These guidelines are directed toward librarians and hospital management personnel to aid them in the planning of library services. Emphasis is placed on the systematic expansion of library service to include nonprint media of various kinds integrated with the traditional books, journals, magazines, reports and pamphlets. This program guide contains chapters on: (1) Multi-Media Libraries: The Learning Resources Center Concept; (2) Audiovisuals in Library Service; (3) Practical Procedures, and (4) Selected Readings and Catalogs. The Appendix contains a Survey of Need/Interest. (MM)
PROGRAM GUIDE

AUDIOVISUALS
IN THE
VA LIBRARY SYSTEM

LIBRARY SERVICE

VETERANS ADMINISTRATION

WASHINGTON, D.C. 20420
DECEMBER 7, 1971
INTRODUCTION

1. Technological advances in digital, audio, and visual media have led to an awareness of the requirements for library-learning resources centers incorporating these nonprint forms with books and periodicals. This is reflected in the December 1970 Standards for Accreditation of Hospitals issued by the Joint Commission on Accreditation of Hospitals* which includes access to audiovisual material and equipment among the hospital’s professional library services.

2. Based on the concept of the learning resources center, libraries are evolving into centers which provide access to a wide variety of nonbook resources as well as the traditional books and journals. The resource centers, demonstrating the principle of independence through interdependence, work closely with the other local, regional, and national facilities to maximize utilization of resources and to avoid unnecessary duplication. In the hospital, there must be appropriate tie-ins to other resources such as medical illustration and photography, pathology, radiology, and medical records.

3. It is recommended that librarians and hospital management consult these guidelines in planning for the natural extension of library services under the concept of regionalization in the Veterans Administration to amalgamate the printed word and audiovisual media in the hospital library-learning resources center and in articulating the librarian’s role.

HENRY J. GARTLAND
Director, Library Service

## CONTENTS

### AUDIOVISUALS IN THE VA LIBRARY SYSTEM

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Multi-Media Libraries: The Learning Resources Center Concept</td>
<td>1-1</td>
</tr>
<tr>
<td>2. Audiovisuals in Library Service</td>
<td>2-1</td>
</tr>
<tr>
<td>3. Practical Procedures</td>
<td>3-1</td>
</tr>
<tr>
<td>4. Selected Readings and Catalogs</td>
<td>4-1</td>
</tr>
</tbody>
</table>

### APPENDIX

| A. Survey of Need/Interest | A-1 |
CHAPTER 1. MULTI-MEDIA LIBRARIES: THE LEARNING RESOURCES CENTER CONCEPT

1.01 Medical libraries have been established in each VA hospital and domiciliary to give reference and bibliographic service to medical and allied health staff in support of clinical, research, and education programs. (Cf. DM&S Manual M-2, pt. XIII, ch. 1, par. 1.03c.)

1.02 In 1965, Alan C. Green and associates at Rensselaer Polytechnic Institute in studying facilities for education in VA hospitals* proposed the learning resources center as “the medical library of the past with new roles, new functions, new materials, and new concepts for facilities.” The learning resources center is the logical extension of the medical library to include nonprint materials integrated with the printed word. It coordinates the identification, accession, organization in a meaningful way, housing and handling, and retrieval of all these resources.

1.03 In the hospital, the multi-media library-learning resources center is the service center which provides access to a full range of print and audiovisual media, regardless of where the materials are physically located.

1.04 Service rather than storage is not a new concept for the VA hospital. What is new is the systematic expansion of the service to include nonprint media of various kinds integrated with the additional books, journals, magazines, reports, pamphlets and the like. The long-range plans for each station library will encompass services responsive to the needs of that hospital and in relation to its role in the VA region.

1.05 Whether the audiovisual program is envisioned as simply an extension of existing reference and bibliographic services (cf. DM&S Manual M-2, pt. XIII, especially Paragraph 6.02, Medical Library), as including acquisition for use by appropriate procedures analogous to interlibrary loan for print materials or as a permanent collection of materials organized and housed in remodeled space or new construction, a number of factors affect the type and scope of the program.

1.06 Among the considerations to be taken into account in organizing an audiovisual program in the library, the National Medical Audiovisual Center** identifies the following:

Need/Interest
Materials and Equipment on Hand
Availability of Materials
Budget
Space
Staff

1.07 With the library-learning resources center as the access point to the nonprint (as well as printed) materials in the hospital, the library staff serve as intermediaries between producers/distributors and users of the materials. Many components such as medical illustration and photography, pathology, radiology, and medical records in the hospital are producers of nonprint media which may be organized and made accessible to other users in the hospital.

1.08 Similarly, the library-learning resources center demonstrating the principle of independence through interdependence, works closely with other local, regional, and national facilities to maximize utilization of resources and to avoid unnecessary duplication.

---


The Media Resources Branch is in the National Medical Audiovisual Center Annex, Station K, Atlanta, Georgia 30324.
CHAPTER 2. AUDIOVISUALS IN LIBRARY SERVICE

2.01 The audiovisual capability in Library Service can best be developed by adherence to the following guidelines developed by the National Medical Audiovisual Center:

a. Identification of existing or projected needs in support of hospital clinical, research, and educational programs;

b. Analysis of substance of what is to be communicated and identification of the objectives to be achieved;

c. Choice of multi-media by criteria comparable to those used in book selection in terms of the validity of the content which they contain or present;

d. In appraising, evaluating, and selecting from among the resources available, answer four questions: First, is the particular resource applicable to the task of communicating? Second, can the resource be made readily available to staff? Third, is the resource demonstrably useful in achieving more effective communication? Fourth, does this resource provide greater efficiency of communication?

2.02 When the library-learning resources center services include the acquisition and cataloging of multi-media materials, facilities will be required for their use. Within the library, these facilities may be incorporated into carrels. The National Medical Audiovisual Center reports at this time there are no standards as to size, shape, location, or content in terms of equipment for carrels. Currently, carrels are designated as either "dry" (conventional) or "wet" (electronic). A "dry" carrel will provide writing surface, semi-isolation and storage, and depending on its location and use, may also provide task surface lighting and an electrical outlet for portable projection and recording devices as well as other machines. The "wet" carrel introduces audio and video into an acoustically treated carrel. This requires that the designer provide conduit to the carrel from a central distribution center. In some instances carrels incorporate features of both the "dry" and "wet" carrels and may also include such items as microscopes tape driven oscilloscopes, specimens mounted in plastic, flexible models cast from specimens, X-ray plates and viewers, selected texts and reprints, self-administered tests, and programmed instructional materials and study guides.

2.03 The types of materials being used most frequently according to a National Medical Audiovisual Center survey are listed below, with brief comments on characteristics of some of them:

a. 2 x 2 slides and slide sets. Inexpensive to produce, duplicate, and update, easy to store, available for checkout, easy for nonprofessional to handle. Particularly effective when accompanied by audiotape and/or study manual.

b. 3½ x 4 lantern slides.

c. Miscellaneous models.

d. Audiotapes—cassette, reel to reel. The tapes are inexpensive and the equipment is inexpensive. Drawback: should be accompanied by visuals for greatest effectiveness (exceptions—heart sounds, blood pressure).

e. Charts—anatomical.

f. Film strips—silent or sound.

g. 8 mm. cartridge. Handy for presentation of single concept. Relatively inexpensive and easily handled in cartridge form. Generally available by purchase only. There is a lack of standardization but it is feasible to provide a variety of equipment.

h. 16 mm. There is a plethora of software and the equipment is standardized. However, the equipment and software are fairly expensive, and they are easily damaged, especially by the inexperienced. Large areas are needed for projection, unless rear-projection equipment is available.

2-1
G-16, M-2, Part XIII

i. Synch-sound slide sets.

j. 8 mm. reel-to-reel.


l. Audio/slide series.

m. Models and multi-media kits.
CHAPTER 3. PRACTICAL PROCEDURES

3.01 Inasmuch as the librarian has the expertise to organize the new media and integrate these materials into the library-learning resources center along with the printed materials, the librarian is responsible for developing an overall positive plan for an audiovisual program in the library and explicating his role in the program. The librarian will do well to work out a modular plan which can be presented to hospital management and then implemented step at a time. This will enable the librarian to modify the plan to keep service responsive to changing needs and technology. It will also avoid the negative result of unused equipment and materials.

3.02 The first step in developing a plan for organizing an audiovisual library service program is to make a determination of where you stand at the present time. This can be done by (1) surveying the need and interest in audiovisuals at your station (the National Medical Audiovisual Center Survey of Need/Interest—app. A), (2) determining proposed use of audiovisuals in your service in support of hospital programs, (3) inventorying hardware (equipment) and software (materials) already in the hospital whether in the library or elsewhere, and (4) determining the availability of materials. Checklists and subject and source directories are available from the Reference Section, Media Resources Branch, National Medical Audiovisual Center for the asking and a "core list" of catalogs is included in chapter 4 below.

3.03 With this information and data, a plan can then be developed for integrating nonprint materials with the library-learning resources center services. The plan should be modular to permit implementation step at a time as well as providing cost/benefit alternatives.

3.04 It has been suggested that a good place to start is with 2 x 2 slides. These are readily available and easy to produce, duplicate, and update. All that is needed is a camera and a slide projector. Slide sets can be organized in boxes, cartridges, or carousels appropriately processed and housed either with books and other materials on the same subject, or separately.

3.05 As your plan is implemented, it is urged that you write down your policies and procedures for:

a. Selection.

b. Processing.

c. Housing.

d. Dissemination and use.

e. Maintenance of hardware and software.

3.06 Finally, the audiovisual services of the library-learning resources center should be evaluated by inclusion in appropriate sections of the annual narrative report (cf. DM&S Manual M-2, pt. XIII, ch. 8) and in systematic review and appraisal of program management and operations.
CHAPTER 4. SELECTED READINGS AND CATALOGS

4.01 SELECTED READINGS


Boxowski, J. F. Central audiovisual resources. AV Instruction, 14: 84+, 1969.


Cooper, William. Role of audio and audiovisual materials in enhancing the learning process of health science personnel. Boston EDUCOM, 1969. 23 leaves. (EDUCOM research memo; biomedical communications project RM-969)


4.02 SELECTED CATALOGS (Verify edition and price before ordering.)


Nebraska. University of College of Medicine. Communications Division. Preliminary 8 mm. film project report and listing of 8 mm. films. Omaha, Nebr.: Author, 1969. 318 p. $3.50.

APPENDIX A. SURVEY OF NEED/INTEREST

1. Are AV's now being used?

2. How often?

3. What types of media?
   - 16mm
   - 8mm
   - Filmstrips
   - Slides
   - Audiotapes
   - Videotapes
   - Transparencies
   - Still Photographs

4. How are AV's used?
   - Lecture Illustration
   - Lecture Reinforcement
   - Substitute for Lecture
   - Self-Study Program
     a. Individualized Instruction
     b. Group Study
     c. Programmed Instruction

5. Are AV's satisfactory?
   Which media are most satisfactory?

6. If not in use now, were AV's used previously?

7. Were AV's satisfactory?
   If yes, which media most satisfactory?
   If no, why?
   a. Not really interested in using AV's?
   b. Problems?
      1. Lack of materials?
      2. Difficult to obtain?
      3. Difficult to use?
      4. Could not be co-ordinated?
      5. Poor equipment?
      6. Poor materials?
         a. Outdated?
         b. Poor content?
         c. Technically poor quality?
         d. No supplementary materials?
         7. Material must be scheduled too far in advance?
         8. No information on what is available?
         9. Too expensive?

8. Would you be interested if problems can be overcome?

9. How will AV's be used?
   a. Part of present curriculum?
      (Co-ordinated with text?)
   b. To develop new curriculum?
   c. As lecture illustration?
   d. As lecture substitute?
Appendix A

e. As lecture review?
f. Part of self-study program?
   (1.) Reinforcement?
      (a.) Following lecture?
      (b.) With parallel readings, etc.?
   (2.) Complete study units?
      (a.) With print media, models?
      (b.) Will notes be needed?
         (Guides, manuals, tests, etc.)
      (c.) How many units?
   g. Will AV’s be available for individual use or class use only?
   h. For continuing education?
      i. Will AV’s be used once or repeatedly?
      j. Will AV be used as produced or segmented?
      k. How many copies of each AV will be needed to supply program?