

Instructors can be really good at helping students with this part if it happens in class, or if the student is motivated enough to go to office hours. And instructors are especially good at this part if it comes up in an evaluation conversation. However, these issues also cause problems when students are in the searching stage -- when they're trying to figure out what they need and how to find it. It's super hard to find something when you're looking for something that doesn't exist. And when they have trouble in this stage, they tend to go to friends and classmates, and librarians.

The transfer issue:

So what many programs have found, is that for students to successfully use scholarly sources in culminating projects or courses, they have to get scaffolded learning experiences earlier in the program that introduce them to the literature, it's purposes, professional standards for creating it, how professionals use it and more. Because they have to make that epistemological leap before they get to their capstone or WIC. So they start pushing EVP back into the program, into the clinical rotations, and even into the introductory "intro to the nursing profession" courses. And because "how to use it" tends to be very grounded in the specific realities of practice, programs turn to pedagogical strategies that are relatively resource-intensive, like problem-based learning to teach them. These are wonderfully effective, but they require students to be able to get very specific help in the moment.

In other words, a generic "how to use PubMed" tutorial can be a great starting point for a whole cohort of students. It's a great way to get them started and to the point where they have the real questions. But when they are engaged in the actual doing of EVP in the moment, then the help that they will need to get past barriers is grounded in their specific question and approach. Librarians tend to be called in to design the problem based learning experiences, and to help students work their way through them. They're on-call to provide help in the moment outside of class, and frequently work within the class as well to help students navigate the idiosyncratic problems that come up in their specific research processes.

2. Librarians are also called in at the design level to make sure that assignments and courses are appropriate for the resources available to students. And with distance programs there can be two related issues that *also* affect students' ability to get materials:

- The first is that they tend to be less aware of their rights and resources as OSU students. Our Ecampus does an excellent job with advising, better than most, but this is just a challenge across the field. They're less likely to get their ID cards, to know their student ID number, and to be dialed into the access systems that campus students encounter every day. They are also less likely t know where and how to get help. The research is clear that most students (in person and online) will turn to friends or professors for help first with any problem related to the class. And with library problems, that works fine if their friends or professors know the library workflows. But with distance students, their friends and professors usually don't (see

below)

- Connected to this - some students will have access to WAY more than we can provide through their places of employment and others will have WAY less. Nurses who are working for large, well-resourced institutions will have subscriptions through their hospital libraries. Those working in rural areas, for small institutions or the state, will not.
- Having the ability to hire instructors who are anywhere is great, but it's important to remember that they won't know our library systems OR our access and authentication systems. They can give plenty of help with students once they have the stuff, but they're not always able to help students who have trouble with access. And they can even hurt, if they assume students will have access to materials that they don't have access to. This sounds unlikely, but it is a big problem - instructors that come from PhD granting institutions assume that we will have all of the stuff they have there and create assignments and expectations accordingly. If some of the students can meet those expectations because they have additional resources, that can be a fairness issue.

3. The disciplinary expertise issue. We also don't have the capacity to hire deeply specialized librarians to handle these issues. I don't think that's our solution here or at Cascades.

But there are some very specific practices in the health sciences that will be relevant to this program that we don't currently have on our staff. We would if we had nursing or medicine, but since we don't, we haven't had to invest in librarians with those skills. Specifically, librarians who work extensively in the health sciences use an "evidence pyramid" model to talk about evidence, evaluation, and decision making that prioritizes certain types of scholarly sources. Any librarian can tell you that systematic reviews are a cornerstone of Evidence Based Practice, but knowing how to conduct them, to select them, to critique them, and to use them is a more specialized skillset that is only useful in some disciplines. Our public health liaison has been trying for two years to fit a particular systematic reviews workshop into her schedule for professional development, but she also manages our Learning Commons services and sustainability initiatives and because in her field this is "nice to know" not "need to know," those are priorities she has to balance. With a nursing program in her primary assignment, some of those decisions would swing the other way. Does that make sense?

So, I was not saying we could not support the program without a dedicated EVP librarian. I was saying that there is disciplinary practice that is relevant and baked into the accreditation standards that we don't have because of the programs we have to support. I think there is overlap between the programs we do have -- like Public Health, Nutrition and Vet Med - and nursing, so maybe there is a way to combine our needs to find an appropriately flexible solution.

IDEAS FOR ADDRESSING THE NEED:

(In an earlier email you suggested that EVP would be part of the skillset in the 4.5 FTE devoted to instructors? I would expect that to be the case, and I agree that that would be one of the most important ways for students to get support. All of the ideas I have is assuming that kind of expertise from the person who would teach in that WIC course.)

1. On one end of the spectrum: Centrally create a science librarian position at Cascades to support existing and new programs.

Now, I don't think this is a realistic option in the current context, and I am not going to spend much time on it because of that. But when I present a range, I do believe in presenting the full range, otherwise the overall conversation gets skewed. I *entirely agree* that it does not make sense for Cascades to have a Nursing Librarian, or even a more general Health Sciences Librarian. I don't think the work is there yet to support that level of specialization. That said, many institutions that share some characteristics with Cascades do have a general science librarian on staff. A position like this would fit the flexible, adaptable culture at Cascades while still providing services grounded in disciplinary practice, and could support a variety of strategic initiatives on that campus.

2. Hire a Health Sciences Librarian who would be located at the Corvallis campus, with defined, dedicated FTE to create digital learning materials for Ecampus and/or provide reference help and support for the nursing program.

We currently have an open position in the teaching department to fill and we would be willing to define it as a Health Sciences position. If we had the resources to hire a candidate with experience, that is an area where we see a need here. However, our position is entry level and our budget for that position reflects that. For the salary we can offer, we cannot ask for experience in academic libraries or a science degree, much less experience in the health sciences. That sounds like I am exaggerating for effect, I know. But I am really not. We have tried twice now to hire a generalist, entry-level science librarian in that line, and we have failed twice. We have already started talking about other open needs that we should move ahead of this one.

So, this is my wild idea, and you have every reason to doubt me, but I'm going to say it anyway because of the timing with this position being open already. And it looks like you might have some thoughts in this direction yourself. We have had some circumstances before where a part of a librarians' FTE has come from another unit, and then work for that unit has been written into that librarian's position description. If Ecampus or Cascades would pay for dedicated instructional FTE (maybe .25? I can't imagine more than that to support this program, but if Ecampus had more needs then maybe that would shift), then we could create a health sciences focused position that would be competitive. I can explain at more length why the market for these positions is different, but that can wait until a point where there are questions.

3. Do everything possible to ensure that the students have seamless access to the materials that instructors will need them to have access to.

After talking to librarians at UP, Linfield, PCC and some institutions outside of Oregon, I understand that the one of the biggest demands that they have to meet is helping students get access to materials. This is an issue with library systems - there are a lot of them, and they're complicated, but that's not the real issue. The real issue is finding ways to get access to content that the library does not have in full-text. So, the student finds out about a resource in PubMed, Medline, or Google Scholar This is one of the biggest pain points for students and instructors alike. The easiest solution to this is to add full-text resources so that those workarounds are not needed. There are two that I would point out. I don't have accurate pricing info for them, because it depends on FTE and a host of other things, but I do have the ballpark:

A. Cochrane Database of Systematic Reviews -- probably around $9K annually? This is a pretty standard resource for the big nursing programs, but it looks like almost all of smaller ones, including the online RN-to-BSN programs have it too.

B. If we went with the EBSCO Nursing Reference Complete or Plus packages to get our CINAHL full text access, then there would be some additional useful resources packaged with that.

Of those two, Cochrane is going to be the more important, I think, if there is any way that could be worked in.

Okay, questions, thoughts? Other ideas?

Anne-Marie