

MEDICAL LIBRARY ASSOCIATION

ORAL HISTORY COMMITTEE

INTERVIEW

WITH

**MARGARET M. BANDY,
AHIP, FMLA**

Interview conducted by Rick B. Forsman, FMLA

July 6, 2016

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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 Rick B. Forsman
on July 6, 2016. 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 _____.

Margaret Moylan Bandy
Name of Interviewee

Margaret M. Bandy
Signature

Date 7-6-2016

Accepted by: [Signature]
MLA EXECUTIVE DIRECTOR

Rick B. Forsman
Name of MLA Interviewer(s)

Rick Forsman
Signature

Date 7/6/16

Date 12/5/16



Biographical Statement

Margaret M. Bandy, AHIP, FMLA, is renowned throughout the health sciences library community for her exemplary work as a hospital librarian, her advocacy for challenged libraries, her pioneering efforts in consumer health information, and her efficacy in promoting hospital library standards. In 2015 she retired from Saint Joseph Hospital in Denver, CO, after forty-three years in the profession. During her thirty-six years at Saint Joe's, she worked tirelessly to provide information for her library patrons, while at the same time contributing to the body of knowledge that informs the best practices of hospital librarianship both regionally and nationally. She introduced automated library services to her users and adopted new technologies that allowed her to effectively run her library. At Saint Joe's she relocated her library twice, successfully arguing for the value of placing the patient and staff libraries in prime locations that maximized their visibility and convenience for users.

Bandy was elected to the MLA Board of Directors (2005/08), where she was liaison to the Task Force on Vital Pathways for Hospital Librarians. Within the Hospital Libraries Section, she was a member and chair of the Hospital Library Standards Committee (2000-2007) and helped the group write two editions of "Standards for Hospital Libraries." She also worked to counter the closure of hospital libraries on the state level through the Colorado Council of Medical Librarians (CCML). All these efforts encouraged dialogue between administrators and hospital librarians about why libraries are important to the delivery of quality health care and should continue to exist. Bandy served as MLA representative to the Joint Commission on Accreditation of Healthcare Organizations (now The Joint Commission) and the Magnet Recognition Program, where she was part of collaborative efforts with nurses that offered librarians a new role in their institutions. She helped shape the practice of consumer health information services, both in her institution and through MLA's Consumer and Patient Health Information Section (CAPHIS). In all of these programs, she used her writing skills to communicate successes and strategies. She coedited the *Medical Library Association Guide to Managing Health Care Libraries*, 2nd edition, published in 2011. She was president of CCML twice and chair of MLA's Midcontinental Chapter.

In 2002 Bandy received the Lois Ann Colaanni Award for Excellence and Achievement in Hospital Librarianship. She received MLA Fellowship in 2010 and became the 2014 Janet Doe lecturer. In 2012 she was awarded the Ida and George Eliot Prize, and in 2016 was lauded with the Marcia C. Noyes Award, the highest honor conferred by MLA. As her Noyes commendation states, Bandy's leadership and organizational skills are widely recognized and appreciated. She is known to her peers as a professional who stands out as a most dedicated and committed librarian. Her years at one institution inspire many hospital librarians and health sciences professionals. Like Noyes, who worked at her institution for fifty years, Bandy's legacy serves as a reminder that one person can make a huge difference.

Medical Library Association Interview with Margaret M. Bandy

[WAV file #1]

RICK FORSMAN: This is an interview with Margaret M. Bandy for the MLA Oral History Project on Wednesday, July 6, 2016. The interviewer is Rick Forsman.

We were touring the wonderful, beautiful, gorgeous view of Saint Joseph Hospital earlier this morning, looking at both the clinical research library and the patient information library that Margaret helped to plan and build. Wonderful, wonderful legacies for her career and fabulous facilities for the hospital. Margaret, thank you for agreeing to share your perspective and experience with the project, and for arranging space for us to talk at Saint Joseph Hospital in Denver. To begin, let's talk about how you entered the profession and your early career. When did you first become interested in possibly working in libraries? What influenced you to go into librarianship?

MARGARET M. BANDY: Well, I think, like many people, it was not my first choice of career. I was an English and a history major in college, and then I went on to work on my master's degree in English at Loyola University in Chicago. I had a wonderful experience; excellent teachers. I was a teaching assistant. Taught English 101 and 102. And decided, yes, I did like teaching, although those weren't the most fun classes to teach. But I was stymied in getting my degree by the foreign language exam that was required. It was a Princeton foreign language exam that is given to language majors. I was not able to pass that. And I languished for a while, trying to figure out what else to do. One of the other stumbling blocks was that I really wanted to go on and get a PhD in English at Loyola. I think it was the first time I experienced some discrimination. At that time, which was in the early '70s, in our class, none of the women were recommended to go on for a PhD, although we did have some female professors.

But at any rate, I was hanging around my house [laughter] driving my parents crazy, I'm sure, and it just so happened that one of our family friend's brother was the admissions director at Rosary College Graduate School of Library and Information Science [then Graduate School of Library Science]. Pat Williams is his name. His brother was actually the undertaker for our parish. Pretty much buried everyone. I think my dad was talking to Mr. Williams one day, and he said, "Well, maybe she should talk to my brother Pat and see if she might want to go to library school." So that's how I ended up there. At the time, it wasn't Dominican University. It was still Rosary College.

I began there and I think I thought, probably, I could be a college librarian and I could still be in that academic environment that I had aspired to. But I had a teacher there who was a medical librarian. Her name was Katherine Haas. She was so dynamic and so enthusiastic about medical librarianship that I thought, I really need to examine this possibility for me. It was interesting, too, I think, because having come from the humanities, there was much about medicine that seemed to me related to humanities as well. And so I decided to pursue medical librarianship and the rest is history, as they say.

F: It certainly is. Clearly it was important to you to have exposure to this professor who had medical library experience. Were there other parts of the curriculum that were interesting or memorable?

B: Well, I think Rosary probably—I can't really say prior to my time there—but it seemed that they were really helping promote the possibility of special librarianship. Richard Davis was the professor for special librarianship and he had a background in special libraries. He was very, very interesting and very enthusiastic, too, about special libraries. I think that might have been why it kind of flowered at that time. Because typically, it was academic and school librarianship that most people were going into, and this gave us another opportunity.

I did have an automation class. It was taught by a man named Hollis Griffin, who was at Argonne National Laboratory. Our project for the term was to write a program for a book catalog. Well—[laughter]—it just amazes me, really, because it's so much less flexible than a card catalog. Every time you do something, you have to reprint the whole thing. But anyway, it was very interesting, and we went to Argonne.

The other thing that was interesting was, AIM-TWX [*Abridged Index Medicus-Teletypewriter Exchange*] was just becoming available, and Kay [Haas], our teacher, took us to Lutheran General Hospital to see an installation, because they were in hospital libraries in the beginning. So seeing AIM-TWX was very exciting, too.

F: You and I are fortunate to have been at the beginning of real automation for libraries. A very fascinating time.

After graduation from library school, you jumped to New England. How did you learn about the Connecticut Regional Medical Program [RMP] and the library and position that was available through that?

B: Again, it was through Kay Haas, my teacher, because I think she had been contacted by John Timour. I don't remember the exact sequence of events, but I got a letter from him inviting me to apply. And I can remember my father said, "Okay, you sit down right now and you reply to this."

F: Respond right away.

B: Right away. I said, "Okay, Dad." So I was able to go out on interview. It was funny. At the time, we had a place up in Wisconsin, so my parents were going to be up there while I was in Connecticut. Anyway, I went out there and interviewed. And John Timour was a delightful person.

F: He was.

B: He was so engaging and open, and he was friendly. And I was scared to death about all of this. So anyway, I can remember that one of the questions he asked me was, could

I type [laughter]. And I was just outraged to be asked, could I type. Well, he explained to me that I would be using a computer terminal, because I would be learning how to do MEDLINE searches, and I said, "Oh, okay. Yes, I can type."

That program was part of the President's Commission on Heart Disease, Cancer, and Stroke. It was an outgrowth of that. There were regional medical programs in different parts of the country. In Connecticut, having chiefs of service in hospitals was one of the thrusts, and then there was also a library component. There was a librarian at Yale and one at UConn that was part of the program.

I got the position. That library [Yale Medical Library] was amazing for the people who worked there at the time. I met Toby Port at Yale. I met Joan Ash at Yale. Frank Gyorgyey was the history librarian. Ah, what a delightful man he was. And Stan Truelson was the director at the time.

F: Not exactly a warm and fuzzy Stan.

B: You said that, I didn't [laughter]. But he was very nice to me. I didn't have that much interaction with him, actually. I learned reference there; I learned how to search MEDLINE from Bette Greenberg, who was the head of reference. I worked with the ILL department, and the clerk in there, Liz Bennett, was a lot of fun. I remember enjoying working with her. I did backup for ILL too. Besides mostly phone reference with the hospital librarians; I wasn't visiting them in that position. It was all on phone or at regular meetings. And that's where I met Charles [Bandy]. He was at UConn then. I met him at an event. I think it was Emilie Wiggins [from the National Library of Medicine] who had come to teach something on cataloging.

I really enjoyed working in that library. The people were terrific. But it didn't seem as much involvement as an extension librarian that I thought it would be. Well, the position at UConn opened up, and Jim Morgan invited me to apply for that. That's how I went to UConn and worked there and did actual outreach, did MEDLINE demos at different hospitals. I would say, Rick, that I learned as much from those hospital librarians as I did from anyone else in terms of being a hospital librarian. They were so amazing in what they were able to do with limited resources, and they were so eager to learn. They really wanted to learn about MEDLINE and to learn how to provide more services to their staff. Of course, in Connecticut, as you know, you can go anywhere and still be home that night. Very convenient. I really enjoyed that. Toting around the [Texas Instruments] Silent 700 with the acoustic coupler.

F: When you made the switch, Margaret, from Yale to the University of Connecticut, were they in the original library at that stage or had they moved up to Farmington?

B: They had moved up to Farmington by the time I got up there. But when I first came to Connecticut, they were still in the basement of an insurance company downtown. That was unbelievable, really, when you think about it. But they did terrific things, and, of course, they had a terrific staff there, too, and continued to when they moved to

Farmington. That was a beautiful library, too. I worked with Robbie Kolman who was the head of reference when I was there.

F: Loved Robbie.

B: Wonderful person. Just so down-to-earth. And, of course, most of that staff was so young. It was just unbelievable. We'd play cards a bunch of times and we had potlucks. And I remember that if someone didn't ask for your recipe, you were a failure. Those potlucks were high pressure, I can tell you that.

F: And that group, everybody liked to cook and socialize.

B: Yeah, they did, so that was kind of fun. But I hadn't done much cooking, so it was a challenge for me. But I enjoyed it.

At that time, the RMP money was fading; that program was fading. I don't remember the total sequence of events, but we were trying to get a new grant from NLM to continue those activities. It didn't pan out, obviously. And then we moved to North Dakota.

F: Before we do the transition to North Dakota, I noticed that, in 1972, you took the step of becoming a certified medical librarian by passing the old MLA certification exam. Anything you want to say about that process or why you thought at that point that certification was important?

B: I had no understanding of any of that. It was there. Kay said, "It's here. Go ahead and do it." So, okay, I'll do it. As the years went by, I was glad I did. I don't know that being certified made any difference in terms of job prospects, but the whole process for librarians to continue to learn and develop professionally is what has made it, I think, important. I continued to maintain my certification and move up a little bit. I'm emeritus; I don't have to do anything anymore. That was kind of fun to find that out.

F: It is interesting, though, because I think the exam, and certainly the new credentialing process through the Academy of Health Information Professionals that replaced it, is one of the things that makes people stop and think about what constitutes the basis for me being a medical information professional, in a way that people don't necessarily stop and think about. So it has been valuable, I think.

B: I think so too. Over time, people sort of fuss and fume about it, but I think for the most part, it's valuable. And I think it continues to be. When I meet some of the younger librarians at MLA, I think they see the value of it too.

F: And then before I interrupted you, you were starting to talk about 1974 and making a move with Charles to North Dakota, where you started working in the Grand Forks Public Library.

B: That's right. Well, there weren't too many library jobs there. Charles [worked to establish an interface between the University of North Dakota medical school library and Area Health Education Centers libraries]. At that time, the third- and fourth-year medical students went to the AHECs for their clinicals. He worked closely with the AHEC libraries and hired some of the AHEC librarians that were there—some were already there.

But at any rate, I was able to get the position at Grand Forks Public Library in reference and really enjoyed it, I have to say. You're in a public library surrounded by books. I mean, isn't that what everyone thinks a librarian does [laughter]? I love to read and here are all these books. But it was fun. And I worked with some neat people. The reference librarian there that I worked with was a woman named Elaine Strand, and her daughter, Shelby, was at the main [university] library. She was a librarian also. Elaine had been a school teacher, and when she retired from teaching, she went to work at the public library. And she was very interesting. Very well read. She really understood the people. I mean, she was a native North Dakotan, and she understood the interests of people. I think what I loved the most about working in the public library was that you really never knew—you couldn't pigeonhole people. When they walked up to you, you couldn't guess what they might be interested in. It was always something interesting.

At that time, *Roots* was on television, so people started doing their own genealogical research. We were always sending to Denver for the census records on microfilm, and then we would get them and people would be looking through those on our microfilm machines. So that was kind of interesting too.

I really enjoyed it. Eventually I was in charge of the mail order catalog. We had a paperback book collection. I can't remember if it was quarterly or twice a year, but we sent out the listing of all the books to people throughout the county that didn't have library services, and we would send people books and they'd send them back. Wonderful feedback from people on how much it meant to them to be able to get these books. So I quite enjoyed that.

F: That's interesting, because it would seem to me that there must have been quite a difference in coming from Connecticut and New England in a very populous part of the country and moving to North Dakota, where suddenly there are big distances and lots of spaces between people, and many more distances between them and resources like the public library.

B: I think that's true. I observed that people really depended on each other and counted on each other. I remember one terrible blizzard when Charles was away, and I was there and scared, because it was so cold and everything. And I turned on the TV and the broadcaster was saying, for example, "Rick, if you made it home okay, please let us know because people are worried about you," or "Margaret just called and she's home now; she's fine. You don't need to worry." And I thought, "This is a really neat place."

F: Very personal.

B: Very personal, yes. There was a weathercaster. Charles and I laughed so much about it. If he had more time at the end of his weathercast, he would have a stare-down and just look at you. That was Dewey [Bergquist], the weatherman. But I enjoyed it. And I joined AAUW [American Association of University Women] when I was there. We had a book club that was fun. A lot of good things about North Dakota. Lila Pederson, who Charles recruited from UConn, and she just retired. We've been in touch with her. What a wonderful woman she is.

F: Yes. And she stayed here all this time.

B: She did. And they finally were smart enough to make her the director.

F: Yes. But after four years in North Dakota, then it was time for you and Charles to move to Denver, and you needed another position here.

B: I did.

F: So what was the job market like and what were your choices?

B: Not good. Having worked in a public library for four years, I wasn't sure, really, which way to go. I did look at public library jobs. Dewey classification was still fresh in my mind, and I actually had to take a test at Jefferson County for a position there. They required you to take a test on Dewey classification [laughter].

F: Ouch.

B: I did try networking. And the nicest man I met was Paul Frame. He was the director of Colorado Women's College library. I called him, and he said, "Well, I don't have any jobs, but I'd be happy to talk to you." So I went out and talked with him and learned a little bit more about the area.

And one day—I always think it was when Bob Cheshier [from Cleveland Health Sciences Library] came to Denver to teach a class. Charles and I were going to meet him, and we drove down 18th [Avenue] and we passed Saint Joseph Hospital. And I thought, "Well, maybe I could work there. Maybe they have a library." Well, unfortunately, there was a position advertised, but at the time there was still a librarian in the position who hadn't retired yet. She didn't know the people in charge at that time were advertising the position. That was awkward. So the position was taken down. But then it came up again and I applied. Her name was Margaret Fennell, and she had been the nursing school librarian. Then they closed the nursing school in 1970. They didn't really have a medical library because the Denver Medical Society Library was right across the street, and that was heavily used and accessible.

F: So Saint Joseph's Hospital had a nursing school at that point?

B: They did—from about 1900 to 1970. Margaret was the nursing school librarian. And then when they decided to have a combined library, she became the librarian in the hospital. The library then was on the second floor. Although it says in one of those bios that I developed that library, I didn't. That library was already here. I did expand it a little bit, because there were other offices and things on that floor—on the eleventh floor under the helipad. As people would leave, I would move in, so I would take over spaces as they became available. The library was in, like, five different rooms up there. Margaret was very knowledgeable, and she stayed on, mainly working with archives—which is interesting, because I'm doing that now—until she could officially retire. Sister Mary Andrew [Talle] [chief executive officer of Saint Joseph Hospital] made that possible for her to do. I think Sister stepped in and tried to ease that whole transition for her, because it was challenging. And I worked with Dorothy Sullivan, then, for many, many years. She was the library assistant and just a terrific lady.

F: So am I understanding correctly that Margaret was still the director?

B: Yes.

F: But then they brought you in as the new director?

B: She handled it amazingly well. I'm sure it was very stressful, but she was very nice to me. She would come in in the afternoons and help in any way we needed, but then she was also working on gathering materials for the archives. How the archives were set up was by Margaret, and then sisters from the [Sisters of Charity of Leavenworth] Mother House in Leavenworth would come a couple times a year and keep things updated. After Margaret retired, that's usually what happened. The archives were in a tiny room about this size. Because of the closeness to the library and Margaret's involvement, the library sort of oversaw the archives, although it was never an official kind of thing, really.

F: They didn't establish a direct reporting relationship.

B: No.

F: I think that speaks highly, though, of both Margarets—that you could both deal with a difficult situation like that and make it work.

B: Yes, I think there was good will on both sides. I came up through Catholic education—grade school, high school, college, both of my graduate schools—although by the time you get to graduate school, they don't talk about religion very much. And I used to joke that I got the job because I knew how to say, "Yes, Sister" [laughter]. But I can tell you that the nuns were just terrific to work with, and I think that's one of the things I feel most fortunate about all the years I've been here is working with some of these sisters. This order is very down-to-earth; very practical people. So it's been great.

F: You've talked a little bit about what the library was like when you first began, which was pretty small. How was it perceived within the hospital? Obviously there was a

change in the role then from just being a nursing school to being a multi-professional library.

B: Yes, I think it was really a challenge, because the first medical library was on the second floor of the hospital, and it was in a very convenient location. In 1976, it was moved to the eleventh floor of the hospital, under the helipad. And you had to be going there to get there. It was not something that you could just pop in. The doctors had to either climb stairs or take an elevator to get there. The main hospital elevators didn't even go to the eleventh floor, just the service elevators and the stairs. So it was very challenging, I think. It was used heavily by the residents, but there were only a few nurses that really made their way into the library. And I always thought highly of them for making that effort.

It was necessary but it was not... Well, let me put it this way. You had a question about budget. Initially, the library budget—the materials budget—came from the medical staff fund. There was no separate materials budget for the library. The staff and supplies and everything else were part of the education department budget, and the librarian reported to the director of education. And that was not clinical education, but it was mainly management education. That worked for a while. But as materials kept getting more and most costly and the requests for materials were coming more and more, and our interlibrary loan was getting out of hand, eventually the materials budget moved to being part of the library budget. And that depended on the medical staff. They continued to support it for a good many years, and then they kind of moved into other areas of support for their dues. It came from their dues. We still have funding through the [Saint Joseph Hospital] Foundation for the Gervasini [fund for the Gervasini Health Library for consumer health] and for any other donations that might come in. But the primary medical library budget is the hospital budget. Of course, now, it's mostly electronic [materials].

That was challenging, and I think, especially as we wanted to do more with automation. When I first started, we didn't even have a photocopy machine. It was down in the basement. We were on the eleventh floor and the photocopy machine was in the basement. So that was one of my first goals, to get a photocopy machine. We did a little time study to say how long it took.

And then we weren't on the CCLS courier initially, so that was another goal of mine—to get us on the courier. We used to have things dropped off for us at Denver Medical [Society] Library, and there was a man who worked in a dog lab—and there used to be a dog lab here. He would go over and pick stuff up for us and bring it back, and we would send stuff back. That went on for probably the first year I was here until we got a courier ourselves.

F: And it was wonderful having that Central Colorado Library System [CCLS] courier linking all of the hospitals to expedite interlibrary loan and that kind of resource sharing.

B: Yes. And we were loaning bound journals in those days.

F: Sure, because photocopying was not convenient, and it wasn't cheap. And the copies weren't necessarily very good, either.

B: No. So they would just send the bound journals. Plus, it was a way around copyright restrictions. If they sent you the bound journals, [users] were doing the copying. I don't know—all these work-arounds that you come up are amazing.

F: Yes. I'm curious for a little bit more information about the budget situation that you found. It seems to me that it was not unusual at that era for hospital libraries to receive money directly from staff funds.

B: Right.

F: But clearly, in the '70s, that was the point when serial inflation was rampant, and the cost of journals was going up exponentially every year. So it's not surprising, I guess, that that needed to move over to central funding from the parent institution.

B: That's correct. At that time there was a library committee, and we could present the request that we had for additional materials. They would approve it or not, and there would be some discussion. Then it would go to the medical staff committee for approval. And for many years it was approved, but as you say, the request was going up and up. Finally, I think they decided they didn't want to buy print materials anymore, so for a while they supported UpToDate, and that was appealing [to them].

F: Interesting times, though.

B: Very.

F: And you came in at a point where there was a lot beginning to happen in the hospital library community here. When I was in Connecticut after you, it was interesting to me because, clearly, that group of hospital librarians in Connecticut was pretty dynamic as well.

B: It was.

F: That was my first exposure to the wonderful cooperation that could occur at the local level. And then you came in here and found, I think, an equally rich pool of talented people who were motivated to find work-arounds, to share resources, to create ways to serve all of their users in better fashion.

B: You're absolutely right. There were Roz Dudden, Marla Graber, Eleanor Krakauer, Sara Katsh—just some really terrific people. One of the first [Colorado Council of Medical Librarians] projects was the Union List of Serials. Eventually it was called the Journal Locator because you don't want to use the word 'union' in a hospital [laughter].

If they saw they were paying for something having to do with unions, immediately there was—wait, what is this union list?

F: Early lesson in political correctness.

B: Absolutely. But when I think about the labor that went into it, it astonishes me now. That was one of the main projects I remember in the early days. And besides the Colorado Council of Medical Librarians [CCML], there was the Denver Area Health Sciences Library Consortium [DAHSLC], because the word ‘consortia’ had become very popular—just the whole idea of consortia. CCML was really a membership association. It wasn’t of institutions; there were no institutional memberships.

F: And it focused more on the librarians than the programs and services.

B: Right—although there were these programs. But the education component was very important of CCML. And just the networking. You got to know your colleagues. Otherwise people would be so isolated. That was one of the things that I think meant the most to me.

It was interesting. Along the way, one of my bosses had us take one of those personality tests. It wasn’t Myers-Briggs, but it was kind of like that. Well, it turned out I had a high degree of need for affiliation. And I thought, well, yes, that’s true. I do like working in groups and working on projects with other people and that sort of thing.

So CCML and DAHSLC were just great as far as I was concerned. DAHSLC developed a program. They were able to go and get MEDLINE training and bring that back and teach people here. I got my original MEDLINE training at Yale, and then after I started at Saint Joe’s, I was able to take advanced training at UCLA with Gail Yokote, and that was terrific. But the DAHSLC program was also great for many librarians who didn’t have that opportunity. So the group taught MEDLINE training.

F: Yes. And that was a time, I think, when all of us struggled because we had limited resources and limited accesses to resources, but we had time, so we could do things through consortial arrangements to create programs and to tap resources in new ways.

B: Absolutely. DAHSLC had a current awareness service. We did one for administrators and one for nurses in order to encourage nurses. Each member would take a list of journals and pull out a few articles, and then the coordinator person who was doing the list that year would compile all that and send the master copy out to each place. And then people would make multiple copies of that. Truly, it was probably—I don’t know if it was illegal, but we were soliciting people [laughter]. But the people loved it. The nurses and the administrators loved it, because they didn’t have time to go through all these journals and pull out salient articles. It was a manual SDI [Selective Dissemination of Information] service of a kind, and that was good too.

F: And I think the librarians in the consortium were very clever at coming up with arrangements that could get information to their users in a way that we abided by copyright but maybe danced around the letter of the law a little bit.

B: Yes. Like we tried to tell people, “Well, you can only have one article from this journal.” We did try to, because we were trying to explain to people that they should be compliant, too.

F: Yes. We set the example.

B: Exactly.

F: DAHSLC, it seems to me, faded away after a while. Is that correct?

B: Well, it did, but it was interesting, because I think it was around 1989 that the group decided that, actually, CCML was doing many of the projects. And also, I think people were getting busier and they didn’t have time to devote to both organizations. But it was very traumatic, in a way, because people had been so invested in DAHSLC. We actually hired Gordon Barhydt at CCLS to help us, and that organization, and we had several meetings with him on how to end it, what to do with the money, what to do with all that energy and investment that we had. We couldn’t just stop. I don’t know whether it was like a wake or something like that [laughter], but it was interesting that we had to do that. He was a very good facilitator. He helped us a lot.

F: He was. I’m sure some of it was a grieving process, but partly also, I would imagine that Gordon would help people realize how that energy was going to be reinvested in a different form to still keep moving people forward.

B: Well, that’s right. And at that time, we were getting more interested in integrated library systems. Some of us were already doing that through the university. So I think that was part of why we decided DAHSLC had run its course.

F: And as you say, CCML, through committee structures and things, took over some of the programmatic things that had been happening in the consortia. What roles did you play outside the library as the general administrator within the hospital or just as part of the health care team here at Saint Joe?

B: Initially I would say not that much. The position was not a management position in a sense. It was classified as a lead. It wasn’t even a supervisor. So there was a limit to my involvement outside the library initially. As time went on and the management structure of the hospital changed, the education department—my first boss left after my first six months here, and the second director was here a bit longer. She was very good. And then the third director, when he left they decided to dissolve a separate education department, and human resources took over the kind of things that had been done by the education department. Then the library reported to the director of graduate medical education for internal medicine, Dr. [Robert] Gibbons, and he was a terrific person to

work with. Very supportive, very encouraging. At that point, I moved into more of a supervisory role, because there wasn't a director right in the department area with me. So I took over having media services report to me. And, of course, we had developed the patient library several years earlier, so that was part of the department. At that point, I think I was moving out a little bit more into the organization. I had done some already, especially working with the patient library—and I could say a little bit about that.

F: Yes.

B: How that happened was so interesting, too, because when I was thinking and reflecting—as Carolyn [Lipscomb] said, “Time for reflection is good”—and reflecting what was happening in MLA and what was happening here at the hospital, it was just synchronicity, I think, in some ways. The patient education coordinator came to me one day. She had been to a conference and heard Kathy Moeller speak about the patient library at Overlook Hospital [Summit NJ]. She said, “Do you think we could do that here?” and I said, “Well, let me tell you, I’ve been hearing all about this kind of thing at my organization and I would love to work with you on that.” It took a solid year for us to get approval to do this. We did needs assessments. You name it, we did it. But I was working with the patient education committee at that time, so that was—

F: Good synergy.

B: It was. And we got support from the other patient educators from the different departments and services in the hospital. They gave us a little room. It was on the tenth floor of the hospital. It wasn't the greatest location, but you could get there from the main elevators. I recruited retired nurses as volunteers to staff that library, and they were terrific too. They just had a natural way of working with patients. It was pretty successful. I would say that, over the years, actual on-site activity ebbs and flows. You get people in, but a lot of it is phone reference and taking information to the units. So much of it depends on the nursing staff letting people know that the service is available. So that was a challenge.

Right around that time—we opened in 1985 our first patient library—CAPHIS at MLA [started]. I don't know if you ever knew Ellen Gartenfeld, and I knew her slightly. But she was the mover and shaker to get that section going, and there was a lot of work done. There was a special committee and everything to look into that. It's so sad, because she died right around the time that the CAPHIS was—

F: Way too young.

B: Way too young.

F: I didn't know Ellen directly; I just knew of her. And I knew of the interest that was going to lead to the Consumer and Patient Health Information Section [CAPHIS].

B: There were many other people who were so important in my own development of my ideas about patient education and consumer health information. Kathy Lindner was one of the early people. She was also in New Jersey. Michael Kronenfeld, Kay Deeney. Some of these people were just so committed to this whole concept.

I would say Alan Rees had a great influence on me too. He was so committed to this whole idea, and he understood the consumer movement in the broadest sense that was going on in the country, and that health information was a major component of the consumer movement. I think he tried really hard to raise the respect for consumer health information in MLA. I remember he once said, "People act as though it's a librarian's hobby" [laughter]. He had a great influence on me. He invited me to participate in the book he was doing, and that was good.

F: I think there was some sense within the medical library community at the time that the movement was beginning to get some traction, that there was a benefit, but it was also—I may be overstating this—lowering ourselves to becoming public librarians.

B: Maybe so.

F: And not an appreciation for how vital the health information was for the patients and why it was an appropriate role for us to be involved in it. Alan was still at Case Western Reserve, I think, at that point.

B: Yes, he was in Cleveland.

F: And didn't he do a Janet Doe Lecture on patient libraries [physician-patient communication]?

B: He did. I went back and read that when I was working on my own Janet Doe Lecture, because I can remember that it was a very important topic at the time. And when I was involved in CAPHIS, when I was chair-elect of the section and planned the MLA meeting in Boston [1989], I was able to get someone from the Boston Women's Health Book Collective to come and speak. *Our Bodies, Ourselves* had a huge impact on consumer health information, and so that was kind of exciting too.

I think, Rick, of all my activities in MLA, that and working with standards—and of course, the work on the board. There were a lot of things in common with that, I think, over the years. I think that working in the hospital environment, I realized—I had worked in academic and public and everything—that you see patients and families every day, and you're constantly reminded of what this work is about. I told that story in my Janet Doe Lecture of the young woman who came into the library—we were on the eleventh floor—looking for information. It made a tremendous impact on me. And other librarians have had similar experiences. Kathy Lindner wrote about a man who was so desperate for information that he pretended to be a doctor because he didn't think there was any other way to get information. Breaking those barriers down for people was one of the main focuses and impetus, I think, to get that movement going.

F: Yes. I think for many people, there is an emotional response to patient interactions that shapes you. I remember when I was at University of Connecticut working the reference desk as a cataloger—good PR skills—a woman coming in and saying to me, “My son has been placed on Ritalin for hyperactivity and I’m so worried about putting him on drugs. I need help.” And I felt totally overwhelmed and not well prepared to help her with that. But your heart just breaks for these people.

B: Well, you’re absolutely right. And of course, back then, there was so little that was available. Initially, we would go to the nursing literature to try to find things that maybe weren’t quite as technical for people, but that wasn’t always appropriate either. So, yes, it was challenging, but very rewarding.

F: Yes, absolutely. And walking through Saint Joe this morning with you is a reminder of what wonderful recognition there has been in hospitals about the value of having the patient health information resource for people. And clearly, you have done an amazing job of moving the library and the patient library over time, and now here they both are in great locations. You managed to sell administration on having the clinical research library close to the primary users, and you’ve got this beautiful patient facility in another equally wonderful location. How do you sell people on the value of giving up these great real estate locations?

B: I know. When you think about the cost per square foot of hospital space...

F: And everything that’s vying for that space.

B: Yes. I would be the last person to say that it will always be this way. Before we moved into the Russell Pavilion—first, the library was on the tenth floor—the consumer library—and then they needed that space. We were able to get space on the eleventh floor adjacent to the medical library. There was very little walk-in traffic, almost none for that. But we still had it and we still could provide services and we could take things to patients and we could respond to phone calls. And we had a book cart that went around to the units. One of the volunteers took a book cart around. It was more of a reminder that “this is here” kind of thing.

When we moved to the Russell Pavilion, when that was being built, the foundation was very involved in all of the raising for that building. We were working on plans for the medical library, and we knew that if we were going to have a patient library, it had to be there. Judi Gervasini, who was on our foundation board at the time, got involved. Her husband had been a patient here, and we had a patient library at that time, but no one told her about it. So she had her staff calling the National Cancer Institute to help get information for his care. It’s tragic to me, when I think about it, but it’s so often the case. People think you have to go to the Mayo Clinic for something. She got involved. She got an architect, an interior decorator, and she worked tirelessly to develop that space, because she wanted it to be a welcoming space, not only to get information, but just a different environment for people, away from the clinical areas. She said at the time, the

only places are the chapel and the cafeteria. There needs to be another space. She had tremendous influence, because the medical library was adjacent and so it looked really nice too.

The original drawings for the medical libraries were—it was a boxcar library. One boxcar was the collection and another boxcar was where the staff was. I remember one of the meetings we had, and Dr. Gibbons was at this meeting with the architect. He said, “Let me explain to you how doctors use libraries” [laughter]. Well, you couldn’t ask for better PR or better influence.

F: A better spokesperson.

B: A better spokesperson than that. And the marketing people agreed that for good customer service, the staff and the collection and the space and everything should be together.

Anyway, we were very fortunate to have a lot of support to do that. But I can say that that whole building was a small enough project that we were able to have a lot of contact with the architects, with the engineering people. I had my own hard hat with my name on it. I still have that somewhere. So that was a great experience.

It was very challenging, even with the medical library, because at that time the collection was in five separate rooms on the eleventh floor, and then we had to integrate it. Well, Charles Bandy had done that at UConn, so he gave me some tips on an approach to that, which worked very well. And we got library movers, too. I said, we need people that have moved libraries, so we got library movers. They did a pretty good job, actually, in getting everything down there. For this last move, we didn’t move any of that collection—a very few books was all we had to move. That was easier.

F: Yes, not having to cart all those journals along with us makes a big difference.

B: Oh, I know. What a relief. I looked at some of those bound journals and I took them out of the shelf. You open one and it goes [makes a cracking noise], because it has never been opened since it came back from the bindery.

F: Did you like the space planning and design work or was that just a necessary evil?

B: I can’t say that I liked it. I wanted to do a good job with it and I wanted the people that were actually doing it to feel as though I knew what I was talking about. And sometimes that worked and sometimes it didn’t. But I felt an obligation to do the best job I could in getting the space correct.

We had the compact shelving, and the lighting was put in wrong. And I told them. I said, “No, the lighting should not be parallel to the stacks. It needs to be perpendicular.” Well, they got a lighting guy and he put these diagrams in front of me explaining all about the lighting. You know how experts want to intimidate you if they can?

F: Yes.

B: You've been there. Well, they had to come back later and put in more lights. I read as much as I could. Joyce Condon was a reference librarian and she was just great. We worked together on trying to do the best we could. But it was challenging.

F: And it requires a whole different set of skills and a different perspective than what we would normally do as librarians.

B: Well, that's true. We could pull together our statistics, like, okay, I need this much seating because these are our user groups, and I read about how you figure out what percentage of your user groups and everything. I tried to use that information to say we needed this much seating. It worked out okay. But I have to say it was one of the more difficult things for me to do.

I'm spatially challenged, too. I looked at floor plans, but without the three dimensions, it was a little hard for me. Some people can do that. One of the things DAHSLC had—I think it was DAHSLC or CCML—we had this collection of Legos so you could do space planning. It was like Legos, but it was designed for library space planning, and that would travel around to different places where people were trying to remodel.

F: Oh, I remember that now. It ended up at Denison Library [University of Colorado Health Sciences Center] at one point.

B: I'm sure it did. And then maybe it bit the dust.

F: I think it probably outlived its life. But I think we housed it for a while and loaned it out.

B: You did. I'm sure.

F: But I must say, both of the libraries are beautiful, and they are in fabulous locations for their user communities. So kudos to you for persisting on beautiful design work and also the difficult political things, sometimes, of getting the space that you need in a competitive environment where space is always an issue.

But you retired from Saint Joe in 2015 after an amazing record of thirty-six years. And that certainly requires a lot of persistence and some political skills and repositioning yourself thoughtfully over time to be successful. Are there particular things that give you the most satisfaction from the time that you were here?

B: It was interesting as I was reflecting. One of the other challenges I had was when Exempla was developed, and Saint Joe's became part of a system with Lutheran, and then eventually Good Samaritan. At the time, I was reporting to the director of quality at the system level here in Denver, and so I was managing the Lutheran library. For a whole

year, there was no other librarian there; there was clerical staff. I was going out there twice a week, and I was feeling that I wasn't doing a good job at either place. That went on for several years. Finally, the director decided that she wasn't going to be the system quality director anymore; she was just going to stay at Good Samaritan and be on-site quality director. Jeff Selberg was head of Exempla at the time, and he said, "Well, why don't you ask Margaret what she thinks should happen?" I was so impressed with that, I can't tell you. So I said, "Why doesn't each hospital have a library manager and report to the quality VP at that hospital?"

So that's what happened. I was fortunate—this was around 2004, I think—Barb Jahn was the VP for quality here. She's now the chief operating officer. She was one of the best bosses I've ever had, because she could see the potential for the library being of service to patient safety, quality improvement. I mean, she listened, she wanted to learn all the things the library could provide besides the typical clinical information for the residents.

I got on the patient safety committee, I got on the quality committee, and just had many more opportunities to move outside the library. I think that has been the most important thing. As other things have come along, like the Magnet [Recognition] Program—so the hospital's working on Magnet now, so I was able to be on the nursing research committee. And I can tell you, Rick, I would just call people up and say, "Can I come to your committee? I'd like to learn what you're doing, and maybe there are ways to help."

Barb challenged me and encouraged me and supported me and the library in a way that I think—even though I had many good supervisors that were supportive when it came budget time and that sort of thing—but she really had vision to see where we could really be of help. You can have the best ideas and be the most energetic person, but to have a person above you, that is also seeing that, is just critical, I think.

I've talked to hospital librarians, and I still do, about frustrations that they can't seem to break through. I try to encourage them to not be fearful and to try to reach out to these people, because it may just be that these people never thought of it—that your skills could contribute in some way.

F: It is a little bit complicated, because you have to have the personal and professional credibility, which you clearly had. But there also has to be that organizational willingness to afford you other opportunities. And if that's not there, it's really hard to play your way uphill.

B: It is. I think it was a very fortunate thing that happened. It made my final years here—the last ten or fifteen—really exciting, I think, to be able to do some of those things.

F: Yes, and do them well. Because I think that's the other piece. If you're given the opportunity, not everybody can rise to the challenge.

B: Well, you're right about that. When I look back at working with Dr. Gibbons, he would be totally supportive. But you had to have credibility with him. You had to see things through for him to be as supportive as he was. So I think you've right.

F: Were there particular things that you learned here at Saint Joe that influenced your thinking about libraries and the service they provide or how to play new roles within the parent institution?

B: Some of the things I've already mentioned. I learned that if you can say yes most of the time, that's a good thing. And sometimes it's hard to say yes, or you're not sure you can do what it is they want or what they need.

One of the other opportunities I had—for a while I reported to the computer information services department. Hospital libraries are moved around [laughter]. It's like, what place on the chessboard are we going to be? That was after I reported to Dr. Gibbons in medical education. The head of IS decided that anything to do with information had to be under his purview. So the mailroom was under IS. It was interesting how they pulled all these things together in the library. I think one of the benefits that we brought was customer service.

F: Because computer services are usually heavy on computer and clueless about service.

B: That was a great opportunity. But again, because I was working with all these other people in IS, as time went on, I had built these relationships with the people in IS. So I think they were more responsive then when we wanted to have Internet and all of these different things that we were able to do. As you mentioned earlier, and I think it's absolutely true, how important developing relationships are.

F: It's all about networking.

B: And you can't do that sitting in an office. I never was a solo librarian. I always had at least a library assistant or a library technician. I think that helped me. But I always remember—Roz Dudden told this once—somebody said, "Well, how can you leave a library and go to all these meetings?" and she said, "Well, I just walk out the door."

F: It's that basic.

B: It's that basic, right. And sometimes I'd be nervous at different times about being sure that whoever was here knew where I was if they needed me. But I never carried a pager. I didn't want to do that. But I think I learned how important relationships are with any progress that you're going to make.

And the other thing I think I learned—Sister Mary Andrew, who was here as the administrator for twenty-five years, felt strongly that our main customer was the physician—not just the library but everybody. But by the same token, our main focus was the patient. It always comes back to the patient, no matter what. I learned that early,

but I think, as time went on, especially working with patient educators and also with the residents.

That's one of the things that made this place so interesting. We have a hundred residents in four programs. It's just a much more dynamic place, I think, than a community hospital with five residents. And I've always loved that. Also, the history of this place and the mission of this place just became a part of me. So now I'm in the archives.

F: Supporting the history.

B: Supporting the history and learning new things about archiving and digitization.

F: I was always curious about the combination of people as professionals and as underlying people. So we've talked about the things that you learned over the years to function well as a good information professional, to contribute to the institution, and to address both the needs of the staff and the patients. Are there things that you learned about yourself in the time that you've been here as well?

B: Yes, I have. And it's so funny, because the reflection today that came over the email—there's always a reflection. It was from Eleanor Roosevelt about doing something that you're afraid of doing. There have been a lot of things like that over the years that I was fearful about. And I will say that Charles has always encouraged me and helped me know that, yes, I can do these things.

It's funny—we were talking about this a little bit—because I was being a little reluctant [to be interviewed] to think, well, Erich Meyerhoff said he hadn't done anything, so why should he do an oral history. And I said, "Well, maybe it's because of the times I lived through." Charles said, "No, you accomplished things." My mother used to say, "Don't sell yourself short."

I think that I've certainly learned that I have a lot to contribute to different groups that have different perspectives—oh, I think about [Saint Joseph Hospital's] Nursing Research Council. They were trying so hard to figure out, what is this thing, nursing research? And I realized that there were things that I could help them with.

But I don't know that I always had a good balance. I would come in on weekends and do things. In retrospect, I don't think that was a good idea. Once we could do a lot remotely, I didn't have to come in as often. I think I tried to learn that, but I don't know that I ever really did get a good balance.

F: You worked hard, and that's why you accomplished a lot.

B: There was a period where management was trying to encourage people to have more balance, and I was able to work nine-nine's and have every other Friday off. That was in the 2000s. But then I started working on the book with Roz, so I was using those Fridays off to work on this book. I regret some of that, in a way. I don't regret what I've

accomplished; I don't regret the people I've worked with. But sometimes I feel that I didn't have enough balance.

F: I think that's a struggle for everybody though, and I think one of the unfortunate aspects of technology is that it facilitates people working too much and having trouble disconnecting from their work. But I think the balance between work and personal life is always a challenge, especially when you're a really engaged professional.

B: I think so. Charles always understood that. When he was at the Health Sciences Center, he was so engaged in automation and getting things moving in that direction. So he understood. Even after he went into massage therapy, he understood and supported me. I really relied on that quite a bit too, to do the things that I wanted to do. I mean, I wanted to do these things.

But one of the things is that hospital librarians always have is pressure to perform and to show that they're a vital part of the organization. So that's always there. You always feel that, even though in the later years I know that people saw us as real components of the organization. But you still always feel that pressure.

F: So you and I both worked through a significant period of time, where not only was there not encouragement for hospital librarians to be involved in the institution, but there were lots of threats that the library was going to be just done away with.

B: And it happened. The second time I was president of CCML was twenty years after the first time. I was president in '83, and then in 2003. And one of the first things that happened was Denver Health closed its library. That's when we started the Advocacy Committee and tried to figure out ways that we could help these places. Connecticut had done a good job with having the CME [continuing medical education] accreditation for our libraries and hospitals, so we did some focus on that. But when I think of the libraries that were here when I started, and either the hospitals have closed or they've just closed the libraries, it's heartbreaking, in a way. Denver Medical Library [formerly Denver Medical Society Library]—gee whiz.

So, anyway, you're absolutely right. And I certainly don't have the answer. But I think that as long as you're there, it's incumbent upon you to do as much as you can to contribute to the organization. I always appreciated Scott Plutchak's focus—that it's not what's important for the library; it's what's important for the organization. And that has to be your focus. I think whatever happens, maybe the "gulfs" will wash us down [laughter]. [Editor's note: Bandy quoted Tennyson's *Ulysses* in her Janet Doe Lecture, "It may be that the gulfs will wash us down."] But we'll still keep trying.

[Break]

F: We are back from a short break. And before we start talking about professional service and involvement, I just thought I'd stop and ask if there is anything else you

would like to say either about the early part of your career from Connecticut or North Dakota, or early days here, or the different things you have done at Saint Joe's.

B: I think one of the most interesting things I did that I didn't talk about already was trying to work with some knowledge management services. At the time, the hospital had a portal—it was a BroadVision portal—and it was not terribly attractive or user friendly. There were parts of that called microsites, where groups could have their documents, their meeting minutes, and other resources that they might want to refer to. I was able to work with a couple of the groups to get that set up for them and try to think about organizing information for them, not like we organized information in the library, necessarily, but to try to make it useable and easy to find things. There was not a good search component of the portal. Even in our library section, we were constrained by the construction of the portal. Now it's a SharePoint, so it's much more amenable to that. When we migrated to SharePoint, I moved the nursing research portal information over to SharePoint for them. It was the first one that was set up. I feel as though, because I'd had that prior experience, I was able to migrate over to that.

There was a lot of interest in the learning organization idea. I found that very interesting, too—complexity theory and things like that. I had this opportunity to do a couple classes at DU [University of Denver] for one of the people here, one of our quality people who was doing some teaching at DU on organizational theory and that sort of thing. I really enjoyed that and I often wish I could have done more in that realm here. I didn't have the time really to do much more than I did. When I look now at the SharePoint and see how some groups have really been able to take advantage of that technology for their small group work, I'm happy that I was able to get some of those people started along those lines. So that was kind of fun.

F: Certainly the early portals were kind of constrained and awkward and difficult in lots of ways.

B: They really were. It was disappointing in a way. In our portal, you'd just have these boxes and certain forms could work in certain boxes. Some boxes could have links to go out. I mean, it was just very challenging to try to conform to that. But we did what we could.

F: You mentioned not having time to get into knowledge management. But throughout your career, you've made time to teach, to publish, to serve in professional organizations. You've done a lot, Margaret. What motivates you to be involved in so many areas?

B: I don't know, Rick. I talked about enjoying working with groups. My father used to say, "To whom much is given, much is expected." Now, Jesus said that [laughter]. And I don't know if my father meant to say anything about what Jesus did. But at any rate, I have always felt it's important to give back, because I've benefited so much from my colleagues where I've worked.

I've gotten great support here over the years for continuing education opportunities, for conferences. And it just seemed as though, if you're going to be doing that, you really need to be involved in it. If there's an area that particularly interests you and you want to learn more about it, then you want to share that with your colleagues, too, if there's a way to do that, to benefit them. I think that's probably what motivated me to a large extent to do some of those things.

The other thing about Saint Joe's that I didn't even mention, too, is over the years getting more involved with the history of the hospital. That's been a real important focus area for me too.

F: Another new direction added to the others.

B: Yes, another new direction, really.

F: Well, within MLA alone, you've served on or chaired numerous committees and task forces. You've been active with sections and chapters, served on the Board of Directors, and you have received numerous honors, awards, and recognition of your contributions and accomplishments. Tell me about the committees you've enjoyed the most or thought had the greatest impact over the years.

B: I think for me, the [Hospital Libraries Section] Hospital Library Standards Committee [which developed "Standards for Hospital Libraries"] was one of those that I think was most important to me. I became a member of that committee when, I think, Jeannine Gluck was chairing that committee. She had a great influence on me in terms of the importance of standards.

I think it was also through the Hospital Library Standards Committee that I was selected to represent MLA at the Joint Commission. That was another amazing experience. It wasn't a fun experience in a lot of ways; it was one of these frustrating experiences. Many people before me had been frustrated. Their hopes would raise, and then they'd be dashed. There would be someone at the Joint Commission that seemed to be receptive to the importance of libraries, and then it would wane, and then the Joint Commission's focus would change. I think what I learned from that was that, just like MLA has focus, these other organizations have focus. AHA had focus; I remember being frustrated with American Hospital Association when they marketed directly to hospital administrators at one time. Well, they had a service to their members. It was interesting, the Joint Commission, because we were not the only group that was annoyed with the Joint Commission.

F: No. They seemed to do that well with other groups.

B: Well, yes. The chaplains were upset with them and the physicists were upset with them. There was plenty of annoyance to go around. But it was interesting and informative to go to those liaison meetings. And I got to know Carla Funk [MLA executive director] that way too. Carla Funk was such an important person for MLA as

far as I'm concerned, all the years she was there. Her total focus was promoting the organization and the members and—

F: Meeting member needs.

B: It was not about Carla Funk. It was never about Carla Funk. It was always about MLA and the members, and supporting the board. I got to know her because she guided me through that whole [Joint Commission] experience. And, of course, she was so down-to-earth, and she knew all the terrible frustrations and everything. You know this yourself from the work you've done on different committees. You're getting this anger and frustration from the members, but you know that there's a limit to what any of these outside organizations will do, because they have their own mission.

F: Different agenda.

B: A different agenda. Same with NLM, Joint Commission, American Nurses Credentialing Center. I was able to learn that lesson just because I had the opportunities that I did. But by the same token, I understood the frustrations of the people in the trenches that felt that they needed that recognition in order for the hospital [to work] [inaudible].

F: Just for the record, what was the official name of the Joint Commission at the time that you were working on the standards? Was it JCAHO [pronounced "jay-co"]?

B: Yes. It was Joint Commission on Accreditation of Healthcare Organizations, and now it's THE Joint Commission. There is no other [laughter].

F: But I think Carla was a really good person to help shepherd those activities through the years when there was so much at risk for hospital libraries. And there seemed to be so little support from other organizations like JCAHO for ensuring the existence of libraries.

B: Right.

F: But Carla brought a lot of good organizational background, I think, from when she worked at AMA [American Medical Association].

B: She did. She really did.

F: She understood.

B: Yes, she did. I always thought she could write a book about "MLA Presidents I Have Known" or something like that, but she probably never will. She probably will keep her counsel on some of these things. Tovah Reis, who I got to know when I was on the board, has become a very good friend of mine, very involved with IFLA [International Federation of Library Associations and Institutions]. And she said that there were some

executive directors from organizations that would just go off and do their own thing, but she said that Carla is always there to help the MLA president or the other MLA members that were there. She was probably the gold standard, I think, for executive directors.

F: Yes, very effective executive director and a wonderful person.

B: Yes, and a lot of fun too.

F: Yes, a lot of fun. Well, tell me about your time on the Board of Directors—2005 through 2008. What did you most enjoy about that?

B: Again, I was working with this terrific group of people from all different backgrounds and libraries and experiences. I knew some of them a little before I was on the board, but not all of them. The first board meeting I went to was actually the meeting before I was officially on the board, but they let you come at your own expense.

F: As an observer?

B: As an observer. But you can ask questions. And I remember—I don't remember what the discussion was, but there was concern about how would the members feel about this. And I said, "Well, don't the members elect you to make these kinds of decisions?" I said, "This may be a dumb question." Well, they chuckled politely, I think, at my naïveté. That was my first experience in seeing how the board worked, and realizing how hard they worked and how hard they were trying to respond to all these needs—the external needs, the needs of the members.

The first person who was president when I was officially on the board was M. J. Tooey, and she conceived the Vital Pathways idea [to study and develop strategies to support hospital librarians]. She modeled it on [*Building on Success:*] *Charting the Future*, the AAHSL [Association of Academic Health Sciences Libraries] document. That was her idea—let's do something like that for hospital libraries, because there was all this stuff happening [with library closures]. MLA was hearing all about it.

The CCML Advocacy Committee was also trying to do some of that same kind of work. So that kind of dovetailed a little bit for me in working on the Vital Pathways. That was a challenging, challenging committee, because there were so many parts to it. There were different groups and every group had a board liaison. It was a big chunk of work. I think the outputs were very good. You just never know how useful any of this kind of work is going to be. It may help some people. But I think it was a good focus for MLA, and I think the members probably were glad to see that kind of focus.

One of the things was where you could report a library closure, or a downsizing, or an improvement. I don't know now how many people ever took advantage of that. I know there were some. And then you could ask for a letter to be written. But so often, the decision had already been made to close the library or downsize it, so it was hard to know how effective that was. But that was a big chunk of work.

I was liaison to the Continuing Education Committee, and that was a very hardworking group. I admired that group of people. Kathel Dunn was chair, and then Terry Jankowski and Sandra Martin. I really admired all those people—how hard they worked. And the staff was so great at MLA. When you think of how few people there are on that staff, and it got even smaller in the last few years.

F: I think part of that comes back to Carla as a very astute director.

B: I think so too. Everybody knew why they were there and what their purpose was. There weren't people, as far as I could tell, who were trying to feather their own nest. They were focused on the needs of the organization and supporting the organization. I worked especially with Mary Langman and Kathleen Combs and Deb Cavanaugh very closely, but everyone was terrific to work with. I enjoyed Evelyn Shaevel. We were both Young Turks at the same time in college, although she was in Madison and I was in Milwaukee, so we didn't know each other then. But it was a terrific experience.

F: Who else was on the board with you? You mentioned Tovah and M. J. Tooley.

B: Jean Shipman came on at the same time as president-elect. In fact, I have a memory aid because I thought I might forget some of the people... I came on with Craig Haynes, Tovah Reis, and Connie Schardt. Dixie Jones was already on the board when I got on, with Faith Meakin and Sarah Gable. And then the following year, Scott Plutchak and Linda Walton came on. Then Gary Freiburger, Paula Raimondo, Laurie Thompson, Jane Blumenthal, Judy Burnham, Julia Kochi, and Beverly Murphy. Toward the end, I didn't work as closely with those folks who came on later, because I was still working on Vital Pathways. That went until December of 2008, so it went a little beyond the tenure of that group of people that came on when I did.

The other activity that was really important to me was the health information literacy that Jean Shipman worked with NLM on. I think that had far-reaching results, because I think it helped librarians see a role for them not only in health information literacy, but in health literacy, and how important that is. And especially, I think, consumer health librarians now see how much that informs the work that they're trying to do with the consumer health information. So that was another really good one.

Mark Funk was president my last year, and his great focus was on using social networking in all ways to improve communication in the organization itself and with outside groups. So that was helpful.

With Jean, too, is when the Magnet Recognition Program was gaining more attention for hospital librarians. She asked me and Melody Allison to work on a white paper about the Magnet Program and how libraries really had a lot of synchronicity with it. I think that's helped a lot of people too. That was woven into Vital Pathways as well.

F: And the nursing Magnet Program seemed to have succeeded and resonated in a lot of health care organizations. And so having the library dovetail with that was really a good direction.

B: It was a good direction. MLA has supported sending someone to the Magnet Program. It's not official like the Joint Commission ones, because the Joint Commission had a liaison program. It's more informal with annual recognition. But [the ANCC (American Nurses Credentialing Center) National Magnet Conference] was in Denver, and I was able to go to that. The Hospital Libraries Section and the Nursing Section both lent support to that. I don't know if they're still doing that or not. There still is a person, because Michele Klein Fedyshin has been the representative most recently.

I had an opportunity to stand up before the head Magnet people. It was one of those meetings where anybody could get up and ask a question. I got up and said, "Well, I'm a librarian." Well, everyone was like, oh... You know, everybody loves librarians, right? We have no natural enemy. But they were so happy I was there, and how, oh, yes, libraries are so important. There was another librarian at that meeting, Nancy Goodwin, who's in Connecticut, so we got to be friends. She was there presenting with a nurse from her hospital. We were the only two librarians there at that time, but I think more are going to that conference now.

F: And how large is that conference?

B: Oh, I don't remember. But it was so amazing... I don't remember if it was at the [Colorado] Convention Center. But wherever it was, we were in this big auditorium for one of the sessions, and all these hospitals had Magnet recognition and they all had flags. So I turned to the people from Saint Joe's and I said, "Do we have a flag?" [Laughter] "If we are getting any recognition, do we have a flag?" It was so odd, I thought.

F: Pageantry.

B: It was. It was interesting. Anything that had to do with evidence-based practice, I went to those sessions if I could learn something and say something. But you're right, the Magnet Program, I think, has been important. Even though they don't require a library, either. The nurses want the library services if they can get them, and since the libraries of Lutheran and Good Sam closed, it has been challenging for them, and they call.

F: That's good, though. If they need information, they reach out for it.

B: They reach out for it. But there's a limit to what we can do.

F: Of course. Do you have recollections of particular MLA annual meetings?

B: Like the last one [2016], maybe [laughter]?

F: That was kind of an eventful meeting for you, wasn't it?

B: Yes, it was. It was. It was great. I mentioned earlier how much fun it is to go back and look at these programs, and I did that. For Phoenix, I was on the NPC [National Program Committee], so that was a terrific experience. And you've been on NPC committees. It's a lot of work, but it's very rewarding when things work out.

F: Yes. It gives you a very different perspective on the meeting to be on the National Program Committee.

B: It does. I remember talking about who the keynote speaker would be. Well, it was Atul Gawande. He was just starting to get recognition. That was in 2006. Well, he's highly regarded and has published so many wonderful books. He gave a wonderful keynote address. But only a few people had heard of him at that point. So it's always nice to be on the cutting edge for something like that.

One speaker I remembered for so many years—and I don't remember what meeting this was [1986 in Minneapolis]—was Sherry Turkle, and she wrote *The Second Self*. That was very interesting and had a lot of impact.

My first meeting was [1973] in Kansas City, Missouri, at the Muehlebach Hotel, which was falling on hard times at that point, even though Harry Truman had stayed there. But by [1973], it was kind of bad. But what was fun for me, I was working at Yale then, and Joan Ash and Toby Port, we roomed together. They had been interns at UCLA and so they had a lot of contacts from that experience. I tagged along with them. Golly, I thought everybody knew everybody in MLA. I had not a very accurate picture of things. But I thought, this is just great. I want to be involved in this. That kind of paved the way. And my teacher, Kay [Haas], she impressed on us how important it was to be involved in our professional association, so that helped too. And that was one thing Yale did support. They didn't pay well, but they supported you going to meetings, so that was good.

Another one I remember fondly was 1995 in Washington, DC, because it was with the ICML [International Congress on Medical Librarianship]. We had our group that had worked on the NLM-funded project for the integrated library system, the SALS project [Shared Automated Library System, hosted by Denison Library for Denver area hospital libraries]. We had a poster and papers. And prior to that—and you may remember this—when the [Midcontinental] Chapter meeting was in Colorado Springs [1994], we had a fundraiser to help bring Funmi [Olufunmilayo Olufunke Akhigbe], who had been a Cunningham fellow [in 1990], to that meeting. People donated money, and Charles did massage. Do you remember that?

F: I had forgotten that. Wow.

B: It was pretty successful. Not everybody wanted a massage, but a number of people did, and people were willing to contribute anyway to bring Funmi back. She lives in the United States now. She's in Maryland.

F: Her last name was...?

B: Akhigbe. And her husband's George. He's a minister, I think, and they have a bunch of children. But I remember so well because she stayed at our house in February 1990, and it was so cold that she never warmed up. Charles had this parka that he had from North Dakota. I think she slept in it. And we kept the furnace cranked up.

F: And I think we had a cold winter that year when she was here.

B: We did. We had a very cold winter.

F: And so for her coming from Nigeria as Cunningham fellow, it was rigorous.

B: It was rigorous. She was a wonderful person. My mother was ill at the time, so I was gone part of the time. Charles and I took turns going to be with my mom. She almost became like part of the family at that time.

F: I hadn't thought about that when we were talking about all of the other things that you've been involved in, but certainly, hosting a Cunningham fellow...

B: It was great. I'm glad we were able to do that. And she was so congenial. And you know what else happened at that same time—Nelson Mandela was released.

F: That's correct.

B: I got chills just thinking about that. That was just the most amazing thing to happen. It was good. So that was one meeting that I remember fondly. But they all have their highlights. I think the early meetings with CAPHIS development were other ones that I was thinking about as I went back over. Because in the Houston meeting in '83, I was involved in the Hospital Library Section more at that time, but when Ellen Gartenfeld made her report in '84, CAPHIS really was getting organized. And I was here in Denver and we were involved in local arrangements, and that was interesting at that point.

Then, of course, in Minneapolis [1986]... and I was trying to remember this, because I thought, I know Sandi Parker and I had posters at that meeting, because we both bought the same kind of posters, that you could use Velcro to stick your things on. But it was a mini-session at the CAPHIS meeting. I looked it up and it was "Munch, Mingle, and Mini-Posters." So we had our presentations. Sandi was at [Medical Center] then.

F: Right. And she was another person who was very interested in the development of consumer health.

B: Very much so, yes. She was a great colleague. And so was Marla Graber and Roz Dudden. They were all very interested in that.

Those were some of the highlights that I remember. I always tried to take CE. And you hear so much that you want to be able to do. But I realize, well, not everyone does everything. And the hospital library, you have all different things—acquisitions, cataloging, reference, and yadda yadda yadda, but you have to pick and choose.

F: Yes. And never enough time to really take advantage of the city that you're meeting in.

B: No. One of my regrets was in Vancouver. I was going to this session—I don't even remember now what it was—and I ran into Anna Beth Crabtree. She's Anna Beth Morgan now. And I saw her in Toronto and told her this. I said, "Anna Beth, I always remember you were on your way to"—where was it; I can't remember, near Vancouver. I want to say Lake Louise, but it was one of those places you go. And she said, "Why don't you come along?" and I said, "Oh, I better go to this session." [Laughter]

F: Too diligent, Margaret.

B: A funny thing—Charles' last meeting was in Boston [1989], so he was out walking around one day and he sees this bag woman—it looked like a bag lady coming along. It was Catherine Reiter. She had been out shopping. And there's the director right there.

F: Instead of going to sessions.

B: But he wasn't going to sessions either, so it all worked out. But you're right, you do wish that you could do more. There were a few times I cut out. I remember when I was in Chicago, Sandi Parker and I, we were staying at the Palmer House, and we cut out and went to see *Camelot*, the matinee.

F: But I think you get some special provision in the sense that it was your hometown. You could have a little free pass.

B: Right. I remember that meeting in Chicago, too. It was in '78, I think, before we moved to Denver. There was a little social gathering of the RML [Regional Medical Library] library directors, and that's where I met Ruth Holst. She always said she was the token hospital librarian for the RML. But I always remember meeting her. We had a good time.

F: The annual meeting is always a wonderful time to interact with people.

B: That's one of the best parts.

F: And one of the other things that happens at the annual meetings, of course, is honors and awards. So let me list some of your significant honors, because I think it's important

for the record to know that you received the Lois Ann Colaianne Award in 2002; you were named a Fellow of MLA in 2010; you received the Elliott Prize in 2012; gave the Janet Doe Lecture in 2014; and just this past May received the Marcia C. Noyes Award for 2016 in Toronto. What do these honors mean to you?

B: They mean a lot. I think recognition by your peers is so wonderful. I don't think anybody—and I know you would say this too—you don't do any of these things thinking that somebody will give you an award. There are many people who do them and don't get awards. But to get one affirms that your colleagues think your work has made a contribution. All kinds of management theory and everything say that people don't work for money. Other things motivate them. Well, we know at MLA we don't get... Once in a while you may get an award that has a little money with it, but that's really very little. Not very often. And even in your workplace, getting recognition by your supervisors is so important to motivation. So that's what those awards mean to me. And the fact that people selected me for them means a great deal to me. So I'm very grateful.

F: Well deserved.

B: Thank you.

F: And as part of that whole cadre of honors, it's always a unique moment when you open the letter inviting you—or one could say commanding you—to give the Janet Doe Lecture. It's not like you have much choice once you open that envelope.

B: Well, I didn't know I'd been nominated.

F: Well, you never do. You rarely do. You're not supposed to, I guess.

B: You're not supposed to, but someone told me, "You mean, no one asked you if you want to before?" and I said, "Well, no." But you're right. I found out later who nominated me, and it was several years before I was actually selected, evidently. The person that nominated me had just said, "We want to nominate you for an award." This was years before. So I sent in my CV and then I never gave it another thought. But that's what it was. By the time you think, can I say no... because it says, "We hope you will accept."

F: Yes. And then I think, for me, about a week later it was announced. I was still thinking.

B: I don't remember that part, but you may be right. It was pretty close on the heels of when they make the announcements.

F: Yes. Then the whole list comes out of all the awards and honors, and there you are.

B: And you think, what can I possibly say.

F: So how did you go about determining the topic and how you wanted to do the presentation?

B: I knew that one of the reasons I was asked to do it was the hospital library perspective. Because part of that award is asking you for your unique perspective on history or philosophy. And although I was a history major in college, I don't consider myself a historian in any sense of the word. But I do enjoy delving into history, like the history of this hospital, the history of the association.

One of the things I wanted to look for in past Janet Doe Lectures was other times that hospital libraries had been addressed. Ruth Holst gave an address on hospital libraries, and Jacque Doyle gave an address. But she had moved into a different role by the time she gave her address. So her address wasn't really about hospital libraries, but I was sure that other people had. There was supposed to be a notebook passed on of all the previous lectures, but I never did get that notebook. But I made my own. Because I'm married to Charles Bandy, he put together a searchable database from the lectures for me, because they were all online. Now, some of them had been made PDFs later... Some formats were weird. But one thing it enabled me to do was look and see how hospital libraries had been addressed by prior speakers. Because you know you don't want to repeat what other people said; you want it to be yours. But on the other hand, if somebody said something significant, you could just see somebody coming up to you later and saying, "Well, you didn't even mention... How could you have left that out? It was critical." So that was one thing that that database helped me with.

I also thought about the areas that were important to me throughout my career, like consumer health. I knew I wanted to talk about that. I couldn't avoid talking some about myself. And I don't know if you've ever read my lecture, but I quoted you in my lecture, along with other people. For one thing, not everybody knows you. You may think they do, but they may not, or they may know just a little bit about what you've done.

I wanted to give them a perspective of my approach to hospital librarianship, so I kind of talked about the steps leading up to that. But more than anything, I wanted to talk about where we are now and how we need to position ourselves to still be a viable component of and contributing member of hospitals.

Previous lectures have cajoled people, encouraged them, inspired them. You also want to be a little entertaining, because people are going to listen to you for an hour. That's a long time. I remember Joanne Marshall said, "The night before..." I was still cutting mine the night before, too. Not anything that would affect my slides, but I thought, I'm going to pick a couple of focus areas that I think are areas for hospital librarians to focus their energies, and I wanted to say, you cannot depend on some outside agency to say that you have a right to exist. You have to seize the day.

That's how I approached it. I did a lot of research and I'm sure everybody does for their lecture. I was almost embarrassed at how many footnotes I had at the end. And there were other Janet Doe Lectures, especially Ana Cleveland's was very helpful to me,

because the way she looked at the organization and health care today and how the library fits into those different... So I took a couple of those areas to focus on as well. I didn't read every lecture, but I read a lot of them, and I read bits and pieces of others. Alan Rees's, I reread, and Nina Matheson's, I reread hers. I read yours.

F: I think I may have been one of the last people who actually got the physical compendium of lectures handed to me. And that was interesting because they were underlined and highlighted and coffee-stained. I don't know if it struck you. There were some lectures in there that I was surprised didn't seem to have much lasting relevance. But many of them were very helpful.

B: I think they were. I think many of them were helpful. But always, it was interesting to me to see people's point of view. Interesting sometimes that people resisted some of the changes that were happening, that questioned is this the direction we were really going to go? Are we managers? Because there is often this tension between the scholarly librarian and the manager librarian. Well, I know in hospitals you don't have a lot of time to be a scholar, even though you revered a lot of that scholarship that has gone before and the basis for that. And then I did want to be inspiring. So it was fun.

F: It's a hard thing to find the right balance between many elements.

B: In my poetic conclusion, I tried to sum up what I was feeling. And one of my favorite responses after the lecture—you know how nice people are. They come up and tell you, "Oh, this was wonderful." And Betsy Humphreys came up. She was sitting next to Dr. Lindberg, and she said, "Dr. Lindberg said, 'You can't go wrong with Tennyson.'" [Laughter] I could just hear him saying that. I could just hear his voice saying, "You can't go wrong with Tennyson." So after Tennyson, there's nothing left for me to say.

F: Perhaps after Tennyson, it's time for us to go to lunch.

[WAV file #2]

F: This is the continuation of an interview with Margaret Bandy by Rick Forsman on July 6, 2016. When we went to lunch, we were talking about professional service and involvement. Over the course of your career, hospital libraries have not had an easy time, as we were saying earlier. Where do you think that they're headed in the future?

B: I think that it's going to be difficult for libraries in small hospitals to continue to exist. I think that we've seen a trend—and maybe I shouldn't even say in small hospitals. In large systems, there is a trend as well to purchase big electronic packages and expect that to suffice for the information needs of physicians and nurses.

F: Help yourself.

B: And we know that to use those things successfully, people do need some training. And we know that not everything they need is available electronically. But I think that

this trend is going to continue for some time, and more consolidation. At one time, it was suggested to me that maybe I needed to develop a plan for the [libraries] in our whole system to be consolidated. I was very reluctant to do that, because I was concerned that other hospital librarians in our system—and outside of Denver as well—positions would be eliminated. As it turned out, they were eliminated anyway, even without that.

And there could be, I think—there already is for our system—purchasing of large [serials] packages, UpToDate, Lippincott nursing materials, that work with our learning management system. And integration with the electronic record that we worked on many years ago. At that time, DynaMed was selected as the product, which the librarians at the time, me and the others, thought was a good choice, and more economical than UpToDate.

But I think it's very discouraging to see the situation with hospital libraries. I know a lot of hospital librarians are working very hard on things, like Magnet and health literacy and anything they could think of that the organization needs, that their skills could contribute. But when I just look at Denver, when I first started here—Mercy Hospital, St. Luke's that closed and combined with P/SL [Presbyterian/St. Luke's]. P/SL is gone. St. Anthony's, Swedish, Rose.

F: Places that had relatively strong libraries.

B: Very much so. And I think one of the reasons that the library has been supported here is because we do have a large training program. Even though the residents are more self-sufficient now than they used to be, they still want the library. They want a library space; they want interlibrary loan services. So I think that's helped. And now, more involvement with nursing, too, has been a good approach for this library.

F: It's not a rosy picture. The situation facing hospital libraries has not been encouraging for the last several decades, and it doesn't look like we've turned the corner.

B: No. And the stresses on hospitals and health care, payment systems. For example, Obamacare. More people can get insurance, but they have these high co-pays. And if they can't pay the co-pays, what happens? And hospitals are facing all kinds of different pressures—regulatory pressures—that they have to choose their priorities. It's understandable, but it's still discouraging.

F: Are there any other comments that you would like to make about other professional associations you've been involved in?

B: Well, I was involved a lot, of course, locally, with Colorado Council of Medical Librarians, and with the [Midcontinental] Chapter [of the Medical Library Association]. I've been a proponent of the work of our chapter because, geographically, we're so far-flung that our chapter, I think, has been important for people in both academic and hospital libraries. I've really enjoyed that association. I haven't been that involved over the last few years.

I've been involved with the RML at different times, both on the Regional Advisory Committees a couple of times and then just involved with webinars and things like that. I believe in professional associations, and I believe in the benefits that accrue to the members of associations. I think there's a challenge now, like CCML—we don't have as big a member base as we did. We have a lot of members and we have some young librarians now who are coming in. But it's hard to get all the work done now.

I think this virtual meeting [2015] was an interesting experiment for our chapter. I wasn't able to participate in that, but I heard a lot of good feedback about it. There were technical challenges, but I think, especially people who were able to watch things in a group like they did here, it was worthwhile. But I still think—well, it's like with the MLA board. They don't all meet together now. I think you lose a little bit of that camaraderie that helps you get the work done.

F: Yes. It's more efficient, but you definitely lose some things.

B: I've been thinking about joining the Rocky Mountain Archivists because I have so much to learn about archives now. It's a different discipline.

F: Right. But it is interesting—the technology does provide some new opportunities. And you've been an early adopter and promoter of technology, especially at a time when that wasn't particularly common for hospital libraries. How did you see the potential for improving library services via technology?

B: Well, I had had an opportunity when I was in Connecticut to see technology in action at Yale and UConn. Then I was in the public library, and really, we didn't have much technology except a teletype machine that we used to request things from the state library. They were the clearinghouse for all the other public libraries in North Dakota.

Then when I came here, I think that because of the constraints that we had—even like I said earlier, the photocopier machine—I think that the time was right. Technology was becoming a little less expensive, and microcomputers were starting to be available. Here, there was one Apple II Plus in the hospital, and it was in the internal auditor's [department]. Management engineers had this Apple because this one guy knew how to run the microcomputer. So we put in a request for an Apple II Plus, and the decision was made that the hospital only needs one of these and the library should get it. So the poor guy that had gotten this—we took it [laughter].

F: You took it away from him.

B: We did. We used that program to do labels that Denison had gotten developed, so we did our book labels from that. And then, when electronic mail started, Fred Dudden had a little electronic mail system, and Marla got the idea of using it for interlibrary loans. This was before we got the microcomputer. The only equipment that we could use for that was in the purchasing department. So Dorothy would go down to the purchasing

department. We had certain times of the day that we could use the system, so we had to take turns because it was not a network-type system.

We got our feet wet in this kind of primitive environment. We would go to MLA and hear about what other things you were doing. We heard about the integrated library system and those kinds of things, and we thought, well, why can't we do that too. We started planning, and we did an RFP, and one of the responses came from Denison Library. It seemed so logical that all these libraries would have access to that collection too. And so that was how we moved in that direction versus some other vendor. I don't even remember what other vendors responded now. It's a long time ago, because that was in the mid-'80s. When I first started here, we didn't do MEDLINE here. They did MEDLINE at Denver Medical [Society] Library. But then when I was able to take my advanced training, we were able to do MEDLINE here. And I had support from the medical staff to do the integrated library system, which, initially was circulation and online catalog.

F: Yes. You jumped in early on a lot of things. With the shared automated library system, it was really treating the hospital libraries around town as branches of Denison, which required compromises on all sides.

B: That's right.

F: And then when Utah took over the RML contract and we were using Skype and other kinds of things to bridge the distances, that was a little shaky. Is it always worth being at the bleeding edge?

B: Well, sometimes it was [laughter]. I didn't want to be left behind. I thought, this is the future. Just because this is a small library, shouldn't my clientele have access to these things, too? I will tell you, though, I think the transition to electronic journals came faster than I expected.

F: Faster than everyone expected.

B: Yes. I really thought we'd have a foot in both worlds for longer than we did. And I think that was a trying time. It still is a trying time for people. Things like Serials Solutions helped quite a bit, but... And when we moved off of the Denison platform—University of Colorado—to WMS [WorldShare Management Services], there were some good things and bad things with that move. But we still had the support for cataloging and so that was helpful. I haven't cataloged a book in twenty-five years, probably—more than that. But it just seemed that it was really important to keep pace. Another thing is, we have these residents coming from the medical school, and they have these things, so we had to be up with it. They'd come and say, "Do you have UpToDate?" and "Yes, we have UpToDate," so we could have that appeal.

F: Early in your career and intermittently over time, you have been involved with NLM programs and staff, as we were saying earlier at lunch. Talk a little bit about your interaction with NLM staff and NLM's role in the profession.

B: I think NLM's role has been critical in the profession. Certainly there were times when those of us in hospital libraries wanted some different things from NLM, and I think we were all scared about what end-user searching would mean for us. But on the other hand, the availability of free MEDLINE for libraries has been tremendous, really. Here we still pay for Ovid, too, besides having PubMed. But I think that there's no question that all the work that NLM has done to provide services, training programs, the Regional Medical Libraries, has been a great benefit to all of us.

I never had a lot of personal contact with NLM staff that much—intermittently over the years. But I have always appreciated their willingness to be helpful and reach out and to respond to things that we might need. And I think that looking back at the development of DOCLINE, what a tremendous thing that was for us. For the most part, I think it's been good. I mentioned earlier that I was upset a little bit about end user and what about us and what's this going to mean for us. I was kind of on the Herb White side of things—that the National Library should just do document delivery and leave the rest to us [laughter]. [Editor's note: Lindberg and Herbert White of the School of Library and Information Science, Indiana University at Bloomington, debated the primary role of NLM in a Hospital Libraries Section session at the 1992 MLA Annual Meeting.]

F: Let us be the service side.

B: That's right. But there's no question that we've been able to provide better services because of these products. It will be interesting to see how things evolve with the new director, too.

F: Exactly. Because Don Lindberg was in place as an effective director for such a long period of time. That lent a lot of stability for NLM programs. But it's interesting because NLM has clearly provided a rich array of tools and services that have supported the advancement of health sciences libraries. At the same time, NLM has sometimes been described as a bureaucracy driven by the peculiar politics and priorities of Washington, because that's the environment that they have to work within and who they have to satisfy. How do you assess the boons and the drawbacks that come from NLM?

B: When I think about things like DOCLINE and PubMed, and many more that I've never taken advantage of because I've not needed some of the other kinds of tools that they provide, it's such a part of the everyday work of librarians now. I think for the most part we just take it for granted. In our region [Midcontinental Regional Medical Library Program] we had OCTANET before DOCLINE.

F: Correct. We had the precursor that others didn't.

B: Right, and that was useful. We learned how to use a system like that. And I'm not just saying this because you're recording me. I would say that absolutely it's been more of benefit than problems. But it is a big bureaucracy and they do have a mission that Congress has assigned them. So they have found different ways to meet that mission and I think very successfully. And I think that the relationship with MLA has been very important in speaking up for NLM funding when the times have come up that they've had to do that.

I looked back at Betsy Humphreys' [Doe] talk when I was preparing mine, just because some of the era she was talking about was that era that I was an agitator a little bit. When I think about other kinds of special libraries that don't have that national library that is so critical to the work that we're able to do... I mean, is there a national law library? There's an agricultural library; I know that.

F: There's a National Agricultural Library. And they have done some specialized databases and products, I think, for their community. On the law library side, I think—it's not an equivalent, but LexisNexis has done for law libraries what NLM, in some regards, did for us. But in other areas, no. There isn't a business support function for those kinds of libraries. There aren't the same kinds of services for general academic libraries or public libraries. And I think it has clearly put us at the forefront of all the main branches of librarianship.

B: Absolutely. And people that are involved in informatics and biomedical research, just all these other areas that NLM has such strength and has gotten some of the best minds in the profession, I think, has been tremendous. But they can't save us either [laughter].

F: No. I guess I would observe, too, though, I'm not sure to what extent it has been an agenda for NLM to save any libraries.

B: Well, it isn't. But you know, Rick, it's interesting, because it's so easy to be so focused on the problems of hospital libraries. But I've certainly learned from colleagues in academia their struggles with losing space and the changes in the expectations of their constituents, too. When I walked into the new Health Sciences Library at the University of Colorado, I almost cried to think that a library like that could still be built in the twenty-first century. It's a wonderful tribute to you and all those who've come before you that that library has been so respected. And I know that everybody who has ever been a director there has had problems, but that was amazing—just like this is amazing, in a way.

F: That was a very unusual opportunity in time for a lot of different reasons. And I think we also, as we were saying earlier, underestimated the speed of the total move to everything full text online. So the last time I was out there, I remember walking up to the building thinking, "Why did we build such a goddamn big library? We really didn't need all this much space." On the other hand, I think the thing that it's done out there [Anschutz Medical Campus in Aurora] that has been particularly useful is that it's given

Jerry [Perry], and now Melissa [De Santis], to invite other collaborators into the space. And that serves libraries very well.

B: It does. That's why we have our little—I call them smart rooms, because I said if people are working together, theoretically they should be smarter by the time they finish. It may not always happen, but it wasn't that our technology was so smart; in those rooms it's pretty basic, but...

F: But it brings them to the library and it also gives them a positive perception of the library and what we're able to give to them. Really important.

B: That's right. And I think a lot of academic libraries are moving in that direction too.

F: They are.

B: Either willingly or the writing is on the wall.

F: As we wrap up talking about your professional involvement, on the publishing side you've combined personal authorship with key roles as an editor of influential works. How did this add to your career, and how difficult it is for hospital librarians to find or make time to do that kind of publishing?

B: Well, you do it on weekends [laughter]. But I'm sure most people do work that in somehow. But it's just part of being a professional, it always seemed to me, to do presentations or posters or articles. The opportunity to coedit the *MLA Guide to Managing Health Care Libraries*, second edition, was another one of those opportunities that came along, just like my first job, when someone suggested that I might be interested.

Michele Klein Fedyshin and Ruth Holst were to do that edition, and for whatever reason, Ruth wasn't going to be able to do it and suggested that Michele call me. I thought about it and I thought, well, this is a great opportunity. So, okay, let's start working on this, and we started working on an outline, and we worked with Elizabeth Lund [at MLA headquarters] a little bit. So, fits and starts on how we were going to approach it.

Then Michele decided to go to nursing school, so she called me one day and said, "It's yours." So I called Roz [Dudden] and I said, "Let's go to lunch. I'll buy you lunch." We went to lunch over at the 17th Avenue Grill, and I said to her, "Would you be willing to coedit this book with me?" And I didn't have to sell her at all. She said, "Sure, but we need to try to do it in as short a time as possible." So that was our goal, because things were changing so fast. It just seemed like we needed to do that.

We started working on it, as I said, on my Fridays off. She started coming to the house for a while, and then I started going to National Jewish. And on Fridays at National Jewish they have blueberry pancakes, so that kept us moving [laughter]. That was an

incentive. We had our blueberry pancakes, and then we would work in a little conference room in the library on the book.

Charles put up a Joomla content management site for the book project so that the authors could upload their chapters, and we would edit them and upload the corrections. He had done that for the Pathways Project, too. We had a Joomla site that the committees worked with. It's a very easy system to use once it's set up for you. It worked very well for us. We had terrific writers. Very knowledgeable, good writers. I probably would never want to do it again, but I am so grateful that I had the chance to do it. And I think we came out with a good product in the end.

F: And you met your goal of getting it out promptly.

B: We did. I think it was thirteen months from start to finish. And we were both working full-time. But we still have our life partners. We didn't lose them along the way [laughter]. One of our goals in the beginning was our friendship was more important than this book. I don't remember any disagreements we had. We might have had a "Should we emphasize this more than this?" or something like that, or "Does this chapter need a little more rewrite or work with authors?" But between us, we never had any issues. We had worked on so many projects together over the years that I think that mutual respect and friendship saw us through.

F: Any general observations you'd like to make about the future of publishing, where things are heading?

B: I have no idea [laughter].

F: Maybe Twitter will take over the world and there will be very short books.

B: I don't know. People are still asking us for these big articles and stuff here in the library. As I said before, I still say "we" because I've worked here so long, and I do still have a love for this hospital and the people in it. But I have no idea where it's going. And they don't seem to stop putting out new journals all the time. And open source and all that. It's a little beyond my expertise area. I think paying for this stuff has been the hardest part. Our budgets have been approved every year. For the three hospitals, it's like three-quarters of a million dollars of stuff. Are they kidding? But, so far, so good.

F: Moving into some very broad final questions, who were the people that you feel most influenced your life and career?

B: At different times and for different reasons, different people have had a big influence on me. I mentioned earlier some of the people in the consumer health movement that had a big influence on me because of their passion and commitment to consumer health and the role of librarians in providing that. And in terms of automation and electronic libraries, certainly Charles has had a big impact, influence on me and help. Roz Dudden and Marla Graber here in Colorado have had a great influence on me—I think because

we were able to share a vision and had the energy to try to see things through. I think when you find people who are on your same wavelength, it's a wonderful thing in your career.

And then people here in this hospital have had a great influence on me, too, as far as helping me stay focused on what we're here for. I remember years ago, when we were learning how to teach MeSH [Medical Subject Headings]—we had this tape from NLM and it was Thelma Charen teaching MeSH. And she said, "We're here because people get sick." She was quite a character. I never knew her personally.

F: I didn't either, but I just know her reputation.

B: Her reputation and her glasses and everything. But I remember thinking—she's talking about that in the context of what she's teaching us and because there are all these diseases and everything. But that's what we're here for—because people get sick. And we're helping the people that take care of them.

Some of the sisters here have had a great influence on me, and some of the supervisors that I've had over the years have had a great influence on me. So I've had a wonderful career and I'm very grateful for it.

F: Are there people that you feel you've influenced or helped guide along the way?

B: You know, I saw that question and I thought, ai, yai, yai. I don't know. People tell you things like, "I love that article. I'm going to try to do that in my hospital." Or I think one of the things I've always enjoyed is doing poster sessions, because they're a little more spontaneous—people coming up and asking you questions. It's not like when you give a talk, you hope you get the points that people will be interested in. But if you do a poster, people may have specific questions and you can address those questions, so I've always enjoyed that. And I know with consumer health, people have told me that something I did or said has helped them.

I don't know how to say this—I'll just tell you. When I retired, my staff made a video, and they each said what I had brought to their lives and careers.

F: Oh, how lovely.

B: Oh, it was—they had it in this room. And people who came to my retirement party came in and watched it. I can't tell you what that meant to me. So I'm very grateful for that, that I've had such wonderful colleagues here. Nurses that have commented that I helped them, something like that. You don't always hear it from people, but it's always nice when you do. We always wish that they'd come and tell us how much money we saved for them by our research so that we could pass that story up the line, but that doesn't always happen.

F: No, that rarely happens. Well, are there individuals, perhaps some of whom you've already mentioned, that you particularly enjoyed working with or found difficult? Caused you to stretch?

B: Everybody at [University of Colorado] Health Sciences Library has been great to work with over the years. In all the different departments, from the director through the departments—and I think the directors have helped imbue that culture—that the hospital librarians are our partners. I always felt that. And we've always, I think, in the hospitals appreciated that collegiality that we've had with the people in Health Sciences Library. Because I don't think that always happens, Rick.

F: I would agree with you. It doesn't always happen. But as we were saying earlier, this is a community that's really fortunate because it's got a rich base of talent, and it doesn't matter that they're scattered across hospital libraries. It's a really good working group of people.

B: It is. I think a lot of people from Health Sciences have worked at CCML and contributed to different projects of CCML, the education of CCML, I can name—like Lisa Traditi and Marla Graber. I don't want to leave anybody out, because all of them are just great over there. Some of them aren't there anymore, like Stephanie Weldon. But she was wonderful to work with. And Jo Hall. Oh, my gosh, what a terrific person she was to work with. So those people and the ones I mentioned earlier when I first came to Denver. Some people felt sorry for me in this hospital because the library was so tiny on the eleventh floor, but they reached out to me. The first day I met Roz, I was cleaning out a stack of *National Geographic* magazines that someone had donated.

F: A wonderful resource for the library.

B: It was [laughter]. And she remembers that too. That was funny. I don't think I'm a Type A workaholic, but I reflected on that question when I talked earlier about balance. I think it has been a struggle to have that. And you know what I'm talking about.

F: Yes. But it is interesting because, as I say, on a personal level, having known you for over thirty years, I know Margaret Bandy is a warm, relaxed, engaging person, and I have a great fondness for your sly delight and some wicked humor. But when you look at your CV and you read the nomination for the Marcia C. Award, it sounds like this powerhouse workaholic who's amassed all these accomplishments over the years. And it tickles me, the disparity between those two pieces.

B: Of course, when you read that, it's all compressed, and living it, it's all been spread out. So there was time to—

F: To be a real person?

B: Yes, I think so. One other thing I'll mention quickly—but when I thought of it, Carolyn's email... Years ago they were looking at the microsystem concept that came

from the people at Dartmouth, and it was people working together. The smallest unit of people working together was a microsystem. And what did they need to function effectively? One of the people that came here and spoke said people need protected time for reflection. What a concept in a place like a busy hospital, and not very many people have that opportunity for protected time for reflection.

F: Especially in our culture. We're so bombarded.

B: We are. And it isn't getting any easier, I think, to find that time. That's why, when you said about the outdoor area, that's a place for patients and families, but it's for employees too. And there's a beautiful outdoor space on one of the floors for employees too. So, look, people need that.

F: They do. And especially, I think, in Colorado, where people are very outdoor-oriented, and where we have a lovely climate that affords access to the outdoors so much of the year. It's really wonderful to see when institutions rebuild new facilities and then create those outdoor spaces that people can enjoy.

B: Yes, absolutely. And they're going to do more of that when they're done using those trailers across the street; they're going to put in another outdoor space over there. Well, Rick, I do want to thank you for—

F: Oh, you're not off the hook. I have two more questions for you. I think one of the things that's always important is to ask people overall how you would like to be remembered by the library community. Are there particular things that you want to be associated with you? How do you want people to talk about Margaret Bandy?

B: If they talk about her at all—I would just like that if people say anything about me to say, she was a really nice person and she was fun to work with. That would be enough. And the rest can speak for itself.

F: Well, I would have to say, because I have known you for so long, that I would agree absolutely. You are a lovely person. I've thoroughly enjoyed working with you. But you're also a smart lady who has accomplished a lot.

B: Well, thank you. Someone once said, when you're in your coffin and people pass by to pay their last respects, no one will ever say, "He did great strategic planning." [Laughter] But they might say, "They were fun," "They were nice."

F: Treated people fairly.

B: They treated people fairly. And that's really an important form of respect.

F: It is. Any advice you would give new librarians or even people a little further along in their careers?

B: The seasoned librarian? If you're lucky enough to find what you love to do and have the opportunity to do it, it's a wonderful thing. And all I would encourage people is to reach out to your colleagues. Because not to feel alone, you against the world, it can happen, especially in the hospital library environment. I have found, in this association and the others I've worked with, that people are very generous with their know-how. Maybe some people think we just give it away. But that's okay, because other people have helped us along the way. And I think if you have that opportunity to help someone else coming along...

There are so many different opportunities now, too. We're hearing so much about data management now as another role. Go to MLA meetings and talk to people and find out what the trends are. You may not be able to do everything, but maybe you can do data management in your organization, or knowledge management, or consumer health, or health literacy.

F: Look for those opportunities.

B: Look for those opportunities.

F: Do the networking.

B: Absolutely. And go to the meetings in your hospital or academic center to learn what people are dealing with and what their needs are. That will help guide you.

F: And perhaps sometimes, as you were saying earlier, take that chance and invite yourself to a meeting.

B: Absolutely. I recommend it. Thank you.

F: Well, I do think then we're now at the conclusion of the interview of Margaret Bandy on July 6, 2016. Margaret, thank you again for sharing your insights and information about a really rich and varied career. It has been a pleasure for me to talk with you today and hear about the experiences and your reflections on things. And I know that the Oral History Program is enriched by today's conversation.

B: Thank you, Rick. I've enjoyed it.

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Curriculum Vitae

Margaret Moylan Bandy, AHIP, FMLA

Education:

BA, English and history, Mt. Mary College, Milwaukee, WI, 1969
MA, Library Science, Dominican University, River Forest, IL 1972
MA, English, Loyola University, Chicago, IL 1976

Professional Certifications:

Academy of Health Information Professionals: distinguished member 1990-
Certified Medical Librarian 1972, 1985–1990

Professional Positions:

SCL Health Saint Joseph Hospital (formerly Exempla Saint Joseph Hospital and Saint Joseph Hospital), Denver, Colorado
Manager, Saint Joseph Hospital, Library & Knowledge Services 2013-2015 (retired)
Manager, Library & Media Services, 2005-2013
Manager, Exempla Healthcare Libraries, 1999-2005
Medical librarian, 1979-1999
Grand Forks Public Library, Grand Forks, ND. Reference Librarian, 1974 – 1978
University of Connecticut Health Center Lyman Maynard Stowe Library, Farmington, CT.
Reference/Extension Librarian, 1973 -1974
Yale Medical Library, New Haven, CT. Connecticut Regional Medical Program Librarian, 1972 - 1974

Awards:

Medical Library Association **Marcia C. Noyes Award**, 2016
Medical Library Association **Janet Doe Lectureship**, 2014
Hospital Libraries Section of MLA, **Research Award**, 2014
Medical Library Association, **Ida and George Eliot Prize**, 2012
Medical Library Association, **Fellows Award**, 2010
Hospital Libraries Section of MLA, **Professional Development Award**, 2011
Hospital Libraries Section of MLA, **Leadership Recognition**, 2009
Hospital Libraries Section of MLA, **Scroll of Exemplary Service**, multiple years
Colorado Council of Medical Librarians, **Marla M. Graber Award for Excellence and Achievement in Health Sciences Librarianship**, 2005
Medical Library Association, **Lois Ann Colaianne Award for Excellence and Achievement in Hospital Librarianship**, 2002
Midcontinental Chapter of the Medical Library Association, **Outstanding Achievement Award**, 1991

Professional Activities:

Medical Library Association

Member 1972–1974, 1979 –
Revitalizing the Research Imperative Task Force: member 2016-2018
Evaluation of a Framework for a Document Defining the Competencies of Health
Information Professionals: evaluator 2016
Fellows Jury: member 2013
Board of Directors: member 2005-2008
Vital Pathways Task Force: member 2005
2006 National Program Committee: member 2003-2006
Joint Commission on Accreditation of Healthcare Organizations: MLA liaison 2003–2005
Nominating Committee: member 2010, 2000, 1991

Consumer and Patient Health Information Section: member 1986–

Chair 1989-1990
Awards Task Force: member 1995–1996
Electronic Resources Task Force: member 1995–1996
Task Force on the Role of the Librarian in Consumer Health: member 1992–1996

Hospital Libraries Section: member 1982–

Hospital Library Standards Committee, Chair 2004–2007, member 2000–2004
Treasurer, 1983 - 1984

Nursing and Allied Health Resources Section: member 2007-

Task Force to Create Standards for Nursing Information Resources and Services in
Healthcare: consultant 2007-.

Midcontinental Chapter: member 1979 -

Chair 1987-1988
2000 Annual Meeting Continuing Education Committee: member 1999–2000
1994 Annual Meeting Facilities Committee: chair 1992–1994

Colorado Council of Medical Librarians: member 1979 –

Awards Committee: chair 2015 – 2016, member 2003 – 2017
Library Cooperation Committee: member 2010 - 2013
Nominating Committee: chair 2005-2006
President, 2003 – 2004, 1983 - 1984
Advocacy Task Force: member 2003–2008.
Colorado Consumer Health Information Librarians (CCHIL): member 2002 – 2008
Evidence-Based Health Care SIG: member 2002–2006
Survey Committee: 2001 - 2004
Journal Locator Committee: chair 1994–1996; member multiple years.

Midcontinental Regional Medical Library Program Advisory Committee: member 2001– 2004

Medical Reference Services Quarterly **Hospital Information Services Column:** Editor 2005 -
2012.

Doody's Book Review Service, **Library Board of Advisors:** member 1993 -2015.

NN/LM Pacific Northwest Region (NWR) Site Visit Team. University of Washington, Seattle,
WN. October 21, 2008

**Colorado Library Resource Sharing and Information Access Board Health and Medicine
Website:** founding member 1996–1999.

Edited Works, Chapters, and Monographs:

- Balik B, Bandy MM, Leonard M. **Healthcare culture and knowledge** in *Knowledge Management in Healthcare* edited by Lorri Zipperer. Ashgate Publishing, Ltd, 2014.
- Bandy MM, Dudden RF, editors. *Medical Library Association Guide to Managing Health Care Libraries*, 2nd ed. New York: Neal-Schuman, 2011.
- Bandy MM, Jahn B. **The health care environment** in Bandy MM, Dudden RF, editors. *Medical Library Association Guide to Managing Health Care Libraries*, 2nd ed. New York: Neal-Schuman, 2011.
- Bandy M, Stemmer Frumento KR, Langman MM. **Role of health sciences librarians in patient safety position statement**. [Web document]. Chicago, IL: Medical Library Association; 2009
- Allison M, Bandy M. **Magnet Recognition Program® Collaboration Proposal The American Nurses Credentialing Center and the Medical Library Association. White Paper** [Web document] Chicago, IL: The Medical Library Association, 2007.
- Bandy M, Garcia J, Weldon S, Wells K. **Myths and truths about library services**. [Web document]. Chicago, IL: The Medical Library Association, 2006.
- Bandy M. **Librarian's guide to a JCAHO accreditation survey**. [Web document]. Chicago, IL: The Medical Library Association, 2004.
- Bandy M. **Health information for patients and consumers** in *MLA Guide to Managing Health Care Libraries* edited by Ruth Holst and Sharon A. Phillips, Neal-Schuman Publishers, 2000. p. 325 – 350.
- Bandy M. **Saint Joseph Hospital Health Reach Library** in *Managing Consumer Health Information Services* edited by Alan M. Rees. Phoenix, AZ, Oryx Press, 1991. p. 150 – 165.

Journal Articles:

- Bandy MM. **Pivoting: leveraging opportunities in a turbulent health care environment**. J Med Libr Assoc 2015 Jan; 103(1):3-13.
- Brandes S, Wells K, Bandy M. **Invite yourself to the table: librarian contributions to the electronic medical record**. Med Ref Serv Q 2013; 32 (3):358-94.
- Sievert M, Burhans D, Ward D, Jones BB, Bandy M. **Value of health sciences library resources and services to health care providers in medium and large communities across two mid-continental states**. J Hosp Librarianship 2011; 11(2):140-157.
- Allen M, Allison M, Bandy M, Kennedy J, Sherwill-Navarro P, Holst R, Adams H, Bandy M, Boss, C, Hill, B, Joseph C, Lett R, Funk C. **Vital pathways for hospital librarians: present and future roles**. J Med Libr Assoc 2009 Oct; 97(4):289-296.
- Bandy M, Condon J, Graves E. **Hospital Information Services: Participating in communities of practice**. Med Ref Serv Q 2008 Winter; 27(4):441-449.
- Hospital Libraries Section Standards Committee, Bandy M, Doyle J, Fladger A, Frumento K, Girouard L, Hayes S, Rourke D. **Standards for hospital libraries 2007**. J Med Libr Assoc 2008 Apr; 96(2):162-9.
- Bandy M. **Report on the ANCC 10th National Magnet Conference**. Natl Netw 2007 Jan; 31(3):8-9.
- Bandy M, Fosmire B. **The hospital library and the enterprise portal**. Med Ref Serv Q 2004 Spring; 23(1):63–72.
- Hassig R, Balogh L, Bandy M, Doyle J, Gluck J, Lindner K, Reich B, Varner D. **Standards for hospital libraries 2002 with 2004 revisions**. J Med Libr Assoc 2005 Apr; 93(2):282-3.

- Marshall J, Bandy M, Lindner K, McCormick, L, Schneider J. **The librarian's role in the provision of consumer health information and patient education. Medical Library Association.** Consumer and Patient Health Information Section (CAPHIS/MLA). Bull Med Libr Assoc 1996; 84(2):238-239
- Bandy M. **Health information for the community: the hospital library response.** Colorado Libraries 1994 Summer; 20(2):11-15.

Presentations/Posters:

- Mobile Apps Sharing Project.** Panel. NNLM/MCR. June, 2015.
- Getting Out of the Library.** Invited Interviews on Effective Practices on Health Sciences Librarianship. NNLM/MCR, May 2015. <https://www.youtube.com/user/NNLMMCR>.
- Creating the best teaching environment by reducing DIN (distractions, interruptions, noise) to improve patient understanding, with Amy Six-Means and others.** Poster. Quint Chapter Meeting, Denver, CO October 2014 and Institute for Healthcare Advancement Annual Conference, Irvine, CA May 2014.
- Pivoting: leveraging opportunities in a turbulent health care environment.** The Janet Doe Lecture on the history or philosophy of medical librarianship. MLA '14, the 114th Annual Meeting of the Medical Library Association; Chicago, IL; May 19, 2014.
- An interdisciplinary community of practice; collaborating to improve health literacy in an acute care hospital.** Invited presentation. Conference on Attaining High Reliability and Safety for Patients—Collaborating for Change; Patient Safety Collective of the Southwest. Albuquerque Patient Safety Conference March 6-7, 2014.
- Library facilities in transition.** Invited Panel Presentation. NNLM/MCR Teleconference. November 2013.
- Invite yourself to the table: librarians contribute to their hospital system electronic medical record. Paper.** Annual Meeting of the Medical Library Association, Minneapolis, MN. May, 2011.
- Use your expertise to help your community with their knowledge management needs. Paper.** Annual Meeting of the Medical Library Association, Minneapolis, MN. May, 2011.
- Collaborating in the cloud: creating a multi-authored book using open source content management and social networking software,** Poster. Annual Meeting of the Medical Library Association, Minneapolis, MN. May, 2011.
- Patient care and the hospital Library: a regional study,** with MaryEllen C. Sievert and others. Poster. Annual Meeting of the Medical Library Association, Minneapolis MN. May, 2011.
- Succession planning: hospital libraries.** Invited Panel Presentation. NNLM/MCR Teleconference. March 2011.
- Now's the time: understanding the electronic health record maze and health sciences librarians' roles.** Invited presentation. Medical Library Association, Satellite Teleconference, March 24, 2010.
- Views of the library: a regional study in selected Missouri and Colorado libraries,** with Deb Ward and others. Poster. Annual Meeting of the Midcontinental Chapter of the Medical Library Association, Wichita, KS. October, 2010.
- What administrators want from libraries.** Invited presentation. Annual Meeting of the Midwest Chapter of the Medical Library Association, Columbus, OH. 2009.
- Print and web-based ethics resources.** Invited Paper. 2008 Exempla Healthcare Ethics Symposium, Arvada, CO, June 2008.

Colorado Council of Medical Librarians Advocacy Task Force. Invited Panel Presentation. Annual Meeting of the Midcontinental Chapter of the Medical Library Association. Kansas City, MO. 2004.

The myth and reality of electronic publishing. Invited presentation. Medical Library Association, Satellite Teleconference, November 15, 2000.

Building a shared catalog through collaboration and cooperation: the Colorado Story. Poster. Annual Meeting of the Medical Library Association, Vancouver, May 2000.

Hospital libraries for the 21st century: meeting the challenge of planning new facilities and services. Poster. Annual Meeting of the Medical Library Association, Seattle, May 1997.

The electronic consumer/patient library. Invited Paper. Hospital Libraries Section Automation Forum, Medical Library Association Annual Meeting, Kansas City, June 1996.

Seize the potential: make the Internet work for you. Invited Paper. Colorado Health Information Management Association. Colorado Hospital Association Annual Meeting, September 1996.

Medconnect: a skills express train leaving from the platform for change. Poster. Medical Library Association Annual Meeting and the 7th International Congress on Medical Librarianship, Washington, D.C., May 1995.

Medconnect: how a National Library of Medicine grant improved the technical infrastructure of the health sciences information transfer in Colorado. Contributed Paper. Medical Library Association Annual Meeting, Washington, D.C., May 1995.

Consumer health information. Invited presentation. "RX for hospital quality," National Library of Medicine satellite production: presenter 1992.

Teaching:

Health Literacy Classes & Presentations at Saint Joseph Hospital

Class for new graduate nurses

2014 June; 2014 April

Class for care management staff, 2013 February

Class for critical care nurses

2014 April; 2012 June; 2011 August; 2011 April

Class for Family Medicine Residents, 2012 May

Grand Rounds Presentation to all medical staff, 2012 June

Finding the Best Evidence Classes at Saint Joseph Hospital

Class for 3rd year medical students

2015 January, March; 2014 March, May, July, November; 2013 May, July, September, October

Class for Neonatal Intensive Care Nursery physicians and nurses

2005 June; 2005 July; 2002 July

Class for nursing staff

2009 May; 2004 May

Class for new graduate nurses

2014 January; 2013 September; 2012 September

Class for Nursing Research & Evidence-Based Practice Council, 2008, 2009

ESJH Open School—Class for Medical Imaging Staff November 2010

Rocky Mountain Evidence Based Healthcare Workshop

Librarian Tutor 2002, 2003, 2004

Knowledge Management in Health Care

Guest lecturer, University College, University of Denver, class in Organizational Leadership, November 2008 and November 2009

Medical Apps and Web Sites

Class for Saint Joseph Hospital Family Medicine Residents, May 2012