

## **MAKING STONE SOUP: LIBRARY COOPERATION – A PROFESSIONAL RESPONSIBILITY OR NECESSITY?\***

**By Lois Ann Colaianni**

My talk is about resource sharing and cooperation among medical librarians. I will start with a story to illustrate my theme. Second, I will briefly discuss the professional dilemma between serving one's own clientele and helping others. Third, I will mention some common ways of sharing resources that improve service to one's clientele and help others, illustrating how today's Internet/Web environment positively affects cooperation. I will close with a few observations from my own experience.

The story is the old folk tale "Stone Soup". The basic story is familiar to many people in Europe and America. Perhaps there is a similar folk tale in the Middle East. There are many variations in the story depending on the source of the tale, but the underlying principles of making stone soup are the same. In the version I will use today, the story starts with young woman preparing to leave home to go to the city to earn some money. Her mother and father are poor farmers and not able to grow and sell enough to support three people. Her mother packs bread and cheese and other food for her trip and the young woman sets off on foot. The city is farther away than she thought. Several days pass. She is tired and very hungry. She no longer has any food left and as she goes on her way, she stops and asks for food from villagers in each village she passes through. In each the villagers refuse to give her food, even a crust of bread. In fact, the villagers have hidden their food to prevent it from being stolen. It is clear that the villagers themselves have food, but not an abundance of it. However, they are unwilling to share even a small portion of what they have.

She becomes increasingly desperate. Without food she does not have the energy to walk. She realizes she will never get to the city to get a job to earn money and help her parents if she cannot obtain some food. Exhausted, she sits down under a tree by the path outside a small village. As she stares forlornly at the rocky path, she gets an idea. Since the villagers say they do not have enough food for

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themselves, she will offer to make stone soup for the entire village. She tells the villagers that since they do not have enough food, she will make stone soup for the entire village. She asks the villagers for a large pot in which to make the soup, water, and a place to build the fire. They have never heard of stone soup. They are curious about how one can make soup out of stones but they agree and provide a large pot and water. They help her build the fire. She finds several stones that are just the right size and puts them in the pot of boiling water. A few villagers stand around watching the stones in the boiling water. After the stones cook for a while, she points out that good soup needs salt and one villager volunteers salt. More villagers come and watch. She explains that these kinds of stone make very tasty soup but some carrots add a nice flavor. Soon the villagers are bringing carrots and then potatoes and later cabbage and onions. She mentions that if there were some beef for the soup, it would be good enough for a “rich man’s table”. The villagers smell the wonderful aroma coming from the pot and are amazed that such good soup can come from these stones. Someone volunteers to contribute the beef and soon she declares that the soup is ready and fit for a “rich man”.

She invites the villagers to share the soup. The villagers hurry to set up tables, get bowls and spoons. Some bring bread and cider. Soon everyone is sitting at the tables enjoying a wonderful meal with the stone soup as the main dish! There is much good will and after dinner the villagers sing and dance. The young woman is invited to stay the night. In the morning she is given breakfast and some food to carry as she resumes her journey. As the villagers gather to see her off, they thank her. One villager said “We will never go hungry, now that we know how to make soup from stones.”

The theme of the story is that when enough persons share resources, no matter how small each contribution, the result will benefit all. No matter how poor in resources they are and no matter how much their institutions may be competing, the medical librarians in many parts of the world share their resources, benefiting all. In the United States resource sharing among medical librarians is a tradition which has lasted over one hundred years. Not only is it a necessity, it has become part of the medical librarian’s professional responsibility. I know of no medical library that has all the materials needed to satisfy all its users’ needs for patient care, research, education or administration. Certainly, the large libraries depend on others less often than libraries with fewer resources. The librarians in large libraries, however, usually feel a responsibility to share. Often they share with other large libraries, however many share with smaller libraries in their geographical region. They must find a way to do it so that their own users are not disadvantaged. One way to share and maintain service for their users is to provide copies of articles and not share physical volumes. This ensures that the titles

remain available to their users. The library staffs copy articles or chapters from a book and send these in response to requests. They often charge for the copies to pay for the paper, maintenance of the photocopier machine, and postage. These charges are determined ahead of time as the average cost to supply ten pages of copy. The requesting library knows the charges before requesting an item. In these ways the supplying library offsets expenses incurred when sharing resources.

I am working in a hospital library. The library receives 100 current journal titles and has about 600 books. Each day I request copies of about 2-4 articles from journals that are not in the library's collection but are available in other medical libraries in the area. Each day, I also make copies of about 2-4 articles from journals titles I do have, in response to requests from other small medical libraries within the area. This document delivery service is a very important, basic way of sharing resources. It benefits the users in all the institutions and their patients. I allocate time each day to share my institution's resources. Medical librarians in other institutions allocate time to sharing their resources with me and with others.

My sharing activities are repeated hundreds of times each day across the U.S. Every work day, MEDLIB-L, a listserv for medical librarians sponsored by the Medical Library Association, has about 40 requests for copies of articles, information about managing their libraries, reference information, or discussion items. Librarians who need to find a journal issue containing a copy of an article a user needs, information about how to search a topic on PubMed, or to answer a user's question, put their requests on MEDLIB-L. In almost all cases at least one other medical librarian answers the request that day! Some recent MEDLIB-L questions have been about selecting scanners, searching PubMed for "state of the art articles", locating a doctor in a particular institution in another country, benchmarking information, nursing policies, etc. In a way, MEDLIB-L enables the medical librarians to make "stone soup". Everyone shares resources, physical resources and knowledge, with those who need it. As a result, medical librarians throughout the country are better able to help their users. Their users and patients benefit and the librarians themselves benefit because they increase their knowledge.

Resource sharing does not just happen spontaneously. As in the story Stone Soup someone has to start it off. If the villagers wanted to make stone soup regularly, they would have to decide when and, perhaps, how each villager would contribute. It is the same with resource sharing. Several librarians must get together and decide what they can and will share. It is important to set up some guidelines. Some librarians may be able and willing to make photocopies of articles. Someone in one library may be cataloging large numbers of books and willing to share that

bibliographic data. If one library has a very large collection but not enough staff to copy the articles, it may be necessary to work out a way to fund or lend personnel to make copies for others. An easy and quick way to let others know that someone needs a copy of a specific article or information needs to be designed. It is also important to implement a way to notify all others that the request has been successfully filled, so others will not waste their time and energy also replying. Guidelines to ensure quality of service are needed. If you are making copies of articles, all need to agree to send the item within 2 or 3 days. If you are sharing cataloging data, the specific cataloging standards to be used need to be agreed upon. It is also helpful for small regional groups sharing resources to meet once a year or so to discuss how the resource sharing is going. What, if any, problems do the participants have? Are there changes in the arrangement to be made? For example, to use the stone soup example, you don't want everyone contributing onions and no one contributing any of the other ingredients.

The common ways for medical librarians to share resources are:

- Providing copies of articles from journals
- Answering reference questions
- Answering questions about managing the library and its services
- Providing bibliographic data for books, serials and audiovisuals

There are other ways. Some libraries in a large regional area participate in resource sharing by indexing local journal literature for a regional database for which one organization provides access. In this instance a librarian agrees to index one or more local journals, usually from his or her institution or country, and to provide the citations and indexing terms to the database provider. In this case, it is important for the librarians doing the indexing to use a common controlled thesaurus of indexing terms, to use a standard citation format, and to provide the data in a reliable and timely manner.

If space is a problem in a library, it is both impossible and impractical to retain large numbers of older volumes. Some librarians get together and decide what older, infrequently used journal titles they will each retain. Each librarian in the group agrees to retain and provide document delivery service on specific titles. Then librarians in the group can discard volumes for which someone else is responsible, knowing that one of their colleagues can and will provide a copy of an article from that title if it is needed.

The Internet has made resource sharing easier. A group of medical librarians can set up a Listserv like MEDLIB-L to send requests to each member of the group. Small groups do not need sophisticated systems like the National Library of

Medicine's DOCLINE. The group still needs to agree on what they will share and establish guidelines for the group, but they do not need complex software systems. Librarians can calculate the money, which can be saved through resource sharing on the Internet, and use that as one reason for funding an Internet connection in the library. There are, of course, many other reasons but this is one that can be quantified in terms of dollars. Economic reasons often are persuasive with administrators, but it is important to remember that resource sharing does cost money.

The Internet and Web have also provided new opportunities for establishing resource sharing arrangements. There are several areas currently very popular for resource sharing. Mary Riordan and Gerald Perry noted thirty examples of cooperative initiatives in their 1999 article in the *Bulletin of the Medical Library Association*<sup>1</sup>. I will mention two. First, is sharing responsibility for the development of a list of high quality, important Web sites that contain health information. There are so many Web sites with health information that one librarian cannot be up-to-date. The commercial search engines are not comprehensive in identifying sites and they do not critically evaluate them. One librarian certainly cannot evaluate them all. Some groups of librarians have agreed to share the task of evaluating Web sites and sharing the evaluations. Each librarian or the librarians in an institution take responsibility for a particular subject area or several areas. The librarians agree on the criteria to be used in their evaluation, the subject headings to be used to describe the content of the Web site, and the format for distributing the information. Then, on a regular basis, the librarians read journals and search the Web for sites in their subject area. They apply the quality criteria. The National Library of Medicine's Web site for MEDLINEplus lists the criteria used in selecting sites. These can be used or adapted for your use. The sites that meet the criteria are written up according to the format and the resulting data posted as agreed. It is important for the librarians responsible for the subject area to revisit the sites regularly to make certain that the site is still at the posted address and that the content still meets the evaluation criteria. Someone may ask why if groups are already doing this, why not just use their results? In some cases, you may be able to; but in others, you will want to build your own list of quality Web sites because your criteria or focus differ from others. There might be particular religious or philosophical approaches, special diseases or geographical areas you would want to emphasize for your list.

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<sup>1</sup> Riordan ML, Perry GL. Interlibrary cooperation: from ILL to IAIMS and beyond. *Bull Med Libr Assoc* 1999 Jul;87(3):251-3.

A second new area where cooperation is very useful is maintaining a list of journal titles or reference resources like the *Physicians Desk Reference* for which there is free Web access to full text. The titles and web addresses are constantly changing and the arrangements by which one can access the full text are frequently modified. In this area of cooperation, each librarian takes the titles in a subject area or a portion of the alphabet. They agree on the format of the final product, including the information to be given. For example, in addition to the journal title and the Web site address, it is helpful to know what years are available in full text and if there are any special access instructions. The final product is usually arranged alphabetically by the journal title. This is a project which one librarian can do, but after a time, most librarians find they cannot keep it up-to-date, so it is a task which is better shared among a group, even a small group.

A number of years ago when I was visiting medical school libraries in a country, I noticed that none of the libraries provided a document delivery system. Their serial holdings were published in book form and they all had the printed union list. But they never obtained a photocopy of an article from another library. When I talked with the faculty at the library school where most of the librarians had obtained their degree, I asked if they taught resource sharing through document delivery. The response was that of course they did. The discrepancy between what they taught in library school and the actual practice was explained as follows: "We teach theory and philosophy in school." Resource sharing must be practiced to be useful. The young woman in the story "Stone Soup" might have starved if the villagers had not contributed some food. I have been a medical librarian for thirty-four years. During that time I have visited hundreds of libraries which were involved in resource sharing. I have actively participated in resource sharing during my entire career. I have found resource sharing to be one of the most rewarding, and sometimes frustrating, aspects of my career in this profession. If you are not sharing resources now with other medical librarians in your region, I urge you to think about the story of the stone soup and think of one or two ways, you and a colleague can share resources to benefit you both and your users.

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