

## Access to Library Resources for Clinical/Adjunct Faculty

### *A License-Driven Model*

David Brennan

*David Brennan is the Head of Technical Services & E-Resources Librarian at the Hoover Library, McDaniel College, and former Assistant Librarian for Collection Development/Digital Resources Management at George T. Harrell Health Sciences Library, Penn State Hershey, [dbrennan@mcdaniel.edu](mailto:dbrennan@mcdaniel.edu)*

Clinical/adjunct faculty (also referred to as preceptors) present a unique challenge to academic health sciences libraries, often having appointments that are considered to be affiliates rather than employees as well as having access to resources via their own institution's library. This article presents the experience of the George T. Harrell Health Sciences Library, Penn State Hershey, in providing access to resources for this user group, including a targeted Web presence, licensing, and management issues.

### Introduction

Licensing and access to electronic resources for health sciences libraries are constantly changing and increasingly complex as institutions continue to evolve. Typically, employees of health care organizations are not all physically located at one site. Institutional affiliations of faculty and staff are also changing, and this change presents issues in interpretation of resource licenses. Clinical/adjunct faculty (also referred to as preceptors) present a unique challenge to academic health sciences libraries, because they often have appointments that are considered to be affiliates rather than employees, and because they have access to resources via their own institution's library. At the George T. Harrell Health Sciences Library (HHSL), Penn State Hershey, these changes have resulted in a license-driven model for providing resources to preceptors. This model is framed by three questions:

1. What is the status of these users? (i.e. Do they meet the criteria of "authorized user" as defined in a resource license?)
2. Is the resource an open or closed universe? (i.e. Does the resource allow a link resolver to permit the user to access other resources that they may or may not be licensed to access?)

3. How is access managed for the resources to which they are eligible?

License interpretation can be fraught with uncertainties, particularly because language in many licenses is unclear. Questions about permitted uses and users should pass through legal review, and concerns should be addressed at the time a specific license is finalized. The description of the HHSL model is in no way intended to advance any sort of legal opinion or standard of practice; it is merely an illustration of one method of managing access to a specific user group.

The HHSL license-driven model takes into account a number of variables, some specific to how the Penn State IT infrastructure manages these users. The license-driven model ties together three key terms: 1) the individual user's status as well as the definitions of both 2) authorized users and 3) permitted uses in the resource license. These terms define the landscape under which the model operates:

"Preceptors" or "clinical/adjunct faculty" have a specific context related to medical education, defined in Taber's Cyclopedic Medical Dictionary as "an expert who supervises and instructs students in clinical practice experiences, esp. medicine or nursing" (Venes, 2013, p. 1885). Preceptors provide these experiences at locations remote from the medical school setting, such as at clinics or other hospitals where students serve on clinical rotations.

"Authorized users" are defined in *The Librarian's Legal Companion for Licensing Information Resources and Services* as those who have "access and use of the licensed content" (Lipinski, 2013, p. 407). Having authorization also presumes that the library takes measures to authenticate these users when the content is accessed remotely, if remote-access is permitted in the license.

"Authorized uses" or "permitted uses" covers a wide range of activities, although use is primarily interpreted in light of copyright and interlibrary loan rights. From a faculty standpoint, the concern is often re-use of the content for educational purposes, such as inserting text or images into a lecture or for course reserve use.

In addition, there is a further consideration that is not defined in the terms of a specific license but has a significant impact on the resources that are available and how they are managed. The concept of "open universe" versus "closed universe" is key to the overall access model. Resources are increasingly interconnected, resulting in a parent-child relationship with regard to content. Link resolvers such as Serials Solutions 360 Link can provide access from a parent resource to content that a user group is not authorized to access under the terms of the child license, thus "open universe." PubMed is a classic example, as it links to content from thousands of journal titles. If access to any of these titles is not authorized under the terms of a journal content license, then allowing a user to access the content via a link resolver originating from PubMed violates that license. Conversely, a "closed universe" resource only provides access to content within that resource. Stat!Ref is an example, providing access to only the textbooks available on that platform.

## Literature Review

With the framework of the open or closed universe model in mind, a literature review was conducted to determine if this model was in use, or which other models were in use to define and manage access to library resources for preceptors. Search results indicated a minimal amount of literature concerning preceptors in general, and almost none in relation to access to library resources for this group (Table 1). Search criteria were intentionally very broad in the library literature indexes in order to capture any relevant citations. In PubMed, the criteria were narrower, as the term "authorized users" opened up the results to a large number of citations related to regulation of health information. As noted above, the term "preceptor" also has a specific meaning in this context which is much more relevant than the generic term "adjunct faculty."

Table 1  
*PubMed, Library Literature, and LISTA Search Strategies*

Database	Search Terms	Number of Results	Relevance
<b>PubMed</b>	Preceptor* and (library or libraries)	24	6 of moderate relevance
<b>Library Literature &amp; Information Science Index</b>	[authorized users]	1	Moderate relevance
	[adjunct faculty and access]	0	Entry Line 3
	[preceptor*]	1	Little relevance, and dated (1998)
	[clinical faculty]	1	No relevance
<b>Library, Information Science &amp; Technology Abstracts (LISTA)</b>	[authorized users]	98	8 of varying degrees of relevance, including overlap with the moderate relevance citation from the Library Literature & Information Science Index
	[adjunct faculty and access]	16	No relevance
	[preceptor*]	11	1 of moderate relevance
	[clinical faculty]	45	No relevance

Relevance in this context is very relative – the literature found revolves around the issue of providing services to the preceptor group and integrating them into the curriculum, not with the actual licensing of electronic resources; however, such literature can be relevant in determining the nature of the relation of preceptor to the organization, and thus, to a resource license. For example, Stone, Soltis, and Schott (2010) discuss the challenges inherent in providing access to the preceptors affiliated with the pharmacy program at Drake University. The Drake University experience confirms the need for organizational support to provide sufficient privileges to preceptors to allow for their access to library resources.

Given the dearth of relevant materials returned in the literature search, a search of two library electronic mailing list archives was also conducted to gauge prevailing opinions concerning this access model. These searches covered (MEDLIB-L from the Medical Library Association (MLA) and AAHSL-L from the Association of Academic Health Sciences Libraries (AAHSL). As with the literature search, there was little traffic on the two electronic mailing lists relevant to preceptor access. The MEDLIB-L search resulted in 96 hits on the term “preceptor\*” since 1996, with the only relevant posting in 2008, which was a voluntary survey to ascertain the level of access provided to the preceptor group. Only five responses were received, all indicating full access was provided (Travis, 2008).

On the AAHSL-L list, three surveys have been conducted on the topic of interest. According to the research notes of C. Robinson, the first occurred in the early 2000s (personal communication, August 11, 2015). This survey received 35 responses with 29 (83%) indicating full access to library resources. The second survey in 2008 was specific to preceptors in pharmacy schools and had 15 responses: 6 (40%) indicated either no access or restricted access, and 9

(60%) indicated full access. Discussion around this survey centered on Accreditation Council for Pharmacy Education (ACPE) standards regarding access to library resources. Robinson repeated the early 2000s survey in 2015 to see if the prevailing practices had changed. Of the 29 responses to this survey, 24 (83%) indicated full access to the preceptor group, as in the original survey. Even though these surveys were a completely voluntary and unscientific sampling, it appears that the majority in all cases were providing access to their preceptors.

In addition, a Google search was conducted to determine the prevalence of stated restrictions on preceptor access to library resources, or any mention of this user group among health sciences libraries (Table 2).

Table 2  
*Google Search Strategy*

Search Engine	Search Terms	Number of Results	Relevance
Google	[preceptor* and library and (access or authorize* or service* or subset or restrict*)]	107,000	<15

The preponderance of sites examined did not appear to put restrictions in place on the resources that preceptors are permitted to access. Generally, preceptors are accorded the same status as faculty for the purposes of access to library resources. The following example from the University of Wisconsin-Madison is representative of the language used when preceptors are discussed relative to library services:

UW-Madison faculty, staff and students, as well as community preceptors and honorary associates with courtesy appointments through a UW Department have full access to the services of the Ebling Library and the Ebling Library reference librarians. You are also welcome to contact the Wisconsin AHEC Informed Caring librarian for assistance locating resources referenced on this website.

To make full use of the resources available to you, you will need to activate your Net ID. The Wisconsin AHEC program has prepared a guide for community preceptors and others holding courtesy appointments on accessing resources available with a UW-Madison NetID. Download a printable PDF with instructions, *Using Your UW-Madison NetID. Information for Volunteer faculty and others with courtesy appointments at UWSMPH.* (Wisconsin AHEC, 2014)

Although relevant results of the Web search were limited, content such as that on the University of Wisconsin site would not have been located otherwise. Overall, stated policies on preceptors were not readily available.

## Institutional Environment

The institutional IT and regulatory environment is highly relevant to how access for preceptors is managed. From the examples cited above, it appears that most institutions define preceptors as having faculty status and provide them with a standard ID, allowing the same access to resources as other user groups across their respective campuses. The Penn State IT structure is similar for most of its campus locations. However, the Hershey campus has its own network, separate from the remainder of Penn State, and its own “ePass” authentication credential. Historically, there has been some separation between the Hershey Campus and the rest of Penn State in terms of

operations. This separation has driven decisions with regard to the organizational status of preceptors. At Penn State, most electronic resources in the clinical sciences are licensed cooperatively between the HHSL and Penn State University Libraries in order to provide access across all campuses. Proxy and link resolver access to these resources is managed by University Libraries using the Penn State accessID. However, preceptors do not receive University accessID credentials, only a Penn State Hershey ePass, which requires the HHSL to maintain its own proxy to allow preceptors access to resources without using the Penn State accessID credential.

The Penn State College of Medicine in conjunction with Penn State as a whole defines the type of appointment for preceptors as:

...faculty appointments for qualified individuals who are employed elsewhere and perform educational services for the College of Medicine without remuneration (refer to PSU HR-07). Persons appointed in these categories are not eligible for tenure, are not remunerated by Penn State, and do not participate in the benefits program of Penn State.

... Clinical appointments are reserved for practicing clinicians (e.g., M.D., D.O.) at other institutions who provide educational services to College of Medicine students. (Penn State Hershey, College of Medicine, 2015)

These definitions require additional system support to provide preceptors with access to licensed resources, and the HHSL maintains a separate e-journal list, Web page, and proxy setup to provide this access (Figure 1). While future development does promise a "single sign-on" across all of Penn State, potentially streamlining this process, the issue of interpreting licenses and providing access relative to these users remains. When a single sign-on becomes a reality, this issue will have to be reexamined, and the current model may change. In addition, any other organizational changes relative to the health care enterprise (i.e. acquisitions and mergers) have a direct connection to this model, as users in different organizational units may or may not be considered employees of Penn State Hershey, and thus, may not be eligible to access library resources.

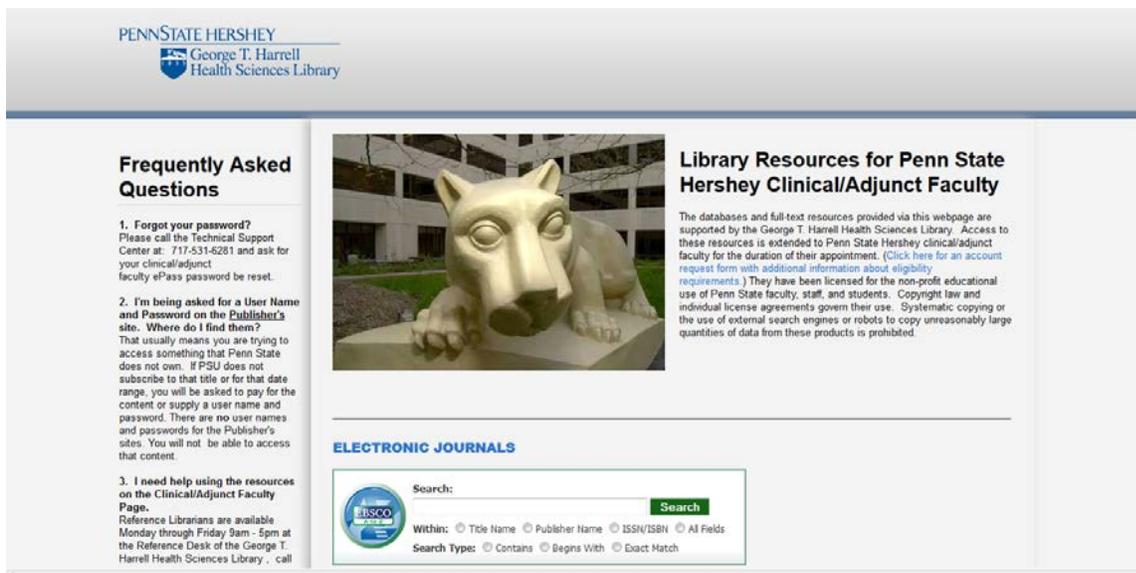


Figure 1  
*HHSL Web Page for Preceptor Resources*

## The Model in Practice

The heart of the open vs. closed universe model in practice is the license review. The filtering of potential resources by this model prior to a detailed license analysis immediately eliminates a number of databases and journal titles from consideration, as preceptors would not be authorized to access open universe resources.

License reviews are conducted at various times. At the last website redesign, license language was reviewed by HHSL technical staff for all major database and journal aggregator platforms, as defined by the HHSL-scoped list of databases and journals in the biomedical sciences ([www.libraries.psu.edu/psul/hershey/resources/databases.html](http://www.libraries.psu.edu/psul/hershey/resources/databases.html)). For example, the model license from the Center for Research Libraries' (CRL) LIBLICENSE document ([liblicense.crl.edu/licensing-information/model-license](http://liblicense.crl.edu/licensing-information/model-license)) defines "authorized users" as:

3.1 Authorized Users. The Licensor and Licensee define "Authorized Users" as the following:

- a) The Licensee's full-time and part time students, regardless of their physical location;
- b) The Licensee's fulltime and part-time employees (including faculty, staff, affiliated researchers and independent contractors), regardless of their physical location; and
- c) Patrons not affiliated with Licensee who are physically present at Licensee's site(s) (later referred to as "Walk-ins").

Comparing the definition of preceptors in the Penn State Human Resources documents to the model license, this language could be interpreted as not allowing preceptor access, as they do not meet the criteria of (b), in that, preceptors are not full-time or part-time employees of the university. This certainly does not preclude their access under (c) as walk-ins, but it would at their remote practice sites. Lipinski (2013) devotes a considerable amount of time examining this language and the careful construction of clauses in the license in order to be clear as to who is an authorized user and is entitled to access. Some licenses are more generic, using the "affiliated" or "registered" user language, which could be interpreted more broadly, as even unremunerated clinical faculty are "affiliated." The totality of the "authorized user" section in the license must be considered when making the determination. This example in no way represents a complete picture of all of the potential license language but serves as an example of what to expect. This uncertainty in the area of license interpretation has resulted in a number of initiatives to clarify terms and provide guidance, including the CRL LIBLICENSE Project.

Licenses are also reviewed at the time of renewal to determine if there have been changes in the terms related to authorized users and permitted uses. Due to the cross-licensing and management structure at Penn State, this review entails a high degree of cooperative effort between HHSL and University Libraries. An example of the license tracking spreadsheet is shown in Figure 2.

Further development of license management tools would be of great assistance in making the review process less labor-intensive, and an evaluation of the Serials Solutions Electronic Resources Management module was conducted to determine if the license management function would accommodate this variable. This evaluation was not developed into a pilot project due to insufficient time and staff. However, based on the initial evaluation of the capabilities of the module, it appeared likely to have aided in the review process, as a flag for preceptors could have been added to the license terms section. This flag would have allowed for reports to be run on a regular basis to populate the preceptor-specific Web page with resources as licenses were updated, or it could have been used in a dynamic fashion as a tag in the API definition that could auto-populate the Web page. However, we were unable to investigate these options.

	A	B	C	D	E	F	G	H	I
1	Publisher/VENDOR	Hershey/Combined	Content	AFFILIATED Users- Faculty, Patrons, Researchers, Staff, Students, Employees, Consultants, Independent Contractors	CONNECTIONS	RESTRICTIONS	GEOGRAPHICAL RESTRICTIONS	REMOTE ACCESS	TYPE OF LICENSE
2	Amer. Assoc. For Cancer Research (AACR)	Combined	6 journals	F/T - P/T E, Stud, and Staff who are given authorized access to Secure Network	Hershey Specific IPs [REDACTED] Identities authenticated at time of login.				negotiated
3	Amer. Society for Microbiology	Combined	40 Journals	F, Staff, Student, authorized visitor	secure IPs	No limit on the maximum number of IP addresses or workstations. Authorized Single Site or Authorized multi sites with an increased cost		IP addresses may include proxy or or cable services for providing remote dial in access to authorized users	
4	American Chemical Society	Combined	39 journals	E, F, Staff, Stud. C	authorized terminal	None	None		negotiated
5	American Medical Association (AMA)	Combined	11 journals	E, Stud, Patrons. (Becky in negotiation)	Secure access procedures	based on 660 persons			negotiated
6	Annual Reviews	Combined	40 journals	request license from Becky A.					
8	Blackwell Publishing (now part of Wiley)	Combined	639+ journals	see Wiley					
9	BMJ Publishing Group	Combined	30 journals	E, S, Contractors, Stud	valid IP		none		
10	Cambridge University Press	Combined	225 journals	"authorized users" w/registered IPs	IP address range(s)	IP authentication	single site + secure server	secure proxy server allowed	clickthru
11	Cancer Information Group	Combined	7 journals	F, Staff, Stud, library patrons, and other authorized users of the Institution, provided that they access the Journal from an authorized IP address	authorized IPs	unlimited sim. Access thru authorized IPs	none	Secure proxy access from off-campus or off-site locations is allowed	clickthru

Figure 2  
*License Terms Tracking Spreadsheet*

## Conclusion

In a license-driven model, providing preceptors with access to library resources requires:

- 1) attention to the language in database and journal licenses related to authorized users and permitted uses,
- 2) interpreting the administrative status of the preceptor user group,
- 3) evaluating the IT infrastructure as to how it contributes to the issue of access and user authentication (if a single sign-on and rights-driven system is not in place, managing access may require separate systems for preceptors),
- 4) investigating available resources to manage license terms, and
- 5) developing workflows to accommodate license review at defined points, such as subscription renewal.

As a number of these criteria are highly localized, one-to-one comparisons between institutional practices are likely to be difficult. However, the criteria presented are a workable framework for conducting this analysis prior to determining if the license-driven model is appropriate to the local environment.

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