

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**PATRICIA L. THIBODEAU,
AHIP, FMLA**

Interview conducted by Carol G. Jenkins, AHIP, FMLA

January 22, 2019

Edited by
Carolyn E. Lipscomb, AHIP, FMLA
Project Director
February 2020

Published 2020

Table of Contents

Consent Form	iii
Photograph	iv
Biographical Statement	v
Interest in Librarianship and Early Exposure	1
Library Experience in College and Library School and Cataloging Positions	2
Entry into Medical Librarianship at Women & Infants Hospital	6
Move to North Carolina and Mountain AHEC	10
Move to Duke University Medical Center Library	17
Staff: Layoffs and Independence	19
Relationship with Medical Center Administrators and University Libraries	25
Illness of Director	30
Triangle Research Libraries Network	34
AAHSL Future Leadership Program	37
Involvement in Professional Associations and MLA Hospital Library Section	41
MLA Section Council and Board of Directors	43
MLA Presidency	46
AAHSL and Scholarly Publishing	53
Leadership Development	56
Advisory Role to National Library of Medicine	66
Reflections on Career Decisions and Future of Librarianship	70
Index	77
Curriculum Vitae	82

Consent Form for Oral History Interview (2002 version)

This confirms my understanding and agreement with the Medical Library Association (MLA) concerning my participation in an oral history interview as a part of MLA's Oral History Program.

1. I agree to be interviewed by Carol G. Jenkins
on January 22, 2019. I understand that my interview
will be recorded and that a transcript and edited version of my interview will later be created.
I understand that I will be given an opportunity to review and edit the edited transcript before
its release.

2. I hereby grant and assign all right, title, and interest to any and all recordings and
transcripts of my interview including copyright [and all rights subsumed thereunder] to
MLA. I will be given a copy of the edited transcript for my personal use. I understand that the
transfer of these rights to MLA confers no obligations on MLA to promote, market, or
otherwise make publicly available copies of the interview.

3. One or more edited and/or condensed versions of the interview, approved by me, may be
disseminated by MLA, as it deems appropriate.

4. I understand that the original, unedited recording of my interview and the original unedited
transcript will be maintained in the MLA archives at the National Library of Medicine, or at
such other place as MLA may reasonably designate, and may be made available to
researchers who have demonstrated that they have appropriate qualifications. I further
understand that the original unedited recording and/or the original unedited transcript will be
made available with the following restrictions (Check one):

☒ No restrictions

☐ The following specified portions of the interview will not be made available
to anyone until _____.

Patricia L. Thibodeau
Name of Interviewee

Pat L. Thibodeau
Signature

Date 01-22-19

Accepted by: [Signature]
MLA EXECUTIVE DIRECTOR

Carol G. Jenkins
Name of MLA Interviewer(s)

Carol G. Jenkins
Signature

Date 01-22-19

Date 10/9/19



Biographical Statement

Patricia L. Thibodeau, AHIP, FMLA, spent twenty-four years at the Duke University Medical Center, where she was associate dean for library services and archives. Under her leadership of hospital, AHEC, and academic libraries, staff managed challenges ranging from downsizing to rapidly expanding programs and technologies. She is recognized nationally for her contributions to professional associations in scholarly publishing advocacy and leadership development.

Thibodeau was interested in a career in librarianship from an early age, as she observed librarians and the operation of libraries. She worked in libraries throughout college at the University of New Hampshire and library school at the University of Rhode Island and in her first professional position at Rhode Island College, gaining expertise in cataloging and the introduction of OCLC. In 1977 she entered medical librarianship at Women & Infants Hospital of Rhode Island, where she directed both the library and research administration and had women administrators as models.

In 1983 Thibodeau undertook new challenges at the Mountain Area Health Education Center in Asheville, part of the North Carolina AHEC Program. She oversaw outreach to hospitals and health professionals in a diverse sixteen-county region and earned her MBA from Western Carolina University. She next moved to Duke in 1993, and as associate director, acting director, and director, she influenced the library's alignment with the institution and worked collaboratively with Medical Center deans and university librarians in new areas such as the medical curriculum. She dealt effectively with challenges including staff layoffs and changing roles and built a staff able to function independently with faculty. She was open to new technologies and successfully implemented them as they transformed libraries.

Thibodeau was introduced to the Medical Library Association through the Hospital Library Section. She was elected Section Council chair and to the Board of Directors and as president in 2003/04. She led the association in attention to global issues, advocacy for the value of hospital librarians, and governance changes. MLA recognized her twice with the President's Award, which she jointly received for contributions to scholarly publishing and bylaws.

She also served on the Association of Academic Health Sciences Libraries Board of Directors and as president. Her work in scholarly publishing continued with AAHSL's Chicago Collaborative, encouraging communication with publishers, and through advising the National Library of Medicine and National Institutes of Health on PubMed Central and the NIH Public Access Policy. Thibodeau also was involved in AAHSL's leadership development programs for future directors and new medical schools. She served as mentor three times in the NLM/AAHSL Leadership Fellows Program, and after her retirement from Duke in 2017, she assumed the position of program director.

Medical Library Association Interview with Patricia L. Thibodeau

[WAV file part 1]

CAROL G. JENKINS: This is an MLA oral history interview with Patricia Thibodeau. Today is Tuesday, January 22, 2019. We are in Chapel Hill, North Carolina, and the interviewer is Carol Jenkins. So, welcome, Pat. It's my great pleasure and privilege to be conducting this interview with you today.

PATRICIA L. THIBODEAU: Thank you for interviewing me. It's been an interesting process to go back and look at my career and answer your questions.

CJ: Jim Shedlock, your friend and MLA colleague, wrote your biography when you were MLA president. And in it, he commented that the path that you expected to take as a librarian, and your real career path, often diverged dramatically. And I think many of us, once we retire and look back over our careers and our professional lives, find that things didn't always work out the way we expected them to. But I'd like to explore what were some of the opportunities and influences that led you into unexpected roles and directions, and what your thoughts are now about their impact, looking back on your long career.

So, let's begin at the beginning. When you served as MLA president—which, of course, wasn't the beginning, but that was in 2003-2004—you said in your "President's Page" that you always wanted to be a librarian. So, let's talk more about how that came about. Who or what influenced you in your youth to have that interest in being a librarian?

PT: Actually, it started really early on, because I was an avid reader. Remember those old book clubs, the summer book clubs? I would be in those summer book clubs all the time, and my mother really encouraged us to read. I exhausted the children's section pretty quickly and then actually started exploring the youth, which was banned to me, and the adult section, and finally had to talk the librarians into letting me in there. But as I worked in the library and found things in the library—it was part of that community of summer reading—it really spurred my interest in what did it take to be a librarian.

But what kind of gelled it was when I went into high school and I volunteered in the high school library. And the librarians there were great, because they just gave me opportunities to do all kinds of things, including mimeographing catalog cards on a little, tiny mimeograph machine. Most people don't know that that technology ever existed. I shelved things and I helped people. And then, because I had a knack for equipment, I also got to use the AV equipment, and so I got to help people even more with troubleshooting and doing things like that. I just really enjoyed the organization and the detail. And those folks were just really wonderful in terms of teaching me their world. I don't even remember their names; I just remember I spent hours in the library when I wasn't in class and I had a really great time.

CJ: And did you see some of the librarians at that time being role models where you could see yourself in that kind of a position at some point?

PT: Yes, I think I did. And also, my mother worked part-time in the public library in Milford, New Hampshire, and so she also kind of taught me more about the background, because she was doing more of the technical services and some of the desk services, and so she also got me kind of excited about some of the potential there. But I just thought it was a really neat profession and I could come back as a public librarian or a school librarian. I hadn't even thought of academic or health sciences at that point.

So, I went off to college and that's what I was going to do. I knew I wanted a degree in college that would prepare me for becoming a librarian.

CJ: I wonder how many of us had things worked out that carefully at that age? But that's good that you had such positive influences. So, you went off to college and later to library school. Did you have mentors in college and beyond that influenced your thinking about your career as a librarian?

PT: Actually, I had the most phenomenal group of people I worked with at the Dimond Library at the University of New Hampshire. I should explain that the Dimond Library was also the Durham, New Hampshire, Public Library. [Editor's note: In 1997, university and town library services were divided, and a separate public library opened.] So, it had a whole bunch of things that academic libraries don't do, like a children's room. I went in to volunteer in the library, and they said the only volunteer position is to work for the children's librarian. If you could imagine, I went in and presented myself. And again, I can't remember her name, but she was delightful, and she said, "Sure, I can use you." She taught me the earliest part of collection development. Sitting down with a [H. W.] Wilson [*Children's Catalog*] and going through and checking off what they owned and didn't. So, if you can see me sitting on a tiny, little chair in front of this tiny, little card catalog, spending hours checking off books.

But what was wonderful about her is that she did not just keep me for herself. She actually went up to other people and said, "I have this phenomenal student who volunteered, and I think she should be hired. And I would like to pay her, but I don't have the money." And so the technical services department hired me. Then I got to work with Natalie—again I can't remember her last name, but Natalie was a supervisor for technical services—which was photocopying the catalog cards, which we were talking about earlier, using the big photocopiers, sorting through the proof slips that came from the Library of Congress that had those little images of those cards, and then working also with the head of cataloging, Deborah.

I just got to really be exposed to acquisitions, circulation, inventory—just about everything but reference work. That's the one area I did not get involved in. But I was a history major. I gave up my language goal of being a Russian teacher or something and decided to do history, and so that got me to do a lot of research in the library and learn about libraries, using the card catalog and doing that kind of research. I also filed above

the rod. So, I really knew the card catalog really well and could actually help a lot of my fellow students find things, because the old filing rules were not easy to figure out always. Where was the U.S. Constitution?

CJ: There's a whole generation now of librarians that doesn't even know what 'file above the rod' means.

PT: Yes. So file above the rod—you know this—it was so you could check to make sure things were filed correctly, because you had thousands and thousands of filing cards. You'd leave the rod in the drawer and just file above it, and then someone would come back behind you and check, and then pull the rod out—drop your cards, it was called, dropping the cards below the rod. And then that drawer would be accurate. I got so good I actually checked the staff filing, which did not go over really great with some of the staff. But I passed all the filing tests; they actually gave us filing tests. And I could understand the intricacies of how you do inverted subject headings and the corporate headings and the government headings.

Then I was also doing reclassification in the library. I was taught to do that. So that taught me another whole set of skills around the card catalog—pulling the cards from prior cataloging, figuring out where they needed to go next in terms of classification. They just gave me so many chances to do so many different things.

CJ: And can you give me an idea what time period that was?

PT: That would have been 1970, because I walked in two weeks after I graduated [from high school]. And I worked in that library from then on—right through the summers, most but not all of the holidays—until 1974, when I left for graduate library school.

CJ: So, it sounds like, so far, you had children's librarian experience, which you say you liked but maybe you didn't see yourself being a children's librarian. But you really liked the technical services aspects. So, were you seeing yourself maybe working in a college library after graduation from library school?

PT: I hadn't really decided on that yet. I just knew I started to build a skill set that I could take everywhere. And one of the things that also happened in that library is that OCLC arrived on the scene. And those old beehive terminals? Well, they brought one in and they put it in the back of technical services, and basically, the staff looked at it and walked away. They didn't want to play with it. No one had personal computers on their desks. It just wasn't there. We used mainframes, if anything, and those no one saw. They were just in the back rooms. They brought in this beehive terminal, put it in the back of technical services, and no one touched it. Finally, my boss said, "Pat, why don't you go back there? There's a manual. Figure out how to turn it on, start playing with it, see what you can do." And then Deborah, the head of cataloging, came and sat down with me, and the two of us basically worked out how to use an OCLC terminal. The two of us actually got the cataloging group involved in using it, finally. It sat there for a long

time. That was most of my entree into using technology and for librarianship, and learning those skills, teaching myself those skills.

CJ: I can remember when OCLC first came in, too, but I didn't remember that they just left people on their own to figure out how to use it.

PT: I think they went to training.

CJ: It just didn't take, huh?

PT: I think they went to a big training. I'm sure they probably did. And then the terminal arrived, the people plugged it in, and they got it on the network—however that worked back then. But I'm not sure anyone went beyond that. But people had to be ready to use technologies, and I think that's a theme in our field. People have to be ready and they have to be willing to use something. And librarians didn't necessarily always embrace a technology that looked like it might take away their jobs. I think the catalogers were afraid that it would take away their jobs. It took away the job of the woman standing at the copier, yes, but you still had to do a lot of work using an OCLC terminal.

CJ: So, then you moved on, you went to grad school at the University of Rhode Island.

PT: Yes. There are not many library schools in New England, and so it was Simmons or URI, and I got in-state tuition because New Hampshire didn't have a library school.

I went down to URI, and I applied for a job at their library there. And, of course, they jumped on it because I had been an OCLC operator, so at least I understood what I was looking at. They had me do OCLC input cataloging. A cataloger would work up a sheet with all the computer stuff—all the fields and delimiters—and then I would put it in. I'd also search for Cataloging in Publication and find a record that I thought would match a book fairly well, and then let a cataloger double-check to make sure that was it. They also used me for filing. I did subject authority and name authority work, because that was a big project back then.

Again, those technical services people let me get more involved in some things. I learned more about how the reference desk worked—I wasn't on reference. And I learned more about how a library operated generally—not high in the administration, but just the back end, all those things that most users do not know go on in a library.

CJ: I remember you wrote about serving at the reference desk and thinking that you wouldn't like it because you really were more interested in the back end part of library services, but found that your skills were really useful at the reference desk.

PT: That came later. That came at Rhode Island College when I had no choice and all the catalogers were told, "You will now work on the desk because we need more staff." But, what happened in library school was, I took those reference classes. I took the class

on basic reference skills, and we would have to go in and answer all these questions using reference materials. And I loved it, because it was like the hunt—the game. Because I loved it and I could find things, a whole group of us would get together, and they would kind of follow me around the library seeing where I was going to get my answers, and they were asking me sometimes—it was really kind of funny. But a group of us would get together and would help each other, and it was a learning thing as to what tool. And it seems so funny now that we have the Internet, but what tool would have the date states were founded? What tool would have the address to this association? Where could you find these things?

CJ: So, you made it through library school and started a job search. What kind of job were you looking for, and what was the job market like at that point?

PT: It was 1976. The job market was not good at the time. Library schools were pumping out a lot of graduates. My library school graduated about 200 a year. We had 450 students at one point, which is another whole story about accreditation loss.

When I came out, the advantage was that I wanted to be a cataloger, and so few people wanted to go into technical services and cataloging. I had taught cataloging classes, I understood ISBD(M) [International Standard Bibliographic Description for Monographic Publications]—the new way of putting catalog information into computer-based systems, and I understood AACR2 [Anglo-American Cataloguing Rules, second edition, 1978], which was also new on the scene, because I had actually taught both of those classes for my faculty member when I was a graduate assistant. And so I understood those things quite well, so I was kind of unique.

While there were not a lot of cataloging jobs, I actually got an interview with my first application. I turned it down, because I made myself have a more complex job search, and that is, I met my husband, Steven. So, I didn't want to leave Rhode Island. We both knew we couldn't really have a long-distance relationship. We aren't built that way. He was finishing up pharmacy school, his second degree. I was graduating from library school. So where was I going to go where we could both stay? He grew up in Providence, though, so we could move from Kingston, Rhode Island, up to Providence, and still have a decent commuting. I tried for Holy Cross, got that job, but realized I really didn't necessarily want to do a forty-five minute to one-hour commute up and down those mountains of Western Massachusetts. I then applied for a temporary cataloging job for a one-year contract to replace somebody who was going to be off on sabbatical. I went to Rhode Island College, and they were another great place. It was a small college, and I was able to get a job there. There was no chance, probably, of my staying, but I could learn a lot. Again, OCLC operator, cataloger. That's where I cataloged Portuguese materials, microfilm, special collections, a whole variety of things.

So that is how I got into the field as a professional librarian. It was kind of doom and gloom in the profession at the time because there was a sense that we would be a paperless society, because computers and technology were getting to be really big. There was this sense that there would be no print in ten years. That would be the end of it.

Computers would take over our jobs and kill all our jobs. It was really kind of funny. None of that happened, of course. How many years later—[forty] years later—and we still aren't paperless. But we are more digital than we were.

But I was fortunate, because I wanted [to work in] cataloging and I was willing to take that one-year job.

CJ: Cataloging has certainly changed in [forty] years.

PT: Totally changed. I could not go back to be a cataloger. But at that time, I learned a lot. I could tell you, oh, yeah, that [MARC] 856 field with delimiter b! I was really up on all that. It's really funny now that I think about it.

CJ: But I do remember how valued those skills were, because few people really wanted to tackle it.

PT: Few people now want to tackle it. Even now, a lot of librarians don't want to do the technical services pieces.

CJ: Well, so far, it sounds like your career track is pretty much on course with what you had envisioned happening, but going back to Jim Shedlock's article about you and your presidency, he wrote about how you had a lot of 'nevers'—library roles that you said you would never do, that you had no interest in—but where it turned out that when the opportunities arose, you took advantage of it—and we're glad that you did. And one of those was moving into medical libraries and into administration, both of which you said held no interest for you. But life happened, right?

PT: Yes. Well, actually, it was probably a library school faculty member that laughed his head off, because he and I actually tangled in one of our classes on library administration, where I said, "This is worthless. I never need to know this." And he looked at me and said, "What are you going to do when they appoint you queen of the day?" and I said, "Never. Never. I will never be a supervisor or an administrator. Never." And he said, "You wait." So, he probably laughed when he found an announcement down the road that I had shifted from cataloging into a hospital librarian—became director of really two services, information services of the hospital library and also research administrator. He was probably really amused.

The neat thing is that colleagues at Rhode Island College, actually, the two great reference librarians who I'd worked with, really suggested that I go down the street from Rhode Island College and try for this health sciences job. Well, I thought medical librarianship was the epitome of librarianship. I mean, how important can you get if you're helping people—doctors and helping patients. And without a sciences background, I said, I don't think I could do that kind of high-quality... I don't know how to put it. It just seemed to me like the epitome of skills for a librarian to really be helping at that level, so I didn't think I would be that attractive a candidate because of my lack of science background.

I was interviewed by a hospital administrator—a woman, which was pretty neat in those days—Meredith Conte, and she was looking for somebody who had the skills and the knowledge and the experience. She wasn't looking for somebody with health sciences; she wanted somebody who could take those organizational skills, the detail skills, and was willing to learn, and come in and run a library and administrative research services for her. And so I was very, very fortunate. She hired me in and I became director of the health sciences information center and of research administration [at Women & Infants Hospital of Rhode Island].

CJ: And did you use OCLC?

PT: No. I took a step back. They didn't even really have a card catalog when I came in there.

CJ: So it was a total change.

PT: Well, it's a one-person library. I had a secretary because of the research function. My desk was out in the main part of the library. Her desk was in the back behind a closed door, because we locked up the really expensive books at night, because the library wasn't necessarily locked at night. We were on the floor where the residents had their on-call rooms, so there was a potential of high theft rate going on. If the residents needed something, they would just take it, and then we'd have to try to figure out where it was. It was a very different library, totally different. And they had a card catalog but no really catalog cards in it. I ordered catalog cards and tried to do my own classification and tried to keep the catalog going. But that was the hardest part, because I was also the reference librarian. When you walked in, three feet from the door, that was where I sat, so people found me.

CJ: And was it true back then that, unlike today, a hospital could be a kind of freestanding organization as opposed to being part of a larger health care network?

PT: Yes.

CJ: You wouldn't have been able to share services or even meet other health sciences librarians.

PT: Yes, there were a lot of freestanding hospitals and hospital libraries in the region. Behind me was Roger Williams Hospital, there was a Veterans Administration hospital not too far away, there was Miriam Hospital across the city, and then Rhode Island Hospital, the really big hospital, was located downtown. There were a number of them just in the city and close by. But, no, all the staffs were separate. Communications weren't there. Remember, we were not on the Internet or email at that point. It was all paper.

CJ: So, looking back on your years there, your first medical library job, what did you take away from that job into your next position?

PT: Well, first, I got to learn to really work with a diverse group of people and really get to understand some of the pressures on medical staff, on a teaching hospital, because we were a teaching hospital—we had students and residents. We also were a research institution, so I got to work with people who were clinicians but also researchers. I got to see that side of health care and medicine.

At the same time, I was located in the ambulatory section, so I also got to work with nurses and health educators who were working with the population. We worked in an area that had a big housing development and so it was a very poor area. We worked with patients who had a lot of different backgrounds, from all parts of the world. It was a way to see how consumer health worked, how patient education worked, and then how it all fit in with a clinical system.

We were part of BlueCross BlueShield, so I was also exposed to horrible annual negotiations with BlueCross BlueShield, because it impacted how much money the institution had, how much health care it had.

I also came out of there really understanding politics. First of all, I got to work with a tremendous amount of hospital administrators—two women administrators, Meredith Conte, Jill Lyons, which was unusual in health care administration at the time. They taught me that women could be administrators and women could hold their own. But they also shared with me—because I was a woman—a lot of the stuff that they were working on, huge amounts of stuff, and also told me about the politics and the political situation they had to maneuver being a woman, but also working in a very complex kind of environment.

I also worked for two men, too, and they did similar things. One of them, Lee Clabots—he'll laugh if he ever hears this, but he was an amazing man. He used to be a BlueCross BlueShield negotiator. He would bring me in his office and say, "What do you want?" and then immediately say, "You can't have it." Before he even heard what I was saying, he'd say, "No, we can't have it. I don't have any money. You can't do this." And then he'd say, "So, now, what do you want?" And so he taught me negotiation skills. How do I negotiate with a tough boss and show to him the value of the library and how we needed those funds, or we needed to do whatever we needed to do, or we needed to hire somebody because it would be to the benefit of the hospital. He taught me a lot. He was very scary, though, but I learned a lot from him. In my final interview with him, I looked at him and said, "You really like to scare people, don't you?" He was, "Yes. But I didn't think I really scared you." I said, "Initially you did, but not at the end. I figured you out."

The other person I got to work with was Dr. George Anderson. He was a pathologist and he ran the IRB [Institutional Review Board]. He taught me politics from the medical staff side. What was going on? Why was GYN and OB not cooperating? Why wasn't

the neonatal intensive care unit under a totally different person, and why was he at odds with the maternity side of things? He showed me those. He talked to me a lot about the politics, but he told me not to get involved, and he showed me how not to get involved. He stayed out of it, but at the same time, he pushed and he pushed things, and he kind of got people riled up about things so that they would move things forward that he thought were important. But he, himself, would stand back and let them kind of do their own thing. He was a very interesting person to work with. A lot of people didn't like him, but I thought he had a lot to offer if you listened to him.

The other interesting thing that happened is IRB—it was the early days; that was 1977 when I started there. *The Belmont Report [Ethical Principles and Guidelines for the Protection of Human Subjects of Research]* came out in 1976. And so IRBs were an uncharted territory. We had these regulations that we didn't know what to do with them. I actually went to a big conference up in Harvard annually and met with government officials and other IRB administrators and got to argue with them about the IRB regulations and what those meant. So that was a very interesting time as well.

CJ: Did you ever step back during this time and think, this is not what I pictured myself doing?

PT: It certainly wasn't. I was rewriting consent forms into understandable language, because some of the brilliant researchers out of the neonatal intensive care unit—see, we also worked with high-risk populations, so the regulations that we had to deal with were far worse than others. We had pregnant women and immature babies. I would just sometimes go, wow, I can't believe I'm writing a consent form that says, "We will take one-eighth of a teaspoon of blood from your baby's heel." I had to translate that out of this, "We're going to take so many cc's through a heel stick and..." They just couldn't write down into the consumer level. I did a lot of work with that. And so I was surprised.

Then they went into animal research, and I actually had to go up to the labs and inspect the labs to make sure they weren't doing anything awful to the rats up there. It was like, what am I doing? I shouldn't be inspecting rats. This is not my domain.

CJ: Sounds like maybe you were maybe on a trajectory to someday be running this hospital, but what happened?

PT: Well, like good health care systems, they wanted to be a system. And they saw a lot of duplication. Rhode Island Hospital did a huge number of births, but Women & Infants did more; having high-end [services], like the pediatrics department, for kids over the neonatal stage, were all at Rhode Island Hospital. It didn't make sense. So they said, let's merge [with] Rhode Island Hospital, two teaching hospitals, into one hospital. The goal was to eliminate as much duplication as possible.

Being a good administrator, I had to admit, my collection was totally duplicated, or almost completely duplicated, by Rhode Island Hospital, because they had a big hospital

library. There were several hospital librarians—they had been there for years. I just had to look at it as an administrator and say, it's stupid to have duplication. These libraries need to be folded together. Perhaps a core collection in the maternity hospital, but you didn't need all the other things. You didn't need all these bound journals; you didn't need separate MEDLINE services and things like that.

CJ: But there probably wasn't very much available electronically.

PT: No. MEDLINE was coming in. We did the acoustic coupler with the Silent TI, whatever. And I didn't have that, but they did. They had gotten the training and were merging into one of the centers, along with Brown University, who we were affiliated with. So, I planned my library away.

I had [three] choices. One was to go work for a librarian. Her name was Irene Lathrop. She was not exactly your most innovative librarian. She didn't like change. Her husband was the chair of pathology, and he was delightful. She was politically connected and she just didn't want to change. The library was at a standstill. She was not a nice person. Her staff really disliked working for her. I could have become a reference librarian for her. I would no longer be director. I could have become a research administrator for Women & Infants and gone strictly into research administration. And there was enough work to have done that. But my first love was being a librarian, and I wasn't ready to give that up. And research administration brings a whole other set of policies and pressures and wars and battles, so I decided not to do that. My third option was to leave.

I looked at *MLA News* and saw a job from Mountain AHEC [Area Health Education Center] and they were looking for somebody who could be a library administrator who understood basic library stuff but who also could run a media services. I had built a media services at Women & Infants Hospital. I had hired a media person and we ran the media services at Women & Infants. It seemed like a perfect fit, except—in the South, Asheville, North Carolina. And at that point, I was saying I would never live in the South, because being a New Englander—another 'never'—anything south of DC was Deep South, magnolias and Spanish moss dripping off trees and... a different culture. So, I applied for that job.

CJ: Even though it was in the South. And I presume that Steve was your husband by this time and that that move was okay with him?

PT: Oh, ironically, we were still living in sin at that point. We got married before we went down there. Actually, for the interview, we were not married. We got married just before we moved down there, because we knew that was going to be a culture shift for them. But I was going to keep my maiden name, because I had had my career for seven or eight years at that point. So we went down, and I interviewed down there. It was like they planned the perfect day. We leave Boston. It's like 30 degrees. The forecast is snow. We fly into Asheville. We get off the plane and it's 72 degrees in February. No snow in sight.

CJ: They knew you were coming.

PT: That's what Tom Bacon said. He said, "I knew you were coming. I arranged this weather for you." I said, "Thank you, Tom."

CJ: And Tom was the head of the AHEC. And he hired you.

PT: He hired me and brought me in. It was kind of funny, because my boss back in Rhode Island at that time was Tom Butcher, and then he gets this call from a Tom Bacon, and "There's this guy with this really Deep South drawl who called me." And you knew Tom Bacon. He didn't have a Deep South drawl. [Tom Butcher] called me and he's talking to me, and he said, "Are you really leaving?" and I said, "Yes, I think it's time." We both agreed that was probably a good move. And Steve was willing to move at that time, too.

CJ: So that started a whole new segment of your career. Some other roles, even though you were able to parlay your experience from Rhode Island into that AHEC job. It was a totally different environment, geographically and culturally. And a different kind of library too.

PT: Oh, definitely a different kind of library.

CJ: So, how did things go?

PT: Things went really well. It's interesting, I never pick easy jobs to go into. I picked what seemed like it was going to be a challenge. And I never realized that was going to be part of my entire career—picking things where there was a challenge. It wasn't going to be easy street. There was something that needed to be fixed or needed to be better and improved upon.

CJ: That's a thread, for sure.

PT: It is definitely a thread, because later on, I turned down a job when I really felt like I was going to have to struggle to have a chunk of things that were challenges. It was maybe going to be a little too easy for me.

I went into Asheville knowing that I didn't know anything about outreach. Sixteen counties, and all their 120-some agencies. How was I going to do that. And taking health up to a higher level, but I wasn't too worried about that, but now, Women & Infants, it was a small domain. Now I was going to have everything, from cardiology and urology to some research for cancer and things like that. So, the collection was going to be totally different. Outreach to a group of people was going to be different. I was going to be based in an educational facility, which is one of the things that really appealed to me—that it was that.

And then the staff were having problems, because the person that had been in the interim position was not well liked by the staff. They were not liked at all, and they were going to stay there, so I had to come in over this person. And I did this several times, actually, in my career, and I realized now, too, coming in behind somebody who had caused somewhat of a disturbance in staff and they needed to be fixed or brought together as a team. I went in there knowing that.

But it was also just the challenge, and the culture was so nice. The Southern charm does work. But also, education, some health care, working between two major tertiary care hospitals—because, literally, we were located physically between those two hospitals—working for the Buncombe County Medical Society. It was a blending of things that worked really well. And then the AV services, which I also really liked, and so that was a natural fit for me too. So, yes, I arrived there.

We didn't have computers at the time, but I was using them at home. You'll actually be kind of amused at this story. I brought my personal computer in from home and used it to create policies and do some things. And then the AHEC system decided to buy computers, because they saw a few of us using computers and realized libraries could benefit from them. Jim Gogan—a UNC employee, now head of network services at UNC-Chapel Hill—was the technology person for AHEC, and he brought in computers to the AHEC libraries. He and I worked closely on getting computers set up, and that led me to creating a computer center, creating a computer training center, training on Grateful Med. You remember that. And then eventually getting into CD-ROMs. But that just brought computers full circle into being part of the library field and opening up communications.

CJ: So they were fortunate that they had hired you at the right time to help bring them into the computer age.

PT: Probably yes. That was probably one of the attractions of why they wanted me, plus I had supervised other staff and worked for the media services. That was the challenging part: some people just didn't understand media services, didn't understand how important it was to have things set up. The staff was a little antsy because the current interim director just had no use for media services. And we were doing slide production and graphic design as well as actually setting up equipment throughout the AHEC building for their continuing education.

CJ: Maybe we should take a minute and provide a little background about what AHEC is—because not everyone knows what a strong force that was in health professional education and outreach, and what it meant to be the head of a library in the North Carolina network, which was really considered a leader among AHEC libraries. Did you know anything about that when you went there?

PT: No, I didn't, other than what I learned on my interview. And I did not know that North Carolina was a leader. North Carolina had probably the most robust system, which was so fortunate in so many ways, and we can get to that later as we talk about the AHEC

system itself. But it was just kind of a new way of getting health professional support in more rural areas.

North Carolina took its hundred counties, divided up into [nine] AHECs... It went from the small [five]-county Area L—and the eastern part of the state was rural, farmland—all the way up to seventeen counties, and Northwest AHEC, who had a circuit rider [librarian] program.

The other interesting thing with the AHEC system is, we did continuing education and certification, had students rotating through, but we also served library needs—the information services needs—for these big county areas. I had a sixteen-county area [Mountain AHEC] that just abutted Northwest AHEC. And it was mountainous, and how do you serve all these people when we didn't at that point have the Internet? It was literally driving to some place or mailing things to people. And as the computers came in and the Internet came in, it did get better, but it was a challenge to do those kinds of services.

The other thing—and you know this because you were part of the AHEC system—if you've seen one AHEC, you've seen one AHEC, and that was it. Each one was different. The little [five]-county one was different than the one over on the coast, versus the one in Charlotte, which was attached to a main hospital. We were a freestanding AHEC. We weren't in a hospital. We had two major hospitals next to us. So, every one of them was a little different. But that was also the richness of the AHEC system: everyone learned to do things that met their regional needs, and so I learned a lot about aligning your organization and your library to what your users wanted and needed—and not to what I thought was best.

And Tom Bacon, who was director of our AHEC and went on to become the director of the AHEC system [North Carolina Area Health Education Centers Program], was phenomenal, because he could enter a room with people who were basically fighting with each other, and I would watch him wait for them to collaborate and compromise, find ways of delivering messages where it could bring them all together. He was very much in tune with what was going on in our region. He taught me to listen, to try to find the common ground and bring people together, and to respect each and every person that was different. Working in Cherokee on the reservation was so different than working with Mission Hospital next door or going to Sylva to the Harris Hospital or something like that. It was very different, but they each had their own worth.

CJ: One of the things that really amazed me coming into North Carolina as an outsider, also, and learning about the AHEC system—of course, it was national... it wasn't just North Carolina. But the common goal was to improve access to health care and health education in medically underserved areas.

PT: Yes, increase the number of practitioners in rural areas.

CJ: Right. And people always would say, “Well, what made North Carolina so successful when, in other states that tried it, some flourished and others didn’t?” And for a time, there was federal money coming into it. That dried up eventually. So one of the things that kept North Carolina going was that there was state funding, which, I think, probably also eventually dried up, or was significantly diminished. But did that affect how successful you were? All the political stuff that was going on had to affect these sorts of multiple constituencies and having such a diverse set of goals.

PT: The funding always became a tough issue, because you had to appease the state and what they wanted. Making sure there were health professionals on the ground in rural areas and the people were retained in rural areas if they moved there was really, really essential. So that was always a goal. And the library helped a lot, because you could get somebody from out of a training program at Duke who’d come into the community to be an oncologist, and he or she wasn’t just all alone and without resources to back their work. The library was part of that.

The federal funds, when I was there, were diminishing, but they were still in place, so I didn’t have to go through some of the really difficult times that followed after I left. But we did have budget cuts, and so it taught me a lot about budget cuts and how to look at your big program and figure out what had to stay and what could be diminished down the road without causing problems to the whole region you were in, and how to leverage technology so we could get things to people in a faster way. The training center we put in was partially so that people could do their own Grateful Med and use Loansome Doc on their own and set people up so they could do some of their own stuff on their own ground, because we just didn’t have the staff to be out there all the time in the libraries.

I also got to see how people spun those same funds differently. Northwest AHEC had a circuit rider program as contracts. [The AHECs] were all different. It was fascinating to see the circuit rider program and how that worked and how that eventually fell apart too. Charging fees—we had to become very entrepreneurial. But how much do you charge where it actually becomes a roadblock to people getting good access to information, and how you tie them back to the big institutions like UNC, which we were affiliated with. Or some people really wanted to be tied back to Duke, so how do we do that kind of thing?

CJ: Well, there’s a lot more that we could say about AHEC, and I want to come back to it later on in our conversation and bring in the role of the university libraries. But let’s continue on your career path for a little while here. You spent about a decade at Mountain AHEC.

PT: 9.73 years. There’s a joke around that, because they gave clocks to people who retired at ten years, and I was just short of the ten.

CJ: You didn’t quite make it.

PT: Yes, I was short by about three weeks. So they gave me a clock that said, “For her service of 9.735 years.”

CJ: Well, at least you got the clock. So you spent a decade doing something else that you never anticipated. You had a role there at the AHEC that built on some of your previous experience, but took you into uncharted territory geographically and in other ways too. What was your biggest challenge or your biggest accomplishment, when you look back on those years? What stands out for you?

PT: I think there were really two challenges/accomplishments. They’re kind of interwoven. One is learning how to do outreach, learning how to serve a sixteen-county area—which would take three hours to get to some parts of it and fifteen minutes to get to other parts of it—and learning how to respect those values, how to encourage them, how to make them not feel like they were stepchildren of big Buncombe County. Politically, there was that piece, too. Big Buncombe County was kind of viewed with horror and distrust because they kind of drove what was going on in western North Carolina. You had to overcome that. You had to overcome the fact that, yes, you have a closet of books. It’s okay. Let me show you how you can put them in order a little bit better—but not make them feel stupid. So, I learned a lot about diplomacy, outreach, the importance of alignment, the importance of bringing people together. So that was part of it.

The other big challenge was working with staff, because staff were unhappy from the prior reporting structure. Media services felt at odds with the library, the library felt at odds with media services, and they were distrustful of administration. I had to work through a lot of that. I was also a Yankee, so I came down with a Yankee accent and Yankee values. They sat me down at one point and said I scared them, and so I had to learn to adapt. I had to learn to drop some of my Yankee ways, understand that the Southern culture was a little different—timing is different, approaches are different.

CJ: Pace of life is different.

PT: Pace of life is different. I got to so I could speak mountain, or “talk mountain,” as they would say. And I didn’t say “Hello,” I said, “Hey.” That was the big thing. There was some other stuff they’d say too. And “you’ins” and “y’all” and... Well, when you’re working with the mountain people in, like, Mars Hill, you have to slide into that. I was really good at talking mountain for a long time, and I can still do it sometimes. It was a culture shift, adapting, working with the staff. And they taught me a lot; they taught me a lot about culture. And I learned to love grits and barbeque.

CJ: Well, okay, there is the food. It’s a compensation.

PT: Yes. But the Southern culture is a really nice culture, and I really have enjoyed getting into it more. But up there in the mountains, too, there was a melding of a lot of people from Minnesota and Michigan that came down there, and from New England, because they liked the cooler temperatures. There were a lot of Yankees in that area. So,

the adjustment wasn't too bad, except for the staff. The staff were all locals. They had all been raised locally—born and bred in Buncombe County.

CJ: And Mission Hospital had a residency program, didn't they?

PT: No, Mission Hospital had—the only thing, and it wasn't even them. There was a big group of cardiologists who were connected to Duke, and they actually brought Duke fellows and residents in from cardiology. Then we had PAs and PTs who came in from Duke and Bowman Gray. And they did some hospital rotations, but mostly in the VA or in private offices, like the hand surgery center next to our building had a lot of PAs and PTs come in. So that was really different. We didn't have a big residency program at the time. Mountain AHEC developed a family medicine residency that came out of UNC, and so that got built and now they've got pediatrics and OB-GYN and other things. But, no, at the time, the hospitals were not major teaching hospitals, except for allied health students.

CJ: So, what you've described as the challenges and accomplishments sound like your role as an administrator was really getting fine-tuned. Did that affect your decision to go get your MBA while you were living in Asheville, or what else would motivate you to do that?

PT: Well, Mountain AHEC really encouraged a lot of their senior administrators to get other degrees, and the MPH from Carolina was the big program at the time, because there was an off-campus program. That didn't really appeal to me, and I watched my colleague, Linda Butson, go through that. It just didn't really appeal. I sat down with Tom Bacon and said, "I would like to get another degree. Western Carolina offers an MBA, and they offer it based some of the time in Asheville but some of the time off in Cullowhee." And he and I talked it out. He thought an MBA would be much better.

Because what I wanted to do was to think like an administrator. I wanted to understand where they were coming from. And it made my job easier if I could go to a hospital administrator and put it in terms that he or she understood. And I certainly did that with Tom, too. Tom was a doctoral person in public health, but he was also thinking like an administrator, so I could put things in terms of that. And certainly with my chief financial officer, I definitely had to do that. So that's really why I wanted to get the MBA—to really figure out how administrators think, how administration works, what are the issues, what are some of the tools they use.

Then at the same time, I was able to do a lot of systems management kind of education while I was there, because in an MBA, you can only take three courses in the same concentration, and so I took them all in either database or systems management, systems thinking. That enabled me, again, to get into that technology networking kind of mode.

CJ: So, having done all that, you were probably poised to make your next move. And maybe we should take a short break before we get into your time at Duke. But before we do, is there anything else you want to say about your time at AHEC?

PT: No, just that it was a really good experience, and working with the AHEC librarians and the network was really good because I learned a lot from them. Working in North Carolina was also a joy. People are just really pleasant. That's the one thing I enjoyed about the Southern culture—and still enjoy—is that people are really friendly and nice. They might be a high-powered cardiologist or neurosurgeon or whatever, but they were approachable and they were far nicer than some of the doctors I'd worked with for seven years up in Rhode Island.

CJ: They're gracious. And they mean it.

PT: And they take you under their wing. So, working at AHEC was a great move.

CJ: All right, we're back after a short break. So you left Asheville and the job at the Mountain AHEC in 1993 and moved to Duke University, first as associate director and later as director of the Medical Center Library. This was your first position in an academic medical center. What appealed to you about that job enough to make you leave the sunny mountains of Asheville?

PT: I kind of had two reasons to do it. One, I had been at Mountain AHEC for almost ten years, and as happens in any job, things get kind of stale and old. And there was getting to be some politics with some new people in the place—they weren't playing nicely. Tom Bacon and I sat down and had a talk and both decided that it might be time for me to look elsewhere.

At the same time, Steve was really sick of his pharmacy career and he wanted to go to law school. He applied to law school, I applied for jobs. It was really funny. One weekend, he got two acceptances for law school and I got two acceptances for jobs—so, Pittsburgh and the Durham-Chapel Hill area. We had that weekend to make that decision as to where to go.

I chose Duke over Pittsburgh. Pittsburgh was wonderful, and Pat Mickelson was there and she was great, and she had a very strong team. But that was the problem: they had a very strong team. And they were going to pretty much sideline me into working strictly in hospital libraries. And the personalities of some of the associate directors were such that it would have been hard for me to break into their areas or even have any influence in their areas. But Duke was a really wonderful place. It was innovative, the people there were really nice, and I felt I could make a difference there. They had gone through some real trauma in losing their prior director, who had done some bad management things.

CJ: Warren Bird.

PT: Yes. Who should have been in jail but wasn't, but mismanaged the library. He had also really closed the library in. They pretty much pulled inward. They closed the windows, closed the doors. Don't look at what Carolina's doing down the road. Don't look at other places. We do it best at Duke. It's always, "At Duke, we do it this way."

And the library was not alone; the whole institution was like that. In fact, when some new administrators came on, they actually said that phrase needed to be banned across the Medical Center, because we needed to be looking outward. The library had stopped looking outward. The staff was a mess. They felt betrayed. They felt like they had gone through a trauma and no one paid attention. No one gave them information. And the administration at Duke at that time really mismanaged how that whole transition went.

Then they put a director in, Susan Feinglos, who was brilliant, but she didn't build staff. She was very outward focused; she wasn't inward focused. And the other thing was, I'd be over technical services, but I'd get a chance to work in the areas of public services as well. It was clear that Susan wanted my input into a lot of operational issues, so that I would really be very involved across all the lines.

And so it was a rich environment to be in. I thought I could help the staff get over their trauma and get some stress out of the place, some of the bad communications out of the place, and make a difference. I chose to go to Duke. Steve chose to go to Carolina, and so we moved to—

CJ: It was a package deal.

PT: Yes. After I had said for many years that I would never live in Chapel Hill because it was way too hot—after being out in the cool mountains—I moved to Chapel Hill.

CJ: And it wasn't so bad.

PT: No, it wasn't so bad, except in August.

CJ: Were you thinking at that time that maybe your next step would be a director somewhere?

PT: I hadn't really put it down as a total career goal. I figured I'd probably go into Duke for five to eight years and I'd be gone, probably because I would want to move somewhere else. Things would get old, stale, and I would want to move into a new challenge. Whether it was a director's job at that point or not, I hadn't really done that. I was never a person who looked out and said, "I want to be the head of Countway Library at Harvard by the time I'm..." and I've known colleagues who have done those kinds of things and positioned themselves to move into that direction. I was just never that way. I was more an opportunist: Oh, this has come up. This is nice, this is interesting. I can make contributions. I kind of chose based on that, not a specific career goal. I did know that I wanted to be in administration and that I wanted to lead people and work with people to accomplish things. That I did know, and that's why I chose the associate director's job. And went after those, that's a step up.

CJ: Well, it was a good decision, because you stayed there until you retired, not five to eight years.

PT: No, twenty-four years later.

CJ: But it isn't as though nothing happened. It was a time of really dramatic changes, both at that library and in the profession at large. So, what were some of the big challenges and opportunities that you faced?

PT: I think working in a major academic health center that had the three missions of patient care, research, and education.

And that time period was tough, because suddenly, the reimbursement rates were changing, the amount of direct fees back from Medicaid/Medicare were changing, so, financially, there were a lot of pressures, and that was a big change throughout the entire institution. They had to really start rethinking how they were going to handle some of these changes and realign themselves.

And it did hit the library somewhat, too. In the first two years I was there, we had a really good budget. We had lots of little slush in that budget. Then every year we would pare it back and back. And I think over my entire term at Duke, it was always that financial pressure that all the institutions had. And the university was facing financial pressures, too; it wasn't just the health care system. There was a lot of growth and a lot of new things to get involved in. But at the same time, there were always those financial pressures.

And when the hospital cut its funding in half to us, that really hurt. We were the hospital library in addition to being the academic library. That really hurt. So, the big challenge was always dealing with the pressures of finance, and that translated into budget cuts, rethinking the collection, space in some cases—because they were really tight on space and they couldn't afford to build—and, actually, doing layoffs of staff, which was really downsizing. The hospital did downsizing—the research group did—and the library was asked to downsize at the same time.

The really hard part is taking all of that back to a staff who are going to feel that they're devalued, that they're disrespected, and who knows, I may be on the chopping block next. So, dealing with change and taking people through change. And there was so much change at Duke—leadership changes brought a whole different focus in priorities. What went on in terms of building a health system—we went from one hospital to three hospitals, 120 clinics to 300 clinics, people downtown, people across the state. There was always something going on.

At the same time, that's what kept me at Duke for twenty-four years, because there was always something going on. It was a great opportunity to find things the library could fit into—curriculum, and really get involved in curriculum, not just at the reference desk telling students how to do their research paper, but to actually get involved in things that were going to make a difference long-term, that were going to interweave us into the operations of lots of different groups.

CJ: So, I guess that MBA really came in handy there.

PT: Systems thinking.

CJ: Yes, systems thinking and change management and...

PT: Thinking like an administrator. Also, analysis of, well, if this happens, what can we do? If you take a half-million dollars out of my budget, how am I going to balance that? I never thought I would actually lay people off. That was probably the low point of my career, going through that and working through that, and deciding which positions needed to go. But what was interesting was that the staff were very scared at that time, and I don't blame them, but I would have staff members who would walk in my office and say, "If you're thinking of letting people go, these are the four positions you should look at."

CJ: Not that person's position, but four other positions.

PT: And they were usually right. Those were the positions I needed to look at. And it wasn't just me; it was just that our libraries had changed. We didn't need people doing stuff in the stacks, because we didn't have as much of a collection coming in, because everything's electronic.

CJ: But did you describe that particular effort of laying people off as being campus-wide, or Medical Center-wide, anyway, or was it just the library?

PT: It was just the library at that point. In fact, I was told I could not talk to anybody about the fact that we were doing layoffs.

CJ: So, they did feel singled out.

PT: Yes, they did, at that time. Later on, we were coming on the tail end of a couple big layoffs, and so it kind of felt like we were just... There were talks of layoffs and they had consultants coming in to look at the hospital to really downsize the staff. When those few layoffs happened, it wasn't too bad. I tried whenever possible, if a position came open, to really look at it and say, can I close it. And sometimes they closed it on me. But sometimes I just had to go in and say, "Okay, this is the issue, and we've got to make it work. And it's not anything we like, it's not anything I like, but it is the reality, and how are we going to get through this?" I left them out of making the decisions of which positions got cut; that was not fair to anybody, so I just worked with HR on going through that process.

CJ: I can understand why that must have been one of the most difficult things to do and not really anything you can be prepared for.

PT: No, you can't. Sometimes the institution will do it for you. They didn't. Duke made your supervisors do it. And it couldn't be based on poor performers; it had to be based on the business. At least I had a business approach to things and could look at the

business side of things and say, all right, we don't need as much stack staff; all right, we don't really have AVs anymore, so that position's not as good. The way we do reference services has changed; we don't need two paraprofessionals in the reference services area. But it was still kind of difficult. And then they offered early retirement, and eight of my people took early retirement.

CJ: I remember that.

PT: And they gave me back one-and-a-half positions, which meant restructuring everything. So, personnel was always an issue. And again, taking staff through changes.

We lost 60% of our space over the years, and we had to work through that—and that was better, because I could really argue why there were some advantages. We had storage facilities, so things could go into storage. So, that worked a little bit better. But still, there's a sense of, "The journals on the shelves are why I exist." Well, no, they aren't.

CJ: Well, you really went through a lot more tumultuous changes. I can remember thinking from my vantage point ten miles away [editor's note: Jenkins was director, Health Sciences Library, University of North Carolina at Chapel Hill, 1986-2013] that I just didn't know if that was affected by the fact that it was a private institution and really dealt with tumultuous change like that in a different way than a public institution that has lots of safeguards in place for employees. Not that UNC was resistant to change, but it was just a totally different environment. And maybe, was it part of a culture or philosophy at Duke that to maintain its prime position, it really needed to be at the forefront of, get out ahead of the economic situation and ahead of the changes in technology and health care and all of that.

PT: Yes. They looked long-term. They knew they couldn't afford to be reactionary. I think probably in the mid- to late 1990s, where a lot of stuff came through, people were reactionary, and it was really hard to dig out of that. When we got through that, I think Duke said, "We can't go there again. We've got to plan ahead. We've got to look down that road, even if we make bad decisions and have to revise." They bought a lot of these doctors' offices and then discovered they shouldn't have and stopped buying all these doctors' offices.

They took a different tack and did something differently. But their budgets—I was lucky, because I worked on the academic side, that I didn't have to do this—but they did five-year budgets every single year. You had to lay it all out. You had to do capital budgets, personnel budgets, operating budgets, and you had to project out. I was fortunate that they just made me do it year to year, but they told me what my goals were going to be, so that was the bad part. The health care side could say, "I need these extra people" and stuff like that, and I was told, bring it in at zero, or bring it in at minus five, or cut \$100,000 out, and bring your budget back to us. It was different.

Duke was very much entrepreneurial, very much cutting edge, and yes, employees were protected to a degree, but it's not like working in a government or state system, or state

university, where you just couldn't do those things. And they told me to be quiet, because they, in fact, didn't want that PR that Duke was doing layoffs in a library. They wanted to kill that negative marketing piece that came out of it.

CJ: They were smart to realize that.

PT: Yes. And when they did the hospital layoffs, there was hysteria and news articles and everything else, and so they just didn't want us to be visible like that, because they knew that people would come after them for it, including main campus.

CJ: Well, you survived.

PT: I did, yes.

CJ: The library survived.

PT: It did.

CJ: Was it better off for...?

PT: Ironically, yes. So, this is the really hard part, because as an administrator, I could see this. The staff that were on board at the time—and many of them have already left—they didn't see that and they couldn't understand that. And, yes, laying off somebody was not nice, and no, I didn't contribute to the death of this woman who had lung cancer, things like that. But when I look back, I had a tighter, streamlined group of people that were working together well. And we cut out a lot of junk we were doing, or steps that we were doing, that made their lives easier. The space—we had lots of opportunities for people to come into our space and work with other people and get a lot of visibility.

...Actually, we won a blue ribbon teamwork award—my staff did, I didn't—for the fact that we cleared off our top floor, the biggest floor in our library, within two months and got all the journals sent over to storage, because the health system needed to come in and use that for medical oncology. We actually got an award for that.

CJ: I think we helped you get rid of some of that.

PT: Oh, I know you did. Your staff came over and looked at our books and looked at our journals. And we looked closely at what everybody else owned in the state and around.

CJ: Well, it came at the right time. Maybe a little bit sooner than you would have planned for it, too. But the fact that so much content was available digitally made it possible for you to do that.

PT: That was one of the great things about Duke. We tried e-journals when they first came out, through Ovid, and they were biomedical sets and stuff. And everyone else

was like, “Oh, our doctors will never get it.” Our doctors loved it! They gobbled it up. They were not, “Why did you do that? Why did you cancel the paper?” They were like, “Why can’t we get more electronic?”

Our problem was trying to buy more electronic at a time when not everything was available. We were having to figure out how we were going to afford all of this and downsize our paper collection, but the Duke people embraced it right away. They wanted remote access. But, of course, we worked over a hundred buildings on the Medical Center campus, and then people started getting off-campus, and so access had always been an issue. Even for MEDLINE, we used the CD-ROM-based MEDLINE. We used big UNIX boxes and had all kinds of networking expertise brought in to make it so they could get to just even MEDLINE remotely. They were hungry for remote access to more than MEDLINE, so it was the perfect time.

We had the big preservation quality facility that David Ferriero had built at Duke for main campus, and we could use that, so that worked really, really well. And we could make some tough decisions like, you know, unlikely that we’ll never have access to MEDLINE, so let’s go ahead and get rid of all these *Index Medicus* volumes.

CJ: That was easy.

PT: That was the easy one, yes.

CJ: What were your greatest contributions to the success of the library—but I think that might all be tied into how you dealt with some of these dramatic and profound changes. Would you agree?

PT: Yes, I think so. Librarians either could ignore it and pretend it wasn’t happening—and I didn’t see a lot of my colleagues doing that, but some were very hesitant to move to electronics, because their users would not adopt them. I never thought of myself as a risk-taker, but a lot of people told me over the years, “You’re a real risk-taker, Pat,” and I’d say, “No, I’m just following what looks like a logical path down through this mess of stuff that’s going on.”

I think that I was able to see things that other people didn’t see, see opportunities, which is not what the library had been doing for years. As we hired new people in, that became a shared responsibility, because some people like Megan von Isenburg, who’s now the director there, and Rusty Koonts, who’s over at archives, and other people who I brought in to work with me, really started to have that perspective of, let’s find opportunities, let’s find integration. So, it wasn’t just me at that point. It was probably bringing the staff into a more visible role and making them think about how they could be integrated in the institution—and aligning us to the institution.

That’s the other thing: people didn’t align. It was, “We knew best.” When I walked in those doors, it was “We knew best.” No, they don’t need that cardiology journal; no, they don’t need this book. They need this one and this one. And I’m like, “No, they

don't. Did they tell you?" So, it was realigning ourselves so that we really reflected the missions and the services and the research goals of the institution, as well as the education programs.

The other thing is that our educational programs were growing, so how did you respond to a nursing school that more than doubled in size, or a DPT [doctor of physical therapy] program versus a PT program? We had to look at a lot of those issues.

CJ: Well, you certainly laid the groundwork for letting staff assume some of those leadership roles, as well, by creating the environment that honored that and made it possible, encouraged it. And if those were the people saying that you were a risk-taker, what they may have really meant was, you had their back.

PT: That's true, yes. And also, that I didn't—this happened, actually, in a job interview. It wasn't at Duke; it was for another job that I didn't take a long time ago. And they asked me what was my biggest failure. I don't think of things in terms of failure; I think of things as, okay, that didn't work, so how can we make it work, or, well, that was a learning experience I do not want to replicate, and let's move on.

CJ: You learn from it.

PT: Yes, I learned from it and walked away from things.

We hired a much younger staff. That was another good thing, as a lot of the older staff retired. They didn't like having the doors and windows thrown open; they didn't like moving so fast, and so a lot of them retired. I didn't force them out, but they retired. In fact, I had good relationships with the management team that was left behind, even though they had all been demoted and sidelined. It was an ugly time. But I built good relationships with them, and they stayed around until they were ready to retire. I pushed them to change, and some of them did change.

That was the other thing. It was just change. How do you get people to go through change—embrace it, get through it, and get ready for the next set of changes?

CJ: It seems from looking through your CV that you really aggressively pursued getting the library more visible throughout the Medical Center as well, not just in your own roles on committees and task forces and getting grants and that kind of thing, but providing those opportunities to other staff as well.

PT: Yes, I couldn't do it all. They all brought different things to it. Connie Schardt, who I hired, she and I worked together in the AHEC system. And she did not want to be an administrator anymore. Connie was phenomenal because she understood EBM [evidence-based medicine] so well. Most people that worked with her thought she either had a medical background or she was a faculty member—and we weren't; we didn't have faculty position appointments. She was phenomenal. So, that old thing, just stand out of

the way and let good people go, that's what you needed to do with Connie. And then, "Can you come back here and kind of tell me what you are doing?"

One of the things I got to do was sit in the medical staff meeting. This is all the chairs of all the departments, all the committee chairs for the whole medical staff, as well as the chancellor, the deans, and the hospital administrators. It was so wonderful, because I'd sit there and somebody, like the chair of medicine, would say, "We're working with the library right now, and they're doing..." and I'd be like, "Oh, that's news to me." And I'd go, "Oh, I'm so glad." I was saying that internally. And then I'd go back to Connie and say, "Can you fill me in? Because, by the way, the chair of medicine just sang your praises."

That's what happened repeatedly as I went through curriculum committee meetings and meetings with deans and meetings with research groups. That was the best thing for me: somebody would say, "Oh, yeah, I've been working with Emily [Mazure] and she's phenomenal," or "Rusty [Koonts] has been so helpful with this project, and he gave me exactly what I needed." And that was so much better than doing the annual report.

CJ: Really. But you had to be in those settings to show evidence that you supported what they were doing. And in some cases, were kind of engineering it, probably.

PT: Oh, definitely. And you probably did this, too. You're sitting at a meeting, and something comes up, and you're sitting there going, hmm, the library could really... And so you open the door and say, "The library could probably help with this. We're kind of working on this with somebody else." You open that door, you open those ideas, and then you find who is the perfect person to pursue that, and you make that entree for people.

Some people I couldn't let loose that way. They just weren't built to do that kind of exploration and investigation, and they didn't have the sense of how you do boundary spanning and make sure it works for all the parties. But a lot of people I hired were just really great. They were young, they were ambitious, they were able to make those judgment calls. I'd give them the entree, I'd support them, they'd come to me if there were any issues, and we'd work together.

CJ: Well, your CV is replete with roles that you took on within the Medical Center and the university. Is there anything that stands out as particularly significant in your mind?

PT: I think working on the curriculum. That was a whole new area for me. I had done research; I had done clinical care. But working on a curriculum and watching the institution really blow its curriculum up and put it back together for the medical school, which then had ripple effects into the PA and DPT programs, and somewhat into nursing. It was just fascinating to watch my leaders do that.

One of my mentors, Russ Kaufman, who was a hematologist, geneticist, and vice dean for education—as well, by the way, he got me involved in some of the early steering

committees for the revision. And he had people fighting with him, saying, “Why should we change?” and he said, “Because you’re not going to be accredited.” And they said, “Well, so what?” and he said, “Well, do you want medical students?” I said to him at a meeting—that I had with him personally, “How are you going to get over this?” and he said, “Oh, don’t worry. Eventually, they’ll think it’s all their ideas.” And sure enough, within two or three months, he planted the seeds, he kept the discussion going, he didn’t get in their face, and about three months later, it was like, “We, as faculty, need to do these things.” And he stood in the back of the room—because he used to walk around the room—and he just stood there smiling like a Cheshire cat. Like, yeah! Go, Russ.

I thought other administrators I worked for had that same kind of ability to pull people together and move them forward. And they all were different. I worked with Ed Halperin, who is radiation oncology and did negotiations for the health system, but, oh, by the way, was also a vice dean. Another person that scared people to death but actually was an excellent person. He liked grooming people and mentoring people, so he was really very helpful in helping me avoid political stuff. Both Russ and Ed were avid supporters.

And even my last boss [Edward Buckley], who is a supreme educator—he understands education to the nth degree—taught me a lot about where education was going. Orthopedic residency programs that are three years long; how to rebuild programs for people and fast-track them through medical school and into an orthopedic or cardiac or sports medicine program. So, I learned from a lot of good people as to how to work with people to get things to move forward, and when you had to just say, “I don’t care. We’re doing it.” And they all were able to do that as well, where they just put their foot down and moved them forward.

CJ: So, it goes without saying, I guess, that the culture and climate in the Medical Center was quite a bit different from the other side of campus, where you had to maintain relationships with the university library, but there was not an administrative link between the two libraries. Tell us more about that.

PT: The Medical Center side is fast-paced and very hierarchical in structure. But I had really great bosses that took my messages and needs forward. Main campus was oftentimes just a mess. They’d have a great idea and two years later, they still haven’t implemented the great idea—but they’d tell us to wait until they had the great idea. They did this with a website and some other educational, web-based things. We finally said, “We can’t wait for you. It’s been six months and we’re nowhere. When are you going to buy the software?” Or they’d put up software and take it down. And that stuff did not go on in the Medical Center. You had to do analysis, we had to do business plans, and we had to look carefully at what we were doing and then do a fast implementation. Fast, but good implementation.

CJ: Accountable for the results.

PT: Main campus was just not built that way, so working with them was always interesting. The link between the two was not so much the university librarian; sometimes it was the financial people. The financial people that the main campus library worked with came from the Medical Center side, so they had all these linkages in to our vice chancellor for finance and administrative services. They would call them up with weird ideas, like, "Hey, can you give us so much money from your library's budget for this?" or "Your library is using a huge amount of engineering resources. You should be paying for Engineering Village." And I'd go, "What?!" So, sometimes the communications were kind of strange, but they were looking for money for themselves, and I understand that. But sometimes they'd put us in a very difficult kind of position.

The university library has changed over time. We had Jerry Campbell, who... was a really strange... He just loved leadership but tried all kinds of weird things like 'circles,' and teams that didn't talk to each other. It was very hard to work, because their circles were very closed and insular. And then David Ferriero, now the archivist of the United States.

CJ: You call it AOTUS.

PT: Yes. He came in and he was wonderful, because he was collaborative. He got us talking together, so we were looking at a new, integrated library system [ILS], we were looking at shared e-resources, we were looking at collaboration on collections, and looking at a lot of different things. He wanted to find the commonalities, and he just had such an open, wonderful approach to the issues which we were facing and wanted all the Duke libraries brought on board. We were partners, but he respected our uniqueness. He knew the law library was a very unique kind of environment, a building with ninety faculty and a few hundred students. Service is going to be very different than my campus, which is a hundred buildings and thousands of clinicians and researchers. He understood that and respected that and wanted to work with us to make it the best possible. So, that was really good.

I was involved in a lot of things. I got put on search committees, too, like for the archivist there and the search committee for the new university librarian. I was very involved in a lot of those kinds of things. And I met with my Duke library fellow directors, and we shared a lot of what was going on. Because if there were a leadership change in any of our schools, it somewhat trickled down and around to all the programs, because medicine relied on the MBA program and the JD program as well relying on main campus programs.

CJ: And were there library committees that had staff from both libraries? We had that when we would share resources in particular. Did you have that kind of collaboration?

PT: Yes. The integrated library system was a very big part of that. I think we had about six or seven different committees for that, so that was a very good time. But we also made a pact with each other that we would not go after our particular little pet peeves, that we would, in fact, be open to making changes when we implemented whatever

system it was, that we would go with a system, not torture the system into complying with what our unique little ways of doing things were. And that was refreshing, too.

CJ: It was revolutionary.

PT: It was revolutionary. And David brought that to the table. He made that happen, and I had to agree with that.

And then, we had to shift into another university librarian, Deborah Jakubs. She came out of a Latin collection development background. She's a very different kind of person. She's hidden agendas. She wants all the stuff she can get for herself. She would make all kinds of inroads into the chief financial officers and the provost and everything to get as much as she could from the Medical Center side of things. And it didn't help us when the Medical Center said, "Oh, the hospital has a two-billion profit margin this year." Really? Did you have to publish that? I don't think they ever had two billion, but, like, \$500 million. Then she would literally—or some of her AULs [associate university librarians]—stop me and say, "Well, you're getting a big part of that, right?" I said, "No, I have no negotiations in that. That's between the School of Medicine and—and they will tell me if I get any of that. I'm not in those kinds of negotiations." So, they were always looking for funds, and again, like any library, they had to survive.

We did do some joint collection development stuff. And that was kind of funny, because we had moved to electronics far faster than them. We also did a huge amount of data analysis—usage data. If a journal was used only a few times, it was on the chopping block, where they would keep a journal that had zero usage, even though it cost like \$1,200. They'd keep it. "Well, we might get [a request]."

CJ: It's a cultural thing, though.

PT: It is, very much. They're 'just in case.'

CJ: Their mission is to have it just in case.

PT: Yes, where ours is 'just in time,' or barely in time. So, it was different. But it was hard, because those cultures really clashed quite a bit. And we had been dealing with users being off-campus. They just didn't want to deal with any of that. So, as things happened, they just shut down and wouldn't have discussions about things like, "What are we going to do in China when we have these degrees? How are they going to access materials? Is this legal?" They just shut down. And then it would hit them in the face.

We just found that working with them, they were just very slow. We kept relations going. The reference staff worked together, the ILL staff knew each other. It was just at the higher levels that we had probably more disagreements, because that's when they were like, "We should put all our e-resource money in a big pot," and I was like, "No, I'm not letting you." "You need to give us access to all your acquisition codes in the

ILS.” “No.” So those were the higher-level things that were going on. We tried to leave the staff out of those kind of things.

CJ: Well, that points out how much difference it makes to have enlightened leadership at the top, and you can definitely take advantage of opportunities to collaborate, or you can keep a lookout and maintain the barriers that you have to have there.

PT: And that’s what we went through. That’s a really good description of what we went through. We went from collaborative funding opportunities, to slam it down, because anything we give them, they’re going to use against us. That’s basically the thing. And again, it wasn’t the staff. It wasn’t the data management staff we were meeting with. They were fine. It was when it went up to the AUL, who then said, “Maybe we should get them to pay us for data management staff.” Okay, well, we can talk about it, but you should have really come and talked to us first, not gone to the provost with a two-page outline.

CJ: What you’re describing is not very different from other campuses where there is an academic medical center and a university research library, for sure. I still don’t understand exactly why there are such different outlooks. I know that they’re totally different environments and cultures, but the bottom line is, they should want the same things.

PT: I think it may be also a perspective among university librarians who are facing tough financial times. I still remember—was it Jim at University of Colorado [Boulder] who—

CJ: Yes, Jim Williams.

PT: Jim Williams, thank you. I was sitting and meeting with him—a publisher’s advisory group. And he said, “You know, I really wanted to [take] the medical center library. I really pushed for that. I really wanted it as part of mine. Then I got it and I got this black hole, and I don’t want it anymore.” He said, “Your materials are so expensive. I was having to cut all my humanities and social sciences materials to pay for your journals,” and I go, “Mm-hmm.”

I think part of it is, they don’t understand our culture, what our expenses are, so they see it as a way to solve some of their problems. And I think there’s also just an attitude among the ARLs [member libraries of the Association of Research Libraries]. I heard the executive director of ARL recently talk about—not the new one, not Mary Lee Kennedy, but the one before—he basically told us we were naughty little children who needed to get in line with and just give up our collections, because they could do it so much better. And that’s a leadership attitude at the highest, highest level. I think I saw that at Duke, too. It’s like, I could do your jobs better, so give it up, Pat.

CJ: And actually, it has manifested in a trend that we both recognize. We all recognize that more and more academic health sciences libraries are coming under the umbrella of the university libraries.

PT: Though still not to the degree we thought it was. Forty-eight percent are still separate from the on-campus library, and some of those—they don't report into the medical school, but they actually report into the chancellor or the provost. It depends on the structure of the school. But, yes, there was that trend, and we studied that trend, in fact, through AAHSL [Association of Academic Health Sciences Libraries], our work together on that through the leadership committee. And we replicated that. We did it in the early days, and then we did it in 2012 again to see. And it isn't quite the tsunami we expected, but it is definitely different.

The responses are, sometimes these libraries have benefited tremendously. Suddenly they have a bigger venue for discussing budget issues and getting more respect for their budget and what they do. But others, then, say the culture is just not there, and so they're pulled off into all kinds of other stuff that has little value to the health sciences library. But all the health sciences libraries are supposed to support those efforts, like some of the special collection stuff, which has gotten to be such a focal point for a lot of big academic libraries.

CJ: Well, we need to move on to your post-retirement job, but before we leave Duke, there are a couple more things here. When you first went to Duke as associate director, we sort of leapfrogged into talking about the challenges and accomplishments during your role as the director of the library. But there was a long period in there where you were interim director due to Susan Feinglos's illness. What do you think about that now, with the passage of time and looking back on those challenges and how you faced them?

PT: It's very interesting, because we just had a conversation in the leadership program, so I am going to tie it into the leadership program, about how you want to have a lot of empathy for somebody going through really tough stuff. But then, as a director or leader, you also have to look at the whole organization and say what's good for the whole organization. And basically, that's what did not happen at Duke. They didn't even appoint me interim director. They just had me as the associate director from [1994] to 1999.

And so, basically, I had to cover and make Susan Feinglos—again, brilliant woman—who just should never have had this happen to her, with a brain tumor—I had to cover for her and make her look like she was still in charge when she wasn't in charge. And she denied that she was having short-term memory problems and was having major health problems. They took the tumor out; they said the tumor's gone; they gave her this radical treatment, which basically gave her Alzheimer's and, oh, by the way, a stroke. And they said, you're cured! Well, five years out from a glioblastoma, she was cured.

But the problem was, she couldn't do her job. And it was really tough, because the guy who was over us, the vice chancellor, really liked her and really respected her husband, who was also on the medical staff—which I think had a piece of it. And they had another person, another chair, who had the same kind of tumor, only his couldn't be operable.

They just didn't know what to do, and so they didn't do anything. Make the best of it, Pat.

Then when people started saying, "Could you leave Susan out of these meetings?" or the staff would call down and say, "She's loose. Could you come get her?" Because she would just be really bizarre, and she'd give them orders, and staff, when they get an order to do something, how do they stand in front of the director and say, "That's stupid," or "Yeah, you told me to do that two weeks ago," or "That's not what we're doing anymore." And that's where we were going, because she couldn't remember fifteen minutes after a meeting what we had talked about in a meeting. So that was really tough.

What I realized is, empathy is good, but at some point, as an administrator, you have to look at how it's impacting everybody else and how it is impacting the operation of the library, and you have to put your foot down. A three-page memo to my boss finally got them to have her assessed, and then they realized that she had far more problems going on than anyone had really suspected. But again, so sad, brilliant woman, brilliant mind. She just couldn't cope.

CJ: Very sad. But it must have taken its toll on the library.

PT: It did. I tried to protect the library as much as possible, and so we would try to wrangle her into the administrative suite. She slept in her office most of the time, which was also very nice—we would just kind of close her door. I'd go in and give her updates, knowing she wouldn't understand. We tried to keep her involved. I tried to keep her in meetings, but sometimes people just said, "I don't want to spend the whole meeting talking about shopping again"—or wigs or whatever she'd come up with.

Again, I have to fault administration. They should have stepped in earlier. They should have listened to me. Because I was giving them regular updates and they saw the behavior, too, and they just didn't want to go that far. And by the time they did, her husband was willing to say yes—because they were seeing the same kinds of problems at home—forgetting to pick up the kids, forgetting to do things, not being able to maneuver, actually having physical impairment by that point. I think at that point the husband was willing to also back the Medical Center. He didn't want to lose the second salary, either, because they had two young kids. But she lived to see them go through the bar mitzvah and bat mitzvah and so that was wonderful.

CJ: Well, it was wonderful what you did for her.

PT: Well, she was a very special woman, and it's just... sometimes I'd go home crying at night. It was like, oh, my god.

CJ: Well, I can imagine.

PT: I would hate to have this happen, but it could happen to any of us at any time.

CJ: Yes, when you have to be there for the staff, who probably thought you had nerves of steel.

PT: Well, so that's an interesting thing, too, because I became viewed for years as the Susan clone and Susan spokesperson. And that does happen to people when you work with a director very closely and have to kind of keep things afloat.

CJ: And you're the visible face.

PT: And I'm the visible face. I stymied a lot of stuff so it never left the office. And they didn't hear a lot of it. But she would kind of sit in meetings and bring stuff up and claim that she had done all this stuff, and it just really made the staff very unhappy. We had to work a lot with the staff to realize that I wasn't always—I was trying to protect them at some point. When she actually left, I had people who so very nicely sent me anonymous notes saying I shouldn't be director.

I actually went through a lot of soul-searching as to whether I should be the director or not. Should I break? Should they have a break? Should I move on, because I had just been there so long? Should they just get new, fresh blood in? Spent a lot of time talking to a lot of associate directors who had made the decision not to apply—or who had been interim. Nancy Clemmons and I had a lot of talks about that. She chose not to, but I chose to go ahead and apply.

CJ: Well, that's an issue for anyone in that position as associate director, but yours was a special case.

PT: I think it happens to a lot of associate directors, because if you carry that word forward—which you have to do as associate director, of saying, I'm going to deliver the bad news, I'm going to deliver that message you may not like, I'm going to make you do things—you are seen as that other person. And if they're not a beloved director, then you're somewhat tainted by that. I've seen a recent thing where that happened completely, and the person just could not survive in that library anymore.

CJ: So, you did a lot of soul-searching, but you stayed.

PT: I stayed, yes, for many of the same reasons I came. I could get a lot of things done. It was an exciting place.

CJ: Well, is there anything else about your director time at Duke that you want to bring out that we haven't touched on?

PT: No. I think it's just working with marvelous people and working for [deans] who let me run. That's the best thing. When you get a boss who says, "You're the expert. You tell me what you should be doing." And you get somebody who just really gives you that carte blanche of, "I'm not going to micromanage unless you want me to." And so I think a lot of that is picking that kind of boss—well, getting awarded that boss; I didn't pick

five [bosses]—is being able to work with somebody like that, and proving your value and that you can make good decisions, and then they just stand back and let you go. It was wonderful.

CJ: Well, you had lots of accolades for your accomplishments from Duke itself—Duke Meritorious Service Award... in 2015... Was that for making do with budget cuts?

PT: Pretty much. It was for the health system side of things, the Medical Center side of things—I guess we were called Duke Medicine at that point. They gave an award for both main campus side and my side. And it was because I really played as a partner. I was a collaborator. I played nice with administration. They were not nice times, but I'd carried their message forward. That's something else a director has to think of. You can 'bag' your administrators. The staff always wanted to. "Why don't you give out Ed's name and his direct phone number?" No. "We could cut all the journals in this area!" Wow, gee, that looks like you're cutting all of Ed's journals? That's what the staff wanted—revenge. And you just can't do that as a director. You have to play nice, you have to take the message forward, you push back as you need to. So, they saw me as a partner and collaborator and a person who stepped up and took things on, whether it was LCME [Liaison Committee on Medical Education] accreditation or moving journals out of the library, whatever. They just knew that I would try to partner with them as much as possible, and that's really where that kind of award came from.

CJ: It was recognized that you were a team player. And there were grants, lots of grants.

PT: Yes. Early on, we had a lot of small grants that came through. It actually was part of the IAIMS [Integrated Academic Information Management Systems]. I forgot about that completely. When I came on board, we were in the midst of IAIMS stuff, so we worked on that and shut that program down. And then the staff got lots of little awards to work with technology over the years. I have to admit, the staff did most of the grant work for that.

The things where I participated were grants from IMLS [Institute of Museum and Library Services] that came through the library school [University of North Carolina at Chapel Hill School of Information and Library Science (SILS)]. The leadership program we had where we were trying to groom faculty in [academic librarianship], we worked with that one. And then the one I did with SILS on the medical informationist—creating medical students into medical informationists. That was a fascinating study. I also got to work with some great people at the library school and had some strong bonds there.

CJ: I think the first one I remember was a library manpower training grant with a bunch of faculty from SILS that we worked on together... And then there was [North Carolina Health Information].

PT: Oh, yes. That was another one. Yes, that was really a good one, too. Consumer health, which is NC Health Info, it still exists. In fact, we got so we used that as our

primary gateway for the departments that we worked with in Duke, since they didn't have a good patient care gateway.

CJ: Yes, that maybe brings us back—that's circling back to the AHEC, because the NC Health Info became... I think it was our version of... the statewide consumer health database, our version of Go Local.

PT: Go Local, right. Yes, your library had gotten that.

CJ: And then it expanded to become a statewide consumer health database, but still, for a time, had that local bit until it really wasn't needed anymore. But that was a relationship with [National Library of Medicine], a contract and grant relationship with NLM that expanded to include many partners in the state. And you were on the steering committee.

PT: Yes, I was on that. When you think back over our careers, having the Internet, the web, so changed our directions and what we could do. I was looking back at [Medical Library Association] Section Council, and I remembered when we used to send out like six inches of paper for a Section Council meeting. I read when I was Section Council chair where we started to use Listservs, and I remember—what was it, the NASA Listserv or was it the [Department of] Defense DARPA?

CJ: Yeah. That's going way back.

PT: It is. But that changed us and got the libraries moving. And looking at how we could network and do things differently. But if you look back at our careers, some of the things that I was able to achieve was because we were a network, because the technology was there to do some of the things. But we also had to be ready for it and to be willing to explore it and push it sometimes, like we pushed PDAs [personal digital assistants] at Duke. When the health system didn't want to do PDAs, we held a symposium and made them look at them.

CJ: And then they were sold.

PT: And then they were sold. And then they became part of the package for physicians, PDAs.

CJ: Well, in your role as director, and when I was director, we were involved in the statewide AHEC program that we talked about earlier, and there was always a significant role for the academic libraries in that network, so it was another opportunity that we had to collaborate. But then in addition to that, we had TRLN, the Triangle Research Libraries Network.

PT: Yes. Where you were allowed the main campus representative and up to three other representatives, so a total of four representatives per campus. The reason I remember that is because the Duke Libraries and the three professional school libraries [business, law, medicine] were on there, but Divinity [School Library] didn't get it because they reported

in slightly differently. Actually, no, there were five, because Divinity did attend. That's right, the Divinity librarian stopped attending. But, yes, so nice representation from the campuses, looking at really high-level issues.

CJ: Can you provide a sentence of background about what TRLN is?

PT: It was really about sharing resources and accessing each other's collections. And then it went beyond that, and it was accessing each other's expertise, knowledge, and staff, even, in some cases.

CJ: And it dated, as I recall, back to the formation of the Research Triangle Park in North Carolina, because the libraries of the universities in this area, in North Carolina State and Duke and UNC, primarily, and N. C. Central at some point, were really seen as resource assets to lure industry and business into the Research Triangle Park.

PT: Right. Yes, one of the promises for people coming into Research Triangle Park was that they could get into all of our libraries and use all our library resources, yes.

CJ: Right. So, we had to learn to cooperate with one another for that to happen.

PT: Yes, we did. So, initially, when I got into TRLN, it was great, because we did have great conversations. You had up to twenty people come around the table. We had project management staff that helped us look at the issues and find things that were in common. And people really delved into things. I spent a lot of time looking at automated interlibrary loan and things like that, and I worked on a lot of committees within TRLN and met a lot of great people and got to know them more. And some have gone on to become library directors elsewhere. It was a really good time.

But then a change happened, and I don't know what precipitated that change. But it went from seeking lots of input from lots of people to being very much controlled by the four university librarians. They set the priorities and pretty much told everybody what to do. And then they just tokenly—and it was really token—they would just bring back those planning documents and say, "Well, isn't this great? So how can you support it?" And we'd all sit there and look at them and go, "Nice if you'd talked to us." But it was clear there wasn't going to be any talking.

I felt sorry for the TRLN staff, because they didn't like it any more than we did. But the bosses were the four university librarians, and at the higher-level government group—which is provosts, pretty much. So, it changed. By the time I left Duke, I saw little—and I think most of my staff saw little—or no value. All the committee chairs were AULs appointed by their university librarian to run with the direction they wanted. It was sad; it just kind of fell apart. And we were only meeting once a year. How wonderful is that? The annual meeting was nice. That was kind of fun. Always loved the North Carolina authors they brought in. But I really think it fell apart. For the university librarians, they still see a value in it, but I think for the professional schools, the value was...

CJ: Well, it's an interesting case study in what did and didn't work. Because, as you mentioned, it did have some benefits at different points in time.

PT: Yes, it definitely did.

CJ: Certainly, in the beginning, there were cooperative collection development agreements, cross-library, interlibrary borrowing with some of the barriers relaxed to that, and there was for a time a joint online library system.

PT: It's interesting that you went from a joint shared system to that one that's stitched together with other software that loads on top of it. Actually, that worked pretty well, too. But the funny thing, they'd come up with an interface, and we'd say, no, our physicians do not want to see twenty special collections come up at the top. And we would fight and fight and fight, and we'd go back and see the model again, and it would be still not appropriate to all the clientele that was out there. It worked well for them.

CJ: The same battle that you would fight on your own campus, only times four.

PT: Exactly, yes. Our campuses got so, like, show me the journal list; don't show me all this other stuff. They'd do a search and come back and say, "This is stuff I have no desire for from 1781." Really?

CJ: Well, I can remember thinking numerous times that there were these interesting examples of library cooperation in North Carolina—on the one hand, the AHEC Program, which had a very different mission and members; on the other hand, TRLN, and a couple of other examples. But they really operated so differently from one another, and TRLN was probably the least successful of all of them that I had any role in.

PT: In the long term, I think it was. And I think part of that, too, was just, TRLN almost—I don't want to say, 'became a weapon,' but—became a blunt instrument against why we kept collections separate. They wanted us to do more collection development between Duke and Carolina. Well, it's really hard to say, no, we are going to cancel the *New England Journal of Medicine* because Carolina has it, or the big oncology journal—we can live without it because Carolina has it down the street. And until they can get it so that it's all on one platform and easily accessible and the publishers are happy with it, some of that wasn't going to happen. But I started getting pressure for doing more of that consolidation and saving money, and that's what was being taken up to the board—I guess the [Governing Board] over the TRLN—and they were coming back with those messages of why can't you cut your journals and rely on Carolina. It's like, no, I don't think so. Really?

CJ: The publishers are on to that.

PT: Not to mention that having *The Journal of Pediatrics* but not *Pediatrics* is not going to work well in a clinical setting.

CJ: Well, you mentioned some of the people who mentored you during your time at Duke. It sounds like you had some really strong supporters throughout your long tenure there, and that they really helped you help the library succeed.

PT: Yes, they did. They were all very good people and taught me a lot. They were go-to people. They ranged from, "I know library is important for my medical students" to "I'm an avid user and I'm in the back stacks and the history of medicine stuff weekly." So, I had that continuum.

CJ: You've got to have that support system.

PT: At different points I had better support than others, but they all understood. Again, they looked at me and said, "Pat, you're the professional. You tell me and I will back you," and that was key. And I didn't put them in any corners. That was another rule I always had. I actually got that when I was back in the hospital, but even with Tom Bacon. If there's an issue, you'll know about it before it hits your desk, and I'm not going to put you in a corner of the faculty versus me.

Some people I've seen do that, and that can be very effective, but then you've got to know your faculty. The faculty at Duke would not rally. They complain, but they would not rally. Even when I said, "I've done all I can. If you really feel strongly, write a letter." I think maybe one person wrote a letter who complained in all the time I was there. It was a competition for resources, and so they knew that if \$100,000 was given to me to pad my budget back up that they might lose that ultrasound technician that they really wanted.

It was interesting. Again, politics, and understanding how to work within that system. But the mentors I had were good because they walked me through that. They were really very good.

I actually had two people that I really liked at Duke outside the Medical Center. Connie McCarthy. I don't know if you remember her. She [went to] William & Mary. She was an AUL here, and she was always a thoughtful AUL, and I watched her build collaborative relationships. And then Bob Byrd, who was in special collections. I think he just retired. He was good, too, because he showed me how you work with donors and bring people in who are external, and how the special collections works. He was a very good person as well.

CJ: Yes, there are good people there that come sometimes from unlikely positions. Well, you got to the end of your time at Duke. You retired amidst great fanfare and applause, and then went on to your post-retirement job... and running the Future Leadership Program for AAHSL, which maybe provides you with just the right platform to take all that knowledge and experience that you have and apply it toward cultivating the next class of AAHSL leaders. What were some of your reasons for taking on that job?

PT: I think a large part of it is, I feel that leadership in a library is really, really important, and we haven't trained our librarians well enough to be leaders. I was really committed—from the early days when you appointed that committee I sat on—to work on leadership and promoting that. And I actually feel that we should be better about getting mid-level librarians better trained, too, to be leaders, because they are leaders. That was a real big thing is being part of that. I had also been part of the [NLM/AAHSL Leadership Fellows] Program and thought the program was wonderful, had learned a lot, and kept on learning, and I like to keep on learning, so I was really committed to the program and its importance and making our libraries strong. And it also is a wonderful transition. Instead of going cold turkey and like, I'm not at MLA anymore, or I'm not at AAHSL anymore, I'm not seeing these people that I spent so many years with and saw them grow, them retire, them come back. It was kind of nice to be able to go and be part of that community still. That's another reason I really chose it. It's been great.

CJ: And you've finished up a little bit more than a year?

PT: Yes. So, I'm class number two for me, so they're into their virtual online sessions now. We've brought those people in, and, as always, a diverse group with very different outlooks and different positions, and I think they're going to work really well. And we're building the curriculum. That's the most interesting part. We've blown up the Leadership Institute to a little over three days. Kathryn Deiss—who I've known for years, too, through lots of different ways—she and I are rebuilding the institute curriculum. She's the primary source of the content, but I'm helping her build case studies and round up people who can do case studies or scenarios and exercises, building exercises. She and I are working on what is the new three-day institute going to look like. So that is really exciting.

CJ: And that's coming up.

PT: Yes, May first.

CJ: Well, it's a great opportunity for you, and it's a great way to make a really lasting gift, another one, to the profession that nurtured you and brought you through your career.

PT: Yes. And it is wonderful to sit there and see the emerging leaders, because they're coming in differently than the first class of fellows I worked with. They're at a higher level. In fact, scheduling them is a nightmare, because they're working at a higher level. The whole thought of leadership has kind of grown up in our field, and so they are right on target with a lot of things. They are pushing a lot more issues—not in a negative way, but in a positive way. Like, explain to me, show me. They're eager to learn. They've already tried things.

And even some of the mentors that who are coming in have a lot bigger leadership focus than I've seen in earlier mentors—people who want to teach leadership, people who are going through their own leadership growth and who want to share it back. That's been

fascinating to watch. So, this new cohort is kind of pushing the boundaries on some things. We have M. J. Tooley in there, too. You know M. J. She's not going to let us rest on our laurels.

CJ: No, no. Well, it's a different environment for the leaders coming up, and I don't know if you agree, but I think that it really is greatly to AAHSL's credit that they recognize the importance of cultivating its future leaders. And we can come back to this later on today, too, but it did start with Pat Mickelson, when she was AAHSL president... and the task force that you were part of that created a good leadership plan. That was over a decade ago [2000].

PT: And it's still working.

CJ: It's good to hear that it's going through these changes, but the core ideas are still there and the commitment is still there, which is amazing that AAHSL's commitment of money and time is still as strong as it is.

PT: And NLM—National Library of Medicine. They love the program. To them, it's one of the most successful programs they've funded. I even heard Donald Lindberg say in a meeting once, "We tried something and it failed, so it's so nice to be part of something that's working."

CJ: I heard him say that too.

PT: It's probably one of those leadership meetings we were at with him. But it is a really good program. And, yes, the basic program is still there—the orientation, the interactions with mentors and mentees, to the online virtual kinds of interactions, topics, to the institute, and then finally, the Capstone. It's all there. It's just that we've tweaked it up to try to do things. Because what we found is, these people were coming in—and you saw that your last year—they were hungry for more and more and more. And there's only so much you can do in a day [in the Leadership Institute].

CJ: Well, before we take our next break, I think we may have said everything that needs to be said about your career before we move into your work with MLA and AAHSL. But I'll give you a chance to think about whether we've missed anything that you think is important.

PT: No, I think we hit all the highlights of the career. When you go back to do this kind of research for an oral history—because you do have to do research for an oral history—you realize there's so much going on and what can you have looked at. And at one point in time, so much would be going on in this one area, and then it would be gone, or would be less important, and you'd move on to something else. I think there's that piece of my career, where I'm not always bouncing willy-nilly, but I'm bouncing from project to project, getting them up, getting them going, getting things with partners, okay, pulling out, doing this, this is a new opportunity, let's get this going and this going. It's sort of this swirl of stuff. And then you've got the outer world that's swirling around you, too.

CJ: And that's what you find exciting about it. I can tell by how animated you are describing this.

PT: Yes, it is. It's the new stuff. There were times when I would just say, "No new projects. Please, can we just have one week of no new projects?" But the staff also knew I would be out of my office within, like, three days with some new idea or project that could hit my desk.

That was the other thing that I think we built the culture of in our library. And it wasn't just me; it was the staff, too. We built the culture of: Call us. Ask us to be a partner. See what we can do for you. And if we can't do it, we'll say no, and we'll find you the right person to do it with. We're there. Call us. Nothing is too stupid to ask us. Nothing's too wild.

CJ: Yes, and you cultivated that among your staff to the point that they were committing the library to things that you didn't know about.

PT: Sometimes happened, yes, but in a good way. I only had a couple staff there that I had to rein in a little bit... And that was not a bad thing. One of the things we used to say: I'd much rather chase after somebody like a Connie Schardt than have to drag her into the Medical Center.

CJ: Absolutely. But I'm giving you the credit for cultivating that sense of freedom to come up with ideas and at least indicate the library's interest, if it's a staff member, which is something short of commitment. It's just saying, "We could help with this."

PT: Yes. I think, actually, it somewhat blew up in my face toward the end, because I had librarians who really wanted to delve into areas where we didn't have a role. The institution had taken up that role. And we could not find a role that they wanted in it for the library. We could be a piece of it. And they were very frustrated, because why aren't we doing this, why aren't we jumping on this? And I would go, "Well, look, these things are already in place. These things, people are already leading us. We can go and talk to them, and we can see how we can fit in with them." But they wanted that piece of the pie, and they didn't understand why I wasn't eager to just take it over. It's like, no, you do not want to take massive digital storage over.

CJ: Oh, yes. I was going to ask you if you were talking about CTSA [Clinical and Translational Science Awards]. You're not.

PT: No. Actually, CTSA we got involved in the end, and actually, that worked well. And again, timing is everything. We were at the right place at the right time with a new set of people over CTSA.

It was looking at some of the things like, we should give them storage. We should store all this psychiatric data from this giant national database. Uh, no. Why not? We have

servers. I built almost a monster, because then I had to—not squelch, but I had to say, “Uhh... can we back up here?”

CJ: Well, you have to explain why that’s a role that will eat you alive rather than—

PT: Absolutely. But some people didn’t want to hear it. They were too excited.

CJ: Okay. Well, we’re ready to take another break now.

[WAV file part 2]

CJ: This is part two of the interview by Carol Jenkins of Pat Thibodeau. In the first part, we covered your education, your career, up through and including the current role you hold working as the Future Leadership program director with AAHSL. And now we want to shift gears a little bit and talk about your professional leadership roles. If you skip back to the beginning of your library career, the year that you earned your MLS, you joined both [the American Library Association and Special Libraries Association]. And it seems as though you’ve maintained those memberships throughout your career. Is that right?

PT: Yes. The library school encouraged us to join those groups and showed us the importance of supporting groups that were working on the issues that we cared about. And at that point, it was actually copyright that was the big issue. They encouraged us to do that, and so I went ahead and joined.

CJ: And then it wasn’t until 1977 that you joined MLA and started being active in the Medical Library Association. But just looking back on your contributions to all of those associations, both your contributions and what you gained from your membership in those groups, what thoughts have you had about that?

PT: Well, I’d actually have to go back to the early groups, and that’s the Rhode Island groups I worked with, which were really good, because, again, my colleagues at Rhode Island College got me involved. They showed me through modeling—being role models—that you could be a librarian and work hard at that, but also contribute to the field. They kind of showed me that I could be involved in professional association work. So, it was Rhode Island [Library] Association, Association of Rhode Island Health Sciences Libraries. Those were good leadership opportunities for me, but also, really taught me about the state in which I was working and the various libraries that were within that state that I could tap into.

Whenever you take a leadership role or get involved in associations, you just meet so many more people and get to learn so much from so many different experiences they have. And you get to take bits and pieces of what they’re doing, and see, how does that apply at my job, or how does that apply in my institution. So, it was always really great.

When I got to North Carolina, I wanted to continue the kind of work that I did in Rhode Island, but North Carolina was so welcoming. It was incredible. I came in, and the ANCHASL—the Association of North Carolina Health and Science Libraries—immediately asked me to come to meetings, and also, then, of course, the AHEC network of librarians, which I got to meet with quarterly back then. Those were people that were involved in the profession, too, and so I got to see how they were working. Of course, I was the new kid on the block, and as the new kid on the block, they immediately approached me and said, “Would you run for president?”

CJ: Of ANCHASL.

PT: Yes. It was like, well, this is what I really want to do, but I hadn’t really thought about—I’d been on committees, but not necessarily taking an officer role. But it was a great group. They were really wonderful. There were a lot of my AHEC colleagues. It was a very good thing to start into and get involved into. I did that and really enjoyed it, and realized I liked association work at the higher level. At that time, I hadn’t really thought ‘higher level’ as in national. I was thinking more like state, local, maybe regional. I had been involved in some regional stuff up in New England, but still nothing in terms of committee work and things like that.

CJ: And at the AHEC, you had colleagues in AHECs in other parts of the state, so that was kind of a natural part of the outreach, to stay part of their communities as well.

PT: Definitely. Then I met this remarkable woman in the AHEC region next to mine, Phyllis Gillikin. She was the director of Northwest AHEC. She was a tremendous leader. She took me under her wing, and we talked a lot about AHEC, and she groomed me a lot about the differences of AHEC. And she was also just a good manager and administrator, and so I learned from her. But then she said, “Hi, I’m on the Hospital Library Section Membership Committee, and I want you on that committee.” She invited me—

CJ: This is MLA.

PT: This is MLA. She invited me in MLA and I got involved in the Medical Library Association through the Membership Committee. I hadn’t gone to MLA except for once. I spoke at a meeting and my hospital had paid me to go to Anaheim, California [1982]—as a matter of fact, that was my first MLA meeting—to give a presentation on my role as a research administrator. That was not usually something that they would ever pay for, but they did that time.

Then, I got into North Carolina and I could start going to meetings. It was an expected part of my job. Phyllis found me; Phyllis got me involved in hospital libraries. It was my home for many, many years. In fact, I kept my section membership up right to my retirement, because that’s the group I started with, who gave me other opportunities, like, “You did such a good job on this committee. Now we would like you to chair the Automation Committee” or chair this committee or get involved in that.

It was wonderful to meet people; it was wonderful to get exposed. But it was also a great training period for me to be, how do you be organized when you're working with people across the country. How do you collaborate with people who may have very different backgrounds and very different outlooks. So that has been a really wonderful thing that she took that time to get me involved and got me into that leadership kind of pathway.

CJ: Was there something that stands out for you that you did with and for the hospital libraries?

PT: It was the automation, actually. And I used to write a column on bugs—the computer type of bugs.

CJ: Oh, not the bacteria bugs.

PT: No, computer bugs. It was some other name. I can't remember the name of it. So that could be working with other people, writing, doing some editing work, too, because I worked on the newsletter as well. That was probably the big breakthrough for me to be more visible and the association more visible in hospital libraries.

One thing about the Hospital Library Section is that if you worked well in a committee and you did work, they found you and they were going to put you in as many positions as they could, which was really great. [Editor's note: The name of the section was Hospital Library Section, 1977-1987, and Hospital Libraries Section, 1987-2019; this oral history refers to it as Hospital Library Section throughout.] It's kind of sad that some people didn't present themselves and take advantage of that particular opportunity, because section work could really push you forward as a leader and get you noticed through the association.

CJ: When you first got involved with the hospital libraries group—I'm trying to recall exactly where that was in the timeline of MLA's evolution—but was there a Medical School Libraries [Section]?

PT: Yes, there was. It became Leadership and Management. I think that [name change] happened much later in my career. I want to say it happened around 2000. I did not get active in that one, interestingly, because by that point I was actually up into the Board [of Directors] and working on board things. I got involved in Health Sciences Audiovisual, which is now Educational Media and Technologies [Section], I got involved in the Technical Services Section, and I got involved in the Hospital Library Section, but not actually in the Leadership and Management. I was a member, but I didn't do a whole lot in that.

CJ: Well, in 1996, you were elected Section Council chair. And your life changed, then?

PT: Yes, definitely. Well, it changed a little before that. But Section Council was this whole new creature. I went in as an alternate representative for... it's like a life sentence.

I think I was on the council for like eleven years. I went in as an alternate, and then I went in as the full representative. And then in there, I got to chair committees. Janet Fisher was the chair when I was in there. I think Mary Ryan was initially, and then Janet Fisher was the one who I finished with. Both of those people, again, showed me that kind of organizational skill, that ability to pull people in, keep people moving. Janet approached me and said, "How about running for Section Council chair." It is an election process. What I didn't quite fully understand at the time is that puts you on the Board [of Directors].

CJ: It's two jobs in one.

PT: It's two jobs in one. So, I started another whole series of leadership roles working with the board and working on a much higher level in the association.

CJ: Well, even before you got elected chair and joined the board, you had sort of permeated the MLA organization. You'd been on juries with other committees, you'd been on the NPC [National Program Committee] and the Nominating Committee. That was also elected. So, it wasn't like you just catapulted yourself right onto the board. You earned it.

PT: Yes, that's true. Section Council, you earn it when you had to put together those six inches of paper and send it out. Actually, the one thing that was kind of cool about Section Council, that was when email lists were starting and websites were feasible and possible. That was really changing the nature of the field, changing the nature of the association, and it certainly changed the nature of how we got work done in the association. So that was a really interesting time.

CJ: And I forgot to mention when we started talking about your professional roles, that you also were active in the MLA chapter when you came to North Carolina, the Mid-Atlantic Chapter, which has always been quite an active chapter.

PT: Yes. Worked for registration, worked for local arrangements, I did a whole variety of things, served on various committees; again, another welcoming group, one that felt really safe, one that gave opportunities if you wanted to take them to get involved. And that is sort of an extension of going from the state ANCHASL up to the regional, which gave me more visibility, and also, I got to meet a lot more people, find some really neat colleagues, and then up to the national level.

But I moved pretty quickly into the national level, so I didn't waste a lot of time once I got involved in that. And again, it's because Hospital Library Section said, "We're looking for good people, and if you're going to work for us and you're doing good things, we're going to keep on getting opportunities for you." It was about eleven years on Section Council.

CJ: And then quite a few years on the board, too, if you count two different terms on the board. You served twice on the board. First time was when you were Section Council

chair, which was 1996-‘99, and then a few years later, when you were elected president, 2002-2005. Just a little interval there; just long enough for somebody else to come in and change things a little bit.

PT: And I was on the MLA Nominating Committee that decided to nominate me for the president’s election [for 2003/04]. So that was a surprise. I think I got a lot of visibility because of my Section Council work, because I also had to stand up at one of the meetings and take them through all those bylaws changes. Because they changed the structure, we had to change the bylaws. I got a lot of visibility then, too, and did a lot of good work through that.

Then I was put on the Nominating Committee—got elected to that—and then, in the middle of the meeting—who was it that was running that one, Frieda [Weise]? She pulled me aside and said, “You have to go out in the hall.” I go, “What?” and she said, “Yeah, and a couple others. So, all out in the hall.” And I was like, “What?” Having not been on a Nominating Committee, I didn’t really understand what they were doing—that they were starting to really get down to the nitty-gritty. Of the three people that were standing in the hallway, who were we going to put forward or ask to be president? So that was kind of interesting.

CJ: But you probably knew your name was on the list.

PT: I didn’t at that point, actually, no. They were compiling lists. And I think she had a list of her own that she was considering. What they were doing was tossing out everyone in the room who had a conflict of interest as they started the discussion of who would be president, and they were going to add more names to that. The process has changed year to year, so what we did [that] year wasn’t what we did the next time I was on [the committee].

CJ: During your two [terms] on the board—we’ll get to the presidency in a minute—as you think of your terms on the board, were there particular issues that stood out for you? You mentioned the bylaws. I know, because I’ve been on that committee, too. That’s a lot of work.

PT: It was restructuring MLA—I think we both have been through that discussion a few times [of] governance—which at MLA certainly looked like a lot of discussion about the role of sections versus SIGs [Special Interest Groups]. SIGs came up when I was on the board—I think the first time I was on the board. Was it? I can’t remember exactly myself. You had sections and SIGs and the whole council structure. Those were all under the microscope in my first term, and I had to take the council through that. But then the second term, we were back talking about some of the same issues, which is really kind of funny. So that was it.

Consumer health became a big issue in both terms. Naomi [Broering] was really committed to consumer health information. The board kind of backed off of doing really huge things, but that became a theme through her presidency. And then when I came

back on the board, consumer health was back again. The Consumer Health Section [Consumer and Patient Health Information Section (CAPHIS)] was really involved and they really were doing some interesting things and wanted more visibility, so I did media interviews about the value of librarians to consumer health. Those were some issues that kept going forward.

There's just so many things that were happening at the same general time: professional development, recruitment of librarians. You know, because you came up through some of the same issues in your presidency, so they were all bubbling up at the same time.

The surprise one for me was global health. I had not really been paying much attention to the international scene and didn't have a particularly big interest in it. The discussions, I think, started pretty seriously when—I guess Linda Watson was [president] before me, so she—that came in. And that was really a big push that she couldn't address. But you know how this works with the presidents.

CJ: It gets carried forward.

PT: Yes, exactly. The discussions start, or the inkling of issues start, discussion on the board gets really more focused for a year, and then the next year there is often a task force or group of people who are assigned. Of course, the president may assign a small group to do some work, and we did that with global health—appointed a small group and then a task force. Then the actual outcomes happen sometimes after you're off the board, which happened with a couple things I was working on.

CJ: The interesting thing about that, reflecting on it, is that the idea of international cooperation had always been a part of MLA's toolbox. They had a committee and a section.

PT: The Cunningham Fellowship.

CJ: And the Cunningham Fellowship. They had an interest in promoting international cooperation. But it wasn't called global health; it was really articulated in a different way. I think maybe as global health issues became more visible in our libraries, maybe that got redefined and reshaped a little bit. Is that what you felt [too]?

PT: You're right, there was a lot of good stuff going. It didn't always get a lot of recognition. The International Cooperation Section was a very small section and had struggled to maintain its membership, but there was a hard-core group. So, I think when the conversation started up about what are we doing with our international partners? With global health and global communications and everything else, how should MLA be responding to this?

A lot of what the Task Force [on Global Initiatives] that I put together did was look at the programs that were already in place and say, okay, we're affiliated with IFLA [International Federation of Library Associations and Institutions]. We have the

Cunningham fellows. We have sister libraries that were started and that program grew out. A lot of it was not so much building new things, but reinforcing what was already there, seeing that value, saying what can we do differently, what other associations can we link to, like the African library association [Association for Health Information and Libraries in Africa], and things like that. The global had been there, but that was my year to push it. It was like, how did I get to do that?

CJ: Did Librarians without Borders start at that time?

PT: The discussions started. The task force I appointed looked at that. And an outcome of their report, which actually didn't happen until I was off the board, recommended Librarians without Borders. But they had to do some work, because it also highlighted a registered trademark. They had to do that. It just came about after I went off the board, because the task force report came out after that.

As you know, you start something up, and it's hard to get things done in a year's time with volunteers. It's two years or three years or four years, and then you see the outcomes of the work you just got started with... Advocacy was another one—Carla Funk and I worked a lot on the Advocacy Toolkit, because librarians needed... A theme throughout my year as president was value. Seize the power! Some of those early logos were pretty awful. They looked like Che Guevara. But it was a whole thing of focusing on the value of librarians, and their feeling powerful and feeling that they are valued. That Advocacy Toolkit Carla and I talked about, and then we worked with that PR firm. I think you probably got involved in that PR firm, too. That was some work that I did through my presidency.

A lot of it is, you find the issues and then you assign them to other good people, and they go off and do their good work. And you don't necessarily get pulled back in except in terms of reports. You start things, like CORE [Center for Research and Education]. That was the task force that was appointed as I came on the board.

CJ: That was a good example in my tenure of something that got started but went on to have a different kind of trajectory of its own. But that is what's hard. You're right to make that point: that you're part of a group. You're part of the board, you're part of the MLA leadership, you're part of the membership. But when you get elected president, they want to know, well, what are your priorities? And then you say, "Well, here are the things that I'm interested in,"—having to realize that they're not necessarily going to be things you start and finish during [your presidency], even during a three-year term on the board, because it's a complex organization, and sometimes priorities change.

PT: And we're supposed to be responsive to our members. I think that's an interesting thing. Some people I've talked to that are younger leaders still in the profession, they have this missionary zeal: "I'm going to go down and fix this, do this." And I go, "Well, you really need to go back and listen to your librarians. Are your librarians going to go with you on this, or are they going to stand up at the meeting and shoot you down like they used to do years ago?"

It's really hard for people to see that, as a president, you have what things you like. Hospital libraries were really valuable to me; hospital libraries—making sure they were valued and pushed forward. But it was really M. J. Tooey in her presidency. We started the discussions with me, I pushed it, but M. J. made it happen through the Vital Pathways Project. She put the structure around it and assigned people to it. So that's what you just have to understand: You can't do exactly what you want, but you can do a lot of things. You've got to carry that past, and you've got to look forward, and not everything you want to get done immediately is going to happen.

I talked a lot about that to Carla Funk, who was executive director of MLA, and asked her about working with the various presidents, and she said that she had seen a switch happening—and I think I saw that, too—where years early in the association when she was there, presidents would come in and kind of wipe the slate clean and start all new things. And then they realized that you didn't get stuff done, or that some projects were just so big, they needed multiple years. She started to see the presidents do the “I really respect this goal. I want this goal to continue. Let me put it into my priorities and push it forward.” She saw that continuity that was needed to happen and that the presidents were committed to a continuum, not just a, “Here are my fun new tools and toys.”

CJ: Maybe that's one way of articulating a special skill that good presidents have. You don't just come in with a ‘wipe the slate clean’ and “I'm here with my agenda,” but being sensitive to the needs of the membership of the organization.

PT: Yes, I think you're right. I think that is a skill. I saw some other MLA presidents in my two terms who were not as good at that. It was kind of like, “I want this done and I want this done now, and we need to put all our resources on this,” ignoring everything else that was going on, because they felt very strongly. And they bumped heads with the board on those issues—

CJ: It's a complex organization.

PT: —and some people were not too happy. But then again, sometimes that pushed the conversation so that in a year or two years, it came back up, somebody picked it up. Like consumer health—Naomi Broering wanted MLA to become totally focused on consumer health and creating resources and a big database and everything else, and the board said, “No, we've got so many other things we're worrying about,” like the structure and finances of MLA. And she was not pleased, but that conversation started, the Consumer and Patient Health Information Section—CAPHIS—got more active. Suddenly, consumer health is a certification. But it took a number of years after Naomi started those conversations.

CJ: Well, one thing I've always been curious about—you can set me straight on this—but it always seemed to me that Section Council chair and Chapter Council chair, also serving on the board, it's like having two jobs in addition to their paying job. How do you survive that? Maybe I should ask the question generally: How do you put yourself

at the vortex between, in your case, the Section Council constituency and the board constituency, where your role is something more than just being a conduit of information back and forth? How do you balance those agendas? How do you have an impact when you have two jobs, two constituencies, there?

PT: It's actually better than you think, because the board knows that those are two big groups that take a lot of time and effort and are complex groups, especially Section Council. The board does not expect you—in fact, they basically told me, you're not going to be appointed to anything else. No other task forces, nothing. And I'm like, really? This doesn't make a whole lot of sense. Especially if you're dealing with governance issues, I should be part of the governance task force... They give you less to be involved in unless you want to be involved. And now I think both of those positions are more actively involved than they were in the early years. But communications have gotten easier; getting quick response from those councils is very different than spending six to seven hours on a Saturday trying to catch up over a full year and come to consensus, so I think that's really important.

A lot of what those roles are is also taking those hot issues that the board's looking at and bringing them back down to those membership-based units and seeing if CAPHIS wants to take up the role. Do they think it's crazy? Do they think it's wonderful? Maybe they'll do it and not the board; or bring something down and they'll say, well, what MLA really should be doing is this, this, and this, and taking it back up to the board and saying, well, the response from the Hospital Library Section is this, and this is what they think would be the most value.

So, you do end up being a communication conduit in figuring out how things fit in the association. It wasn't a minor amount of work, but it wasn't as bad as, we're going to assign you to twelve task forces or making you chair of something else.

CJ: And I didn't mean to imply that it wasn't equally important... It really does seem that those two positions, especially, were key communication channels between the board and the membership.

PT: ...In my first time on the board, I kind of got left out of those kinds of extra activities, and so I could focus primarily on the Section Council and primarily on those communications issues, getting input on issues.

CJ: Yes. The main difference is just that you also had to run that organization, which was a significant workload.

PT: Yes, it was. But you remember the board books that we had years ago.

CJ: I'm just appreciating all that.

PT: I know. The board books are pretty amazing, too. So, that was an interesting thing, becoming president, is that you used to get these board books and I'd pore through them

and I'd go, oh, my god, all this work, going through this board book. I can't imagine what it's like to be president. Well, then you get to talk weekly or at least biweekly with Carla Funk and you knew everything that was going on, so the board book really became something for everyone else and not for you, because you're sitting on all this information on a daily basis.

CJ: Well, you went through those two terms [on the Board of Directors], and in between, you took a 'long vacation.' In between, you chaired the Bylaws Committee.

PT: Yep, because I had done the bylaws for the Section Council restructuring. Taught me a lot, again. I learned a lot. That's where I think my visibility, again, came up for the Nominating Committee for the second term. And then I kept going back to bylaws. Mary Langman did not want to let me off of bylaws.

CJ: Well, once you understand bylaws, you're like a national treasure.

PT: Yes. And I didn't mind them. It was like cataloging. It's rules, it's being precise and detailed, laying out what the organization should be doing.

CJ: Well, when you look back over that period of time, your Section Council time, your time on the board, your time as president, your time as the Bylaws Committee chair, what things stand out for you as the key issues where you had impact or made something significant happen?

PT: Oh, that's the hard one, because it all kind of blurs together after a while. I think working with the Hospital Library Section and getting the value of hospital libraries up into the forefront and some of the things that they were struggling with were really important, and that was a theme that stayed over my career.

The global [issues] ended up being a lot of fun, and I actually think I made a big impact in terms of MLA's commitment to global—ongoing and recognizing it as a major environmental force, not just within the association.

Scholarly publishing, though, just kind of jumped out. I got very involved with scholarly publishing issues through the board and started talking to publishers and giving presentations to publishing conferences, and working on a symposium to try to get librarians up to speed on the issues they were facing, I think. And then working with NIH [National Institutes of Health] and NLM on their various committees that were looking at public access issues. That was great.

And then tying all that in was the legislative work too that got involved. Because I'm president, I get to be involved in those Legislative Task Forces several times, and it was great work. To craft policy, to get people aware of what was happening out there, and to try to convince Congress to do certain things, that was very exciting. I think toward the end of my career, the scholarly publishing really overrode everything.

CJ: Its time had come.

PT: Its time had come. I was in the throes of it as a director—how do you pay for e-journals, how you have restrictive licensing agreements. So that kind of followed me from MLA into AAHSL, getting more involved even at a different level in AAHSL.

CJ: Well, you were honored by MLA with its President's Award for your scholarly publishing work. [Editor's note: Thibodeau received this award jointly with Linda Watson and Carla Funk in 2005. She also jointly received the President's Award in 2017 for bylaws work.] Which was wonderful.

PT: Yes, that was quite an honor.

CJ: And then made a Fellow after that, which is a lifetime commitment.

PT: It is, as Michael Homan likes to remind us. Come gather, all Fellows—still do good things. But those are really honors. To have your peers look at you and say you've made enough of a difference. You've contributed enough that you should be recognized these ways. I was really pleased.

CJ: Well, like many of us, you were sort of balancing MLA and AAHSL—one hand and the other hand—while all this was happening.

PT: There did seem to be a pathway that way, didn't it? Get off MLA board, get on AAHSL board. Get off AAHSL board, get on MLA.

CJ: Tradeoff. Were there any MLA meetings that you attended that were particularly memorable?

PT: I saw that question that you were going to ask me. It was really kind of funny, because there are some memorable meetings. The Anaheim meeting, the first one I went to [1982]... That was my first one and I was overwhelmed. I registered for one day, flying west coast. It was my first chance to fly west coast. But it was just an overwhelming meeting. It was really great. So, Disneyland, here I come. That's how I kind of debrief myself out of that meeting, got myself back onto it again.

Denver, Colorado, was my first full conference in 1984. That was the weird one, though, because that was on Memorial Day and everything was closed. [Editor's note: The conference dates were June 11-17, 1984. The annual meetings in Houston in 1983 and in New York in 1985 did include Memorial Day.] That was when I really got to see all the sessions and get the plenaries, get to see people like Bob Braude and Wayne Peay stand up and say their thing and ask the board what they're doing or not doing. That probably got me so focused on the fact that you really *have* to be responsive to your membership. When you lose it, people are going to stand up in meetings and challenge you.

CJ: Yes, they did. They weren't the only two.

PT: Oh, no, they weren't, and there were a lot of them. Those are the two I most remember. But I know Rachael [Anderson] did and a lot of other people did—which is good; it was healthy. And that's what's MLA needed at the time.

Of course, my own meeting [as president], the 2004 meeting, "Seize the Power" in DC. That was just a fun meeting, because you do a lot of different things. You're going to different receptions, you're meeting with different people, and I met with some international groups as well, so that was a lot of fun.

And I think any time when I was on the board, it's behind-the-scenes. It's not so much that you're up in front on the stage; that wasn't the pleasant part. It was the fact that you got to go to things that other people didn't go to; you got to meet people you might not normally meet. I enjoyed all of those meetings when I was on the board, because it was just that insider track kind of thing and seeing a different part of MLA.

CJ: Did that include meetings with vendors, or not particularly?

PT: Not particularly at that point, although I did do some. I primarily met with *New England Journal of Medicine*, because they were putting up an advisory committee. I met with that little group—I can't remember who was there except that Carla pulled that together. I remember standing up at a meeting with Elsevier, where Elsevier was speaking, and basically shouting at their rep, saying, "You know, you're killing your market if you keep on with these policies." And that's why they appointed me to their advisory board.

CJ: That will teach you.

PT: That will teach me, yes. Actually, that was another fast-lane experience. But when I was president, it was mostly meetings, like international people, Canadian, meeting some of the people from England, meeting with some people who were doing legislative work, and of course, going to the NIH stakeholders meetings. That was just wonderful—to be one of the few librarians who were sitting at the table when Harold Varmus [NIH director, 1993-1999] was pushing through his public access policy, and to listen to the different viewpoints and different reactions to what he was doing. I still think his plan was not good, but the NIH plan that came later [2008] was a good one. But he had to go out there on a limb to get it started, so he did that.

CJ: Well, those are pretty important highlights, your MLA leadership years. And you became a member of AAHSL. Differs from MLA, as we know, in the sense that it's an institutional membership, not a personal membership. So, you became a member when you moved to Duke and became director.

PT: Interim director and then director, yes.

CJ: So, looking at your CV, it seemed like the areas where you worked through AAHSL to have major impact on our field weren't that different from your areas of emphasis in your leadership roles at MLA. Scholarly publishing was certainly one of them, and leadership development.

PT: Scholarly publishing was a natural outgrowth, because that whole period was when the various policies were coming out and all that. I had started that work with MLA, and then it just continued to mushroom over those years in the early 2000s. So that made a lot of sense that I just continued that work as well.

And then the Chicago Collaborative, which I think was a really interesting group—and Scott Plutchak came up with the idea. People were really very upset about it, because they were going to talk to publishers and maybe collude with them. I actually championed that group and said, this is good, this is healthy. We should be doing this, because we need to learn from each other and understand each other. So, that was fun, putting that group together and getting it up and running. Later on, I kind of helped take it apart, or at least changed its nature a little bit and questioned some of what was going on with it, because I think it went from a really good, robust conversation to—more people seemed to be mostly pro-publisher, and it got less and less about librarians and more and more about publishers.

CJ: What do you think was the main accomplishment of the collaborative while you were part of it?

PT: Having the dialogue, so we could actually look at the publishers and say, do you know that when you put in this restrictive clause what really happens? In recognition that we serve the same people, their major audience—this was always so shocking to me—was our faculty members who were authors, and to realize that, and then for us to look at each other and go, we're trying to reach the same group. It's just, you want their articles, and they want us to give them all the articles your journal is publishing. So how do we find in between? And they can't do their work to write your articles unless we give them access to the content, which you're blocking.

So, I think some of those conversations were really incredible. But then also looking at things librarians were really concerned about, like long-term access to e-content, and talking about CLOCKSS and LOCKSS and those archiving, consortial kinds of approaches, and seeing what their concerns were and what the librarians were pushing for, and again, finding that common ground. I think that was the big, vital thing—that we were not screaming at each other anymore; we were trying to educate each other about what was happening and find something—or at least see if we could find something—where we understood each other better so we could work together better. Because they wanted our input; it was clear they wanted our input. We just didn't want their licensing terms and their prices.

CJ: So, is that why you said earlier you also had to dismantle it or change it?

PT: Well, because I think it was spinning its wheels. The leadership had changed of the group. It wasn't getting as much done. I think everyone was getting kind of tired. You know how some hot, new idea comes up and you work with it and it's really cool, and then it has a natural life span? It was a collaborative group that just kind of burnt itself out and needed to move on. It was just trying to keep itself alive. A couple people were really committed to keeping it forever, and those were not necessarily the people that should have been running it at that point. I think they got a lot of benefit out of it personally. I hate to say it, but it became a personal vehicle for giving lectures and traveling around. And the [AAHSL] membership also was not as pleased, because those people were also very much pro-publisher, and so I think the membership also became very disenchanted with the group, because they felt that we were protecting the publishers or defending the publishers when we shouldn't be. I always walked a tightrope on that group.

CJ: In my recollection, people always seemed to be polarized one way or another—pro-publisher or pro-librarian. It was hard to even understand what the expectation was, apart from—

PT: Yes, what was the collaborative doing?

CJ: Yes, where was the collaboration? Was there some outcome there? Clearly, dialogue is an outcome.

PT: And education of each other is an outcome.

CJ: Right. So maybe it takes longer than the time that it has been so far for that to really have an impact, maybe a second-generation effort needs to come along at some point with new people, new perspectives. But do you think it was worth it?

PT: Yes, I think it was. A lot of publishers put together advisory groups. They really started listening to their market. I don't think it was just us; I think it was other things that were going on in the field at the time. But I think the collaborative gave a safe place for us to lay out some of the issues and talk about some of the groups, like SPARC [Scholarly Publishing and Academic Resources Coalition]. It really made the publishers very scared, because Heather Joseph—who I love dearly—she would get up and just say these things, and they would be like, oh, no, no, no, you can't do that! And yet, then they'd come in with our group and we'd talk to them, and they'd be really blunt about how they felt about some of these conferences or some of these talks that they were listening to. And we'd say, well, not all librarians feel that way. Not all librarians are pushing the envelope that far. But this is what we need from you.

So, I think we found a common ground, a ground where we could talk. I think there was less animosity between publishers and librarians. Sure, when you get into the negotiations of your half-a-million-dollar Elsevier contract, there's going to be conflict. Hopefully not shouting, but there's going to be a lot of discussion about how unfair some of this stuff is.

CJ: Even though we understood—and understand—that price-point negotiation is a moving target, in complicated times, it still defines the position of the library—in most cases.

PT: Yes. The publishers at the time did not understand what model they should be using. They had no idea. So, should it be based on FTE [full-time equivalent] of faculty? Should it be based on FTE of students? Should it be a combination? Should it be, you get free current and have to pay for the back archives? And they did not know. So, a lot of what they spent time talking about is what librarians wanted. What would work for you?

And I found that on the Elsevier board, too, when I was on the North American [Library] Advisory Board. They spent a lot of time just asking librarians. They had this awful pricing structure for *Lancet*, and they brought it up. And one of the librarians that was on the board with me from a major cancer center said, “If you do that, I will never get your journal again. We can live without it.” And that whole pricing structure went away—the model, it completely disappeared; they voted it out.

So, we didn’t change the whole industry, but I think we made some dents into what people wanted. The publishers invited the librarians to come and talk. That was another nice thing. When they got their publishing conventions put together, they actually asked a lot of the members of the Chicago Collaborative to come and talk about what librarians faced.

CJ: And the collaborative put together a course, didn’t they?

PT: A couple courses. Biomed Publishing 101, which was for librarians, and then there was Librarians 101.

CJ: Ah-ha, the real truth.

PT: The real truth. I got invited to go talk to a publisher about that, and they peppered me. They brought in their editorial teams from across all their journals, and they were just like, tell me more, tell me more. And we did roundtables. It was a good interchange. It was a good educational experience.

CJ: Well, it sounds like there definitely was a significant impact, at least on some people, and maybe it will change the future course of negotiations between and among publishers and libraries.

PT: I think it has.

CJ: It also certainly points out the need for librarians to be good negotiators. Librarians in all of our libraries really need to know how—and not just negotiating, but just know how to have a conversation with the publishers. Everything is a negotiation these days.

PT: That's true. And then you have to ask the right questions, and you have to listen to what they're saying. What you want is a win-win situation. You don't want to walk from the table, though I did with the Elsevier contract—I walked from the Elsevier contract. You mostly want to have the win-win of, we want your journals, you want us as clients, so let's talk about how we can get to that point. But sometimes you have to stand your ground, and at Duke I did stand my ground on a couple things.

CJ: Right. I remember when you did that. And you didn't lose your job over it.

PT: No, I didn't lose my job. I did a lot of communication about it. And UpToDate was the other one.

CJ: Yes, didn't lose your job over that one, either.

PT: No, I didn't, although some people wanted me to lose my job.

CJ: Well, and good that you recognized it. The stakes were high.

PT: They were very high.

CJ: So that was one area where you, and others—but your leadership clearly showed through both from the MLA side and the AAHSL side with that scholarly publishing community.

And there's the leadership element area. You really were in on the ground floor with AAHSL. As we mentioned earlier, you were on the task force that was charged by Pat Mickelson. And I remember this very clearly—it was when she was the AAHSL president and it was her key presidential priority. The surveys and things that actually led to the creation of the program were all done under her in her term. And then the task force [appointed in 2000] was asked to develop the plan for how would we take that data we collected about librarians' retirement and where was the next generation of leaders going to come from. And you were on that task force.

PT: Yes, I was.

CJ: How did you go about putting that plan together? Now I get a chance to ask you.

PT: Well, part of it was, we did research. That was the nice thing with Pat Mickelson. She said, "We need research. We need to have figures. We need to really see what is happening out there." Because you can say you need leaders, but what does that really mean, and how bad a situation could it be in the next five years if we didn't produce leaders? So, we did a lot of background research, and I did a lot of work with that in the data analysis and looking at prior surveys and things like that. Pat, I think, always had in her mind her concept of what a program might look like, and then we just had a lot of discussions as to what it would look like. I don't think I was in the group that actually

did the final program outline. We had working groups, and I was on the research working group. We brought back data that the actual planning groups could implement. I don't know how they hammered out the actual program [NLM/AAHSL Leadership Fellows Program] that was put in place, or put it forward, too, but certainly, all of us discussed it and thought it was a good thing to go forward with, and to have those fellows and their mentors. It was a complete package and not just, attend these four courses and go away.

CJ: Well, in a sense, it was such a revolutionary proposal, I think, both of us knowing it quite well from wearing various hats in it, but for something to be as comprehensive as it was.

PT: Yes, and to be not a two-year program like ARL; not the go away and... I think that was a big thing that was discussed. Do you go somewhere to the Frye Leadership [Institute] or the Harvard Leadership Institute [for Academic Librarians] or can you do a yearlong program? And how long can the program be? And that was a lot of the discussion. And if so, how often do you need to bring people back? How do you keep that cohort talking to each other and feeling engaged? And as you know so well, to this day, that's still the challenge of the program director and Kathryn Deiss—is to make sure that all that happens and everyone stays engaged.

CJ: I bet you never thought, back when you were on that working group, that you would someday be running the program.

PT: No, they would have made it simpler. No, I'm just joking. I think the program has a lot of great components, and I think it gives them a continuum throughout the year. And that was the hard part—coming up with that, how are the costs going to be handled for that. And AAHSL still struggles with the cost piece.

CJ: So, you were on the research group, you said, and collecting data, and looking at some key issues that were affecting leadership structures and processes in our libraries. Do you recall what some of those key findings were?

PT: What we found was that there was going to be a lot of people retiring.

CJ: First and foremost.

PT: First and foremost—a lot of people retiring. And then the second piece of that was, all right, and a lot of these senior people in these libraries are also going to be retiring. So, your backup is not there either. A lot of the deputy directors might not become directors; then again, they might. So, clearly, you're going to have to go after a group that is not necessarily in the higher administrative level.

And then we saw a lot of the educational things that people needed to know how to do, change management being a big one. There were the common ones—budget and dealing

with personnel. But there were bigger ones: strategic planning, strategic thinking. So, some of those came out of that as well.

Then I did a reporting structure [survey], which is when we had the scare about how many [academic health sciences libraries had changes to their reporting structure]. Because I think people were really starting to feel like 60 to 70% of us are now reporting to the university library, and that was not true. It was like around 40% back then. Some of them were reporting to main campus but not to the university librarian, so it became a smaller number. But it showed a trend and it showed us that that's not a good trend, because the people that were reporting to the university were having culture issues. The culture of health sciences and how you get things done was different than main campus. But they found that some of them actually thrived under that. So, it wasn't all bad. It wasn't all good; it wasn't all bad.

I think we kind of kept some of the scariness of these trends down. We were able to tamp that down in the membership and really focus on what we needed to, which was, okay, let's train tomorrow's leaders. If we're not all going away, then we need to train good library directors who can be in this environment.

CJ: Well, that's just one of a lot of complex factors that show up in the environment of today's leaders. I'm thinking about the new medical schools, how you translate some of those issues into another trend, which is the development of new medical schools in response to manpower needs, and where there isn't a preexisting health sciences library, how they make that decision about whether to make it part of the medical school or part of the main campus. And if they're thinking about the role of the library from the standpoint of, we just need somebody who knows operationally how to put library services and resources together, or do we need somebody who can really thrive in the culture of the academic health center and understand those issues, which, as you pointed out, are different.

PT: I really think it depends on who is in the initial planning group. I had the distinct benefit of working with the new medical school libraries group in AAHSL [New and Developing Academic Health Sciences Libraries Committee]. Again, a learning situation for me—what they were facing. If it was a very strong campus control over the medical school, then those people were getting tucked in under the main campus library. If there was sort of the Wild Wild West, hey, we're thumbing our nose at people across town, then basically they had little to do... Yes, we want to tap into some of your electronic resources, but, basically, we're on our own over here. I think I saw a lot of different models coming up through that.

The other interesting thing, for new librarians in those new schools, is the culture shift. Because the organization grows. You go from Wild Wild West, where everything goes—no policies and procedures—and then you start admitting students and then you have to have a real library. But you also have to, as a school, start putting some real structure in place. And that was an interesting thing, because I think some librarians

didn't like that real structure. Other people loved it, some people didn't. And so how do you, as a librarian, also transition as your organization grows and changes as well.

I think it was also [dependent on] how strong the librarian was that they hired. I've seen here in North Carolina at Campbell University [School of Osteopathic Medicine], they hired a librarian who, in my estimation—I've worked with her before—was not super-strong. She's not a leader; she's a reference librarian. Nothing bad about being a reference librarian; she just isn't going to take up the banner and go off. So, she's totally controlled by the main campus library, so I'm not sure how strong that library is or how many services there are. I have no idea. But I know the structure is not a good one and the person that they picked was not good. On the other hand, Nadine Dexter down in Florida [editor's note: Dexter has worked at two new medical school libraries at Florida State University and University of Central Florida]—

CJ: Total opposite. So, is the library at Campbell an AAHSL member?

PT: I honestly don't know.

CJ: I don't recall that they are. I'm just thinking that the way you described that situation, it really comes back to what we're talking about, which is the need for strong leadership, regardless of what the reporting structure is. And it's a recognized need that AAHSL has adopted and acted on for more than a decade now. And then now they're also working to support the newly emerging libraries, and somehow there's a convergence of those in the way that you describe—that the way those libraries develop is very situational. Is AAHSL addressing that?

PT: Well, we did. When I was on the board, we actually got the group together and made it a formal group. We also gave them a pathway into AAHSL that was less expensive than, "Hi, you're a full member. Here's your bill." We did a step-in kind of thing, and recognized that they would start at \$500 and work up to a \$1000 and then work up to the full [membership dues]. Because they weren't fully functioning as a library. They had to go up with their LCME accreditation status. So, we did give them that. And we put together a symposium [in 2012] down in Florida, which brought all the ones—because we had a huge number all at once. Nadine and I worked together within a planning group and brought them into Florida and had them share information and talk about how it is.

I think the really interesting part for me in working with that group is that they really saw themselves as the stepchildren to the big health sciences library. We're poor, little health sciences libraries. We don't have any big collections. And I would just look at them and go, "No, you're doing the stuff that we should be doing. You're doing the trends. You've moved to electronics. You're getting rid of books. You're using iPads. We could learn from you so much." That was an interesting thing—to try to get them to understand that they were doing really great stuff, but it's just in a different way. And they didn't have libraries that had big stacks—none at all or just a small, little area. Or they didn't struggle that, after no stacks, they had to put some stacks in for a small core

collection of books that were still pretty much in print or too expensive to be electronic. AAHSL did do some work in that with them.

I think there's still a strong group, and I think they still hang out together. I don't think they did any more training, per se. If they're not a full member of AAHSL, they can get into the fellows program. They do that pathway, just like the osteopathic libraries. There are a lot of new osteopathic. And they can never become full members, but if they're a member of AAHSL, they can certainly have a fellow apply.

CJ: And they have.

PT: And they have, many times.

CJ: So do you think these are two areas that are continuing to be faced by AAHSL and its members in the leadership program that sort of share some common ground, one issue being just what kind of leadership do we need in the future, and the other is, the newly emerging libraries? I don't know if there are as many new schools coming up now as there were several years ago. [Editor's note: According to a 2019 *Journal of the Medical Library Association* article by Dexter et al, forty-eight new medical schools, both allopathic and osteopathic, received initial accreditation during 2000-2018.]

PT: No, there aren't. And some didn't make it. I think there's still this leadership piece they're struggling with. And that's why we're going to make changes to the [Leadership Fellows Program] curriculum, because one of the things—the planning committee, we had a lot of discussions over the course of six months about, what do leaders really need? What kind of agility do they need? What kind of toolset do they need? And we realized that we just couldn't pump enough leadership content and models into their heads in a one-day orientation, a one-day institute, and a three-day Capstone. And really, Capstone is so unique that it's really not a place for delivering a lot of content. It's being exposed to national leaders. So I think that became a really big concern, and that's why we're trying this three-day institute, to see if that addresses the fact that library leaders need to move fast, be agile, and have more experiences, not just be told, oh, yes, this is emotional intelligence, but to actually spend more time discussing it. Or, "What have you seen with emotional intelligence? Have you tried it? Is it working for you? What are your parts that are not working so well?" And you can't do that. Those went by so fast that I'd look at my watch and go, well, we're only two-thirds through the agenda and—

CJ: And the day is over.

PT: Yes. And it's because people are asking us questions, and people are asking for more than what we were giving them, and wanted to delve more into it. And I saw that with your last cohort, and certainly saw it with my next cohort. And then I heard it through—well, as we've been talking about—the push for directors who are new to being a director, zero to five years, who want more of that kind of training.

And now, the associate directors are pushing and want to have their own [training] and are getting their own Listserv so they can share. The associates and deputies can work with [each other]. I think they call it second in command. Because they're feeling that they have to have a much better grip on what's going on in the field and in health care, so they want to be able to share and work together too. It's changing. This is leadership coming up through the very early ranks. So, associate directors, assistant directors.

CJ: So, maybe your task force and Pat Mickelson's plan started something that's just snowballing.

PT: I think so. Library education ignored really training us in being leaders. And then they did not train us at how to operate in a complex environment with other administrators. We were the social good who would always be funded, and that's no longer the case. So, we've got to be smart and resilient.

That's what I'm hearing from a lot of younger directors—resiliency. It's a big thing in medicine, but it's now a big thing in our field too. This keeps you moving. You've got to be resilient. You've got to figure out how to get your energy back, how to feel balanced. They're facing a lot of things that a lot of leaders in industry have been facing and are now talking about as well. That's a very different world than when you and I were trained as librarians. Sit on the reference desk, catalog.

CJ: Yes, it is very different. Well, sticking with the Leadership [Fellows] Program, I noted before that you're one of only two—I think—AAHSL directors who has a three-time commitment to being a mentor in this program, so congratulations on that.

PT: Thank you. It was my pleasure, actually.

CJ: I'm sure you must have some observations about how similar or different each of those three fellows were in your fellowship year, what you think you contributed to being a mentor, and what you learned from it.

PT: Yes, I had three very different people. And if you look at over the years, that's a long span of time. It's over a ten-year span of time.

CJ: And I should say for the purposes of our listeners that a mentor is a one-year commitment to a fellow.

PT: Right, a one-year commitment. And the program really strives to get as many different mentors as possible. Didn't like to go back to the same pool time and time again and dip into the same mentors. So, my being asked for a third time was really unusual and also an honor to be asked to do that.

My first fellow was Jett McCann, who had a military background. And I never knew the military trained their people on leadership skills so much. It was fascinating. Our conversations every day were around leadership. So, for me, I was more talking to him

about the library culture, and he was talking to me more about leadership, and so we had a great learning experience. He was a bright man. I knew he was going to be a director anyways and surprised he hadn't been. [Editor's note: McCann directs the library at Georgetown University School of Medicine.]

My next person was Mary Piorun, who is also now a director at the University of Massachusetts [Medical School] in Worcester. She was more the scholarly kind. She, in fact, got a PhD in library science and focused on leadership topics. She was more the intellectual kind of thing. She did not have that, but she had a lot of personnel issues going on in her library and a lot of stresses and strains in their library. She and I spent a lot of time just talking about how you work with change, how you pull people through change, how you change some behaviors, and then just about the pressures on libraries, like space—there are people after our space.

My last one, Stephanie Schulte, is further down in the reporting structure. She was one of those people who couldn't understand why decisions were being made as they were on the top. So, she and I took a very different path with that, and we spent a lot of time talking about, why would her director make a decision like that, why would the dean of the school of medicine make a decision like that, why were they approaching something a certain way. We talked a lot about what are the issues and pressures when you're making a decision that can come into play.

Being a mentor really let me use my skills in terms of guiding people and finding examples that might help shed light on what they were going through. But it was also a mutual learning thing. We had many phone calls saying, "You're not going to believe what's going on in my library," and I was the one saying that. This is craziness! I talked more with Stephanie about being a director and the pressures of being a director and what it took to fill that job. Where initially with Jett, it was more, this is how a library operates, these are some of the politics you need to watch out for. I think as the program has grown, the emphasis that the fellows are bringing in is different. They're ready to roll.

CJ: Well, each individual is different, too, and as you described, they all came from different backgrounds with different knowledge bases, but the same mentor. So, it shows your flexibility that you had a lot to offer all three of them.

PT: Well, you can find common ground. If you're both focused on the goal of let's be a director, then you've got common ground right there. Then it's how can you facilitate this person or make their pathway a little easier. What did I lack when I was coming up through, or what were the tips and tricks that I learned the hard way or that somebody shared too late in my career. You have to put yourself in the place of the learner and figure out what's going to make the difference for them, [wherever] they go. Are they going to be able to stay where they are, or are they going to get too frustrated? And how do you tamp down raising frustration if they're angry at their boss or something like that?

CJ: And if we could just probe the idea of mentoring a little bit further, because I think it's such an important role. To me, it's a critical success factor to this leadership program.

PT: Definitely. Lifelong for many of the pairs. Not all, but most of the pairs have lifelong connections now.

CJ: So, thinking about what it means to be a mentor, I hear you saying that it's a lot more than just saying, "Well, here's how I do my job, and if you do it like me, you'll be successful." It isn't like that at all, right?

PT: No, no. In fact, we tell people not to do that.

CJ: It's a lot more building of relationships and building a confidence level between the mentor and the mentee, right? That you can say things to your mentee that you wouldn't say to a member of your staff, and the mentee can say things to you that he or she wouldn't say to their boss. So, there's a maintaining confidence level there.

PT: Yes, there's a safety net.

CJ: Right, that makes the conversation invaluable.

PT: Yes, they can explore; they can express frustration; they can [say], "I think this is the stupidest decision we've ever made. Tell me why I shouldn't think that way." And it's a safety zone. You just protect and trust. And they have to trust you, but you have to trust them, too, to share back and forth.

CJ: Did you have to work at creating that relationship with any of these fellows, or is it something that in the program now you teach your mentors?

PT: We do a section for mentors. We do the orientation, which involves grooming them to be mentors and explaining what they need to consider. But then we do the mentoring relationship, which Kathryn does a beautiful job of—talking about building that relationship and what it can be and what it can't be. And that's good, too, because you put parameters on it. They're not going to invite you to their wedding necessarily, but you will be close to them on a level that no one else is going to be close to them on. Because talking about work can be very interesting, but it can also be kind of challenging if you're talking to a spouse or a coworker.

The ironic part—and I have to say, I always thought mentoring, when it became a really hot term in business—I'm always sort of shy of business fads—is that it became a really big fad. I realized initially, mentoring? Why do we have to go out and find mentors? And then I actually looked back over my career, and even today I have mentioned I don't know how many people who have been mentors to me. You don't call them that, but they're mentors; they're fulfilling that role.

And you don't necessarily know—and I think that was one of your questions—who do I mentor? Well, there are people who, surprisingly, come up to me and say, “You were really great at mentoring me,” and I was like, “When?” But evidently at some point we had a conversation, and they felt that I had made a difference in their pathway or how they approached something.

CJ: Maybe it's that other aspect of mentoring, which is taking a personal interest in their own career. So, there's conscious mentoring—which is more what we were talking about before—you have a formal relationship there and a responsibility on both sides, and there's more informal mentoring, I guess, where you're maybe acting more like a role model in some respects—

PT: Or exhibiting behaviors that somebody needs to decide whether they want or not. So, I think that there are a lot of mentors. And that's what I also learned when I took mentoring education courses—that there is the informal mentor, the mentor who only hits one part of you or in your career, and then there are the big mentors who really get into almost everything going on in your life, and that's different. I think I had a series of small mentors that just helped me at those various points in my career. Those were phenomenal. I don't think I necessarily had the big, formal mentor. I don't see that one person; I just see a stream of people that just reached out and did good things.

CJ: In all the ways we've been talking about—modeling behavior and advising you on your next career step and everything else.

PT: Yes; giving me tips: No, don't go there. You just entered the swamp. Get out of it.

CJ: Well, I suppose there's something nice, about even when you're looking back on your career, to realize how important some of those people were to you, whether you did at the time or not.

PT: Well, I think I did at certain points. The early women administrators I worked for, I knew that they were good role models. I didn't know at that time how far I'd go with being an administrator and working within the bigger health care arena. So there are times when you recognize somebody is doing something good or just gave you some really good advice, but you didn't necessarily see that bigger picture of, yes, they did that many, many times, or they were always there to help for that next little step that was a little sticky. And to give you that push or to tell me to go a slightly different direction.

CJ: Good observation. Well, let's see. Have we covered your entire life?

PT: It feels like it.

CJ: You served on AAHSL's Board of Directors for three years and then for three more years as president [2010/11]. So, you kind of took what you had done at MLA and did the same thing again at AAHSL—not at the same time, fortunately. During your term in

AAHSL leadership, what do you think were your major achievements, or have we already covered that?

PT: We covered a lot of them. But one area that came up was the whole e-science, data science, piece. That kind of emerged, and I worked with NLM and NIH on some opportunities for librarians to get involved in research conferences and start talking about, what were you going to do with e-science and the digital data that we've got? That was another thing that came up. It's got much bigger after I was off the board, but that was something that came up, but I kind of started our pathway down, having discussions with that, and connecting to NLM and NIH so that they saw the importance of librarians as part of that role. That was a piece.

CJ: Yes, it's a big one.

PT: A lot of it, though, was also just that AAHSL was growing; it had growing pains. So, I did a lot of work, too, in dealing with the website, ...putting things in place that are resources for people. I wrote the committee manual; I wrote the board manual. That was on my first term on the board... I wrote those manuals and things to give more structure and support. Because one of the things is, sometimes people race ahead and don't go back and do the organizational stuff that's going to ensure continuity. Every so often somebody says, "Where is that manual, Pat?" and I say, "Oh, I don't know. It's been too many years. It's somewhere on [the] AAHSL [website]." I probably have a copy back from 2012, but that's it. And the AAHSL website is still a problem, as you know as well, from having worked with that. I think they're still beating their heads against that one. It's hard, because it's a volunteer group, and if you've got busy, busy directors, how do you support those busy directors without costing a fortune?

CJ: Having been in those leadership roles in both organizations, how do you see the similarities and differences? The size does make a difference in some of these things, for sure.

PT: AAHSL is a lot more nimble, because it's small. But you have directors who are very busy people. So, I like the fact that they're now starting to reach out and put staff members on some of these task forces to get things addressed really quickly.

MLA is individual members, which is a totally different thing, because you really have to listen to the individual members and where they want you to go or not go, and so you get into a lot of generational changes, which is kind of interesting to talk about. What do the millennials want from an association?

Less so in AAHSL, because we're institutional members. And ages tend to be a little bit more together. But even then, I'd heard some comments from new directors that AAHSL is not very welcoming; it's cliquey. And I'm like, "Oh, no, you don't know cliquey. You should have come on in 2000." They did not even like to recognize interim directors. And now we embrace interim directors in AAHSL and we bring them in. So, there are some really major differences in how those groups work.

It will be interesting because MLA now is going to be using an association management group like AAHSL does, and to me, at least, that has been a sticky wicket. It's nice to have them there and they do good things, but, oh, gosh, sometimes getting things through or talking about what's in the budget and getting communications, because they're dealing with three or four other groups—at least three or four.

CJ: They have other clients, right?

PT: Yes. And then you find out, yeah, well, the person you primarily work with is at a conference elsewhere and then they're going to go to another conference. When can I get back in touch with them? Communications are slower. But it works; it's just different.

CJ: There are tradeoffs. And their size and resource base have a lot to do with it.

Well, we haven't talked that much about NLM, and I know you've had a lot of important roles in NLM, not as staff, but in an advisory capacity, which is one of the good things about NLM—that they seek that... They go out of their way. But there probably are a couple of NLM roles that you'd like to mention, anyway, maybe PubMed Central.

PT: Yes. PubMed Central [National Advisory Committee] is the advisory group for that. That was a very interesting dynamic. We had researchers, we had publishers, people who were authors, scientists. It was a very diverse group. It was run by David Lipman, who helped create PubMed Central, but also, it was his baby and he didn't want anyone touching it or changing it. What was interesting, we had great discussions about where it was going, and we got to see new technologies that were being tacked on to it—new applications, new functions. David would present it, and publishers would go wild. “What are you doing?” And then David started announcing that NLM was now a publisher, using their data. Oh, good, David, you just lost half this room.

It was an interesting thing to get involved in. I got to know more of the NLM staff, I got to see more of the development of that tremendous database—and it is a tremendous database, and it's really made a difference with public access and open access. So even though David's style sometimes rubbed people the wrong way, he pushed the envelope where it needed to be pushed and he did a lot of good things with that. It was really exciting to be on that. But being the chair of that group was basically, “Here's your agenda, Pat. If you have any changes now, good.”

CJ: Just conduct the meeting, right?

PT: Even conducting the meeting, he was the one who said, “You can start now,” he was the one who would take over agenda items completely, so that was different. Again, learning situation. Got to know the publishers more, got to see where PubMed Central was going.

That was during the time when a lot of librarians were doing things like trying to download articles out of MEDLINE—full-text articles—and trying to shove them back up into PubMed Central. Some people were just massively downloading, creating their own libraries of PubMed Central articles. We got into a lot of discussions about what technically could they do with it, what were the publishers allowing them to do with it. I poked at a couple of things like that.

It was also funny, because they were talking about the [NIH] Public Access Policy and that no one had been shut off. I got up and go, “Well, actually, I have a researcher with a \$14 million grant that has just disappeared.” And around the table, the NIH and NLM people did not know that. They said, “Really?” And I go, “Yep. Our CFAR [Centers for AIDS Research] grant is shut down because they have one outstanding article.” And they’re like, “No, no, we didn’t do that.” And I said, “Yes, you can talk to my researcher,” who was calling me desperately. I said, “We’re working with them. We’re getting it taken care of. They’ve got it submitted. It should soon go in.”

I brought to them a lot of discussion of, this is not working well. Actually, that’s something I had forgotten about—that I had really started to work with the technical people on some of the issues with the whole submission of articles and what worked and didn’t work. I ended up getting their emails. Then they would email me things and my staff member—I had another staff member who was working with it as well—and we’d get emails back and forth: well, this doesn’t really work, this did work, this didn’t work, could you push it this way, could you do that. Because the submission system was really kind of cruddy, and so we really needed to make sure that for the NIH policy and NLM sanity that they somehow got in a better system.

CJ: So, they must have really valued that librarian input that was giving them feedback from the field that they desperately needed.

PT: They did. And we talked with our faculty and staff and gave them feedback as well in terms of submitting articles, what were the stumbling points and what were the good things that they did. We gave them positive feedback, too, like, “Good, you changed the interface on this! Thank you!”

CJ: Do they still have that advisory committee?

PT: The PubMed Central Advisory Committee they definitely did. But at Duke, we also worked outside of that, too, because I made those connections. There are two or three people that, as I said, had emails. And they’d shoot us down, saying, “Take a look at this. Does this look okay?” They did that with a couple other libraries, too, who were really into supporting the researchers submitting their articles. But I had the statistics, I had the case of the person who got shut off, so it became really real for them.

CJ: And then you also chaired one of their strategic planning committees when Patti Brennan took over as NLM director.

PT: That's a totally different kind of experience. NLM had structured it. They brought in a strategic planning consulting group, and they pretty much ran those meetings. They didn't chair it; they just put the structure around it and kept us moving from thing to thing. So that was very different. What was really strange is the four panels. As chairs, we never met with each other. There was a plan to do so, but snowstorms and a few other things came in and they never got us together. So, each of the panels did their work pretty much alone. The only people that were there were the NLM staff, Mike Huerta and then Dan Masys. He came in and took notes and pulled all the ideas and concepts together, and pointed out when there was overlap between the groups.

CJ: And your panel was looking at—

PT: Building the collection for the twenty-first century library. When you say 'collection,' that was really broad. We probably spent more time talking about data sets than we talked about books and journals. Everyone kind of said, "Oh, yeah, books and journals. Let's talk data." So that was fun because Patti was at those meetings. She sat in on all of those. I got to see her in action, too.

My favorite thing with her was that a lot of researchers were pushing NLM to collect patient data. Well, she does not want to do that, and I can understand the thousand-and-one reasons why. She would sit there, and instead of saying "No, we can't do that," she'd go, "Oh, you're making my palms sweat, you're making my palms sweat. Let's not talk about this anymore. You're making my palms sweat." It became humorous, but at the same time she was clearly letting the room know, I'm not going that way. This is not what I'm envisioning for our plan. That was interesting to see how she maneuvered with these high-powered people she had around the table.

I would just sit there and I recognized people and I got them to speak. The group they hired would point at me and say, "Smile"—or hold up little signs, like, "He has ten minutes, Pat. Get him off this topic." They were wonderful and they taught me a lot of things. They also taught me to bring little toys for people to play with so that you can stay engaged mentally and not kind of fade out. You can do little nervous things, so we had these little chicken poppers and...

CJ: Speaking from what you know about your [panel], was the input from the group valid? Was it vital? Was it included in the strategic plan?

PT: Yes, it was. But let me tell you, it was so massaged, because we did it. We had a big, huge report. We said, yes, this represents what we were saying. It then went to NLM. NLM then looked at all the reports and then found commonalities and the uniqueness. And they kind of blew it up. If you look at NLM's strategic plan, it has no resemblance to the panels we really looked at. They chose different themes, which I think works better, because there's so much crossover between them. But we really didn't see the next file version or anything like that; that was an internal process. We got the final plan when everyone else did. But it was a good process and I did see pieces in there that clearly were from the researchers who were really arguing for certain things

and the scholars who wanted certain things and the clinicians who wanted certain things. They're in there. They're just in very broad terms.

CJ: Because NLM is smart enough to know what it is that they should be providing all of their different constituencies, which they heard from through their panels. It's probably the way you would do a strategic plan too. In a perfect world.

PT: Definitely. Yes, in a perfect world. Very time consuming. They really did a spectacular job really getting people to be comfortable talking about things and moving us through a lot of different topics and keeping people engaged.

CJ: Well, we were glad you were there representing us.

PT: I sometimes felt, am I the only who's thinking collections as being books [laughter]?

CJ: As opposed to data.

PT: And they got into the access of collections, and that took us in a whole technological area that I just hadn't even thought of—retrieving voice such as through Google Voice. We got into all that and how they collect data through that. And then music is a way of retrieving information and data. I never understood that one at all. But the big researchers on the NLM team were like, “Yeah, that's true.”

CJ: Well, Patti may not have wanted to collect patient data, but I think she does want other data. She writes about it all the time in her blog.

PT: She does, clearly. It's driving NLM, and it drove all of the discussions. They said that every single panel talked about data issues and data science. She just didn't want, “Give me Duke's data from their health records. No. I can be a clearinghouse, but we cannot collect and process confidential patient data.”

CJ: Well, I think we're coming to the reflections part now, and that's because you've spent a good many hours now going over what's really been a remarkable career—which isn't over yet. But it's been great having you share your personal perspectives. This gives you a chance to say what it caused you to think about and what you think is coming up, for our profession and for those we serve. As you've had all these opportunities now to look over the span of your career, you must have been thinking about, what does it all mean? But here are a few other questions just to spur your comments—anything that you might want to add. What do you think are some of your key contributions to supporting the advancement and success of our profession?

PT: Well, I think we've covered a lot of them over the past few hours. But for me, when I look back over my career, it was encouraging the use of technology from the get-go—that librarians need to use it and patrons need to use it. And, no, I was not scared of CD-ROMs coming in when we put databases on it.

Working on scholarly publishing issues and initiatives and getting people to really understand the different sides. Planning on the training for our future leaders was so important. Being an advocate for hospital librarians and then for new medical school librarians down the road. And I really think, ultimately, just trying to keep the message out there that librarians are valuable. They bring a lot of value. And I did that on lots of different levels and just tried to keep pushing that message out there: that we have special skills, we have special knowledge, and we can bring that to a variety of institutional initiatives.

CJ: I'm curious to know, what were you thinking about as you looked back over your career, and even as we started this conversation about what your career plans were when you graduated from high school, and even before, and went on to get your library training, and all those 'nevers' that you said you weren't the least bit interested in doing, but then recognized an opportunity and took it? What did that make you think about when you reflected back on that?

PT: I think you have to be open to opportunities, that you can't shut down. So even if you say "Never," or "I don't like that," give it some thought, give it a try, and then it's amazing what comes out of that. I guess I didn't listen to myself, so when I was feeling unsure of myself, I said "Never"—or just taking very strong positions on something. But then, when it actually happened, when somebody actually approached me and said, "Why don't you consider this," I didn't shut down and I gave it credence.

There are probably lots of things where I said, "No, I'll never do that," like bungee jumping—"I'll never bungee jump"—for lots of reasons. But it was good for my career that I never actually took that really strict stance of, no, this will never happen. I will never go to Chapel Hill, I will never be a director. I think one of the dangers some of our library leaders have done over the years is that they take really strong stances, like, "I will not lay off staff." Well, then they lose their careers. And have you done anything good for the library, or have you just put it in jeopardy? As I faced some of the challenges, especially at Duke, I had to say, what's good for the survival of the library? I don't want to do layoffs, I don't want to cut budgets, I don't want to cut up my space, but ultimately, what's going to be good for the long-term survival of the library and institution—and myself for that matter.

CJ: You probably learned a lot about yourself in the course of thinking about all these career-related decisions that you made. And based just on what you've said today, they weren't just fly-by-night decisions. At the same time, you allowed yourself to be led off into different paths because you saw some potential there. Maybe the potential was that it sounded like fun, or it sounded like a challenge that you really wanted to see if you could handle—and that sounded like fun. So, it wasn't a fear of not being able to handle it, not knowing that domain well enough to be comfortable in it. It was always looking at it as an opportunity to learn more.

PT: Yes. And I think that's 'learn more,' because there were some times when I was uncomfortable or it felt really risky. It's like, really? Can I work with people? Well, yes, I can. I can find that common ground and do that.

CJ: And you built that confidence in yourself along the way.

PT: The thing I did, too, as a leader at Duke—and I think in all of my supervisory positions—is that I let my staff talk me out of things. I used to say, "Don't bring me anything after three o'clock, because I'll say no. Bring it to me in the morning." And then I learned to finally say, "Let me think about it, and let me think about it again." The staff saw me sometimes do a 180-degree turn on something, because I listened to them and I came back to the table and said, "You were right. This is how we should do it," or "This is what we should be thinking about," and I let them know that. And that's tough, because you're not always perfect, but they figured out they could change my mind on some things. Some things, no. I would just say, never while I'm director, will this happen.

CJ: If only you had known how to say, "You're making my palms sweat."

PT: I know. I used to say things like that after, like, this is the twelfth time this has been brought up and put on the table. They were small things. One of them was, let's do an online reservation center for our group rooms. Well, we had very few group rooms, and I just felt that was a really stupid thing to do. After the twelfth conversation, I said, "Okay, guys, as long as I'm director, it isn't going to happen. Don't ask again." And they instituted it within two months of my leaving. That's fine.

CJ: Not your problem.

PT: Megan [von Isenburg] wanted it, Megan got it.

CJ: Well, when you look in your crystal ball, given the remarkable career that you've had, and all the different arenas in which you've been able to make contributions, both in our institutions and in our professional associations at the national level, what's in your crystal ball in terms of the future for our libraries?

PT: We've got to build strong library leaders from the get-go, and they've got to be staff leaders as well as a director. Because our organizations are complex, and we need to have people who are seeing opportunities, recognizing opportunities, being able to make those partnerships, do the boundary spanning, and do it in a really professional way—knowing when to come back and knowing when they can just make that leap and say, I think a director cannot do it all, especially if you've got groups that are outside the library.

And that's the other thing: librarians should not be in the library. They should be outside the library. Their base should be in the library—absolutely I feel that way—but they

need to be working with departments, they need to be out and visible, they need to be sitting on committees with faculty.

CJ: You're talking about the librarian staff, not just the director.

PT: Exactly. All librarians need to be out there and out there with their people. And, we need to really listen to what our people want. Years ago, we had a real tendency to say, "I'm a librarian. I know best." I've heard that from librarians. And I think we gotten softer with that, saying, "We need to assess our users." But there's still this sense, when you look at the cold data, to say, "Well, but we really know what they need."

Nowadays, I think we really need to listen to what our users are saying they need and they need from us. And then we need to really rethink our services and our approaches to those services and decide what we need. For instance, for years, librarians fought against losing their collections. Well, they're electronic. No one knows about collections anymore. So, let those collections go. Yes, we need to have them, you need to maintain them electronically, but we are not our collections—the value's in our librarians and our services, and the expertise we can bring and the problem solving we can bring.

We do need to just say, "I don't need stacks in my library for it to be a library." I need, as Megan would say, a 'collection of services,' which meets our users' needs, and that became her mantra. Mine was, we are more than our collections. Hers was, we are a collection of services. I think that's what we've got to look at. And we've got to find ways to align very well in our organization.

And looking at trendy things, I think, is another thing librarians get into. "Well, so-and-so down the road is doing..."—whatever—visualization, data management, data storage, data archiving—and we all jump on that hot bandwagon. And sometimes it's appropriate, but sometimes you really have to analyze and say, what does this institution need, or what is our part of this, and that we can't all look like a Harvard; we can't all look like a UCLA. We've got to make our own decisions, and it may not be being mainstream; it may be slightly off of mainstream, and that might actually work better for your particular library.

I think librarians get into the traditional kind of stuff, and they have a hard time letting go of that tradition and seeing things differently. And then when hot trends come, they think, we should all be doing it. As one librarian used to tell me all the time, "We should not do change just for change's sake," and I think that's really true. There needs to be a reason for doing the change.

CJ: What about accountability? It seems like in the arena you're describing, just holding on to the old things is a much harder argument to sustain nowadays in the health care setting—but not only in the health care setting—

PT: Everywhere.

CJ: —because the accountability is so much stronger—at least it seems stronger to me, but maybe it's not. But it's definitely a key factor in figuring out where you put your talent and your resources.

PT: Absolutely. Administrators at Duke had no problems walking in and looking at my stacks and saying, “Why are we running a warehouse?” Okay, that's a new perspective. You're right, it does look like a warehouse. So, what can we do differently than this warehouse? Or coming up and saying, “You have three people at the desk and they're all playing with their phones and all looking like they're on the computer.” Well, okay, let's rethink how we staff the desk. And we certainly did that with getting reference staff off the desk and using those things more effectively. So, that's part of the accountability. Don't keep that position just because you like that person. Make that person do the job you need to have done. And those are the hard things. And kicking the staff off the reference desk who didn't want to go off the reference desk. But then later—

CJ: Doing away with the reference desk.

PT: Right! And then later on, figuring out it was one of the best things that happened. And now you're a consultant; now you're an advisor. You're not just one of many staff standing behind that desk, and they don't know if you're a reference librarian or a circulation clerk.

CJ: I was actually thinking also about the assessment part of accountability. When you mentioned getting people outside the library and working in their users' environment, isn't that a way to make a stronger argument for what value the librarian brings to that person's work?

PT: Absolutely.

CJ: Because you can track it better.

PT: Well, you can, but actually, it's just as hard to quantify, because it's really hard. We did some time studies and things like that, and it's hard to quantify what we do. There are Relative Value Units—RVUs for physicians and eRVUs for educators. I would really love to see LRVUs—which are librarians—because to put together a systematic review takes a huge amount of time.

CJ: That's a good example.

PT: Any kind of search takes some time. You've got to do some research on it. Some of the things we do for people—bibliographic citations, whatever—takes a lot of time and prep, and we get no recognition for that at all. I think systematic reviews have been good for that. So, we need to think about how we can assess all that background work. I had a boss that asked me to do time studies and how much, and it was pretty shocking, because you go, well, how do we spend the rest of our time. And staff usually said, “In committees, in committees.” Well, yes, but can we label that something else? But

assessment is important, and gathering statistics—our field is always pretty soft. We cannot directly prove that babies are safe because of us or die because of us, but we need to have some better measures.

CJ: Do you think that's one of the trends in our profession—to get a better grasp on what those measures are?

PT: I think so. That would be nice, but we struggled with it. I was looking back over the stuff, and I saw there was an AAHSL/MLA Metrics Task Force—and I know that thing just tanked. That came out of the hospital library benchmarking study [MLA Benchmarking Network], which also seemed to go nowhere. My bosses at Duke felt that the AAHSL stats were not really useful, and they didn't want it. They didn't want to see that out of the thirteen consortia members, I was number twelve. They didn't want to see that.

CJ: It doesn't mean anything.

PT: It doesn't mean anything to them. It meant more to one boss when he saw that out of 122, we were number 72 when the standard deviation of and the mean was... That meant something to him. It was a different metric. And I collected anecdotes like all good librarians—and I think it's a really good place for anecdotes in there, about the baby you did save or the person that made a total difference for a student. But that doesn't cut it in today's business world either. It's hard, and I don't know how—number of journal articles from our e-resources—it's a huge number and it becomes meaningless too. Number of databases provided—it's meaningless to a lot of people.

CJ: I just wonder how significant an issue that is going to be. It seems like an important one, but way back in the beginning of our conversation, you made a comment about the old view of libraries as being like a public good.

PT: Yes, the social good, societal good.

CJ: Yes, libraries are good just because they are what they are—free access to information. All the way to today where—

PT: You're a business.

CJ: —the big issue is, prove your value.

PT: Yes, prove your value. And think like a cost accountant. How you attach your value to something. And we did try to do some of that at Duke, saying, okay, if this researcher had to do his or her own systematic review, these are the hours that researcher would have spent just setting it up and getting it run, and then the hours of sitting down and actually searching it and doing all the different searches. And we did do some of that. Did it make a difference? No, but I think there was a little bit more understanding with my bosses, too. Like him in surgery, he had to prep for surgery, and there's a whole

bunch of stuff that goes on in prepping for that surgery. It's not just the time in the OR. So, we were trying to get more into that. Now, an interesting area that I think we were helping people with is bibliographic citation and metric work, and then people see the real value in that. You can quantify that a little bit more—so many hours were spent on that and here's the end product.

CJ: Bibliometrics.

PT: Yes, bibliometrics. We were doing a lot of that when I left Duke, and the chair of surgery is paying our librarians to do a lot of that work. So, that's an exciting new area that I think can bring a lot of value to the [institution]. And you quantify that, because it takes 'x' amount of time to do that kind of work per faculty member.

CJ: So, there are challenges like those, and opportunities. Is the future bright?

PT: I think so. I think librarians are great people, and we always bring some really interesting things to the conversation. I've never been in a meeting where a library couldn't have made things better, even if it's just organizing the agenda. But frequently it was well beyond that. We have a skill set that we've been taught—to do analysis, systems review, really listen to our users, to do assessment and take a critical look at things, and, plus, we tend to be very smart people. We've got a lot of skills that in the business world are highly valued; they're just called different things—systems thinking, systems planning, communications.

CJ: I think that's a good tagline. Let's see how we can do that. "A librarian can make any meeting better."

PT: Any project better. Any project or initiative better. A librarian can make it better. And I really believe that.

CJ: Well, I think we may have gotten to the end of our discussion, unless there's anything that we overlooked that you wanted to bring up.

PT: The last note that I have on here is, never say never; or, if you do say never, still be open to what's going to come, because so many things happened for me that I just didn't expect. I'll never be president of MLA! Oh, yeah, right.

CJ: You didn't mean it.

PT: I sort of did. I didn't think it was the perfect match for me, but it was a wonderful experience. So, becoming a hospital librarian, working the reference desk, which taught me how to be a better cataloger. All those things just opened new doors for me.

CJ: You soaked it all in. And came out better for it.

PT: I tried to. Yes, I think so.

CJ: You can't hope for more than that. And you're still going strong, and we're glad of it.

PT: Yes, and still working with great, rising new leaders who are going to challenge me in other ways.

CJ: Well, before we sign off, is there anybody else that you think we should interview for the MLA Oral History Project?

PT: Well, I think she's probably going to be interviewed anyway, and this is Beverly Murphy, who is the current president. She is the first African American president we've had. There have been African Americans on the board before. But it would probably be good to actually go and talk to some of the other African Americans who have been involved in MLA as well—Cynthia Henderson, Shannon Jones, Sandra Franklin—and I know I'm forgetting a lot of others. But to bring those people in and have them talk about what it's like to be part of that association and being a librarian. Because Beverly told me the African American community does not see this as an exciting career, so it would be nice if we had some of them talking about the career and how exciting it is. They see going into business or sports or things like that as a more rewarding career, and she's been trying to change that. So, it would be nice to have some minority candidates. And we should probably look at people from other cultural groups, too, that have come in to MLA and been part of MLA and contributed to it.

CJ: As MLA becomes more global.

PT: Yes, but even in the United States, we have a number of people that have very different backgrounds, but we have not always recognized it. In this [NLM/AAHSL fellows] cohort we have, this person has a very anglicized-sounding name, but she is Latina, so let's have her talk about what her experiences are.

CJ: Well, that's good input, and I hope that MLA can take you up on that. If there's nothing else, I want to thank you for spending an entire day talking to me. It's been fascinating for me. I thought I knew you pretty well, but I learned an awful lot. I appreciate all that you've done for our profession.

PT: Well, thank you. You asked great questions and brought me through this. It is amazing when you go back over your career—and this has been an incredible exercise, because you forget things, and then you start putting them in perspective and you realize just how many people helped you along the way, just how many important steps there were to moving me along in a certain direction or course correcting. So, this has been a wonderful process.

CJ: It takes a village, as the saying goes. Okay. Thanks very much, Pat.

Index

A

American Library Association (ALA), 41
 Anderson, George, 8-9
 Anderson, Rachael K., 52
 Assessment, 26,72-75
 Association for Health Information and Libraries in Africa (AHILA), 47
 Association of Academic Health Sciences Libraries (AAHSL), 52-53
 Annual statistics, 74
 Board of Directors, 59,64-65
 Chicago Collaborative, 53-55
 Comparison with MLA, 52,65-66
 Joint MLA/AAHSL Ad Hoc Metrics Task Force, 74
 Joint MLA/AAHSL Legislative Task Force, 50
 Leadership development, 38-39,56-59,60-61
 Medical libraries, reporting relationship, 30,58-59
 New and Developing Academic Health Sciences Libraries Committee, 58-60,70
 NLM/AAHSL Leadership Fellows Program, 37-39,56-58,60,61-63,76
 Presidency, 64-65
 Association of North Carolina Health and Science Libraries (ANCHASL), 42,44
 Association of Research Libraries (ARL), 29,57
 Association of Rhode Island Health Sciences Libraries, 41
 Awards, 22,33,51

B

Bacon, Thomas J., 11,13,16,17,37
Belmont Report, 9
 Bird, Warren, 17
 Braude, Robert M., 51

Brennan, Patricia Flatley, 67-69
 Broering, Naomi C., 45,48
 Buckley, Edward G., 26
 Buncombe County Medical Society, 12
 Butcher, Tom, 11
 Butson, Linda C., 16
 Byrd, Robert L., 37

C

Campbell, Jerry D., 27
 Card catalog, filing in, 2-3,4
 Career decisions, 1-7,10-11,17-18,32,37-38,70-71,75
 Career influences, 1-4,6-7,8-9,13,25-26,27-28,37,41,42-43,44,64
 Cataloging, 2-6
 Children's librarianship, 2,3
 Circuit riding, 13,14
 Clabots, Lee, 8
 Clemmons, Nancy W., 32
 Clinical and Translational Science Awards (CTSA), 40
 CLOCKSS, 53
 Collection development, 2,28,36,51
 Consumer health, 8,9,33-34,45-46,48
 Conte, Meredith, 7,8

D

Data sets. *See* E-science
 Deiss, Kathryn J., 38,57,63
 Dexter, Nadine, 59,60
 Director, role of, 23-25,27,30,33,70,71
 Duke University Libraries
 Differences in culture, 26-30
 Relationship with, 26-29,34-35
 University librarians, 23,27-28
 Duke University Medical Center, 16,19,20,22,23,26-27,28,33-34
 Duke philosophy, 18,21-23,26,37
 Library
 Administrators, relationship with, 25-26,30-31,32-33,37,73-75

Budget, 19,20,21,27,37,70
 Challenges, 17-18,19,20-21,23-
 24,28-29,30-32,56,70
 Grants, 33-34
 Illness of director, 30-32
 Interest in, 17-18
 Space, 19,21,22,70
 Staff
 Attitude, 17-18,19,20,21,22,23-
 24,32,33,40-41
 Independence of, 23-25,40-41
 Layoffs, 19,20-22,70
 Role, 19,20-21,24-25,40-
 41,72,73-75
 Technology, 22-23,34

E

Education, graduate, 4-5,6,14,16
 Education, undergraduate, 2-3
 E-journals, 22-23,51
 Archival of content, 53
 Elsevier, 52,54-55,56
 E-science, 40-41,65,68,69,72
 Evidence-based medicine (EBM), 24

F

Feinglos, Susan J., 18,30-32
 Ferriero, David S., 23,27-28
 Filing in card catalog, 2-3,4
 Fisher, Janet S., 44
 Franklin, Sandra G., 76
 Funk, Carla J., 47,48,50,51,52
 Future of librarianship, 71-72,75

G

Gillikin, Phyllis C., 42-43
 Go Local. *See* MedlinePlus Go Local
 Gogan, James P., 12
 Grateful Med, 12,14
 Guevara, Che, 47

H

Halperin, Edward C., 26,33
 Harris Regional Hospital, Sylva NC, 13
 Homan, J. Michael, 51
 Hospital libraries, 7,48,50,70
 Huerta, Michael F., 68
 Husband. *See* Melamut, Steven J.

I

Index Medicus, 23
 Influence and contributions, 40,50,69-70
 Informationist, 33
 Institute of Museum and Library
 Services (IMLS), 33
 Institutional Review Board (IRB), 8-9
 Integrated Academic Information
 Management Systems (IAIMS), 33
 Integrated library system (ILS), 27-28,36
 Interlibrary loan (ILL), 35,36
 International Federation of Library
 Associations and Institutions (IFLA),
 46
 International librarianship. *See* Medical
 Library Association. Global issues

J

Jakubs, Deborah, 28
 Jenkins, Carol G.,
 13,21,27,33,34,36,38,46,47,57
 Jobs, influence of early, 2-4
 Jones, Shannon D., 76
 Joseph, Heather, 54

K

Kaufman, Russel E., 25-26
 Kennedy, Mary Lee, 29
 Koonts, Russell, 23,25

L

Langman, Mary M., 50
 Lathrop, Irene M., 10

Leadership development, 33,38-39,57-58,60-61,70,71
 Leadership philosophy, 23-26,29,30,33,37,39-40,61,70-72
 Liaison Committee on Medical Education (LCME), 33,59
 Librarians, advice for, 70,71-72,75
 Librarians, role of, 71-75
 Librarianship, selection as career, 1-2
 Libraries, role in society, 61,72,74
 Library experience, early, 1-2
 Library experience, university, 2-4
 Library mission, alignment with institution, 13,15,23-24,72
 Library school education, 4-5,6,41
 Lindberg, Donald A. B., 39
 Lipman, David J., 66
 Listservs, 34,44,61
 Loansome Doc, 14
 LOCKSS, 53
 Lyons, Jill, 8

M

Masys, Daniel R., 68
 Mazure, Emily S., 25
 MBA, 16,20
 McCann, Jett, 61-62
 McCarthy, Connie Kearns, 37
 Medical librarianship, interest in, 6-7
 Medical libraries, reporting relationship, 29-30,58-59
 Medical Library Association (MLA)
 Advocacy Toolkit, 47
 Board of Directors, 43-47,48-50,52
 Bylaws Committee, 45,50
 Center for Research and Education (CORE), 47
 Consumer and Patient Health Information Section (CAHIS), 46,48,49
 Consumer health, 45-46,48
 Cunningham Memorial International Fellowship, 46-47
 Educational Media and Technologies Section, 43

Fellows, 51
 Global issues, 46-47,50
 Governance, 45,49
 Hospital libraries, 42-43,48,50,74
 Hospital Libraries Section. *See* Hospital Library Section
 Hospital Library Section, 42-43,44,49
 International Cooperation Section, 46
 Introduction to, 41,42
 Joint MLA/AAHSL Ad Hoc Metrics Task Force, 74
 Joint MLA/AAHSL Legislative Task Force, 50
 Leadership and Management Section, 43
 Librarians without Borders, 47
 Member-driven organization, 47,51,65
 National Program Committee (NPC), 44
 Nominating Committee, 44,45,50
 Presidency, 1,6,45,46-48,49-50,52,75
 President's Award, 51
 Scholarly communications, 50-51
 Section Council, 34,43-45,48-49,50
 Special Interest Groups (SIGs), 45
 Task Force on Global Initiatives, 46-47
 Technical Services Section, 43
 Vital Pathways Project, 48
 Medical Library Association annual meetings
 Anaheim, 1982, 42,51
 Denver, 1984, 51
 Washington, DC, 2004, 52
 Medical schools, new, 58-60,70
 MEDLINE, 10,23,67
 MedlinePlus Go Local, 34
 Melamut, Steven J., 5,10-11,17-18
 Mentoring, 38-39,61-64
 Mentors, 1-2,8-9,13,25-26,37,41,42-43,63,64
 Mickelson, Patricia C., 17,39,56,61
 Mid-Atlantic Chapter (MAC), 44
 Mission Hospital, Asheville NC, 13,16
 Mother, 1,2

Mountain Area Health Education Center (AHEC), 10-17
 Challenges, 11-12,14,15
 Characteristics, 11-12,13,15-16
 Interest in, 10-11
 Southern culture, 10-11,12,15-16,17
 Murphy, Beverly, 76

N

National Institutes of Health (NIH), 65
 NIH Public Access Policy, 50,52,67
 National Library of Medicine (NLM), 34,50,66
 Data issues, 65,68-69
 NLM/AAHSL Leadership Fellows Program, 38-39,56-58,60,61-63
 PubMed Central National Advisory Committee, 66-67
 Strategic planning, 67-69
New England Journal of Medicine, 52
 North Carolina Area Health Education Centers (AHEC) Program, 12-14,17,34,36,42
 North Carolina Health Information, 33-34
 Northwest Area Health Education Center (AHEC), 13,14

O

OCLC, 3-4,5,7
 Ovid, 22

P

Peay, Wayne J., 51
 Piorun, Mary E., 62
 Plutchak, T. Scott, 53
 Professional involvement, value of, 41,42-43,44
 Providence RI, hospitals in, 7,9-10
 Publisher advisory boards, 52,54,55
 Publishers, relationship with librarians, 52,53-56
 PubMed Central, 66-67

R

Relative Value Unit (RVU), 73
 Research Triangle Park NC, 35
 Rhode Island College
 Adams Library, 4,5,6
 Rhode Island Hospital, Providence RI, 9-10
 Rhode Island Library Association, 41
 Ryan, Mary L., 44

S

Schardt, Connie, 24-25,40
 Scholarly communications, 50-51,53-56,70
 Scholarly Publishing and Academic Resources Coalition (SPARC), 54
 Schulte, Stephanie J., 62
 Shedlock, James, 1,6
 Skills needed by medical librarians, 6-7,8,55-56,57-58,61,71
 Special Libraries Association (SLA), 41
 Systematic reviews, 73,74

T

Technology, 1,3-4,5-6,12,14,22-23,34,69
 Tooley, Mary Joan (M. J.), 39,48
 Triangle Research Libraries Network (TRLN), 34-36

U

University of New Hampshire, 2-3
 Dimond Library, 2-4
 University of North Carolina at Chapel Hill (UNC-CH), 14,16,21
 Health Sciences Library, 21,22,34
 School of Information and Library Science (SILS), 33
 University of Pittsburgh, 17

University of Rhode Island (URI)
Carothers Library, 4
Graduate Library School, 4-5,6
UpToDate, 56

V

Varmus, Harold E., 52
von Isenburg, Megan, 23,71,72

W

Watson, Linda A., 46,51
Weise, Frieda O., 45
Western Carolina University, 16
Williams, James F., II, 29
Women & Infants Hospital of Rhode
Island, Providence RI, 6-11,42
Experience, value of, 8-9
Merger, 9-10
Positions, 7
Women in administration, 7,8,64

Patricia L. Thibodeau

Education

Master of Business Administration, Western Carolina University, Cullowhee, NC	1991
Master of Library Science, University of Rhode Island, Kingston, RI	1976
B.A. History, University of New Hampshire, Durham, NH	1974

Fellowship

Medical Informatics MBL/NLM Course Fellow – Marine Biological Laboratory, Woods Hole, MA. Sponsored by the National Library of Medicine. Certificate, Spring Course, 2000.

Certification

Certificate of Health Sciences Librarianship, January 1980-1988
Academy of Health Information Professionals, Member 1989-1994; Distinguished Member 1994-present
IRB Research Certification, Duke University

Awards

The President's Award, Medical Library Association, May 2005. In recognition of valuable contributions to scholarly publishing advocacy on behalf of the Association and its members. May 2018 In recognition of with Bylaws Committee on revised association Bylaws.
Fellow, Medical Library Association, May 2007.
Duke University 2015 Meritorious Service Award, Executive Leadership.

Leadership/ Mentoring Programs

NLM/AAHSL Leadership Fellows Program, Mentor, 2004-2005, 2006-2007, 2015-2016
TRLN Doctoral Fellows Program, Mentor, 2004-2007

Professional Experience

Program Director, NLM/AAHSL Leadership Fellows Program, AAHSL, Seattle, WA, 2017-2020

- Provide general support to the Leadership Fellows Program and the fellows, mentors, and faculty involved in it
- Oversee plans and prepare materials for the Orientation, Leadership Institute, Capstone events and virtual sessions
- Participate in the recruitment and selection of mentors and fellows
- Ensure regular communication is maintained within the learning community and address problems if they arise
- Evaluate program activities and content and make recommendations for changes
- Work with program faculty on the content, exercises, and supporting materials for the curriculum
- Support the activities of the Future Leadership Committee including preparing drafts of agendas and minutes
- Work on the committee's special projects
- Conduct surveys and data analyses on leadership issues

Patricia L. Thibodeau

Associate Dean for Library Services & Archives, Duke University Medical Center Library, Durham, NC, 2000-2017

- Provide leadership and direction for information services, archives, and record management.
 - Oversee management of Library and Medical Center Archives.
 - Make decisions regarding all major budget and capital expenditures.
 - Represent Library on key internal and external committees and task forces.
 - Work with key curricular groups on the integration of technologies and informatics into the training of health professionals.
 - Develop and present proposals on advanced educational technologies and the use of new technologies in the delivery of knowledge resources.
 - Provide benchmarking data to Duke Medicine administration.
 - Provide leadership and input into institutional accreditation processes: LCME, SACS, Joint Commission
 - Integrate knowledge-based information into clinical, research and educational activities.
 - Serve as Study Program Director for medical students for degrees in information science and informatics.
-

Acting Director, Duke University Medical Center Library, Durham, NC, 1999-2000

- Act in the full capacity of director of the Library while search underway.
 - Provide leadership for information services to the DUMC community.
 - Oversee management of Library.
 - Make decisions regarding all major budget and capital expenditures.
 - Provide leadership for strategic planning process.
 - Identify and implement new initiatives.
 - Participate in major committees, task forces, and study groups.
 - Continue routine duties of Associate Director position.
-

Associate Director, Duke University Medical Center Library, Durham, NC, 1993-2000

- Assumed responsibility for most of the activities and duties of the director during illness of director (1994-1999).
- Assisted in overall management of the library.
- Managed and coordinated public and technical services and resources.
- Planned and implemented services.
- Prepared and managed budget including capital expenditures and handled personnel issues.
- Evaluated and implemented automated systems including DRA, Innovac, and OVID database systems.
- Coordinated and managed special projects including implementation of UNIX platform; development of Internet activities and services, and design and construction of electronic classroom.
- Reviewed and revised contracts and licenses.
- Developed, revised and implemented short and long-range plans as well as policies and procedures.
- Facilitated library and medical center meetings and special task forces.
- Served as liaison to North Carolina AHEC Library and Information Service Network.
- Served as Co-Chair of the DUMC Web Task Force and assisted in development and restructuring of Medical Center Web site.
- Wrote and provided information for grant proposals.
- Served as library representative on medical center, campus, and Triangle Research Library Network committees, task forces and special projects.

Patricia L. Thibodeau

Director, Division of Information & Media Services, Mountain Area Health Education Center, Asheville, NC, 1983-1993

- Managed all facets of health sciences library and full media services including personnel, finances, services collections, facilities, and policies.
- Provided outreach and consultations services to health professionals and libraries in a fifteen county region.
- Managed computer learning center and microcomputer support services for organization.
- Developed five year strategic plan and annual goals and objectives.
- Created, revised and implemented policies and procedures.
- Represented department and served as chair of various institutional committees.
- Established institutional review board and chaired oncology IRB for Mission Hospital.
- Wrote grant proposals and sought alternative funding sources, including fees for service.
- Coordinated disaster recovery activities after major fire.
- Supervised Student Housing program.
- Designed, developed and taught workshops and training programs.

Director, Health Sciences Information Center and Research Administration, Women & Infants Hospital of Rhode Island, Providence, RI, 1977-1983

- Managed all facets of the medical library and media services.
- Planned, implemented and performed all professional-level services.
- Evaluated and planned shared library services and space requirements for hospital facility merger.
- Established Media Center and services including coordination of AV equipment and production of AV materials.
- Served as research administrator for human and animal research protocols.
- Ensured compliance with state and federal research regulations.
- Interpreted research regulations and developed and implemented institutional policies and procedures.
- Managed and coordinated Institutional Review Board (IRB) committee and process.

Instructor, University of Rhode Island, Graduate Library School, Kingston, RI, 1982

- Taught Masters level course in Health Sciences Librarianship, which covered the various facets of health sciences/medical librarianship.

Assistant Librarian/Cataloger, Rhode Island College, Adams Library, Providence, RI, 1976-1977

- Cataloged and classified book and non-book materials using OCLC system.
- Served as Reference Librarian during evenings and on weekends.
- Developed staff manuals.
- Selected books for the collection.

Graduate Assistant, Graduate Library School, University of Rhode Island, Kingston, RI, 1975-1976

- Performed research for publications and classroom preparation.
- Assisted faculty; lectured in cataloging and technical services classes.
- Worked on special computer database projects.

Patricia L. Thibodeau

Student Assistant, University of Rhode Island Library, Kingston, RI, 1974-1975

- Input original and copy cataloging using OCLC system and updated authority file.

Student Library Assistant, University Of New Hampshire, Dimond Library, Durham, NH, 1970-1974

- Reclassified books into LC; inventoried collection; trained staff and students in filing, processing and OCLC system.

Committee Appointments - Duke University and Affiliated Programs

Advisory Committee for the Duke Endowment "Open Access" Curriculum Grant 2004-2008
Cardiac Drug Team, Computerized Physician Order Entry Implementation 2004-2005
CITIE (technology in education) Steering Committee 2000-2001
Continuing Medical Education Advisory Committee 2000-2013
Document Delivery System Team 1994-1998
Duke AHEAD (Academy for Health Professions Education and Academic Development) Inaugural Steering Committee 2013- Membership Workgroup -- Facilitator 2013-
Duke Area Health Education Center Program Advisory Committee 1993-2001 Duke
Center for Health Informatics, Leadership Team/Faculty 2009-
Duke Health System Patient Education Governance Council 2013-
Duke Hospital Information Management Team (JCAHO) 1994-2010
Educational Technology Working Group, Co-chair 1998-2003
EPIC/Maestro Care Order Set Review Team 2014-2015
Executive Committee of the Medical Staff 1999-
Faculty Development Advisory Committee 2008-2015
GME Assistant Director Search 2015-2016
Information Studies and Information Science Task Force 1999
Information Technology Advisory Committee Subcommittee on Academic Technology 2002-2004
Libraries Electronic Reserves Work Group 1998-2000
Library Advisory Committee 1993- ; chair 1999-
Medical Center Internet Access Task Force 1994-1997
Medical Center Web Site Advisory Group 1999-2000
Medical Center Web Task Force 1994-1997
Search Committee for University Archivist 2001-2002
North Carolina AHEC Library and Information Services Network 1993-2000
North Carolina AHEC Statewide Electronic Network Directors of Libraries Planning Group 1997-2000
North Carolina Consumer Health Information Project, Steering Committee 2005- NC
Health Info Website – Editorial Board 2007-
Perkins Library Electronic Access Committee 1995-1998
School of Medicine Capstone Course Task Force 2005-2014
School of Medicine Curriculum Electronic Media Task Force, Co-chair 1999-2000
Curriculum Subcommittee on Educational Technology, co-chair 2001-03
School of Medicine Curriculum Committee 1999-
School of Medicine Comprehensive Administrative Group 2002-
School of Medicine Curriculum Structure and Organization Task Force 1999-2000
School of Medicine Education Building Planning 2011-2013
School of Medicine, Self Study Team for Liaison Committee for Medical Education Accreditation 1999-2000

Patricia L. Thibodeau

Committee Appointments (continued)

School of Medicine, Steering Committee and Chair of Educational Resources Subcommittee, Self-Study for Liaison Committee for Medical Education Accreditation 2006-2008, Committee member 215-2016
School of Medicine Medical Informatics Curriculum Working Group 2005-2008
School of Medicine Multiple-Mini Interviews Rater (admissions interviews) 2012-2016
School of Medicine Patient Safety Course Planning Group 2006-2013
School of Medicine PRACTICE Curriculum Task Force on Computers 1996-1998
School of Medicine Technology in Health Education Committee -- Facilitator 1994-1995
School of Medicine Third Year Curriculum Committee 2005-
Study Program Director for Information Science and Informatics 2004-
Administrative Principal Investigator for Third-year Research Projects 2012-
Search Committee for Associate Dean for Continuing Medical Education 2005
Student Library Advisory Committee 2009-2012
Triangle Research Libraries Network (TRLN) Council of Directors 1999-2013; Advisory Council 2013-
TRLN Document Delivery System Steering Committee 1996-1998
TRLN Subcommittee on Environmental Sciences Collection Development (Pilot Study) 1996

Grant Activities

National Networks of Library of Medicine von Isenburg (PI) 09/01/08-12/31/09

The Kindle: A Novel Way to Increase Access to Medical Information in Community Clinics. Awarded to Duke University Medical Center Library. Purpose: Determine feasibility of using Kindle readers for accessing medical literature in training sites with limited computer resources and Internet connectivity.

RE-01-05-0015-05 IMLS Wildemuth (PI) 12/15/05-12/15/09

Recruiting Medical Students into Health Sciences Librarianship. Institute for Library and Museum Services. Awarded to University of North Carolina Chapel Hill School of Information and Library Science. December 2005. Purpose: Test the feasibility of developing informationists (content experts with knowledge of library and information science) by recruiting medical students to complete a master's degree in information or library science as part of their medical education. Co-investigator.

5-41209-10 IMLS Marshall (PI) 10/03-10/05

Recruiting and Educating Librarians for the 21st Century. Institute for Library and Museum Services. Awarded to University of North Carolina Chapel Hill School of Information and Library Science. October 2003. Purpose: Support doctoral students pursuing studies in academic librarianship in order to increase the supply of academic librarians as well as the quality and depth of the education received by future library professionals. Member of research team and mentor for two doctoral fellows.

The Duke Endowment Halperin (PI) 06/04-06/08

Open Access Medical Education Curriculum. The Duke Endowment. Awarded to Duke University School of Medicine. June 2004. Purpose: To assist in the development of a new approach to medical education that focuses on the use of new technologies to support teaching and learning. Role: Member of research team.

LSTA NC State Library Thibodeau (PI) 07/03-06/04

Cultural History of the Physician Assistant Profession – North Carolina State Library. Awarded to Duke University July 2003. Purpose: Digitize records, documents, and images that capture the history of the PA profession and making them accessible on the Web.

Patricia L. Thibodeau

Grants (continued)

National Library of Medicine Wright (PI Fayetteville AHEC)

Internet Access for Rural Health Professionals - The National Library of Medicine. Awarded to Fayetteville Area Health Education Center, October 1996. Purpose: Provide Internet connections and access in four rural counties in FAHEC region. Role: Consultant.

National Library of Medicine Thibodeau (PI) on initial submission 1993-1995

Mental Health Access Network and Information Consortium (MHANIC) Project - National Library of Medicine Information Access Grant. Awarded to Mountain AHEC, 1993. Purpose: Develop and strengthen basic information services in rural hospitals with mental health services in three AHEC regions; includes purchase of computer hardware, fax equipment and Grateful Med software. Role: Principal Investigator until left MAHEC; wrote the grant proposal; developed specifications for all equipment; created detailed budget; developed statistical tools for common data collection.

The Duke Endowment Thibodeau (PI) 1992

Mountain Area Information Network (MAIN) Supplement Request - The Duke Endowment. Awarded to Mountain AHEC, December 1992. Purpose: Develop computerized information services in 3 additional rural hospitals. Role: Principal Investigator; responsible for establishing specifications and negotiating prices for all equipment and database subscriptions; developed plan for installation of equipment and training of contact people; ensured that participating facilities processed necessary requests and paperwork in timely manner.

The Duke Endowment Thibodeau (co-PI) 1991

Mountain Area Information Network (MAIN) Project - The Duke Endowment. Awarded to Mountain AHEC, January 1991. Purpose: Develop computerized information services in 15 rural hospitals. Role: co-investigator; assisted in development of proposal and specifications and implementation.

National Library of Medicine Butson (PI) 1990

Grateful Med Training Grant - National Library of Medicine. Awarded to Mountain AHEC, October 1990. Purpose: Develop Grateful Med training materials and provide training courses to health professionals and family practice residents in a 15 county region.

Presentations / Posters

Assessing Research Impact: How Good is Good Enough? Poster presentation: V. Carden, B. Tuttle, M. von Isenburg, P. Thibodeau. Mid-Atlantic Chapter of MLA Annual Meeting, September 2016. *Won 1st Place Research Award.* Pending: Medical Library Association Annual Meeting, May 2017.

The Networking Game. Workshop: P. L. Thibodeau. Duke AHEAD, May 24, 2016.

Medical Student Publications: A Forgotten Piece of the Scholarly Communications Mosaic. Paper: P. L. Thibodeau, M. G. Van Noord, V. M. Carden, E. C. Heet, and B. Murphy. Medical Library Association Annual Meeting, May 2016.

The Metric Mosaic: Evaluation of Research Impac. Poster presentation: V. M. Carden, S. H. Keesee, and P. L. Thibodeau. Medical Library Association Annual Meeting, May 2016.

Piecing Together Public Access Compliance Issues: Analysis of One Institution's Challenges: Poster presentation: P. L. Thibodeau, E. Mazure, V. M. Carden, E. Cryer Heet, B. Murphy, and M. G. Van Noord. Medical Library Association Annual Meeting, May 2016.

Be iNFORMED: A Checklist for Evaluating Unknown Journals and Publishers. Poster presentation: P. L. Thibodeau, M. von Isenburg, E. Heet. Medical Library Association Annual Meeting, May 2015.

Duke AHEAD: The conception, development, and implementation of an inter-professional academy. Paper presentation: D. Engle, A. Nagler, C. Groshowski, A. Clay, P. Thibodeau, K. Dickerson, D. McNeill. AAMC Southern Group on Education Affairs, April 26, 2015.

Patricia L. Thibodeau

Presentations / Posters (continued)

- Getting AHEAD on your writing: Selecting the Right Journal.* P.L. Thibodeau. Duke AHEAD Panel Discussion, October 23, 2014.
- NIH Public Access Policy: A Learning Opportunity.* Poster presentation: E. Mazure, P.L. Thibodeau, V. Carden, E. Cryer, A. Leonardelli, B. Murphy, C. Schardt. Medical Library Association Annual Meeting, May 2014.
- Rip and Renew: Renovating our Brand from the Ground Up.* Poster presentation: B. Murphy, E. Berney, J. Braun, V. Carden, E. Cryer, A. Leonardelli, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2014.
- Leisure Reading: Validating Selection Decisions and Identifying Reader Preferences.* Poster presentation: P.L. Thibodeau, E. Berney, E. Cryer, B. Dietsch. Medical Library Association Annual Meeting, May 2014.
- NIH Public Access Policy: An Opportunity to Support Researchers.* Contributed paper: E. Mazure, A. Leonardelli, B. Murphy, P.L. Thibodeau, C. Schardt, E. Cryer, R. Peterson, V. Carden. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 2013.
- Assessing the Information Needs of Early-Career Biomedical Researchers.* Contributed paper: E. Mazure, P.L. Thibodeau, L. Ledbetter, B. Tuttle, K. Grigg, M. von Isenburg. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 2013.
- NIH Public Access Policy: The Duke Experience.* Presentation. NIH PubMed Central National Advisory Committee, June 2013.
- The Effect of E-book Availability on the Usage of Print Monograph Titles.* Poster presentation: K. Grigg, E. Cryer, B. Dietsch, A. Leonardelli, R. Peterson, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2013.
- Assessing the Information Needs of Early Career Biomedical Researchers.* Poster presentation: E. Mazure, P.L. Thibodeau, L. Ledbetter, B. Tuttle, K. Grigg, M. von Isenburg. Medical Library Association Annual Meeting, May 2013.
- Integrating the Library and New Medical Learning Center.* Poster presentation: P.L. Thibodeau, R. Peterson, V. Carden. Medical Library Association Annual Meeting, May 2013.
- AAHSL and New Academic Health Sciences Library.* Introduction and welcome. AAHSL New Academic Health Sciences Library Symposium, June 25-26, 2012.
- Increasing the Findability of E-Books.* Poster presentation: K.S. Grigg, E. M. Berney, E. Cryer, B. Dietsch, A., and R.A. Peterson, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2012.
- Publication Data: Growing Opportunities.* Poster presentation: V. Carden, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2012.
- Responding to Lost Space: Being an Innovative Team Player.* Invited speaker. Association of North Carolina Health and Science Libraries annual meeting, September 2011.
- Where's the collection development in "patron-driven"?* Invited panel presentation with Mark Funk and Jonathan Eldredge. Collection Development Section 25th Anniversary Panel Discussion, Medical Library Association Annual Meeting, May 2011.
- Rethinking the Analysis of Faculty Publications.* Poster presentation: V. M. Carden, E. Cryer, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2011.
- Reflections on Lost Space: A Chance to Reconnect to the Community.* Poster presentation with Richard A. Peterson, Karen S. Grigg, Emma Cryer, Virginia Carden, and Beverly Murphy. Medical Library Association Annual Meeting, May 2010.
- Building on the Past, Transforming our Future.* Contributed paper: P.L. Thibodeau, R. A. Peterson, K.S. Grigg, E. Cryer. Medical Library Association Annual Meeting, May 2010.
- Marketing Open Access to Everyone.* Poster presentation: E. Cryer, V. Carden, K.S. Grigg, B. Murphy, R.A. Peterson, P.L. Thibodeau, A. Thompson. Medical Library Association Annual Meeting, May 24, 2010.
- Skills for the Future: Transforming Health Sciences Libraries.* Invited panel presentation. Medical Library Association TriChapter Conference, Atlantic City, NJ, October 6, 2009.
- Transformational change: the 9th Annual Health Sciences Lively Lunch.* Invited paper. Charleston Conference, Charleston, SC. Nov. 6, 2009.

Patricia L. Thibodeau

Presentations / Posters (continued)

- The Chicago Collaborative: Facing the Grand Challenges of Scholarly Communication.* Panel presentation with John Tagler, Tom Richardson, Irving Rockwood. Charleston Conference, Charleston, SC. Nov. 5, 2009.
- The Chicago Collaborative.* Presentation: P.L. Thibodeau, John Tagler. North Atlantic Serials Interest Group 24th Annual Conference, Asheville NC June 6, 2009
- Using a Data-Driven Approach to Assess Efficacy of Collection Development Decisions.* Poster presentation: K. Grigg, R. A. Peterson, P.L. Thibodeau, B. Koestner (UNC School of Information and Library Science). Medical Library Association Annual Meeting, May 2009.
- A Novel Approach to Recruiting and Educating Medical Informationists.* Contributed paper: C. M. Schardt, P.L. Thibodeau, and B.M. Wildemuth, C. Gollop, .P. Schaeffer (UNC School of Information and Library Science). Medical Library Association Annual Meeting, May 2009.
- Fusing the Old and New: Integrating the Library's History of Medicine Program into the Revised Curriculum.* Contributed paper: P.L. Thibodeau, R.A. Peterson, S. Porter. Medical Library Association Annual Meeting, May 2009.
- The Kindle: A Novel Way to Increase Access to Medical Information in Community Clinics.* Poster presentation: M. von Isenburg, K.S. Grigg, B. Tuttle, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2009.
- Managing Collections Budgets in Times of Economic Hardship: Internal Communications.* Invited speaker: Triangle Research Libraries Network Collections Council Seminar, Feb. 25, 2009.
- Transformational Change in Health Sciences Libraries: Space, Collection, Roles.* Keynote address. Penn State Milton S. Hershey Medical Center/College of Medicine, Hershey, PA. April 2, 2009.
- A Novel Approach to Educating Medical Informationists.* Contributed paper: C. Gollop, B. Wildemuth, C. Schardt, P.L. Thibodeau. ALISE 2009 Conference, January 2009.
- Complying with the NIH Public Access Policy: Faculty, Institution, and Academic Society Perspectives.* Invited panelist. AAMC Annual Meeting, CAS/GRAND Plenary. November 2, 2008.
- Speed Weeding: When Space Needs are on the Horizon.* Poster presentation: K.S. Grigg, C.S. Lackey, B. Murphy, R.A. Peterson, P.L. Thibodeau. Medical Library Association Mid-Atlantic Annual Meeting, October 2008.
- Global health: Some First Steps to Serving this Interdisciplinary Field.* Poster presentation: J. Loo, A. Langley, B. Murphy, P.L. Thibodeau. Medical Library Association Mid-Atlantic Annual Meeting, October 2008.
- Point of Care Resource Evaluation: Connecting the Library with User Needs.* Poster presentation: K.S. Grigg, R. A. Peterson, P.L. Thibodeau, C. Schardt. Medical Library Association Annual Meeting, May 2008.
- Open Access and the Publishing Industry.* Speaker/presenter. Medical Library Association Educational Webcast *Scholarly Publishing and Open Access: Straight Talk*. November 20, 2007.
- Serving Up Hyperbaric Medicine Information - Cooking with the Undersea & Hyperbaric Medicine Society & Rubicon Foundation.* Poster presentation: V. R.M. Carden, R.S. Koonts, R.A. Peterson, C.S. Lackey, Duke University Medical Center Library & Archives, and Gene W. Hobbs, Director, Rubicon Research Repository, The Rubicon Foundation, Inc., Durham, NC. Medical Library Association Mid-Atlantic Chapter Annual Meeting, October 2007.
- Recommended Keywords for Undersea and Hyperbaric Medical Literature.* Poster presentation: C.S. Lackey, E.W. Hobbs, V.R.M. Carden, R.S. Koontz, R.A. Peterson, Undersea and Hyperbaric Medical Society 2007 Annual Meeting, Kapalua, Maui, HI, June 2007.
- Scholarly Publishing Issues: The Challenges and Opportunities Facing Libraries In An Open Access Environment.* Organizer, moderator and panelist. Medical Library Association Annual Meeting, Scholarly Publishing Symposium, May 23, 2007.
- Creating a Revolution in Hyperbaric Medicine.* Poster presentation: V.R.M. Carden, R.S. Koonts, R.A. Peterson, C.S. Lackey, P.L. Thibodeau and Gene W. Hobbs, The Rubicon Foundation, Inc., Durham, NC. Medical Library Association Annual Meeting, May 2007.

Patricia L. Thibodeau

Presentations / Posters (continued)

- Defining the Global Health Librarian.* Poster presentation: L. Charles, TRLN Doctoral Fellow, UNC - Chapel Hill, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2007.
- Evidence-based Practice: A Revolution in Library Project Management.* Poster presentation: C. Perryman, TRLN Fellow, UNC - Chapel Hill, P.L. Thibodeau. Evidence-Based Library and Information Practice Conference IV, Durham NC, May 2007. And, Medical Library Association Annual Meeting, May 2007.
- Library leaders discuss the pros and cons of evidence-based practice.* Invited panelist. Evidence-Based Library and Information Practice Conference IV, Durham NC, May 2007
- Open Access Curriculum Study: Can We Improve the Way Medical Students Learn?* Poster presentation: A. Powers, C. Schardt, M. von Isenburg, P.L. Thibodeau, B. Tuttle. Medical Library Association Annual Meeting, May 2007.
- The Informationist and Information Specialist Revolution: Career Pathways for Physicians?* Poster presentation: P. Schaeffer, B.M. Wildemuth, C. Gollop, School of Information & Library Science, UNC Chapel Hill; and P.L. Thibodeau, R. James. Medical Library Association Annual Meeting, May 2007.
- The Open Access Revolution: Patterns in Faculty Free Full-Text Publications.* Poster presentation with K.T.L. Vaughn and C.G. Jenkins, UNC Health Sciences Library, Chapel Hill, NC; V.M. Carden, P.L. Thibodeau, and S.E. Warlick, University of Maryland at Baltimore Health Sciences and Human Services Library. Medical Library Association Annual Meeting, May 2007.
- New Dual Degree Pathways: Duke's Medical Information Specialist Training (MIST) Program.* Poster presentation: P.L. Thibodeau, P. Schaeffer, B. M. Wildemuth, C. Gollop, School of Information & Library Science, UNC Chapel Hill. Association of American Medical Colleges Annual Meeting, October 2006.
- Transformations in Open Access Publishing at Two Universities.* Poster presentation: V. Carden, P.L. Thibodeau, and K.T.L. Vaughn, S. Warlick, C.G. Jenkins, UNC Health Sciences Library. Medical Library Association Annual Meeting, May 2006.
- Citation Analysis: Transforming How Institutions View Their Publications.* Poster presentation: V.R.M. Carden, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2006.
- Transforming Physicians into Informationists: a Dual-degree Pathway to Developing Medical Information Specialists.* Poster presentation: P.L. Thibodeau, and P. Schaeffer, School of Information and Library Science, University of North Carolina at Chapel Hill, and R. James. Medical Library Association Annual Meeting May 2006.
- The Duke Curriculum – Foundation for Excellence – The Scholarship (3rd) Year.* Poster presentation: D.A. Schwinn, MD, P.L. Thibodeau. Association of American Medical Colleges Annual Meeting, November 2005.
- Open Access Publishing Patterns: A Snapshot of Two Academic Medical Center.* Poster presentation: KT Vaughn, S. Warlick, and C.G. Jenkins, UNC Health Sciences Library, and V.R.M. Carden, P.L. Thibodeau. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 2005.
- Tracking Where Institutional Authors Publish.* Poster presentation: V.R.M. Carden, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2005. Also presented at: Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 2005.
- Preserving the Past for the Future: Creating a Digital Physician Assistant History.* Poster presentation: C.S. Lackey, R.S. Koonts, S.I. Wardell, M.P. Waller, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2005.
- Medical Library Collections and Journal Purchasing in the Digital Environment: The Ultimate Balancing Act.* Invited speaker. Blackwell Publishing Executive Seminar, June 25, 2004.
- Budget Cuts What Can We Do? Proactive and Professional Responses.* Invited speaker. Association of North Carolina Health Sciences Libraries, April 30, 2004.
- Introduction to Searching MEDLINE.* Presentation/CLE course: S. J. Melamut, University of North Carolina at Chapel Hill School of Law, P.L. Thibodeau. Annual Festival of Legal Learning, 2003 – 2004.

Patricia L. Thibodeau

Presentations / Posters (continued)

- MLA Forum on Scholarly Publishing.* Invited speaker. North Atlantic Health Sciences Libraries, October 27, 2003, AND MidWest Chapter of the Medical Library Association, September 22, 2003
- Better Salaries/Compensation.* Invited speaker. Medical Library Group of Southern California and Arizona, MLGSCA October 2, 2003.
- Safeguarding Our Patrons' Privacy: What Every Librarian Needs to Know about the USA Patriot Act & Related Anti-Terrorism Measures – Reactor Panel.* Teleconference sponsored by MLA, AALL, ALA, ARL, SLA, December 11, 2002.
- Capturing the Big D\$: Dollars and Data.* Poster presentation: B. Murphy, R. Peterson, S. Wardell, P.L. Thibodeau. MLA/Mid-Atlantic Chapter (MAC) Annual Meeting, October 2002. And, Medical Library Association Annual Meeting, May 2002.
- Handhelds and the Academic Health Center.* Contributed paper and poster presentation. MLA/Mid-Atlantic Chapter (MAC) Annual Meeting, October 2002.
- Creating an Infrastructure for Digital Devices: The Library's Role in Defining Needs and Services.* Contributed paper and poster presentation: J. Garrison, M. MacDonald, C. Schardt, T. Anderson, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2002.
- You Never Stop Learning: Developing Skills Throughout Your Career.* Panel presentation: R. K. Anderson, P.J. Hamilton, P. Higginbottom, C.A. Reid, P.L. Thibodeau. Medical Library Association Annual Meeting, May 2000.
- Libraries: Partners in Distance Learning.* Contributed paper. National Organization of Nurse Practitioners Faculties Annual Meeting, San Francisco, April 17, 1999.
- Document Delivery in a Consortial Environment.* Panel presentation: M. Coutts, TRLN; P.L. Thibodeau, P. Mullin, UNC Chapel Hill; J. Ulmschneider, North Carolina State University. ACRL 9th National Conference, April 9, 1999.
- Partners in Distance Learning.* Poster presentation: J. Bangma, East Carolina University; R. Hambrick, Southern Regional AHEC, A. Powers, E. Albright, P.L. Thibodeau. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 5- 6, 1998, and Medical Library Association, May 1999.
- From Projects to Partnerships: The Importance and Benefits of Forging Alliances.* Contributed paper: S. Garrison, J. VanDyke, P.L. Thibodeau, S. Feinglos. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 16, 1997.
- Merging Interlibrary Loan and Document Delivery: A Response to the Information Frontier.* Contributed paper: B. Murphy, S. Jessup, V. Carden, P.L. Thibodeau, B Hall, and S.J. Feinglos. Mid-Atlantic Chapter of the Medical Library Association Annual Meeting, October 12-14, 1996.
- Think Twice: Building an Electronic Classroom in Technological Quicksand.* Contributed paper: S.J. Feinglos, S. Garrison, B. Murphy, P.L. Thibodeau, Julie VanDyke. Medical Library Association Annual Meeting, June 1996.
- Merging Interlibrary Loan and Document Delivery: A Response to the Information Frontier.* Poster presentation: B. Murphy, S. Jessup, V. Carden, P.L. Thibodeau, S.J. Feinglos. Medical Library Association Annual Meeting, June 1996.
- Connecting a Medical Center to the Internet: A Collaborative Process.* Poster presentation: L. Collins, B. Murphy, S. Garrison, P.L. Thibodeau, S.J. Feinglos. Medical Library Association Annual Conference, June 1996; And Mid-Atlantic Chapter of MLA Annual Conference, Richmond, VA, October 1995.
- Health Sciences Librarianship.* Panel presentation: with Diane McKenzie and Julia Shaw-Kokot. UNC School of Library and Information Science, UNC Chapel Hill, April 17, 1995.
- Ergonomics and the Digital Work Place.* Poster presentation: P.L. Thibodeau, Susan J. Feinglos. Medical Library Association Annual Meeting, May 16, 1994.

Patricia L. Thibodeau

Presentations / Posters (continued)

- The NC Health Information Highway: A Collaboration of Education, Medicine, and Technology.* . Poster presentation: B.Wright, Fayetteville AHEC, P.L. Thibodeau, S.J.Feinglos. Medical Library Association Annual Meeting, May 17, 1994.
- Exploring Ethical Issues -- Special Libraries.* Discussion leader with Gary Byrd. Spring Conference, Librarians Association of UNC at Chapel Hill, Do The Right Thing: Ethical Challenges in Librarianship, Chapel Hill, NC, March 14, 1994.
- Money, Money, Money: How to Get the Funding You Need.* Contributed paper with Lisa LaVullo. Medical Library Association Annual Conference, May 19, 1993.
- Hints for Writing a Successful Grant Proposal.* Workshop, with Barbara Wright. NC Area Health Education Program Statewide Meeting, Asheville, NC, October 6, 1993.
- Visioning and Strategic Planning: When You Choose to Make a Difference.* Presentation with Linda Butson. Medical Library Association Annual Conference, May 18, 1992.
- Visioning - a Strategic Planning Tool.* Workshop with Linda Butson. National AHEC Workshop, Charleston, SC, July 3, 1991.
- North Carolina AHEC Serials Project: Using DBase to Create a Union List of Serials.* Contributed paper. Medical Library Association Annual Conference, May 19, 1987, Portland, Oregon.
- Using DBase to Create a Statewide Union List of Serials.* Techno/Expo exhibit. Medical Library Association Annual Conference, May 19-20, 1987.
- Expanded Roles of Hospital Librarians.* Invited paper. Medical Library Association Annual Conference in Anaheim, California, June 14, 1982.
- Patient Information.* Invited paper. New England Regional Council on Library Resources for Nursing, October 15-16, 1981.

Publications

- Mazure, EM, Thibodeau PL. *The role of the library in Public Access Policy compliance.* Book chapter in *Translating Expertise: The Librarian's Role In Translational Research.* Edited by Marissa L Conte. New York: Rowman and Littlefield, 2016. Pg:157-174.
- Thibodeau PL, Melamut SJ. *The role of the library in programmatic accreditation.* Book chapter in: *Reviewing the Academic Library: A Guide to Self-Study and External Review.* Edited by Eleanor Mitchell, Peggy Seiden. Washington DC: ARL, 2015.
- Dietsch BM, Heet EC, Thibodeau PL. *Sweeping it all away: a case study in the elimination of an on-site journal collection.* SERIALS REVIEW. 2015 41(3): 153-159. DOI: 10.1080/00987913.2015.1065393
- Grochowski CO, Cartmill M, Reiter J, Spaulding J, Haviland J, Valea F, Thibodeau PL, McCorison S, Halperin EC. *Anxiety in first year medical students taking gross anatomy.* CLINICAL ANATOMY. 2014 Apr 17. 27(6):835-8. DOI: 10.1002/ca.22398.]
- Butter K, Taylor A, Cryer E, Thibodeau PL. *The Growing Crisis: Scholarly Publishing Pressures Facing Health Sciences Libraries.* JOURNAL OF LIBRARY ADMINISTRATION 2012 52:672-698. DOI: 10.1080/01930826.2012.746873
- Thibodeau PL, Tagler J. *The Chicago Collaborative.* THE SERIALS LIBRARIAN 2010 58(1):149 – 156.
- Thibodeau PL. *When the Library is Located in Prime Real Estate: A Case Study on the Loss of Space from the Duke Medical Center Library and Archives.* JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION 2010 Jan;98(1):25-8. DOI: 10.3163/1536-5050.98.1.010.

Patricia L. Thibodeau

Publications (continued)

- Thibodeau PL, Funk CJ. *Trends in Hospital Librarianship and Hospital Library Services*. JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION 2009 Jan;97(4):273-9. DOI: 10.3163/1536-5050.97.4.011
- Grigg K, Koestner B, Peterson R, Thibodeau PL. *Data-Driven Collection Management: Through Crisis Emerge Opportunities*. JOURNAL OF ELECTRONIC RESOURCES IN MEDICAL LIBRARIES 2010 7:1-12. DOI: 10.1080/15424060903585685
- Wildemuth BM, Schaeffer P., Gollop C., Schardt C., Thibodeau PL. *The potential role of ILS schools in educating medical informationists*. PROCEEDINGS OF THE ASIST ANNUAL MEETING 2008 Oct; 45:1-5. DOI: 10.1002/meet.2008.1450450375
- Murphy B, Peterson RA, Vines H, von Isenburg M, Berney E, James R, Rodriguez M, Thibodeau PL. *Revolution at the Library Service Desk*. MEDICAL REFERENCE SERVICES QUARTERLY 2008 Sept. 27(4): 379- 93. DOI: 10.1080/02763860802367870
- Woodburn JI, Murphy BA, Peterson RA, Thibodeau PL. *Dealing with Journal Cuts: When the Sky's Not the Limit*. JOURNAL OF ELECTRONIC RESOURCES IN MEDICAL LIBRARIES 2005 2 (4): 1-18. DOI: 10.1300/J383v02n04_01
- Thibodeau, PL, Funk, CJ. *U.S. Medical Libraries and Open Access*. JOURNAL OF THE EUROPEAN ASSOCIATION FOR HEALTH INFORMATION AND LIBRARIES 2005 1(4):17-20.
http://www.eahil.eu/journal/journal_2005_vol1_n4.pdf
- Peterson R, Murphy B, Holmgren S, Thibodeau PL. *The LibQUAL Challenge: An Academic Medical Center's Perspective* JOURNAL OF LIBRARY ADMINISTRATION 2004 Nov. 40(3):83-98. Also published in: Libraries Act on Their LibQUAL+ Findings: From Data to Action. Edited by FM Heath, M Kyrillidou, CA Askew. Binghamton, NY: Haworth Press, 2004. DOI: 10.1300/J111v40n03_07
- Thibodeau, PL. *Information at the Point of Need: How New Technologies are Changing the Nature of Medical Libraries*. LIBRARY CONNECT April 2004, 2(1): 2.
<http://libraryconnect.elsevier.com/sites/default/files/lcvol2no1april2004.pdf>
- Thibodeau PL, Funk CJ. *MLA and Open Access*. MLA NEWS 2004 April (365): 22.
- Thibodeau PL, Funk CJ. *Quality information for improved health*. PLOS BIOLOGY 2004 February 2(2):E48. Epub 2004 Feb 17. DOI: 10.1371/journal.pbio.0020048
- Garrison J, Anderson T, MacDonald M, Schardt C, Thibodeau PL. *Supporting PDA's: the experience of a Health Sciences Library*. LIBRARY HI TECH 2003, 21(4): 41 2-418. DOI: 10.1108/07378830310509718
- Melamut SJ, Thibodeau PL. *Medical Research for the Legal World*. SPECTRUM 2000 June 4(9): 10- 11,17.
- Melamut SJ, Thibodeau PL, Albright ED. *Fair Use or Not Use: That is the Electronic Reserves Question*. JOURNAL OF INTERLIBRARY LOAN, DOCUMENT DELIVERY & INFORMATION SUPPLY Spring 2000, 11 (1): 3-28.
- Thibodeau, PL. *Section Council -- A Year of Changes!* MLA NEWS February 1999 (313): 1, 17.
- Thibodeau, PL, Melamut SJ. *Ergonomics in the Electronic Library*. BULLETIN OF THE MEDICAL LIBRARY ASSOCIATION 1995 July 83(3): 322-329.
- Thibodeau, PL. *Section Council and Standards Development*. MLA NEWS June/July 1995 (276): 18.
- Thibodeau, PL. *How Are Libraries Using DBase III Software* - Bug Busters column. NATIONAL NETWORK August 1987 12(1):16-17.
- Thibodeau, PL, Gillikin, P. *Information when and where it is needed; the North Carolina AHEC Library and Information Services Network*. NORTH CAROLINA MEDICAL JOURNAL December 1989 50 (12): 697-698.
- Thibodeau, PL. *Desktop Publishing*. NATIONAL NETWORK Feb. 1989 13 (3): 17.

Patricia L. Thibodeau

Publications (continued)

- Thibodeau, PL. *Symposium on Expanded Roles of Hospital Librarians: Director of Research Administration*. BULLETIN OF THE MEDICAL LIBRARY ASSOCIATION 1983 April 71(2):217-18.
- Thibodeau, PL. *Book Review: Procedures for Library Media Technical Assistants*. BULLETIN OF THE MEDICAL LIBRARY ASSOCIATION July 1984 73 (3):320-21.
- Thibodeau, PL. Section Council Report Column. NATIONAL NETWORK 1990-1996
- Thibodeau, PL. *Educational and Media Technologies Section Core List of Audiovisuals*. Editor and compiler. EMTS, Medical Library Association, 1989-1993 Also *Core List of Computer-Assisted Instruction*. Editor and compiler. EMTS, Medical Library Association, 1989-1993

Teaching Activities

- NIH Public Access Policy*. Duke University, various sessions, April 2008-2010
- Finding and Evaluating Health Information*. Durham County Public Library, August 24, 2007; October 26, 2007; April 17, 2008.
- Evidence Based Medicine: A New Trend in How Treatment Decisions are Made*. 17th Annual Festival of Legal Learning. University of North Carolina School of Law, February 3, 2007.
- Medical Resources for Lawyers*. 15-1 6th Annual Festival of Legal Learning, University of North Carolina School of Law, February 2005-2006.
- PDA Bootcamp – EBM Resources*. Duke University School of Medicine. August 2004.
- Basic MEDLINE Training for Lawyers*. 13th –14th Annual Festival of Legal Learning. University of North Carolina School of Law, February 2003-2004.
- Grateful Med Training*. Mountain AHEC, 1992-1993
- Computer Training for Health Professionals* including classes in computer literacy, DOS, word processing, Harvard Graphics. Mountain AHEC, January 1987 - 1993.
- Research Basics for the Healthcare Provider: Planning a Research Study*. Mountain AHEC, March 16, 1988.
- Basic Skills in Library Management: Organization and Administration*. Wake AHEC, Raleigh, NC. November 6, 1987.
- Interlibrary Loan Workshop* - for paraprofessional library staff in Mountain AHEC's 15 county region, November 1986 to May 1987.
- Health Sciences Librarianship*, University of Rhode Island, Graduate Library School, Spring 1982.
- Preceptor - Graduate Library School Internships, University of Rhode Island, Graduate Library School, Fall 1980 to Fall 1982.
- OCLC and Cataloging Procedures* - class lecture for LSC505 - Cataloging and classification. University of Rhode Island Graduate Library School. May 1977.

Professional Activities & Memberships

- Association of College and Research Libraries, member 2008-
- Association of Academic Health Science Library Directors, member 1999- Past
- President-elect, President, Past President* 2009-2012
- Board of Directors* 2005-2008, 2009-12
- Future Leadership Task Force* 2000-2002
- Joint Publishers Task Force* 2007-2010
- The Chicago Collaborative* 2007-2010

Patricia L. Thibodeau

Professional Activities & Memberships (continued)

Leading the Way Steering Committee, chair 2011
Research Enterprise Task Force, chair 2011-2012
Scholarly Communications Committee 2013- ; co-chair 2014-15

American Library Association, member 1976-

Association of NC Health and Sciences Libraries, member 1993- , President 1985

Association of Rhode Island Health Sciences Librarians - *Vice President* 1979-80, *President* 1980-81, *Serials Committee*

Elsevier North American Library Advisory Board 2004-2010

International Congress of Medical Librarians, *Executive Planning Committee for 2005*, 2003-2005

Medical Library Association, member 1977-

President 2003-2004, *President-Elect* 2002-2003, *Past President* 2004-2005

Board of Directors 1996-1999; 2002-2005

Academy of Health Information Professionals Mentor Program 1995-1998

Allied Organizational Representative – SLA Biological Sciences Division 2005-2012

Bylaws Committee 2000-2002, *Chair* 2001-2002, 2014-

Parliamentarian 2015-

Educational and Media Technologies Section member 1984-

Secretary/Editor 1984-1988

Professional Concerns Committee Chair 1989-1991

Governance Task Force 1996

Hospital Library Section 1980-

Section Council Alternate 1990-1993

Section Council Representative 1993-1996

Automation Committee, Chair 1988-1991, 1992-1993

Joint Legislative Task Force 2004-2010

Jury -- Fellows and Honorary Members, Chair 2008-2009

Jury -- Carla J. Funk Governmental Relations Award, Chair 2009-2010, 2012; *Chair* 2013

Jury -- Donald A. B. Lindberg Research Fellowship 2015-2016, *Chair* 2016-

Leadership and Management (formerly Medical School Libraries) Section member 1993-

Bylaws Committee, Chair 2000-2001

Medical Informatics Section, member 2001-

National Program Committee 1992-95, 2003-2005

Nominating Committee 1995, 2001, *Chair* 2005

Oral History Committee - Board Liaison - 1996-1998

Open Access Webcast Planning Group, 2007

Parliamentarian (appointed office) 2014-

Public Services Section member 1993-

Section Council 1990-1999

Chair-Elect 1995-96

Chair, 1996-1999

Section Council Communication Committee 1991-1992, *Chair* 1995-96

Section Council Standards Committee 1991-1992, *Chair* 1993-1995

Task Force on Certification of Hospital Libraries 1995/96

Task Force on Global Initiatives 2004-2005

Patricia L. Thibodeau

Professional Activities & Memberships (continued)

Task Force on Scholarly Publishing, Chair, 2004-2007
Scholarly Publishing Symposium Planning Group, Chair, 2006-2007
Technical Services Section, member 1994
Vital Pathways Project Task Force 2006-2007
Hospital Library Survey, Chair, 2005-2007

Mid-Atlantic Chapter of the Medical Library Association 1983-
Local Arrangements Chair for 1994 meeting, 1993-94
Roundtable facilitator 1995-1996
Registration Committee, Chair 1998-1999
Nominee to MLA Nominating Committee 2000, 2010

National Institutes of Health Public Access Working Group 2005-2007

National Institutes of Health PubMed Central National Advisory Committee 2011-2014 ; Chair 2012-2014

North Carolina AHEC Library/Information Services Network 1983-
AHEC Digital Library and Resource System Planning Committee 1998-2001 AV Committee, Chair 1984-86
Outreach Committee 1996
Standards Committee
Strategic Planning Committee, Chair 1989

North Carolina AHEC Statewide Meeting Planning Committee 1992/93; 1995/96

North Carolina AHEC Statewide Electronic Network Task Force 1996-1998

North Carolina Library Association member 1983-

North Carolina State Library LTSA Advisory Committee 2000-, Chair 2001-2002

Open Access Working Group (ARL/SPARC) 2004-2010

Rhode Island Library Association - Conference Committee 1976-1983, Chair 1981-1982 Rhode

Island State Advisory Council on Libraries 1980-1983.

Special Libraries Association, member 1976-

Continuing Education (selected activities)

Make Your Point: Basic Principles of Data Visualization Design –NNLM Webinar – July 19, 2016,
Building a Makerspace: Where to Start – NNLM/SEA Beyond the SEA Monthly Web Seminar – June 15, 2016.
Research impact metrics for librarians: calculation & context – BrightTALK Webinar -- May 19, 2016 .
How to Run a Value Proposition Exercise in Your Library – ARL Webinar - May 19, 2016.
Making Textbooks Affordable: How One University Library and One Scholarly Publisher Are Shaking Up Traditional Textbook Models – ARL/Choice Webinar -- March 15, 2016.
Precision Medicine: What Is It and Why Should I Care? – MLA Webinar – December 9, 2015

Patricia L. Thibodeau

Continuing Education (selected activities – continued)

Stimulating Progress through a Culture of Innovation – OCLC Webinar -- November 18, 2015.
Data Visualization Skills and Tools for Librarians – MLA Webinar -- October 28, 2015.
How to assist researchers in sharing their research data – BrightTALKS, -- October 22, 2015.
Research Design And Librarianship -- ACRL Choice Webinar -- September 29, 2015.
Understanding Qualitative Research: Exploring the Motivations of Patients and Clinicians -- MLA Webinar – August 26, 2015.
Emerging Technologies and Libraries – ACRL-Choice Webinar – April 23, 2015.
Diversity of Data Management: Practical Approaches for Health Sciences Librarianship – MLA Webinar – April 22, 2015.
Beyond the Search I: Protocol Development and Methodology for Systematic Reviews – MLA Webinar – Oct. 22, 2014.
Beyond Citation Counts: Practical Skills for Measuring Research Impact – MLA Webinar – Oct. 29, 2014.
NIH Public Access Policy – Information for Librarians – NIH -- August 2014
ClinicalTrials.gov: Results Reporting, Unique Evidence... – SEA RML – August 2014
Copyright in Health Care – AHA Webinar – March 2014
Data Management within Libraries – ACRL Webinar – February 2014
Strategic Planning: The Balanced Scorecard Approach – ALA Webinar – December 2013
Helping Students Make Sense of Fair Use – ARL/TRLN Webinar – November 2013
Addressing Hospital Needs and Goals in the Era of the Affordable Care Act... -- MLA -- Nov. 2013
NLM Administrative Supplement for Informationist Grants (webinar series) – MAR / AAHSL – Oct. 2013
How Librarians Are Raising Researchers' Reputations – Elsevier Webinar – October 2013
NVivo Qualitative Analysis – Webinar – August 2012
Directors Forum - Planning, Trends, and the New Reality –Lyrasis -- April 2010
Diversity for Managers – Duke University Institutional Equity Office -- 2009
Determining Our Worth: The Value of Libraries – AAHSL – November 2008
Web 2.0 Principles and Best Practices: Discovering the Participatory Web – MLA – March 2008
Scenario Planning Workshop – AAHSL – November 2007
ARL/ACRL Institute on Scholarly Communication – December 2006
Survival of the Fittest: Strategies to Prove your Library's Value – MLA – March 2007
Moving at the Speed of Byte – MLA – November 2006
Evidence-Based Medicine and the Medical Librarian – MLA -- September 18 – November 11 2005, Graduate Level Course, UNC School of Information and Library Science.
Keeping Patients Safe: Roles for Information Professionals – MLA – November 2005
Promoting Library Services Using Blogs and RSS – SOLINET – July 2005
ASAE Executive Training – 2002
MLA Leadership Symposium – MLA – May 2002
Space Planning and Technology for Academic Law Libraries - AALL - March 1999
Evidence-Based Health Care In Action (Webcast) – MLA – September 1998
Leadership Institute - MLA - May 1998
The Digital Library: An Oxymoron - MLA - May 1998

Patricia L. Thibodeau

Continuing Education (selected activities – continued)

License Review and Negotiation (two-day workshop) - ARL - March 1998
How to Legally Fire Employees - Padget Thompson - November 1997
Copyright in Today's Environment - MLA - October 1997
Evidence-Based Medicine for Librarians - MLA - October 1997
Coaching for Managers and Conducting the Evaluation - Duke - August 1997
Integrating Information Management Across the Health Care Organization - JCAHO - July 1997

Academic Honors & Awards

Phi Beta Kappa
Pi Gamma Mu National Social Sciences Honor Society
Beta Phi Mu (library science)
Beta Gamma Sigma the National Honor Society in Business and Management
URI Scholastic Excellence Award

Community Activities

Cancer Research Committee of the IRB of Memorial Mission and St. Joseph's Hospitals, member 1988-1993; Chair 1989-1993
Food Bank of Eastern North Carolina, volunteer 2019-
NC Community Workshop Series 2007- 2008
NC Health Info (consumer website) 2007-
La Fiesta del Pueblo – NC Health Information volunteer 2007
Institutional Review Board of Memorial Mission and St. Joseph Hospital, member 1989-1993
Leadership Asheville X, 1991-1992
Western North Carolina Regional Child Abuse Center, Advisory Board 1988-1990; Executive Board, 1991-93; Vice President 1992-1993
United Way Allocation Panel 1988-1993